

1900
NEW ZEALAND.

LUNATIC ASYLUMS OF THE COLONY

(REPORT ON) FOR 1899.

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

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

SIR,—

Wellington, 14th May, 1900.

I have the honour to lay before you the following report on the lunatic asylums of the colony for the year ended 31st December, 1899:—

The number of registered insane persons on the 31st December, 1899, was 2,557—Males, 1,512; females, 1,045.

The insane of the colony are distributed as follows:—

	Males.	Females.	Total.
Auckland	287	169	456
Christchurch	282	220	502
Dunedin (Seacliff)	387	248	635
Hokitika	88	41	129
Nelson	87	55	142
Porirua	195	174	369
Wellington	166	115	281
Ashburn Hall (private asylum)	20	23	43
	1,512	1,045	2,557

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

New Zealand (exclusive of Maoris)	3·79 per 1,000, or 1 in 264
New Zealand (inclusive of Maoris)	3·60 " 1 in 278

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

Exclusive of Maoris	2·92 " 1 in 342
Inclusive of Maoris	2·78 " 1 in 360

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

Exclusive of Maoris	3·38 " 1 in 296
Inclusive of Maoris	3·21 " 1 in 311

ADMISSIONS.

On the 1st January, 1899, the number of insane persons in our asylums was—Males, 1,472; females, 1,007: total, 2,479. The number of those admitted during the year for the first time—Males, 225; females, 165: total, 390. The readmissions—Males, 39; females, 82: total, 121.

DEATHS.

The percentage of deaths on the average number resident during the year was 6·30, as compared with 6·14 for the previous year.

RECOVERIES.

The percentage of recoveries on the admissions was 37·58, as compared with 48·07 for the previous year.

SLEEPING-ACCOMMODATION IN ASYLUMS.

Asylum.	Number of Patients, 31st March, 1900.	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 ...	467	94	373	219,122	365	8
Christchurch ...	507	82	425	227,010	378	47
Seacliff ...	599	153	446	265,602	442	4
Hokitika ...	128	21	107	69,302	115	...
Nelson ...	137	30	107	59,519	99	8
Porirua ...	424	39	385	269,204	448	...
Wellington ...	250	67	183	100,173	167	16
Totals ...	2,512	486	2,026	1,209,932	2,014	...

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 ...	153	119,334	779
Hokitika ...	21	15,055	716
Nelson ...	30	26,570	886
Porirua ...	39	36,443	934
Wellington ...	67	60,663	906
Totals ...	486	412,224	848

At Auckland there is apparently sleeping-accommodation for 459 patients, but there is only floor-space for 407. The number in the Asylum is 467; there are, therefore, sixty patients in excess of the statutory requirements.

At Nelson the apparent accommodation in common dormitories is for ninety-nine patients, but there is only floor-space for ninety-three. The actual number accommodated is 107, being fourteen in excess of legal requirements.

At Porirua there appears to be sleeping-room for 448 patients in the common dormitories, but the floor-space will only allow of 396 being accommodated.

At Wellington Asylum the floor-space is sufficient for 161 patients, and 183 are accommodated.

The following table shows the actual deficiency in sleeping-accommodation :—

Auckland ...	60 patients in excess.
Christchurch ...	47 "
Seacliff ...	4 "
Nelson ...	14 "
Wellington ...	22 "

147

Less room for 8 at Hokitika, and 11 at Porirua ... 19

Total ... 128 patients in excess.

The following is the accommodation in course of construction and authorised :—

Auckland ...	60 beds.
Seacliff ...	43 "
Porirua ...	78 "
Nelson ...	18 "
Hokitika ...	10 "

Total ... 209 beds.

NEW WORKS REQUIRED AND NOW IN HAND.

At length the long delay in finishing Porirua Asylum has come to an end. In a few months this Asylum will be complete, providing good accommodation for 513 patients. The laying-out of the grounds and new airing-courts can then be carried on without being interrupted by the building operations. A suitable residence for the Medical Superintendent is now nearly ready for occupation. The old building for the farm-hands, which the doctor has hitherto occupied as a residence, can now be used as a hospital ward.

The mortality in asylums due to tuberculosis has received much attention of late in Britain, and there has resulted a consensus of opinion that special buildings for the isolation of all such cases should be provided. A special institution for epileptics, idiots, and imbeciles is also an urgent necessity.

At Mount View Asylum, Wellington, a new brick building has been put up for a boiler-house and drying-closet; but, as I pointed out last year, the Asylum as a whole is still liable to danger from fire—a danger which nothing short of a new central building will remedy. For such an expenditure the site is not suitable; indeed, an asylum should never have been built in such a position. Dr. Gow has proved himself a capable and careful superintendent.

Auckland Asylum also will soon be in a satisfactory position. A new range of twenty single rooms has been added to the female side. Instructions have been issued to go on with the new hospital block on the male side, and the vote for ventilation of the old buildings is going to be expended.

At Seacliff a range of twenty-six single rooms is to be built, and I hope that this year the Asylum will be lighted with electricity.

Nelson Asylum before the end of the year will be better off for accommodation than ever before. The additions to the female side have been authorised, a new laundry has been provided, and a porch is to be added to the new cottage auxiliary. The water-supply causes considerable anxiety from time to time owing to the failure of the Town Council to provide a suitable supply, which the Government paid for years ago. I am afraid we shall be driven to provide a special reservoir for safety in dry weather, as recommended by the Deputy Inspector and Official Visitors.

FINANCIAL RESULTS OF THE YEAR.

The following table gives the gross and net cost per patient for the year 1899, as compared with the previous year :—

Asylum.	1899.			1898.			1899.	1899.
	Total Cost per Patient.	Total Cost per Patient, less Receipts for Maintenance, Sales of Produce, &c.		Total Cost per Patient.	Total Cost per Patient, less Receipts for Maintenance, Sales of Produce, &c.		Increase.	Decrease.
	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
Auckland ...	25 15 7 $\frac{1}{4}$	20 8 5 $\frac{1}{4}$	26 15 0 $\frac{3}{4}$	19 13 6 $\frac{1}{4}$	0 14 11	...	...	...
Christchurch ...	26 6 5 $\frac{1}{2}$	19 7 4	25 1 11 $\frac{1}{2}$	17 8 1	1 19 3	...	...	...
Seacliff ...	27 13 6 $\frac{1}{2}$	20 3 0 $\frac{1}{4}$	26 3 8	20 6 8 $\frac{1}{4}$	...	...	0 3 8	...
Hokitika ...	26 7 3 $\frac{1}{4}$	23 7 5	27 14 10	25 10 0 $\frac{3}{4}$	...	...	2 2 7 $\frac{3}{4}$	...
Nelson ...	29 17 3 $\frac{3}{4}$	21 15 2 $\frac{3}{4}$	28 5 3 $\frac{1}{4}$	21 12 1	0 3 1 $\frac{3}{4}$	...	...	...
Porirua ...	25 7 1	21 5 10	27 5 5 $\frac{3}{4}$	25 1 1 $\frac{3}{4}$	...	...	3 15 3 $\frac{3}{4}$	...
Wellington ...	33 1 3 $\frac{1}{4}$	23 13 2	35 2 1 $\frac{3}{4}$	26 8 4 $\frac{1}{2}$	...	...	2 15 2 $\frac{1}{2}$	...
Averages ...	27 6 0 $\frac{3}{4}$	20 16 11 $\frac{3}{4}$	27 5 9 $\frac{3}{4}$	21 3 5 $\frac{1}{2}$	...	...	0 6 5 $\frac{3}{4}$	...

The total receipts for the sale of produce, &c., from the farm for 1899 amounted to £2,972 12s. 1d., as against £2,675 8s. 9d. for the previous year.

This year all our asylums, except Christchurch, which will be relieved when Porirua is finished, will be in a good position as regards accommodation, as will be seen by the foregoing tables. The Medical Superintendents are men of such standing and character that I have decided to let them speak of their own work and responsibilities.

MEDICAL SUPERINTENDENTS' REPORTS.

AUCKLAND ASYLUM.

SIR,—

I have the honour to forward my report on the Auckland Asylum for 1899.

The average number of patients resident during the year—440—shows an increase of fourteen, and the number remaining in the Asylum on the 31st December an increase of eighteen for the year. This is the largest increase for three years, and is due to the increase in admissions—ninety-seven—also the largest for three years. I can assign no definite cause for this increase, which is out of proportion to the increase in population, and which is probably an accidental circumstance of no special significance. Whilst attaching no importance to this increase, I cannot but regard the character of the cases admitted as most serious.

Of the sixty-one males admitted, fifty were from the first hopeless, whilst of the eleven who have been or who will be discharged not less than eight have every prospect of relapse. Of the thirty-six females admitted only seven can hope for discharge, and of these at least four, should

they survive for a year or two, will probably again become mentally afflicted. For the patients themselves the outlook is anything but encouraging; for the public it ought to be one of considerable anxiety, and of some danger.

The discharge of patients, even under the most favourable circumstances, is for me always a matter of supreme concern. The brain, at once the most complex thing in nature, and under ordinary conditions the strongest organ in the human body, once broken probably never recovers to the extent that most other organs do; it apparently becomes a fragile thing as compared with what it formerly was, and the expert cannot fail to note the gradually decreasing strain that culminates in each successive relapse. The knowledge of this fact increases the difficulty in discharge. It becomes a question whether the once diseased brain should not always be regarded as too frail for freedom. Three classes of cases present more than ordinary difficulty—First, that class where the patients remain, so far as one can judge, perfectly sane so long as they are under the discipline and control of an asylum, but for whom liberty becomes a strain that soon induces relapse; second, the naturally melancholic and sensitive class, who after so-called recovery feel their position acutely, and who, unable at once to find suitable employment, brood, relapse more or less, and too often find suicide the easiest solution of their difficulty; third, the violent and dangerous class, who after recovery may remain well for months or years, but many of whom we know will relapse and perhaps become more dangerous. In the last class the law to some extent recognises the difficulty, and relieves the medical superintendent of responsibility. If a man commits a greater or lesser crime, and is committed to the asylum by a Judge of the Supreme Court, he is detained during the Colonial Secretary's pleasure; but if a man in a fit of insanity attempts to murder another, and is checked in the act, he must be discharged upon recovery, although his intentions may have been most deadly, and although it is always possible that an outbreak will again occur and the consequences be disastrous. I do not hesitate to state that in all such cases my mind inclines to oppose discharge; but it seems to me that the natural dread in the public mind of the detention of a so-called sane man in an asylum far outweighs the dangers which accrue from his discharge and the transmission of his insane tendency. Moreover, the increase in asylum accommodation which would consequently result is perhaps in itself, in the meantime, an effectual bar to the success of any measure so drastic.

The recovery-rate for the year is as follows: Males, 31·14 per cent.; females, 50 per cent.

The death-rate, calculated on average number resident during the year, is—Males, 10·8 per cent.; females, 5·5 per cent.

