

1903.  
NEW ZEALAND.

LUNATIC ASYLUMS OF THE COLONY  
(REPORT ON) FOR 1902.

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

The INSPECTOR-GENERAL of ASYLUMS to the Hon. the MINISTER for PUBLIC WORKS.

SIR,—Wellington, 30th June, 1903.

I have the honour to lay before you the following report on the Lunatic Asylums of the colony for the year ended 31st December, 1902:—

The number of registered insane persons on the 31st December, 1902, was 2,848—males, 1,715 ; females, 1,133, being an increase of 75—males, 61 ; females, 14—over the previous year.

The insane of the colony are distributed as follows:—

	Males.	Females.	Total.
Auckland ... ..	341	197	538
Christchurch ... ..	317	239	556
Dunedin (Seacliff) ... ..	430	235	665
Hokitika ... ..	88	32	120
Nelson ... ..	84	54	138
Porirua ... ..	258	250	508
Wellington ... ..	177	104	281
Ashburn Hall (private asylum) ... ..	20	22	42
	1,715	1,133	2,848

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

New Zealand (exclusive of Maoris) ... ..	4·00	per 1,000, or 1 in 250
New Zealand (inclusive of Maoris) ... ..	3·82	" 1 in 262

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

Exclusive of Maoris ... ..	2·94	" 1 in 339
Inclusive of Maoris ... ..	2·82	" 1 in 355

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

Exclusive of Maoris ... ..	3·50	" 1 in 286
Inclusive of Maoris ... ..	3·35	" 1 in 299

ADMISSIONS.

On the 1st January, 1902, the number of insane persons in our Asylums was—males, 1,654 ; females, 1,119 : total, 2,773. The number of those admitted during the year for the first time was—males, 290 ; females, 150 : total, 440. The readmissions numbered—males, 62 ; females, 42 : total, 104.

DEATHS.

The percentage of deaths on the average number resident during the year was 6·28, as compared with 6·41 for the previous year. The percentage of deaths on the admissions was—males, 34·90 ; females, 28·65 : total, 32·17.

RECOVERIES.

The percentage of recoveries on the admissions was—males, 38·35 ; females, 51·56 : total, 43·01, as compared with 42·17 for the previous year.

FINANCIAL RESULTS OF THE YEAR.

The following table gives the gross and net cost per patient for the year 1902, as compared with the previous year :—

Asylum.	1902.		1901.		1902.	1902.
	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.
Auckland ...	£ s. d. 24 7 0½	£ s. d. 17 11 3¾	£ s. d. 24 6 0	£ s. d. 17 6 2	£ s. d. 0 5 1¾	£ s. d. ...
Christchurch ...	28 3 6½	19 15 2¾	26 6 4½	17 12 11¾	2 2 3	...
Seacliff ...	32 15 5½	23 6 8¼	28 13 1¾	19 17 8	3 9 0¼	...
Hokitika ...	27 16 0½	25 12 2¾	26 16 9	24 18 2	0 14 0¾	...
Nelson ...	33 0 6½	26 1 11	33 12 11½	26 16 4½	...	0 14 5½
Porirua ...	30 14 0	24 14 4	27 19 0	22 18 6½	1 15 9¾	...
Wellington ...	34 11 7½	26 17 8	36 6 3½	28 6 0	..	1 8 4
Averages ...	29 16 7½	22 6 10	28 1 11½	20 16 11½	1 9 10½	...

The large increase in the cost per patient is mainly owing to the rise in the price of meat and flour.  
The following shows the annual cost per patient from 1876 to 1902 :—

Year.	Cost per Patient.	Year.	Cost per Patient.	Year.	Cost per Patient.
1876 ...	£ s. d. 46 1 5½	1885 ...	£ s. d. 25 19 5	1894 ...	£ s. d. 23 16 4½
1877 ...	37 8 11½	1886 ...	27 0 9½	1895 ...	22 13 8½
1878 ...	36 0 11	1887 ...	22 18 4½	1896 ...	22 9 10½
1879 ...	31 5 9¾	1888 ...	21 8 1	1897 ...	23 0 9½
1880 ...	28 18 0½	1889 ...	21 10 4	1898 ...	22 7 8¾
1881 ...	25 18 4½	1890 ...	20 10 3	1899 ...	21 19 0
1882 ...	28 15 1	1891 ...	20 16 2½	1900 ...	22 9 8
1883 ...	29 0 4	1892 ...	21 16 8¾	1901 ...	21 17 9½
1884 ...	29 8 9½	1893 ...	23 7 4	1902 ...	23 11 5½

SLEEPING-ACCOMMODATION IN ASYLUMS.

Asylum.	Number of Patients, 31st March, 1903.	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 ...	551	132	419	247,732	413	6
Christchurch ...	555	81	474	227,010	378	96
Seacliff ...	676	176	500	263,534	439	61
Hokitika ...	121	30	91	69,302	115	...
Nelson ...	141	35	106	65,111	102	4
Porirua ...	516	68	448	295,201	492	...
Wellington ...	291	77	214	100,173	167	47
Totals ...	2,851	599	2,252	1,268,063	2,106	...

Single Rooms.

Asylum.	Number of Single Rooms.	Total Space : Cubic Feet.	Cubic Feet for each Room.
Auckland ...	132	119,280	903
Christchurch ...	81	68,801	850
Seacliff ...	176	144,839	823
Hokitika ...	30	22,513	750
Nelson ...	35	29,589	842
Porirua ...	68	63,217	929
Wellington ...	77	72,509	942
Totals ...	599	520,748	869

At Auckland there are 551 patients, but only floor-space for 493; the Asylum therefore is overcrowded to the extent of 58 patients.

At Porirua there appears to be sleeping-accommodation for 492 patients in the common dormitories, but the floor-space is only sufficient for 438. The number of patients in the dormitories at 31st March was 448.

The following shows the extent of the overcrowding at our asylums:—

Auckland	...	...	...	...	58 patients in excess.
Christchurch	...	...	...	...	96 "
Seacliff	...	...	...	...	61 "
Nelson	...	...	...	...	4 "
Porirua	...	...	...	...	10 "
Wellington	...	...	...	...	47 "
				276	"
Less room at Hokitika for	...	...	...	24	"
				252	"
Total				...	...

All our New Zealand asylums, without exception, in so far as regards bed treatment, feeding, clothing, and attendance, are as well looked after as any of the best managed asylums of either England or Scotland, of which I have seen a great many during my visit last year. Our Medical Superintendents, as a body, are as capable and careful as any that I have seen elsewhere. The one thing in which I believe we are hopelessly astern of the whole British Empire is the overcrowding of our asylums, a fact which goes far to nullify, so far as rational treatment of patients is concerned, all our other advantages. I have some hopes, however, that the Government may soon take steps to provide intermediate accommodation for uncertifiable cases near Christchurch.

The following extract from my report of 1898 expresses all that my further experience could put forward to-day in explanation of our present position:—

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

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

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

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

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

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

Any one who is curious for further exposition of the causes of the rapid increase of our insane I would refer to my Report on Hospitals and Charitable Institutions for 1898, wherein for the first time in any British State the matter was dealt with without compromise. Subsequent to this report many writers have given utterance to the same ideas, notably Mr. Arnold White. Many American writers have also taken up the same theme, as, for instance, Dr. McKee. I also frequently pointed out the great evils arising from the want of separate institutions for the following classes: Idiots and imbeciles, epileptics, persons that are not as yet certifiable for admission to asylums, and criminal lunatics. I point out that the effect of all this is to make our lunacy statistics entirely misleading, and to give our country a bad name for insanity which it does not deserve. I am glad to see that this year the public and the Parliament are rousing themselves to deal sincerely with this question.

