

1899.
NEW ZEALAND.

LUNATIC ASYLUMS OF THE COLONY

(REPORT ON) FOR 1898.

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,—

5th May, 1899.

I have the honour to lay before you the following report on the lunatic asylums of the colony for the year ended 31st December, 1898:—

The number of registered insane persons on the 31st December, 1898, was 2,480—Males, 1,472; females, 1,008.

The insane of the colony are distributed as follows:—

	Males.	Females.	Total.
Auckland	275	163	438
Christchurch	282	241	523
Dunedin (Seacliff)	385	251	636
Hokitika	87	38	125
Nelson	82	54	136
Porirua	199	142	341
Wellington	141	97	238
Ashburn Hall (private asylum)	21	22	43
	<u>1,472</u>	<u>1,008</u>	<u>2,480</u>

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

New Zealand (exclusive of Maoris)	3·75	per 1,000, or 1 in 265
New Zealand (inclusive of Maoris)	3·55	" 1 in 281

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

Exclusive of Maoris	2·87	" 1 in 349
Inclusive of Maoris	2·73	" 1 in 367

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

Exclusive of Maoris	3·34	" 1 in 300
Inclusive of Maoris	3·17	" 1 in 316

ADMISSIONS.

On the 1st January, 1898, the number of insane persons in our asylums was—Males, 1,436; females, 990: total, 2,426. The number of those admitted during the year for the first time—221 males, 170 females: total, 391. The readmissions (including 101 males and 46 females transferred) were 134 males, 88 females: total, 222.

DEATHS.

The percentage of deaths on the average number resident during the year was 6·14, as compared with 6·28 for the previous year.

RECOVERIES.

The percentage of recoveries on the admissions was 48·07, as compared with 36·69 for the year 1897.

SLEEPING-ACCOMMODATION IN ASYLUMS.

Asylum.	Number of Patients, May, 1899.	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 ...	435	94	341	219,122	365	...
Christchurch ...	507	82	425	227,010	378	47
Seacliff ...	636	139	497	216,792	361	136
Hokitika ...	130	21	109	69,302	115	...
Nelson ...	135	32	103	60,019	100	3
Porirua ...	377	7	370	259,480	432	...
Wellington ...	228	67	161	100,173	167	...
Totals ...	2,448	442	2,006	1,151,898	1,918	...

Single Rooms.

Asylum.	Number of Single Rooms.	Total Space: Cubic Feet.	Cubic Feet for each Room.
Auckland ...	94	84,508	899
Christchurch...	82	69,651	850
Seacliff ...	139	105,886	762
Hokitika ...	21	15,055	716
Nelson ...	32	28,342	886
Porirua ...	7	6,168	880
Wellington ...	67	60,663	906
Totals ...	442	370,273	837

At Auckland there is apparently sleeping-accommodation for 459 patients, but there is only floor-space for 407. The number in the asylum is 435; there are, therefore, twenty-eight patients accommodated in excess of the statutory requirements.

At Nelson the apparent accommodation in common dormitories is for one hundred patients, but there is only floor-space for ninety-three. The actual number accommodated is one hundred and three, being ten in excess of legal requirements.

At Porirua there appears to be sleeping-room for 432 patients in the common dormitories, but the floor-space will only allow of 382 being accommodated.

At Wellington Asylum the floor-space is sufficient for 161 patients—the number accommodated. The following table shows the actual deficiency in sleeping-accommodation:—

Auckland ...	28 patients in excess.
Christchurch ...	47 "
Seacliff ...	136 "
Nelson ..	10 "
	221
Less room for six at Hokitika, and twelve at Porirua	18
Total ...	203 patients in excess.

BUILDINGS NOW AUTHORISED AND IN COURSE OF CONSTRUCTION.

The farm auxiliary at Seacliff provides for fifty-two patients; single rooms at Auckland provide for twenty patients; wing at Porirua provides for seventy-seven patients: total, 149 patients.

At the end of the year, if no fresh buildings are authorised in addition to those already in hand, the condition of things will be as follows:—

Number in excess at present date	...	203
Accommodation being provided for	...	149
		54
Add estimated increase of patients at 31st December, 1899 (the average yearly increase is ninety)	...	50
Estimated excess at 31st December, 1899	...	104

NEW WORKS REQUIRED.

The contract for the central block of Porirua Asylum was begun in 1891, and I expected the whole asylum would have been finished years ago. It will be October next before the female division is completed. Then there will still remain the terminal block of the male division. This will cost £7,000, and ought to be proceeded with at once.

A doctor's residence is urgently needed at Porirua.

The danger from fire at Seacliff is very great, owing to the use of kerosene lamps for lighting. The electric light should be introduced without further delay. The estimated cost is £2,500.

The time has come when the Wellington Asylum must be condemned, and reduced, as has been intended for years, to a receiving-house. The risk of fire is so great that nothing short of rebuilding it will make it even tolerably safe.

A new asylum must be built somewhere in the neighbourhood of Palmerston North, or Woodville, and completed within the next five years, if the colony is not content to let our asylums lapse into a worse condition than they are in at present.

The new asylum ought to consist of detached blocks of buildings, for the purposes of proper classification and treatment of patients. Models for this new departure in asylum construction are to be found at Kankakee, in America, and at Alt Scherbitz, in Germany. I have in my possession reports on Kankakee Asylum, and Mrs. Neill has made for me a translation of Dr. Paetz's work on Alt Scherbitz, including the plans of the separate blocks. Mr. Campbell, of the Public Works Department, has made estimates of the probable cost of such buildings in this colony for five hundred patients. There are, however, many other things to be considered before adopting this system—as, for instance, the large increase in the number of attendants, whose wages are twice as high here as in Germany, and the fact that it would be quite impossible to get asylum attendants to sleep in common dormitories with the patients, as is done in Alt Scherbitz. We should, therefore, have to face a large increase of cost for the building of separate rooms for them.

At Seacliff a beginning has been made on this new system of detached buildings. We have three auxiliary buildings—one of which has been in use for many years, having been built when I was in medical charge of Seacliff. A second, to accommodate eighty patients, will be ready for occupation in six months; in the part already built thirty men are comfortably accommodated. We have also now in use a beautiful cottage, where convalescent and curable female patients can be specially treated. This has been very cheaply constructed by Dr. King, under whose guidance the head attendant, Mr. Farrant, has built it with our own labour. The new farm auxiliary, Dr. King estimates, can be built and occupied for a cost of £20 per bed, not including water-supply, as against £200 per bed in the main building. All this has been done by our own staff, and it is a beginning of the new system which ought to be adopted in all future asylums. With such men as Drs. Levinge, King, Hassell, and Beattie in charge of our large asylums, there ought to be no hesitation on the part of the Public Works Department in continuing to intrust us with the erection of our own subsidiary buildings. Dr. King has demonstrated that this can be safely and economically done. The chief objects to be gained by this system of grouping cheap subsidiary detached buildings round the main institution are: (1) The cheapening of the cost of building, in order that a larger number of the insane may be provided with proper quarters, attendance, and medical oversight; (2) the application of the principle of graduated restraint, and differentiation in the treatment of the insane, so as to allow to each patient the largest measure of personal liberty of which he is capable. Other advantages of this system are: Comparative exemption from the risk of fires; improved sanitary conditions in the detached buildings; diminished pressure and friction among the inmates; the elimination of a great deal of the irritation caused by rigid confinement under lock and key behind grated windows; a larger and freer open-air life; increased sense of responsibility on the part of attendants, and, finally, more individual treatment and less routine.

In designing a new asylum on this system regard should be had to the following fundamental considerations: The amount of land of good quality should never be less than an acre for each inmate. The first step ought to be to lay out the ground with the aid of a skilled engineer in such a manner as to insure thoroughly efficient sewerage and a good water-supply. A systematic distribution of water-pipes, steam-heating pipes, and electric-lighting appliances, all so arranged that they can be directly connected with each building, and the buildings should be laid off with reference to this system of pipes.

The Porirua Asylum was designed to carry out this system so far as that could be done without departing further than experience then warranted from the accepted English and American practice.

What I now propose is simply going a step further, in the belief that it is impossible for this young country to continue the building of expensive blocks connected by long corridors, and making it necessary to provide expensive accommodation for incurable patients, who can be made much more comfortable in cheaper structures.

The question as to whether these separate buildings should be of wood or brick and be made fire-proof will turn on the possibility of getting Parliament to vote money for the more costly brick erections, and on the discontinuance of the costly co-operative system.

A Bill was passed last session dealing with inebriate homes, but no money was provided. If only Parliament find the money, the Lunacy Act as it stands meets all necessary requirements. Receiving homes for the reception of doubtful cases under examination for admission to the ordinary asylums, a special institution for the training and treatment of idiots, imbeciles, and epileptics, as well as a separate institution for criminal lunatics, and a home for the after care of discharged convalescents, are all desirable, and should be undertaken as found possible.

FINANCIAL RESULTS OF THE YEAR.

The following table gives the net cost per patient for the year 1898, as compared with the previous year:—

Asylum.	1898.			1897.			Increase.			Decrease.		
	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.
Auckland	19	13	6 $\frac{1}{4}$	22	18	4 $\frac{1}{2}$	...	...	...	3	4	10 $\frac{1}{4}$
Christchurch	17	8	1	19	4	11 $\frac{3}{4}$	...	...	...	1	16	10 $\frac{3}{4}$
Seacliff	20	6	8 $\frac{1}{2}$	22	8	3 $\frac{3}{4}$	...	...	...	2	1	7 $\frac{1}{2}$
Hokitika	25	10	0 $\frac{3}{4}$	23	3	6 $\frac{1}{4}$	2	6	6 $\frac{1}{2}$	...	...	...
Nelson	21	12	1	23	5	4 $\frac{1}{2}$	...	...	...	1	13	3 $\frac{1}{2}$
Porirua	25	1	1 $\frac{3}{4}$	24	17	6 $\frac{1}{4}$	0	3	7 $\frac{1}{2}$	...	...	...
Wellington	26	8	4 $\frac{1}{2}$	21	1	1 $\frac{3}{4}$	5	7	2 $\frac{3}{4}$	...	...	...
Averages	21	3	5 $\frac{1}{2}$	22	0	0 $\frac{1}{2}$	...	...	...	0	16	7

There has been a large increase in the cost at Wellington Asylum during last year. The reason of this is explained in Dr. Hassell's report on page 7.

Farm.

Asylum.	Cost.	Receipts.	Cost per Head.	Receipts per Head.	Net Cost per Head, not counting Receipts from Farm.
	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
Auckland	502 18 1	634 12 4	1 3 7 $\frac{1}{4}$	1 9 9	21 3 3 $\frac{1}{4}$
Christchurch	819 8 3	1,044 12 8	1 11 5 $\frac{1}{2}$	2 0 1	19 8 2
Seacliff	1,650 7 4	459 12 8	2 14 7 $\frac{3}{4}$	0 15 2	21 1 10 $\frac{1}{4}$
Nelson	224 4 5	132 12 3	1 11 9 $\frac{3}{4}$	0 18 9	22 10 10
Porirua	425 15 2	182 6 1	1 7 1 $\frac{1}{2}$	0 11 7	25 12 8 $\frac{3}{4}$
Wellington	224 1 2	221 12 9	0 18 10 $\frac{3}{4}$	0 18 8	27 7 0 $\frac{1}{2}$
Totals	3,846 14 5	2,675 8 9	1 12 6 $\frac{1}{4}$	1 2 7	22 6 0 $\frac{1}{2}$

It will be noticed that at Christchurch and Auckland the net cost per patient is considerably reduced by the receipts from the farm. At Christchurch the revenue from this source amounted to £2 0s. 1d. per head, and £1 9s. 9d. per head at Auckland.