It will be noticed that both the recovery- and death-rates for males compare unfavourably with those for females. This is partly due to the higher moral tone of the female patients previous to admission, leading to fewer hopeless wrecks; to the fact that amongst the females we have had no general paralytics; and, as far as the death-rate is concerned, to the better hospital accommodation and better nursing provided for the female patients. The proposed new wing on the male side will remedy a long-standing evil, and provide a hospital ample for our requirements for, I hope, many years.

The enforced retirement of ex-Attendant Owens, owing to general physical infirmity and increasing blindness, is severely felt in the hospital, although he has been to a large extent incapacitated for a considerable period. He had been a faithful servant for about twenty-three years, and I was extremely pleased to note that he received full compensation for his long service. Now that he has gone, I think the time has arrived for a radical change in the Asylum hospital nursing. The average man is an impossible nurse, and I can see no reason why he should be longer tolerated. The introduction of elderly married women would, I am convinced, be a decided improvement. I know of no asylum where women are engaged in the male hospital wards, but in an address delivered by Dr. Spence at a meeting of the Medico-Psychological Association held in London in July, 1899, he states, "The sick-nursing of the male patients is unquestionably a department in which the services of women will be more and more utilised." It will unduly lengthen my report to comment further on this matter, but I trust that on the completion of the new wing you will approve at least of an experiment in that direction.

During the year we have had to face an epidemic of measles and one of influenza. On the last day of the year nearly sixty patients were confined to bed suffering from influenza. Only one death was directly due to influenza, but it has left an unwished-for legacy. Only one serious accident occurred, an aged Maori being accidentally knocked over by another patient, fracturing her thigh.

Farm-work is vigorously carried on. The new farm-manager is active and industrious, and I look for much better results than we have had in the past.

A considerable amount of work is being done in the interior of the main building in the way of improving ventilation and rooting out unnecessary *cul-de-sacs* and holes that are a menace to the health of patients and attendants. This work must necessarily be slow owing to the small amount of space available for the temporary transfer of patients, but I hope to continue it until we reach something approaching sanitary perfection.

Unfortunately it was found necessary to make many changes in the staff. The changes have been markedly beneficial.

Our thanks are due to the proprietors of the *Herald*, who for years have daily furnished us with a number of copies of the *Herald*; to various ladies and gentlemen who have contributed to the amusement of patients; and to the United Fire-brigades Band, who on several occasions have pleased the patients with instrumental music.

I have, &c.

R. M. BEATTIE,

Medical Superintendent.

The Inspector-General of Asylums, Wellington.

CHRISTCHURCH ASYLUM.

SIR,—

I have the honour to forward my annual report on this Asylum, with the usual statistical tables showing the admissions, discharges, and deaths for the year 1899, as under :—

					Male.	Female.	Total.
<i>Admissions.</i>							
Admitted, first time	...	...	...	...	41	24	65
Readmitted	...	...	...	...	8	6	14
Totals	...	...	...	...	49	30	79
<i>Discharges.</i>							
Recovered and relieved	...	...	...	...	26	19	45
Not improved	...	...	...	...	1	26	27
Totals	...	...	...	...	27	45	72
Number discharged who were admitted during year	...	...	...	...	13	7	20
<i>Deaths</i>	...	...	...	...	22	6	28

At the beginning of 1899 there were 523 patients on the Asylum books, which, together with the seventy-nine admitted during the period under review, gave a total of 602 under treatment for the year.

The admissions of first cases were nearly the same as for 1898, while the readmissions of relapsed cases were exactly the same for both years; of the former, twenty, or a little over 30 per cent., were discharged recovered during the year.

It will be seen from the above tables that the discharges and deaths totalled exactly 100, and if this number is deducted from that of those under treatment during the year—viz., 602—we get the residuum, 502, remaining on the books at the end of 1899, the daily average number resident being a little over 504. This would seem very satisfactory as compared with the corresponding date of the previous year, but the diminution is more apparent than real, and may be misleading in estimating the increase of insanity in this province, as the discharges include thirty-three patients transferred to other asylums, which cannot fairly be taken into account; if these latter are omitted altogether from calculation the increase proper for Canterbury is twelve, but I am not at present in a position to say how this compares with the increase of population for the same period.

The discharges of all cases show a large increase on those of 1898, being as 72 to 50; but this again is fallacious, as it includes the transfers above referred to, and, in order to arrive at the results of treatment, twenty-seven of those who are shown as “not improved” must be deducted, leaving forty-five as those who sufficiently benefited by residence in the Asylum to allow of their release, or a percentage of nearly 57 on the admissions. This is unusually high, and to some extent acts as a set-off to the very low death-rate—viz., about $4\frac{2}{3}$ per cent. of those resident during the year—otherwise this low mortality-rate would lead to a greater accommodation of the insane in our asylums proportionate to the general population than obtains in those where that rate (death) is higher. In any case, it must be reckoned with in estimating the true significance of the relative proportion of insanity to general population in different countries.

Tuberculosis in some form was responsible for eight of the deaths, nearly one-third of the whole number, and constituted the chief cause. In August last year I drew your attention to the increased mortality from consumption, and pointed out the urgent necessity for the isolation and treatment of such cases in a detached or semi-detached building; this is more especially noticeable in connection with the male division, where the patients are more in excess of the cubic space considered necessary than the female wards, and overcrowding in itself is usually supposed to be productive of that disease. It is therefore interesting and gratifying to find that this question is now receiving the earnest attention of the medical authorities at Home; at the last (January) meeting of the Medico-Psychological Association, that great organization of medical men interested in the treatment of the insane in Great Britain, it formed the subject of a very able communication, and led to a lengthy discussion, in which several of the best-known men in our specialty took part, and were unanimous in urging the importance of isolation in the treatment of such patients. The paper referred to recorded the results of testing, by means of Koch's tuberculin, all suspected cases of tuberculosis, amounting to fifty-five, in a particular asylum over a given period, and the absolute safety with which it can be conducted, as vouched for by the eminent authorities present. The test seems to be carried out in almost the same way as with cattle, only with greatly increased precautions against any possibility of resulting danger, and thereby the most incipient cases can be detected; but my own view is that the chief danger from infection arises through the sputum when such cases have become fairly advanced, and can be usually diagnosed without these exceptional means. At any rate, until this inoculation test becomes a more established diagnostic practice, it would be sufficient, and a great step in advance, to isolate those cases which can be more readily detected, and even they would be very numerous. This isolation treatment of tuberculosis is merely extending to asylums the principle long adopted as regards hospitals, and more recently urged by all health authorities at Home, with the active support of the committee, under the presidency of the Prince of Wales, for the prevention of the spread of

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 expectoration, 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.

Fire practices are held regularly, in order to keep the brigade and appliances efficient, and to familiarise the patients with the alarm and means of escape.

In my opinion, the most pressing needs of the present time are—(1) A building for the isolation and treatment of cases of tuberculosis; (2) more sleeping-accommodation on the male division, or the removal of some of the male patients elsewhere; and (3) the lighting of the building by electricity, as urged in a former report.

As in previous years, I have pleasure in acknowledging the able and willing co-operation of my fellow-officers in the discharge of my duties.

I have, &c.,

EDWARD G. LEVINGE, M.B.,

Medical Superintendent.

The Inspector-General of Asylums, Wellington.

PORIRUA ASYLUM.

SIR,—

I have the honour to submit to you the following report on the Porirua Asylum for the year 1899:—

The average number of patients resident during the year was 364 (196 males and 168 females). Four males and forty-four females were admitted, all of whom except one were transferred from Mount View Asylum. Thirteen patients were discharged as recovered. The small proportion of recoveries at this Asylum, as I have on previous occasions pointed out, is due to the fact that the inmates who have been sent here from other asylums are mostly suffering from insanity of a chronic and incurable type.

The physical health of the patients has on the whole been good, and the death-rate has been remarkably low, less than fourteen per thousand on the average number resident in the Asylum. This death-rate is much below what is generally found to exist among the insane. Considering the number of aged and infirm among our patients, the low mortality is a satisfactory indication of their healthy surroundings.

During the year building operations to complete the female department have been in progress. The ward for the more troublesome patients, consisting largely of single bedrooms, has been finished, and is now occupied, and the final block, including the new female dining-hall, will soon be out of the hands of the workmen. Taking the female-accommodation as a whole, I find that the general arrangements are convenient for administration, as well as cheerful and comfortable for the patients. The arrangements in the ward for the more troublesome patients are particularly satisfactory and complete, but now that acute cases are being admitted I fear the number of single bedrooms will at no distant date be found too limited. What appears to me the chief want is suitable accommodation for sick patients. Under present circumstances invalids have to occupy beds in large dormitories, where they are very apt to be disturbed or annoyed by others, or have to go into one of the few single bedrooms in the older part of the building, which are badly lit, cheerless, and exposed to the south. Ultimately I hope the small auxiliary asylum may be used as a hospital for the sick; it would, I am sure, be well adapted for such a purpose.

In the engineer's department considerable additions are required to the plant, which in the first place was not altogether planned on a scheme in accordance with modern ideas, or with a due sense of proportion to the service required of it. Now that the Asylum has increased so much in size, the two small tubular boilers are found to be quite inadequate, and are overtaxed, especially in the winter-time, when, in addition to the kitchen, laundry, and electric lighting, steam has to be generated for the radiators heating the wards. An additional steam-boiler of large size is absolutely necessary, and should be installed at once. An auxiliary electro-motor is also required. At present there is no "stand-by" to the engine in use, and consequently no proper provision against a breakdown or in case of repairs being required. Furthermore, the electric storage-cells for the all-night lighting circuits, being of inferior quality, are fast deteriorating, and will soon be of no service. A new battery of cells will therefore have to be procured, and should be of the best quality obtainable.

During the latter part of the summer the prolonged drought caused the water-level in the reservoir to fall within a short distance of the outlet, and I felt some anxiety as to our water-supply, but ultimately a heavy fall of rain saved the situation. The stream that runs through the Asylum property takes its origin from two branches which are almost equal in size, and from one of these our water is drawn. The water from the other branch could with little difficulty be led in pipes around a spur of the adjacent hill into the reservoir, and so double the supply. If this work were done, it would be a safeguard against failure of water in a dry season, and should, in my opinion, be undertaken.

The irrigation-works in connection with the disposal of the sewage have not yet been completed. One great difficulty we have to contend with is the nature of the ground, which, having a rather stiff clayey subsoil, is not sufficiently absorbent. It requires close subsoil tile drainage, and to be further loosened by deep trenching, and this necessitates much labour. The present concrete settling-tank retaining the solid constituents of the sewage is designed on a principle which is now somewhat out of date. It could without much expense be converted into the more modern septic tank to liquefy the solids by bacteriolytic action, and this alteration would enhance the value of the effluent for irrigation, and do away with such nuisance as is inseparable from the present arrangement.

Every effort is made to induce as many patients as possible to employ themselves in some useful occupation. Work is, and doubtless always will be, the chief curative agent in mental alienation. This fact is, of course, well known to those who are responsible for the care and treatment of the insane, but is probably not yet fully recognised by the general public. The improvements being made on the farm and around the Asylum do not progress with such pace as I should like.

