

1888.
NEW ZEALAND.

LUNATIC ASYLUMS OF THE COLONY

(REPORT ON) FOR 1887.

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

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

Sir,—

16th April, 1888.

I have the honour to lay before you the following report on the lunatic asylums of the colony for the year 1887:—

The number of registered insane on the 31st December, 1887, was 1,695, showing an increase of 83 since the end of the previous year. These are distributed as follows:—

Asylums.	Males.	Females.	Total.
Auckland	247	138	385
Christchurch	214	135	349
Seacliff (Dunedin)	315	186	501
Hokitika	73	31	104
Nelson	57	44	101
Wellington	133	97	230
Ashburn Hall (private asylum)	14	11	25
	1,053	642	1,695

The proportion of insane to the general population in the Australian Colonies and great Britain is as follows:—

New Zealand (including Maoris)	1 in every 381, or 2·63 per 1,000
New Zealand (excluding Maoris)	1 " 360, or 2·78 "
Victoria	1 " 306, or 3·27 "
New South Wales	1 " 375, or 2·67 "
South Australia	1 " 439, or 2·28 "
Queensland	1 " 418, or 2·39 "
England and Wales	1 " 348, or 2·87 "
Scotland	1 " 420, or 2·38 "

In my last year's report I pointed out that, since the burden of charitable institutions and hospitals was laid on the local bodies, a very marked tendency has developed itself to shunt into the lunatic asylums as many as possible of the old and helpless persons who are accumulating in the local charities. The Hon. Colonel Haultain, Deputy Inspector at Auckland, has pointedly called attention to the evil effects of this in his district; and there is no doubt that the general problem must be faced and a solution discovered, unless Parliament is willing to see our hospitals for the insane converted into mere receptacles for the aged and the helpless.

At present every asylum in the colony is overcrowded with persons who are quite incurable, and simply require kindly treatment and safe keeping. The consequence is—and I desire to state the fact as emphatically as I can—that it is impossible to give the recent and presumably curable cases either the care and attention or the accommodation required for their proper treatment. The Medical Superintendents have no power to exclude any person sent under a Magistrate's order, and accompanied by two medical certificates; once admitted, therefore, these cases accumulate at such a rate, as to divert our asylums from their proper functions, for the Medical Superintendents find themselves in this position: Either they must take the responsibility of turning out aged and friendless people, who have no one to look after them, and no where to go (having been already got rid of by the local charities under cover of the two medical certificates), or they must permit them to fill the asylum accommodation required for curable cases.

The following letter from the Resident Magistrate at Auckland illustrates in a very practical way the difficulty I am dealing with.—

" SIR,—

" Resident Magistrate's Court, Auckland, 22nd February, 1888.

I have the honour to forward herewith the depositions taken before me on the 18th instant, in the case of —, who was charged with being a lunatic not under proper care and control.

From the evidence it will be seen that he is suffering from senile dementia and delusions, and is dangerous to himself so far as inability to take care of himself constitutes danger. For his own protection, it is necessary he should be placed under some restraint. He has no friends in the colony. The officers of the Charitable Aid Board could not exercise the necessary control over him if he were sent to the Old Men's Refuge. He could not be sent to the gaol as having no lawful means of support. I have therefore had no option but to direct his detention in the lunatic asylum for fourteen days.

"As cases of this kind are of frequent occurrence, I wish to call your special attention to the circumstances of this case, in the hope that some more satisfactory provision than at present exists will be made for the protection of persons in a similar condition to that of —."

"I have, &c.,

"H. G. SETH SMITH, R.M.

"The Inspector-General of Lunatic Asylums, Wellington."

To remedy this state of matters it is clear that either the Charitable Aid Boards must build refuges in which suitable provision is made for this class of people, or the Government must look after them in some way less expensive than that of thrusting them into the lunatic asylums. Nearly one-fourth of the inmates of our lunatic asylums might quite well be taken care of in much less expensive institutions, thus obviating for a time the urgent need that now exists for increased asylum accommodation. It is, I think, better to take this course than to set apart one specially equipped asylum for the whole colony in which all acute and curable cases might be concentrated, as is proposed by the recent Victorian Commission. Such an asylum would be very costly—so costly, indeed, as to be quite beyond our reach, at any rate at present, besides being unsuitable for the circumstances of New Zealand, broken up as it is into so many co-ordinate centres of population.

Speaking of the existing state of the Victorian asylums the Commissioners say, "When a patient is received at Kew, or Yarra Bend, the asylum is found to be crowded with incurables, noisy, excitable, dirty lunatics as well as idiots, dotards, and imbeciles. There is a deficiency of those modern appliances known to science as valuable for observing the various phases of mental disease, and indirectly in bringing about mental cures. One of the most painful features of mental disease is want of sleep, and this evil is one that medical men have the greatest difficulty in overcoming. Patients are not only prone to suffer from insomnia, but even those who can take a fair share of natural or induced rest are light sleepers. The sleepless patient is very often a noisy one. Yet the accommodation is so defective that the noisy patients cannot be properly isolated, and, as a consequence, those who could sleep are disturbed by those who do not; while overcrowding has been the almost chronic state of the asylums for the last thirty years."

This description of the Victorian asylums is fairly applicable to those of New Zealand, with the exception that the medical staff is much more numerous in Victoria than here. The feeling which such an account will cause in the reader's mind will depend on his point of view. If a visitor to one of our asylums believes that society does its duty by the mentally diseased when it provides them with, on the average, better accommodation and better food than they were accustomed to in their homes, and sees that they are treated with as little harshness as possible, then he will come away impressed with the idea that extravagance and not parsimony has characterized our treatment of the insane, at any rate in recent years. If, on the other hand, our visitor considers that a lunatic asylum should be not a mere refuge for the safe keeping and kindly treatment of the mentally diseased, but a hospital for the scientific treatment of acute and curable cases,—an institution where the most skilful medical officers, armed with every appliance for combating mental disease, should be able to devote their whole attention to curative work,—then he will be filled with indignation at our apathy. He will point out that to have five hundred lunatics under the charge of one medical superintendent is monstrous; that it is impossible to conduct the rational treatment of insanity in such circumstances; that the multitudes of chronic incurables, dirty, noisy, restless creatures, together with idiots and imbeciles—always painful objects to contemplate—are allowed so to crowd our asylums that many of the really curable cases must, in such surroundings, tend to sink into hopeless dementia, and that some cases, who might possibly have been saved, are lost sight of in the crowd from the impossibility that one man can give due attention to their cases or provide them with such accommodation as their circumstances require.

It is my duty to point out that public opinion among us is at present in a painfully divided state on this question—as to how sufferers from mental disease should be dealt with. The multitude, having the vaguest ideas on the subject, are liable to be stirred to the wildest excitement and indignation according as in Parliament and through the Press their feelings as taxpayers or their sentiments of humanity are appealed to. As taxpayers it is time for them to understand plainly that, if their sentiments of humanity are to be fully indulged, then our asylums must be conducted in a very different manner. They are for the most part, as in Victoria, mere refuges, and, if they are to be transformed into proper hospitals for the insane, we must be clear as to what this means. It means a much more numerous and expensive medical staff for the purpose of carefully observing, treating, and recording the progress of each case from day to day, especially in the early stages. It means an increased staff of skilled nurses and attendants, for each case would require special care in the matters of food, clothing, exercise, amusements, and so forth. Besides all this, some attempt must be made, by careful study of pathological appearances and changes, to utilise for the purposes of science and improved treatment the materials at our disposal. So far from this is our present practice that some years ago the holding of post-mortems in each case was discouraged if not forbidden by the then Colonial Secretary. At present a Coroner's inquest is held on each case that dies in our asylums—a costly and mostly useless formality. The proper course would be to hold a *post mortem* examination, at which two skilled medical men should represent the one the public and the other the asylum staff, for the double purpose of exposing possible injuries and of scientific observation.

Most of our centres of population are so widely separated by the physical configuration of New Zealand that we cannot, as is proposed in Victoria, attempt to effect a compromise between the taxpayer's and the humanitarian's view of the proper treatment of the insane, by thoroughly equipping, regardless of cost, one central hospital for the rational treatment of curable insanity. We should require to have such a hospital in each of our large towns, and no doubt this is the ideal after which we must struggle. For the present, however, this is beyond our reach. I recommend, therefore, instead of collecting all our acute and curable patients into one central institution, that the Government should relieve our overcrowded asylums by building a central refuge for chronic and incurable lunatics. The building for this purpose, containing a separate ward for idiots and imbeciles, ought to be as cheaply put up and as plainly furnished as possible. The staff should consist of an experienced lay superintendent with a comparatively small number of attendants and a visiting medical officer. The effect of this would be to relieve our asylums of all those cases who do not require much medical attention, and to enable us to concentrate our attention on the more hopeful patients.

ADMISSIONS.

On the 1st January, 1887, the number of registered lunatics was 1,613: males 1,009, females, 604. Those admitted for the first time during the year numbered 341: males 214, and females 127. The readmissions amounted to 75: males 41, and females 34.

DISCHARGES.

The percentage of recoveries on admissions during the year was,—

	Males.	Females.	Total.
New Zealand	40·39	48·75	43·61
New South Wales	44·67	36·24	41·26
Victoria	38·43	43·89	40·84
South Australia	56·8	63·8	59·8
Queensland	41·72	41·43	41·63
England and Wales	38·14	45·56	41·99

DEATHS.

In 1886 the deaths were 57 males and 19 females; in all 76. For 1885 the total was 95. This year the total was 101: males, 74; females, 27.