The receipts from the farm mentioned above are the actual amounts received in cash, and paid into the Public Account, for produce, &c., sold. In addition to this a great quantity of milk, butter, bacon, vegetables, &c., raised on the farm, is consumed at the various asylums, thus reducing the annual cost per head.

MEDICAL SUPERINTENDENTS' REPORTS.

AUCKLAND ASYLUM.

SIR,—

I have the honour to submit my report on this Asylum for 1898.

The average number of resident patients was 426, as compared with 424 for the preceding year. There has been an increase during the year of only five patients. This small increase is due partly to the decrease in admissions—eighty-one, as compared with eighty-nine for 1897—and partly to the increased discharge rate. The admission rate seems to be what one might regard as the normal rate for Auckland under normal circumstances. Slight variations occur from year to year; but, in the absence of any special exciting or predisposing causes, abnormal variations can scarcely be anticipated.

The recovery rate for the year—51.85 per cent. on admissions—is considerably above the average. A high rate for one year, however, means very little. In a few instances, too, I have been materially assisted by the relatives of patients. It is almost a matter of common knowledge that in our asylums a number of cases progress gradually to a stage short of recovery, there become stationary for a longer or shorter period, and then usually retrogress. In such cases I find that nothing can make up for that undivided attention which we cannot at present give. I have endeavoured to minimise this evil by representing to responsible relatives the imperative need for the removal of such patients from the asylum for their individual care. Where my advice has been accepted I have always found apparently complete recovery within the probationary period.

The death rate, calculated on total resident during the year, is again reduced. The rate, 7.5 per cent., is still too high. For four of the deaths I accept no responsibility, the patients being almost moribund when they reached the asylum. One patient, an old man eighty-one years of

age, was semi-conscious when he arrived, and died a few days afterwards. He was no more insane than many aged persons who are kept at home, and yet the stupid stigma of "died in an asylum" will cling to his family for at least a generation. An old woman, too, was brought to the asylum, as the result of a neighbourly quarrel, when she was too feeble to move without assistance and too feeble to speak. She also died in a few days.

With the exception of a fractured rib there have been no serious accidents during the year, whilst the general health of the patients has been remarkably good. It is interesting to note that, notwithstanding the large amount of typhoid fever in Auckland, and the fact that many of our attendants are in the city daily, we have had no fever cases in the asylum during the last two years.

I abruptly conclude my report by stating that behind the favourable aspect there is only anxiety and disappointment. I am satisfied that everything is not being done that can be done, but that shall be done, for the benefit of our patients. Those who are condemned to a life-long imprisonment through no fault of their own merit more consideration than we give them. My endeavours to convert an asylum from a prison into a home have been crowned with little success. I look for more success in the future, and more success I shall assuredly get.

I have, &c.,

The Inspector-General of Asylums, Wellington.

R. M. BEATTIE, M.B.,
Medical Superintendent.

CHRISTCHURCH ASYLUM.

SIR,—

I have the honour to forward my report on this Asylum for last year as under:—

The following comparative statement shows the admissions, discharges, and deaths for the years 1897 and 1898, and is, I think, of interest:—

	1897.			1898.		
	Male.	Female.	Total.	Male.	Female.	Total.
<i>Admissions.</i>						
Admitted, first time	51	29	80	38	24	62
Readmitted	9	8	17	8	6	14
Transferred from other asylums ...	1	26	27	...	...	...
Totals	61	63	124	46	30	76
<i>Discharges.</i>						
Recovered and relieved	26	14	40	25	23	48
Not improved	1	...	1	1	1	2
Totals	27	14	41	26	24	50
<i>Deaths</i>	26	14	40	14	10	24
Number discharged who were admitted during year	5	2	7	3	3	6

It will be seen from the above that, while the recovery rate was exceptionally high and the death-rate remarkably low, they numbered together nearly the total of the admissions (which is also below the average of previous years), leaving only a residuum of two as the increase of the insane population of this district for the year, being a decrease of fourteen as compared with 1897. Of the deaths, six—viz., three of each sex—were of those admitted during the year, while five were from phthisis, and one that of a man who had been forty years maintained in detention by the colony on account of insanity.

As regards the causes of the insanity in cases of first attack: twenty were due to epilepsy, congenital defect, or senility; ten to organic disease and ill-health; eight to business or domestic troubles; seven to intemperance in some form; two to diseases peculiar to women; while in fourteen the cause was unknown or unascertained.

In connection with the above statistics the question of accommodation may be appropriately considered. At the end of the year this was fully taxed on the female side of the building, owing to the presence of about thirty patients sent here from Wellington some time back to relieve overcrowding there; but at the date of writing, owing to the re-transfer of these women in the meantime to the Porirua Asylum, there is ample accommodation in that division, and probably sufficient to meet the demands of the ordinary increase for the next few years. This must be regarded as a highly satisfactory state of things, and I wish I could say the same as regards the male division; but here there were sixty-two patients in excess of the sleeping-accommodation proper at the end of last year. These cases were accommodated on "shakedown" on the floor, scattered all over the male wards. But, although undoubtedly uncomfortable, embarrassing, and disorganizing, this does not necessarily imply overcrowding from a sanitary point of view, as the cubic space allowed by the Act is maintained in the dormitories proper; should this condition, however, be allowed to

extend any further, it must necessarily lead to overcrowding of the day-room space, and consequently a more serious state of things from a sanitary standpoint; indeed I am not at all certain that this stage has not been already reached, for any one going through the wards in the evening, or on wet days, when all the inmates are indoors, cannot fail to be struck with their thickness on the ground. It would thus be a fatal mistake to increase the dormitory space at this asylum to any great extent, unless provision is also made at the same time for an extension of the ordinary living-room accommodation; the two must be considered together,—and, in my opinion, the asylum is already of sufficient dimensions for efficient administration.

So much importance is given in the present day to the spread of tuberculosis and other diseases of an infectious character, not formerly considered so, and the necessity for checking the same, that too much attention cannot be given to the subject of overcrowding. This naturally leads to the question of the prevalence of tuberculosis in our dairy herd, the means adopted for its extinction, and the innocuous quality of our milk-supply.

At my initiative, about two years ago the Stock Department tested our herd with tuberculin; several animals reacted to the test, but the conditions under which the examination was conducted, as well as the apparently robust health of most of the animals, seemed to leave some doubt as to its reliability in the mind of the operator, and no further steps were taken at the time beyond the fitting up of a pasteurizing plant as soon as possible. It was intended, however, to re-examine the cattle in the course of a few months; but this, being impracticable for some reason or other, was not done.

Towards the end of the year—in December last—Mr. Reakes, the Government Veterinary Surgeon, conducted a very full and careful examination of the whole herd with tuberculin, with the unfortunate result that a very large proportion reacted; since then a large number of the condemned animals have been removed and slaughtered under the inspection of the officials of the Stock Department, and the few that have been kept on for breeding purposes, not supposed to be so badly affected as the others, have been very carefully and completely isolated.

In addition to the above precautions, all the milk used—both fresh and skim—for ordinary dietetic purposes as well as for calf-feed is pasteurized, latterly up to 180 degrees, in accordance with the most recent recommendation of Mr. Sorenson, late Government Dairy Inspector, in a recent number of the "Dairyman." The loss of so many valuable and selected dairy cows and heifers necessarily affected our milk-supply, and will entail considerable expenditure in working up so good a herd.

I was greatly at a loss to account for this marked prevalence of tuberculosis amongst our cattle as compared with the stock of private individuals, which, I understand, moreover, is not confined to this Asylum, but is more or less common in the herds of the other similar institutions in the colony, till my attention was recently drawn to a paper by one of the Inspectors of Stock in South Australia, read before the Institute of Hygiene in Adelaide. That gentleman propounds the theory of the direct infection of cattle by the sputum of man, and quotes several cases which seem strongly confirmatory of the position he takes up. (The work of Sims Woodhead on "Bacteria and their Products," one of the most recent and best authorities on the subject, pp. 215 and 216, seems to leave no doubt about the possibility of this.)

Assuming, then, the bovine bacillus to be the same as in the human subject, or capable of development from it, this direct infection theory would easily account for the greater prevalence of the disease amongst our herds than those in general, for with such a large number of persons many of whom are in different stages of consumption, constantly employed about our paddocks—a comparatively limited acreage—and cow byres, who, moreover, are not particular in their habits of expectoration, our cattle have much greater chance of contracting the disease than those of private persons.

The protracted drought of the last few years had again a very injurious effect on our farm operations and results, and, besides largely reducing our milk-supply, already affected by the above cause, entailed considerable expenditure for special feed—straw, molasses, &c.—in order to get enough milk for our daily requirements, independent of butter-making.

The potato-crop, being on comparatively light ground, was almost a complete failure owing to the above cause, but, anticipating this result, I was able early in the season to purchase the crop of an adjoining paddock (about 7 acres) at about £1 5s. a ton of the estimated yield, which latter being afterwards realised gave a very large profit at the time of digging the crop, when their value had risen more than fourfold. This purchase tided us over the year till our own crop was available.

Hitherto grain-growing has not been altogether satisfactory on our limited acreage, owing to the ravages of birds and the loss by north-westers, but the drought of the last couple of years still further reduced our yield. I have accordingly concluded that root-growing—potatoes, mangolds, &c.—and peas, associated with dairying and pig-raising, will be more profitable with our abundance of free labour, and our farm operations for the current year are directed on these lines.

The profit on the latter (pigs) for the year under review, including bacon and pork used on the premises, but exclusive of feed—almost entirely kitchen waste, or our own growing—was about £450.

The amount paid into the Public Account for sales of farm produce was over £900, while, including vegetables and fruit, the value of the produce consumed on the premises must have considerably exceeded £1,000. There were 12 tons of fruit alone used in the building in various forms, fresh, cooked, or preserved.

The new airing courts, referred to in my last report as approaching completion, were occupied early in the year, and must have afforded considerably increased comfort and cheerfulness to those using them.

In April of last year a female patient, not previously suspected of being actively suicidal, met her death by misadventure; she was sleeping in an upstairs dormitory owing to the exigencies of

the accommodation, and after being dressed and taken into an adjoining corridor, preparatory to removal downstairs with others, in the momentary absence of the attendant she suddenly rushed back to the dormitory, and precipitated herself through a large pane of glass in one of the windows on to the asphalt below, receiving a fracture of the skull, which caused her immediate death. At the usual Coroner's inquest, the jury added a rider to the effect that the windows were unsuitable for a building of this nature. Doubtless this is to a large extent true, as they are a suggestive and direct temptation to patients who are suicidally disposed; but, on the other hand, they greatly relieve the cheerless, gloomy, prison-like appearance of such a large building, and in this respect are quite in keeping with the modern ideas of making the surroundings and fittings of such establishments as cheerful as possible. Unfortunately, suicides will occur in asylums despite all precautions.

Another misadventure, by which a man met his death, occurred during my absence on leave, a patient falling or throwing himself under an approaching dray while occupied with others repairing a road. In this case the Coroner's jury acquitted all concerned of blame.

During the year the usual tradesmen attendants, and other male operatives, have been employed with patients at their respective trades, and have accomplished much useful and valuable work. In this way two engineers, two carpenters, one plasterer and bricklayer, one painter, one baker, and one bootmaker, have been kept constantly at work; the latter, with the assistance of patients, having effected all the repairs and made all the boots required for the institution.

It would be very advantageous to their treatment if some healthy outdoor occupation, such as suggested in my two previous reports, could be found for our women patients; at present their only source of employment consists in sewing, laundry work, or other domestic duties.

The condition of the ornamental grounds about the asylum continues a source of admiration to patients' friends and others who visit the institution.

My best thanks are due to my fellow officers for their cordial assistance in the discharge of my duties.

I have, &c.,

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

The Inspector of Asylums, Wellington.