Although there are many patients employed out-of-doors, a large proportion do very little indeed. Some of these are old Asylum cases who were at one time able to do what is considered a fair amount of work, but now, through advancing age and infirmities, do little or nothing, and are sent into the fields more for the benefit of the change of scene and fresh air than for what they can do. Others physically more fit, but mentally too demented or failing in the power of application, have little capacity to work. I have hope that when the new single-room block now being constructed on the male side of the Asylum is finished, and we are enabled to take in cases on committal, instead of chronic cases transferred from other asylums as hitherto, more rapid progress will be made in developing the farm and the grounds around the institution.

For some years the Rev. Mr. Dawson and other clergymen of the Wesleyan denomination have held religious services at the Asylum two or three times a month, and on behalf of the patients I have to thank them for undertaking this work at considerable trouble and inconvenience to themselves. Towards the end of the year the Rev. Mr. Chapman, of Johnsonville, kindly offered to hold an English Church service at the Asylum alternately with the Wesleyan clergymen, so that now the patients have the benefit of a church service every Sunday. Such of the Roman Catholic patients as are able go to church in the village.

It was with much satisfaction that I learned in the earlier part of the year the decision of the department to separate the two asylums that were under my superintendency, and to place me in charge of Porirua Asylum alone. I had long felt that the Wellington and Porirua Asylums were too far apart to be managed together satisfactorily.

I have, &c.,

GRAY HASSELL, M.D.,

Medical Superintendent.

The Inspector-General of Asylums, Wellington.

SEACLIFF ASYLUM.

SIR,—

I beg to submit the following report on the Seacliff Asylum for the year 1899 :—

During the year sixty-two male and fifty-two female patients have been admitted; of these, ninety-five were admitted for the first time, and nineteen were readmissions.

The whole number under treatment during the year was 749, and the average number resident was 635. There remained in the Asylum at the end of the year 387 males and 248 females—in all, 635 patients. The number discharged, relieved, and recovered was sixty-seven, the proportion of the discharges to the admissions being 59 per cent., or 9 per cent. more than the previous year. On the other hand, the death-rate was unusually high, being nearly 7 per cent. of the average number resident. This is accounted for mainly by the death of a large number of old patients from senile decay and other affections of old age, the average age of the majority of the patients who died being over sixty years. Among the younger adults seven died from general paralysis. The proportion of deaths from phthisis and pneumonia shows a marked diminution.

The new detached building at Simla has been fully occupied during the year, and, while relieving the overcrowding of the male patients, has proved also a great benefit in aiding classification, and in affording almost complete liberty to the well-behaved chronic patients located there. When a billiard-table has been provided Simla will be in many respects the pleasantest of our quarters for men. Arrangements are now being made for further classification of the more troublesome patients. The Nurses' Home and buildings providing increased accommodation for female patients, which we hope to overtake during the coming year, will prove a great boon.

Several persons suffering from incipient mental disease have voluntarily made application for admission to the Asylum, and I think it is highly desirable that the law should admit of the reception of such cases. Among the more sensible and sensitive newly admitted patients the fact of being taken possession of as if they were criminals, and placed in prison prior to being brought to the Asylum, continues a standing grievance. The delay in sending persons suffering from mental disease to our asylums is very unsatisfactory, and one feels the advantage of any step which would tend to induce the relations to apply for early systematic treatment, which it is recognised can be rarely properly carried out in private houses. The majority of patients admitted during the year had been insane for periods of six months and upwards when they were sent to the Asylum.

The development of the estate continues, and we hope at an early date to be entirely independent of outside aid in the provision of butter and meat, as we are now in regard to milk, eggs, poultry, vegetables, fruit, and firewood. Over three hundred dozen pure-bred eggs for sitting were sold during the year. The annual yield of fruit is rapidly increasing, and now amounts to about 15 tons.

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

There have been several accidents during the year, one of which ended fatally, a patient who tried to hang himself dying of apoplexy. Two men sustained fractures of limbs, and one lost an eye through self-inflicted injuries.

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.

ENTRIES OF VISITS TO THE DIFFERENT ASYLUMS.

AUCKLAND ASYLUM.

17th August, 1899.—During the last three days I have made a careful examination of this Asylum. Owing to a feeling of anxiety about the difficulties surrounding Dr. Beattie, and the last reports of Mr. Cooper and Mr. Ewington, I came as soon as possible to make a personal inquiry into the alleged rough treatment of patients on the part of certain female attendants. I confronted these attendants with their accusers, and took all the evidence on oath, giving the accused every opportunity to defend themselves. After careful consideration I decided that the charge of slapping a patient was so far sustained as to make it impossible to retain the charge-attendant implicated in her present position. I gave her an offer to be transferred to Wellington as an ordinary attendant, but she requested to be allowed to resign. I have not yet seen my way to accept her resignation. (Resignation accepted, 19th August.) Another charge-attendant was charged by an ex-patient recently discharged with many acts of unkindness, but, knowing the difficulty of distinguishing between true memory of facts and belief in delusions which the patient freely admitted she was labouring under till quite recently, I decided to transfer this attendant to Seacliff, but she preferred to resign, and in the circumstances I gave a month's pay in lieu of notice. Mr. Leys, the head attendant, signified his wish to retire on compensation on the ground of long service and advancing years, and I undertook to recommend his claims to the Minister. I found a great improvement in the auxiliary asylum as a direct consequence of the removal of certain attendants at my last visit. Mr. Hall, promoted from Seacliff, promises to make a good clerk and storekeeper. I found everything in good order.

1st April, 1900.—To-day and yesterday I have been engaged in an examination of this Asylum. I find the whole staff working harmoniously. The administration is careful and effective in every department. There is a notable improvement in the auxiliary asylum. Mr. Muir promises to be a careful and skilful manager. It is a pleasure to see how healthy and well cared for the patients look. The food is of the best quality all through the institution, well cooked and served. The beds and bedding are in first-rate order. I made a careful inquiry into certain allegations made by two male patients, C. and M., and found that they were largely delusions, based on a slight substratum of distorted facts. Neither of these men is fit for discharge, being under the dominion of delusions of persecution. M. F.'s case is another of the same.

CHRISTCHURCH ASYLUM.

25th September, 1899.—This Asylum is in admirable order in all its departments. Every detail is looked after by Dr. Levinge in the most thorough-going manner. No one can examine the institution without being impressed with the fact that the eye of the master is everywhere. Dr. Crosby, the assistant, has during four years been most devoted and efficient in his duty. The food, clothing, and bedding are thoroughly looked after. A new departure has been ventured in having glassware instead of the usual crockery at dinner. I shall watch carefully whether we can continue to afford it. I saw all the infirm patients who were confined to bed, and examined the hopeful and convalescent cases, as well as all the recent admissions.

20th January, 1900.—I have seen all the patients, examined all who were confined to bed under medical treatment, inspected the food and clothing of the patients, visited every portion of the building and annexes, and satisfied myself that the Asylum is in excellent working-order. I have informed myself of the arrangements for the accommodation and comfort of the attendants, and inquired into the requirements of the Asylum for the coming year. I do not approve of increasing any further the accommodation of the main building of the Sunnyside Asylum. If any further room is required here it ought to be provided in special separate auxiliary buildings of as inexpensive a type as possible. The needs of the Canterbury District should be met when the time comes by the erection of a new asylum somewhere in South Canterbury, just as the requirements of Otago and Southland should be provided for by a new institution somewhere near Gore. The circumstances of New Zealand, as well as the interests of the patients, require, in my opinion, that our asylums should be planned for not more than six hundred patients. Some slight inconveniences and discomforts which some of the attendants suffer from have been from time to time considered by Dr. Levinge and myself, and will be remedied as soon as possible. With regard to some of these discomforts, they arise from the structural defects of the buildings, and must be put up with. I find that the tendency is making itself felt to introduce the eight-hours system into our asylums. On the score of expense alone, this, I think, is impossible. The only reasonable way to remedy the undoubted drawbacks of the service is by the granting of as liberal an allowance of half-days and holidays as possible. This has been done to the utmost of our ability, and, so far as I can discover, our practice in the department in this respect is as generous as in any part of the English-speaking world. I believe we are pioneers of the future in this reform. I am sure that in the present state of the colony it would be impossible to provide either the accommodation or the salaries required. Ever since the great labour upheaval of 1890-91, the tendency has been to consider the comforts of attendants in a far greater degree than the improvement of the necessary accommodation and treatment of patients, who have no votes, and cannot make themselves felt through the Press. Considering the amount of money at our disposal, I am sure the people of Canterbury ought to be proud of the work Dr. Levinge and his staff have done at Sunnyside.

SEACLIFF ASYLUM.

6th September, 1899.—I found the Asylum working well, except for the griveous overcrowding on the female side. Simla is now all but ready for occupation, and this will give great relief on

the male side. I hope to be able during this summer to build a nurses' home, which will enable us to devote the rooms they now occupy for the use of patients. The staff is working very harmoniously, and is efficient. About 30 acres of fresh ground has been got ready for use, so that Dr. King estimates that we shall be able to have a large surplus of potatoes. The dietary is abundant, and of good quality. The assistant clerk and storekeeper promises to be a very satisfactory officer. If the Government can see its way to light the institution with electricity, an immense boon will be conferred by the relief from anxiety regarding fire, and the saving of a great deal of labour. All the statutory books are in order.

11th January, 1900.—The overcrowding on the female side will shortly be relieved. Authority has been issued for the erection of twenty-six single rooms, and a corridor and day-room. A nurses' home is also authorised, which will make the single rooms at present occupied by them available for patients. Subject to Dr. King's approval, we could give further relief by removing about thirty females to Porirua, where the new wing for females will soon be ready for occupation. Of course, there are serious objections to removing patients to districts remote from their friends. In many cases where the friends have taken little interest the fact of removal of patients to a distant asylum seems to quicken their anxiety to such a degree that they take a great deal of trouble to thwart the proposals of the department. The additional accommodation provided last year at Simla and the convalescent cottage for females has been a great boon. Except in the female refractory ward, the condition of the Asylum is very satisfactory. To-day 238 men are engaged in the various operations of the farm and garden; in inside work eighty-nine are engaged. Of the women, eighteen are engaged fruit-picking, while fifty-six are occupied inside. Two women were confined to bed yesterday, and three men. The farming operations are being actively prosecuted, and the crops are good. There is abundant grass. The prospects for the year are very encouraging. Vigour and progress are manifest in every department, so that my visits to this Asylum have become a great pleasure instead of being a constant source of anxiety as they were for many years.

HOKITIKA ASYLUM.

30th October, 1899.—I found this Asylum in its usual good order. Mr. and Mrs. Gribben, with their staff, are working effectively and harmoniously. The patients are manifestly well cared for. The buildings are well adapted for their purpose, and kept in admirable repair. The patients are well fed, clothed, and lodged. Nobody was confined to bed, nor was there anybody in seclusion. The stock was found in good order. The statutory books are well kept. The number of patients is 123—males, 86; females, 37. Dr. Macandrew is very attentive to his duties. The dining-hall has been extended with great advantage. The new dormitory containing twenty-four beds has given great relief. This year ten single rooms are to be at once provided, and thus one of the greatest wants in the Asylum will be met. Mr. Dungan and Mrs. Reynolds, Official Visitors, are active in their duties, and send regular reports to the Minister.