Percentage of deaths on the average number resident:—

	Males.	Females.	Total.
New Zealand	7·15	4·40	6·13
Victoria	7·37	5·27	6·38
New South Wales	7·61	4·97	6·58
England and Wales	10·70	8·24	9·37

AUCKLAND ASYLUM.

The difficulties arising from the great overcrowding of this asylum, and especially the impossibility of anything like proper treatment either of the patients or the attendants, had roused the community to such a degree that when at length strenuous efforts were made to put things right very great embarrassment has been felt from the natural difficulty of reassuring the jealous watchfulness of the public. This has been greatly aggravated by the fact that the building operations necessarily increased for a time the evils to be remedied, both as regards the treatment of the patients and the comforts of the attendants. Their usual recreations were abolished, and some of their privileges had to be curtailed, for every available corner had to be used for dormitory accommodation. The Medical Superintendent moreover was obliged to exercise the most untiring vigilance and the most rigid discipline to prevent the occurrence of some public scandal.

As will be seen from the accompanying entry of April, 1887, there was an outbreak of typhoid fever caused by the defective drainage on the female side. This was promptly rectified, and there has been no return of the fever.

The new wing has now been all but completed, and authority to furnish it will at once be issued, so that the great pressure on the female side will be removed. The new male wing for which Parliament has voted the money will, I hope, now be undertaken, for the state of affairs on that side is little better than that which has until now prevailed among the females.

The old workshops, which were very inadequate, were burned to the ground. They have now been replaced by substantial brick buildings, which will enable a much larger number of patients to be usefully and healthfully employed.

A very great improvement has been made in the appearance of the grounds in front of and around the asylum, and nearly the whole interior of the building has been completely altered. The gloomy dingy look of the day-rooms and dormitories has been removed, and the whole of the labour of cleaning and painting the walls has been performed by the staff and patients for the mere cost of the materials.

WELLINGTON ASYLUM.

The excellent condition into which this asylum had been brought by Dr. Levinge was kept up by Dr. King until his promotion to Seacliff. Dr. Hassell, so well known for his good service in Wellington Hospital, was appointed to fill the vacancy, and, from a recent examination of the state of the asylum, I am confident he will be a reliable and efficient officer. The new asylum at Porirua has been of great service in relieving the overcrowding at Mount View; and Mr. Wybourne, who was promoted to be farm-manager, has amply justified the confidence reposed in him. I have frequently visited Porirua, as has also been done by Mr. J. Mackay, the Deputy Inspector, and on every occasion the state of the asylum was most satisfactory.

Last year I reported that plans for an inebriate asylum attached to the auxiliary asylum were ready, and that tenders would shortly be called for. I am sorry now to say that this, like many other things, is for the present unavoidably postponed.

NELSON AND HOKITIKA.

The two smaller asylums of Nelson and Hokitika are exceedingly satisfactory institutions. The management of both is admirable, and it would be difficult anywhere to find asylums which more fully serve their purpose.

SUNNYSIDE ASYLUM.

The central block of this asylum is now finished, and authority has been issued for suitably furnishing it, so that now at length the working of the whole institution will be much more satisfactory.

It was determined in May last to reorganize this asylum, and Dr. Levinge, of Wellington, was placed in charge.

SEACLIFF ASYLUM.

On the report of a Royal Commission Dr. Neill was called upon to resign his position as Medical Superintendent of this asylum. Dr. King, of Wellington, was appointed in his place, and I am very glad to say that at my last visit the asylum was in admirable working order, and that there was complete harmony among the staff, owing to the radical remedies which had been applied.

Until the decision of the Government is known as to what is to be done to remedy the defective portion of the building, no steps can be taken towards providing for the patients who must be removed, but I anticipate no great difficulty in making suitable arrangements without much extra cost.

ASHBURN HALL PRIVATE ASYLUM.

It is becoming more and more evident that at present the Government cannot undertake to provide separate wards, specially furnished, and having special attendants and other advantages, for such persons as are able to pay a sufficient price. In Seacliff the attempt had been made for some years to provide by means of special attendants for persons whose friends were willing to pay for them; but it was found impossible to make any real difference in their treatment and surroundings, and there were so many indirect evil results to the organization of the staff that the effort had to be abandoned.

Ashburn Hall is admirably adapted and managed with a view to provide for all such cases; and so long as the Government asylums are compelled to overcrowd their wards with poor and helpless people, and cannot find proper accommodation even for them, persons who can afford it ought, if they require exceptional treatment, to be sent to a private asylum.

MAINTENANCE.

A reference to Table XVI. will show that this year a further decrease of £1 8s. 2½d. has been effected in the cost per head of our lunatics. This demonstrates that a tendency towards economy is growing; and there is reason to believe that this can be carried a good deal further. For instance, I find that in the six months ending the 29th February, as compared with the same period in the previous year, Dr. Levinge decreased the consumption of gas in the Sunnyside Asylum by 106,300ft., *i.e.*, made a saving of £50 18s. 10d., or nearly one-half, in this one item.

Notwithstanding the great difficulties with which the Auckland Asylum has had to contend during the year, it is in the highest degree creditable to Dr. Cremonini's management that the cost per head in his asylum is 10s. lower than in the next on the list in order of economy—namely, Sunnyside. In Nelson there has been an increase in the average cost owing to exceptional circumstances which will not recur; and in Wellington the opening of the Porirua Asylum has led to increased expenditure. I hope that next year Seacliff will at length occupy the position in this order of merit which for various reasons it has hitherto failed to attain.

The Deputy Inspectors and Official Visitors at the various asylums have continued to fulfil their responsible duties with the most praiseworthy devotion. By their frequent visits and reports the Colonial Secretary is kept constantly informed of all that goes on, and in many instances their representations have been of great value. The services of these gentlemen are now entirely honorary; and though, in some respects, I think this is a pity, yet I cannot doubt that their peculiar function—namely, that of unpaid and independent inspectors—is more reassuring to the public on that account.

ENTRIES OF VISITS TO THE DIFFERENT ASYLUMS.

Seacliff.

26th March, 1888.—I have been engaged in examining the working of this asylum on the 1st, 23rd, and 26th March. Owing to the recent change of Medical Superintendent several other changes in the staff were thought desirable, and were carried out with my approval. Since my first visit on this tour of inspection I have had the organization of the staff constantly under consideration; and I am gratified to find that every one of Dr. King's suggestions has been such as there was no difficulty in carrying out, and he has now got the heavy task of reorganization well in hand. A good spirit animates the whole, and I look forward with confidence to a period of harmonious activity. A plan of outdoor operations has been agreed on in consultation with Mr. Ussher, the District Engineer, and Dr. King sees his way to employ in laying out the grounds and working the farm a much larger proportion of the patients than have ever before been occupied in outdoor work in this asylum. Already a very great deal has been effected in the direction of emptying the gloomy airing-courts at the back of the male side of the crowds of idle and listless patients that used to be confined in them. The airing-courts themselves also are being properly drained, and their gloomy appearance relieved by means of flower-plots. During the week ending the 17th March, 165 male

patients were working on the farm and garden; 109 were usefully occupied indoors. In the workshops 9 men were employed and 40 women; while 18 women were employed in the kitchen, and 22 in the laundry. Only 36 males and 86 females did not engage in any sort of employment. To-day 199 males are outside. None are confined to bed in the whole asylum, except one female. I carefully examined all the patients, and found them suitably and warmly clad. The food is abundant, and well cooked, while particular care is being taken to see that the meat supplied is of the best quality. All the books and documents were in proper order.

Sunnyside.

24th June, 1887.—I spent yesterday and to-day in inspecting this asylum. I find that satisfactory progress has been made with the new buildings, and there is reason to believe they may be ready for occupation before the contract time expires. I have made careful notes of the state in which Dr. Levinge found the asylum, so that I might at a later date be able to estimate the effect of his management. My object during the present visit has been to consult with Dr. Levinge as to the steps which must be taken in order to place the asylum on a proper footing. I found the number of inmates to be 222 males and 129 females, including 3 female and 2 male inebriates. Three males and 7 females were confined to bed; 59 males were at work on the farm, 9 in the garden, 14 in the workshops, and 9 pumping; besides 6 in the laundry, and 8 in the kitchen. Altogether 174 males and 74 females were occupied in some useful work. The week previous to my visit only 49 males and 55 females were quite incapable of employment. Those who were able to attend Divine service numbered 95 males and 42 females; while 137 males and 52 females were present at the weekly amusements. Three males and 2 females were wearing strong or locked dresses. I carefully examined the clothing, feeding, and lodging of the patients, and have nothing to add to my former remarks on these points. Owing to circumstances which I need not dwell upon here, great changes have just been made in the staff, and, as I have already said, my attention has been mainly directed to the reorganization of the staff rendered necessary thereby. I saw every one of the patients, examined all the books and certificates, and found everything going on smoothly.

