

1898.

NEW ZEALAND.

LUNATIC ASYLUMS OF THE COLONY

(REPORT ON) FOR 1897.

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

The INSPECTOR of ASYLUMS to the Hon. the MINISTER of EDUCATION.

SIR,—

22nd April, 1898.

I have the honour to lay before you the following report on the lunatic asylums of the colony for the year ended the 31st December, 1897 :—

The number of registered insane persons on the 31st December, 1897, was 2,430—males, 1,440; females, 990: an increase over the previous year of 115—males 50, and females 65.

The insane of the colony are distributed as follows :—

	Males.	Females.	Total.
Auckland	274	159	433
Christchurch	276	245	521
Dunedin (Seacliff)	362	239	601
Hokitika	74	39	113
Nelson	81	58	139
Porirua	142	110	252
Wellington	209	118	327
Ashburn Hall.	22	22	44
	<u>1,440</u>	<u>990</u>	<u>2,430</u>

The proportion of the male insane to the male population of New Zealand is,—

New Zealand (exclusive of Maoris)	3·74 per 1,000, or 1 in 267
New Zealand (inclusive of Maoris)	3·54 " or 1 in 282

The proportion of female insane to the female population,—

Exclusive of Maoris	2·87 " or 1 in 348
Inclusive of Maoris	2·73 " or 1 in 366

The proportion of the total insane to the total population,—

Exclusive of Maoris	3·33 " or 1 in 300
Inclusive of Maoris	3·16 " or 1 in 316

ADMISSIONS.

On the 1st January, 1897, the number of insane persons in our asylums was 2,315. Of these, 1,390 were males and 925 females. The number of those admitted during the year for the first time was 449—males 253, and females 196. The readmissions were 47 males and 48 females: total, 95.

DEATHS.

The percentage of deaths on the average number resident during the year was 6·28, as compared with 5·29 for the previous year.

SLEEPING-ACCOMMODATION IN ASYLUMS.

Asylum.	Number of Patients, April, 1898.	Number of Single Rooms.	Number of Patients to be accommodated in Common Dormitories.	Common Dormitory Accommodation: Cubic Feet.	Statutory Accommodation in Common Dormitories: Number of Patients.	Number of Patients in excess of Statutory Accommodation.
Auckland* ...	423	94	329	218,015	363	...
Christchurch ...	521	81	440	220,296	367	73
Seacliff ...	596	139	457	189,617	316	141
Hokitika ...	122	18	104	58,266	97	7
Nelson ...	141	30	111	35,380	59	52
Porirua† ...	323	7	316	212,808	354	...
Wellington* ...	222	67	155	100,173	167	...
Totals ...	2,348	436	1,912	1,034,555	1,723	*273

* At Auckland there is statutory dormitory accommodation for thirty-four more patients. At Wellington there is apparently room for twelve more, but in reality there is only floor-space for five more than the number now accommodated. The total number of patients in excess of the statutory accommodation at all the asylums is therefore 234.

† It will be noticed that at Porirua there is apparently room for thirty-eight more patients than the number accommodated. The floor-space, however, is not sufficient for more than 316, the great height of the dormitories giving a larger number of cubic feet space for each patient than the statutory requirements.

Single Rooms.

Asylum.	Number of Single Rooms.	Total Space: Cubic Feet.	Cubic Feet for each Room.
Auckland ...	94	84,499	899
Christchurch...	81	69,651	860
Seacliff ...	139	105,886	762
Hokitika ...	18	12,301	684
Nelson ...	30	27,116	904
Porirua ...	7	6,168	880
Wellington ...	67	60,663	906
Totals ...	436	366,284	840

234 patients in excess.

600 cubic feet space required by Act.

140,400 cubic feet deficient.

NOTE.—The following sleeping-accommodation is in course of erection: Seacliff, 30 beds; Hokitika, 20 beds; Nelson, 26 beds: total, 76 beds. When this work is completed the number of patients in excess of the statutory requirements will be 158.

OVERCROWDING.

Consideration of the foregoing figures, and of the reports of the Superintendents of the various asylums, will enable any one to see that, except Porirua, Wellington, and Auckland, all our asylums are distressingly overcrowded, and even in Auckland great difficulty is still experienced owing to the want of single rooms on the female side. Nothing like proper classification can be attempted until this defect is supplied. Plans have been prepared by which, for an expenditure of £1,000, twenty single rooms can be provided. I earnestly hope that a vote will be taken for this purpose, and that authority will be given at the earliest possible moment to proceed with the work.

At Seacliff during the year we have had a terrifying experience of the evils of overcrowding. During an epidemic of septic pneumonia ten persons died, and, in the words of Dr. King, "their deaths must be attributed to the overcrowded state of the Asylum."

I made most urgent representations to the Minister on the subject, with the result that a portion of an auxiliary building designed to accommodate a hundred patients is now in course of construction; but even if this can be got ready in time it will give only from thirty to forty beds.

The grievous state of things at Wellington Asylum, owing to the delay in finishing the Porirua Asylum, had to be relieved at all hazards; so after every bed in the new wing at Porirua was filled we had to transfer twenty-five females to Sunnyside, and twenty men to Hokitika, where a new dormitory is now being built.

At Nelson relief is promised to the extent of twenty-six beds by means of a new dormitory which has just been contracted for, but meanwhile we lose the old cottage, which contained seventeen beds, and the rooms formerly occupied by the Superintendent gave eight beds, so that we have nine beds less than before until the new contract is completed.

At Seacliff and Hokitika we have been compelled to use the entertainment-halls for dormitories, a state of things which only the direst necessity can excuse, for it cannot be justified.

The Asylum Department in this colony has to face a choice of difficulties. On the one hand the public are very exacting in their demands for the proper treatment of the insane, but they are roused to indignant clamour only when some painful occurrence reveals the difficulties which their officers are daily confronted with, and almost despairingly struggle to overcome. In the intervals there is no sustained resolve that their representatives shall provide the means of proper classification and treatment. On the other hand, the Government are straining every nerve to open the country for settlement, with all the necessary expenditure this involves; and it must be admitted that, to expect them to provide out of revenue for modern asylum requirements is very hard. By far the hardest and most unpleasant part of my duty is to induce the Government to give the means to meet the spasmodic demands of the people for rational treatment of those terrible nervous diseases that afflict so many of our fellow-creatures. As things are now in New Zealand, the lack of accommodation makes it impossible for me in nearly all of our asylums even to pretend to a rational classification, which is the indispensable condition to the scientific treatment of mental disease.

I have over and over again explained how it is that there seems to be such a large proportion of insane among our population. For 1897 the latest report of the Lunacy Commissioners for England and Wales gives the proportion of 3·20 for every 1,000 of the population, or 1 in 313. In New Zealand the proportion per 1,000 is (exclusive of Maoris) 3·33, or 1 in 300; and, if Maoris are included, 3·16, or 1 in 316. We must not forget, however, that in New Zealand a very large proportion of old and infirm persons, suffering merely from senile decay, are thrust into our asylums simply because we have not here, as in older countries, infirmaries and similar places where such cases could be taken care of. In England and Wales 11,118 out of the total number of the insane—namely, 99,365—are maintained in such intermediate institutions. The result is that our asylums are hopelessly cumbered with an accumulation of persons for whom there is no hope of recovery, so that we are quite unable to secure proper classification and rational treatment for our curable patients.

One of the many ways in which our lavish distribution of charitable aid through local bodies has degraded and pauperised our people is demonstrated by the constantly-increasing tendency to get rid of aged relatives, who are simply in their dotage and require care and attention, by getting medical certificates that they have delusions, are dirty in their habits, or are unfit to take care of themselves. The Magistrates, when an information is laid regarding such cases, are placed in a very painful position, and so are the doctors. They have to consider the possible consequences when such people are friendless or neglected, and they shrink from the outcry which follows if they decline to certify when such cases can be brought within the legal definition of insanity, and some scandal arises from their not being under proper care and control. Another cause which tends largely to fill our asylums with incurable cases, which swell our admissions and our death rate, is the fact that the whole cost of maintaining the insane comes out of the consolidated revenue; while the sick, and aged, and dotting poor are a burden on local rates. There arises, in consequence of this, a determined and an increasingly widespread struggle on the part of hospital officers, guardians of old people's homes and refuges, and Charitable Aid Boards to get persons who are troublesome from senile decay admitted to the public asylums. No officer of the Lunacy Department can interfere until after admission to the asylum, and they find that, once there, they cannot discharge them unless they can hand them over to some responsible body to take care of them.

In 1890, when Sir Harry Atkinson was Premier, I made a strenuous effort to induce the Auckland Charitable Aid Board to admit to the Costley Home, then just opened, with plenty accommodation, a number of chronic and harmless persons merely suffering from decaying faculties, and who had been sent to the Asylum because there was no other refuge for them. They were discharged with the hope of relieving the congestion of the Asylum. Thereupon there arose a great outcry from one end of the colony to the other against my inhumanity. The Auckland Charitable Aid Board declined all responsibility. The Government had not the courage to face the storm, and had to compromise the matter by paying the Salvation Army to take care of these poor people. That is an illustration of the struggle which is always going on to relieve local rates at the cost of the asylum vote.

The same thing would happen to-day if the Government were to attempt to confine our asylums to their proper functions—namely, the curative treatment of the patients who are curable, and the care of those who could not be managed outside of the asylums. As the law now stands it would be sufficient to remedy this state of things if it were only enforced, for it lays down the principle that 600 cubic feet is the minimum dormitory space for each patient. Yet a reference to the foregoing figures shows that, making allowance for all the space available at present in all our asylums, we have 234 patients in excess of the legal limit. Even when all the works now in hand are ready for occupation, we shall have an excess of 158; and that without making any allowance for the inevitable annual increase, which will be considerably over a hundred.

This being the condition of our asylums, it seems hopeless to induce medical men and the friends of patients who are showing symptoms of incipient mental disease to commit them to our care, when even with our present means much could be done in the way of prevention that is impossible without legal control in private houses. No man can exaggerate the terrible consequences to many unfortunate persons of the natural horror of committing dearly loved friends to institutions which are well known to be so overcrowded that their proper treatment cannot be hoped for. The early treatment of the mentally diseased in many cases offers the only chance of restoring sanity. Many for the want of this become hopeless demented for life.

Dr. Levinge, in his report on Sunnyside Asylum, calls attention to an aspect of our asylum system and its results which is, perhaps, of all others the most appalling: I mean the undoubted fact that our patients, male and female, who are discharged "relieved" or "recovered" are not, and cannot under the present state of public sentiment, be prevented from propagating insanity to fill our future asylums. I pointed out in my last report to Parliament on our system of

charitable aid what a terrible incubus on our civilisation this undoubted fact of the survival of the unfittest is. Am I my brother's keeper; and, if so, to what extent? That is the enigma of the Sphinx for this generation.

I am glad to see that the medical profession, at the instance of Dr. Collins, are at length wakening up to some sense of their duty in this matter of our national provision for the proper treatment of mental disease. I wonder they were not roused from their apathy long ago.

If our Parliament would escape the charge of inhuman apathy in the treatment of the mentally diseased, they must at once insist on sufficient accommodation in our asylums, and as soon as possible thereafter they will make separate provision for the criminal insane and for idiots and imbeciles. The question of State provision for inebriates is a more complex one, inasmuch as there is reason to believe that at Ashburn Hall, near Dunedin, it would be possible to provide by private enterprise a suitable home for all who can pay a reasonable sum, while for those who cannot pay it might be wise for the Government to pay a minimum maintenance rate.

The question as to the necessity of providing a receiving ward in connection with our metropolitan hospitals is rendered very difficult by the fact that the hospitals are governed by local bodies, so that the chronic struggle between the local rates and our general taxation at once emerges, and in any case this reform, however desirable, must be postponed to more urgent requirements.

BUILDINGS MOST URGENTLY REQUIRED.

These are the auxiliary building at Seacliff, estimated to cost £1,600, of which a portion is now being constructed.

The whole of the Porirua Asylum ought to be completed at the earliest possible moment, and a residence built for the doctor, to cost £1,000. It is no longer possible to manage Porirua Asylum from Wellington. It must be made a separate institution, under the charge of Dr. Hassell, for whom a residence must be built. The rooms provided for an Assistant Medical Officer cannot be used as a residence for a married man, for, owing to bad building and bad material, they are uninhabitable—at any rate, by a lady who has some claims to a comfortable home.

At Auckland twenty single rooms, to cost £1,000, ought to be put in hand at once, for the want of them makes the female refractory ward very injurious to our most hopeful acute cases in the earlier stages of their malady.

FINANCIAL RESULTS OF THE YEAR.