I think it necessary, in view of the universal change in the conditions of our labour-market, to raise the wages of our asylum attendants. Artisan and charge attendants ought to receive an increase of 25 per cent. and ordinary attendants 20 per cent. It will be necessary also, in my opinion, to increase the salaries of the assistant medical officer to £300 instead of £250, rising to £350 after five years' service, for I have found it impossible to get suitable applicants at the lower figure. As I have already pressed on your predecessor, the exhausting conditions under which our Medical Superintendents have to perform their arduous duties induce me to recommend that Parliament should agree to give them, every sixth year, twelve months holiday on full pay. The frightful strain they have had to bear has all but broken down every one of them.

During my visit Home I had the opportunity of discussing with many of the highest authorities the various aspects of insanity now occupying so much public attention in that country, as for instance the hospital treatment of the early stages of insanity with Drs. Clouston and Robertson, the toxic theory of the causation of insanity, the new methods introduced for nursing at the Larbert Asylum, Stirling, the construction of cheap wood-and-iron buildings for the treatment of consumptives which is now being carried out in several of the Scotch asylums. All these matters are of secondary importance to us till such time as we can provide for the ordinary treatment of our patients and their classification with a view to rational treatment.

## ENTRIES OF VISITS TO THE DIFFERENT ASYLUMS.

## AUCKLAND ASYLUM.

7th September, 1902.—I find, after careful examination, that this Asylum as a whole is in excellent order; the utmost credit is due to Dr. Beattie and his staff. Indeed it is very gratifying to find that, owing to the doctor's devotion to his work during the long period when he was left without an assistant, everything has gone so well. I have seen all the patients, and made special inquiries about several cases whose circumstances and complaints required careful consideration. One of these especially, a criminal lunatic, gives constant trouble to all who are in authority over him. He is violently abusive to the attendants, and ever on the watch to find occasion against them. I examined all his statements, talked to the attendants complained of, and I am satisfied that his charges are simply lies plausibly retailed with a view to revenge on those whose duty it is to control him in any way. Patient K. is manifestly suffering from a mania of persecution, and none of his complaints are worthy of consideration. MacD's complaints I have long been familiar with, and to-day while I was examining him a little incident threw a flood of light on his mental state; the head attendant happened to cough slightly, and he at once said, "There, that is the sort of treatment I am constantly receiving; they are all jeering at me, saying I ought to be killed," &c. This is nothing but the perverted and unreasoning translation of the feelings induced in the mind of the man, who has himself killed a fellow man, and is here in consequence. I examined the clothing and food, was present during the dinner, and found all abundant and of good quality. The recently admitted cases are very unpromising as regards the prospects of recovery. Every bed is of consequence here, and there is not a single case of unnecessary detention. The relatives of one patient, a chronic epileptic, are persisting in an unreasonable series of attempts so get him home. I should be lacking in my duty if I held out any hope of discharge for this man. He might at any moment become dangerous. I acknowledge with pleasure the way in which the matron, head male attendant, and the staff generally have helped the Asylum through a trying time. Mr. Ewington has been unwearied in his labour of love on behalf of the Asylum. Mrs. Hendre has been assiduous in her duties.

19th March, 1903.—This Asylum was well looked after during Dr. Beattie's holiday by Dr. Crosbie and Dr. McKelvie. There is considerable overcrowding on the female side, which, however, will be greatly relieved when the old laundry can be made available. This will take several months. After full consideration and consultation with Dr. Beattie, I have come to the conclusion that the cheapest and best way of providing for further accommodation will be to add a second story over the space now occupied by the dining-halls and the kitchen, and moving the kitchen back. The new hospital ward is a very great advantage. In every department the institution is working well, and it is evident that Dr. Beattie's devotion and great administrative ability are reflected in every detail. The patients number 347 males and 205 females—total, 552. There were five males and one female confined to bed to-day. The food, clothing, and bedding were examined. The store is well looked after, and the stock as a whole is carefully kept. It is a great pleasure to be able to say that the Asylum is in excellent order.

## CHRISTCHURCH ASYLUM.

27th October, 1902.—After much travel and observation since my last visit I am able to say that this Asylum is admirably administered. Except for the lack of suitable classification due to insufficient accommodation, and for the overcrowding which we cannot help, the patients are well cared for. The quality and variety of the food are very good, the bedding and clothing sufficient for comfort, and cleanliness is universal. The attendants are necessarily under strict discipline, but seem to be content. It is beyond our means to limit their working-hours as in other employments, but on the other hand every effort was made long ago to make up for this insuperable difficulty by giving such a liberal scale of holidays as does not, as far as I know, exist anywhere else. For years they have had a month's holiday annually, two days a month, and every fourth Sunday. I found the charge attendants kept their stock very carefully. I found very few (twelve) patients in bed, and all were being well looked after. Every effort is made to have as many patients usefully occupied as possible, and the number all day in the fields and gardens at healthy employment is very high. By universal consent this is the best treatment for those who are mentally diseased, and on this point we need not shrink from any comparison with similar institutions elsewhere.

25th February, 1903.—I find this Asylum in all its departments working with all its accustomed smoothness. The discipline is excellent, the patients well cared for in every respect, except for the inevitable consequences of overcrowding, and these are minimised by the wonderful administrative skill and control of Dr. Levinge. The farm and gardens are a pleasure to see. The Government are now doing their utmost to provide for new buildings, and I regret that the pressure has become so great that it has been decided to build in wood simply to get immediate relief. The drainage has been and will continue to be difficult.

## SEACLIFF ASYLUM.

13th October, 1902.—By the most strenuous and long-sustained effort Dr. King has so greatly improved the female side of this asylum that it is now a pleasure to visit it. The male side needs painting throughout, and the old linoleum in nearly all the corridors is worn out. A special effort is to be made as soon as funds are available to remedy this state of things. Dr. King is painfully alive to the necessity of these improvements, but has found it impossible to overtake the work owing to the amount of work that had to be done in order to open the new inebriates' home at

Waitati. I have been all over the farm, and I am very pleased with the progress that has been made. The home for the farm-workers at Simla is well looked after, and is admirably adapted for its purpose. The careful way in which Mr. Chapman has explained the effect of the slow earth-movement which has been such a source of difficulty and expense at this Asylum renders it needless for me to say more than that I concur and approve his recommendations. This certainly is a problem requiring the highest technical knowledge and skill to deal with it; but so far as I can judge there is no such immediate cause for alarm as to compel us to lose the use of the space involved, and cause such misery and suffering as would inevitably follow. The Asylum is full, and I can see no remedy but the new asylum, which I earnestly hope the Government will bestir themselves to find a suitable site for and build without delay. The total number of patients is—males, 414; and females, 231. I have seen them all, examined those confined to bed—three males and five females—and discussed the recent and more hopeful cases with the medical officers. I find a general condition of good bodily health and comfort, so far as our accommodation makes this possible. The food, clothing, and care of the patients are good. The staff works with the utmost harmony, and Otago has come to learn the value of Dr. King.

2nd March, 1903.—This Asylum is, except for the overcrowding and its complicated effects on the health of the patients and the manifold discomforts it causes, in a surprising condition of harmonious working. This can only be understood by seeing the incessant vigilance and skill which are brought to bear by Dr. King and his staff. Dr. S. Allen seconds Dr. King's efforts in the most praiseworthy manner. His constant cheerfulness and sympathetic interest in the patients has earned my fullest appreciation and gratitude. A new auxiliary building for the convalescent male patients, similar to but more extensive than the cottage provided for females, is urgently required. An admirable site near the garden is ready for building on at once in a safe situation so far as the earth-movements are concerned. Provision ought at once to be made for a suitable mess-room for the male attendants. It is wonderful how patiently they have put up with their discomforts in the past. To-day there is a total of sixty-four patients in excess of the statutory accommodation, and much trouble and lowering of the general efficiency of the Asylum is the inevitable result. There is an annual increase of at least a hundred patients in New Zealand, and nothing but a new asylum will give permanent relief, and that only for a few years. The male side requires painting almost throughout, and new linoleum almost all over is required. The requisite estimates will be laid before the Minister. The office is very efficiently manned, and the Asylum grounds and farm are in excellent order.