14th December, 1887.—I have been engaged all to-day and yesterday in making a careful examination of this asylum. An immense improvement is already apparent in the whole surroundings of the building as the result of Dr. Levinge's energy, and every part of the interior is in admirable order. The whole staff has been inspired with new life, and the utmost harmony prevails throughout. The new buildings are rapidly approaching completion, and I expect at my next visit to see this asylum at length in such a position that it will compare favourably with any other in the country. A very striking change for the better is manifest in the garden, which reflects the greatest credit on Mr. Abbott. Dr. Levinge speaks in the highest terms of the assistance he has received from Mr. Russell, the clerk, Mr. Wood, the head attendant, and Miss Mark, head attendant on the female side. I found all the books carefully kept. There was, however, some carelessness or rather misunderstanding on the part of some of the female charge attendants regarding the accuracy of their monthly stock returns. I examined all detained patients' letters, and found nothing calling for remark. I found 8 males and 7 females confined to their beds under medical treatment; one violent and dangerous male patient was confined to his room, but only during the dinner-hour, and I found that he had been properly attended to while the rest were dining. I was especially struck with the improvement which has been effected in the demeanour of the refractory patients: I never saw them so quiet and orderly before. The male inmates numbered 214; females, 132: total, 346. In the Medical Journal for the week ending 11th December, I found none entered as being under restraint, while 2 males only were in seclusion. Only 6 males and 3 females were entered as confined to the house. Four males and 3 females are wearing strong dresses, while 9 males and 53 females do not join in recreation. A great change is observable in the number of patients who are regularly employed in the open air, and when the lease of the farm falls in this number will be greatly increased. The food, clothing, and lodging are good, and admirably clean, and I am satisfied that the greatest vigilance is exercised in preventing anything like roughness to their helpless charges on the part of the attendants. The most urgent wants at present are the effecting of proper precautions against fire, so often urged by the vigilant Deputy Inspector, Colonel Lean; the replacing of the decayed floors under the female refractory ward, and cementing eighteen of the single rooms on the male side. The religious wants of the patients are carefully attended to, and Mr. Holland gives great assistance to discharged patients in finding them employment.

Auckland.

6th April, 1887.—I have been engaged all day yesterday and to-day in inspecting this asylum. Since my last visit in November I have been very anxious regarding the effect of the changes in the staff which took place at that time, and my visit was mainly directed to ascertain how far harmonious action had succeeded to the jarring and friction which were then prevalent. On this point I have found it very difficult to satisfy myself, and I have come to the conclusion that some longer time is required to let the facts more clearly declare themselves. I found sufficient evidence to make it clear that my action in dismissing so many officers in November was amply justified. The conduct of Dr. Cremonini in the crisis through which this asylum is still passing has been such as to convince me that in painstaking fidelity to duty, and care for the good of the patients, he has deserved the highest praise. The number of patients this day in the asylum is 363: males 239, and females 124. Five are out on trial. I find on examination that all were up and about except 2 females and 5 males: all of these I carefully examined, and found that they were being properly attended to. J—McG— is suffering from what appears to be general tuberculosis, and the mental symptoms are simply an indication of this diseased process. J—M— is suffering from epithelial cancer of the lower lip, which has long been past the stage in which medical interference was possible. The general condition of the patients I found exceedingly satisfactory, considering the great difficulties

and precautions inseparable from the present state of the buildings. Their bedding, food, and clothing are all very good, and no effort is spared to make their lives as pleasant as the inadequate accommodation permits. I was greatly distressed to find that of late there have been as many as eight cases of typhoid, and dysentery of a typhoid type, in the asylum. When the old female wing was being removed the cause of this was speedily discovered. The closets in the right wing—the female side—were found to discharge into a brick barrel-drain which passes right under the central or front part of the building to join the main outlet behind. This barrel-drain, incredible as it may seem, was so badly built that it was little better than a cesspool under the female wing, and there is no doubt that the smell which has been so frequently complained of in this part of the building was due to it. The leakage from this drain seems to have found its way all round the foundations of the female wing, and the marvel is that the general health of the asylum has not suffered more than it seems to have done. The facts I have mentioned and their implications make it imperative that the whole drainage-system of the asylum should be put right without a moment's delay. The fact that some of the main drains pass under the building is of itself sufficient to condemn the existing arrangements, and the mere saving of money cannot be allowed to interfere with the carrying-out of a reform so vital to the health of every one who resides in the institution. It was a constant source of anxiety to me how to get over the difficulties caused by the building operations, especially on the female side, and I am correspondingly thankful to find that, owing to the incessant efforts of the doctor and the staff, the temporary accommodation provided can be made to suffice to bridge over the transition period without any great discomfort. The exhaustive reports of the Deputy Inspector, Colonel Haultain, dated the 15th January and 18th March last, relieve me from the necessity of further comment on the present state of the asylum. I hail with great satisfaction the establishment in Auckland, owing to the efforts mainly of the Deputy Inspector, of a society to promote amusements for the asylum patients, and to make their lives more tolerable, by providing pictures for the wards. I am glad to state that the Government have acknowledged their duty in this matter, by granting a sum equal to the voluntary contributions. I am sorry to find that the progress of the new buildings is much slower than I anticipated, and I hope that no unnecessary delay will be tolerated by the officers of the Public Works Department. The overcrowding of the male side has now become such that we can no longer wait for the long-hoped-for additions. As soon as the new beds can be got ready, I have arranged with Dr. Cremonini that the hall of the auxiliary asylum shall be converted into a dormitory for 25 male patients. I have made a careful inspection of the asylum farm, but I have decided that, owing to the exceptional season, it would not be fair to Mr. Boyd to judge of it in its present condition. I found the stores all of good quality. I condemned a large quantity of worn-out articles which had been accumulating for some time. I also authorised the destruction of a considerable number of worn-out and useless articles of clothing belonging to deceased patients. I am glad to find that Miss Nicholls, the matron, and Mr. Wood, the new head attendant, promise to relieve Dr. Cremonini of a great deal of the anxiety and worry which he has had to bear since taking charge of this asylum.

26th July, 1887.—I was engaged in inspecting this asylum on the 11th and 12th days of July, and again on the 21st, 22nd, and 23rd. I examined all the patients, and was satisfied with all I saw, except that some of the patients were too lightly clad for the unusually severe weather, and that some had leaky boots. The number of inmates was 251 males and 125 females; 1 male and 3 females were "out on trial." Seven males and 1 female were confined to bed under medical treatment. One man was temporarily secluded. Two men and 3 women wore locked dresses. The wet weather caused some of the wards to be dreadfully overcrowded, the patients being unable either to work outside or even to venture into the airing-courts. I am exceedingly disheartened at the slow rate at which the new buildings are being pushed forward. The apparatus for the new drying-closet and kitchen has been lying there for weeks, and the difficulty of administering the asylum without them has been enormous. The greatest credit is due to Dr. Cremonini for the constant vigilance which has carried the institution so far through the winter without mishap. Notwithstanding the difficulties of the position great improvements have been effected in the appearance of the corridors and dormitories, and the staff is working smoothly and satisfactorily. I examined all the statutory books and documents, and found everything in order. The new drain along the front of the building has greatly improved the sanitary condition of the female side. Now there is little or none of the bad smell that used to prevail in the wards. The difficulty that arose owing to the condition in which Warder Caswell's hand was found after his dismissal by Dr. Cremonini has been satisfactorily adjusted, and I was glad to find that the doctor was perfectly justified in his action.

Wellington.

1st November, 1887.—I have been occupied during the last three days in making a thorough inspection of this asylum. Just before Dr. Levinge's departure for Christchurch Asylum I examined the state of the institution, so that I might be able to compare the management of Dr. King, after a reasonable interval, with the admittedly vigorous administration of his predecessor. It is now five months since the change of Superintendents was made, and it gives me very great pleasure to be able to say that on the whole I am satisfied with the present condition of this asylum. At various irregular times and hours I have made surprise-visits, and on every occasion I found everything going on well. I have, however, felt it my duty to call the matron's attention to several matters which, unless great vigilance is exercised, may gradually lead to a relaxation of discipline. On the male side I regret to find that the new courtyard has not yet been finished, and that the corresponding one on the female side is rather untidy. While I accord to the gardener every credit for the state of the garden and the surroundings of the building, which are very satisfactory, I shall expect that for the future these inner courts are not neglected. As the Deputy Inspector, Mr. Mackay, has pointed out, a considerable portion of the asylum has been disfigured in consequence of the bad varnish used in past contracts, and much of the papering is ruinous, and greatly mars the appearance

of some of the rooms and passages. These things I hope soon to get remedied. The number of patients is 123 males and 89 females. On the female side all were up and dressed, though I found two violent cases requiring special attendants to prevent them doing injury to themselves or others. Six males were in bed from various causes, which seemed to me sufficient; one of them, however, a violent epileptic, will be more in the open air for the future. The general appearance and clothing of the patients are satisfactory, and it gives me special satisfaction to find that all the male patients, except 20, are induced to do some kind of work, while 41 are at work in the garden and grounds. On the female side I found 15 working in the laundry, 8 at needlework; and of the whole 89 not more than 19 refuse to do any work at all. There are 8 males and 14 females who do not join in recreation. The dormitories and beds are all clean and comfortable. The food is good and well cooked. I think, however, a little more despatch might be used in serving the dinner, for I observed that the fine fresh vegetables which were supplied for dinner were cold before the patients were seated. I examined all the books and medical certificates, and, with the exception of the Medical Journal, I found them all in proper order. I read and destroyed a large number of patients' letters, and found none that had been improperly detained. The branch asylum at Porirua is a great addition to the responsibilities of the Medical Superintendent, and considerable difficulty has been experienced in finding a suitable married couple who combined some knowledge of lunacy with the necessary experience of farming operations. After trying two married couples we have found it advisable to promote Attendant Wybourne, whose experience as an attendant enabled him to manage the patients, and who had large experience of a dairy farm in England, to take charge at Porirua. I have every reason to hope that this plan will prove satisfactory. I have formed a favourable opinion of the staff: Miss Linton, with a little more experience, will fill her position admirably, and Mr. Morrison makes a most intelligent and vigorous head attendant. It is very gratifying to observe the conscientious devotion to duty displayed by Dr. King, and the kindly and considerate manner in which he deals with his patients and his staff has secured my hearty admiration. I cannot close this report without recording my thanks to the Deputy Inspector for the great interest he takes in this asylum and the care and vigilance with which he watches all the inmates. In fact, the knowledge of Mr. Mackay's close supervision and his living in the immediate neighbourhood is a very great relief to my mind.