The following gives the net cost per patient for the year 1897 as compared with the previous year:—

				1897.			1896.			Increase.			Decrease.		
				£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.
Auckland	...	...	...	22	18	4 $\frac{1}{2}$	22	5	8 $\frac{1}{2}$	0	12	8			
Christchurch	...	...	...	19	4	11 $\frac{3}{4}$	16	16	8 $\frac{3}{4}$	2	8	3			
Seacliff	...	...	...	22	8	3 $\frac{3}{4}$	23	13	7 $\frac{1}{4}$				1	5	3 $\frac{1}{2}$
Hokitika	...	...	...	23	3	6 $\frac{1}{4}$	24	10	9 $\frac{1}{2}$				1	7	3 $\frac{1}{4}$
Nelson	...	...	...	23	5	4 $\frac{1}{2}$	20	7	11 $\frac{1}{2}$	2	17	5			
Porirua	...	...	...	24	17	6 $\frac{1}{4}$	23	7	8	1	9	10 $\frac{1}{4}$			
Wellington	...	...	...	21	1	1 $\frac{3}{4}$	20	4	11 $\frac{1}{2}$	0	16	2 $\frac{1}{4}$			
Totals	...	...	...	22	0	0 $\frac{1}{2}$	21	6	2	0	13	10 $\frac{1}{2}$			

Including the first five items in Table XX., the net cost per patient is £23 0s. 9 $\frac{1}{2}$ d., as against £22 9s. 10 $\frac{1}{2}$ d. for the previous year, being an increase of 10s. 11d. per head.

At Auckland the increase was in rations; at Christchurch, in bedding and clothing and farm; at Nelson, new linoleum and bedside carpets, also shutters for the dormitories, account for the increase; at Wellington the increase is in necessaries; and at Porirua in salaries, bedding and clothing, and necessaries.

Nothing is easier or at the same time more futile than to vent those theories which we see so often explaining the alleged increase of insanity among the people of the colony, for it is exceedingly difficult to demonstrate the fact of actual increase out of proportion to population. Many considerations must be carefully weighed before admitting this absolute increase of insanity; as, for instance, the increasing intolerance of the public for leaving at large even harmless imbeciles and people suffering from delusions if they can be brought within the legal definition of insanity; the callousness so fostered by our laws of relatives eager to get rid of their senile parents and friends by throwing their maintenance on the taxpayers; the unremitting struggle of local bodies to pass them on to the asylum, trusting to the passive acquiescence of Magistrates and medical men. If only the demands of the legal definition of insanity can be met harmless incurables and even moribund persons are often committed. In short, we have to consider the effects of our largely extended notions of what constitutes insanity requiring confinement, the gradual improvement of our asylums, and our humaner methods of treatment in proportion as the means are provided, a consequent decrease of the death rate and increase of recoveries leading to a large accumulation of the registered insane.

A Commission has recently (1897) reported on this whole problem to the English Parliament, and their conclusion, which I think applies to us, is, "We are well aware that there has been a very large and serious progressive increase in the numbers of officially known persons of unsound mind, but, as we have tried to demonstrate, this has been chiefly due to accumulation."

MEDICAL SUPERINTENDENTS' REPORTS.

AUCKLAND ASYLUM.

SIR,—

I have the honour to forward my report for 1897.

I assumed office on the 1st April of that year. On account of the unfortunate ill-health of my predecessor, and his hurried arrangements for a long sea voyage, I was unable to receive the reins of office directly from his hands; but my previous knowledge of the patients and the general working of the institution made my task at the outset much easier than even I had anticipated, and rendered this more or less unnecessary. It is not often that an altered official relationship brings with it an universal cordial support, and my case was no exception to the rule. The opposition I encountered was, nevertheless, insignificant and easily overcome; and I feel it a matter for great gratification that I have all along received the loyal support of all that was best on the staff, and been able to add others who co-operate with the older members in working harmoniously with me, and, to a large extent, subordinating individual good to the good of the institution. I take this opportunity of thanking Dr. Fox, the Assistant Medical Officer, who is most devoted, and the staff generally for their sympathy and interest.

The average number of patients resident during the year was 424: males, 271; females, 153. The number remaining in the Asylum at the end of the year was 433. This gives the remarkably small increase for the year of only 9 patients. The increase for 1896 was 33 patients. The admissions totalled 89: males, 55; females, 34. Of these 44 males and 27 females were admitted for the first time. In 1896 the admissions numbered 102. The discharges were: 38 recovered, 6 relieved, and 1 not improved, giving a percentage of recoveries on the admissions of 42·69, as compared with 30·39 for 1896.

The reduction in the admission rate is probably due to the collapse of the mining boom, with its mental tension and subsequent disappointments, and to the more healthy prosperity which since then has existed over the greater part of the area from which our patients are derived. This reduction is unquestionably a matter for congratulation. Whether we must congratulate ourselves upon the large increase in the discharge rate is another matter. When we consider that of the 38 discharged recovered 25 were under the age of forty years and 31 under fifty it were perhaps well that we should suspend our rejoicings. The immediate social and economic advantages to the individual and the country must be weighed, amongst other things, against the possibility of the propagation of hereditarily enfeebled brains, and knowing intimately, as I do, the mental characteristics and social environment of those discharged, I can have no possible doubt that some at least will return to the Asylum, and in the meantime reproduce their kind with disastrous effects.

The death rate calculated on the average number resident during the year was 8·49 per cent., as compared with 9·32 per cent for 1896. Our rate for last year was approximately the same as the average, 8·7 per cent., for the asylums of Great Britain for the period 1886–95. It is nevertheless abnormally high. Apart from the deaths from tubercular diseases, I cannot at present account for the high mortality. One factor is probably to be found in climatic conditions. On reference to the vital statistics of the colony it will be found that the rate in Auckland is usually higher than in the other large centres of population, and we naturally anticipate a slightly higher rate in this as compared with the other large asylums of the colony. It must be my endeavour during my tenure of office to ascertain the cause of, and, if possible, make a reduction in, our large obituary list.

The tubercular death rate for the year was 25 per cent. of total deaths. The average for the Auckland Provincial District, from which our patients mostly come, was, for 1894–95, approximately 9·7 per cent. of total deaths, and for Auckland City and suburbs, where they reside, 12·3 per cent. The figures, which I have not at hand, will hardly differ for 1896–97. It is, of course, absurd to strictly compare these with the rates of a large institution, but they will serve to show that the Asylum rate is extraordinary. It is unnecessary to comment. The cause is obvious, the cure equally obvious.

The saddest event of the year was the escape and subsequent suicide of a profoundly melancholic patient. Much has already been said on the case, and I shall only add that all here concerned have felt the matter very acutely, and I am confident that nothing will be left undone to prevent, if possible, the recurrence of such a catastrophe.

During the year two patients received fractures of the neck of the thigh-bone. Both were thrown from their seats by other patients, and in both old age predisposed to the fracture. These were the only serious accidents.

After assuming control I at once considered the desirability of introducing women patients into the kitchen instead of men. With your concurrence the reform was effected, and I am pleased to say has given me great satisfaction. One of the difficulties connected with this Asylum in providing suitable employment for the women has been overcome, and the kitchen is now a curative agent of more than ordinary importance. By its means one patient who was indolent and rapidly drifting into a state of hopeless insanity became active and intelligent, and was soon discharged, and I have noticed a beneficial effect in several other cases.

A poultry-station has been established during the year, and a large amount of other work has been begun which, when completed, will in my opinion effect considerable improvement.

The new reservoir and pumping-station have been completed, and our water-supply is now an admirable one. I anticipate a considerable saving.

The event of the year was the opening of the new wing on the male side. The Resident Engineer merits our thanks for the admirable way in which he has finished the work. Personally, I have to thank him and his officers for the courtesy they have shown in acceding to my suggestions

where my special knowledge was of value. By a strange coincidence the opening was signalled by the advent of a large number of exceedingly refractory patients, who almost at once filled every room. Even as it is, the year has been one of constant anxiety. I have had more than once to remove very doubtful patients into a dormitory to make room for others, and once we narrowly escaped serious consequences. It is impossible to overestimate the value of this addition to our refractory accommodation.

On the female side an increase of at least twenty single rooms is urgently required. At my suggestion the Resident Engineer has kindly drawn up a plan (which I enclose) giving the necessary accommodation at a cost of about £1,000. I fully admit the large expenditure in connection with this Asylum owing to the unfortunate Auxiliary fire. I fully admit also the huge asylum burden upon the shoulders of the country; but this is a matter which common humanity alone imperatively demands. Day after day patients complain bitterly of being unable to sleep, and when one finds that a whole dormitory of women is kept awake night after night by one woman and another it is very distressing to know that one must look on without a remedy when a remedy can with moderate ease be provided. The work is very urgent, and I trust will not be delayed.

Only three patients escaped the vigilance of the attendants from the 1st April to the 31st December. One escaped by defending himself with a pick until he removed his boots, when he soon outpaced the attendants. He was not dangerous at other times. No dangerous patients are allowed out. A large number attempted escape, but were captured before getting far beyond the Asylum boundary.

I have, &c.,

R. M. BEATTIE, M.B., B.Sc.,

Medical Superintendent.

The Inspector-General of Asylums, Wellington.

CHRISTCHURCH ASYLUM.

SIR,—

20th April, 1898.

In forwarding my annual report on this Asylum for 1897 I need only briefly refer to the statistics, as they are always exhaustively dealt with in the statistical tables furnished by yourself in the appendix of your report to Parliament; but there are some features of interest in connection therewith which seem worthy of analysis and attention.

There were 97 admissions during the year, including 17 readmissions of relapsed cases—viz., 60 males and 37 females—being an increase of 19 as compared with those of the previous year (1896). Of these 27 were due to epilepsy, congenital defect, or senility; 11 in some way—either as cause or effect—associated with intemperance; and 10 to conditions peculiar to women; in 9 the cause was unknown; while 19 were relapsed cases after longer or shorter periods in this or other asylums.

The discharges “recovered” and “relieved” number 40, and one “not improved,” after escape, under section 158 of the Lunacy Act, making a total of 41, being 7 fewer than last year, though the admissions for the same period were 19 more.

The deaths amounted to 40—viz., 26 males and 14 females—including 7 of those admitted during the year, as compared with 4 the previous year. There were thus discharged and died 81, leaving an increase of 16 for the year’s insanity of the population of Canterbury, as against 12 the year before; and, including 27 patients transferred from Wellington and Porirua Asylums during the year, to relieve overcrowding, but omitted from the above statistics, an increase of 43 in this Asylum at the end of the year 1897.

Perhaps the most remarkable feature in the above figures is the greatly increased death rate as compared with the year 1896, which, however, was phenomenally low, while an epidemic of pneumonia, complicated with other pulmonary affections and influenza, was largely responsible for the increased mortality of 1897. There were also many cases of deaths of old people—some of them accumulations from the year before—who, owing largely to the mildness of last winter, managed to hold out longer than they otherwise would under ordinary climatic conditions.

But to my mind a more serious contemplation is the greatly increased number of admissions, and the utterly hopeless nature of the very large proportion of them as regards recovery; this feature is put prominently before us in, and is chiefly accountable for, the reduced and very low recovery rate for the year 1897 as compared with previous ones, already referred to, and it is all the more accentuated in the residuum or increased accumulation of insanity when the excessive mortality rate of last year is taken into account, and the fact that, of the entire asylum population at the end of the year 1897, only twenty could be deemed possibly curable. The admissions were very largely composed of epileptics, imbeciles, and senile demented, totalling twenty-seven of the whole, from which classes, with the exception perhaps of a very rare instance of the first, recovery is altogether hopeless, and I cannot call to mind any year in which there was nearly so many of the above classes admitted under my care. Indeed, I may safely go further, and say that I have noticed for the last few years this increased and increasing proportion of epileptic and imbecile youths of both sexes in the admissions, while there is apparently a far greater tendency on the part of relatives and other responsible guardians to get rid of the anxiety, trouble, and care of old people by having them committed to the asylum. In very many instances during recent years such cases have been sent here moribund, or almost so, from the hospital and other institutions, as well as from their own homes, merely to eke out in a bedridden state the few remaining hours of their existence. To whatever cause this is due—whether from the increased confidence of the public in the humane treatment of patients in these institutions, a more ready committal of such cases by Magistrates and doctors, or a weakening of domestic and filial ties, or all combined—it is certain that it is manifestly wrong to the old people themselves, as well as a slur on their posterity, an unfair handicap to an asylum, and an abuse of and entirely opposed to its objects as a hospital for the insane. It prevents any fair comparison of our statistics of recovery with those of other countries where suitable provision is made for such cases, greatly hampers the administration of an asylum,

and is detrimental by overcrowding, the reduced attention it necessitates, and other means, such as the prevention of proper classification, to the best interests of the inmates proper.

