

consumption. It is even considered necessary in the case of the cattle of our dairy herds, and how much more important should it be in the case of man, especially the patients of asylums, who are so careless in their habits of expectation, and many of whom, from their enfeebled bodily condition and crowded surroundings, are peculiarly liable to contract the disease. It is not only possible, but highly probable, that patients, previously healthy but perhaps predisposed, often thus develop the disease in the asylum, and, recovering their mental balance, are discharged, to become foci for its spread to the general community. This is not a pleasant subject of contemplation, but much more could be added, and numerous quotations given from the paper and the discussion thereon referred to, in support of my recommendation for a special isolation building for the treatment of such cases.

In my report for 1897 I pointed out the increase in the number of old persons and imbecile and epileptic youths of both sexes admitted; this feature is still apparent in the admissions, thus blocking up the wards with cases which, for many reasons, would be better, safer, and generally more suitably cared for in other homes. There are a few children, too, who ought to be provided for elsewhere, so that an attempt might be made to develop any latent mental faculties they possess; they are a great source of irritation, discomfort, and annoyance to the other patients, as well as an embarrassment to the management. These cases (children and old people) can only be fittingly accommodated here in an infirmary (hospital) ward, on account of their habits, comparative helplessness, and therefore liability to injury; yet of all others this is the ward in which the atmosphere should be the purest, and therefore the accommodation the least crowded, especially with persons of faulty habits. This ward also, necessarily at present, contains most of the phthisical patients, and it is thus impossible to secure proper classification. Every effort is made to keep the ward sweet by means of ventilation, &c., but I am afraid this is not always possible under present circumstances.

In the report already referred to I urged the great importance of the early treatment of mental disease by the establishment of "mental wards" or "mental hospitals," or even by means of an out-patient department attached to the large general hospitals, and I am glad to note that Dr. Truby King, speaking at the last meeting of the New Zealand Branch of the British Medical Association, coincided in this, and urged the same necessity. I am convinced that this is the only way we will get patients, either voluntarily or by the action of their friends, under treatment in the incipient stage of their malady, when they have the best chance of recovery, for in a very large majority of cases their committal to an asylum is postponed as long as possible, till their disease has become well established and frequently incurable. This irrational, though kindly meant, delay is largely responsible for the accumulation in and overcrowding of our asylums, and the consequent high rate of insanity in the community, as well as for the increased expenditure on new buildings, &c., while the medical profession is blamed for want of skill in the treatment of the disease. I am led to make these remarks by the fact that, of the seventy-nine patients committed to this Asylum last year, in forty-eight the attacks had been admittedly of over three months' duration at the date of their admission. What hope of satisfactory recovery could there be for a case of, say, pneumonia, pleurisy, or peritonitis if allowed to drag on for three or four months before being placed under treatment?

As a means to the same end (early treatment) I would gladly see the terms "lunacy," "lunatic," &c., which have no scientific significance, and are merely the relics of the ignorance of the "dark ages," banished altogether from our nomenclature, and the first step in this direction should be their exclusion from all legal documents such as warrants, medical certificates, &c. But there is another deterrent to early treatment, and perhaps a greater one than any other—viz., the mode of committal of patients to an asylum through the police and the police-court, as if insanity was a crime, which loudly calls for reform. These latter may seem purely sentimental objections, but they are, nevertheless, very real obstacles to the early committal of patients to asylums.

The year 1899 was comparatively uneventful in the history of the institution. There was no epidemic or casualty involving life, while the usual statement showing the accidents and injuries to patients, however trivial, has been already furnished to you.

The farm continues the same source of healthy open-air occupation for the men, and is now developed to a highly remunerative stage, but as yet no steps have been taken, in accordance with my recommendations in previous reports, for the outdoor employment of the female patients. This is much to be regretted, as I am satisfied it would be highly advantageous to their treatment, and there need be no difficulty in the way.

A very heavy expenditure had to be incurred in replacing a large proportion of our dairy cows condemned on account of tuberculosis, as well as in the erection of a great length of new fencing to replace that destroyed by the gorse-blight (grub) so prevalent all over Canterbury; but this outlay should be non-recurring, while the value of the milk and butter produced and consumed on the premises amounted, for the year, to upwards of £550, and we have now a dairy herd probably second to none in the colony.

The same amount of valuable work was done by the tradesmen, attendants, and patients employed with them as in previous years, which, though it cannot be estimated in pounds shillings and pence, has saved what would have been a very heavy but necessary expenditure through other channels, while maintaining the building and adjuncts in an efficient state. I refer to the work of such operatives as engineers, plumbers, masons, plasterers, painters, carpenters, slaters, &c.; but all the boots and slippers required for the patients' use have also been made and repaired on the premises.

As regards the employment of the female patients in connection with the clothing department, it may be of interest to record that not only all the repairs are effected, but almost every article of wearing-apparel, with the exception of men's suits and women's hose, is made up by them, all the men's socks being hand-knitted. Our asylums may well, indeed, be described as busy hives of industry.