SEACLIFF ASYLUM.

SIR,—

I have the honour to submit to you the following report on the Seacliff Asylum for the year 1898:—

At the beginning of the year there were 601 patients in the Asylum. During the year 123 patients were admitted, being eight more than the previous year. The whole number of inmates during the year was 724, and the average number resident at any one time was 604. There remained in the Asylum at the close of the year 636 patients—namely, 385 males and 251 females. The number discharged relieved and recovered was sixty-two, being in the proportion of rather more than 50 per cent. on the admissions. During the year twenty-five patients died, being just under 5 per cent. on the average number resident. The mortality from respiratory affections continues unduly high, more than half of the deaths being due to pneumonia, consumption, and pleurisy.

Various works have been pushed on during the year, the most important being a cottage for the treatment of the more sensitive and curable female patients, and one wing of the new auxiliary building for chronic male patients at Simla. These structures will afford facilities in the direction of classifying and decentralising, and promise to be a great benefit to the patients while effecting a considerable saving. The cost of the Simla building will be about £20 per patient, as compared with over £200 per patient in the main building. As the former supplies more space and light per individual, better air, and more cheerful quarters, and does not suggest the idea of confinement, we find already, as we have previously found with the more home-like detached buildings, that it is much preferred to the main asylum. The Simla building is of wood, and risks from fire are slightly greater; but the danger to the patients is less than in the main asylum, because it is all on the ground-floor, and none of the windows will be barred. With the exception of the erection of chimneys, the building has been put up so far, and will, we hope, be completed by the end of the year, without assistance from any outside labour, thus affording a useful and interesting outlet for the energies of some of the more capable patients. Dealing with labour for the most part unskilled, Mr. Farrant, who has had charge of the work, has succeeded beyond our most sanguine expectations. At present there are thirty patients housed at Simla, the billiard-room being used as kitchen and dining-room pending the erection of the latter. There is great need of increased accommodation, for female patients, particularly in the matter of single bedrooms, and I hope that a separate nurse's home will be constructed during the year, as this would set free an equivalent number of bedrooms in the main building, while affording inexpensive yet much pleasanter quarters for the nurses.

The marked reduction in expenditure per patient shown by the returns is somewhat misleading, being due largely to the fact that we happen to have obtained more refunds during the year from the Public Works Department for permanent constructions than hitherto. In spite of this, it will be noticed how large a sum spent in repairs and improvements is still charged to our annual expenditure under the head of "Necessaries, Incidental, and Miscellaneous," which in other institutions would not be defrayed by the Asylums Department. The maintenance and repair of the main building alone is a constant heavy charge, owing not merely to its large size and costly type, but even more to initial defects of workmanship and construction. Fourteen years ago Seacliff Asylum was described by the then Inspector-General, in his official report, as "badly designed and out of date, the buildings defective in construction, and showing everywhere bad workmanship which should never have been accepted." During the last ten years every effort has been made to over-

come these initial defects and render the building properly habitable. As the whole of the plumbing had been utterly scamped, and has had to be almost entirely replaced and remodelled, and as there were almost no provisions for ventilation of building or drains, no proper drains, no adequate means of heating, and, in fact, no modern sanitary provisions of any kind, our annual expenditure upon unseen works of this class has necessarily been heavy, in spite of the most rigid economy. When it is added that the Asylum was a mere naked unfurnished shell, which has had to be gradually painted and supplied with necessary furniture and amenities, while the estate was undeveloped and unequipped, and all these things have had to be remedied and supplied for the most part out of the annual expenditure of the institution, it will be fairly realised, I think, that the item, "Necessaries, Incidental, and Miscellaneous," has had peculiarly heavy burthens thrust upon it at this particular institution.

Year by year the estate is becoming more profitable, but the expenses of development are still considerable. During the year the heaviest works in this direction have been the formation and metalling of the road to Simla, extensive boundary and subdivision fencing, the clearing and laying down in grass of some 60 acres of bush-land, and the stumping and bringing under the plough of several large areas. There is a steady increase in the value and yield of the farm stock, and further progress has been made during the year in the development of the poultry farm, which has been giving a steadily increasing profit year by year. As a source of interest and occupation for patients, the chickens and fowls in their various phases have proved a most valuable adjunct to the institution, and we have supplied to various settlers throughout the South Island more than three hundred dozen eggs for setting, of pure-bred fowls, and a number of cockerels and pullets.

An average of about two hundred and fifty male patients have been employed throughout the year at the farm, garden, and workshops.

A fatal accident happened at the close of the year through a patient swallowing a piece of steel. Apart from this there were only two accidents of any importance—viz., a simple fracture of the wrist through a fall, and a self-inflicted wound of one eye.

The usual amusements and recreations have been provided throughout the year, and a number of cricket matches have been played with outside teams.

The thanks of the authorities are due to the *Otago Witness* Company for copies of their journal supplied free.

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

I have, &c.,

F. TRUBY KING,

Medical Superintendent.

The Inspector-General of Asylums, Wellington.

WELLINGTON ASYLUM.

SIR,—

I have the honour to submit to you the following report on the Wellington and Porirua Asylums for the year 1898 :—

WELLINGTON ASYLUM (MOUNT VIEW.)

The average number of patients resident here during the year was 237 (146 male and 91 female). Leaving out of account those transferred between this and other Asylums the admissions amounted to 135 (71 male and 64 female), and the discharges to 73 (35 male and 38 female). There were 21 deaths (13 male and 8 female). The proportion of recoveries to admissions was 49·6 per cent., and of deaths to average number resident 8·86 per cent.

As regards the recoveries, if we include five convalescent patients transferred to Porirua, and discharged from there, the proportion of recoveries to admissions is raised to 53·3 per cent., a result which may be considered very satisfactory, and which is 12·5 per cent. higher than in the previous year. I am of opinion that one of the causes of this improvement is to be found in the fact that in 1897 there was excessive over-crowding of patients in the institution, whereas in 1898 the number was reduced to within statutory limits early in the year.

In examining the statistics of this Asylum, two points of importance should be borne in mind: First, the institution is a comparatively small one, there being legal accommodation for only 228 patients; and, secondly, the population of inmates is essentially a moving one, much more so than in any other asylum of the colony. By reference to the statistical tables it will be found that the total number of patients under care during the course of the year amounted to 470, the total admitted to 143, and the total discharged and died to 232. The large number of admissions necessitates the frequent transfer of patients to Porirua and elsewhere, leaving under care a large proportion of acutely insane and physically invalided, which in no small measure accounts for our high death-rate.

The fact that so many recent and acute cases are under treatment at this Asylum leads me to refer to the accommodation for these patients. Wards for such cases should, of course, be not only provided with an ample number of single bedrooms, but should have a liberal amount of day-room space arranged so as to facilitate supervision by the attendants and nurses. This day-room accommodation is certainly defective both on the male and female sides of the Asylum. The female ward for acute cases has only one small sitting-room, which is also used as the mess-room, and the floor-space is thus largely taken up by the dining-tables. Consequently, when the patients are within doors, many of them for want of room have to be drafted into the corridors, where it is impossible to exercise proper supervision and control. The male ward is hardly better situated. An additional day-room for each of these wards would be a great advantage.

During the year there were several changes in the staff. Dr. Perry, the Assistant Medical Officer, left the service in February, and was succeeded by Dr. Coker, who has proved himself a capable officer. Miss Boulcott, the Matron, was succeeded by Miss Mills, one of the staff nurses at the Auckland Asylum, and I do not regret the choice made to fill this important vacancy. Mr. McDonald, the clerk, changed places with Mr. Holder, the clerk at the Auckland Asylum, both of whom I have always found experienced and trustworthy officers. The large number of patients requiring special attention necessitated the appointment of an extra attendant for night duty on the male side of the Asylum.

The actual expenditure for the year at Mount View was slightly less than in 1897; but the average cost of each patient (see Appendix, Table XXI.) was however considerably greater than in the previous year, and requires some explanation. The expenditure per head is necessarily greater the fewer the number of inmates. The average number resident in 1897 was 321, and in 1898, 237. Bearing this in mind, it will be found that the salaries paid to officials, which, of course, do not vary with the fluctuation in the number of patients, will account for a very large percentage of the increase shown in the table. Under the heading of "Necessaries," are included repairs to buildings, furnishing, &c., which, as a rule, do not vary much from year to year, but last year it included one or two exceptionally heavy items. Moreover, the rations and fuel consumed were purchased at a greater average cost, and so contribute to make the expenditure compare unfavourably with the previous year. The above items—the salaries, necessaries, rations, and fuel—fully account for the apparent increase in the average cost per patient for 1898.

PORIRUA ASYLUM.

The average number of patients resident here during the year was 314 (187 male and 127 female). The admissions amounted to 117, all of whom were transferred from Mount View. Nine were transferred to Mount View, and nine were discharged. The proportion of deaths to the average number resident was slightly over 3 per cent. This is considerably below the ordinary Asylum death-rate. With few exceptions the patients in this institution are physically healthy, and mentally suffering from chronic insanity.

In February a distressing accident occurred: a male patient engaged outside working on the farm evaded the attendant in charge, and tried to make good his escape by crossing the Porirua Creek close to the harbour. Although every effort was made to save him, he was drowned before he could be rescued. No blame appears to be attachable to any one, and at the Coroner's inquest on the case the jury exonerated the attendants.

Throughout the year building operations have been going on. In January the new male wing was occupied by patients from Mount View; and by the end of December the new female wing, with accommodation for about eighty patients, was nearly complete and ready for occupation. Since then the final block on the female side, consisting of single rooms, &c., for the more troublesome cases, has been commenced. This accommodation, for reasons expressed in my last annual report, will be a great boon when available. The necessity for constructing the single-room block on the male side is equally urgent.

In the course of the current year I hope to be able to do something in the way of forming an area of about 6 acres on the north side of the Asylum into ample airing-courts, and a sports-ground, for the use of the inmates. This improvement will involve extensive earthworks, which will, however, supply healthy occupation for a large number of our patients.

I have, &c.,

GRAY HASSELL, M.D.,

Medical Superintendent.

The Inspector General of Asylums.

ENTRIES OF VISITS TO THE DIFFERENT ASYLUMS.

AUCKLAND.

25th September, 1898.—I have made a careful inspection of this Asylum—examined all the patients, saw their food and clothing—and am satisfied that the institution as a whole is well managed. All the books and statutory documents are in order.

16th April, 1899.—This Asylum is in good working-order in all its departments, except the auxiliary. This I find to have greatly fallen off in some respects. It will depend on certain steps which I have found it necessary to take whether considerable changes may not have to be made in the staff. The condition of the milking-cows has given grave cause for anxiety for a considerable time. Several months ago I arranged with the Agricultural Department to abide absolutely by their instructions as regards the treatment and disposal of the herd. Definite instructions have at length been given by Mr. Gilruth, which will be implicitly obeyed. Instructions have also been given to Dr. Levinge, of Sunnyside, to procure in the South Island milking-cows which have been tested for tuberculosis by the departmental experts, to replace all that have been recently condemned. Meanwhile every precaution is being taken to pasteurize the milk. Last week the total number of patients was 431—males, 275; females, 156. In consultation with Dr. Beattie, I examined all the recent and more hopeful cases; I visited all who were confined to their rooms and under medical treatment. All were being carefully attended to. I examined the bedding and clothing, and found them suitable and clean. The food was abundant, and of the best quality; but a little more despatch might be secured by better organization, especially at the auxiliary. The new Matron is doing well, and promises to be a very efficient officer. Dr. Liddell, who succeeded

Dr. Fox, is also giving satisfaction. This Asylum owes a great deal to the unsleeping vigilance and care of the Deputy Inspector, and the Official Visitors; Mrs. Hendre and Mr. Ewington.