But there is another aspect from which, I fear, this increased proportion of hopeless admissions (epileptics and imbeciles) must be regarded. As before stated, it has impressed itself forcibly on me for some years past, and a long experience of asylum administration enables me to speak with confidence on the subject in expressing the opinion that there is some patent cause for the physical and mental deterioration the above fact implies. Whether it be due to the class of immigrant imported by the public-works policy of former years, and a desire for increased population at all costs, which brought into the country waifs and strays, the vicious, intemperate, and others of low and feeble mental organization, without due regard to posterity, I am strongly of opinion that we have been replenishing our population from a stock mentally and physically diseased, for be it remembered that physical disease, such as phthisis, is frequently the basis and cause of mental degeneration.

If the increased admissions were due to cases of acute insanity the above conviction would not be forced on me so strongly, for such do not in my judgment imply the same low type of mental development in the ancestors, but I cannot fail to be struck by the frequent connection of these cases with the obvious mental and, very often, physical ill-development of one or both parents, who, because they are not actually under control themselves, are regarded by the world as sane, so that the case is not classified as due to heredity unless the medical officer happens to know the family history, and thus this cause is never credited with its due proportion of insanity.

This brings me to another aspect of the subject, and I trust its importance may be sufficient excuse for the digression—viz., the ill-assorted marriages which come under my notice almost daily, and the repeatedly renewed cohabitation of so-called recovered patients discharged from asylums. How often have I known the same patients of both sexes—aye, even husband and wife—leave the Asylum discharged recovered, because, being legally cured, they cannot be legally detained, to return to cohabitation and the propagation of a necessarily tainted and neurotic offspring. Few, very few indeed, of such persons have any proper sense of their moral obligations, the result being that we are going the best possible way about recruiting our asylum population of the future in their discharge without any restraint or regard for posterity.

It is not for me to suggest a remedy, but certain I am that, sooner or later, society must demand, and medical or surgical science will be ready to supply, a cure for this defect of our social system. It is, to say the least, strange that we should be so careful in the selection and mating of the lower animals—so careful to weed out the weak, diseased, and vicious, and only to breed from the best types and specimens of the genus—while we are so blind and careless in the case of the human race.

This view and feeling is coming to the front in England amongst medical men connected with asylums, and no doubt will, sooner or later, develop into a strong force in influencing public opinion.

The *British Medical Journal* of the 15th January, 1898, commenting on the "increase of lunacy in the metropolis," at page 168, says, "The reports of the medical officers do not mince matters, and from that of Dr. Claye Shaw, of Banstead, we learn that, in his opinion, as regards the future of lunacy, we are doing all in our power not to stamp it out, but to increase it, if, that is, there is anything in the principle of hereditary transmission." The same article quotes further in the same direction on the influence of heredity from the report of Dr. Jones, of the Claybury Asylum, and these two authorities are amongst the most experienced Medical Superintendents of the largest asylums in England.

I regret that you could not see your way to adopt my suggestion (made in my report last year) for the more frequent exchange of patients between the asylums of the colony, by way of change for curative purposes, which I feel convinced would have a very beneficial effect. I regret this all the more when I reflect how we are handicapped as compared with the asylums of other countries in our efforts for the curative treatment of our patients, as briefly referred to previously, and with general hospitals for the treatment of ordinary disease, and this is all the more reason why we should not neglect any available means to that end. Our recovery rate must necessarily compare unfavourably with that of general hospitals for many reasons, but chiefly because our patients rarely come under our care till the disease is well advanced, or has become actually confirmed and chronic.

In this connection I have noted with pleasure the awakening of the medical profession to a sense of its duty and responsibility in regard to the committal of patients to our asylums. May I venture to hope that one result of this awakening will be a fuller and more generally scientific style of medical certificate—a more careful and accurate statement of the "facts indicating lunacy observed by themselves"—for in a large proportion of the committals the facts stated are exceedingly meagre, and in some conspicuous only by their absence. Such statements, for example, as "patient refuses to answer questions," &c., unsupported by other facts, are not necessarily evidence of insanity; in fact, I should say his reticence, under the circumstances, rather indicated intelligence and wisdom. In other cases, again, certifying doctors apparently think that it should be sufficient for legal requirements to state that the patient suffers from such-and-such form of mental disease; it may be well here to remind medical men that a diagnosis may or may not be correct, and it is, to say the least, risky to certify a person as a lunatic and deprive him of his liberty unless he (the doctor) can afterwards produce the "facts observed by himself" on which he based his certificate.

I have read with interest the remarks of Dr. Collins, embodied in a paper on the subject of "the reform of the lunacy laws, &c.," read before the New Zealand branch of the British Medical Association, at its recent meeting in Wellington, in which he introduces many points of great public interest—such as the nomenclature of the subject; the mode of committal through the medium of the police; the establishment of special hospitals for inebriates, &c.; heredity; classifi-

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

such cases is one of the most difficult and responsible with which the Medical Officer of an asylum is called on to deal, and it is often extremely hard to resist, in one's better judgment, the urgent but misguided importunities of relatives and friends who bring all sorts of pressure to bear to effect their purpose. They think that in offering to take all responsibility for the patient's behaviour and care they are doing all that should be required, and cannot understand, no matter how explicitly put before them, that there is a responsibility of which they cannot rid the Medical Superintendent—viz., that implied in his recommendation of the patient's release, which cannot be otherwise obtained.

With these exceptions, and a case of fracture of the neck of the femur and another of the neck of the humerus, with dislocation, both in old people, and from rough treatment by fellow-patients, there were no serious casualties.

The new airing-courts referred to in my last report as approaching completion have been long since out of the tradesmen's hands, and, with the exception of a small lavatory block, all the work was done by the Asylum employés, but the protracted drought has greatly retarded their laying out and planting with flowers and ornamental shrubs. They will, however, be completed and occupied during the coming winter, and, being situated on the sunny side of the building, will be a great boon to the patients using them. In the meantime the female patients have, as they also did last year, enjoyed less restricted exercise and greater freedom generally on the large cricket-ground and space adjoining it, as well as in walks two or three times a week along the country roads.

The extension of the ornamental grounds surrounding the building has been continued, but the prolonged and exceedingly dry weather had also sadly affected this work, as well as the appearance of the gardens generally.

In reporting on the condition of this Asylum last year, under date 2nd April, 1897, you referred to and approved of a scheme proposed by me for the employment of certain female patients in light gardening operations, but I regret to say that I have not yet been able to bring it into effect. To its success it would be necessary to obtain the services of some one of their own sex capable of guiding and instructing them in their employment—one who from her love and zeal for the work would be likely to infuse something of the same spirit into her pupils, and thus create an intelligent interest in their occupation. But so far, though I have made inquiries in various directions, I have not been able to hear of such a person. I have recently, however, read that an institution for the training of young women as gardeners is in full operation in England, under the name of the Horticultural College at Swanley, Kent, from which they are sent out to various positions in the gardening world. I desire very strongly to impress on you the advisableness of procuring the services of such a person for the asylums of the colony, who, after she had instructed an intelligent attendant in the elements of the work at one institution, might be available for similar work at the others in turn.

Such work as collecting and drying seeds, staking plants, preparing cuttings, gathering and arranging flowers for the wards, mowing grass lawns and borders, and sundry light gardening operations suitable for women, might, with great advantage to themselves from a curative point of view, be introduced into their daily occupation, and I believe might be even made highly remunerative if extended to the vegetable- and fruit-gardens. If the Government will provide such a person, I for my part can promise to put my best energy into the scheme, so as to insure its success, and the necessary start in the way of suitable grounds is already available.

In my last annual report I wrote, "It is a subject for regret that financial considerations still prevent the supply of uniform to those of the staff in direct attendance on the patients." I was, therefore, very gratified to find that a sum of money was voted on the estimates by Parliament last session for this purpose, and I am in hopes that ere long all the attendants will be so attired.

I may take this opportunity to draw your attention to the unsatisfactory provision for lighting the building. The gas supplied is frequently so very deficient in pressure and bad in quality, and the burners need so much attention, that I have had to bring into use the incandescent light at certain places most frequented by patients; but this, owing to its liability to accident and damage, cannot be regarded as suitable for an asylum. I therefore recommend to your favourable consideration the introduction of the electric light, for which the necessary plant is already to a large extent provided. Besides affording at all times a good and reliable light, I believe it would be a great improvement from a sanitary aspect, as the atmosphere of the wards, already greatly polluted by the emanations and exhalations of the patients, would be relieved of the products of the combustion of the gas. The initial expense might be considerable, but I believe it would be repaid in a couple of years, for be it remembered there would be no loss as from the various sources of escape and waste of gas, while the risk from fire would be reduced to a minimum.

Much useful work has been accomplished by the Asylum staff with the assistance of patients, including the asphaltting of two enclosed courtyards, which, owing to their situation preventing the growth of grass or plants, were formerly damp, unsightly, and neglected in appearance, but now constitute healthy lungs for an enclosed portion of the Asylum. A very large amount of painting, both indoors and out, has also been accomplished by the same means, including that of the entire male infirmary and another ward, to their greatly improved appearance and sanitary advantage. Two carpenter attendants and several patients have also been usefully employed in various departments of their trade throughout the year.

The steam service fitted up by the Public Works Department, as mentioned in my report last year, needed considerable alteration to prevent leaky joints, and this has been effected by the Asylum engineer, as well as many other works of great importance and utility, including the fitting-up of a new dairy on the Jersey creamery principle and a new scullery for the main kitchen, during the year; thus greatly reducing the necessity for the assistance of the public works officers.

The farm continues to be a valuable adjunct as a source of employment, and last year nearly £1,000 was paid to the Public Account therefrom, in addition to all the produce, amounting in

value to about £850, consumed in the building, but, in common with farmers generally, the prolonged drought had a very disastrous effect on our operations.

I am pleased to be able to record that the conduct of the staff throughout the year was quite exemplary. There were not many changes amongst the attendants, and these were, with one or two exceptions, for private personal causes.

I must acknowledge that though the increased scale of leave has added vastly to the difficulties, anxieties, and expense of working the Asylum, it seems to have induced the better general health of the staff, which is a matter for congratulation.

I may take this opportunity to express my warm acknowledgments of the able and willing co-operation of my fellow-officers in the discharge of my duties.

The Inspector of Asylums, Wellington.

EDWD. J. LEVINGE, M.B.,
Medical Superintendent.

SEACLIFF ASYLUM.

SIR,—

I have the honour to submit the following report on the Seacliff Asylum for the year ending the 31st December, 1897:—

At the beginning of the year 1897 there were 574 patients. During the year 115 patients—64 males, 51 females—were admitted. The whole number under treatment during the year was 689, and the average number resident was 586. There remained in the Asylum at the close of the year 362 males and 239 females. The number of admissions—115—was 32 more than the previous year. In 1896 the admission rate was unusually low, but admissions for the past year are in excess of those of any previous year. There does not appear to have been any special cause in operation to account for this increase, and it must be regarded as mainly compensatory to the low admission rate of the previous year. The number discharged relieved and recovered was 54, being 13 more than the previous year. The proportion of discharges to the admissions was 47 per cent. During the year 34 patients died, being nearly 5 per cent. of the number under treatment. This unusually high death rate was due to an epidemic of septic pneumonia—the cause of 10 deaths—which must be attributed to the overcrowded state of the Asylum. The want of facilities for classification and the overcrowding are still the greatest defects of the institution, and the presence of congenital idiots and imbeciles among the general population of the Asylum cannot be too strongly condemned.

During the year unusually bitter complaints have been made by patients of their experiences, prior to their admission to the Asylum, in connection with the process of committal. The fact of being kept in gaol up to the moment of transfer to the Asylum causes, in many cases, a sense of degradation and insult which no after-care can efface. The feeling is general among both patients and their friends that steps should be taken to remedy the evil, and I trust that it may be practicable to move in this direction.

There have been no fatal accidents during the year. In view of the fact that some 450 patients go to work daily in the garden, farm, workshops, &c., I think the number of serious accidents would compare favourably with those sustained by an equal number of persons similarly engaged in the general community.

Great progress has been made in developing the resources of the estate, special success having attended the further development of the poultry farm, while the milk yield has been doubled, and a much larger area placed under crops than heretofore.

The usual amusements and recreations have been provided throughout the year. In order to give more outdoor work to the women, a number of them have taken part in haymaking operations, and they have done nearly all the fruit-picking.

Complete liberty on parole has been extended to an average of from 70 to 80 of the male patients, and this privilege has diminished rather than increased the number of escapes, the total for the year being only nine.