Nelson.

16th June, 1887.—I was engaged in inspecting this asylum on the 14th and 16th of June. The number of patients is 100: males, 59; females, 41, besides one female inebriate admitted under a Judge's order, and one female patient admitted on trial. Of the males, 43 were found working at various jobs out of doors, and two who were unfit to be outside were usefully engaged inside. All the females except five were engaged in washing, ironing, sewing, cleaning, or helping in the kitchen. This will be admitted by all to be a most gratifying state of things. I found 2 male patients confined to bed and under medical treatment: one a painful case of lupus of the face and neck; the other suffering from abrasions and contusions of the face, caused by falling in a fit. Two female patients I found wearing strong canvas dresses, being very violent and destructive. One of these, whose case I discussed with Dr. Boor at my last visit, I found still in the same distressing state. She is now in such a condition that there seems to be no longer any chance of her mental improvement. A special attendant has to remain beside her night and day to prevent her from injuring herself, and the greatest care has to be exercised lest she should bite her attendant. Altogether this is the most inveterate and intractable case I have ever seen. The other case is also a painful one, but I hope that in her case the acute mania may soon subside. To show the extent to which this, like other asylums, is encumbered with chronic and incurable cases, I may state that I found 49 males and 32 females, out of a total of 100, to be beyond the reach of curative treatment. Of these, 7 males and 2 females are idiots or imbecile: nearly all of these could be accommodated in a much less expensive institution than this. It is evident therefore that if all cases of this description in our different asylums were removed to one central asylum for chronic and incurable lunatics, which only require to be carefully and kindly looked after, such a classification of the remaining cases could be effected as would greatly increase the chances of recovery. I found 12 females and 8 males suffering from goitre, and more or less anæmic. The epileptic cases number 6 males and 2 females; while 3 males and 4 females are suicidal. One of the male patients, who is allowed a great deal of liberty, and who, notwithstanding the character of his delusions, is considered harmless, I cautioned Mr. White and the head attendant to watch most carefully. I would also recommend that he be not allowed to write so many letters to public men. I have endeavoured personally and by letter to induce the City Council to lend their aid in closing up the road which passes immediately behind the asylum, and I am hopeful that this great benefit may be secured, and that in this way the heavy price which has been paid to buy up the rights of those who were interested in keeping the road open may give an adequate return. The abundant water-supply which this purchase places at our disposal I hope will soon be taken advantage of to make the asylum independent of the town supply. Already a sufficient supply of fire-hose and hydrants has been provided, and the water is laid on all round the building; all that is wanted is sufficient pressure, and this can be got at a moderate cost by constructing a reservoir on our own grounds. The old Taranaki buildings have been pulled down, and Mr. White has, in a most praiseworthy way, utilised such of the materials as were still available for the erection of workshops and a tool-shed. The amusement of the patients is systematically cared for every Wednesday evening, and no opportunity is lost of giving the patients an outing. I am afraid that many of the fruit-trees, with which a large part of the land is stocked, are so old and so affected with blight that no great return, by way of fruit-crop, can be expected; and I have asked Mr. White to consider whether it would not be better to work the land as a dairy farm. It appears that vegetable-growing could not be made profitable, and it remains to be seen whether milk-selling would give a better return. The religious

wants of the patients are regularly attended to by the ministers of their denominations. The various statutory books and documents I found in order. The management of the asylum by Mr. and Mrs. White, and the attention to the medical treatment by Dr. Boor, are exceedingly satisfactory.

Hokitika.

24th January, 1888.—I concluded this day my second annual inspection of this asylum. The number of patients is 103. Of these, 73 are males and 30 females—an increase of 3 males since my last visit, and a decrease of 9 females. All of these, with the exception of five males who were confined to bed, were walking in the grounds, the day of my first visit being Sunday. Four of the five who remained in bed were suffering from slight ailments. One man wore canvas gloves to keep him from keeping open a sore on his face. Of the whole number of patients only 8 males and 5 females are unable to wash, dress, and feed themselves. Of the males, all but 10 are able to do some kind of work, and as many as 48 are employed on the farm, or in such work as wood-cutting, &c. For the women it is found here, as elsewhere, much more difficult to find a variety of employments; it is therefore all the more gratifying to find that so many as 24 are engaged in some form of domestic work. The most striking fact in the management of Mr. Gribben is just this high proportion of patients whom he succeeds in inducing to exert themselves in some way or other, thereby improving their physical condition and procuring natural sleep. I was specially struck with the happy use which has been made of the privilege of admission to the building known as the cottage—a commodious building, surrounded with beautiful grounds of its own. Admission to this is greatly desired, and is a strong motive to work. I have nothing but commendation for the organization and discipline of the institution, which are admirable in all respects. Mr. Gribben has manifestly infused his own vigour and energy into the staff, and the result is very gratifying. Dr. Macandrew's important duties are fulfilled with the most exemplary devotion. His case-book showed how carefully he conducts the treatment of each case, and I am perfectly confident that nothing is neglected which can conduce to the welfare of his patients. I examined all the books and documents, and found everything in perfect order.

Ashburn Hall.

1st July, 1887.—I have this day made a careful inspection of this institution, and conversed with and examined every one of the inmates. I found nobody in seclusion, nor any one under any form of restraint. All were free to go in and out at their pleasure; and, except for the complaint of one or two of their being deprived of freedom, all spoke in the highest terms of the treatment they received. I found their rooms and beds clean and comfortable. All were warmly clad, and their food is abundant and of good quality. As soon as any patient is able to do any work great pains are taken to interest him in some employment which beguiles the hours and procures healthy sleep. None of the public asylums of the colony offer anything like the advantages of this institution. For acute cases the privacy and seclusion are invaluable means of treatment. I have never seen a more signal proof of this than the case of the lady whose case seemed so unpromising at the time of my last report, and who is now quite recovered and is about to be discharged. Another case is that of an educated gentleman who was transferred here from Wellington Asylum, where he had been a dangerous lunatic from 1880 to 1886. Now he is quite gentle and well-behaved, and is allowed to go about the farm and grounds without restraint of any kind. My visits here are always pleasant, and nothing is more gratifying than to see the kindly spirit that animates and permeates the institution. I found all the books and documents in proper order, and satisfied myself that no one is improperly detained. Since my last inspection the Rev. R. R. M. Sutherland, of Kaikorai, has been appointed Visiting Chaplain to the institution. There is ample accommodation for twenty additional patients.

I have, &c.,

D. MACGREGOR,

Inspector of Asylums.

The Hon. the Colonial Secretary.

APPENDIX.

TABLE I.—SHOWING the ADMISSIONS, RE-ADMISSIONS, DISCHARGES, and DEATHS in ASYLUMS during the Year 1887.

					M.	F.	T.				
	M.	F.	T.		M.	F.	T.	M.	F.	T.	
In asylums 1st January, 1887	1,009	604	1,613	
Admitted for the first time	214	127	341	}	255	*161	416
Re-admitted	41	*34	75				
Total under care during the year	1,264	*765	2,029	
Discharged and removed—											
Recovered	103	78	181				
Relieved	34	17	51				
Not improved				
Died	74	27	101				
								211	122	333	
Remaining in asylums 31st December, 1887	1,053	*643	1,696	
Increase over 31st December, 1886	44	*39	83	
Average number resident during the year	1,034	613	1,647	

*One female "boarded out" included in Table 1 only, in order to show total number of lunatics in colony.

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 1887.

Asylums.	In Asylums on 1st January, 1887.			Admissions in 1887.									Total Number of Patients under Care.		
				Admitted for the First Time.			Re-admitted.			Total.					
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Auckland	235	129	364	49	23	72	8	8	16	57	31	88	292	160	452
Christchurch	207	133	340	41	24	65	11	7	18	52	31	83	259	164	423
Dunedin (Seacliff)	301	171	472	46	28	74	9	11	20	55	39	94	356	210	566
Hokitika	70	29	99	17	8	25	..	..	..	17	8	25	87	37	124
Nelson	57	42	99	8	9	17	2	1	3	10	10	20	67	52	119
Wellington	122	90	212	44	27	71	11	6	17	55	33	88	177	123	300
Ashburn Hall (private asylum)	17	10	27	9	8	17	..	..	..	9	8	17	26	18	44
Totals	1,009	604	1,613	214	127	341	41	33	74	255	160	415	1,264	764	2,028

TABLE II.—continued.

Asylums.	Patients discharged and died.									In Asylums on 31st December 1887.					
	Discharged recovered.			Discharged not recovered.			Died.						Total discharged and died.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Auckland	18	13	31	4	3	7	23	6	29	45	22	67	247	138	385
Christchurch	20	16	36	10	8	18	15	5	20	45	29	74	214	135	349
Dunedin (Seacliff)	20	15	35	1	2	3	20	7	27	41	24	65	315	186	501
Hokitika	4	3	7	4	0	4	6	3	9	14	6	20	73	31	104
Nelson	3	3	6	3	1	4	4	4	8	10	8	18	57	44	101
Wellington	32	23	55	6	1	7	6	2	8	44	26	70	133	97	230
Ashburn Hall (private asylum)	6	5	11	6	2	8	..	..	..	12	7	19	14	11	25
Totals	103	78	181	34	17	51	74	27	101	211	122	333	1,053	642	1,695

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 Admissions.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Auckland	242	126	368	31.57	41.93	35.22	9.50	4.76	7.88	7.87	3.75	6.41
Christchurch	215	129	344	33.46	51.61	43.37	6.97	3.95	5.81	5.79	3.04	4.72
Dunedin (Seacliff)	306	182	488	36.36	38.46	37.23	6.53	3.84	5.53	5.61	3.33	4.77
Hokitika	71	30	101	23.52	37.50	28.00	8.45	10.00	8.91	6.89	8.10	7.25
Nelson	57	41	98	30.00	30.00	30.00	7.01	9.75	8.16	5.97	7.69	6.72
Wellington	130	96	226	58.18	69.69	62.50	4.61	2.08	3.53	3.38	1.62	2.66
Ashburn Hall (private asylum)	13	9	22	66.66	62.50	64.70	0.00	0.00	0.00	0.00	0.00	0.00
Totals	1,034	613	1,647	40.39	48.75	43.61	7.15	4.40	6.13	5.85	3.53	4.97

TABLE III.—AGES OF ADMISSIONS.