I arranged with the Public Works Department before leaving Wellington that the plans for the female side single rooms should at once be sent to Mr. Vickerman, who has so satisfactorily carried out our buildings in the past, with full authority to finish them as soon as possible. On the male side it is imperative that a new wing should be built corresponding to the extension carried out some years ago on the female side. This is required to enable us to provide better hospital accommodation. At present it is a very painful experience to visit the hospital wards, where, notwithstanding the constant care and unfailing kindness of Attendant Owens, a very great deal of suffering is caused to the sick and dying by want of room for their humane treatment. It is also indispensable that a considerable sum of money, probably £500 (Mr. Bell's estimate for a complete scheme was £1,000), should be voted to ventilate the older portions of the building. I was sorry to receive to-day notice of Mr. Macdonald's resignation of his office as Clerk to the Asylum. Some time ago he applied to be transferred, owing to the climate not agreeing with his wife, but at the time I saw no way of meeting his wishes.

CHRISTCHURCH.

17th June, 1898.—Found everything in good order.

20th August, 1898.—Found everything going on satisfactorily.

25th February, 1899.—On this occasion I have twice visited the Asylum. I examined all the patients, and found every one receiving proper attention. The rooms and, indeed, the whole building are admirably neat and clean; the beds, bedding, and wearing-apparel are abundant and suitable. There will soon be no overcrowding on the female side. The dietary arrangements are satisfactory. I heard of no grievances from any of the staff, although I took particular pains to inquire, in consequence of certain letters which I saw in the newspapers. No man in the department is more solicitous than Dr. Levinge to press for the rights and secure the comfort of his subordinates. I have arranged with the doctor for the transfer of thirty female patients to Porirua, almost entirely those who had to be removed from there owing to the overcrowding. All the statutory books are in order, and the Asylum as a whole is in excellent order.

SEACLIFF.

18th August, 1898.—I saw all the patients; visited all who were in bed. The general health this winter has been good. There has been no appearance so far of the epidemic pneumonia of last year. The Asylum is in a condition of order and organization that reflects the utmost credit on Dr. King and his staff. Nothing but the most unremitting care and attention could have produced such a result in the circumstances. The new auxiliary building on the upper part of the farm is nearing completion; soon forty patients can be removed there, and that, as things are, will be a great relief. Mr. Farrant, the head attendant, with assistance of other members of the staff and some patients, has done the whole work so far, and deserves the greatest credit for what he has done.

3rd March, 1899.—I have satisfied myself by careful examination that this Asylum is in good order. The staff is efficient and contented. The Superintendent's rule is able and vigorous. The way in which he has transformed Seacliff, both inside and in its surroundings, is creditable in the highest degree. It is now one of the most beautiful places I have ever seen. The internal structural arrangements, which were originally very defective, especially as regards ventilation, have been improved with great skill. I saw every patient in the main building in bed last night, and, though there is still considerable overcrowding, the atmosphere of the dormitories was wonderfully fresh. Considerable relief has been afforded by the new convalescent cottage on the female side, and the opening of the new farm auxiliary reduces the pressure on the male side. About thirty shakedown beds have still to be used in the large hall and in the female corridors. Four male and four female patients were confined to bed and receiving careful treatment. It is matter for thankfulness that last winter was got over without any reappearance of the septic pneumonia that was so terrifying last year. The rest of the auxiliary building should be pushed on as rapidly as possible, before next winter. Remarkable progress and vigour are manifested in conducting the farming operations. The poultry department is, I believe, unequalled in the colony both as regards the completeness of the arrangements and the pecuniary results. The treatment of the patients, in spite of many difficulties which I pointed out in last year's report, is being sedulously attended to. It was very pleasant to-day to see the delight they took in the harvest operations. As regards the food, and clothing, and bedding of the inmates, they are good in quantity and quality. The stock is carefully kept, and all the statutory books are in order.

HOKITIKA.

23rd November, 1898.—I find this institution in good order in all its departments. The new dormitory has been of great service. The chief requirements still are ten single rooms on the female side, where they are greatly needed. The day-room space has been increased by building, by asylum labour, a sitting-room for the old and chronic cases on the male side. The new range has been a great advantage. I found no one confined to bed. I regret to find the cases recently admitted, with perhaps one exception, unlikely to recover, most of them being old and broken-down people. The inmates to-day number eighty-five males and thirty-seven females. The staff is very efficient, and works harmoniously. Mr. and Mrs. Gribben are admirable managers, and the Medical Officer is most assiduous in discharge of his duties. The condition of the institution as a whole is satisfactory.

NELSON.

29th August, 1898.—Found everything satisfactory.

30th January, 1899.—The Asylum is in a very satisfactory condition, considering the great difficulties which had to be overcome owing to the overcrowding. My special object on this visit was to examine the new auxiliary building before taking it over from the Public Works Department. I am very sorry to find that further delay must take place, owing to the fact that a large part of the plaster must be done over again. The dados throughout the building are cracking all over. Nothing could be conceived more likely to furnish an ideal breeding-place for the germs of disease. As soon as the auxiliary is fit for occupation the dormitory at the further end of the male day-room ought to be included in the day-room by removing the existing partition. I have arranged with Mr. Morrison that Nurse McGoldrick is to take charge of the female side during Mrs. Morrison's holiday. It will be necessary to get a water-supply for the auxiliary from the upper reservoir. I regret to find that nothing has been done as yet to provide a suitable laundry. It is absolutely necessary to make provision for the winter, especially now that our numbers have increased so much. The patients number 138—males, 83; females, 55.

WELLINGTON.

6th June, 1898.—Found everything in good order. Was witness of an assault by a very powerful and violent woman, who was well managed by the attendants.

1st August, 1898.—Inspected the whole building, and saw all the patients. It is quite a relief to find such a contrast from last winter. Some complaints were made about not having enough to eat in the refractory male ward. I examined the dinner, and found it good in quality and sufficient in quantity. Every part of the institution is admirably clean. There is plenty of bedding, and all the patients wear flannels, except a few who refuse, and some wet and dirty cases. Good order is apparent everywhere.

20th February, 1899.—I have this day examined every part of this Asylum. I found all the departments working well. The staff are efficient and contented. I visited all the recent cases, and saw all who were in bed, and under medical treatment. The dinner was abundant, well cooked, and of good quality. The patients' clothing and bedding are clean and sufficient. The long-standing opprobrium of this Asylum—the old dungeon which served as an airing-court for the male refractory ward—has now at length been supplemented by a magnificent court carved out of the side of the hill. Dr. Hassell deserves the greatest commendation for designing and carrying out at a very small cost this great work. It is admirable in every respect. Miss Mills, the matron, has her department in good order, and all her earlier difficulties seem to have disappeared. The stock is well kept, and all the statutory books are in order.

PORIRUA.

19th May, 1898.—Found all the patients suitably clad and shod for the coming winter. The dinner was good, and well served. The order was good, and the rooms were clean and well warmed. Two males were in bed—one a chronic case. All the women were up and about. Evidently there is no falling-off under Dr. Fox's rule. I heard none but the usual complaints arising from the loss of liberty. I am satisfied with the condition of the institution. I went all over the recent additions with Mr. Tillman, and I am bound to say that the work is creditably done with the exception that the stairs at the end of the dormitories are made of bad material, and cannot be put right except by stripping the whole off. The door-lintels in many of the doors, especially along the corridors, were made of unseasoned timber, which is shrinking, and has cracked the brickwork. The private rooms for the assistant doctor have been recently painted after new floors had been put in, and now look habitable, but I fear the walls will never be right, because the mortar was mixed with sea-sand. I am glad to hear that instructions have been given to have the corridors painted.

2nd October, 1898.—To-day I saw all the patients. Only two men and three women were in bed. The two men were only in bed for a portion of the day, with slight ailments. I was present at the dinner, which was good in quality, abundant in quantity, and well served. The whole Asylum is in excellent order, and the staff are efficient and working harmoniously. The store department was examined, and was found to be well kept. All the bedding and clothing was found of good quality and carefully looked after. There is too much breakage of crockery in the kitchen. The statutory books are properly kept. The general health and appearance of the patients is satisfactory.

6th January, 1899.—I have examined every part of the building, and saw all the patients. Everything was in good order. The new wing on the female side is approaching completion, and will soon be ready for occupation. The foundations only of the terminal wing are laid. It is very important that no time should be lost in pushing on the work, for very great difficulties are experienced in managing so many patients without single rooms.

ASHBURN HALL.

17th August, 1898.—I have seen all the patients and examined all the rooms. I found everything working smoothly, and unmistakable evidence on every hand that the institution is managed with the utmost skill, kindness, and care. I am particularly pleased with Dr. Hay's success in interesting his patients in some congenial occupation. No one who uses his eyes can fail to see that a spirit of kindness and goodwill pervades the whole house. All the statutory books are in order. The staff is sufficiently numerous for all requirements, and of suitable quality.

4th March, 1899.—I found the asylum undergoing extensive repairs and alterations, and, in consequence, a good deal of unwonted confusion and difficulty. The old kitchen is being greatly improved, the billiard-room is ready for occupation, a very convenient fire-escape has been provided, and a new airing-court is being provided on the female side. A new day-room has quite transformed the male side. One case of peculiar difficulty I examined carefully, and agreed with Dr. Hay's diagnosis. None of the other cases call for remark. I found every attention is being paid to the medical and moral treatment of the patients.

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 1898.

	M.			F.			T.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
In asylums, 1st January, 1898 .. .. .	..	..	..	..	..	..	1,436	990	2,426*
Admitted for the first time	221	170	391	..	..	..	355	258	613†
Readmitted	134	88	222	..	..	..	..	..	..
Total under care during the year .. .. .	..	..	..	..	..	..	1,791	1,248	3,039
Discharged and removed—	..	..	..	..	..	..	..	..	..
Recovered	114	110	224	..	..	..	..	..	..
Relieved	13	23	36	..	..	..	..	..	..
Not improved	104	47	151‡	..	..	..	..	..	..
Died	88	60	148	..	..	..	319	240	559
Remaining in asylums, 31st December, 1898 .. .. .	..	..	..	..	..	..	1,472	1,008	2,480
Increase over 31st December, 1897 .. .. .	..	..	..	..	..	..	36	18	54
Average number resident during the year .. .. .	..	..	..	..	..	..	1,438	973	2,411

* Four inebriates included in last year's totals not included in this year's. † Transferred: 101 males, 46 females; total, 147.
‡ Including 101 males and 46 females transferred.

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 1898.

Asylums.	In Asylums on 1st January, 1898.			Admissions in 1898.									Total Number of Patients under Care.		
				Admitted for the First Time.			Readmitted.			Total.					
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Auckland	274	159	433	39	29	68	5	8	13	44	37	81	318	196	514
Christchurch	276	245	521	38	24	62	8	6	14	46	30	76	322	275	597
Dunedin (Seacliff)	362	239	601	49	48	97	11	15	26	60	63	123	422	302	724
Hokitika	74	39	113	15	3	18	21	1	22	36	4	40*	110	43	153
Nelson	81	58	139	9	4	13	1	2	3	10	6	16	91	64	155
Porirua	142	110	252	..	..	..	75	42	117	75	42	117†	217	152	369
Wellington	209	118	327	62	56	118	13	12	25	75	68	143‡	284	186	470
Ashburn Hall (private asylum)	18	22	40	9	6	15	..	2	2	9	8	17	27	30	57
Totals	1,436	990	2,426§	221	170	391	134	88	222	355	258	613||	1,791	1,248	3,039

* Including 20 males and 1 female transferred from Wellington. † Transferred from Wellington. ‡ Including 6 males and 3 females transferred. § Four inebriates included in last year's total not included in this year's. || Including 101 males and 46 females transferred.

TABLE II.—continued.