The thanks of the authorities are due to the *Otago Witness* Company for copies of their journal supplied free, and to various persons who have sent books and periodicals, and have kindly given presents for the Christmas-trees, &c., as well as to entertainment companies for their gratuitous services.

To the officers and staff I have to convey my thanks for their hearty co-operation in carrying out the work of the institution.

The Inspector-General of Asylums, Wellington.

I have, &c.,
F. TRUBY KING.

WELLINGTON.

SIR,—

I have the honour to submit to you the following report on the Wellington and Porirua Asylums for the year 1897:—

WELLINGTON ASYLUM (MOUNT VIEW).

The average number of patients resident in this Asylum during the year was 321 (199 male and 122 female). Leaving out of account those patients transferred between this and other asylums, the admissions amounted to 125 (73 male and 52 female), and the discharges to 51 (30 male and 21 female). There were 18 deaths (16 male and 2 female). The proportion of recoveries to admissions was 40·8 per cent., and of deaths to average number resident 5·6 per cent.

During the past two years, by the excess of admissions over the discharges and deaths, the increase of lunatic patients in this district has amounted to 81 persons; of this number the increment was 32 in 1896 and 49 in 1897. Towards the end of the year the excessive overcrowding at Mount View was partially relieved by the transfer of 25 female patients to Christchurch Asylum, and by the end of December the new wing at Porirua Asylum, designed to accommodate 78 male patients, was practically completed and ready for occupation.

The general health of the inmates has on the whole been good. In November, however, an epidemic of influenza broke out, first on the male side and then on the female side of the Asylum. Those affected were isolated as far as possible, and other precautions taken to prevent the spread of the disease; nevertheless nearly fifty patients and a number of attendants became affected. One patient suffering from general paralysis succumbed to the epidemic.

Three fatal accidents occurred during the course of the year. The first of these was from chloroform administered for a minor operation on a male patient. My colleague Dr. King and myself performed artificial respiration, and used various other means to bring about resuscitation, but our efforts proved unavailing. The second fatal accident occurred to a man who had been an inmate for many years, was one of our "liberty patients," and accustomed to go out by himself. On the last of these occasions he did not return, and on the following day his body was found in the harbour. How the deceased was drowned never transpired; he had never shown symptoms of a suicidal tendency. The third accident was a suicide from hanging. A young man suffering from melancholia secreted himself in a secluded part of the Asylum and suspended himself by his belt. Although found a few minutes afterwards, and prompt measures taken, the efforts to restore animation proved fruitless. As explained to you at the time, the circumstances of this unfortunate case were exceptional, and such that the attendant in charge of the patient could hardly be held responsible.

The airing-court in connection with the ward occupied by the more acute cases on the male side of the Asylum is ill adapted to its purpose. It is absurdly small, and enclosed on all sides by high walls, which give the enclosure a very depressing and prison-like appearance. To remedy this defect the formation of an entirely new court, adjoining the old one, has been commenced. It will enclose nearly an acre of ground, and will command an extensive view of the town and part of the harbour. Its construction, owing to the configuration of the ground, is involving a great deal of labour, but supplies healthy occupation for the patients who are undertaking the work.

PORIRUA ASYLUM.

The average number of patients resident during the year was 248 (138 male and 110 female). The admissions amounted to 40, all of whom were patients transferred from Mount View; 22 were removed by transfer to Mount View and Christchurch Asylums, and one was discharged recovered. The death rate was low, the proportion of deaths to average number resident being under $2\frac{1}{2}$ per cent.

The general health of the patients has been good, excepting towards the end of the year, when an epidemic of influenza, similar to that at Mount View Asylum, broke out. Happily no deaths occurred, although several patients had serious complications with the ordinary symptoms of the disease.

Throughout the year building operations have been going on. The steam-boilers, electric-lighting plant, and engineer's machinery were established in new and more commodious quarters to much advantage. The new wing on the male side has been completed.

One of the great needs of this Asylum is the construction of the single bedrooms for the noisy and restless patients. At present it is not uncommon for a dormitory containing about fifty patients to be disturbed throughout the night by a noisy individual for whom there is no separate accommodation available.

The farm is gradually being developed, and an additional area of about 25 acres has been brought under cultivation. New sheep-yards and an excellent shearing-shed have been constructed by Asylum labour.

The usual entertainments for patients were held both here and at Mount View, and the annual picnics and Christmas festivities, to which outside friends largely contributed, were greatly appreciated by the inmates.

I have, &c.,

GRAY HASSELL, M.D.,
Medical Superintendent.

The Inspector-General of Asylums.

ENTRIES OF VISITS TO THE DIFFERENT ASYLUMS.

AUCKLAND.

20th July, 1897.—To-day and yesterday I have been engaged in making a careful investigation into the working of this Asylum under the management of the new Superintendent, Dr. Beattie. I find the patients are well treated in every respect. They are well fed, well clad, and every effort is made to secure kindness from the attendants. Dr. Fox, the Assistant Medical Officer, has been of great service in the difficulties inseparable from a change of Superintendent, and he has earned an ample acknowledgment of the admirable way in which he has discharged his duties. It has been decided on mature consideration to put the kitchen in charge of a woman cook; for this one of the main reasons is that it will enable us to employ a considerable number of the women patients in a congenial way, one of the perennial difficulties in asylum management. The new extension of the male wing is now almost ready for occupation, and it will afford great relief, especially in respect to the great deficiency of single rooms, from the want of which we have been so much hampered in the past. Now that the new reservoir is completed

the labour which it absorbed for so many months will enable the farm manager to push on with other improvements on the farm which are much needed. I have examined two patients, McKee and Bulgess, with reference to their fitness to be discharged. The former is now quite sane, while the latter will never be fit for liberty. The total number of inmates this day is 426. Two males only were confined to bed, while only one male and one female were under any kind of restraint, and that for satisfactory reasons. The statutory books are all in order. The stock is well kept. As a whole the Asylum is in capital working order.

11th February, 1898.—This Asylum is working smoothly in all departments. Dr. Beattie and Dr. Fox are devoted to their work. No one with knowledge and experience can go through the patients without being oppressed with the thought that if only we had the means of fully classifying our cases with a view to sympathetic and rational treatment we should require an outlay on buildings and staff such as this country cannot face, at any rate, for the present. It remains, therefore, for us to do our utmost with the means at our command. That this is done with surprising success in Auckland Asylum I am satisfied, and great credit is due to all concerned. The Deputy-Inspector and Official Visitors are persons of such well-known position and character, and the care and vigilance with which they watch the treatment both of patients and attendants are a guarantee to the public that no secret or mysterious proceedings are tolerated by those in authority. The chief want now felt is an extension of the south-east end of the female side, to contain twenty single rooms. This will cost £1,000, and I hope that Parliament will provide the money next session. A great many improvements are being carried out, but the rate of progress is slow, owing to the great falling-off in the amount of labour available. The number of male patients is 268; females, 150. I have seen them all; examined all who were confined to bed. There were only two—one man and one woman. One of the male patients, Humphries, with whom I had a long conversation, has often made charges of cruelty and neglect against both doctors and attendants. He is a man of a well-known type in asylum experience—full of delusions, of suspicion, and absolutely reckless of making the most outrageous charges against all and any who have to exercise authority over him. No attention ought to be paid to anything he says, except that, of course, the medical officers ought to consider what charges he makes, with a view to sift out what possible germ of fact may be discoverable in even the wildest statements. I have carefully considered certain suggestions made by Mrs. Hendre, the lady Official Visitor, and have given instructions as far as possible that they be carried out. Some of them are based on difficulties which we cannot overcome. It has been decided that Mr. Holder, who has for a long time carried out satisfactorily the duties of clerk, shall be transferred, at his own suggestion, to Wellington.

CHRISTCHURCH.

27th August, 1897.—After careful examination I find this Asylum to be working well in every department. The general health of the patients is good, but I am sorry to say that of late there has been a large number of persons laid up with chest complications, and several instances of pneumonia. All those who were confined to bed were being carefully and skilfully treated and well nursed. My attention has been specially called to the case of ——. The testimony of his brother is admitted to have been strained with the object of getting him into the Asylum instead of being sent to gaol. This has had the effect of greatly perplexing the issue, and throwing a very heavy responsibility on the medical officers of the Asylum. On the one hand we have the evidence given before the Court that he had in his possession a loaded revolver when he threatened his sisters, and on the other the testimony of his brother, who has since admitted that he swore what he did in the hope of getting off the accused on the ground of insanity. In the circumstances I have decided to recommend the Minister to let him out on trial, on condition that he is kept under police supervision for at least six months. The total number of patients to-day is 491: males, 276; females, 215. Two females and one male were secluded, and two males and one woman were under restraint, all for satisfactory reasons. The total number confined to bed was fifteen. The clothing, foot-gear, bedding, and food were all closely examined and approved. There has been experienced a great difficulty in getting rid of the steam in the laundry, and two methods of dealing with the problem are under consideration. It is possible that a plan of movable louveres in the ridge, combined with a Blackman's fan (thus combining both proposals), may be required to overcome the difficulty. The scullery requires to be repaired. The new airing-courts, with their adjuncts, are now nearly ready, and will soon give great relief to the present overcrowding. The attic dormitories on the female side will greatly reduce the pressure on our accommodation. The farming operations are being carried on with the usual skill and thoroughness. A considerable addition to the milking-cows has been made by the purchase of eight well-bred Ayrshire heifers. The Deputy Inspector and the Official Visitors are regular and careful in their inspections, and all bear the fullest testimony to the admirable way in which the Asylum is administered. The clerical and store work of the Asylum could not be improved upon.

2nd November, 1897.—I find everything going on satisfactorily. I visited all the patients who were confined to bed, and they were all being carefully attended to. I talked to several of the female attendants, and all professed themselves well treated and contented.

28th December, 1897.—I have seen all the patients except the farm-workers. Everything is in good order.

SEACLIFF.

19th August, 1897.—Last night I saw every patient in bed, except a comparatively small number who were still in the sitting-rooms. They were all wonderfully quiet. All without exception had good warm beds, and perfect cleanliness was everywhere. This morning four males and four females were confined to bed; no men and one woman was under restraint. The dinner was well served and of admirable quality, but I observed in one or two instances that there was a neglect of proper carving and distribution, the plate of one man being filled with an uneatable lump of fat.

This being the coldest time of the year, I took particular pains to examine whether the patients' clothing, boots, &c., were good and sufficient, and found that all were suitably and warmly clad. I made many inquiries of the more intelligent patients, and heard no complaints of unkindness on the part of the attendants. So far as I was able to discover, there is no dissatisfaction among the staff, and there is unmistakable evidence in every quarter of able and vigilant supervision. The total number of patients is 586: males, 354; females, 232. I cannot praise too highly the vigour which is manifest in laying out the grounds and developing the farm. Every year adds to the beauty and productiveness of Seacliff, and as a residence for the insane the position is admirable. Dr. Greig, the Assistant Medical Officer, is a great help to Dr. King, and is in every respect an acquisition to the staff. The stores are well looked after, and all the statutory books are in order. The Asylum is regularly visited by the Deputy Inspector and by the Official Visitors, and their reports are regularly laid before the Minister, who is thus enabled from independent sources to tell how the Asylum is working from week to week.

31st October, 1897.—Last night I saw the patients in bed. I am thankful to find that the extraordinary epidemic of contagious pneumonia, which has been so fatal last winter, and the cause of which has been undoubtedly due to overcrowding, has almost disappeared with the advent of summer. I have arranged with Dr. King that if there should be any return of it we should house all affected persons in tents during the summer. The great danger will be, of course, next winter. If suitable provision be not made in time for that, no one can estimate the consequences. I earnestly hope that provision will be made this season for a farm annexe to accommodate a hundred men. I have gone all over the farm and steading, and found everything in good order. A large amount of good fencing has been put up. The garden and grounds are creditably kept. Our poultry farm promises to pay handsomely. The staff are contented and working harmoniously.

HOKITIKA.

21st January, 1898.—I have this day seen all the patients, examined their lodging, food, and clothing, and found everything satisfactory. In consultation with Dr. Macandrew I saw all who were confined to bed, and all the recent cases. I was struck with the relatively small number of curable cases. All the statutory books are in order. There is a deficiency of single rooms, and the day-room accommodation is inadequate. Instead of occupying the amusement hall as a dormitory, it would be better to extend the dormitory accommodation, which could be done at a comparatively small cost. Mr. and Mrs. Gribben manage admirably, the surgeon, Dr. Macandrew, is very attentive, and the whole institution is in good order. The Official Visitors are most assiduous in their visits, which are a guarantee to the public that nothing is or can be concealed.