Ages.	Auckland.	Christchurch.	Dunedin (Seacliff).	Hokitika.	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 5 years	0 1 1	0 1 1	..	..	..	..	..	0 1 1	..
From 5 to 10 years .. ..	..	..	..	1 0 1	2 0 2	..	..	3 1 4	..
" 10 " 15 "	1 0 1	1 1 2	0 1 1	..	..	..	..	2 2 4	..
" 15 " 20 "	2 4 6	3 1 4	4 4 8	1 2 3	..	0 2 2	1 1 2	11 14 25	..	
" 20 " 30 "	10 8 18	12 5 17	15 8 23	1 2 3	2 6 8	10 9 19	2 2 4	52 40 92	..	
" 30 " 40 "	13 6 19	12 7 19	12 9 21	3 1 4	0 3 3	15 11 26	3 1 4	58 38 96	..	
" 40 " 50 "	15 7 22	11 11 22	13 10 23	5 1 6	5 0 5	16 2 18	3 2 5	68 33 101	..	
" 50 " 60 "	9 2 11	9 1 10	6 5 11	4 1 5	1 0 1	6 1 7	0 2 2	35 12 47	..	
" 60 " 70 "	4 2 6	2 1 3	2 2 4	1 1 2	0 1 1	2 3 5	..	11 10 21	..	
" 70 " 80 "	3 1 4	0 1 1	2 0 2	..	..	1 0 1	..	6 2 8	..
" 80 " 90 " .. ..	..	..	1 0 1	..	..	..	..	1 0 1	..
Unknown .. ..	..	2 2 4	..	1 0 1	..	5 5 10	..	8 7 15	..
Totals	57 31 88	52 31 83	55 39 94	17 8 25	10 10 20	55 33 88	9 8 17	255 160 415	..	

TABLE IV.—DURATION of DISORDER.

—	Auckland.	Christchurch.	Dunedin (Seacliff).	Hokitika.	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.	
First Class (first attack and within 3 months on admission)	39 11 50	23 7 30	32 14 46	9 7 16	5 4 9	36 22 58	4 4 8	148 69 217	..	
Second Class (first attack above 3 months and within 12 months on admission)	4 6 10	4 2 6	5 2 7	2 1 3	..	8 3 11	3 2 5	26 16 42	..	
Third Class (not first attack, and within 12 months on admission)	8 9 17	16 10 26	8 14 22	1 0 1	1 2 3	10 6 16	1 1 2	45 42 87	..	
Fourth Class (first attack or not, but of more than 12 months on admission)	6 5 11	2 6 8	10 9 19	1 0 1	4 4 8	1 2 3	1 1 2	25 27 52	..	
Unknown .. ..	..	7 6 13	..	4 0 4	..	..	..	11 6 17	..
Totals	57 31 88	52 31 83	55 39 94	17 8 25	10 10 20	55 33 88	9 8 17	255 160 415	..	

TABLE V.—AGES OF PATIENTS DISCHARGED "RECOVERED" and "NOT RECOVERED," during the Year 1887.

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 .. ..	..	0 1 1	..	..	..	..	..	..	..	0 1 1
" 10 " 15 .. ..	..	..	..	..	..	..	..	..	..	..
" 15 " 20	2 3 5	0 1 1	0 3 3	1 0 1	2 0 2	..	0 1 1	..	4 7 11	1 1 2
" 20 " 30	2 5 7	..	4 4 8	2 3 5	7 4 11	..	0 1 1	1 0 1	13 14 27	3 3 6
" 30 " 40	1 2 3	3 0 3	6 4 10	2 2 4	1 4 5	..	0 1 1	1 0 1	8 11 19	6 2 8
" 40 " 50	9 1 10	0 1 1	5 4 9	3 1 4	6 4 10	0 2 2	2 0 2	2 0 2	22 9 31	5 4 9
" 50 " 60	3 1 4	1 0 1	5 0 5	2 1 3	4 2 6	..	2 0 2	..	14 3 17	3 1 4
" 60 " 70	1 1 2	..	..	..	0 1 1	..	..	..	1 2 3	..
" 70 " 80 .. ..	..	..	..	..	..	1 0 1	..	..	..	1 0 1
" 80 " 90 .. ..	..	..	..	..	..	..	..	..	..	..
Unknown .. ..	..	..	0 1 1	0 1 1	..	..	..	..	0 1 1	0 1 1
Totals	18 13 31	4 3 7	20 16 36	10 8 18	20 15 35	1 2 3	4 3 7	4 0 4	62 47 109	19 13 32

TABLE V.—continued.

Ages.	Nelson.		Wellington.		Ashburn Hall (Private Asylum).		Total.	
	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.
From 5 to 10 .. ..	..	1 0 1	..	..	..	..	..	1 0 1
" 10 " 15 .. ..	..	..	..	..	..	..	..	..
" 15 " 20	1 1 2	..	0 2 2	..	1 1 2	..	2 4 6	..
" 20 " 30 .. ..	..	0 1 1	4 9 13	2 0 2	2 1 3	3 0 3	6 10 16	5 1 6
" 30 " 40	1 1 2	..	11 3 14	1 1 2	0 2 2	1 1 2	12 6 18	2 2 4
" 40 " 50	1 0 1	1 0 1	9 2 11	2 0 2	2 0 2	2 1 3	12 2 14	5 1 6
" 50 " 60	0 1 1	1 0 1	4 2 6	..	1 1 2	..	5 4 9	1 0 1
" 60 " 70 .. ..	..	..	1 0 1	1 0 1	..	..	1 0 1	1 0 1
" 70 " 80 .. ..	..	..	..	..	..	..	..	..
" 80 " 90 .. ..	..	..	..	..	..	..	..	..
Unknown .. ..	..	..	3 5 8	..	..	..	3 5 8	..
Totals	3 3 6	3 1 4	32 23 55	6 1 7	6 5 11	6 2 8	41 31 72	15 4 19

TABLE VI.—AGES of the PATIENTS who DIED.

Ages.	Auckland.			Christchurch.			Dunedin (Seacliff).			Hokitika.			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.		
From 5 to 10 years		
" 10 " 15 "		
" 15 " 20 "	..	1	0	1	..	..	..	..	1	0	1	..	..	..	..	..	..	..	..	..	..	..	2	0	2
" 20 " 30 "	..	2	1	3	1	1	2	1	1	2	..	..	0	1	1	2	0	2	..	..	..	..	6	4	10
" 30 " 40 "	..	4	0	4	1	0	1	4	1	5	1	0	1	0	1	1	..	..	..	..	..	..	10	2	12
" 40 " 50 "	..	7	1	8	6	1	7	7	1	8	3	2	5	3	1	4	2	0	2	..	..	..	28	6	34
" 50 " 60 "	..	4	1	5	3	2	5	3	0	3	1	0	1	0	1	1	1	1	2	..	..	..	12	5	17
" 60 " 70 "	..	3	3	6	3	1	4	1	3	4	0	1	1	..	..	0	1	1	..	..	..	..	7	9	16
" 70 " 80 "	..	2	0	2	..	..	..	4	1	5	..	..	1	0	1	..	..	..	..	..	..	..	7	1	8
" 80 " 90 "	
Unknown	1	0	1	1	0	1	2	0	2
Totals	..	23	6	29	15	5	20	20	7	27	6	3	9	4	4	8	6	2	8	..	..	..	74	27	101

TABLE VII.—CONDITION as to MARRIAGE.

