

local bodies, there will naturally be a strong inducement to allow the elastic term "insanity" to be applied with the utmost latitude, and to place many persons in lunatic asylums who might be well enough or better provided for elsewhere.

The total number of patients admitted during the year was 378, of whom 229 were males and 149 were females. Among this number were 80 readmissions. The readmissions are yearly observed to be in greater proportion to the new cases, and since 1877 have mounted up from 12 to 21 per cent of the admissions. The number admitted was less by 21 than in the previous year, the decrease consisting of 19 males and 2 females. The fact that the number of men attacked by insanity considerably diminished, while that of the women remained much the same, is probably explained by the hard times, which lessen the facilities for that over-indulgence which leads to much of the insanity observed among men, while they have no effect in restraining the common causes of insanity among women, but rather the reverse.*

Of the men admitted, 152 were single and 66 married; of the women, 57 were single and 86 married.

The assigned causes of insanity in those admitted during the year are shown in Table 13. Intemperance in the use of alcohol, as usual, is by far the most prominent, having alone, or in combination with others, contributed 70 cases out of the 378 admitted; or, the large number of cases the origin of which was unknown being excluded, 38 per cent. of the males and 11 per cent. of the females. Twenty-four women were admitted suffering from puerperal insanity; 15 of the admissions were cases of idiocy or imbecility; and 9 cases received into the Dunedin Asylum were attributed to "emigration and congenital weakness." Hereditary predisposition was assigned as a cause in only 35 cases, but doubtless existed in many more.

On the whole, although the admissions were not of quite so favourable a nature as those of the preceding year, and there was a greater proportion of readmissions, yet a large number of them were curable, and nearly 60 per cent. were labouring under a first attack, which had not lasted more than three months. Eight of the admissions were children under 15 years of age, and 2 were over 80.

The total number under care during the year was 1,434; of these, 167 were discharged as recovered, 61 as relieved, 7 not improved, and 74 died. The recoveries were in the proportion of 44·17 per cent, calculated on the admission, which is somewhat higher than the average proportion in county and borough asylums in England, which, according to the thirty-fourth report of the English Commissioners, was 40·28 for the ten years ending 1879. One has only to reflect on the great disadvantages under which lunacy is treated in this country in order to see that this higher rate of recovery simply indicates the more favourable nature of the cases. The great majority of those discharged recovered were under asylum treatment for less than six months; 33 of them for less than one. The number discharged unrecovered is much larger than in previous years; but many incurable patients who are harmless, and have ceased to require the special appliance of an asylum for their proper care and treatment, still remain in these institutions, owing to there being no other places into which they can be received, to the absence of friends able and willing to take charge of them, or the want of some legal provision by means of which the Government could pay their relations a small weekly sum to assist in their maintenance, or could board them out in families, as is done to a large extent in Scotland.

The death-rate was 6·89, calculated on the average number resident. This is lower than it was in any of the three previous years, and considerably lower than the average rate in county and borough asylums in England for the ten years ending with 1879, which was 10·59. Calculated on the total number under treatment the rate was 5·16, which also compares favourably with that in England, which averaged 8·20 for the ten years above mentioned. Of the 64 deaths, 47 were due to diseases of the nervous system, 12 to diseases of the lungs, 3 to heart disease, 8 to abdominal diseases, 1 to ruptured intestine, 1 to suffocation by a piece of meat in the windpipe, and the remainder to various causes as shown in Table XII. In the case of ruptured intestine, which occurred in the Christchurch Asylum, it could not be ascertained how the rupture was caused. At the inquest which was held, the Medical Officer stated "that the patient died on the 23rd November, after two days' illness. He was admitted on the 25th September, 1872, from ship-board, and had no friends in the colony. He was formerly in an Irish asylum. He was very violent and dangerous, and had assaulted patients and attendants. Lately I have kept him in a single room at night in consequence of his violent habits. I made a *post-mortem* examination of the body yesterday, and found a hole in the intestines causing extravasation of faecal matter and inflammation of the covering of the bowels, from which he died. He had a bruise on his right temple, which I noticed before he died, and he also had four broken ribs. They were not recent fractures—perhaps not within four months, and had nothing to do with his death. I could not find any trace of ulceration in connection with the hole in the bowel, and therefore think it possible it may have been produced by violence, but I can get no evidence of any. There was also a bruise on the left hypochondriac region." The jury found that the patient died of a rupture of the bowels, but that there was no evidence to show how the rupture had been caused. In the case of death from suffocation, which also occurred at Christchurch, by a piece of meat in the windpipe, the evidence at the inquest showed that the patient had been getting minced meat for about two months before his death for fear of such an accident, and that it could not be ascertained where he had got the piece of meat which was found in his windpipe. As he dined along with twelve other patients, he had most likely removed it unobserved from one of their plates. One of the deaths ascribed to heart disease was that of a patient who had been discharged from the Wellington Asylum after an attack of acute mania, had relapsed almost immediately and, after attempting to drown himself, had been placed in the Nelson Asylum. It appears from the evidence taken at the inquest that the first week after his admission he was quiet and free from excitement. He then became very restless and took to throwing himself about his room. To prevent him from injuring himself mattresses were placed on the floor, and he was restrained by means of a camisole, which, however, was very soon removed, as he was very hot. He continued more or less in this state for the next three days, and on the fourth, when apparently more composed, he suddenly gouged out one of his eyes. He was immediately attended by the Medical

* "Insanity and Intemperance," by O. Yellowlees, M.D., *British Medical Journal*, October 4, 1873.