NELSON.

10th October, 1897.—I inspected the Nelson Asylum this day, and found everything in good order.

18th January, 1898.—Found everything in good order. Object of visit to discuss certain proposed changes in the staff.

PORIRUA.

8th August, 1897.—Visited this day to inspect the progress made with the new wing. Sorry to find that it cannot possibly be ready at the end of August, as promised.

7th November, 1897.—Evidently the new dormitories and day-rooms will not be ready for occupation till Christmas. They were promised by the end of August. I have seen all the patients. Only three were confined to bed, and were being carefully attended to. All the rest were able to be up to dinner, and it was a pleasant sight to see them enjoying a capital dinner. The employment of females in the cooking department has been a great improvement. Good order and cleanliness are manifest throughout. Miss Sullivan, the matron, has suffered from the long-continued strain of her responsibilities, and an extension of leave for three months has been granted her in recognition of her devotion, tact, and kindness for so many years.

WELLINGTON.

2nd July, 1897.—To-day I examined every part of the Asylum. The food was excellent, and well cooked. The patients were all suitably clad and shod. Good order and cleanliness prevailed throughout. The terrible overcrowding and the consequent danger of accidents that, in the circumstances, cannot be avoided must apparently continue until something happens that will horrify the public conscience. Meanwhile I can certify that Dr. Hassell and his staff are doing their utmost in the way of vigilance and care. One of the main points which occupied my attention at this visit was to devise some plan by which the dreadful lack of an airing-court for the male refractory ward could be met. Instructions have been given to enclose a part of the hill-slope immediately behind for this purpose. I hope no time will be lost in carrying this out.

9th August, 1897.—Saw all the patients. Examined all who were in bed. Everything in good order, except for the intolerable overcrowding.

26th October, 1897.—Examined both sides of the Asylum. Saw all the recent cases, with Drs. Hassell and Perry, as well as all who were confined to bed. Had a long conversation with S. Spalding, when he made certain revelations for the first time which seem to me to throw considerable light on the causation of his undoubtedly morbid mental condition. Found everything in such order as only the utmost care and devotion on the part of the whole staff can account for in the overcrowded state of the Asylum.

29th November, 1897.—I carefully inspected the whole Asylum. Saw all the patients who were confined to bed. Examined all the dormitories. Was present at the distribution of the dinner, which was of excellent quality, and well cooked. I inquired into the circumstances of

Corney's suicide, and agree that no blame can be attributed to any one. Dr. Hassell was in town on business, and as he is at present alone in charge, owing to Dr. Perry's having to relieve Dr. King at Porirua during his holiday, the only question in my mind is satisfactorily met. The new airing-court is making satisfactory progress, and when finished it will remove the opprobrium of the present refractory airing-court. I found everything going on well. I have arranged with Dr. Hassell to remove twenty-five females to Sunnyside.

1st February, 1898.—I examined to-day the whole of the Asylum. Saw all the patients who are confined to bed. Inspected the new airing-court. Interviewed Schoenberg and other patients whom he was persistently endeavouring to mate to misconduct. Found everything working satisfactorily. Consulted Dr. Hassell as to patients to be sent to Hokitika.

ASHBURN HALL.

20th August, 1897.—This licensed house contains this day seventeen women and twenty-one men. I have seen and conversed with each individually so far as possible. I find that their diet is abundant, and extremely well cooked. Their bedrooms and sitting-rooms are comfortable and very clean. The attendants are efficient and kind. The matron is all that could be desired, and Dr. Hay's care and attention to his patients betoken a disposition of great natural kindness, high ability in his profession, while his training and experience have peculiarly qualified him for the management of such an institution. I think that the proprietors are to be congratulated on having procured such a man. The cottage for inebriates is very comfortable, and I am glad to find that it is to be extended. It supplies a very urgent want in this country. Nothing could be better than the kindly and rational fashion in which Dr. Hay manages his patients.

26th December, 1897.—To-day I have seen and conversed with every inmate of this Asylum, except one gentleman, who had gone to church. I find that no one is improperly detained, and that all are receiving very careful treatment both from Dr. Hay and his staff. I was pleased to find that there are no entries in the restraint-book. The staff is ample in point of numbers, and quite efficient. I saw nothing to find fault with, but much to admire in the spirit and methods on which the Asylum is conducted. Dr. Hay informs me that it is proposed to add accommodation for female inebriates. He has explained his plans to me, and they will quite meet the requirements of the law, and be a great boon to the public.

25th March, 1898.—I have seen and conversed with all the patients. No one is improperly detained. All are well cared for in every respect. Ashburn Hall is as nearly a home as such an institution can be.

I have, &c.,

D. MACGREGOR, M.A., M.B.,
Inspector of Asylums.

APPENDIX.

TABLE I.—SHOWING the ADMISSIONS, READMISSIONS, DISCHARGES, and DEATHS in ASYLUMS during the Year 1897.

				M.	F.	T.				
In asylums, 1st January, 1897	M.	F.	T.
Admitted for the first time	253	196	449	1,390	925	2,315
Readmitted	47	48	95	300	244	544
Total under care during the year				1,690	1,169	2,859
Discharged and removed—			
Recovered	102	73	175	..	..	..
Relieved	26	32	58*	..	..	..
Not improved	17	31	48†	..	..	..
Died	105	43	148	250	179	429
Remaining in asylums, 31st December, 1897				1,440	990	2,430
Increase over 31st December, 1896				115
Average number resident during the year				1,411	944	2,355

* Transferred: 9 males, 20 females: total, 29.

† Transferred: 14 males, 31 females: total, 45.

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 1897.

Asylums.	In Asylums on 1st January, 1897.			Admissions in 1897.									Total Number of Patients under Care.		
	M.	F.	T.	Admitted for the First Time.			Readmitted.			Total.			M.	F.	T.
Auckland	273	152	425	44	27	71	11	7	18	55	34	89	328	186	514
Christchurch	268	210	478	52	55	107	9	8	17	61	63	124*	329	273	602
Dunedin (Seacliff)	355	219	574	49	36	85	15	15	30	64	51	115	419	270	689
Hokitika	71	39	110	12	5	17	1	..	1	13	5	18	84	44	128
Nelson	76	59	135	8	1	9	3	2	5	11	3	14	87	62	149
Porirua	133	103	241	15	25	40†	..	..	..	15	25	40†	148	133	281
Wellington	194	121	315	69	39	108	8	16	24	77	55	132	271	176	447
Ashburn Hall (private asylum)	20	17	37	4	8	12	..	..	..	4	8	12	24	25	49
Totals	1,390	925	2,315	253	196	449	47	48	95	300	244	544	1,690	1,169	2,859

* Including 1 male and 26 females, transferred.

† Transferred from Wellington Asylum.

TABLE II.—continued.

Asylums.	Patients Discharged and Died.												In Asylums on the 31st December, 1897.		
	Discharged recovered.			Discharged not recovered.			Died.			Total Discharged and Died.			M.	F.	T.
Auckland	24	14	38	4	3	7	26	10	36	54	27	81	274	159	433
Christchurch	21	9	30	6	5	11	26	14	40	53	28	81	276	245	521
Dunedin (Seacliff)	25	21	46	7	1	8	25	9	34	57	31	88	362	239	601
Hokitika	2	3	5	1	..	1	7	2	9	10	5	15	74	39	113
Nelson	4	2	6	..	..	..	2	2	4	6	4	10	81	58	139
Porirua	..	1	1	4	18	22*	2	4	6	6	23	29	142	110	252
Wellington	26	20	46	20	36	56†	16	2	18	62	58	120	209	118	327
Ashburn Hall (private asylum)	..	3	3	1	..	1	1	..	1	2	3	5	22	22	44
Totals	102	73	175	43	63	106	105	43	148	250	179	429	1,440	990	2,430

* Transferred.

† Including 19 males and 33 females transferred.

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	271	153	424	43·63	41·17	42·69	9·59	6·53	8·49	47·27	29·41	40·44
Christchurch	273	216	489	*35·00	*24·32	*30·93	9·52	6·48	8·18	*43·33	*37·84	*41·24
Dunedin (Seacliff)	357	227	584	39·06	41·17	40·00	7·00	3·96	5·82	39·06	17·64	29·56
Hokitika	72	39	111	15·38	60·00	27·77	9·72	5·12	8·10	53·84	40·00	50·00
Nelson	79	59	138	36·36	66·66	42·85	2·53	3·38	2·89	18·18	66·66	28·57
Porirua	138	110	248	..	..	..	1·44	3·63	2·41	..	..	..
Wellington	199	122	321	33·76	36·36	34·84	8·04	1·63	5·60	20·77	3·63	13·63
Ashburn Hall (private asylum)	22	18	40	..	37·50	25·00	4·54	..	2·50	25·00	..	8·33
Totals	1,411	944	2,355	†35·92	†37·82	†36·69	7·44	4·55	6·28	†36·97	†22·28	†31·03

* One male and 26 females transferred not included. † One male and 26 females transferred to Christchurch Asylum, and 15 males and 25 females transferred to Porirua Asylum, not included.

TABLE III.—AGES of ADMISSIONS.

Ages.	Auckland.			Christchurch.			Dunedin (Seacliff).			Hokitika.			Nelson.			Porirua.			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	0	1	1	1	0	1	1	0	1	..	..	..	..	..	..	..	..	..	0	1	1	..	..	..	..	..	..	2	2	4
" 10 " 15 "	0	1	1	..	..	..	0	2	2	..	..	..	..	..	..	..	..	..	1	1	2	..	..	..	..	..	..	1	4	5
" 15 " 20 "	6	4	10	7	2	9	7	7	14	1	0	1	1	0	1	..	..	..	3	2	5	..	..	..	0	1	1	25	15	40
" 20 " 30 "	11	9	20	11	13	24	11	12	23	2	0	2	2	0	2	3	4	7	19	12	31	0	1	1	..	..	..	59	51	110
" 30 " 40 "	16	7	23	9	13	22	13	9	22	1	0	1	2	1	3	5	7	12	21	16	37	3	2	5	..	..	..	70	55	125
" 40 " 50 "	8	6	14	10	19	29	10	10	20	1	3	4	2	0	2	4	8	12	23	15	38	0	1	1	..	..	..	58	62	120
" 50 " 60 "	8	5	13	8	8	16	8	4	12	1	1	2	3	1	4	1	5	6	4	6	10	0	2	2	..	..	..	33	32	65
" 60 " 70 "	3	0	3	8	5	13	9	5	14	5	1	6	1	0	1	2	1	3	5	2	7	1	0	1	..	..	..	34	14	48
" 70 " 80 "	2	1	3	4	2	6	5	2	7	2	0	2	0	1	1	..	..	..	1	0	1	0	2	2	..	..	..	14	8	22
" 80 " 90 "	..	..	..	1	0	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	0	1
Unknown ..	1	0	1	2	1	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	3	1	4
Totals ..	55	34	89	61	63	124	64	51	115	13	5	18	11	3	14	15	25	40	77	55	132	4	8	12	..	..	..	300	244	544

TABLE IV.—DURATION of DISORDER at ADMISSION.

—	Auckland.			Christchurch.			Dunedin (Seacliff).			Hokitika.			Nelson.			Porirua.			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 mos. on admission)	34	12	46	16	16	32	32	20	52	9	0	9	1	1	2	8	16	24	56	27	83	0	2	2	156	94	250			
Second Class (first attack, above 3 mos. and within 12 mos. on admission)	1	4	5	4	1	5	3	6	9	2	1	3	..	..	..	4	2	6	10	6	16	0	1	1	24	21	45
Third Class (not first attack, and within 12 mos. on admission)	17	10	27	15	12	27	11	10	21	2	3	5	7	2	9	..	..	..	..	..	..	0	1	1	52	38	90
Fourth Class (first attack or not, but of more than 12 mos. on admission)	3	8	11	10	7	17	18	15	33	0	1	1	3	0	3	3	7	10	11	22	33	4	4	8	52	64	116			
Unknown	16	27	43	16	27	43
Totals ..	55	34	89	61	63	124	64	51	115	13	5	18	11	3	14	15	25	40	77	55	132	4	8	12	300	244	544

TABLE V.—AGES of PATIENTS DISCHARGED "RECOVERED" and "NOT RECOVERED" during the Year 1897.