				Admissions.			Discharges.			Deaths.		
				M.	F.	T.	M.	F.	T.	M.	F.	T.
AUCKLAND—				..	..	..	..	..	..	..	..	..
Single	..	..	..	31	12	43	11	9	20	14	3	17
Married	..	..	..	18	15	33	8	6	14	6	3	9
Widowed	..	..	..	6	4	10	3	1	4	3	0	3
Unknown	..	..	..	2	0	2	..	..	..	..	..	..
Totals	..	..	..	57	31	88	22	16	38	23	6	29
CHRISTCHURCH—				..	..	..	..	..	..	..	..	..
Single	..	..	..	30	11	41	15	7	22	6	2	8
Married	..	..	..	20	18	38	14	13	27	8	3	11
Widowed	..	..	..	2	2	4	1	4	5	1	0	1
Totals	..	..	..	52	31	83	30	24	54	15	5	20
DUNEDIN (Seacliff)—				..	..	..	..	..	..	..	..	..
Single	..	..	..	39	15	54	14	3	17	11	2	13
Married	..	..	..	14	17	31	5	8	13	8	3	11
Widowed	..	..	..	2	7	9	2	6	8	1	2	3
Totals	..	..	..	55	39	94	21	17	38	20	7	27
HOKITIKA—				..	..	..	..	..	..	..	..	..
Single	..	..	..	9	2	11	6	0	6	3	0	3
Married	..	..	..	5	4	9	2	3	5	3	1	4
Widowed	..	..	..	3	2	5	..	..	..	0	2	2
Totals	..	..	..	17	8	25	8	3	11	6	3	9
NELSON—				..	..	..	..	..	..	..	..	..
Single	..	..	..	8	6	14	5	2	7	3	1	4
Married	..	..	..	2	4	6	0	2	2	0	1	1
Widowed	..	..	..	..	..	..	1	0	1	1	2	3
Totals	..	..	..	10	10	20	6	4	10	4	4	8
WELLINGTON—				..	..	..	..	..	..	..	..	..
Single	..	..	..	30	11	41	19	12	31	1	0	1
Married	..	..	..	17	17	34	14	10	24	3	1	4
Widowed	..	..	..	4	3	7	2	1	3	1	1	2
Unknown	..	..	..	4	2	6	3	1	4	1	0	1
Totals	..	..	..	55	33	88	38	24	62	6	2	8
ASHBURN HALL (Private Asylum)—				..	..	..	..	..	..	..	..	..
Single	..	..	..	4	2	6	6	2	8	..	..	..
Married	..	..	..	5	5	10	6	4	10	..	..	..
Widowed	..	..	..	0	1	1	0	1	1	..	..	..
Totals	..	..	..	9	8	17	12	7	19	..	..	..
TOTALS—				..	..	..	..	..	..	..	..	..
Single	..	..	..	151	59	210	76	35	111	38	8	46
Married	..	..	..	81	80	161	49	46	95	28	12	40
Widowed	..	..	..	17	19	36	9	13	22	7	7	14
Unknown	..	..	..	6	2	8	8	1	4	1	0	1
Totals	..	..	..	255	160	415	137	95	232	74	27	101

TABLE VIII.—NATIVE COUNTRIES.

Total.			Countries.	Auckland.	Christchurch	Dunedin (Seacliff).	Hokitika.	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.
375	210	585	England	113 57 170	93 63 156	83 39 122	16 8 24	21 13 34	44 25 69	5 5 10
166	116	282	Scotland	21 14 35	26 17 43	76 62 138	11 3 14	4 3 7	23 14 37	5 3 8
266	206	472	Ireland	51 42 93	63 38 101	73 65 138	23 17 40	16 11 27	39 31 70	1 2 3
66	53	119	New Zealand ..	20 18 38	13 3 16	14 8 22	4 0 4	9 13 22	4 11 15	2 0 2
14	7	21	Australian Colonies ..	1 0 1	3 2 5	4 3 7	1 1 2	1 0 1	4 0 4	0 1 1
8	6	14	France	3 0 3	1 0 1	2 4 6	1 0 1	0 2 2	1 0 1	..
24	9	33	Germany	3 0 3	6 1 7	6 4 10	4 1 5	0 1 1	5 2 7	..
5	1	6	Norway	1 0 1	1 1 2	3 0 3	..	..	..	..
17	2	19	Sweden	2 0 2	..	9 0 9	2 0 2	0 1 1	4 1 5	..
9	4	13	Denmark .. ..	..	..	5 0 5	2 1 3	2 0 2	0 3 3	..
15	1	16	Italy	3 0 3	1 0 1	7 0 7	3 0 3	1 0 1	0 1 1	..
26	0	26	China	2 0 2	..	17 0 17	5 0 5	1 0 1	1 0 1	..
12	8	20	Maoris	8 7 15	..	..	..	1 0 1	3 1 4	..
50	19	69	Other countries ..	19 0 19	7 10 17	16 1 17	1 0 1	1 0 1	5 8 13	1 0 1
1053	642	1695	Totals	247 138 385	214 135 349	315 186 501	73 31 104	57 44 101	133 97 230	14 11 25

TABLE IX.—AGES of PATIENTS at 31st December, 1887.

Ages.	Auckland.	Christchurch.	Dunedin (Seacliff).	Hokitika.	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.
1 to 5 years.. ..	..	..	..	..	..	..	..	..
5 " 10 "	1 2 3	2 .. 4	3 1 4	1 0 1	1 0 1	..	..	8 5 13
10 " 15 "	1 1 2	..	5 3 8	..	2 0 2	1 1 2	..	9 5 14
15 " 20 "	2 2 4	7 2 9	8 12 20	2 1 3	2 0 2	1 4 5	..	22 21 43
20 " 30 "	26 22 48	35 16 51	52 41 93	2 4 6	6 11 17	16 14 30	3 2 5	140 110 250
30 " 40 "	63 32 95	49 46 95	96 47 143	18 7 25	10 11 21	45 29 74	5 2 7	286 174 460
40 " 50 "	79 37 116	59 37 96	100 58 158	26 12 38	24 12 36	29 23 52	2 4 6	319 183 502
50 " 60 "	52 22 74	47 24 71	37 20 57	17 3 20	10 6 16	19 12 31	3 3 6	185 90 275
60 " 70 "	14 16 30	11 7 18	9 4 13	5 1 6	2 3 5	11 7 18	1 0 1	53 38 91
70 " 80 "	9 2 11	4 1 5	..	0 1 1	0 1 1	4 4 8	..	17 9 26
80 " 90 "	0 2 2	..	2 0 2	..	..	1 0 1	..	3 2 5
Unknown .. ..	..	..	3 0 3	2 2 4	..	6 3 9	..	11 5 16
Totals	247 138 385	214 135 349	315 186 501	73 31 104	57 44 101	133 97 230	14 11 25	1053 642 1695

TABLE X.—LENGTH of RESIDENCE of PATIENTS who DIED during 1887.

Length of Residence.	Auckland.	Christchurch.	Dunedin (Seacliff).	Hokitika.	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.
Under 1 month	1 0 1	2 0 2	4 1 5	2 0 2	0 1 1	0 1 1	..	9 3 12
1 to 3 months	3 2 5	2 0 2	3 0 3	..	0 1 1	..	..	8 3 11
3 " 6 "	5 1 6	1 0 1	2 0 2	0 1 1	..	1 0 1	..	9 2 11
6 " 9 "	1 1 2	1 1 2	2 1 3	..	..	..	..	4 3 7
9 " 12 "	1 0 1	..	..	..	..	..	..	1 0 1
1 " 2 years	4 0 4	3 1 4	2 0 2	0 1 1	1 0 1	2 0 2	..	12 2 14
2 " 3 "	1 0 1	2 1 3	1 1 2	2 1 3	2 0 2	2 0 2	..	10 3 13
3 " 5 "	1 0 1	..	0 2 2	..	0 1 1	..	..	1 3 4
5 " 7 "	0 1 1	1 1 2	1 0 1	2 0 2	0 1 1	..	..	4 3 7
7 " 10 "	5 0 5	1 1 2	1 2 3	..	..	1 1 2	..	8 4 12
10 " 12 " .. ..	..	..	3 0 3	..	..	..	..	3 0 3
12 " 15 " .. ..	..	1 0 1	..	..	..	..	..	1 0 1
Over 15 "	1 1 2	1 0 1	1 0 1	..	1 0 1	..	..	4 1 5
Totals	23 6 29	15 5 20	20 7 27	6 3 9	4 4 8	6 2 8	..	74 27 101

TABLE XI.—LENGTH OF RESIDENCE OF PATIENTS DISCHARGED "RECOVERED" during 1887.

Length of Residence.	Auckland.			Christ-church.			Dunedin (Seacliff).			Hokitika.			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.
Under 1 month ..	0	2	2	1	2	3	1	3	4	1	0	1	0	1	1	7	1	8	1	1	2	11	10	21
From 1 to 3 months ..	2	0	2	5	3	8	4	1	5	1	2	3	2	0	2	7	4	11	2	0	2	23	10	33
" 3 " 6 "	4	3	7	3	3	6	5	3	8	1	1	2	1	0	1	2	8	10	1	1	2	17	19	36
" 6 " 9 "	5	4	9	3	5	8	7	6	13	1	0	1	..	..	..	10	5	15	0	2	2	26	22	48
" 9 " 12 "	3	2	5	0	1	1	2	1	3	..	..	..	..	..	..	2	1	3	2	1	3	9	6	15
" 1 " 2 years ..	2	2	4	4	2	6	..	..	..	..	..	..	0	1	1	2	1	3	..	..	..	8	6	14
" 2 " 3 " ..	1	0	1	1	0	1	1	0	1	..	..	..	0	1	1	2	1	3	..	..	..	5	2	7
" 3 " 5 " ..	1	0	1	..	..	..	0	1	1	..	..	..	..	..	..	0	2	2	..	..	..	1	3	4
" 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 ..	18	13	31	20	16	36	20	15	35	4	3	7	3	3	6	32	23	55	6	5	11	103	78	181

TABLE XII.—CAUSES OF DEATH.