#### HOKITIKA ASYLUM.

14th November, 1902.—On a very wet and stormy day I saw all the patients clean and comfortably dressed, evidently well fed and cared for; none were in bed, and they were all well and warmly clad. Every corner of the building was scrupulously clean and comfortable, except that, seeing them all sitting together, I thought there might be provided a few comfortable forms and easy chairs for the older and more helpless patients. [This has since been done.] The staff are capable and working harmoniously. Especially it is incumbent on me to gratefully acknowledge the fact that the Hokitika Asylum has caused very little anxiety or difficulty to the Department—in fact, it has no history except that of steady and wise administration ever since I have known it. Mr. Downie, the head attendant, is faithful and efficient. The new building for the attendants will soon be finished and prove a great boom.

#### NELSON ASYLUM.

23rd November, 1902.—I saw all the patients, in company with Dr. Mackie and Mr. Morrison. There are very few hopeful cases among them. Only about twenty-five male patients are at all useful on the farm, though about fifty out of a total of eighty-four inmates are occupied in some way in the open air. The building is kept very clean; the bedding and clothing are suitable. As everywhere almost at present in New Zealand, the meat is very dear and much inferior to what it used to be. The staff is harmonious and efficient, and the head attendant, Mr. McLean, is extremely careful and very kind to the patients. Mrs. Morrison, who has for sixteen years been matron of this and Mount View Asylum, desires to retire at the end of the year, and I wish to record that during all that time she has most capably and faithfully fulfilled her arduous duties. She has deserved well of the Department, and it will be very difficult to replace her. Mr. Morrison's administration is remarkable for vigour and capacity; while Dr. Mackie's skill and devotion to duty have deserved my fullest confidence.

16th March, 1903.—The Asylum is in good working-order. I found only one female patient confined to bed. The new reservoir has, after long delay, been taken in hand, and will soon be available. Last night there was no water at the auxiliary. Neither the workshops nor the piggeries have been touched, so that the votes will lapse a third time unless they are undertaken at once.

#### PORIRUA ASYLUM.

21st September, 1902.—I have seen a great many asylums in England and Scotland since I last visited Porirua, and I am able to say that, in all essential points, Porirua is as good for its purpose as anything I have seen, always excepting the fact that we have not yet been able to provide a detached hospital building for acute cases, and are as yet unable to provide separate accommodation for idiots, epileptics, and criminals. Of course the luxurious fittings and decorative appliances almost universal in the Home asylums will for many years be beyond our reach; but, considering the time that has elapsed and the means at our command, I am proud of the progress that has been made at this Asylum. I am sure that our Medical Superintendents and their assistants, and head attendants and matrons, are all quite up to the Home level. The body of our

attendants suffer in comparison with those at Home simply because the less average duration of their service and experience is rooted deeply in the conditions of our colonial labour-market. The Asylum is in admirable order throughout. The laying-out of the grounds and airing-courts is steadily going on, and I am thankful that the money required to keep it up has been voted.

7th February, 1903.—I was engaged to-day in examining the site for the new wooden building which it has been decided to erect here at once, in order as speedily as possible to cope with the overcrowding, especially at Mount View. Nothing but the extreme urgency of providing immediate relief could justify the erection of a wooden building in any modern asylum. At present only one wing for dormitories and attendants' rooms is to be proceeded with, and I hope the remaining parts will be built of brick. I saw all the patients who were under medical treatment, and found the Asylum as a whole working well.

20th May, 1903.—I examined every part of this institution, and saw all the patients except one or two whose absence was explained. On the female side none were confined to bed, and on the male side only a few, all of whom I visited. The dinner was good and well cooked. All the patients are warmly clad. The staff is working well. Great credit is due to Dr. Barraclough for the enthusiasm with which he has inspired the staff for amusing the patients. The new Official Visitor, Mr. Bradey, has long been interested in the Asylum. I am very pleased with my visit.

#### WELLINGTON ASYLUM.

4th September, 1902.—I have made an inspection of the Asylum and found everything in good order. Several matters in connection with the administration were discussed with Dr. Gow. The convalescent and recent cases were examined. I carefully inquired into the circumstances surrounding the case of patient R. Another case of a convalescent patient was carefully examined, and decision delayed pending inquiry into the provision made for her reception at home by her friends. The dinner was good, the clothing sufficient. I inquired into the causes of the frequent changes in the staff.

17th January, 1903.—Found everything in good order. Two new cases of measles are isolated. Dr. Ulrich has entered on his duties. I saw all the patients with him who are confined to bed.

30th January, 1903.—Have been all over the grounds and outbuildings. Found everything going well.

#### ASHBURN HALL, DUNEDIN.

15th October, 1902.—I have seen and conversed with, and considered the mental and bodily condition of, all the patients at this licensed house. I am satisfied that every case is being carefully and kindly treated, and that the utmost liberty is granted to every one, so far as is consistent with safety. The sitting-rooms are all beautifully comfortable, and the bedrooms airy and clean. Dr. Hay explained to me his plans for improving Tuke Ward, and they will greatly add to the comfort of the patients by giving them a large and sunny day room. Nothing could be homelier and kindlier than the general effect of the institution.

2nd March, 1903.—I have seen all the patients, and discussed their condition with Dr. Hay. No one is unnecessarily detained, and all are being carefully treated. The bedrooms, beds, &c., are all in excellent order. The rooms and furniture are very comfortable, and manifest a high degree of æsthetic skill both in structure and ornamentation. The new extension on the male side will greatly add to the comfort of the inmates. The administration is excellent, and the attention that is given to each individual case ought to reassure all friends and relatives that the utmost care is exercised in doing everything possible to hasten recovery.

### MEDICAL SUPERINTENDENTS' REPORTS.

#### AUCKLAND ASYLUM.

SIR,—

I have the honour to submit to you my report for 1902.

The number of patients at present in the Asylum is 538—a net increase for the year of 28.

The number of admissions has once more been large. We have again, however, been fortunate in having a comparatively small female admission-rate: only 33 females were admitted during the year, out of a total of 117 of both sexes.

I exceedingly regret that we continue to lack sufficient female, and particularly refractory female, accommodation. Our work in consequence has been much hampered, and our patients subjected to treatment cruel and unwarrantable. Particularly was this so during an extraordinary epidemic of gastro-enteritis. The majority of the male attendants, nearly every nurse, and about two hundred and fifty patients were attacked. The female division for weeks was then little better than a cesspool, and had it not been for the self-sacrifice and devotion of the few nurses who were not attacked, or who were able at once to resume duty after recovery from attack, the consequences would probably have been most serious. The death-rate (only one death was directly due to the disease amongst the males, and none amongst the females) tells its own tale of duty faithfully and unflinchingly performed. It should be pointed out that this epidemic was not the ordinary asylum diarrhoea which is so prevalent at Home. Many theories have been advanced respecting it, but I maintain that it was imported from South Africa, and my opinion is supported by a medical man who visited the asylum during the epidemic, and who informed me that he had many cases of the same kind under his care in South Africa.

The percentage of males who recovered was 34·52, and of females 39·39. The recovery-rate is lower than usual. This is due entirely, I believe, to the character of the cases admitted. The Assistant Medical Officer, who has had four years' experience in asylums in Ireland, states that he has never seen a more hopeless class than those admitted to this Asylum. My experience coincides with his.