Ages.	Auckland.				Christchurch.				Dunedin (Seacliff).				Hokitika.														
	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.									
From 5 to 10 years									
" 10 " 15 "	0	2	2	..	..	..	..	..	..			
" 15 " 20 "	0	1	1	..	..	..	2	2	4	..	..	..	1	2	3									
" 20 " 30 "	7	5	12	1	1	2	4	4	8	2	0	2	4	3	7	3	0	3	1	0	1			
" 30 " 40 "	8	4	12	3	1	4	3	2	5	3	2	5	4	4	8	..	..	..	..	..	..
" 40 " 50 "	4	2	6	..	..	..	6	2	8	0	2	2	4	4	8	1	0	1	0	1	1			
" 50 " 60 "	3	2	5	..	..	..	3	1	4	..	..	..	6	4	10	1	0	1	..	..	..
" 60 " 70 "	2	0	2	0	1	1	4	0	4	0	1	1	3	2	5	1	1	2	..	..	..	1	0	1
" 70 " 80 "	1	0	1	2	0	2	1	0	1	..	..	..	..	..	..
" 80 " 90 "
Unknown
Totals	24	14	38	4	3	7	21	9	30	6	5	11	25	21	46	7	1	8	2	3	5	1	0	1

TABLE V.—continued.

Ages.	Nelson.		Porirua.				Wellington.				Ashburn Hall (Private Asylum).				Total.															
	Re-covered.		Not re-covered.		Re-covered.		Not re-covered.		Re-covered.		Not re-covered.		Re-covered.		Not re-covered.		Re-covered.		Not re-covered.											
	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	2	2	..	..	..						
" 15 " 20 "	..	..	..	..	..	..	2	2	4	1	0	1	0	1	1	..	..	..	6	8	14	1	0	1
" 20 " 30 "	2	1	3	..	..	..	0	5	5	10	3	13	4	6	10	..	..	..	22	23	45	11	7	18
" 30 " 40 "	2	1	3	2	6	8	8	4	12	5	13	18	0	1	1	22	14	36	8	21	29			
" 40 " 50 "	..	..	..	..	..	..	0	2	2	2	2	4	2	6	8	..	..	..	14	9	23	3	8	11
" 50 " 60 "	..	..	..	..	..	..	1	0	1	..	..	..	2	2	4	..	..	..	9	2	11	6	5	11
" 60 " 70 "	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	0	1	2	0	2	..	..	..			
" 70 " 80 "	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
" 80 " 90 "	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Unknown ..	..	..	..	..	..	..	0	5	5	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Totals ..	4	2	6	0	1	1	4	18	22	26	20	46	20	36	56	0	3	3	1	0	1	102	73	175	43	63	106

TABLE VI.—AGES of the PATIENTS who DIED.

Ages.	Auckland.	Christchurch.	Dunedin (Seacliff).	Hokitika.	Nelson.	Porirua.	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	..	..	..	1 0 1	..	..	..	..	1 0 1
" 10 " 15	..	..	..	..	..	..	..	..	..
" 15 " 20	0 2 2	1 0 1	..	..	..	..	1 1 2	..	2 3 5
" 20 " 30	2 0 2	2 2 4	2 1 3	1 0 1	..	..	2 0 2	..	9 3 12
" 30 " 40	4 1 5	3 2 5	2 1 3	1 0 1	0 1 1	..	6 0 6	..	16 5 21
" 40 " 50	5 3 8	8 3 11	5 3 8	..	1 0 1	0 2 2	1 1 2	..	20 12 32
" 50 " 60	8 3 11	5 2 7	3 1 4	0 2 2	..	0 1 1	2 0 2	..	18 9 27
" 60 " 70	3 0 3	5 2 7	12 1 13	4 0 4	..	1 0 1	1 0 1	..	26 3 29
" 70 " 80	4 1 5	2 3 5	1 2 3	..	1 1 2	..	3 0 3	..	11 7 18
" 80 " 90	..	..	..	..	..	..	..	..	..
Unknown	..	..	..	..	..	1 1 2	..	1 0 1	2 1 3
Totals	26 10 36	26 14 40	25 9 34	7 2 9	2 2 4	2 4 6	16 2 18	1 0 1	105 43 148

TABLE VII.—CONDITION as to MARRIAGE.

	Admissions.			Discharges.			Deaths.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
AUCKLAND—									
Single ..	29	14	43	19	8	27	10	4	14
Married ..	24	17	41	8	9	17	10	5	15
Widowed ..	2	3	5	1	0	1	6	1	7
Unknown ..	..	..	..	..	..	..	..	..	..
Totals	55	34	89	28	17	45	26	10	36
CHRISTCHURCH—									
Single ..	35	26	61	15	3	18	15	4	19
Married ..	20	30	50	10	11	21	9	8	17
Widowed ..	5	5	10	2	0	2	2	2	4
Unknown ..	1	2	3	..	..	..	..	..	..
Totals	61	63	124	27	14	41	26	14	40
DUNEDIN (Seacliff)—									
Single ..	38	24	62	22	7	29	15	3	18
Married ..	24	22	46	9	12	21	9	3	12
Widowed ..	2	5	7	1	3	4	1	3	4
Unknown ..	..	..	..	..	..	..	..	..	..
Totals	64	51	115	32	22	54	25	9	34
HOKITIKA—									
Single ..	11	0	11	3	1	4	4	0	4
Married ..	1	5	6	0	2	2	3	2	5
Widowed ..	1	0	1	..	..	..	..	..	..
Unknown ..	..	..	..	..	..	..	..	..	..
Totals	13	5	18	3	3	6	7	2	9
NELSON—									
Single ..	8	1	9	4	2	6	0	1	1
Married ..	3	1	4	..	..	..	1	0	1
Widowed ..	0	1	1	..	..	..	1	1	2
Unknown ..	..	..	..	..	..	..	..	..	..
Totals	11	3	14	4	2	6	2	2	4
PORIRUA—									
Single ..	12	6	18	0	1	1	2	1	3
Married ..	3	13	16	..	..	..	0	3	3
Widowed ..	0	6	6	..	..	..	..	..	..
Unknown ..	..	..	..	4	18	22	..	..	..
Totals	15	25	40	4	19	23	2	4	6
WELLINGTON—									
Single ..	57	23	80	34	16	50	7	1	8
Married ..	19	26	45	12	28	40	6	1	7
Widowed ..	1	6	7	0	12	12	3	0	3
Unknown ..	..	..	..	..	..	..	..	..	..
Totals	77	55	132	46	56	102	16	2	18
ASHBURN HALL (Private Asylum)—									
Single ..	3	2	5	0	1	1	..	..	..
Married ..	1	3	4	1	2	3	1	0	1
Widowed ..	0	3	3	..	..	..	..	..	..
Unknown ..	..	..	..	..	..	..	..	..	..
Totals	4	8	12	1	3	4	1	0	1
TOTALS—									
Single ..	193	96	289	97	39	136	53	14	67
Married ..	95	117	212	40	64	104	39	22	61
Widowed ..	11	29	40	4	15	19	13	7	20
Unknown ..	1	2	3	4	18	22	..	..	..
Totals	300	244	544	145	136	281	105	43	148

TABLE VIII.—NATIVE COUNTRIES.

Countries.	Auckland.			Christchurch.			Dunedin (Seacliff).			Hokitika.			Nelson.			Porirua.			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.
England ..	105	58	163	103	88	191	81	58	139	16	8	24	27	13	40	32	37	69	71	32	103	8	7	15	443	302	745
Scotland ..	28	11	39	34	20	54	103	78	181	10	3	13	4	7	11	23	9	32	20	9	29	6	8	14	228	145	373
Ireland ..	51	44	95	69	65	134	90	61	151	21	19	40	20	10	30	45	38	83	38	25	63	1	0	1	335	262	597
New Zealand ..	57	38	95	38	43	81	35	25	60	11	4	15	22	23	45	17	20	37	52	38	90	4	6	10	236	196	432
Austral'n Colonies	2	2	4	8	6	14	6	5	11	3	3	6	2	1	3	5	1	6	3	2	5	1	0	1	30	20	50
France ..	..	..	..	1	0	1	0	1	1	..	..	..	0	2	2	3	0	3	1	0	1	..	..	..	5	3	8
Germany ..	4	2	6	3	0	3	8	1	9	3	1	4	1	1	2	2	1	3	6	4	10	0	1	1	27	11	38
Norway ..	..	..	..	4	0	4	5	1	6	..	..	..	..	..	..	1	1	2	1	2	3	..	..	..	11	4	15
Sweden ..	2	0	2	1	0	1	3	1	4	3	0	3	0	1	1	3	2	5	1	0	1	..	..	..	13	4	17
Denmark ..	2	0	2	1	0	1	0	1	0	1	0	1	2	0	2	4	0	4	6	1	7	..	..	..	15	3	18
Italy ..	..	..	..	2	0	2	3	0	3	1	0	1	1	0	1	1	1	2	1	1	2	..	..	..	9	2	11
China ..	1	0	1	..	..	..	17	0	17	4	0	4	..	..	..	1	0	1	2	0	2	..	..	..	25	0	25
Maoris ..	6	4	10	..	..	..	1	0	1	..	..	..	..	..	..	3	0	3	6	4	10	..	..	..	16	8	24
Other countries ..	16	0	16	12	23	35	10	7	17	2	0	2	2	0	2	2	0	2	1	0	1	2	0	2	47	30	77
Totals ..	274	159	433	276	245	521	362	239	601	74	39	113	81	58	139	142	110	252	209	118	327	22	22	44	1,440	990	2,430

TABLE IX.—AGES of PATIENTS in Asylums on 31st December, 1897.

Ages.	Auckland.			Christchurch.			Dunedin (Seacliff).			Hokitika.			Nelson.			Porirua.			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 ..	..	..	..	1	0	1	0	2	2	0	1	1	..	..	..	..	..	..	1	1	2	..	..	..	2	6	8
5 " 10 " ..	0	2	2	0	1	1	1	1	2	0	1	1	1	1	2	..	..	..	3	1	4	..	..	..	5	7	12
10 " 15 " ..	0	2	2	0	1	1	1	1	2	0	1	1	1	1	2	..	..	..	3	1	4	..	..	..	5	7	12
15 " 20 " ..	9	5	14	7	4	11	6	11	17	2	1	3	4	1	5	..	..	..	8	7	15	..	..	..	36	29	65
20 " 30 " ..	39	21	60	28	27	55	41	22	63	6	1	7	6	5	11	19	10	29	34	18	52	1	3	4	174	106	280
30 " 40 " ..	62	33	95	50	63	113	58	50	108	7	2	9	11	15	26	41	28	69	40	26	66	11	2	13	280	220	500
40 " 50 " ..	66	40	106	65	64	129	102	55	157	12	9	21	17	11	28	39	28	67	59	38	97	2	3	5	362	248	610
50 " 60 " ..	53	34	87	63	49	112	87	61	148	25	15	40	28	17	45	25	21	46	40	14	54	2	7	9	323	218	541
60 " 70 " ..	37	13	50	44	24	68	54	30	84	19	5	24	12	5	17	13	6	19	17	13	30	4	5	9	200	101	301
70 " 80 " ..	5	8	13	14	7	21	7	5	12	2	1	3	2	1	3	1	0	1	7	0	7	2	2	4	40	24	64
80 " 90 " ..	1	0	1	0	2	2	5	2	7	0	1	1	0	2	2	..	..	..	..	..	..	..	..	..	6	7	13
Unknown ..	2	1	3	4	4	8	1	0	1	1	2	3	..	..	..	4	17	21	..	..	..	..	..	..	12	24	36
Totals ..	274	159	433	276	245	521	362	239	601	74	39	113	81	58	139	142	110	252	209	118	327	22	22	44	1,440	990	2,430

TABLE X.—LENGTH of RESIDENCE of PATIENTS who DIED during 1897.

