

cation, &c., which, if not new, are yet well worthy of the earnest consideration of the Government and the public.

I trust that medical men will in future assist us by endeavouring to overcome the scruples of relatives to place their friends under early treatment, and so thereby greatly increase their prospect of recovery, instead of keeping them under treatment in their own homes—the efficacy of which in very many cases is extremely doubtful, if not positively harmful—till their disease becomes firmly established and often hopelessly incurable. I am well aware of the reluctance of relatives in this matter, and for this reason alone, if no other, I would hail with satisfaction the establishment of some intermediate place of early treatment between the home and the asylum, though it would have the disadvantage, so far as the latter is concerned, of still further reducing its recovery rate. It would doubtless be the means of securing suitable early treatment for such persons, as relatives would more readily send them there than to an asylum, while it would also prevent many persons with temporary outbursts of excitement from various causes being committed to asylums, and thus spare them and their posterity from the stigma attaching to the same. I think such a place would be best established in connection with a general hospital, as an observation ward or detached building, for otherwise it must partake more or less of the character of an asylum, and have the same objection in the eyes of the patients' relatives. It might be styled the "Mental Ward," or, if a detached building, the "Mental Hospital," as being more scientific, euphonious, and less compromising than the term "Lunatic Hospital."

So impressed am I by the necessity of early treatment of mental disease that I would go even further, and, within certain limits, make its notification compulsory, as well as others of a communicable nature; but, until we adopt these and other rational measures of preventive medicine, we cannot hope for any real advance in checking the progress and increase of the disease.

It may be interesting here to quote the opinion of a high authority on this subject, Dr. Henry Rayner, formerly Medical Superintendent of one of the large London asylums, but now lecturer on, and physician to the out-patient department for, mental diseases at St. Thomas's Hospital, as recorded in the "Journal of Mental Science" for July, 1897, pages 520 and 521. In speaking of the necessity for the early treatment of what he calls the hospital class he says, "It is, indeed, not a lunatic hospital that is needed, but receiving-houses, or infirmaries, or even special wards in connection with general hospitals, in which cases not yet certified or certifiable could be received for treatment, and from whence if necessary they could be sent to the asylum. Preventive treatment in the stage that precedes the certifiable condition is, I consider, the great need in dealing with mental diseases at the present day, and I am very strongly of opinion that with adequate provision in this direction a very respectable proportion of cases might be saved from becoming bad enough to need asylum treatment. Patients in this early stage will come voluntarily, or under the pressure of their friends, to an ordinary hospital, but I am assured that they will not go equally early to a lunatic asylum."

Some years ago a special out-patient department for the early treatment of nervous and mental affections was established at my old school, the West Riding Asylum, at Wakefield, under the direction of the medical officers of the asylum, and elsewhere, I believe, on similar lines, but I do not think they were ever as fully taken advantage of as the founders were led to hope and expect, probably on account of their connection with the asylum. It might, however, be different if such departments were started in connection with the general hospitals, to which medical men of special experience in the treatment of those diseases were attached. This would have further advantage at the seats of medical schools, like Dunedin, as students could get special instruction in the early treatment of nervous and mental affections.

Early in December last twenty-five female patients were transferred here from the Wellington and Porirua Asylums, which must seriously affect our maintenance rate for 1897, owing to the increased expenditure for bedding, clothing, &c., rendered necessary, which under ordinary circumstances would have been spread over the entire year, while comparatively little is obtainable from their relatives towards their support.

Towards the end of the year a new attic dormitory giving sleeping-accommodation for about fifty female patients, and the necessary attendants, was fitted up in accordance with the suggestion in my report last year, and it was no sooner completed than it was fully occupied to relieve overcrowding elsewhere. The sleeping-accommodation of the female division is now very nearly that required by the Act, but there is no provision for the gradual increase constantly going on, while, on the male side, fifty-two patients in excess of the dormitory capacity are scattered all about the building, sleeping on shakedown on the floor.

The piecemeal, make-shift policy hitherto adopted of providing for the natural increase of the lunatic population of the colony—after it has become more or less of a scandal—can never be expected to overtake the present overcrowding of the asylums.

I regret to have to state that the long freedom I enjoyed from serious accidents to my charges, referred to in my last report, has been again interrupted, for early in the year, while I was confined to my house through illness, a patient who managed to escape from a walking party committed suicide by drowning in the harbour. Except that, perhaps, the man would have been safer if kept within bounds and more fully under control, there did not seem to be reasonable blame attachable to any one, and the attendant in charge of the party was one of the most experienced in the service.

Yet another successful suicide was effected by a female patient, who, while absent on trial with her family, but still on the Asylum books, took a very large dose of "Rough on Rats." I had for a long time resisted the repeated and urgent appeals and importunities of this woman's daughters for her release to their care, being afraid to trust her, and it was only on their written reports of her good conduct, cheerful disposition, and intelligent interest in the domestic affairs of their home, when allowed out with them on more than one occasion for the day, that I consented to recommend her release on trial, on the assurance of their constant supervision. The decision in