NELSON ASYLUM.

14th August, 1899.—I saw all the patients to-day in company with Dr. Talbot. One woman was in bed, and was being well attended to. The dinner was abundant, well cooked, and of good quality. I was pleased to find that great pains are taken to induce as many patients as possible to interest themselves in some work in the open air. Here as elsewhere I invariably find the open-air workers looking much better, eating better, and sleeping better. In fact, exercise in the open air under judicious control is, beyond all comparison, the most potent remedy in nervous diseases. The overcrowding on the male side has been effectually relieved by the opening of the new auxiliary. There was no one confined to bed on the male side. The auxiliary building is well adapted for its purpose, and is exceedingly tidy and comfortable. The laundry is at length approaching completion after much heartbreaking delay, but even now, through some mistake, it will be necessary to lengthen the building by 6 ft. I have to express my great satisfaction with the way in which Miss McGoldrick carried on Mrs. Morrison's work during her absence. Mr. and Mrs. Morrison are able and faithful in their duties. Dr. Talbot's attention to his patients is very satisfactory. The Deputy Inspector and the Official Visitors are vigilant and extremely solicitous for the improvements of the institution.

PORIRUA ASYLUM.

17th May, 1899.—Visited the Asylum.

6th August, 1899.—Examined all the buildings. Saw all the patients. Found one male and four females in bed. Saw the dinner being served. The quality of the food was excellent, and it was well cooked and served. The behaviour of the patients was very quiet and orderly. The attendants were deft and quiet, managing their patients very well. Good progress is being made with the terminal wing on the female side.

14th December, 1899.—I have examined the whole building, and have seen all the patients at breakfast, except three men and one woman who were confined to bed, and whom I examined separately. In consultation with Dr. Hassell, I made a careful examination of the case of J. T. S., who wanted his discharge. We decided that it would not be safe to discharge him. I am afraid that he will be troublesome for some time in consequence of refusal; indeed, he threatened that there would be trouble because of it. I think it would be prudent to watch him carefully. All other promising cases were carefully considered. I am very doubtful about D.'s case, because his friends will have nothing to do with him, and if set at liberty he cannot be kept away from New Plymouth. The work of the institution was proceeding satisfactorily.

29th April, 1900.—I have found this Asylum in excellent order. I found the patients just finishing dinner, and all looking well. The food was excellent, and everything was working very

smoothly. I saw all who were in bed, and found they were receiving every attention. All recent and convalescent cases I discussed with Dr. Hassell. The recent opening of the new female wing has had a most beneficial effect on the working of the female side. The final continuation of the male side is already in progress, so that in a few months this Asylum will, for its purpose of a chronic asylum, be one of the best-arranged and best-managed institutions in New Zealand. The administration is admirable, and the ability and energy with which Dr. Hassell is laying off the grounds, and especially the new airing-courts, are worthy of the highest commendation. Some little difficulties inseparable from a change of matrons which existed on the female side have been happily dealt with without any unpleasantness.

WELLINGTON ASYLUM.

3rd October, 1899.—Visited the Asylum, and found everything in good order.

24th January, 1900.—I have made a careful examination of the male side, but deferred examining the female side until I could do so along with Dr. Gow.

26th February, 1900.—Found everything working well.

3rd May, 1900.—I found everything in satisfactory order. The new drying-closet horses seem to work with a good deal of friction, but this may be due to sand in the grooves. The cement-work is not first-class. The dinner was excellent, the patients suitably clad, and cleanliness universal.

ASHBURN HALL.

12th January, 1900.—I have examined all the Asylum premises, and found everything in admirable order. Every one of the inmates, male and female, has been seen, and their condition and treatment considered and discussed with Dr. Hay. Dr. E. Alexander, who has served as assistant in Morningside and Fife Asylums, acts as Dr. Hay's colleague; but on this day he was absent on a week's holiday. Some years ago he was appointed by the Government to be Assistant at the Mount View Asylum, Wellington. He did not enter on his duties, preferring to go into private practice. For some time he has been attached to the staff of this licensed house. The agitation which was being pressed by some ex-attendants has, I trust, subsided. I am satisfied that it was not justified. I have the fullest confidence in Dr. Hay's administration of this institution, and I am sure that no professional man who has made his acquaintance can fail to be impressed with his special knowledge and ability. In this colony we suffer from the lack of such authoritative tribunals of appeal in all matters concerning asylum management as exist in England, and the consequence is that every Asylum Superintendent must face a baptism of fire; and the public mind is easily stirred into suspicion. This is so well known that nothing is easier than to get up a *fama clamosa* without any real justification.

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

APPENDIX.

TABLE I.—SHOWING the ADMISSIONS, READMISSIONS, DISCHARGES, and DEATHS in ASYLUMS during the Year 1899.

						M.	F.	T.		M.	F.	T.
In asylums, 1st January, 1899	..	..	..	..	..	225	165	390	}	1,472	1,007	2,479
Admitted for the first time	..	..	..	..	..	39	82	121		264	247	511*
Readmitted	..	..	..	..	..		
Total under care during the year	..	..	..	..	..					1,736	1,254	2,990
Discharged and removed—												
Recovered	..	..	..	..	..	88	99	187				
Relieved	..	..	..	..	..	15	25	40				
Not improved	..	..	..	..	..	7	42	49				
Died	..	..	..	..	..	114	43	157				
										224	209	433
Remaining in asylums, 31st December, 1899	..	..	..	..	..					1,512	1,045	2,557
Increase over 31st December, 1898	..	..	..	..	..					40	38	78
Average number resident during the year	..	..	..	..	..					1,487	1,004	2,491

* Transferred: 5 males, 48 females; total, 53.

TABLE II.—ADMISSIONS, DISCHARGES, and DEATHS, with the MEAN ANNUAL MORTALITY and PROPORTION of RECOVERIES AT PER CENT. on the ADMISSIONS, &c., during the Year 1899.

Asylums.	In Asylums on 1st January, 1899.			Admissions in 1899.									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	275	163	438	53	32	85	8	4	12	61	36	97	336	199	535
Christchurch	282	241	523	41	24	65	8	6	14	49	30	79	331	271	602
Dunedin (Seacliff) ..	385	250	635	54	41	95	8	11	19	62	52	114	447	302	749
Hokitika	87	38	125	13	8	21				13	8	21	100	46	146
Nelson	82	54	136	11	6	17	2	2	4	13	8	21	95	62	157
Porirua	199	142	341		1	1	4	43	47	4	44	48*	203	186	389
Wellington	141	97	238	51	48	99	7	14	21	58	62	120	199	159	358
Ashburn Hall (private asylum)	21	22	43	2	5	7	2	2	4	4	7	11	25	29	54
Totals	1,472	1,007	2,479	225	165	390	39	82	121	264	247	511†	1,736	1,254	2,990

* Including 4 males and 43 females transferred from other asylums.

† Including 5 males and 48 females transferred.

TABLE II.—continued.

Asylums.	Patients Discharged and Died.												In Asylums on the 31st December. 1899.		
	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	19	18	37	..	3	3	30	9	39	49	30	79	287	169	456
Christchurch	20	11	31	7	34	41*	22	6	28	49	51	100	282	220	502
Dunedin (Seacliff) ..	23	28	51	7	13	20	30	13	43	60	54	114	387	248	635
Hokitika	3	1	4		..		9	4	13	12	5	17	88	41	129
Nelson	1	3	4		..		7	4	11	8	7	15	87	55	142
Porirua	4	9	13	1	1	2	3	2	5	8	12	20	195	174	369
Wellington	14	24	38	7	15	22†	12	5	17	33	44	77	166	115	281
Ashburn Hall (private asylum)	4	5	9	..	1	1	1	..	1	5	6	11	20	23	43
Totals	88	99	187	22	67	89‡	114	43	157	224	209	433	1,512	1,045	2,557

* Including 2 males and 31 females transferred.

† Including 3 males and 17 females transferred.

‡ Including 5 males and 48 females transferred.

TABLE II.—continued.

Asylums.	Average Number resident during the Year.			Percentage of Recoveries on Admissions during the Year.			Percentage of Deaths on Average Number resident during the Year.			Percentage of Deaths on the Admissions.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Auckland ..	278	162	440	31.15	50.00	38.14	10.79	5.56	8.86	49.18	25.00	40.21
Christchurch ..	283	221	504	40.82	36.67	39.24	7.77	2.71	5.55	44.90	20.00	35.44
Dunedin (Seacliff) ..	384	251	635	37.10	53.85	44.74	7.81	5.18	6.77	48.39	25.00	37.72
Hokitika ..	88	37	125	23.08	12.50	19.05	10.23	10.81	10.40	69.23	50.00	61.90
Nelson ..	83	55	138	7.69	37.50	19.05	8.43	7.27	7.97	53.85	50.00	52.38
Porirua ..	196	168	364				1.53	1.19	1.37			
Wellington ..	154	89	243	24.14	38.71	31.67	7.79	5.62	7.00	20.69	8.06	14.17
Ashburn Hall (private asylum) ..	21	21	42	100.00	71.43	81.82	4.76		2.38	25.00		9.09
Totals ..	1,487	1,004	2,491	32.31	44.33	37.58	7.67	4.28	6.30	42.69	20.20	32.83

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.
Under 5 years ..	..	..	0 1 1	..	..	..	..	..	0 1 1
From 5 to 10 years	1 0 1	..	..	..	..	..	..	..	1 0 1
" 10 " 15 "	1 0 1	0 2 2	1 3 4	..	..	..	1 0 1	..	3 5 8
" 15 " 20 "	6 4 10	5 3 8	1 1 2	..	1 1 2	1 2 3	7 3 10	..	21 14 35
" 20 " 30 "	9 7 16	14 8 22	14 17 31	0 2 2	2 2 4	1 8 9	20 22 42	0 1 1	60 67 127
" 30 " 40 "	7 9 16	5 5 10	12 14 26	2 3 5	2 2 4	2 12 14	12 20 32	0 1 1	42 66 108
" 40 " 50 "	16 3 19	9 2 11	15 5 20	1 1 2	3 2 5	0 11 11	11 9 20	3 4 7	58 37 95
" 50 " 60 "	11 4 15	9 3 12	7 8 15	4 1 5	3 0 3	0 10 10	6 6 12	1 1 2	41 33 74
" 60 " 70 "	6 8 14	5 5 10	12 3 15	6 0 6	0 1 1	0 1 1	1 1 2	..	30 19 49
" 70 " 80 "	4 1 5	1 2 3	..	0 1 1	2 0 2	..	0 1 1	..	7 5 12
Unknown..	..	1 0 1	..	..	..	..	..	..	1 0 1
Totals ..	61 36 97	49 30 79	62 52 114	13 8 21	13 8 21	4 44 48	58 62 120	4 7 11	264 247 511

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.
First Class (first attack, and within 3 mos. on admission)	38 14 52	18 13 31	22 10 32	8 1 9	7 5 12	3 29 32	38 27 65	0 2 2	134 101 235
Second Class (first attack, above 3 mos. and within 12 mos. on admission)	4 4 8	1 1 2	13 8 21	1 1 2	1 0 1	0 5 5	5 6 11	0 1 1	25 26 51
Third Class (not first attack, and within 12 mos. on admission)	11 10 21	9 8 17	5 4 9	3 2 5	4 1 5	0 4 4	4 6 10	3 3 6	39 38 77
Fourth Class (first attack or not, but of more than 12 mos. on admission)	8 8 16	9 4 13	22 30 52	1 4 5	1 2 3	1 6 7	11 23 34	1 1 2	54 78 132
Unknown ..	..	12 4 16	..	..	..	..	..	..	12 4 16
Totals ..	61 36 97	49 30 79	62 52 114	13 8 21	13 8 21	4 44 48	58 62 120	4 7 11	264 247 511

TABLE V.—AGES of PATIENTS DISCHARGED "RECOVERED" and "NOT RECOVERED" during the Year 1899.