The death-rate was 9·18 per cent.—males 9·94 per cent., and females 7·69 per cent. This high rate is due to tuberculosis, general paralysis, and senile decay, these three diseases, if senile decay can be called a disease, accounting for 23 out of a total of 48 deaths.

There was an excessive amount of sickness during the greater part of the year. In addition to the epidemic referred to above, we had an epidemic of measles and a few cases of scarlet fever. We are at present almost entirely free from sickness, and in the absence of unforeseen conditions should have a reduced death-rate for the ensuing year.

There have been no serious accidents within the Asylum. One nurse, on her way home at night, was seriously assaulted and shot at. The weapon was pointed directly at her forehead. She put up her hand instantly, and received the contents in the palm, the bone being fractured, and the bullet lodging there.

A great deal of outdoor and indoor work has been done by the staff and patients. At present we are building a new laundry entirely by Asylum labour. This should be completed early in the year, and when completed will enable us to utilise the old laundry for female patients, after authority has been granted to make the necessary alterations.

We are now overcrowded to the extent of 58 patients. This means 90 patients before the end of next year if something is not done urgently to provide further accommodation.

The increased cost per head this year is due to the increased contract prices. In this connection I desire to urge that the salaries of the male charge-attendants and of the seconds-in-charge in all wards be increased. The male charges are, with one exception, married men who have homes to support, and their salaries have not increased with the increased cost of living. The seconds-in-charge are at present paid the same salaries as juniors, although they have charge every alternate night, and during about sixty days each year.

Our thanks are due to the proprietors of the *Herald* for daily papers, supplied free; to Hulse's Band for regular entertainments; and to the Official Visitors for their interest and support.

I have also to thank Dr. McKelvie and the staff generally for their hearty co-operation.

I have, &c.,

R. M. BEATTIE,

Medical Superintendent.

The Inspector-General of Asylums, Wellington.

#### SUNNYSIDE ASYLUM, CHRISTCHURCH.

SIR,—

I have the honour to forward the usual statistical tables, together with the accompanying remarks thereon, and particulars about the work of this Asylum for the year 1902 :—

					Male.	Female.	Total.
<i>Admissions.</i>							
Admitted first time	...	...	...	...	51	27	78
Readmitted	...	...	...	...	15	2	17
Totals	...	...	...	...	66	29	95
<i>Discharges.</i>							
Recovered and relieved	...	...	...	...	32	19	51
Not improved	...	...	...	...	3	2	5
Totals	...	...	...	...	35	21	56
Number discharged who were admitted during year	...			...	21	6	27
Number died		"		...	4	3	7
Number transferred		"		...	2	...	2
Number remaining		"		...	39	20	59
Totals	...	..	...	...	66	29	95
Deaths	...	...	...	...	17	12	29
Percentage of discharges of first cases on admissions					...	...	33·3
" all discharges on admissions					...	...	28·4
" deaths on admissions					...	...	7·4
" deaths on number under treatment					...	...	4·5

On the 1st January, 1902, there were 546 patients on the Asylum books—viz., 303 males and 243 females, which, together with 95 admissions, gave a total of 641 under treatment for the year.

Of those admitted, 13 were between seventy and ninety, and 22 between sixty and ninety years of age.

According to the year's statistics of this Asylum, insanity would seem to be more prevalent between the ages twenty and forty, 40 out of the 95 patients admitted coming within that period.

There were 29 deaths against 32 the previous year, which, added to the discharges, 56, and deducted from the total under treatment, 641, leaves 556 remaining in the Asylum at the end of the year, being an increase of 10 as against 32 for the year 1901.

The recovery-rate was low, as it was also last year, owing to the unfavourable character of the admissions, a large proportion of them being senile cases or youths suffering from congenital deficiency. The death-rate was also low, and the causes of death such as are usual in all asylums.

There was no epidemic of infectious disease, and, unless for sporadic cases of erysipelas, which is more or less always with us, nothing to indicate an insanitary condition of the Asylum.

There were no suicides, and, with the exception of a fracture of the neck of the thigh-bone, occurring in a patient the subject of acute excitement, from his own misadventure, and from which he has recovered, no serious casualties during the year.

The work of the institution has gone on as usual, and there was nothing in it specially deserving of record. The usual tradesmen have been employed, and much useful work in the nature of additions, repairs, painting, &c., carried out, as well as the commencement of new piggeries on a better site and an approved principle, which I hope to see shortly completed.

Sales of pigs, and of bacon cured on the premises, amounted to £550, so that class of stock is an important source of revenue; other items in our sales of farm-produce were—bulls and cows, £420; potatoes, £190; peas, £177; mangels, £50: the whole amounting to £1,442.

In addition to the above farm-produce, there was consumed on the premises 11,805 lb. of butter, and all the milk required, about 100 tons of potatoes, and over 10 tons of fruit; so that it will be seen, on comparison with last year's returns, the revenue from this source continues to increase, while the live-stock has been largely augmented.

The overcrowding of the institution is so well known to you, and has been so frequently commented on by myself and others officially, that no good purpose can be served by again emphasizing its serious importance.

I gladly avail myself of this opportunity to record my appreciation of the services of my fellow-officers, including my colleague, Dr. Crosby, who has now been associated with me for nearly seven years.

I have, &c.,

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

The Inspector-General of Asylums, Wellington.

#### SEACLIFF ASYLUM.

SIR,—

I have the honour to submit to you the following report on the Seacliff Asylum for 1902.

The statistics for the year show no points of special interest. The admissions continue to be markedly in excess of the discharges and deaths; and at the close of the year we had an increase of sixteen patients as against an increase of twenty-four during the previous year. The average increase is about twenty patients per annum, and the finding of the necessary housing, furniture, and outfits for this number, together with the additional provision for staff needed, entails a very serious expenditure. Thus, if the present overcrowding were remedied there would still be an annual increase of, say, from £750 to £2,500 to meet in making initial provision for the growing number of persons of unsound mind in Otago, besides a sum of £400 per year for their maintenance.

The discharge-rate during 1902 has been the highest for some years—viz., 51 per cent. on the admissions. The annual variation in this respect is not great: thus, in 1898 the discharge-rate was 51 per cent., whereas last year it was only 45 per cent. There is no special importance attachable to such slight variations, the average over any series of a few years being fairly constant.

The death-rate continues higher than it should be, owing to insufficient accommodation.

The output of farm and garden have been very satisfactory, but improvements on the estate have not progressed as favourably as they would have done had the institution not been handicapped by having to provide working-power to develop the estate at Orokonui.

The increase of £3 9s. 0½d. in cost per patient is due to the high prices ruling for flour, meat, and other necessities, to the working-out of our firewood, and to the substitution of electric lighting for kerosene-lamps.

The thanks of the authorities are due to the Otago Daily Times and Witness Company and to the Evening Star Company for copies of their journals supplied free; and to private donors of books, periodicals, and other presents.

To my colleague, Dr. Sydney Allen, and to the staff, I have to convey my thanks for their cordial assistance in carrying out the work of the institution. Periodical visits to the Home at Orokonui have greatly increased Dr. Allen's work and responsibilities, and I trust that this fact will be duly recognised.

I have, &c.,

F. TRUBY KING,  
Medical Superintendent.

The Inspector-General of Asylums, Wellington.

## PORIRUA ASYLUM.

SIR,—

I have the honour to submit the following report on the Porirua Asylum for the year 1902.