Asylums.	Patients Discharged and Died.									In Asylums on the 31st December, 1898.					
	Discharged recovered.			Discharged not recovered.			Died.			Total Discharged and Died.					
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Auckland	22	20	42	2	..	2	19	13	32	43	33	76	275	163	438
Christchurch	20	16	36	6	8	14	14	10	24	40	34	74	282	241	523
Dunedin (Seacliff)	20	32	52	3	8	11	14	11	25	37	51	88	385	251	636
Hokitika	7	1	8	1	..	1	15	4	19	23	5	28	87	38	125
Nelson	3	2	5	..	..	..	6	8	14	9	10	19	82	54	136
Porirua	5	1	6	8	4	12*	5	5	10	18	10	28	199	142	341
Wellington	33	34	67	97	47	144†	13	8	21	143	89	232	141	97	238
Ashburn Hall (private asylum)	4	4	8	..	3	3	2	1	3	6	8	14	21	22	43
Totals	114	110	224	117	70	187‡	88	60	148	319	240	559	1,472	1,008	2,480

* Including 6 males and 3 females transferred. † Including 95 males and 43 females transferred. ‡ Transferred: 101 males, 46 females; total, 147.

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	270	156	426	50·00	54·05	51·85	7·04	8·33	7·51	43·18	35·14	39·50
Christchurch	279	242	521	43·48	53·33	47·37	5·02	4·13	4·61	30·43	33·33	31·58
Dunedin (Seacliff)	370	234	604	33·33	50·79	42·28	3·78	4·70	4·14	23·33	17·46	20·33
Hokitika	84	39	123	43·75*	33·33*	42·11*	17·86	10·26	15·45	93·75*	133·33*	100·00*
Nelson	82	59	141	30·00	33·33	31·25	7·32	13·56	9·93	60·00	133·33	87·50
Porirua	187	127	314	..	..	..	2·67	3·94	3·18	..	..	..
Wellington	146	91	237	47·83†	52·31†	50·00†	8·90	8·79	8·86	18·84†	12·31†	15·67†
Ashburn Hall (private asylum) ..	20	25	45	44·44	50·00	47·06	10·00	4·00	6·66	22·22	12·50	17·65
Totals	1,438	973	2,411	44·88‡	51·89‡	48·07‡	6·12	6·17	6·14	34·65‡	28·30‡	31·76‡

* 20 males and 1 female transferred not included. † 6 males and 3 females transferred not included. ‡ 101 males and 46 females transferred 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	..	..	..	1	0	1	..	..	..	..	..	..	..	..	..	..	..	..	1	0	1	..	..	..	..	..	..	..	..	..
" 10 " 15 "	0	1	1	1	0	1	..	..	..	..	..	..	1	0	1	0	2	2	0	1	1	..	..	..	..	..	..	2	0	2
" 15 " 20 "	2	2	4	4	2	6	2	5	7	1	0	1	1	0	1	1	0	1	4	6	10	2	0	2	..	..	..	17	15	32
" 20 " 30 "	9	8	17	11	6	17	15	19	34	6	2	8	1	2	3	17	12	29	21	24	45	0	3	3	..	..	..	80	76	156
" 30 " 40 "	13	5	18	4	9	13	10	12	22	8	1	9	3	2	5	13	4	17	17	9	26	2	3	5	..	..	..	70	45	115
" 40 " 50 "	12	9	21	9	9	18	15	10	25	6	0	6	2	1	3	15	15	30	16	16	32	3	1	4	..	..	..	78	61	139
" 50 " 60 "	3	8	11	9	1	10	13	11	24	2	1	3	1	0	1	13	6	19	10	9	19	1	1	2	..	..	..	52	37	89
" 60 " 70 "	2	1	3	6	1	7	5	5	10	5	0	5	..	..	..	12	3	15	3	2	5	1	0	1	..	..	..	34	12	46
" 70 " 80 "	2	3	5	1	2	3	0	1	1	5	0	5	1	1	2	3	0	3	1	1	2	..	..	..	..	..	..	13	8	21
Upwards of 80 years	..	..	..	..	..	..	..	..	..	1	0	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	0	1
Unknown..	1	0	1	..	..	..	..	..	..	2	0	2	..	..	..	1	0	1	2	0	2	..	..	..	..	..	..	6	0	6
Totals	44	37	81	46	30	76	60	63	123	36	4	40	10	6	16	75	42	117	75	68	143	9	8	17	355	258	613			

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)	22	19	41	20	14	34	38	26	64	14	2	16	4	1	5	43	19	62	35	29	64	4	2	6	180	112	292			
Second Class (first attack, above 3 mos. and within 12 mos. on admission)	6	3	9	5	2	7	5	5	10	3	1	4	..	..	..	11	2	13	11	9	20	2	1	3	43	23	66
Third Class (not first attack, and within 12 mos. on admission)	6	4	10	12	6	18	14	19	33	5	0	5	2	3	5	8	10	18	21	20	41	1	4	5	69	66	135			
Fourth Class (first attack or not, but of more than 12 mos. on admission)	10	11	21	8	5	13	3	13	16	6	1	7	4	2	6	13	11	24	8	10	18	2	1	3	54	54	108			
Unknown	1	3	4	8	0	8	9	3	12
Totals	44	37	81	46	30	76	60	63	123	36	4	40	10	6	16	75	42	117	75	68	143	9	8	17	355	258	613			

TABLE V.—AGES of PATIENTS DISCHARGED "RECOVERED" and "NOT RECOVERED" during the Year 1898.

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	0	1	1	..	..	..	..	..	..	..	..	..	..	..	..
" 10 " 15 "	4	0	4	1	1	2	2	2	4	0	2	2	..	..	..			
" 15 " 20 "	2	4	6	..	..	..	4	0	4	1	1	2	2	2	4	0	2	2	..	..	..
" 20 " 30 "	7	6	13	1	0	1	9	5	14	1	2	3	8	12	20	3	1	4	2	1	3			
" 30 " 40 "	3	3	6	1	0	1	2	4	6	1	2	3	3	8	11	0	2	2	2	0	2			
" 40 " 50 "	3	3	6	..	..	..	2	5	7	1	3	4	2	3	5	0	1	1	2	0	2			
" 50 " 60 "	5	4	9	..	..	..	..	..	..	2	0	2	3	4	7	0	1	1	1	0	1			
" 60 " 70 "	1	0	1	..	..	..	3	1	4	..	..	..	0	2	2	0	1	1	..	..	..
" 70 " 80 "	1	0	1	..	..	..	..	..	..	..	..	..	2	1	3	..	..	..	..	..	..
Unknown			
Totals	22	20	42	2	0	2	20	16	36	6	8	14	20	32	52	3	8	11	7	1	8	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.	Recovered.	Not recovered.											
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.						
From 5 to 10 years	..	..	..	..	..	..	..	..	..	..	..	..	0	1	1	0	2	2
" 10 " 15 "	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	10	9	19
" 15 " 20 "	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	3	4	7
" 20 " 30 "	1	1	2	..	..	..	1	2	3	8	10	18	24	14	38	0	2	2
" 30 " 40 "	2	0	2	..	..	..	1	1	2	11	6	17	18	5	23	2	1	3
" 40 " 50 "	0	1	1	..	..	..	1	1	2	9	9	18	19	16	35	1	1	2
" 50 " 60 "	..	..	..	1	0	1	1	0	1	2	6	8	14	6	20	1	0	1
" 60 " 70 "	..	..	..	..	..	..	2	0	2	1	0	1	14	3	17	..	..	..
" 70 " 80 "	..	..	..	..	..	..	1	0	1	..	..	..	5	0	5	..	..	..
Unknown	..	..	..	..	..	..	..	..	..	2	0	2	..	..	..	..	..	..
Totals	3	2	5	5	1	6	8	4	12	33	34	67	97	47	144	4	4	8	114	110	224

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	..	..	..	..	..	..	..	..	..
" 10 " 15	..	..	..	..	..	..	..	..	..
" 15 " 20	..	0 1 1	1 0 1	0 1 1	0 1 1	..	..	..	1 3 4
" 20 " 30	2 2 4	1 1 2	2 1 3	2 0 2	..	1 2 3	2 0 2	..	10 6 16
" 30 " 40	1 1 2	2 3 5	0 1 1	3 1 4	1 1 2	..	2 1 3	1 0 1	10 8 18
" 40 " 50	5 2 7	3 1 4	3 2 5	..	1 1 2	3 1 4	4 3 7	..	19 10 29
" 50 " 60	6 2 8	2 2 4	4 4 8	4 1 5	1 3 4	1 1 2	3 2 5	..	21 15 36
" 60 " 70	1 3 4	1 0 1	4 2 6	4 1 5	2 1 3	..	1 2 3	1 1 2	14 10 24
" 70 " 80	3 3 6	5 2 7	0 1 1	1 0 1	1 0 1	..	1 0 1	..	11 6 17
" 80 " 90	..	..	..	1 0 1	..	..	..	..	1 0 1
Over 90 years	..	..	..	..	0 1 1	..	..	..	0 1 1
Unknown	1 0 1	..	..	..	..	0 1 1	..	..	1 1 2
Totals	19 13 32	14 10 24	14 11 25	15 4 19	6 8 14	5 5 10	13 8 21	2 1 3	88 60 148

TABLE VII.—CONDITION as to MARRIAGE.

	Admissions.			Discharges.			Deaths.					
	M.	F.	T.	M.	F.	T.	M.	F.	T.			
AUCKLAND—												
Single	29	8	37	15	3	18	10	4	14
Married	12	23	35	9	16	25	8	8	16
Widowed	3	6	9	0	1	1	1	1	2
Totals	44	37	81	24	20	44	19	13	32
CHRISTCHURCH—												
Single	28	15	43	19	10	29	6	3	9
Married	18	11	29	6	12	18	6	6	12
Widowed	0	4	4	1	2	3	2	1	3
Totals	46	30	76	26	24	50	14	10	24
DUNEDIN (Seacliff)—												
Single	40	27	67	16	17	33	7	4	11
Married	18	29	47	5	18	23	7	5	12
Widowed	2	7	9	2	5	7	0	2	2
Totals	60	63	123	23	40	63	14	11	25
HOKITIKA—												
Single	22	2	24	6	1	7	8	1	9
Married	11	2	13	2	0	2	6	3	9
Widowed	2	0	2	..	..	..	1	0	1
Unknown	1	0	1	..	..	..	..	..	..
Totals	36	4	40	8	1	9	15	4	19
NELSON—												
Single	5	3	8	3	1	4	2	2	4
Married	5	2	7	0	1	1	4	5	9
Widowed	0	1	1	..	..	..	0	1	1
Totals	10	6	16	3	2	5	6	8	14
PORIRUA—												
Single	55	21	76	10	2	12	4	4	8
Married	18	18	36	3	3	6	1	1	2
Widowed	2	3	5	..	..	..	..	..	..
Totals	75	42	117	13	5	18	5	5	10
WELLINGTON—												
Single	46	29	75	93	41	134	5	0	5
Married	23	33	56	32	35	67	7	5	12
Widowed	6	6	12	5	5	10	1	3	4
Totals	75	68	143	130	81	211	13	8	21
ASHBURN HALL (Private Asylum)—												
Single	5	4	9	1	4	5	1	1	2
Married	4	4	8	3	3	6	1	0	1
Widowed
Totals	9	8	17	4	7	11	2	1	3
TOTALS—												
Single	230	109	339	163	79	242	43	19	62
Married	109	122	231	60	88	148	40	33	73
Widowed	15	27	42	8	13	21	5	8	13
Unknown	1	0	1	..	..	..	..	..	..
Totals	355	258	613	231	180	411	88	60	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 ..	103	54	157	105	83	188	83	50	133	14	8	22	27	12	39	56	47	103	51	21	72	8	6	14	447	281	728
Scotland ..	28	12	40	36	21	57	95	71	166	12	3	15	4	5	9	29	12	41	14	10	24	6	8	14	224	142	366
Ireland ..	51	47	98	71	64	135	90	65	155	25	19	44	19	11	30	48	45	93	29	22	51	1	0	1	334	273	607
New Zealand ..	62	41	103	37	41	78	60	51	111	18	4	22	23	21	44	33	30	63	33	35	68	5	7	12	271	230	501
Austral'n Colonies ..	3	3	6	7	4	11	12	10	22	1	2	3	3	2	5	5	1	6	2	0	2	..	..	..	33	22	55
France ..	..	..	..	1	0	1	0	1	1	1	0	1	0	2	2	3	0	3	..	..	..	..	..	..	5	3	8
Germany ..	5	2	7	3	0	3	10	1	11	3	1	4	1	0	1	6	0	6	2	2	4	0	1	1	30	7	37
Norway ..	..	..	..	3	0	3	3	1	4	..	..	..	..	..	..	1	2	3	0	2	2	..	..	..	7	5	12
Sweden ..	..	..	..	1	0	1	1	0	1	4	0	4	0	1	1	3	2	5	1	0	1	..	..	..	10	3	13
Denmark ..	1	0	1	2	0	2	0	1	1	0	1	0	1	2	0	5	0	5	4	1	5	..	..	..	14	3	17
Italy ..	..	..	..	2	0	2	2	0	2	1	0	1	1	0	1	1	2	3	1	0	1	..	..	..	8	2	10
China ..	1	0	1	..	..	..	23	0	23	5	0	5	..	..	..	2	0	2	..	..	..	..	..	..	31	0	31
Maoris ..	5	4	9	..	..	..	..	..	..	..	..	..	..	..	4	1	5	4	3	7	..	..	..	13	8	21	
Other countries ..	16	0	16	14	28	42	6	0	6	3	0	3	2	0	2	3	0	3	0	1	1	1	0	1	45	29	74
Totals ..	275	163	438	282	241	523	385	251	636	87	38	125	82	54	136	199	142	341	141	97	238	21	22	43	1472	1008	2480