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.	M. F. T.	M. F. T.
From 5 to 10 years
" 10 " 15 "	1 0 1	..
" 15 " 20 "	1 1 2	..
" 20 " 30 "	0 4 4	7 10 17	3 1 4	2 0 2
" 30 " 40 "	1 3 4	2 7 9	7 7 14	0 2 2
" 40 " 50 "	4 2 6	2 8 10	6 2 8	0 2 2
" 50 " 60 "	1 4 5	0 2 2	3 3 6	1 5 6
" 60 " 70 "	1 1 2	..	1 2 3	..
" 70 " 80 "	0 1 1	0 1 1	..	..
Unknown	1 1	..	..
Totals	19 18 37	0 3 3	20 11 31	7 34 41	23 28 51	7 13 20

TABLE V.—continued.

Ages.	Nelson.		Porirua.		Wellington.		Ashburn Hall (Private Asylum).		Total.	
	Re-covered.	Not re-covered.	Re-covered.	Not re-covered.	Re-covered.	Not re-covered.	Re-covered.	Not re-covered.	Re-covered.	Not re-covered.
	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.
From 5 to 10 years	..	..	..	..	0 1 1	..	..	..	0 1 1	..
" 10 " 15 "	..	..	..	..	..	..	..	..	..	1 0 1
" 15 " 20 "	..	..	..	..	0 4 4	1 1 2	1 0 1	..	4 11 15	2 2 4
" 20 " 30 "	1 1 2	..	2 2 4	..	5 7 12	4 5 9	1 2 3	..	31 30 61	8 9 17
" 30 " 40 "	0 1 1	..	1 3 4	..	1 4 5	2 5 7	0 2 2	0 1 1	14 22 36	4 15 19
" 40 " 50 "	0 1 1	..	0 2 2	1 0 1	5 3 8	0 3 3	2 1 3	..	24 15 39	3 14 17
" 50 " 60 "	..	..	0 1 1	..	3 4 7	..	..	..	12 14 26	1 15 16
" 60 " 70 "	..	..	1 1 2	0 1 1	0 1 1	0 1 1	..	..	3 5 8	3 10 13
" 70 " 80 "	..	..	..	..	..	..	..	..	0 1 1	0 1 1
Unknown ..	..	..	..	..	..	..	..	..	..	0 1 1
Totals ..	1 3 4	..	4 9 13	1 1 2	14 24 38	7 15 22	4 5 9	0 1 1	88 99 187	22 67 89

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	2 1 3	..	0 1 1	..	..	..	1 0 1	..	3 2 5
" 20 " 30	3 1 4	1 0 1	4 2 6	..	1 0 1	..	5 1 6	..	14 4 18
" 30 " 40	6 0 6	1 0 1	4 0 4	1 1 2	1 1 2	1 0 1	1 1 2	..	15 4 19
" 40 " 50	8 1 9	6 2 8	7 1 8	2 0 2	1 0 1	0 1 1	..	1 0 1	25 5 30
" 50 " 60	3 2 5	5 2 7	7 2 9	2 1 3	2 1 3	1 0 1	2 1 3	..	22 9 31
" 60 " 70	5 2 7	8 0 8	8 5 13	2 0 2	1 1 2	..	1 1 2	..	25 9 34
" 70 " 80	3 2 5	1 2 3	0 2 2	2 0 2	1 1 2	0 1 1	1 1 2	..	8 9 17
" 80 " 90	..	..	..	0 1 1	..	..	..	..	0 1 1
Over 90 years	..	..	..	1 1	..	..	..	..	..
Unknown	..	..	..	..	..	1 0 1	1 0 1	..	2 0 2
Totals	30 9 39	22 6 28	30 13 43	9 4 13	7 4 11	3 2 5	12 5 17	1 0 1	114 43 157

TABLE VII.—CONDITION as to MARRIAGE.

	Admissions.			Discharges.			Deaths.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
AUCKLAND—									
Single ..	39	11	50	14	5	19	14	2	16
Married ..	20	16	36	4	11	15	12	3	15
Widowed ..	2	9	11	1	5	6	4	4	8
Totals	61	36	97	19	21	40	30	9	39
CHRISTCHURCH—									
Single ..	33	16	49	18	18	36	9	1	10
Married ..	15	10	25	9	21	30	13	3	16
Widowed ..	1	4	5	0	4	4	0	2	2
Unknown ..	..	..	..	0	2	2	..	..	..
Totals	49	30	79	27	45	72	22	6	28
DUNEDIN (Seacliff)—									
Single ..	33	26	59	18	19	37	18	3	21
Married ..	25	20	45	11	19	30	10	5	15
Widowed ..	4	6	10	1	3	4	2	5	7
Totals	62	52	114	30	41	71	30	13	43
HOKITIKA—									
Single ..	11	2	13	3	0	3	6	1	7
Married ..	2	5	7	0	1	1	3	3	6
Widowed ..	0	1	1	..	..	..	..	..	..
Totals	13	8	21	3	1	4	9	4	13
NELSON—									
Single ..	6	3	9	..	..	..	3	1	4
Married ..	6	5	11	1	3	4	3	3	6
Widowed ..	1	0	1	..	..	..	1	0	1
Totals	13	8	21	1	3	4	7	4	11
PORIRUA—									
Single ..	4	21	25	3	3	6	3	0	3
Married ..	0	18	18	2	5	7	0	2	2
Widowed ..	0	5	5	0	2	2	..	..	..
Totals	4	44	48	5	10	15	3	2	5
WELLINGTON—									
Single ..	38	27	65	14	15	29	8	2	10
Married ..	19	30	49	5	20	25	2	3	5
Widowed ..	1	5	6	2	4	6	2	0	2
Totals	58	62	120	21	39	60	12	5	17
ASHBURN HALL (Private Asylum)—									
Single ..	1	5	6	2	4	6	1	0	1
Married ..	3	1	4	2	2	4	..	..	..
Widowed ..	0	1	1	..	..	..	..	..	..
Totals	4	7	11	4	6	10	1	0	1
TOTALS—									
Single ..	165	111	276	72	64	136	62	10	72
Married ..	90	105	195	34	82	116	43	22	65
Widowed ..	9	31	40	4	18	22	9	11	20
Unknown ..	..	..	..	0	2	2	..	..	..
Totals	264	247	511	110	166	276	114	43	157

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	63	166	87	81	168	82	53	135	13	6	19	28	13	41	66	51	117	51	26	77	8	6	14	438	299	737
Scotland ..	25	11	36	44	21	65	114	80	194	14	3	17	5	4	9	26	17	43	19	11	30	6	12	18	253	159	412
Ireland ..	59	43	102	65	51	116	97	64	161	29	19	48	20	11	31	41	54	95	34	24	58	1	0	1	346	266	612
New Zealand ..	64	39	103	53	41	94	34	33	67	16	8	24	24	23	47	31	42	73	41	38	79	3	4	7	266	228	494
Austral'n Colonies	2	5	7	9	6	15	8	13	21	2	3	5	3	2	5	7	1	8	4	5	9	1	0	1	36	35	71
France ..	..	..	..	1	0	1	0	2	2	1	0	1	..	..	..	3	0	3	..	..	..	..	..	..	5	2	7
Germany ..	6	3	9	4	0	4	10	0	10	3	1	4	0	1	1	6	2	8	4	5	9	0	1	1	33	13	46
Norway ..	..	..	..	4	0	4	8	2	10	..	..	..	..	..	..	1	0	1	0	2	2	..	..	..	13	4	17
Sweden ..	2	0	2	..	..	..	3	0	3	3	0	3	0	1	1	3	1	4	2	1	3	..	..	..	13	3	16
Denmark ..	4	0	4	2	0	2	0	1	1	0	1	1	2	0	2	1	0	1	3	0	3	..	..	..	12	2	14
Italy ..	..	..	..	2	0	2	4	0	4	1	0	1	1	0	1	2	1	3	1	0	1	..	..	..	11	1	12
China ..	1	0	1	..	..	..	20	0	20	4	0	4	..	..	..	2	0	2	3	0	3	..	..	..	30	0	30
Maoris ..	6	5	11	0	1	1	1	0	1	..	..	..	..	..	..	3	1	4	4	2	6	..	..	..	14	9	23
Other countries ..	15	0	15	11	19	30	6	0	6	2	0	2	4	0	4	3	4	7	0	1	1	1	0	1	42	24	66
Totals ..	287	169	456	282	220	502	387	248	635	88	41	129	87	55	142	195	174	369	166	115	281	20	23	43	1512	1045	2557

TABLE IX.—AGES of PATIENTS in Asylums on 31st December, 1899.

Ages.	Auckland.			Christchurch.			Dunedin (Seacliff).			Hokitika.			Nelson.			Porirua.			Wellington.			Ashburn Hall (Private Asylum).	Total.				
1 to 5 years ..	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.			
5 " 10 " ..	1	1	2	2	0	2	0	1	1	0	1	1	2	0	2	0	2	2	1	0	1	..	4	3	7		
10 " 15 " ..	1	3	4	0	2	2	1	3	4	0	1	1	3	0	4	1	2	3	3	0	3	..	7	11	18		
15 " 20 " ..	5	3	8	10	5	15	1	1	2	2	0	2	3	1	4	1	2	3	8	4	12	..	30	16	46		
20 " 30 " ..	39	20	59	31	29	60	36	31	67	7	5	12	9	5	14	21	19	40	30	32	62	1	1	2	174	142	316
30 " 40 " ..	61	34	95	51	47	98	67	57	124	12	2	14	10	16	26	46	44	90	31	31	62	4	1	5	282	232	514
40 " 50 " ..	64	45	109	61	55	116	107	50	157	10	11	21	20	10	30	58	46	104	47	25	72	7	6	13	374	248	622
50 " 60 " ..	60	34	94	74	47	121	80	63	143	22	13	35	28	14	42	45	45	90	37	14	51	3	8	11	349	238	587
60 " 70 " ..	42	20	62	35	23	58	79	32	111	25	4	29	10	7	17	17	15	32	6	4	10	3	2	5	217	107	324
70 " 80 " ..	9	9	18	12	7	19	11	7	18	7	1	8	5	1	6	6	1	7	2	4	6	2	3	5	54	33	87
Over 80 " ..	..	..	..	1	2	3	5	2	7	0	1	1	0	1	1	..	..	..	0	1	1	0	2	2	6	9	15
Unknown ..	5	0	5	5	3	8	..	..	..	3	2	5	..	..	..	1	0	1	1	0	1	..	..	..	15	5	20
Totals ..	287	169	456	282	220	502	387	248	635	88	41	129	87	55	142	195	174	369	166	115	281	20	23	43	1512	1045	2557

TABLE X.—LENGTH of RESIDENCE of PATIENTS who DIED during 1899.