At the beginning of the year there were 515 inmates, and at the end 508. The average number resident was 504 (258 males and 246 females), and the total number under care, 564, exactly the same as in 1901. Forty-nine cases were admitted, of whom 21 males and 22 females were admitted for the first time, and 5 males and 1 female were readmissions. Thirty-three patients were discharged recovered and 2 relieved, the proportion of recoveries to the number admitted being 67·3 per cent. Twenty-one patients died, as in the previous year, making a death-rate of 41·6 per thousand on the average number resident. The recovery-rate is therefore high and the death-rate low as compared with what usually obtains in asylum records.

Of the 508 patients remaining in the Asylum on the 31st December, only 34 were supposed curable; the rest were chronic cases or cases in which there was no reasonable hope of ultimate recovery; but many of these, although classed as incurable, have symptoms of a mild type and could very well be cared for outside if they had suitable homes to go to and friends to look after them.

The bodily health of the patients has on the whole been remarkably good. No epidemic of any kind has visited the Institution, and seldom have there been more than two or three confined to bed on account of serious ailment, and sometimes none at all.

No building-operations have been in hand, but I am pleased to say that the work of enclosing new and much larger airing-courts, the plans for which I submitted to you some years ago, is at last in hand, and the adjoining cricketing oval, upon which so much of our labour has been spent, is approaching completion. I hope that by next summer these improvements will at any rate be so far completed as to be in use for the recreation of patients.

Very few changes occurred in the staff of officials. Mr. Drysdale, the farm-manager, resigned in November, and I much regretted the loss of his services. During his term he initiated important improvements in the methods of working the farm, and did good work in developing the property. Owing to his careful management the dairy-produce was largely increased.

The usual amusements for the patients have been provided, and my colleague, Dr. Barraclough, has, with the assistance of members of the staff, produced several dramatic plays, which have been greatly appreciated by the inmates. Sometimes visitors have kindly come to our aid, and at the dramatic entertainments the Messrs. Bradey, of Pahautanui, very kindly provided an excellent orchestral band.

To Dr. Barraclough my thanks are due for his able assistance, and of the senior and other members of the staff I have to express my appreciation for much good work done throughout the year.—I have, &c.,

The Inspector-General of Asylums, Wellington.

GRAY HASSELL, M.D.,

Medical Superintendent.

## WELLINGTON ASYLUM.

SIR,—

I have the honour to present to you the annual report of this Asylum for the year ending the 31st December, 1902.

I regret that I have to report unsatisfactorily as to the accommodation for the patients during the year. Overcrowding has again asserted itself. As I stated in my report of last year, the relief afforded by the opening of the new wards at Porirua was only temporary. At the beginning of the year we had 11 males and 10 females over the statutory number, our figures being 152 males and 100 females. At the end of the year these numbers had increased to 177 and 104 respectively, and as before this overcrowding is reflected in the recovery-rate.

There is very little difference in the admissions for the year, 5 fewer men and 1 woman being admitted. The numbers are 62 and 37. Readmissions have slightly increased, the total readmissions being 10 males and 12 females.

The death-rate is very satisfactory, there being only a total of 12—9 males and 3 females. The percentage of deaths to admissions is 14 for males and 8 for females, and on the average number resident the percentage has decreased from 7·1 to 4·5. Five of the 9 males died within a year of admission, 2 from general paralysis, 1 from senility, 1 from acute phthisis, and 1 from pneumonia. We are wonderfully free from phthisis here, there being only one other death from this cause. One patient died after a residence of forty-four years, exactly half his lifetime, and another after twenty-five years. Of the women, one died of acute mania, with exhaustion, after two days' residence, another with heart-failure, three weeks after admission, her age being seventy, and the other died of bronchitis and heart-failure, after nine years in the Asylum.

As regards recoveries, there were 25 males and 29 females discharged, giving a rate calculated on admissions of 40 per cent. and 78 per cent. respectively.

Our numbers are kept up owing to the sending into the Asylums of the old and feeble, who are certainly certifiable to be insane, but who really are in their dotage, and only require careful nursing, such as might be given them in some other institution, which could be managed at a cheaper rate than is possible for an asylum for the insane. If there were such institutions a yearly draft could be made of the old and infirm who are bound to be kept in the Asylum for life, because there is no other place to send them to.

An inebriate home is also urgently required in the North Island, as there are a good number of drink cases sent here who recover their sanity in a few days, but who should be kept six months or a year away from contact with alcohol. It is obviously impossible to treat this class among the ordinary insane.

The general health of the institution was remarkably good up to the last month of the year, when we had an outbreak of measles in the male admission and refractory ward. The incidence was traced to a new attendant who was ill, and confessed to having been nursing a measles case the week before he joined our service. It is deplorable that such carelessness and culpable ignorance should exist as regards the danger of infection. The wards were isolated, but cases kept cropping up all over the male side, and at the end of the year there were eight patients affected and the whole of the male division was in quarantine. Luckily the female side escaped.

Accidents have been extremely rare, no bones being broken, and only minor injuries such as cuts and abrasions having to be attended to.

The May-Oatway automatic fire-alarm has been installed, and proof of its efficiency was shown when, on a false alarm, the Newtown Fire Brigade drove up under two minutes from the inception of the fire. I am pleased to have to report that the Public Works Department has begun to wire the building for electric light, which will give us better light and also more security from fire.

There have been many changes in the staff during the year, due to the same causes as in former years. House-rents are so high and cost of living so much in Wellington that it is well-nigh impossible for a married man to live in the service. I would suggest that lodging-money should be granted to married attendants, as their rooms in the Asylum would become available for extra patients or attendants.

For the amusement of the patients, books, periodicals, dances, and picnics have been provided. We have had a very quiet and satisfactory year, for the attainment of which I have to heartily thank the officers and staff of the institution.

I have, &c.,

W. BAXTER GOW, M.D.,

Medical Superintendent.

The Inspector-General of Asylums, Wellington.

D. MACGREGOR, M.A., M.B.,

Inspector-General of Asylums.

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APPENDIX.

TABLE I.—SHOWING the ADMISSIONS, READMISSIONS, DISCHARGES, and DEATHS in ASYLUMS during the Year 1902.

					M.	F.	T.	M.	F.	T.
In asylums, 1st January, 1902	..	..	..	..	..	..	..	1,654	1,119	2,773
Admitted for the first time	..	..	..	..	290	150	440	352	192	544
Readmitted	..	..	..	..	62	42	104			
Total under care during the year					..			2,006	1,311	3,317
Discharged and removed—										
Recovered	..	..	..	..	135	99	234			
Relieved	..	..	..	..	26	15	41			
Not improved	..	..	..	..	10	9	19			
Died	..	..	..	..	120	55	175	291	178	469
Remaining in asylums, 31st December, 1902					..			1,715	1,133	2,848
Increase over 31st December, 1901					..			61	14	75
Average number resident during the year					..			1,671	1,114	2,785

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 1902.

Asylums.	In Asylums on 1st January, 1902.			Admissions in 1902.									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 .. ..	322	193	515	70	27	97	14	6	20	84	33	117	406	226	632
Christchurch .. ..	303	243	546	51	27	78	15	2	17	66	29	95	369	272	641
Dunedin (Seacliff) .. ..	423	226	649	64	30	94	15	17	32	79	47	126	502	278	775
Hokitika .. ..	85	31	116	19	9	28	1	..	1	20	9	29	105	40	145
Nelson .. ..	85	54	139	5	1	6	0	2	2	5	3	8	90	57	147
Porirua .. ..	264	251	515	21	22	43	5	1	6	26	23	49	290	274	564
Wellington .. ..	152	100	252	52	25	77	10	12	22	62	37	99	214	137	351
Ashburn Hall (private asylum)	20	21	41	8	9	17	2	2	4	10	11	21	30	32	62
Totals .. ..	1,654	1,119	2,773	290	150	440	62	42	104	352	192	544	2,006	1,311	3,317

TABLE II.—continued.