TABLE IX.—AGES of PATIENTS in Asylums on 31st December, 1898.

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 ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
5 " 10 ..	0	2	2	2	0	2	0	2	2	0	1	1	..	..	..	..	..	1	1	2	..	..	..	3	6	9	
10 " 15 ..	0	3	3	0	1	1	1	1	2	0	1	1	2	0	2	0	2	2	3	1	4	..	..	..	6	9	15
15 " 20 ..	9	3	12	7	3	10	7	10	17	3	0	3	3	1	4	..	..	8	8	16	1	0	1	38	25	63	
20 " 30 ..	38	21	59	26	24	50	50	27	77	7	2	9	7	4	11	32	18	50	19	22	41	2	1	3	181	119	300
30 " 40 ..	70	34	104	46	58	104	57	46	103	13	1	14	11	16	27	52	31	83	28	23	51	5	4	9	282	213	495
40 " 50 ..	70	44	114	68	61	129	103	54	157	11	10	21	18	10	28	49	39	88	40	22	62	6	3	9	365	243	608
50 " 60 ..	45	36	81	58	54	112	92	64	156	20	14	34	27	15	42	35	27	62	33	10	43	2	8	10	312	228	540
60 " 70 ..	37	11	48	58	26	84	64	36	100	21	4	25	12	6	18	23	9	32	6	6	12	3	3	6	224	101	325
70 " 80 ..	4	8	12	13	8	21	5	8	13	9	1	10	2	1	3	3	0	3	2	4	6	2	1	3	40	31	71
Over 80 ..	..	..	..	1	2	3	4	3	7	0	2	2	0	1	1	..	..	..	..	..	..	0	2	2	5	10	15
Unknown ..	2	1	3	3	4	7	2	0	2	3	2	5	..	..	..	5	16	21	1	0	1	..	..	..	16	23	39
Totals ..	275	163	438	282	241	523	385	251	636	87	38	125	82	54	136	199	142	341	141	97	238	21	22	43	1472	1008	2480

TABLE X.—LENGTH of RESIDENCE of PATIENTS who DIED during 1898.

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 ..	..	..	..	0	2	2	1	1	2	..	..	1	1	2	1	0	1	2	3	5	1	0	1	6	7	13	
From 1 to 3 months ..	2	4	6	1	1	2	1	1	2	4	0	4	1	0	1	1	0	1	3	0	3	1	0	1	14	6	20
" 3 " 6 ..	2	0	2	3	0	3	0	1	1	1	0	1	..	..	0	2	2	2	0	2	..	..	..	8	3	11	
" 6 " 9 ..	2	1	3	1	1	2	..	..	..	2	1	3	..	..	..	..	..	..	..	..	..	..	..	5	3	8	
" 9 " 12 ..	2	0	2	7	0	7	1	0	1	1	0	1	1	0	1	..	..	..	1	0	1	..	..	..	13	0	13
" 1 " 2 years ..	3	1	4	0	2	2	2	0	2	..	..	..	..	..	1	1	2	1	3	4	..	..	..	7	7	14	
" 2 " 3 ..	4	0	4	..	..	..	2	1	3	..	..	..	1	3	4	..	..	..	..	..	..	..	..	6	4	11	
" 3 " 5 ..	0	1	1	1	0	1	2	4	6	..	..	..	..	..	2	2	4	1	1	2	0	1	1	7	9	15	
" 5 " 7 ..	0	1	1	0	1	1	2	0	2	1	0	1	..	..	..	..	..	1	0	1	..	..	..	4	2	6	
" 7 " 10 ..	..	..	..	0	2	2	..	..	..	2	0	2	2	1	3	..	..	..	1	1	2	..	..	..	5	4	9
" 10 " 12 ..	..	..	..	0	1	1	..	..	..	1	3	4	..	..	..	..	..	..	..	..	..	..	..	..	1	4	5
" 12 " 15 ..	1	1	2	..	..	..	2	1	3	1	0	1	..	..	..	..	..	..	..	..	..	..	..	..	4	2	6
Over 15 years ..	3	4	7	1	0	1	1	2	3	1	0	1	0	3	3	..	..	..	..	..	..	..	..	..	6	9	15
Died while absent ..	..	..	..	..	..	..	..	..	..	1	0	1	..	..	..	..	..	..	1	0	1	..	..	..	2	0	2
Totals ..	19	13	32	14	10	24	14	11	25	15	4	19	6	8	14	5	5	10	13	8	21	2	1	3	88	60	148

TABLE XI.—LENGTH of RESIDENCE of PATIENTS DISCHARGED "RECOVERED" during 1898.

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 ..	..	..	..	..	..	..	1	7	8	1	0	1	..	..	..	..	..	..	6	0	6	1	0	1	9	7	16
From 1 to 3 months ..	3	5	8	7	4	11	6	6	12	2	1	3	2	1	3	1	0	1	8	6	14	1	1	2	30	24	54	
" 3 " 6 ..	2	6	8	3	4	7	8	7	15	1	0	1	1	1	2	1	0	1	9	6	15	1	1	2	26	25	51	
" 6 " 9 ..	3	3	6	4	3	7	0	1	1	..	..	..	..	..	2	0	2	2	8	10	0	1	1	11	16	27	
" 9 " 12 ..	4	2	6	4	3	7	3	2	5	1	0	1	..	..	0	1	1	2	8	10	..	..	..	14	16	30	
" 1 " 2 years ..	5	4	9	2	2	4	1	4	5	2	0	2	..	..	1	0	1	5	5	10	0	1	1	16	16	32	
" 2 " 3 ..	3	0	3	..	..	..	0	3	3	..	..	..	..	..	..	..	..	..	..	..	1	0	1	4	3	7	
" 3 " 5 ..	..	..	..	..	..	..	1	1	2	..	..	..	..	..	..	..	..	1	1	2	..	..	..	2	2	4	
" 5 " 7 ..	1	0	1	..	..	..	0	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	2
" 7 " 10 ..	1	0	1	1	0	1
" 10 " 12
" 12 " 15
Over 15 years
Totals ..	22	20	42	20	16	36	20	32	52	7	1	8	3	2	5	5	1	6	33	34	67	4	4	8	114	110	224	

TABLE XII.—CAUSES of DEATH.

Causes.	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.		
Acute mania and syncope ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	0	1	..	..	..	1	0	1	
Apoplexy ..	..	..	..	2	0	2	1	1	2	0	2	2	0	1	1	..	..	..	0	1	1	..	..	..	3	5	8	
Asphyxia by strangulation ..	..	..	..	1	0	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	0	1
Asthenia ..	0	1	1	..	..	..	1	0	1	4	1	5	..	..	..	..	..	..	1	0	1	..	..	..	6	2	8	
Bulbar paralysis ..	..	..	..	..	..	..	..	..	..	..	..	..	1	0	1	..	..	..	..	..	..	..	..	..	..	1	0	1
Cancer ..	..	..	..	0	1	1	..	..	..	1	0	1	..	..	..	0	1	1	0	1	1	..	..	..	1	3	4	
Cardiac failure ..	..	..	..	..	..	..	..	..	..	..	..	..	0	1	1	..	..	..	0	1	1	..	..	..	0	2	2	
Cardiac fatty degeneration ..	1	1	2	..	..	..	..	..	..	..	..	..	0	1	1	..	..	..	..	..	..	..	..	..	1	2	3	
Cardiac valvular degeneration ..	..	..	..	..	..	..	..	..	..	..	..	..	1	0	1	..	..	..	..	..	..	..	..	..	..	1	0	1
Cerebral congestion ..	..	..	..	..	..	..	..	..	..	..	..	..	0	1	1	..	..	..	..	..	..	..	..	..	..	0	1	1
Cerebral tumour ..	0	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	0	1	1
Chronic brain-disease ..	1	2	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	4	0	4	..	..	..	5	2	7	
Chronic brain-disease and Bright's disease ..	0	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	0	1	1
Chronic brain-disease and bronchitis ..	1	0	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	0	1
Chronic brain-disease and carcinoma ..	1	0	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	0	1
Chronic brain-disease and cystitis ..	1	0	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	0	1
Chronic brain-disease and diarrhoea ..	0	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	0	1	1
Chronic brain-disease and heart-disease ..	0	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	0	1	1
Chronic brain disease and phthisis ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	0	1	..	..	..	1	0	1	
Chronic rheumatism ..	..	..	..	..	..	0	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	0	1	1
Collapse ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	0	1	1	..	..	..	..	0	1	1
Concussion and fracture of skull ..	..	..	..	0	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	0	1	1
Congestion of lungs ..	0	1	1	..	..	..	..	..	..	1	0	1	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	2
Convulsions ..	..	..	..	..	..	..	..	..	..	0	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	0	1	1
Diarrhoea ..	..	..	..	..	..	..	..	..	..	..	..	..	0	1	1	..	..	..	0	1	1	..	..	..	..	0	2	2
Drowning ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	0	1	..	..	..	..	..	..	..	..	1	0	1
Empyema of lung ..	..	..	..	0	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	0	1	1
Epilepsy ..	1	0	1	..	..	..	..	..	..	1	0	1	..	..	..	1	2	3	2	1	3	..	..	..	..	5	3	8
Gangrene of foot ..	..	..	..	..	..	..	..	..	..	1	0	1	..	..	..	..	..	..	..	..	..	..	..	..	..	1	0	1
General paralysis ..	4	0	4	1	0	1	2	0	2	2	0	2	..	..	1	1	2	1	0	1	1	0	1	1	12	1	13	
Heart-disease ..	1	0	1	1	0	1	1	1	2	..	..	..	..	..	..	..	..	..	1	0	1	1	0	1	4	1	5	
Locomotor ataxia ..	..	..	..	..	..	..	..	..	..	..	..	..	1	0	1	..	..	..	..	..	..	..	..	..	..	1	0	1
Microcephalus and phthisis pulmonalis ..	..	..	..	..	..	..	..	..	..	0	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	0	1	1
Necrosis tibia and exhaustion ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	0	1	..	..	..	1	0	1	
Œdema of lung ..	..	..	..	..	..	..	..	..	1	0	1	..	..	..	..	..	..	..	1	0	1	..	..	..	1	0	1	
Pericardial effusion ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	0	1	..	..	..	1	0	1	
Peritonitis	0	1	1	0	1	1
Phlegmonous enteritis ..	..	..	..	0	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	0	1	1
Phthisis pulmonalis ..	3	2	5	2	3	5	4	2	6	1	0	1	1	1	2	1	1	2	..	..	..	..	..	..	..	12	9	21
Pleurisy ..	..	..	..	..	..	..	0	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	0	1	1
Pneumonia ..	1	0	1	0	2	2	3																						

TABLE XIII.—CAUSES OF INSANITY.