Length of Residence.	Auckland.			Christchurch.			Dunedin (Seacliff).			Hokitika.			Nelson.			Porirua.			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 ..	2	0	2	2	2	4	4	0	4	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	8	2	10
From 1 to 3 months ..	2	0	2	2	0	2	1	1	2	0	1	1	..	..	..	..	..	2	0	2	..	..	..	..	7	2	9
" 3 " 6 " ..	3	0	3	1	1	2	2	1	3	..	..	..	0	1	1	..	..	2	0	2	..	..	..	..	8	3	11
" 6 " 9 " ..	2	2	4	0	1	1	1	0	1	1	0	1	..	..	..	..	..	..	..	..	..	..	..	..	4	3	7
" 9 " 12 " ..	2	0	2	2	0	2	..	..	..	..	..	..	1	0	1	..	..	2	0	2	..	..	..	..	7	0	7
" 1 " 2 years ..	3	1	4	4	2	6	1	0	1	1	0	1	..	..	..	..	..	1	1	2	..	..	..	..	10	4	14
" 2 " 3 " ..	2	0	2	2	2	4	3	1	4	..	..	..	1	0	1	..	..	4	1	5	..	..	..	..	12	4	16
" 3 " 5 " ..	1	1	2	0	2	2	1	1	2	0	1	1	..	..	..	..	..	..	..	..	..	..	..	..	2	5	7
" 5 " 7 " ..	2	0	2	1	1	2	3	2	5	..	..	..	..	..	..	..	..	2	0	2	..	..	..	..	8	3	11
" 7 " 10 " ..	2	1	3	2	0	2	1	0	1	1	0	1	1	0	1	..	..	1	0	1	..	1	0	1	9	1	10
" 10 " 12 " ..	..	..	..	5	0	5	..	..	..	..	..	..	0	1	1	1	1	2	2	0	2	..	..	..	8	2	10
" 12 " 15 " ..	1	2	3	0	1	1	2	1	3	2	0	2	..	..	..	0	3	3	..	..	..	..	..	..	5	7	12
Over 15 ..	3	3	6	5	2	7	5	1	6	1	0	1	..	..	..	1	0	1	..	..	..	..	..	..	15	6	21
Died while absent ..	1	0	1	..	..	..	1	1	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	1	3
Totals ..	26	10	36	26	14	40	25	9	34	7	2	9	2	2	4	2	4	6	16	2	18	1	0	1	105	43	148

TABLE XIII.—CAUSES OF INSANITY.

Causes.	Auckland.			Christchurch.			Dunedin (Seacliff).			Hokitika.			Nelson.			Porirua.			Wellington.			Asbburn 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.
Adolescence .. .. .	..	..	..	..	..	..	2	1	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	1	3
Apoplexy .. .. .	..	..	..	..	..	..	0	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	0	1	1
Brain-fever .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	0	2	2
Cataract .. .. .	..	..	..	..	..	..	..	..	0	1	1	..	..	..	..	..	..	..	..	..	..	..	..	0	1	1
Child-bearing and puerperal	0	6	6	0	2	2	..	..	..	..	..	..	..	..	..	..	..	0	2	2	..	..	..	0	10	10
Climacteric .. .. .	..	..	..	0	6	6	0	3	3	0	1	1	0	1	1	..	..	..	..	..	..	..	..	0	11	11
Congenital and hereditary ..	2	3	5	6	5	11	8	10	18	3	0	3	1	0	1	2	3	5	5	11	16	2	3	5	29	35	64
Dentition .. .. .	..	..	..	..	..	..	..	..	..	..	..	1	0	1	..	..	..	..	..	..	..	..	..	1	0	1
Domestic trouble and worry	4	1	5	1	3	4	1	9	10	0	1	1	..	..	0	2	2	3	5	8	0	1	1	9	22	31
Drink	7	0	7	10	1	11	10	2	12	1	0	1	2	0	2	1	3	4	8	3	11	0	1	1	39	10	49
Epilepsy	1	0	1	5	3	8	3	1	4	..	..	1	0	1	..	..	..	..	..	..	0	1	1	10	5	15
Excitement .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	0	1	..	..	..	1	0	1
Financial troubles	3	0	3	2	0	2	2	0	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	7	0	7
Fright	0	1	1	..	..	..	..	..	..	..	..	1	0	1	..	..	..	2	0	2	..	..	1	0	1	4
Fracture of vertex	1	0	1	1	0	1	4
Grief	0	2	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	0	2	2	..	..	..	0	4	4
Hysteria .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	0	1	1	0	1	1	..	..	..	0	2	2
Ill-health	1	0	1	2	1	3	..	..	1	0	1	..	..	..	1	0	1	1	0	1	..	..	..	6	1	7
Influenza .. .. .	..	..	..	..	..	..	0	2	2	..	..	..	..	..	..	..	..	0	1	1	..	..	..	0	3	3
Injury to head	1	1	2	..	..	..	2	0	2	..	..	1	0	1	1	0	1	3	1	4	..	..	..	8	2	10
Irregular life	0	1	1	..	..	..	0	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	0	2	2
Jealousy .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	0	1	..	..	..	..	..	..	1	0	1
Love affair .. .. .	..	..	..	..	..	..	1	0	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	0	1
Masturbation	5	0	5	8	0	8	7	0	7	..	..	1	0	1	1	0	1	8	0	8	..	..	..	30	0	30
Menstrual .. .. .	..	..	..	0	2	2	..	..	..	..	..	..	..	..	0	1	1	..	..	..	..	..	..	0	3	3
Mental strain	0	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	0	1	1
Mental shock .. .. .	..	..	..	..	..	..	0	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	0	1	1
Moral depravity .. .. .	..	..	..	1	1	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	2
Organic .. .. .	..	..	..	3	1	4	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	3	1	4
Over-study	1	1	2	0	1	1	1	0	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	2	4
Overwork	1	1	2	1	0	1	0	1	1	1	0	1	..	..	..	..	..	..	..	..	..	..	..	3	2	5
Old age .. .. .	..	..	..	..	..	..	..	..	2	0	2	..	..	..	..	..	..	..	..	..	..	..	..	2	0	2
Previous attack .. .. .	..	..	..	2	5	7	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	5	7
Privation	1	0	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	0	1
Pelvic disease .. .. .	..	..	..	..	..	..	0	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	0	1	1
Religion	4	3	7	0	1	1	..	..	..	..	..	1	0	1	1	0	1	3	2	5	0	1	1	0	3	3
Rheumatism .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	0	1	1	0	1	1	0	1	1	2	0	2
Shock .. .. .	..	..	..	2	0	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	0	1	1
Seduction .. .. .	..	..	..	0	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	0	1	1
Senile decay .. .. .	..	..	..	9	2	11	6	3	9	1	0	1	0	1	1	..	..	..	..	..	..	..	..	16	6	22
Sexual excess .. .. .	..	..	..	1	0	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	0	1
Solitude	1	0	1	..	..	..	1	0	1	..	..	..	..	..	..	..	1	0	1	..	..	..	..	3	0	3
Sunstroke .. .. .	..	..	..	..	..	..	..	..	..	..	..	2	0	2	1	0	1	3	0	3	..	..	..	6	0	6
Syphilis .. .. .	..	..	..	..	..	..	1	0	1	..	..	..	..	..	..	..	1	0	1	..	..	..	..	2	0	2
Tuberculosis .. .. .	..	..	..	0	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	0	1	1
Uterine troubles .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	0	1	1	..	..	..	..	0	1	1
Unassigned	23	13	36	8	27	35	19	15	34	4	2	6	0	1	1	6	14	20	38	23	61	1	1	2	99	96	195
Totals	55	34	89	61	63	124	64	51	115	13	5	18	11	3	14	15	25	40	77	55	132	4	8	12	300	244	544

TABLE XIV.—FORMER OCCUPATIONS OF PATIENTS.

Occupations.	Auckland.			Christchurch.			Dunedin (Seacliff).			Hokitika.			Nelson.			Porirua.			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.						
MALES.																																	
Agent																																	
Auctioneer				1	0	1																									1	0	1
Bacon-curer																															1	0	1
Bakers							2	0	2													1	0	1							3	0	3
Barmen	1	0	1	1	0	1																									2	0	2
Basketmaker				1	0	1																									1	0	1
Blacksmiths				1	0	1	1	0	1																						2	0	2
Bootmakers																						2	0	2							2	0	2
Brewer				1	0	1																									1	0	1
Builders and contractors	2	0	2																			1	0	1							3	0	3
Bushman	1	0	1																												1	0	1
Butchers				1	0	1	1	0	1																						2	0	2
Carpenters and cabinetmakers	3	0	3	1	0	1	3	0	3	1	0	1																			17	0	17
Cab-driver				1	0	1																									1	0	1
Clerks	2	0	2	4	0	4	2	0	2																						13	0	13
Cooks				1	0	1	1	0	1							1	0	1													4	0	4
Coachbuilder							1	0	1																						1	0	1
Dealers							1	0	1													1	0	1							2	0	2
Doctor																						1	0	1							1	0	1
Drapers	1	0	1							1	0	1										1	0	1							3	0	3
Engineers	1	0	1	2	0	2	2	0	2													1	0	1							6	0	6
Engine-driver				1	0	1																									1	0	1
Factory hand							1	0	1																						1	0	1
Farmers	6	0	6	7	0	7	6	0	6										2	0	2										30	0	30
Farm-hands, shepherds, &c.	3	0	3	2	0	2																									5	0	5
Fireman																						1	0	1							1	0	1
Gardeners				3	0	3	1	0	1				1	0	1																5	0	5
Grooms				1	0	1																1	0	1							2	0	2
Gum-diggers	4	0	4																												4	0	4
Hawkers				1	0	1	2	0	2	1	0	1																			4	0	4
Journalists				2	0	2																									2	0	2
Labourers	19	0	19	17	0	17	23	0	23				4	0	4	10	0	10	32	0	32										105	0	105
Lamplighter				1	0	1																									1	0	1
Miners	2	0	2				5	0	5	10	0	10				2	0	2	1	0	1										20	0	20
Missionary	1	0	1																												1	0	1
Musical composer																						1	0	1							1	0	1
Photographer	1	0	1																												1	0	1
Platelay							1	0	1																						1	0	1
Postmaster							1	0	1																						1	0	1
Ropemaker	1	0	1																												1	0	1
Rabbit							1	0	1																						1	0	1
Sea-captain				1	0	1																									1	0	1
Sailors							2	0	2							1	0	1													6	0	6
Sawmill																			1	0	1										1	0	1
Settler	1	0	1																												1	0	1
Soapmaker							1	0	1																						1	0	1
Solicitors																						1	0	1	1	0	1				2	0	2
Storekeepers	4	0	4																												4	0	4
Stonemason							1	0	1																						1	0	1
Students				1	0	1	1	0	1																						2	0	2
Tailors				2	0	2																1	0	1							3	0	3
Tea merchant																									1	0	1				1	0	1
Teachers	1	0	1				1	0	1																						2	0	2
Watchmaker				1	0	1																									1	0	1
Wheelwright				1	0	1																									1	0	1
No occupation	1	0	1	5	0	5	3	0	3				2	0	2							5	0	5	1	0	1	17	0	17			
FEMALES.																																	
Artist				0	1	1																									0	1	1
Boardinghouse-keeper	0	1	1																												0	1	1
Charwomen							0	1	1																						0	3	3
Cooks				0	2	2										0	1	1	0	3	3										0	6	6
Domestic duties	0	21	21	0	33	33	0	26	26	0	5	5	0	2	2	0	13	13	0	27	27	0	5	5							0	132	132
Domestic service	0	2	2	0	14	14	0	10	10							0	5	5	0	17	17										0	48	48
Dressmakers	0	1	1				0	2	2																						0	3	3
Housekeepers	0	1	1													0	1	1	0	3	3										0	5	5
Lady help				0	1	1																									0	1	1
Laundresses																0	3	3													0	3	3
Machinists	0	2	2					</																									

TABLE XV.—SHOWING the ADMISSIONS, DISCHARGES, and DEATHS, with the MEAN ANNUAL MORTALITY and proportion of RECOVERIES per Cent. of the ADMISSIONS for each Year since 1st January, 1876.