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	0	1	1	1	2	2	0	2	..	..	..	..	..	..	..	..	1	1	2	..	..	5	2	7
From 1 to 3 months ..	5	2	7	2	0	2	1	0	1	8	2	10	
" 3 " 6 " ..	3	0	3	0	1	1	3	0	3	..	..	..	..	..	..	..	..	3	2	5	..	..	9	3	12
" 6 " 9 " ..	2	0	2	..	..	..	3	2	5	1	0	1	..	..	..	..	..	1	0	1	..	..	8	2	10
" 9 " 12 " ..	1	2	3	..	..	..	1	0	1	2	0	2	1	0	1	..	..	..	..	..	..	..	7	2	9
" 1 " 2 years ..	3	0	3	5	0	5	7	6	13	1	1	2	3	0	3	2	1	3	1	0	1	19	9	28	
" 2 " 3 " ..	2	0	2	3	1	4	1	1	2	3	0	3	0	1	1	0	1	1	2	0	2	11	4	15	
" 3 " 5 " ..	2	1	3	1	1	2	2	0	2	1	1	2	0	1	1	..	..	1	0	1	..	..	8	3	11
" 5 " 7 " ..	1	0	1	0	1	1	0	1	1	..	..	..	1	0	1	..	..	1	0	1	..	..	2	2	4
" 7 " 10 " ..	3	1	4	2	0	2	3	1	4	..	..	..	..	..	..	..	..	0	1	1	..	..	8	3	11
" 10 " 12 " ..	2	0	2	1	0	1	2	0	2	..	..	..	..	..	..	1	0	1	..	..	..	..	6	0	6
" 12 " 15 " ..	1	0	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	0	1	..	..	2	0	2
Over 15 years ..	3	3	6	9	1	10	4	2	6	0	1	1	2	2	4	2	1	3	..	..	..	..	20	10	50
Died while absent on trial	1	0	1	..	..	..	..	..	..	0	1	1	..	..	..	..	..	..	..	..	..	..	1	1	..
Totals ..	30	9	39	22	6	28	30	13	43	9	4	13	7	4	11	3	2	5	12	5	17	1	0	1	114	43	157

TABLE XI.—LENGTH of RESIDENCE of PATIENTS DISCHARGED "RECOVERED" during 1899.

Length of Residence.	Auckland.	Christ-church.	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 ..	..	..	..	..	..	..	..	..	..
From 1 to 3 months ..	6 2 8	4 4 8	5 5 10	..	..	..	3 5 8	1 0 1	19 16 35
" 3 " 6 " ..	3 3 6	6 1 7	8 8 16	1 0 1	1 2 3	0 2 2	6 6 12	3 0 3	28 22 50
" 6 " 9 " ..	4 4 8	5 3 8	0 7 7	1 0 1	0 1 1	..	0 6 6	0 2 2	10 23 33
" 9 " 12 " ..	3 0 3	2 1 3	1 4 5	1 0 1	..	0 2 2	2 0 2	0 2 2	9 9 18
" 1 " 2 years ..	2 4 6	0 1 1	1 2 3	0 1 1	..	1 3 4	1 2 3	..	5 13 18
" 2 " 3 " ..	0 3 3	1 1 2	..	..	..	1 1 2	1 3 4	..	3 8 11
" 3 " 5 " ..	0 2 2	..	1 0 1	..	..	1 1 2	1 1 2	..	3 4 7
" 5 " 7 " ..	1 0 1	..	..	..	..	1 0 1	0 1 1	..	2 1 3
" 7 " 10 " ..	..	..	..	..	..	..	..	..	..
" 10 " 12 " ..	..	..	..	..	..	..	..	..	..
" 12 " 15 " ..	..	..	..	..	..	..	..	..	..
Over 15 years ..	..	..	..	..	..	..	..	..	..
Totals ..	19 18 37	20 11 31	23 28 51	3 1 4	1 3 4	4 9 13	14 24 38	4 5 9	88 99 187

TABLE XII.—CAUSES of DEATH.

Causes.	Auckland.	Christ-church.	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.
Abscess in lung ..	1 0 1	..	..	..	..	..	..	..	1 0 1
Apoplexy ..	2 0 2	3 0 3	3 0 3	1 0 1	..	1 0 1	1 2 3	..	11 2 13
Bright's disease ..	0 1 1	..	1 1 2	1 0 1	..	..	..	..	2 2 4
Bronchitis ..	0 1 1	1 0 1	..	1 0 1	..	..	2 0 2	..	4 1 5
Cancer ..	..	1 0 1	0 1 1	..	..	..	..	..	1 1 2
Cerebral softening ..	..	..	2 0 2	1 0 1	1 1 2	..	..	..	4 1 5
Chronic brain-disease ..	7 1 8	1 1 2	2 0 2	..	..	0 1 1	..	..	10 3 13
Chronic brain-disease and diarrhoea ..	0 2 2	..	..	..	..	..	..	..	0 2 2
Chronic brain-disease and measles ..	0 1 1	..	..	..	..	..	..	..	0 1 1
Convulsions ..	..	..	..	1 0 1	..	..	..	..	1 0 1
Diabetes ..	..	..	1 0 1	..	..	..	..	..	1 0 1
Diarrhoea ..	..	..	0 1 1	..	..	..	..	..	0 1 1
Enteritis ..	..	..	1 0 1	..	..	..	..	..	1 0 1
Epilepsy ..	1 0 1	0 1 1	..	..	..	..	1 0 1	..	2 1 3
Gastric ulcer ..	..	..	1 0 1	..	..	..	..	..	1 0 1
General paralysis ..	4 0 4	1 0 1	6 1 7	3 0 3	1 0 1	0 1 1	..	1 0 1	16 2 18
Heart-disease ..	1 0 1	2 0 2	..	0 1 1	..	..	1 0 1	..	4 1 5
Intestinal ulcer ..	..	..	1 0 1	..	..	..	..	..	1 0 1
Marasmus ..	0 1 1	1 1 2	3 1 4	..	..	..	3 0 3	..	7 3 10
Paralysis ..	..	..	..	..	..	1 0 1	..	..	1 0 1
Peritonitis ..	1 0 1	..	1 1 2	..	..	..	..	..	2 1 3
Pneumonia ..	3 1 4	3 0 3	1 4 5	..	1 0 1	..	0 1 1	..	8 6 14
Rupture of and fatty degenerated heart ..	..	..	..	..	1 0 1	..	..	..	1 0 1
Senile decay ..	1 0 1	1 2 3	3 1 4	1 1 2	0 1 1	..	1 0 1	..	7 5 12
Septicæmia and senile decay ..	..	1 0 1	..	..	..	..	..	..	1 0 1
Thrombosis and degeneration of cerebral arteries ..	..	..	..	..	1 0 1	..	..	..	1 0 1
Tuberculosis ..	7 1 8	7 1 8	4 2 6	0 1 1	2 2 4	1 0 1	3 2 5	..	24 9 33
Tumour of thyroid ..	1 0 1	..	..	..	..	..	..	..	1 0 1
Died whilst absent on trial ..	1 0 1	..	..	0 1 1	..	..	..	..	1 1 2
Totals ..	30 9 39	22 6 28	30 13 43	9 4 13	7 4 11	3 2 5	12 5 17	1 0 1	114 43 157

TABLE XIII.—CAUSES OF INSANITY.

Causes.	Auckland.	Christ-church.	Dunedin (Seacliff).	Ho tikika.	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.
Adolescence ..	..	..	1 1 2	..	..	..	..	..	1 1 2
Adverse circumstances ..	1 0 1	..	3 1 4	..	..	..	..	..	4 1 5
Amenorrhœa ..	..	0 1 1	..	..	..	..	..	..	0 1 1
Apoplexy ..	..	..	0 1 1	..	..	..	..	..	0 1 1
Appendicitis ..	..	..	..	..	..	..	..	1 0 1	1 0 1
Business worry ..	..	..	..	..	..	..	..	1 0 1	1 0 1
Cerebral tumours ..	..	..	1 0 1	..	..	..	..	..	1 0 1
Child-bearing and puerperal ..	0 2 2	..	0 1 1	..	..	0 2 2	0 9 9	..	0 14 14
Climacteric ..	0 2 2	..	..	..	0 1 1	0 1 1	..	0 1 1	0 5 5
Congenital and hereditary ..	18 12 30	12 5 17	7 13 20	1 2 3	1 0 1	1 4 5	6 9 15	1 1 2	47 46 93
Deafness ..	0 1 1	..	..	..	..	..	..	..	0 1 1
Disappointment ..	..	..	..	..	..	0 1 1	..	..	0 1 1
Dissolute life ..	1 4 5	..	..	..	..	..	..	..	1 4 5
Domestic trouble and anxiety ..	..	0 2 2	0 9 9	..	..	..	..	..	0 11 11
Drink ..	11 1 12	9 0 9	14 2 16	2 0 2	3 0 3	1 1 2	6 3 9	1 1 2	47 8 55
Ear-disease ..	..	..	0 1 1	..	..	..	..	..	0 1 1
Epilepsy ..	2 2 4	4 1 5	2 3 5	0 2 2	..	..	4 2 6	0 1 1	12 11 23
Financial troubles ..	2 0 2	..	..	..	1 0 1	..	..	..	3 0 3
Fright ..	..	..	..	..	..	0 1 1	..	..	0 1 1
General paralysis ..	..	..	..	..	1 0 1	..	..	..	1 0 1
Gonorrhœa ..	..	..	1 0 1	..	..	..	..	..	1 0 1
Grief ..	..	..	..	..	..	0 2 2	0 2 2	..	0 4 4
Hysteria ..	..	..	..	..	..	..	0 1 1	..	0 1 1
Ill-health ..	..	0 4 4	..	..	..	..	0 3 3	..	0 7 7
Influenza ..	3 0 3	..	..	..	..	1 0 1	1 0 1	0 1 1	5 1 6
Injury ..	1 0 1	..	1 0 1	..	2 0 2	..	1 0 1	..	5 0 5
Love ..	..	..	1 1 2	..	..	0 1 1	..	..	1 2 3
Masturbation ..	3 0 3	3 0 3	9 1 10	..	1 0 1	..	8 2 10	..	24 3 27
Opium ..	..	..	..	..	..	0 1 1	..	..	0 1 1
Organic ..	..	5 0 5	..	..	..	..	..	..	5 0 5
Organic cerebral disease ..	..	..	0 1 1	..	..	..	..	..	0 1 1
Overwork ..	..	..	0 1 1	..	..	..	1 0 1	..	1 1 2
Phtisis ..	..	..	..	..	..	..	1 0 1	..	1 0 1
Privation ..	1 0 1	2 0 2	..	..	..	..	..	..	3 0 3
Previous attack ..	..	1 6 7	..	..	..	..	..	0 2 2	1 8 9
Religion ..	..	2 0 2	..	..	1 1 2	0 2 2	3 4 7	..	6 7 13
Remorse ..	..	..	..	..	..	0 1 1	..	..	0 1 1
Seduction ..	..	0 1 1	..	..	..	..	..	..	0 1 1
Senile decay ..	4 2 6	3 2 5	4 0 4	5 0 5	1 0 1	..	..	..	17 4 21
Sexual ..	..	..	..	..	..	0 1 1	..	..	0 1 1
Shock ..	..	..	2 1 3	..	..	..	0 1 1	..	2 2 4
Solitude ..	2 0 2	..	3 1 4	..	0 1 1	0 1 1	3 0 3	..	8 3 11
Sunstroke ..	1 0 1	..	..	..	..	0 1 1	0 1 1	..	1 2 3
Syphilis ..	2 0 2	..	..	1 0 1	..	..	..	..	3 0 3
Tuberculosis ..	..	..	..	..	..	0 1 1	..	..	0 1 1
Typhoid ..	..	..	..	..	..	0 1 1	..	..	0 1 1
Uterine trouble ..	..	..	0 1 1	..	0 1 1	..	0 4 4	..	0 6 6
Worry ..	2 6 8	..	..	..	..	0 1 1	4 2 6	..	6 9 15
Unknown ..	7 4 11	8 8 16	13 13 26	4 4 8	2 4 6	1 21 22	20 19 39	..	55 73 128
Totals ..	61 36 97	49 30 79	62 52 114	13 8 21	13 8 21	4 44 48	58 62 120	4 7 11	264 247 511