Asylums.	Patients Discharged and Died.												In Asylums on the 31st December. 1902.		
	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 .. ..	29	13	42	3	1	4	33	15	48	65	29	94	341	197	538
Christchurch .. ..	26	13	39	9	8	17	17	12	29	52	33	85	317	239	556
Dunedin (Seacliff) .. ..	27	16	43	19	10	29	26	12	38	72	38	110	430	235	665
Hokitika .. ..	4	4	8	1	1	2	12	3	15	17	8	25	88	32	120
Nelson .. ..	1	2	3				5	1	6	6	3	9	84	54	138
Porirua .. ..	17	16	33	0	2	2	15	6	21	32	24	56	258	250	508
Wellington .. ..	25	29	54	3	1	4	9	3	12	37	33	70	177	104	281
Ashburn Hall (private asylum)	6	6	12	1	1	2	3	3	6	10	10	20	20	22	42
Totals .. ..	135	99	234	36	24	60	120	55	175	291	178	469	1,715	1,133	2,848

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 .. ..	332	195	527	34.52	39.39	35.81	9.94	7.69	9.11	39.29	45.45	41.03
Christchurch .. ..	305	242	547	39.39	44.83	41.05	5.57	4.96	5.30	25.76	41.38	30.53
Dunedin (Seacliff) .. ..	418	231	649	34.18	34.04	34.13	6.22	5.19	5.85	32.91	25.53	30.16
Hokitika .. ..	86	31	117	20.00	44.44	27.59	13.95	9.68	12.82	60.00	33.33	51.71
Nelson .. ..	85	53	138	20.00	66.66	37.50	5.88	1.89	4.35	100.00	33.33	75.00
Porirua .. ..	258	246	504	65.38	69.57	67.35	5.81	2.44	4.17	57.69	26.09	42.86
Wellington .. ..	166	96	262	40.32	78.38	54.54	5.42	3.12	4.58	14.52	8.11	12.12
Ashburn Hall (private asylum) ..	21	20	41	60.00	54.54	57.14	14.29	15.00	14.63	30.00	27.27	28.57
Totals .. ..	1,671	1,114	2,785	38.35	51.56	43.01	7.18	4.94	6.28	34.90	28.65	32.17

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 ..	1 0 1	..	..	..	..	..	..	..	1 0 1
From 5 to 10 years	1 0 1	..	1 0 1	0 1 1	..	..	..	..	2 1 3
" 10 " 15 "	..	..	..	0 1 1	..	..	0 1 1	..	0 2 2
" 15 " 20 "	5 0 5	2 2 4	5 4 9	0 1 1	1 0 1	1 0 1	3 0 3	0 3 3	17 10 27
" 20 " 30 "	14 6 20	13 7 20	6 9 15	3 1 4	1 2 3	1 11 12	14 9 23	2 1 3	54 46 100
" 30 " 40 "	16 12 28	15 5 20	16 16 32	3 2 5	1 0 1	5 3 8	19 12 31	1 4 5	76 54 130
" 40 " 50 "	22 6 28	9 4 13	17 4 21	5 3 8	1 0 1	7 5 12	15 9 24	3 0 3	79 31 110
" 50 " 60 "	15 4 19	10 6 16	13 11 24	2 0 2	..	4 2 6	5 3 8	1 1 2	50 27 77
" 60 " 70 "	8 3 11	6 3 9	14 3 17	3 0 3	0 1 1	6 2 8	4 2 6	2 2 4	43 16 59
" 70 " 80 "	2 2 4	10 1 11	7 0 7	4 0 4	1 0 1	2 0 2	2 1 3	..	28 4 32
Upwards of 80 years	..	..	..	..	..	..	..	1 0 1	1 0 1
Unknown..	..	1 1 2	..	..	..	..	..	..	1 1 2
Totals ..	84 33 117	66 29 95	79 47 126	20 9 29	5 3 8	26 23 49	62 37 99	10 11 21	352 192 544

TABLE IV.—DURATION of DISORDER on 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)	48 14 62	28 13 41	43 10 53	10 4 14	2 0 2	15 11 26	35 13 48	2 2 4	183 67 250
Second Class (first attack, above 3 mos. and within 12 mos. on admission)	8 6 14	8 3 11	7 3 10	3 1 4	2 0 2	2 1 3	8 2 10	2 3 5	40 19 59
Third Class (not first attack, and within 12 mos. on admission)	18 7 25	21 5 26	9 13 22	1 2 3	0 1 1	3 6 9	11 12 23	4 5 9	67 51 118
Fourth Class (first attack or not, but of more than 12 mos. on admission)	10 6 16	5 7 12	20 21 41	4 2 6	1 2 3	6 5 11	8 10 18	2 1 3	56 54 110
Unknown ..	..	4 1 5	..	2 0 2	..	..	..	..	6 1 7
Totals ..	84 33 117	66 29 95	79 47 126	20 9 29	5 3 8	26 23 49	62 37 99	10 11 21	352 192 544

TABLE V.—AGES of PATIENTS DISCHARGED "RECOVERED" and "NOT RECOVERED."

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 "	..	..	3 0 3	..	..	4 2 6	0 2 2	..	..	..	..	..
" 20 " 30 "	..	..	4 2 6	1 0 1	..	10 3 13	1 1 2	7 8 15	1 3 4	0 2 2	..	..
" 30 " 40 "	..	..	5 5 10	1 0 1	..	5 4 9	3 0 3	6 5 11	5 1 6	1 2 3	..	..
" 40 " 50 "	..	..	8 3 11	1 0 1	..	3 3 6	1 3 4	4 0 4	2 1 3	1 0 1	0 1 1	..
" 50 " 60 "	..	..	5 3 8	0 1 1	..	1 0 1	2 1 3	5 2 7	7 2 9	..	..	..
" 60 " 70 "	..	..	4 0 4	..	..	1 1 2	0 1 1	2 0 2	4 1 5	1 0 1	..	..
" 70 " 80 "	..	..	..	..	..	1 0 1	2 0 2	..	..	1 0 1	1 0 1	..
Totals ..	..	..	29 13 42	3 1 4	..	26 13 39	9 8 17	27 16 43	19 10 29	4 4 8	1 1 2	..

  

Ages.	Nelson.		Porirua.		Wellington.		Ashburn Hall (Private Asylum).		Total.		
	Re-covered.	Not re-covered.	Re-covered.	Not re-covered.	Re-covered.	Not re-covered.	Re-covered.	Not re-covered.	Recovered.	Not recovered.	
	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	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 "	..	..	0 1 1	..	2 2 4	1 0 1	0 2 2	..	12 8 20	1 4 5	..
" 20 " 30 "	1 0 1	..	2 5 7	..	8 8 16	..	1 1 2	..	33 29 62	3 4 7	..
" 30 " 40 "	0 2 2	..	7 3 10	0 1 1	7 10 17	..	0 1 1	1 0 1	31 32 63	10 2 12	..
" 40 " 50 "	..	..	4 5 9	0 1 1	2 4 6	2 1 3	2 1 3	..	24 16 40	6 7 13	..
" 50 " 60 "	..	..	3 2 5	..	4 5 9	..	2 0 2	0 1 1	20 12 32	9 5 14	..
" 60 " 70 "	..	..	1 0 1	..	1 0 1	..	1 1 2	..	11 2 13	4 2 6	..
" 70 " 80 "	..	..	..	..	1 0 1	..	..	..	3 0 3	3 0 3	..
Totals ..	1 2 3	..	17 16 33	0 2 2	25 29 54	3 1 4	6 6 12	1 1 2	135 99 234	36 24 60	..

TABLE VI.—AGES of the PATIENTS who DIED.