Total.	Causes.	Auckland.			Christ-church.			Dunedin (Seacliff).			Hokitika.			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.	
Diseases of the Nervous System—																							
4	3	7	Apoplexy ..	..	..	..	2	0	2	1	1	2	1	2	3	..	..	..	..	..	..
8	2	10	Epilepsy ..	..	..	2	1	3	2	0	2	3	1	4	1	0	1	..	..	..	..
5	4	9	Exhaustion from mania ..	..	..	3	1	4	..	..	2	0	2	..	..	0	3	3	..	..	..
9	1	10	General paralysis ..	..	..	3	0	3	1	0	1	2	0	2	..	2	1	3	1	0	1
4	1	5	Brain disease ..	..	..	..	..	..	4	1	5	..	..	..	..	..	..	..	..	..	..
Diseases of the Respiratory System—																							
2	0	2	Asthma ..	..	..	1	0	1	..	..	..	..	..	..	..	..	1	0	1	..	..
1	1	2	Œdema of the lungs ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	2	..
6	4	10	Phthisis pulmonalis ..	..	..	2	0	2	2	0	2	0	3	3	2	1	3	..	..	..	..
8	0	8	Pneumonia ..	..	..	..	..	..	2	0	2	4	0	4	1	0	1	..	1	0	1
Diseases of the Circulatory System—																							
1	0	1	Aortic disease ..	..	..	1	0	1	..	..	..	..	..	..	..	..	..	..	..	..	..
1	0	1	Fatty degeneration of heart ..	..	..	1	0	1	..	..	..	..	..	..	..	..	..	..	..	..	..
2	1	3	Heart disease ..	..	..	..	0	1	1	1	0	1	..	..	..	..	1	0	1	..	..
0	1	1	Jaundice ..	..	..	..	0	1	1	..	..	..	..	..	..	..	..	..	..	..	..
2	0	2	Syncope ..	..	..	..	..	..	..	1	0	1	..	..	1	0	1	..	..	..	..
Diseases of the Digestive System—																							
0	1	1	Diarrhœa ..	..	..	0	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..
2	1	3	Dysentery ..	..	..	0	1	1	..	2	0	2	..	..	..	..	..	..	..	..	..
Other Diseases—																							
2	0	2	Asthenia ..	..	..	..	..	..	..	1	0	1	1	0	1	..	..	..	..	..	..
1	0	1	Chronic cystitis ..	..	..	1	0	1	..	..	..	..	..	..	..	..	..	..	..	..	..
1	0	1	Epithelioma ..	..	..	1	0	1	..	..	..	..	..	..	..	..	..	..	..	..	..
1	1	2	Exhaustion from abscesses ..	..	..	1	0	1	0	1	1	..	..	..	..	..	..	..	..	..	..
3	0	3	Gangrene of leg ..	..	..	2	0	2	1	0	1	..	..	..	..	..	..	..	..	..	..
1	0	1	Peritonitis ..	..	..	1	0	1	..	..	..	..	..	..	..	..	..	..	..	..	..
8	5	13	Senile decay ..	..	..	3	2	5	1	0	1	3	2	5	..	1	0	1	0	1	1
2	0	2	Tuberculosis ..	..	..	1	0	1	..	..	..	..	..	..	..	..	1	0	1	..	..
0	1	1	Liver disease ..	..	..	..	0	1	1	..	..	..	..	..	..	..	..	..	..	..	..
74	27	101	Totals	23	6	29	15	5	20	20	7	27	6	3	9	4	4	8	6	2	8

TABLE XIII.—CAUSES OF INSANITY—continued.

Total.			Causes.	Auckland.	Christchurch.	Dunedin (Seacliffe).	Hokitika.	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	1	3	Jealousy	2 0 2	.. ..	.. ..	0 1 1	.. ..	.. ..	.. ..
0	5	5	Change of life .. ..	.. ..	0 2 2	0 2 2	.. ..	0 1 1	.. ..	.. ..
0	3	3	Love .. ..	.. ..	0 2 2	0 1 1	.. ..	.. ..	.. ..	.. ..
0	2	2	Fright .. ..	.. ..	.. ..	.. ..	.. ..	0 1 1	0 1 1	.. ..
85	45	130	Unknown	0 4 4	22 7 29	12 6 18	8 2 10	4 3 7	37 17 54	2 6 8
255	160	415	Totals	57 31 88	52 31 83	55 39 94	17 8 25	10 10 20	55 33 88	9 8 17

TABLE XIV.—FORMER OCCUPATION OF PATIENTS.

Total.			Occupations.	Auckland.	Christchurch.	Dunedin (Seacliff).	Hokitika.	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.
MALES.										
1	0	1	Barrister .. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	1 0 1
2	0	2	Blacksmiths	1 0 1	1 0 1	.. ..	.. ..	.. ..	.. ..	.. ..
2	0	2	Boardinghouse-keepers .. ..	.. ..	1 0 1	.. ..	.. ..	.. ..	1 0 1	.. ..
1	0	1	Bookbinder .. ..	.. ..	.. ..	.. ..	.. ..	.. ..	1 0 1	.. ..
8	0	8	Bootmakers .. ..	.. ..	4 0 4	3 0 3	.. ..	.. ..	1 0 1	.. ..
1	0	1	Brewer	1 0 1	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..
1	0	1	Bricklayer	1 0 1	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..
3	0	3	Butchers .. ..	.. ..	.. ..	2 0 2	.. ..	.. ..	1 0 1	.. ..
3	0	3	Cabinetmakers	2 0 2	.. ..	.. ..	.. ..	.. ..	1 0 1	.. ..
2	0	2	Cabmen and carriers .. ..	.. ..	1 0 1	.. ..	.. ..	.. ..	1 0 1	.. ..
10	0	10	Carpenters	3 0 3	2 0 2	.. ..	.. ..	1 0 1	4 0 4	.. ..
3	0	3	Carters	1 0 1	1 0 1	1 0 1	.. ..	.. ..	.. ..	.. ..
11	0	11	Clerks	3 0 3	5 0 5	.. ..	1 0 1	.. ..	1 0 1	1 0 1
2	0	2	Commercial travellers .. ..	.. ..	.. ..	.. ..	.. ..	.. ..	1 0 1	1 0 1
1	0	1	Commission agent .. ..	.. ..	.. ..	.. ..	.. ..	.. ..	1 0 1	.. ..
1	0	1	Compositor	1 0 1	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..
1	0	1	Confectioner .. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	1 0 1
1	0	1	Contractor .. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	1 0 1
1	0	1	Cook .. ..	.. ..	.. ..	1 0 1	.. ..	.. ..	.. ..	.. ..
1	0	1	Engine-fitter .. ..	.. ..	.. ..	.. ..	1 0 1	.. ..	.. ..	.. ..
1	0	1	Engine-driver .. ..	.. ..	.. ..	.. ..	.. ..	.. ..	1 0 1	.. ..
28	0	28	Farmers	8 0 8	9 0 9	6 0 6	.. ..	.. ..	3 0 3	2 0 2
6	0	6	Farm labourers .. ..	.. ..	.. ..	5 0 5	.. ..	.. ..	1 0 1	.. ..
1	0	1	Fisherman .. ..	.. ..	.. ..	1 0 1	.. ..	.. ..	.. ..	.. ..
4	0	4	Gardeners	3 0 3	.. ..	.. ..	.. ..	1 0 1	.. ..	.. ..
2	0	2	Grocers	1 0 1	.. ..	1 0 1	.. ..	.. ..	.. ..	.. ..
2	0	2	Grooms .. ..	.. ..	.. ..	1 0 1	.. ..	1 0 1	.. ..	.. ..
5	0	5	Gumdiggers	5 0 5	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..
3	0	3	Hawkers .. ..	.. ..	.. ..	1 0 1	1 0 1	.. ..	1 0 1	.. ..
7	0	7	Hotelkeepers	1 0 1	2 0 2	2 0 2	.. ..	.. ..	.. ..	2 0 2
1	0	1	Hotelman .. ..	.. ..	1 0 1	.. ..	.. ..	.. ..	.. ..	.. ..
60	0	60	Labourers	11 0 11	14 0 14	11 0 11	1 0 1	3 0 3	20 0 20	.. ..
1	0	1	Livery-stablekeeper .. ..	.. ..	.. ..	.. ..	.. ..	.. ..	1 0 1	.. ..
1	0	1	Maori .. ..	.. ..	.. ..	.. ..	.. ..	.. ..	1 0 1	.. ..
1	0	1	Miller	1 0 1	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..
1	0	1	Mill hand	1 0 1	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..
14	0	14	Miners .. ..	.. ..	1 0 1	3 0 3	8 0 8	2 0 2	.. ..	.. ..
1	0	1	Moulder .. ..	.. ..	1 0 1	.. ..	.. ..	.. ..	.. ..	.. ..
1	0	1	News vendor .. ..	.. ..	.. ..	1 0 1	.. ..	.. ..	.. ..	.. ..
2	0	2	Painters	1 0 1	.. ..	.. ..	.. ..	.. ..	1 0 1	.. ..
2	0	2	Prisoners .. ..	.. ..	.. ..	.. ..	2 0 2	.. ..	.. ..	.. ..
1	0	1	Quarryman .. ..	.. ..	.. ..	1 0 1	.. ..	.. ..	.. ..	.. ..
4	0	4	Rabbits .. ..	.. ..	.. ..	4 0 4	.. ..	.. ..	.. ..	.. ..
1	0	1	Sawmiller .. ..	.. ..	.. ..	.. ..	1 0 1	.. ..	.. ..	.. ..
2	0	2	Schoolmasters .. ..	.. ..	1 0 1	1 0 1	.. ..	.. ..	.. ..	.. ..
10	0	10	Seamen	3 0 3	.. ..	4 0 4	.. ..	.. ..	3 0 3	.. ..
6	0	6	Settlers	3 0 3	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..
2	0	2	Shepherds .. ..	.. ..	1 0 1	1 0 1	.. ..	.. ..	.. ..	.. ..
1	0	1	Stoker	1 0 1	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..
3	0	3	Storekeepers .. ..	.. ..	.. ..	2 0 2	.. ..	.. ..	1 0 1	.. ..
2	0	2	Tailors .. ..	.. ..	2 0 2	.. ..	.. ..	.. ..	.. ..	.. ..
1	0	1	Telegraph messenger .. ..	.. ..	1 0 1	.. ..	.. ..	.. ..	.. ..	.. ..
1	0	1	Wheelwright	1 0 1	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..
20	0	20	No occupation	4 0 4	4 0 4	3 0 3	2 0 2	2 0 2	5 0 5	.. ..
FEMALES.										
0	95	95	Domestic duties	0 16 16	0 18 18	0 28 28	0 5 5	0 5 5	0 15 15	0 8 8
0	5	5	Dressmakers	0 1 1	0 1 1	0 1 1	.. ..	0 1 1	0 1 1	.. ..
0	1	1	Milliner .. ..	.. ..	.. ..	0 1 1	.. ..	.. ..	.. ..	.. ..
0	2	2	Nurses	0 1 1	.. ..	0 1 1	.. ..	.. ..	.. ..	.. ..
0	24	24	Servants	0 7 7	0 7 7	0 3 3	0 1 1	.. ..	0 6 6	.. ..
0	1	1	Vagrants .. ..	.. ..	.. ..	.. ..	.. ..	.. ..	0 1 1	.. ..
0	2	2	Washerwomen .. ..	.. ..	0 1 1	0 1 1	.. ..	.. ..	.. ..	.. ..
0	30	30	No occupation	0 6 6	0 4 4	0 4 4	0 2 2	0 4 4	0 10 10	.. ..
254	160	414	Totals	57 31 88	52 31 83	55 39 94	17 8 25	10 10 20	55 33 88	9 8 17

TABLE XV.—SHOWING the EXPENDITURE for the Year 1887.