TABLE XIV.—FORMER OCCUPATIONS OF PATIENTS.

Occupations.	Auckland.	Christchurch.	Dunedin (Seacliff).	Hokitika.	Nelson.	Porirua.	Wellington.	Ashburn Hall (Private Asylum).	Total.
MALES.	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.
Aboriginal natives ..	2 0 2	..	..	..	..	..	..	..	2 0 2
Agents ..	1 0 1	1 0 1	..	..	..	..	..	1 0 1	3 0 3
Boardinghouse keepers ..	..	..	1 0 1	..	..	..	..	..	1 0 1
Bicycle trade ..	..	1 0 1	..	..	..	..	..	..	1 0 1
Blacksmiths ..	..	..	3 0 3	..	..	..	..	..	3 0 3
Bootmakers ..	1 0 1	..	..	..	..	..	2 0 2	..	3 0 3
Bushman ..	1 0 1	..	..	..	..	..	..	..	1 0 1
Butchers ..	..	1 0 1	1 0 1	1 0 1	..	..	..	..	3 0 3
Brass-finishers ..	..	..	1 0 1	..	..	..	..	..	1 0 1
Cabin-boy ..	..	1 0 1	..	..	..	..	..	..	1 0 1
Carpenters ..	3 0 3	5 0 5	2 0 2	..	..	..	2 0 2	..	12 0 12
Carters, expressmen, &c. ..	1 0 1	1 0 1	..	..	1 0 1	..	1 0 1	..	4 0 4
Clerks ..	1 0 1	..	3 0 3	..	..	..	1 0 1	..	5 0 5
Coach-proprietors, &c. ..	..	..	..	1 0 1	1 0 1	..	..	..	2 0 2
Cooks ..	1 0 1	2 0 2	1 0 1	..	..	..	3 0 3	..	7 0 7
Curriers ..	1 0 1	..	..	..	..	..	..	..	1 0 1
Dealers ..	..	2 0 2	..	..	..	..	..	..	2 0 2
Drapers ..	2 0 2	1 0 1	..	..	..	..	..	..	3 0 3
Drover ..	1 0 1	..	..	..	..	..	..	..	1 0 1
Engineers ..	..	..	3 0 3	..	1 0 1	..	1 0 1	..	5 0 5
Farmers ..	7 0 7	1 0 1	6 0 6	1 0 1	1 0 1	..	6 0 6	2 0 2	24 0 24
Farm-labourers, &c. ..	..	..	..	..	..	3 0 3	..	..	3 0 3
Fishermen ..	2 0 2	..	1 0 1	..	..	..	..	..	3 0 3
Gentleman ..	1 0 1	..	..	..	..	..	..	..	1 0 1
Grocers ..	1 0 1	..	1 0 1	..	..	..	..	..	2 0 2
Groom ..	..	..	1 0 1	..	..	..	..	..	1 0 1
Gum-diggers ..	11 0 11	..	..	..	..	..	..	..	11 0 11
Horse-dealer ..	..	1 0 1	..	..	..	..	..	..	1 0 1
Hotelkeeper ..	1 0 1	..	..	..	..	..	..	..	1 0 1
Ironmoulders, &c. ..	..	2 0 2	..	..	..	..	..	..	2 0 2
Jockey ..	..	1 0 1	..	..	..	..	..	..	1 0 1
Journalist ..	..	..	..	..	..	..	1 0 1	..	1 0 1
Labourers ..	7 0 7	16 0 16	24 0 24	2 0 2	3 0 3	..	27 0 27	..	79 0 79
Letter-carrier ..	..	..	1 0 1	..	..	..	..	..	1 0 1
Millers ..	..	..	..	..	..	..	2 0 2	..	2 0 2
Miners ..	..	..	5 0 5	8 0 8	4 0 4	..	1 0 1	..	18 0 18
Packer ..	..	..	1 0 1	..	..	..	..	..	1 0 1
Painters ..	1 0 1	2 0 2	..	..	..	..	1 0 1	..	4 0 4
Pauper ..	1 0 1	..	..	..	..	..	..	..	1 0 1
Pedlars ..	1 0 1	..	..	..	..	..	1 0 1	..	2 0 2
Physician ..	..	1 0 1	..	..	..	..	..	..	1 0 1
Platelayer ..	..	1 0 1	..	..	..	..	..	..	1 0 1
Plumber ..	..	..	..	..	..	..	1 0 1	..	1 0 1
Printers ..	..	1 0 1	1 0 1	..	..	..	..	..	2 0 2
Rabbiters ..	..	..	2 0 2	..	..	..	..	..	2 0 2
Saddler ..	..	..	..	..	..	..	1 0 1	..	1 0 1
Sailors ..	4 0 4	1 0 1	..	..	..	..	..	..	5 0 5
Sawmillers ..	..	..	1 0 1	..	..	..	..	..	1 0 1
Schoolboys ..	1 0 1	..	2 0 2	..	..	..	1 0 1	..	4 0 4
Shepherds ..	..	2 0 2	..	..	..	1 0 1	1 0 1	..	4 0 4
Shipwrights ..	1 0 1	..	..	..	..	..	..	..	1 0 1
Storekeepers ..	..	..	..	..	1 0 1	..	1 0 1	..	2 0 2
Students ..	..	1 0 1	..	..	..	..	1 0 1	..	2 0 2
Sweep ..	1 0 1	..	..	..	..	..	..	..	1 0 1
Tailor ..	1 0 1	..	..	..	..	..	..	..	1 0 1
Traveller ..	..	..	..	..	..	..	1 0 1	..	1 0 1
Umbrella-mender ..	..	1 0 1	..	..	..	..	..	..	1 0 1
Weaver ..	1 0 1	..	..	..	..	..	..	..	1 0 1
Wheelwright ..	1 0 1	..	..	..	..	..	..	..	1 0 1
No occupation ..	3 0 3	3 0 3	1 0 1	..	1 0 1	..	2 0 2	1 0 1	11 0 11
FEMALES.									
Aboriginal native ..	0 1 1	..	..	..	..	..	..	..	0 1 1
Agent ..	0 1 1	..	..	..	..	..	..	..	0 1 1
Barmaid ..	..	0 1 1	..	..	..	..	..	..	0 1 1
Dairywoman ..	0 1 1	..	..	..	..	..	..	..	0 1 1
Domestic duties ..	0 27 27	0 12 12	0 38 38	0 5 5	0 6 6	0 29 29	0 27 27	0 7 7	0 151 151
Domestic servants ..	..	..	0 2 2	0 1 1	0 1 1	0 5 5	..	..	0 9 9
Dressmakers ..	..	..	0 1 1	..	..	..	0 1 1	..	0 3 3
Housekeepers ..	..	0 10 10	..	0 2 2	..	..	0 26 26	..	0 38 38
Laundress ..	..	..	0 1 1	..	..	0 1 1	0 2 2	..	0 4 4
Nurses ..	0 1 1	0 2 2	..	..	..	..	..	..	0 3 3
Prostitute ..	..	..	..	..	..	0 1 1	..	..	0 1 1
School-girls ..	..	0 1 1	0 1 1	..	..	0 1 1	..	..	0 3 3
Seamstresses ..	..	..	0 3 3	..	..	..	..	..	0 3 3
Shop-assistants ..	..	..	..	..	..	0 2 2	0 1 1	..	0 3 3
Teachers, governesses, &c. ..	0 2 2	0 1 1	0 1 1	..	..	..	0 2 2	..	0 6 6
No occupation ..	0 3 3	0 3 3	0 5 5	..	..	0 5 5	0 3 3	..	0 19 19
Totals ..	61 36 97	49 30 79	62 52 114	13 8 21	13 8 21	4 44 48	58 62 120	4 7 11	264 247 511