Ages.	Auckland.	Christchurch.	Dunedin (Seacliff).	Hokitika.	Nelson.	Porirua.	Wellington.	Ashburn Hall (Private Asylum).	Total.
	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.
From 5 to 10 years	1 0 1	..	1 .. 1	..	..	..	..	..	2 0 2
" 10 " 15	..	..	..	..	..	..	..	..	..
" 15 " 20	..	..	1 .. 1	..	..	..	..	..	1 0 1
" 20 " 30	5 1 6	1 2 3	1 2 3	1 0 1	1 0 1	0 1 1	3 0 3	..	12 6 18
" 30 " 40	7 3 10	1 3 4	1 4 5	3 0 3	0 1 1	0 2 2	1 0 1	..	13 13 26
" 40 " 50	7 4 11	2 1 3	5 3 8	1 0 1	..	6 0 6	1 1 2	..	22 9 31
" 50 " 60	4 3 7	8 0 8	4 0 4	..	1 0 1	4 1 5	0 1 1	1 1 2	22 6 28
" 60 " 70	4 1 5	4 4 8	9 1 10	0 1 1	1 0 1	2 1 3	1 0 1	0 1 1	21 9 30
" 70 " 80	5 3 8	1 2 3	4 2 6	5 0 5	2 0 2	3 1 4	3 1 4	..	23 9 32
" 80 " 90	..	..	..	2 0 2	..	..	..	2 0 2	4 0 4
Over 90 years	..	..	..	..	..	..	..	0 1 1	0 1 1
Unknown	..	..	..	0 2 2	..	..	..	..	0 2 2
Totals	33 15 48	17 12 29	26 12 38	12 3 15	5 1 6	15 6 21	9 3 12	3 3 6	120 55 175

TABLE VII.—CONDITION as to MARRIAGE.

—						Admissions.	Discharges.	Deaths.
						M. F. T.	M. F. T.	M. F. T.
AUCKLAND—						49 13 62	15 4 19	17 1 18
Single ..	..	..	..	..	..	27 16 43	13 7 20	14 10 24
Married ..	..	..	..	..	..	8 4 12	4 3 7	2 4 6
Widowed ..	..	..	..	..	..			
Totals	..	..	..	..	..	84 33 117	32 14 46	33 15 48
CHRISTCHURCH—						36 12 48	27 7 34	9 5 14
Single ..	..	..	..	..	..	28 15 43	7 13 20	8 4 12
Married ..	..	..	..	..	..	2 2 4	1 1 2	0 3 3
Widowed ..	..	..	..	..	..			
Totals	..	..	..	..	..	66 29 95	35 21 56	17 12 29
DUNEDIN (Seacliff)—						45 26 71	27 19 46	17 7 24
Single ..	..	..	..	..	..	31 19 50	17 6 23	9 4 13
Married ..	..	..	..	..	..	3 2 5	2 1 3	0 1 1
Widowed ..	..	..	..	..	..			
Totals	..	..	..	..	..	79 47 126	46 26 72	26 12 38
HOKITIKA—						15 4 19	4 0 4	8 1 9
Single ..	..	..	..	..	..	3 4 7	1 4 5	2 1 3
Married ..	..	..	..	..	..	2 1 3	0 1 1	2 1 3
Widowed ..	..	..	..	..	..			
Totals	..	..	..	..	..	20 9 29	5 5 10	12 3 15
NELSON—						3 2 5	1 1 2	2 0 2
Single ..	..	..	..	..	..	1 1 2	0 1 1	2 1 3
Married ..	..	..	..	..	..	1 0 1	..	1 0 1
Widowed ..	..	..	..	..	..			
Totals	..	..	..	..	..	5 3 8	1 2 3	5 1 6
PORIRUA—						11 8 19	10 10 20	8 2 10
Single ..	..	..	..	..	..	10 12 22	6 7 13	3 3 6
Married ..	..	..	..	..	..	5 3 8	1 1 2	4 1 5
Widowed ..	..	..	..	..	..			
Totals	..	..	..	..	..	26 23 49	17 18 35	15 6 21
WELLINGTON—						40 9 49	20 9 29	5 0 5
Single ..	..	..	..	..	..	17 22 39	7 19 26	4 2 6
Married ..	..	..	..	..	..	5 6 11	1 2 3	0 1 1
Widowed ..	..	..	..	..	..			
Totals	..	..	..	..	..	62 37 99	28 30 58	9 3 12
ASHBURN HALL (Private Asylum)—						5 8 13	2 4 6	1 1 2
Single ..	..	..	..	..	..	4 2 6	4 3 7	2 1 3
Married ..	..	..	..	..	..	1 1 2	1 0 1	0 1 1
Widowed ..	..	..	..	..	..			
Totals	..	..	..	..	..	10 11 21	7 7 14	3 3 6
TOTALS—						204 82 286	106 54 160	67 17 84
Single ..	..	..	..	..	..	121 91 212	55 60 115	44 26 70
Married ..	..	..	..	..	..	27 19 46	10 9 19	9 12 21
Widowed ..	..	..	..	..	..			
Totals	..	..	..	..	..	352 192 544	171 123 294	120 55 175

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 ..	119	64	183	114	83	197	91	45	136	12	6	18	24	12	36	94	76	170	55	26	81	6	6	12	515	318	833
Scotland ..	32	7	39	36	23	59	116	74	190	11	1	12	6	4	10	26	24	50	19	10	29	6	6	12	252	149	401
Ireland ..	66	48	114	72	58	130	104	57	161	27	15	42	18	8	26	53	68	121	28	15	43	2	0	2	370	269	639
New Zealand ..	79	63	142	61	49	110	54	42	96	22	8	30	29	27	56	49	64	113	56	37	93	6	9	15	356	299	655
Austral'n Colonies	5	6	11	6	3	9	11	12	23	1	2	3	1	2	3	7	3	10	5	3	8	..	..	..	36	31	67
America, U.S. ..	6	0	6	1	2	3	1	0	1	2	0	2	..	..	..	..	..	..	..	..	..	..	..	..	10	2	12
France ..	..	..	..	1	0	1	0	2	2	1	0	1	..	..	..	2	0	2	..	..	..	..	..	..	4	2	6
Germany ..	9	3	12	4	1	5	10	0	10	3	0	3	1	0	1	6	3	9	3	6	9	..	..	..	36	13	49
Austria ..	4	0	4	..	..	..	..	..	..	..	..	..	..	..	..	0	1	1	..	..	..	..	..	..	4	1	5
Norway ..	1	0	1	4	0	4	9	1	10	..	..	..	..	..	..	1	1	2	0	3	3	..	..	..	15	5	20
Sweden ..	4	0	4	..	..	..	3	0	3	3	0	3	0	1	1	4	2	6	2	0	2	..	..	..	16	3	19
Denmark ..	2	0	2	2	0	2	0	2	2	..	..	..	2	0	2	5	0	5	4	0	4	..	..	..	15	2	17
Italy ..	1	1	2	3	0	3	4	0	4	1	0	1	1	0	1	2	2	4	1	0	1	..	..	..	13	3	16
China ..	1	0	1	..	..	..	19	0	19	5	0	5	..	..	..	1	0	1	2	0	2	..	..	..	28	0	28
Maoris ..	5	5	10	1	1	2	1	0	1	..	..	..	..	..	..	4	3	7	2	0	2	..	..	..	13	9	22
Other countries ..	7	0	7	12	19	31	7	0	7	..	..	..	2	0	2	4	3	7	0	4	4	0	1	1	32	27	59
Totals ..	341	197	538	317	239	556	430	235	665	88	32	120	84	54	138	258	250	508	177	104	281	20	22	42	1715	1133	2848

TABLE IX.—AGES of PATIENTS in Asylums on 31st December, 1902.