Total.	Items.	Auckland.	Christchurch.	Dunedin (Seacliff).	Hokitika.	Nelson.	Wellington.	Total.
£ 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
63 0 0	Chief Clerk (three months' salary)*	..	..	..	..	..	..	63 0 0
918 12 6	Medical fees*	..	..	..	..	..	..	918 12 6
410 6 4	Contingencies*	..	..	..	..	..	..	410 6 4
130 0 0	Deputy Inspectors	25 0 0	37 10 0	163 7 3	128 1 7	200 0 0	30 0 0	130 0 0
490 8 10	Visiting Medical Officers	..	..	..	..	..	..	490 8 10
2,404 3 10	Assistant Medical Officers	400 0 0	600 0 0	574 3 10	300 0 0	130 0 0	400 0 0	2,404 3 10
275 0 0	Superintendents	..	275 0 0	..	..	..	..	275 0 0
530 16 8	House-steward	100 0 0	162 10 0	120 0 0	85 0 0	70 0 0	148 6 8	530 16 8
397 10 0	Clerks	17 10 0	41 13 4	100 0 0	980 19 9	863 11 11	83 6 8	397 10 0
12,734 9 11	Matrons	2,740 18 2	2,543 17 7	3,499 18 4	366 4 0	985 12 7	2,106 4 2	12,734 9 11
13,521 9 4	Attendants and servants	3,132 7 10	2,797 15 9	3,709 9 2	966 4 0	110 17 0	1,930 8 11	13,521 9 4
1,957 7 3	Rations	485 17 9	664 2 4	360 0 0	8 1 3	344 9 1	788 15 7	1,957 7 3
4,993 19 9	Fuel and light	1,152 5 7	957 15 7	1,546 12 8	204 1 3	10 19 0	43 1 6	4,993 19 9
256 14 5	Bedding and clothing	27 7 1	63 11 10	47 3 5	64 11 7	12 12 0	5 8 0	256 14 5
44 16 9	Surgery and dispensary..	13 19 0	..	8 13 9	4 4 0	33 15 1	74 16 7	44 16 9
707 6 5	Wines, spirits, ale, and porter	335 15 7	..	262 19 2	..	227 11 2	982 2 11	707 6 5
5,062 16 5	Pharm	553 5 4	876 10 0	2,183 12 4	239 14 8	..	..	5,062 16 5
45,898 18 5	Necessaries, incidental and miscellaneous	8,984 6 4	9,020 6 5	12,612 9 11	2,980 18 1	2,988 7 10	6,920 11 0	45,898 18 5
..	Totals	1,230 9 3	1,596 13 8	1,354 11 4	1,239 18 3	531 0 6	1,421 19 7	..
37,242 7 0	Repayments	7,753 17 1	7,423 12 9	11,258 18 7	2,850 19 10	2,457 7 4	5,498 11 5	37,242 7 0
..	Actual cost	..	..	..	..	..	..	..

* Not included in Table XVI.

TABLE XVI.—AVERAGE COST of each PATIENT per Annum.

Asylums.	Provisions.	Salaries.	Bedding and Clothing.	Fuel and Light.	Surgery and Dispensary.	Wines, Spirits, Ale, &c.	Necessaries, Incidental and Miscellaneous.*	Total Cost per Patient.	Repayment for Maintenance.	Cost per Head less Repayments.	Cost per Head previous Year.	Decrease in 1887.	Increase in 1887.
	£ 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 10 3	8 18 5½	3 2 7½	1 6 5	0 1 5½	0 0 9	2 8 3½	24 8 3½	3 6 10½	21 1 5	22 18 4½	1 16 11½	..
Christchurch	8 2 8	10 12 9½	2 15 8½	1 18 7½	0 3 8½	..	2 10 11½	26 4 5	4 12 10	21 11 7	23 4 4½	1 12 9½	..
Dunedin (Seacliff)	7 12 0½	9 4 2	3 3 4½	0 14 9	0 1 11	4½	5 0 3½	25 16 11	2 15 6	23 1 4½	24 19 4½	1 18 0	..
Hokitika	9 11 3½	14 15 1½	2 0 6½	0 1 7	0 12 9½	0 0 9½	2 7 5½	29 10 3½	1 5 8½	28 4 6	29 4 1½	0 19 7½	..
Nelson	10 1 1½	12 17 7½	3 10 3½	1 2 6	0 2 3	0 2 6½	2 13 4	30 9 10½	5 8 4½	25 1 6	23 15 10	..	1 5 8
Wellington	8 11 8	12 4 11½	3 9 9½	1 9 0½	0 3 9½	0 0 5½	4 13 6½	30 12 5½	6 5 10½	24 6 7	21 14 6½	..	2 12 0½
Averages	8 4 2½	10 5 11½	3 0 7½	1 3 9	0 3 1½	0 0 6½	3 10 1	26 8 4	3 16 1	22 12 3	24 0 5½	1 8 2½	..

* Includes farm.

TABLE XVII.—SHOWING AMOUNTS RECEIVED ON ACCOUNT OF MAINTENANCE, &c., during the Year 1887.

Total.	Asylums.	Produce and Articles sold.	Repayment for Maintenance.	Washing done for Hospital.	Total.
£ s. d.		£ s. d.	£ s. d.	£ s. d.	£ s. d.
1,230 9 3	Auckland	48 10 2	1,181 19 1	..	1,230 9 3
1,596 13 8	Christchurch	86 8 6	1,510 5 2	..	1,596 13 8
1,354 11 4	Dunedin (Seacliff)	190 15 0	1,163 16 4	..	1,354 11 4
129 18 3	Hokitika .. .. .	..	129 18 3	..	129 18 3
531 0 6	Nelson	27 11 2	503 9 4	..	531 0 6
1,421 19 7	Wellington	174 7 2	1,140 2 9	107 9 8	1,421 19 7
6,264 12 7	Totals	527 12 0	5,629 10 11	107 9 8	6,264 12 7

TABLE XVIII.—EXPENDITURE, out of Immigration and Public Works Loan, on ASYLUM BUILDINGS during the Financial Year ended 31st March, 1888, and LIABILITIES for the same.

Asylums.	Net Expenditure to 31st March, 1888.	Liabilities on 31st March, 1888.
	£ s. d.	£ s. d.
Auckland	11,474 18 9	2,493 13 7
Wellington)	1,381 2 7	60 8 0
Porirua)	9,868 19 5	2,188 8 3
Christchurch)	176 2 1	800 0 0
Dunedin (Seacliff)	206 0 0	100 0 0
Nelson .. .. .	..	..
Hokitika .. .. .	..	..
Totals	†23,107 2 10	5,642 9 10

TABLE XIX.—TOTAL EXPENDITURE, out of Immigration and Public Works Loan, for REPAIRS and BUILDINGS at each ASYLUM from 1st July, 1878, to 31st March, 1888.

Asylums.	1878-83.	1883-84.	1884-85.	1885-86.	1886-87.	1887-88.	Total Net Expenditure from 1st July, 1878.
	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
Auckland	32,205 19 2	9,341 7 6	3,216 14 8	138 6 3	2,728 7 4	11,474 18 9	59,105 13 8
Wellington	13,706 2 6	4,633 3 1	1,204 16 9	Cr. 16 10 0	241 1 10	1,381 2 7	25,366 3 9
Wellington (Porirua Road Asylum)	..	2,750 0 0	..	..	1,466 7 0	..	..
Christchurch	35,972 13 9	8,584 9 1	5,490 7 10	2,131 17 2	6,107 2 7	9,868 19 5	68,155 9 10
Dunedin (Seacliff)	54,621 9 10	32,123 5 8	15,080 4 0	1,729 5 6	1,744 15 11	176 2 1	105,480 3 0
Napier	147 0 0	..	..	..	..	..	147 0 0
Hokitika	1,042 18 10	..	..	16 11 9	..	..	1,059 10 7
Nelson	852 13 7	609 13 5	..	7 15 6	*1,406 11 1	†206 0 0	3,082 13 7
Totals	138,548 17 8	58,046 18 9	24,992 3 3	4,007 6 2	13,694 5 9	23,107 2 10	262,396 14 5

* Includes £100 charged as unauthorised.

† Includes £200 charged as unauthorised.

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