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

Year.	Admitted.			Discharged.						Died.			Remaining 31st December in each Year.			Average Numbers resident.			Percentage of Recoveries on Admissions.			Percentage of Deaths on average Numbers resident.							
				Recovered.			Relieved.			Not Improved.																			
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.					
1876	221	117	338	125	81	206	17	8	23	36	12	48	519	264	783	491	257	748	54	53	82	8	21	3	58	6	70		
1877	250	112	362	123	57	180	20	9	29	42	21	63	581	291	872	541	277	818	49	20	50	7	58	7	70	7	70		
1878	247	131	378	121	68	189	14	14	28	51	17	68	638	319	957	601	303	904	48	98	51	90	8	48	5	61	7	52	
1879	248	151	399	112	76	188	15	13	28	55	16	71	695	361	1,056	666	337	1,003	45	16	50	33	4	74	7	07	7	07	
1880	229	149	378	100	67	167	36	25	61	54	20	74	729	396	1,125	703	371	1,074	43	66	44	17	7	68	5	39	6	89	
1881	232	127	359	93	65	158	41	36	77	49	14	63	769	406	1,175	747	388	1,135	40	08	51	10	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	3	60	5	55	5	55	
1883	255	166	421	102	78	180	13	20	33	65	18	83	892	483	1,375	860	475	1,335	37	39	50	32	7	55	6	49	6	49	
1884	238	153	391	89	77	166	17	9	26	98	24	92	938	514	1,452	911	497	1,408	40	00	46	98	7	55	3	78	6	21	
1885	294	160	454	95	76	171	10	5	15	73	22	95	981	542	1,523	965	528	1,493	32	81	47	50	7	56	4	16	6	53	
1886	207	165	372	99	60	159	11	17	28	57	19	76	1,009	604	1,613	984	559	1,543	47	82	36	36	4	16	6	36	7	39	
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	4	40	6	13	4	91	
1888	215	146	361	116	92	208	31	28	59	78	26	104	1,041	640	1,681	1,045	641	1,686	53	95	63	01	5	79	3	39	7	15	
1889	230	161	391	98	53	146	31	30	61	70	30	100	1,074	687	1,761	1,046	660	1,707	40	43	32	92	7	56	4	05	4	05	
1890	230	160	390	98	88	186	23	17	40	76	35	111	1,095	702	1,797	1,078	685	1,763	42	61	55	00	6	69	7	05	5	86	
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	36	82	7	25	5	86	6	39	
1892	231	158	389	89	76	165	21	17	38	74	34	108	1,154	763	1,917	1,125	714	1,839	38	53	48	10	6	58	4	76	6	71	
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	4	1	30	5	28	5	87
1894	320	256	576	107	76	183	15	11	26	64	35	99	1,308	860	2,168	1,241	812	2,063	39	63	45	18	5	16	4	31	3	23	
1895	379	302	681	105	77	182	24	19	43	101	42	143	1,329	885	2,214	1,313	849	2,162	41	27	46	66	7	69	4	31	4	82	
1896	296	170	466	104	70	174	25	16	41	86	32	118	1,390	925	2,315	1,347	882	2,229	37	41	44	02	6	38	3	63	5	23	
1897	300	244	544	102	73	175	26	32	58	105	43	148	1,440	990	2,430	1,411	944	2,355	35	92	37	82	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	6	12	6	28	6	14	
1899	264	247	511	88	99	187	15	25	40	114	43	157	1,512	1,045	2,557	1,487	1,004	2,491	32	31	44	33	7	67	4	28	6	30	
	6,278	4,226	10,504	2,462	1,819	4,281	551	459	1,010	1,697	673	2,370	..	..	..	1,004	610	1,614	..	..	..	..	..	..	..	..	..	..

In Asylums, 1st January, 1876
In Asylums, 1st January, 1900

M. 482
F. 254
T. 736
1,512 1,045 2,557

TABLE XVI.—SHOWING the ADMISSIONS, READMISSIONS, DISCHARGES, and DEATHS from the 1st January, 1876, to the 31st December, 1899.

						M.	F.	T.	M.	F.	T.
Persons admitted during period from 1st January, 1876, to 31st December, 1899						5,146	3,265	8,411			
Readmissions						1,132	961	2,093			
Total cases admitted									6,278	4,226	10,504
Discharged cases—											
Recovered						2,462	1,819	4,281			
Relieved						551	459	1,010			
Not improved						534	486	1,020			
Died						1,697	673	2,370			
Total cases discharged and died since January, 1876									5,244	3,437	8,681
Remaining in asylums, January 1st, 1876									482	254	736
Remaining in asylums, January 1st, 1900									1,512	1,045	2,557
Average numbers resident since January, 1876									1,004	610	1,614

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

						Males.	Females.	Both Sexes.
Recovered						39·23	43·02	40·76
Relieved						8·79	10·86	9·62
Not improved						8·51	11·50	9·71
Died						27·04	15·92	22·56
Remaining						16·43	18·70	17·35
						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, 1900, and LIABILITIES at that Date.

Asylums.						Net Expenditure for Year ended 31st March, 1900.			Liabilities on 31st March, 1900.		
						£	s.	d.	£	s.	d.
Auckland						1,553	11	4	355	17	8
Wellington						1,823	17	0	958	2	11
Porirua						11,095	9	6	2,365	19	10
Christchurch									135	12	6
Dunedin (Seacliff)						1,386	17	7	2,249	16	10
Nelson						1,852	5	8	470	8	6
Hokitika									180	0	0
Totals						17,712	1	1	6,715	18	3

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, 1900.

Asylums.						1877-92.	1892-93.	1893-94.	1894-95.	1895-96.
						£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
Auckland						69,635 16 7	1,076 4 10	1,033 19 3	505 10 7	2,994 10 4
Wellington						19,958 18 7			880 11 1	275 4 0
Wellington (Porirua)						18,072 7 7	5,981 3 11	15,272 2 3	8,007 10 2	768 15 5
Christchurch						90,672 7 0	2,990 6 7	545 4 5	2,159 0 9	4,863 10 1
Dunedin (Seacliff)						114,645 2 11	1,310 13 10	1,881 19 3	1,879 17 8	1,810 11 2
Napier						147 0 0				
Hokitika						1,164 19 8				22 5 8
Nelson						4,358 11 7	528 9 8	223 8 1	200 0 0	200 0 0
Totals						318,655 3 11	11,886 18 10	18,956 13 3	13,632 10 3	10,934 16 8

Asylums.						1896-97.	1897-98.	1898-99.	1899-1900.	Total Net Expenditure, 1st July, 1877, to 31st March, 1900.
						£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
Auckland						9,565 4 4	3,177 14 6	208 7 2	1,553 11 4	89,750 18 11
Wellington						175 10 0	133 11 4	1,606 18 10	1,823 17 0	24,854 10 10
Wellington (Porirua)						4,873 16 10	8,655 10 0	11,233 9 1	11,095 9 6	83,960 4 9
Christchurch						1,169 11 1	821 18 4	188 15 9		103,410 14 0
Dunedin (Seacliff)						280 11 0	222 13 6	1,797 0 4	1,386 17 7	125,215 7 3
Napier										147 0 0
Hokitika										1,187 5 4
Nelson						338 17 3	1,118 1 10	2,632 2 4	1,852 5 8	11,451 16 5
Totals						16,403 10 6	14,129 9 6	17,666 13 6	17,712 1 1	439,977 17 6

TABLE XX.—SHOWING the EXPENDITURE for the Year 1899.

Items.	Auckland.	Christchurch.	Dunedin (Seacliff).	Hokitika.	Nelson.	Porirua.	Wellington.	Total.
Inspector* ..	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
Assistant Inspector* ..	..	..	..	..	..	..	..	1,000 0 0
Clerk* ..	..	..	..	..	..	..	..	87 0 0
Medical fees* ..	..	..	..	..	..	..	..	130 0 0
Contingencies* ..	..	..	..	..	..	..	..	1,004 7 0
Official Visitors ..	25 4 0	12 12 0	50 8 0	12 12 0	12 12 0	25 4 0	12 12 0	151 4 0
Visiting Medical Officers ..	..	..	..	150 0 0	212 19 3	..	..	362 19 3
Superintendents ..	550 0 0	600 0 0	600 0 0	300 0 0	400 0 0	400 0 0	375 10 8	3,025 10 8
Assistant Medical Officers ..	238 13 4	250 0 0	250 0 0	..	103 6 8	103 6 8	250 0 0	1,092 0 0
Clerks ..	110 12 10	190 0 0	180 0 0	..	68 6 8	68 6 8	127 0 0	675 19 6
Matrons ..	75 10 5	95 0 0	100 0 0	..	..	..	83 6 8	599 5 5
Attendants and servants ..	3,595 1 0	3,985 16 9	5,283 11 0	85 0 0	75 0 0	2,948 11 8	2,488 16 3	20,460 15 9
Rations ..	3,216 11 11	3,242 14 9	3,909 8 4	1,141 0 1	1,160 4 3	2,289 8 1	1,973 11 2	16,932 18 7
Fuel and light ..	1,011 8 2	1,239 0 7	453 7 9	57 8 6	235 10 5	799 18 4	581 10 10	4,378 4 7
Bedding and clothing ..	800 8 4	1,150 2 10	2,252 8 5	206 14 9	232 0 11	505 18 2	574 1 2	5,711 14 7
Surgery and dispensary ..	51 4 7	94 17 8	123 13 11	32 2 10	38 11 5	55 5 9	60 18 4	456 14 6
Wines, spirits, ale, and porter ..	6 2 0	9 5 0	30 19 6	2 18 6	11 9 0	14 0 0	35 8 0	110 2 0
Farm ..	551 12 4	1,061 13 1	1,542 6 10	..	285 4 11	632 1 11	198 16 6	4,271 15 7
Necessaries, incidental, and miscellaneous ..	1,110 15 4	1,335 16 9	2,799 4 8	249 2 9	567 8 7	1,301 10 9	1,272 18 2	8,636 17 0
Totals ..	11,343 4 3	13,266 19 5	17,575 8 5	3,295 10 3	4,121 9 0	9,229 0 4	8,034 9 9	69,662 5 10
Repayments, sale of produce, &c. ..	2,357 13 11	3,504 15 1	4,779 7 10	874 1 3	1,118 10 2	1,478 15 2	2,285 9 9	15,898 13 2
Actual cost ..	8,985 10 4	9,762 4 4	12,796 0 7	2,921 9 0	3,002 18 10	7,750 5 2	5,749 0 0	53,763 12 8

* 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 1899.	Increase in 1899.
Auckland ..	£ 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.
Christchurch ..	7 6 2½	10 8 10½	1 16 4½	2 5 11½	0 2 4	0 0 3½	1 5 1	2 10 5½	25 15 7½	4 4 6 0½	20 8 5½	£ s. d.	£ s. d.
Dunedin (Seacliff) ..	6 8 8½	10 8 8½	2 5 7½	2 9 2	0 3 9½	0 0 4½	2 2 1½	2 13 0	26 6 5½	5 5 2 9	19 7 4	..	0 14 11
Hokitika ..	9 2 6½	12 16 11½	1 13 1	0 9 2½	0 5 1½	0 0 11½	2 8 7	4 8 2	27 13 6½	5 14 4½	20 3 0½	0 3 8	1 19 3
Porirua ..	8 8 1½	11 12 0½	1 12 2½	1 14 1½	0 3 0½	0 1 8	1 4	4 2 2½	26 7 3½	2 15 0	23 7 5	2 2 7½	..
Wellington ..	8 2 5½	13 14 8	2 7 3	2 7 10½	0 5 0½	0 2 11	0 16 4½	5 4 9½	25 7 1	6 17 2½	21 5 10	3 15 3½	0 3 1½
Averages ..	6 18 3½	10 15 4	2 6 7½	1 15 9	0 3 8½	0 0 10½	1 14 10½	3 10 6½	27 6 0½	5 0 0	20 16 11½	0 6 5½	..

NOTE.—Including the first five items in Table XX., the net cost per patient is £21 19s. 0½d. (or 8s. 5½d. per week), as against £22 7s. 3½d. for the previous year, being a decrease of 8s. 8d. per head.

Approximate Cost of Paper—Preparation, not given; printing (1,600 copies), £18 6s. 6d.

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