Year.	Admitted.			Discharged.						Died.		Remaining 31st December in each Year.			Average Numbers resident.			Percentage of Recoveries on Admissions.			Percentage of Deaths on average Numbers resident.				
				Recovered.			Relieved.			Not Improved.															
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	
1876	231	117	338	81	206	17	8	25	6	12	36	48	519	264	788	491	491	257	748	54.53	66.01	57.56	8.21	3.58	6.70
1877	250	112	362	57	180	20	9	29	7	2	42	21	63	291	872	541	541	277	818	49.30	50.80	49.72	7.76	7.58	7.70
1878	247	181	378	68	189	14	14	28	3	3	51	17	68	319	957	601	601	303	904	48.98	51.90	50.00	8.48	5.61	7.52
1879	248	151	399	121	188	15	13	28	8	11	55	16	68	361	1,056	666	666	337	1,008	45.16	50.33	47.11	8.25	4.74	7.07
1880	229	149	378	67	167	36	25	61	5	2	54	20	74	396	1,125	703	703	371	1,074	43.66	44.96	44.17	7.68	5.39	6.89
1881	232	127	359	93	158	41	36	77	8	1	49	14	63	406	1,175	747	747	388	1,135	40.08	51.10	44.01	6.29	3.60	5.55
1882	267	152	419	59	154	49	32	81	5	7	60	19	79	442	1,269	796	796	421	1,217	35.58	38.81	36.75	7.53	4.51	6.49
1883	255	166	421	102	78	180	13	20	33	10	65	18	83	483	1,375	860	860	475	1,335	40.00	46.98	42.75	7.55	3.78	6.21
1884	238	183	391	77	166	17	9	26	18	12	73	22	95	514	1,452	911	911	497	1,408	37.39	50.32	42.45	7.46	4.82	6.53
1885	294	160	454	95	171	10	5	15	73	29	57	19	76	542	1,523	965	965	528	1,493	47.50	37.66	42.45	7.56	4.16	6.36
1886	207	165	372	60	159	11	17	28	12	8	74	27	101	604	1,618	984	984	559	1,543	47.82	36.36	42.74	5.79	3.89	4.91
1887	255	161	416	78	181	34	17	51	..	..	78	26	104	643	1,696	1,034	1,034	613	1,647	40.39	48.75	43.61	7.15	4.40	6.13
1888	215	146	361	92	208	31	28	59	2	4	70	30	100	640	1,681	1,045	1,045	641	1,686	53.95	63.01	57.62	7.56	4.05	6.16
1889	230	161	391	88	146	31	30	61	3	1	76	35	111	702	1,797	1,078	1,078	685	1,763	40.43	32.92	37.84	7.05	5.11	6.29
1890	280	160	390	88	182	33	24	57	14	30	79	41	120	734	1,849	1,089	1,089	660	1,707	42.61	55.00	47.69	7.05	4.54	5.86
1891	284	201	435	88	162	33	24	57	14	30	74	34	108	734	1,917	1,125	1,125	693	1,789	37.61	36.82	37.24	7.25	5.86	6.71
1892	231	158	389	89	165	21	17	38	8	2	74	34	108	763	1,917	1,125	1,125	714	1,839	38.53	48.10	42.42	6.58	4.76	5.87
1893	281	179	460	89	190	17	12	29	9	18	78	23	101	810	2,039	1,172	1,172	758	1,930	35.94	49.72	41.30	6.66	3.03	5.23
1894	320	256	576	76	183	15	11	26	55	84	64	35	99	860	2,168	1,241	1,241	812	2,053	39.63	45.18	41.08	5.16	4.31	4.82
1895	379	302	681	77	182	24	19	43	123	139	101	42	143	885	2,214	1,313	1,313	849	2,162	41.27	46.66	43.40	6.98	4.94	6.61
1896	296	170	466	70	174	25	16	41	20	12	86	32	118	925	2,315	1,347	1,347	892	2,229	37.41	44.02	39.82	6.98	3.63	5.29
1897	300	244	544	73	175	26	32	58	17	31	105	43	148	990	2,430	1,411	1,411	944	2,355	35.92	37.82	36.69	7.44	4.55	6.28
	5,659	3,721	9,980	2,260	3,870	523	411	934	493	890	1,495	570	2,065	..	..	962	962	576	1,538	..	..	..	..	..	..

In Asylums, 1st January, 1876 M. 482 F. 736
 In Asylums, 1st January, 1898 M. 1,440 F. 990 2,430

TABLE XVI.—SHOWING the ADMISSIONS, READMISSIONS, DISCHARGES, and DEATHS from the 1st January, 1876, to the 31st December, 1897.

	M.	F.	T.	M.	F.	T.
Persons admitted during period from 1st January, 1876, to 31st December, 1897	4,700	2,930	7,630			
Readmissions	959	791	1,750			
Total cases admitted				5,659	3,721	9,380
Discharged cases—						
Recovered	2,260	1,610	3,870			
Relieved	523	411	934			
Not improved	423	397	820			
Died	1,495	570	2,065			
Total cases discharged and died since January, 1876				4,701	2,988	7,689
Remaining in asylums, January 1st, 1876				482	254	736
Remaining in asylums, January 1st, 1898				1,440	990	2,430
Average numbers resident since January, 1876				962	576	1,538

TABLE XVII.—SUMMARY of TOTAL ADMISSIONS. PERCENTAGE of CASES since the Year 1876.

	Males.	Females.	Both Sexes.
Recovered	99·93	43·26	41·27
Relieved	9·25	11·04	9·86
Not improved	7·47	10·66	8·08
Died	26·41	15·31	22·01
Remaining	16·94	19·73	18·73
	100·00	100·00	100·00

TABLE XVIII.—EXPENDITURE, out of Immigration and Public Works Loan, on ASYLUM BUILDINGS during the Financial Year ended 31st March, 1898, and LIABILITIES for the same.

Asylums.	Net Expenditure for Year ended 31st March, 1898.	Liabilities on 31st March, 1898.
	£ s. d.	£ s. d.
Auckland	3,177 14 6	1,058 18 11
Wellington	133 11 4	593 16 1
Porirua	8,655 10 0	2,369 12 10
Christchurch	821 18 4	288 9 2
Dunedin (Seacliff)	222 13 6	672 16 10
Nelson	1,118 1 10	1,453 16 0
Hokitika .. .. .	.. .. .	.. .. .
Totals	14,129 9 6	6,437 9 10

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, 1898.

Asylums.	1877-90.	1890-91.	1891-92.	1892-93.	1893-94.
	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
Auckland	66,561 0 2	1,663 8 9	1,411 7 8	1,076 4 10	1,033 19 3
Wellington	19,875 2 6	83 16 1	.. .. .	.. .. .	.. .. .
Wellington (Porirua)	5,597 9 7	.. .. .	12,474 18 0	5,981 3 11	15,272 2 3
Christchurch	83,267 11 5	5,390 10 4	2,014 5 3	2,990 6 7	545 4 5
Dunedin (Seacliff)	112,757 11 2	1,387 11 9	500 0 0	1,310 13 10	1,881 19 3
Napier	147 0 0	.. .. .	.. .. .	.. .. .	.. .. .
Hokitika	1,121 10 7	43 9 1	.. .. .	.. .. .	.. .. .
Nelson	3,482 13 7*	361 1 9	514 16 3	528 9 8	223 8 1
Totals	292,809 19 0	8,929 17 9	16,915 7 2	11,886 18 10	18,956 13 3

Asylums.	1894-95.	1895-96.	1896-97.	1897-98.	Total Net Expenditure, 1st July, 1877, to 31st March, 1898.
	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
Auckland	505 10 7	2,994 10 4	9,565 4 4	3,177 14 6	87,989 0 5
Wellington	880 11 1	275 4 0	175 10 0	133 11 4	21,423 15 0
Wellington (Porirua)	8,007 10 2	763 15 5	4,873 16 10	8,655 10 0	61,631 6 2
Christchurch	2,159 0 9	4,863 10 1	1,169 11 1	821 18 4	103,221 18 3
Dunedin (Seacliff)	1,879 17 8	1,810 11 2	280 11 0	222 13 6	122,031 9 4
Napier .. .. .	.. .. .	.. .. .	.. .. .	.. .. .	147 0 0
Hokitika .. .. .	.. .. .	22 5 8	.. .. .	.. .. .	1,187 5 4
Nelson	200 0 0	200 0 0	338 17 3	1,118 1 10	6,967 8 5
Totals	13,632 10 3	10,934 16 8	16,403 10 6	14,129 9 6	404,599 2 11

* Includes £200 charged as unauthorised.

TABLE XX.—SHOWING THE EXPENDITURE FOR THE YEAR 1897.

Items.	Auckland.	Christchurch.	Dunedin (Seacliff).	Hokitika.	Nelson.	Portraua.	Wellington.	Total.
	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
Inspector*	..	..	..	..	..	..	..	1,000 0 0
Assistant Inspector*	..	..	..	..	..	..	..	77 0 0
Clerk*	..	..	..	..	..	..	..	180 0 0
Medical fees*	..	..	..	..	..	..	..	875 8 0
Contingencies*	..	..	..	..	..	..	..	269 11 11
Official Visitors	25 4 0	12 12 0	50 8 0	12 12 0	12 12 0	25 4 0	12 12 0	151 4 0
Visiting Medical Officers	..	..	..	..	..	..	..	350 0 0
Superintendents	550 0 0	600 0 0	600 0 0	150 0 0	200 0 0	..	600 0 0	2,820 0 0
Assistant Medical Officers	250 0 0	250 0 0	252 13 9	300 0 0	170 0 0	..	192 17 6	1,195 11 3
Clerks	120 0 0	180 0 0	180 0 0	..	..	250 0 0	175 0 0	655 0 0
Matrons	85 0 0	90 0 0	93 6 8	85 0 0	75 0 0	80 0 0	75 0 0	583 6 8
Attendants and servants	3,681 17 2	3,836 3 0	4,804 17 6	963 2 6	1,024 3 4	2,052 7 9	2,332 14 10	18,695 6 1
Rations	3,416 13 0	3,066 12 1	3,795 5 6	980 11 11	1,120 18 8	1,780 14 11	2,528 4 2	16,684 0 3
Fuel and light	914 0 2	1,182 12 3	8,794 11 5	68 15 10	221 4 7	507 11 11	522 8 4	3,811 4 6
Bedding and clothing	59 19 10	1,171 0 2	1,688 3 0	165 18 1	287 13 6	619 16 2	673 12 7	5,475 8 7
Surgery and dispensary	21 18 6	7 13 3	16 12 2	2 5 0	13 2 0	60 2 1	73 0 2	449 3 10
Wines, spirits, ale, and porter	434 3 6	1,022 19 2	1,189 2 8	..	242 12 9	394 14 9	275 4 7	3,558 17 5
Farm	1,950 4 3	1,339 3 7	3,885 9 7	205 12 4	580 0 8	881 3 5	1,241 11 4	8,933 5 2
Necessaries, incidental, and miscellaneous	..	..	..	..	..	..	..	..
Totals	11,828 5 6	12,844 1 10	16,493 18 2	2,953 7 5	4,005 5 3	6,638 6 11	8,717 10 6	65,877 15 6
Repayments, sale of produce, &c.	2,110 7 8	3,430 5 9	3,402 8 5	380 9 9	793 18 11	463 12 3	1,958 5 10	12,539 8 7
Actual cost	9,717 17 10	9,413 16 1	13,091 9 9	2,572 17 8	3,211 6 4	6,169 14 8	6,759 4 8	53,338 6 11

* Not given; included in Table XXI.

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

Asylums.	Provisions.	Salaries.	Bedding and Clothing.	Fuel and Light.	Surgery and Dispensary.	Wines, Spirits, Ale, &c.	Farm.	Necessaries, incidental, and Miscellaneous.	Total Cost per Patient.	Repayment for Maintenance.	Total Cost per Head, less Receipts for Maintenance.	Total Cost per Head, less Receipts of all kinds, previous Year.	Increase in 1897.	Decrease in 1897.	Increase in 1897.
£ 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.	£ s. d.	£ s. d.	£ s. d.
Auckland	8 1 1½	11 2 3	2 3 4½	2 3 1½	0 2 10	0 1 0½	1 1 0 5½	3 3 8½	27 17 11	4 5 9½	23 12 7½	22 18 4½	..	..	0 12 8
Christchurch	6 5 5	10 3 2½	2 7 10½	2 8 4½	0 3 5½	0 0 3½	2 1 10	2 14 9½	26 5 8½	5 8 1½	20 17 2	19 4 11½	..	..	2 8 3
Dunedin (Seacliff)	6 9 11½	10 4 10½	2 16 1½	0 13 6½	0 3 2½	0 0 8½	2 0 8½	5 15 11½	28 4 10	5 0 6	23 4 4	22 8 9½	1 5 8½	..	..
Hokitika	8 16 8	13 12 2½	1 9 10½	0 12 4½	0 3 6	0 0 4½	..	1 17 0½	26 12 1	3 1 8½	23 10 4½	23 3 6½	1 7 8½	..	..
Nelson	8 2 5½	10 14 2	2 1 8½	2 0 11	0 4 10	0 1 10½	1 15 2	4 4 4	29 0 5½	4 12 6	24 7 11½	23 5 4½	..	..	5
Portraua	7 3 7½	9 14 2	2 9 11½	2 0 11	0 4 10	0 2 6½	1 11 10	3 7 0½	26 14 11	1 3 6½	25 11 4½	24 17 6½	..	..	1 9 10½
Wellington	7 17 2½	10 11 1½	2 1 11½	1 12 6½	0 4 6½	0 1 3½	0 17 2	3 17 4½	27 3 1½	5 11 0½	21 12 1½	21 1 1½	..	..	0 16 2½
Averages	7 4 1½	10 11 2½	2 7 3½	1 12 11	0 3 10½	0 0 11½	1 10 9	3 17 2	27 8 4½	4 10 2½	22 18 2	22 0 0½	..	..	0 13 10½

NOTE.—Including the first five items in Table XX., the net cost per patient is £22 0s. 9½d., as against £22 9s. 10½d. for the previous year, being an increase of 10s. 11d. per head.

Approximate Cost of Paper.—Preparation, nil; printing (1,650 copies), £19 7s.