Causes.	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.		
Abuse of morphia ..	..	..	..	..	..	..	..	..	..	..	..	..	1	0	1	..	..	..	..	..	..	..	..	..	1	0	1		
Accident ..	2	0	2	..	..	..	..	..	..	..	..	..	3	1	4	..	..	0	1	1	..	..	..	..	..	..	5	2	7
Adolescence ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	0	1
Adversity ..	1	2	3	..	..	..	3	0	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	4	2	6
Apoplexy ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	0	1	..	..	..	..	..	..	1	0	1
Brain-fever ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	0	1	1
Bright's disease ..	..	..	..	..	..	..	0	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	0	1	1
Cerebral disease ..	..	..	..	..	..	..	..	..	..	1	0	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	0	1
Child-bearing and puerperal	0	5	5	0	1	1	0	5	5	0	1	1	..	..	..	0	3	3	0	4	4	..	..	..	..	0	19	19	
Chlorodyne ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	0	1	1	..	..	..	..	..	..	0	1	1
Chorea ..	0	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	0	1	1
Climacteric ..	0	3	3	0	1	1	0	1	1	..	..	..	..	..	..	..	..	0	1	1	..	..	..	..	..	..	0	6	6
Congenital and hereditary ..	4	6	10	7	8	15	9	10	19	0	1	1	..	..	..	4	9	13	5	9	14	1	3	4	30	46	76		
Debility ..	0	1	1	..	..	..	..	..	..	2	0	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	1	3
Disappointment ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	0	1	1	0	1	1	..	..	..	..	..	..	0	2	2
Dismenorrhœa ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	0	1	1	..	..	..	..	..	..	0	1	1
Disseminated sclerosis ..	..	..	..	..	..	0	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	0	1	1
Domestic troubles ..	..	..	..	1	3	4	1	7	8	1	0	1	..	..	..	..	..	2	1	3	0	1	1	..	..	..	5	12	17
Drink ..	6	1	7	7	1	8	7	3	10	3	0	3	1	0	1	8	1	9	9	4	13	1	0	1	42	10	52		
Epilepsy ..	2	0	2	2	0	2	4	2	6	3	0	3	1	0	1	3	2	5	4	2	6	..	..	..	..	..	19	6	25
Excitement ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	0	1	1	..	..	..	..	..	..	0	1	1
Fever ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	0	1	1	..	..	0	1	1
Financial troubles ..	..	..	..	1	0	1	2	2	4	..	..	..	..	..	6	0	6	2	0	2	..	..	..	..	..	..	11	2	13
Fright ..	..	..	..	..	..	..	0	1	1	..	..	..	..	..	1	0	1	0	1	1	..	..	..	..	..	..	1	2	3
Gonorrhœa ..	..	..	..	..	..	..	1	0	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	0	1
Grief ..	0	2	2	..	..	..	0	1	1	1	0	1	..	..	0	1	1	0	2	2	..	..	..	..	..	..	1	6	7
Heart-disease ..	..	..	..	..	..	..	0	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	0	1	1
Hysteria ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	0	2	2	..	..	..	..	..	..	0	2	2
Ill-health ..	0	1	1	2	2	4	..	..	..	..	..	..	..	..	1	0	1	..	..	..	1	0	1	..	..	..	4	3	7
Influenza ..	0	1	1	1	0	1	1	5	6	1	0	1	..	..	..	..	..	2	3	5	1	0	1	..	..	..	6	9	15
Injury ..	..	..	..	1	0	1	1	0	1	2	1	3	..	..	1	0	1	0	1	1	..	..	..	..	..	..	5	2	7
Jealousy ..	..	..	..	..	..	..	..	..	..	0	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	0	1	1
Locomotor ataxia ..	..	..	..	..	..	..	..	..	..	..	..	..	1	0	1	..	..	..	..	..	..	..	..	..	..	..	1	0	1
Love-disappointment ..	..	..	..	..	..	..	1	1	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	2
Masturbation ..	5	0	5	2	0	2	3	0	3	4	0	4	..	..	..	5	0	5	6	0	6	1	0	1	26	0	26		
Measles ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	0	1	1	0	1	1	..	..	..	..	..	..	0	2	2
Meningitis ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	0	1	1	..	..	0	1	1
Menstruation ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	0	2	2	..	..	..	..	..	..	0	2	2
Mental overstrain and worry	..	..	..	..	..	..	0	2	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	0	2	2
Moral depravity ..	..	..	..	0	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	0	1	1
Natural causes ..	..	..	..	..	..	..	..	..	1	0	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	0	1
Nervous depression ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	0	1	..	..	..	..	..	..	..	..	..	1	0	1
Neurotic inheritance ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	0	1	1	..	..	0	1	1
Opium habit ..	..	..	..	..	..	..	1	0	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	0	1
Organic ..	..	..	..	3	0	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	3	0	3
Over-study ..	..	..	..	0	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	0	1	1
Overwork ..	..	..	..	2	0	2	..	..	..	1	0	1	..	..	1	0	1	..	..	..	..	..	..	..	..	..	5	0	5
Privation and poverty ..	2	0	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	0	1	..	..	..	..	..	..	3	0	3
Previous attack ..	..	..	..	6	5	11	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	2	..	..	7	6	13
Religion ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	5	0	5	1	2	3	..	..	..	..	..	..	6	2	8
Remorse ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	0	1	1	..	..	..	..	..	..	0	1	1
Senile decay ..	1	2	3	0	2	2	0	5	5	4	0	4	..	..	1	0	1	1	0	1	..	..	..	..	..	..	7	9	16
Sexual ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	0	1	1	1	2	..	..	..	..	..	..	2	1	3
Shock ..	..	..	..	..	..	1	0	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	0	1
Solitude ..	3	0	3	..	..	..	1	0	1	..	..</																

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.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	
MALES.																											
Agents																											
Architect																											
Artist																											
Bakers				1	0	1	1	0	1																		
Barbers																											
Blacksmiths							2	0	2																		
Boatbuilder																											
Boilermaker																											
Bootmakers	2	0	2	4	0	4	1	0	1	1	0	1	1	0	1	2	0	2	1	0	1						
Brewer				1	0	1																					
Bushman																											
Butcher	1	0	1																								
Cadet on station																											
Canvasser																											
Carpenters and cabinetmakers	1	0	1	1	0	1	1	0	1																		
Chairmaker																											
Chemists and chemists' assistants																											
Clerks	3	0	3	2	0	2	4	0	4																		
Clergyman																											
Coachbuilder	1	0	1																								
Commercial travellers	1	0	1																								
Compositor																											
Contractor																											
Cooks				1	0	1	1	0	1																		
Dairymen	1	0	1																								
Dealer																											
Drapers							1	0	1																		
Engineers																											
Farmers	4	0	4	5	0	5	5	0	5																		
Farm-hands, shepherds, &c.																											
Fellmongers							2	0	2																		
Fisherman																											
Fishmonger				1	0	1																					
Foundryman																											
Gardeners				1	0	1	1	0	1																		
Grocer																											
Grooms							3	0	3																		
Hawkers							2	0	2																		
Hotelkeeper				1	0	1																					
Ironworkers	1	0	1				1	0	1																		
Labourers	14	0	14	18	0	18	21	0	21	16	0	16	2	0	2	28	0	28	28	0	28						
Lithographer																											
Medical practitioners																											
Merchant																											
Miners	1	0	1				7	0	7	7	0	7	1	0	1	1	0	1	1	0	1						
Musician							1	0	1																		
Nightwatchman																											
Photographers																											
Plasterer																											
Policeman	1	0	1																								
Porter	1	0	1																								
Potter							1	0	1																		
Rabbits							1	0	1																		
Sailmaker										1	0	1															
Schoolboys				1	0	1																					
Seamen	1	0	1	1	0	1																					
Settlers	1	0	1																								
Shopmen, storemen, &c.				2	0	2																					
Soldier	1	0	1																								
Solicitors	1	0	1																								
Stablekeeper																											
Stevadore							1	0	1																		
Steward																											
Stoker				1	0	1																					
Stonemason							1	0	1																		
Storekeepers							1	0	1																		
Surveyors																											
Sweep	1	0	1																								
Teacher							1	0	1																		
Timber merchants																											
Tinsmiths	2	0	2																								
Warehousemen	1	0	1							1	0	1															
Woolclassers										1	0	1															
No occupation	4	0	4	5	0	5				3	0	3	2	0	2	1	0	1	5	0	5						
Unknown										1	0	1															
FEMALES.																											
Barmaids																											
Boardinghouse-keeper	0	1	1																								
Charwomen																											
Domestic duties	0	24	24	0	15	15	0	35	35	0	3	3	0	4	4	0	18	18	0	38	38	0	6	6	0	143	143
Domestic servants	0	6	6	0	6	6	0	15	15	0	1	1															
Dressmakers	0	2	2				0	1	1																		
Factory hands							0	1	1																		
Herbalist							0	1	1																		
Housekeepers																											
Laundress				0	1	1																					
Milliners																											
Needlewomen																											
Nurse																											
Police matron							0	1	1</																		

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.			F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.			
	M.	F.	T.	M.	F.	T.	M.	F.	T.																						M.	F.	T.
1876	221	117	338	206	17	25	6	6	12	36	12	48	519	264	788	491	257	748	54.53	66.01	57.56	8.21	3.58	6.70	491	257	748	54.53	66.01	57.56	8.21	3.58	6.70
1877	250	112	362	180	20	9	3	2	6	42	21	63	581	291	872	541	277	818	49.20	50.80	49.72	7.76	7.58	7.70	541	277	818	49.20	50.80	49.72	7.76	7.58	7.70
1878	247	131	378	189	14	14	28	3	6	51	17	68	638	319	957	601	303	904	48.98	51.30	50.00	8.48	5.61	7.52	601	303	904	48.98	51.30	50.00	8.48	5.61	7.52
1879	248	151	399	188	15	13	28	8	11	55	16	71	695	361	1,056	666	337	1,003	45.16	50.33	47.11	8.25	4.74	7.07	666	337	1,003	45.16	50.33	47.11	8.25	4.74	7.07
1880	229	149	378	167	36	25	61	5	7	54	20	74	729	396	1,125	703	371	1,074	43.66	44.96	44.17	7.68	5.39	6.89	703	371	1,074	43.66	44.96	44.17	7.68	5.39	6.89
1881	232	197	359	93	65	158	41	36	77	8	14	63	769	406	1,175	747	388	1,135	40.08	51.10	44.01	6.29	3.60	5.55	747	388	1,135	40.08	51.10	44.01	6.29	3.60	5.55
1882	267	152	419	95	59	154	49	32	81	60	19	79	827	442	1,269	796	421	1,217	35.58	38.81	36.75	7.53	4.51	6.49	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	18	83	892	483	1,375	860	475	1,335	40.00	46.98	42.75	7.55	3.78	6.21	860	475	1,335	40.00	46.98	42.75	7.55	3.78	6.21
1884	238	153	391	77	166	17	9	26	18	68	24	92	988	514	1,452	911	497	1,408	37.39	50.32	42.45	7.46	4.82	6.35	911	497	1,408	37.39	50.32	42.45	7.46	4.82	6.35
1885	234	160	454	95	76	171	10	5	15	73	22	95	981	542	1,523	965	528	1,493	32.31	47.50	37.66	7.56	4.16	6.35	965	528	1,493	32.31	47.50	37.66	7.56	4.16	6.35
1886	207	165	372	99	60	159	11	17	28	73	12	76	1,009	604	1,613	984	559	1,543	47.82	36.96	42.74	5.79	3.39	4.91	984	559	1,543	47.82	36.96	42.74	5.79	3.39	4.91
1887	255	161	416	103	78	181	34	17	51	74	27	101	1,053	643	1,696	1,034	613	1,647	40.39	48.75	43.61	7.15	4.40	6.13	1,034	613	1,647	40.39	48.75	43.61	7.15	4.40	6.13
1888	215	146	361	116	92	208	31	28	59	2	2	26	1,041	640	1,681	1,045	641	1,686	53.95	63.01	57.62	7.56	4.05	6.16	1,045	641	1,686	53.95	63.01	57.62	7.56	4.05	6.16
1889	280	161	391	93	53	146	31	30	61	70	30	100	1,074	687	1,761	1,046	660	1,707	40.43	32.92	37.34	6.69	4.54	5.86	1,046	660	1,707	40.43	32.92	37.34	6.69	4.54	5.86
1890	230	160	390	88	88	186	23	17	40	76	35	111	1,095	702	1,797	1,078	685	1,763	42.61	55.00	47.69	7.05	5.11	6.29	1,078	685	1,763	42.61	55.00	47.69	7.05	5.11	6.29
1891	234	201	435	88	74	162	33	24	57	79	41	120	1,115	734	1,849	1,089	699	1,789	37.61	38.82	37.24	7.25	5.86	6.71	1,089	699	1,789	37.61	38.82	37.24	7.25	5.86	6.71
1892	231	158	389	89	76	165	21	17	38	8	2	108	1,154	763	1,917	1,125	714	1,839	38.53	48.10	42.42	6.58	4.76	5.87	1,125	714	1,839	38.53	48.10	42.42	6.58	4.76	5.87
1893	281	179	460	101	89	190	17	12	29	78	23	101	1,229	810	2,039	1,172	758	1,930	35.94	49.72	41.30	6.66	3.33	5.23	1,172	758	1,930	35.94	49.72	41.30	6.66	3.33	5.23
1894	320	256	576	76	183	15	11	26	55	64	35	99	1,308	860	2,168	1,241	812	2,063	39.63	45.18	41.03	5.16	4.31	4.82	1,241	812	2,063	39.63	45.18	41.03	5.16	4.31	4.82
1895	379	302	681	105	77	182	24	19	43	128	139	143	1,329	885	2,214	1,313	849	2,162	41.27	46.66	43.40	6.69	4.94	6.61	1,313	849	2,162	41.27	46.66	43.40	6.69	4.94	6.61
1896	296	170	466	70	174	25	16	41	20	86	32	118	1,390	925	2,315	1,347	882	2,229	37.41	44.02	39.82	6.38	3.63	5.23	1,347	882	2,229	37.41	44.02	39.82	6.38	3.63	5.23
1897	300	244	544	102	73	173	26	32	58	105	43	148	1,440	990	2,430	1,411	944	2,355	35.92	37.82	36.69	7.44	4.55	6.28	1,411	944	2,355	35.92	37.82	36.69	7.44	4.55	6.28
1898	355	258	613	114	110	224	13	23	36	88	60	148	1,472	1,008	2,480	1,438	973	2,411	44.88	51.89	48.07	6.12	6.14	6.14	1,438	973	2,411	44.88	51.89	48.07	6.12	6.14	6.14
	6,014	3,979	9,993	1,720	4,094	970	434	536	971	1,583	630	2,213	..	..	..	983	593	1,576	..	..	..	..	..	..	983	593	1,576	..	..	..	..	..	..

In Asylums, 1st January, 1876
In Asylums, 1st January, 1899

M. 482
F. 254
T. 736
1,472 1,008 2,480

TABLE XVI.—SHOWING the ADMISSIONS, READMISSIONS, DISCHARGES, and DEATHS from the 1st January, 1876, to the 31st December, 1898.

	M.	F.	T.	M.	F.	T.
Persons admitted during period from 1st January, 1876, to 31st December, 1898	4,921	3,100	8,021			
Readmissions	1,093	879	1,972			
Total cases admitted				6,014	3,979	9,993
Discharged cases—						
Recovered	2,374	1,720	4,094			
Relieved	536	434	970			
Not improved	527	444	971			
Died	1,583	630	2,213			
Total cases discharged and died since January, 1876				5,020	3,228	8,248
Remaining in asylums, January 1st, 1876				482	254	736
Remaining in asylums, January 1st, 1899				1,472	1,008	2,480
Average numbers resident since January, 1876				983	593	1,576

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

	Males.	Females.	Both Sexes.
Recovered	39·48	43·23	40·97
Relieved	8·91	10·91	9·71
Not improved	8·76	11·16	9·71
Died	26·32	15·83	22·15
Remaining	16·53	18·87	17·46
	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, 1899, and LIABILITIES for the same.

Asylums.	Net Expenditure for Year ended 31st March, 1899.	Liabilities on 31st March, 1899.
	£ s. d.	£ s. d.
Auckland	208 7 2	244 0 0
Wellington	1,606 18 10	88 0 0
Porirua	11,233 9 1	2,941 0 0
Christchurch	188 15 9	64 0 0
Dunedin (Seacliff)	1,797 0 4	622 0 0
Nelson	2,632 2 4	1,108 0 0
Hokitika .. .. .	..	..
Totals	17,666 13 6	5,067 0 0

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, 1899.

Asylums.	1877-91.	1891-92.	1892-93.	1893-94.	1894-95.
	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
Auckland	68,224 8 11	1,411 7 8	1,076 4 10	1,033 19 3	505 10 7
Wellington	19,958 18 7	..	..	..	880 11 1
Wellington (Porirua)	5,597 9 7	12,474 18 0	5,981 3 11	15,272 2 3	8,007 10 2
Christchurch	88,658 1 9	2,014 5 3	2,990 6 7	545 4 5	2,159 0 9
Dunedin (Seacliff)	114,145 2 11	500 0 0	1,310 13 10	1,881 19 3	1,879 17 8
Napier	147 0 0	..	..	..	..
Hokitika	1,164 19 8	..	..	..	..
Nelson	3,843 15 4	514 16 3	528 9 8	223 8 1	200 0 0
Totals	301,739 16 9	16,915 7 2	11,886 18 10	18,956 13 3	13,632 10 3

Asylums.	1895-96.	1896-97.	1897-98.	1898-99.	Total Net Expenditure, 1st July, 1877, to 31st March, 1899.
	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
Auckland	2,994 10 4	9,565 4 4	3,177 14 6	208 7 2	88,197 7 7
Wellington	275 4 0	175 10 0	133 11 4	1,606 18 10	23,030 13 10
Wellington (Porirua)	768 15 5	4,873 16 10	8,655 10 0	11,233 9 1	72,864 15 3
Christchurch	4,863 10 1	1,169 11 1	821 18 4	188 15 9	103,410 14 0
Dunedin (Seacliff)	1,810 11 2	280 11 0	222 13 6	1,797 0 4	123,828 9 8
Napier .. .. .	..	..	..	..	147 0 0
Hokitika	22 5 8	..	..	..	1,187 5 4
Nelson	200 0 0	338 17 3	1,118 1 10	2,632 2 4	9,599 10 9
Totals	10,934 16 8	16,403 10 6	14,129 9 6	17,666 13 6	422,265 16 5

TABLE XX.—SHOWING THE EXPENDITURE FOR THE YEAR 1898.

Items.	Auckland.		Christchurch.		Dunedin (Seacliff).		Hokitika.		Nelson.		Porirua.		Wellington.		Total.	
	£	s. d.	£	s. d.	£	s. d.	£	s. d.	£	s. d.	£	s. d.	£	s. d.	£	s. d.
Inspector*	1,200	0 0
Assistant Inspector*	84	10 0
Clerk*	187	10 0
Medical fees*	1,006	14 6
Contingencies*	393	19 0
Official Visitors	151	4 0
Visiting Medical Officers	350	0 0
Superintendents	2,852	10 0
Assistant Medical Officers	1,247	0 5
Clerks	640	15 0
Matrons	136	5 0
Attendants and servants	82	0 7
Rations	2,393	12 7
Fuel and light	2,301	1 1
Bedding and clothing	645	11 5
Surgery and dispensary	4,125	15 0
Wines, spirits, ale, and porter	5,037	16 5
Farm	473	17 1
Necessaries, incidental, and miscellaneous	28	4 0
Totals	8,946	14 5
Repayments, sale of produce, &c.	224	1 2
Actual cost	1,219	1 10
	8,727	4 6
	8,320	9 10
	2,059	1 6
	6,261	8 4
	52,967	9 1

* Not 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 of all kinds previous Year.		Decrease in 1898.		Increase in 1898.					
	£	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	7	14 9½	11	1 4½	1	10 6	2	1 0½	0	2 10½	0	0 10½	1	3 7½	3	0 0	26	15 0½	2	6 8½	19	13 6½	19	13 6½	3	4 10½	..	..
Christchurch	6	13 9	9	17 8½	2	0 0½	2	5 9	0	3 6½	0	0 5½	1	11 5½	2	0 9 ¾	2	0 9 ¾	5	12 ¾	21	10 7½	22	8 3½	2	1 7½	..	..
Dunedin (Seacliff)	5	10 6½	10	0 9½	2	12 9½	0	13 1½	0	3 0½	0	1 3	2	14 7½	4	7 6	2	6 8½	4	13 0½	21	10 7½	22	8 3½	2	1 7½	..	..
Hokitika	9	6 5	13	2 9½	2	12 2	0	8 9	0	3 8	0	0 6½	..	..	2	0 6½	2	14 10	2	1 8½	25	18 6½	23	3 6½	1	13 3½	2	6 6½
Nelson	8	15 1	11	0 9	1	16 6½	1	7 7½	0	6 9½	0	1 0½	1	11 9½	3	5 7 ¾	2	8 1½	5	6 8½	21	12 1	23	5 4½	1	13 3½	..	..
Porirua	7	6 11½	9	15 7	2	13 0½	2	9 0½	0	4 10	0	1 7	1	7 1½	3	7 3½	27	5 5½	1	12 8½	25	17 6½	24	17 6½	..	..	0	3 7½
Wellington	9	14 2½	14	13 8½	1	8 7½	2	14 5½	0	7 0	0	2 4½	0	18 10½	5	2 10½	35	2 1½	7	6 2½	26	8 4½	21	1 1½	..	..	5	7 2½
Averages	7	4 7½	10	16 10½	2	2 7	1	14 10½	0	4 0	0	1 1½	1	12 6½	3	9 3	27	5 9½	4	15 8½	21	3 5½	22	0 0½	0	16 7

Norm.—Including the first five items in Table XX., the net cost per patient is £32 7s. 8½d., as against £23 0s. 9½d. for the previous year, being a decrease of 18s. 0½d. per head.

Approximate Cost of Paper.—Preparation, not given; printing (1,575 copies), £20 9s. 6d.

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