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	0	1	..	..	..	..	..	..	0	1	1	..	..	..	..	..	..	..	..	..	1	1	2			
10 " 15 " ..	1	0	1	2	1	3	2	1	3	..	..	..	..	..	..	..	0	1	1	..	..	5	3	8			
15 " 20 " ..	2	2	4	2	1	3	1	3	4	0	1	1	2	0	2	..	..	1	2	3	..	8	9	17			
20 " 30 " ..	4	5	9	4	6	10	8	7	15	0	1	1	5	3	8	4	6	10	5	1	6	0	1	1	30	30	60
30 " 40 " ..	45	25	70	35	26	61	50	37	87	10	4	14	8	6	14	25	23	48	34	21	55	1	2	3	208	144	352
40 " 50 " ..	71	38	109	60	52	112	82	52	134	14	1	15	11	12	23	57	49	106	36	28	64	4	5	9	335	237	572
50 " 60 " ..	84	50	134	70	57	127	112	51	163	8	5	13	20	11	31	69	81	150	40	30	70	4	4	8	407	289	696
60 " 70 " ..	67	39	106	60	50	110	77	55	132	20	7	27	15	11	26	66	55	121	40	12	52	4	3	7	349	232	581
70 " 80 " ..	53	25	78	53	31	84	76	24	100	25	12	37	16	10	26	27	32	59	17	6	23	6	4	10	273	144	417
Over 80 " ..	8	8	16	24	11	35	18	4	22	8	0	8	7	1	8	10	4	14	4	3	7	1	3	4	80	34	114
Unknown ..	3	3	6	3	2	5	4	1	5	..	..	..	..	..	..	..	..	..	..	..	..	10	6	16			
Totals ..	2	2	4	4	2	6	..	..	..	3	0	3	..	..	..	..	..	..	..	..	..	9	4	13			
Totals ..	341	197	538	317	239	556	430	235	665	83	32	120	84	54	138	258	250	508	177	104	281	20	22	42	1715	1133	2848

TABLE X.—LENGTH of RESIDENCE of PATIENTS who DIED during 1902.

Length of Residence.	Auckland.			Christchurch.			Dunedin (Seacliff).			Hokitika.			Nelson.			Porirua.			Wellington.			Ashburn Hall (Private Asylum).			Total.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 1 month ..	0	1	1	3	3	6	1	0	1	2	0	2	1	0	1	1	1	2	2	2	4	0	1	1	10	8	18
From 1 to 3 months ..	4	2	6	0	1	1	5	0	5	..	..	..	..	..	..	1	0	1	..	..	..	1	0	1	11	3	14
" 3 " 6 " ..	4	1	5	..	..	..	3	2	5	1	0	1	..	..	..	..	..	..	..	..	..	..	..	..	8	3	11
" 6 " 9 " ..	1	1	2	1	0	1	1	0	1	2	0	2	..	..	..	2	0	2	2	0	2	..	..	..	9	1	10
" 9 " 12 " ..	1	0	1	1	0	1	3	1	4	..	..	..	..	..	..	2	0	2	1	0	1	..	..	..	8	1	9
" 1 " 2 years ..	5	0	5	2	1	3	3	4	7	1	0	1	..	..	..	2	0	2	..	..	..	..	..	..	13	5	18
" 2 " 3 " ..	..	..	..	0	2	2	1	0	1	0	1	1	0	1	1	..	..	..	..	..	..	..	..	..	1	4	5
" 3 " 5 " ..	6	4	10	0	1	1	3	2	5	2	0	2	1	0	1	2	0	2	..	..	..	1	2	3	15	9	24
" 5 " 7 " ..	4	2	6	2	0	2	..	..	..	1	0	1	..	..	..	0	1	1	..	..	..	..	..	..	7	3	10
" 7 " 10 " ..	3	1	4	2	3	5	1	1	2	1	0	1	..	..	..	1	2	3	1	1	2	..	..	..	9	8	17
" 10 " 12 " ..	1	1	2	1	0	1	..	..	..	..	..	..	1	0	1	..	..	..	..	..	..	..	..	..	3	1	4
" 12 " 15 " ..	1	0	1	1	0	1	0	1	1	1	0	1	..	..	..	1	0	1	1	0	1	..	..	..	5	1	6
Over 15 years ..	..	..	..	4	1	5	5	1	6	0	2	2	2	0	2	3	2	5	2	0	2	1	0	1	17	6	23
Died while absent on trial	3	2	5	..	..	..	..	..	..	1	0	1	..	..	..	..	..	..	..	..	..	..	..	..	4	2	6
Totals ..	33	15	48	17	12	29	26	12	38	12	3	15	5	1	6	15	6	21	9	3	12	3	3	6	120	55	175

TABLE XI.—LENGTH of RESIDENCE of PATIENTS DISCHARGED "RECOVERED" during 1902.

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 ..	3 1 4	1 0 1	4 3 7	1 1 2	..	2 1 3	1 0 1	1 0 1	13 6 19
From 1 to 3 months ..	3 1 4	9 4 13	9 6 15	0 2 2	..	4 0 4	12 5 17	1 2 3	38 20 58
" 3 " 6 ..	13 4 17	8 2 10	7 3 10	2 1 3	..	3 3 6	4 6 10	0 2 2	37 21 58
" 6 " 9 ..	1 2 3	3 2 5	2 2 4	..	0 2 2	1 4 5	2 7 9	3 2 5	12 21 33
" 9 " 12 ..	2 1 3	0 1 1	1 2 3	..	..	0 3 3	2 4 6	..	5 11 16
" 1 " 2 years ..	1 3 4	2 0 2	2 0 2	..	..	5 4 9	1 0 1	1 0 1	12 7 19
" 2 " 3 ..	2 0 2	1 1 2	..	..	..	1 1 2	2 6 8	..	6 8 14
" 3 " 5 ..	3 1 4	1 1 2	1 0 1	..	..	..	1 1 2	..	6 3 9
" 5 " 7 ..	1 0 1	..	1 0 1	..	..	1 0 1	..	..	3 0 3
" 7 " 10 ..	..	1 2 3	..	1 0 1	1 0 1	..	..	..	3 2 5
" 10 " 12 ..	..	..	..	..	..	..	..	..	..
" 12 " 15 ..	..	..	..	..	..	..	..	..	..
Over 15 years ..	..	..	..	..	..	..	..	..	..
Totals ..	29 13 42	26 13 39	27 16 43	4 4 8	1 2 3	17 16 33	25 29 54	6 6 12	135 99 234

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.
Acute mania and exhaustion ..	..	..	..	..	..	..	0 1 1	0 1 1	0 2 2
Acute rheumatism ..	..	1 0 1	..	..	..	..	..	..	1 0 1
Addison's disease ..	..	0 1 1	..	..	..	..	..	..	0 1 1
Apoplexy ..	..	2 0 2	2 1 3	1 0 1	..	..	..	..	5 1 6
Bright's disease ..	1 0 1	..	1 0 1	1 0 1	..	..	..	..	3 0 3
Bronchitis ..	..	..	..	..	..	1 0 1	1 1 2	..	2 1 3
Cardiac failure..	1 0 1	..	..	..	..	1 1 2	..	..	2 1 3
Cancer ..	0 1 1	0 1 1	1 0 1	..	..	1 0 1	..	..	2 2 4
Cerebral congestion ..	1 0 1	..	..	..	..	..	..	..	1 0 1
Cerebral softening ..	..	..	..	..	..	..	..	0 1 1	0 1 1
Cerebral tumour ..	0 1 1	..	..	..	..	..	..	..	0 1 1
Cerebral hæmorrhage ..	..	1 1 2	..	..	..	..	..	..	1 1 2
Chronic brain-disease ..	1 1 2	0 1 1	5 0 5	..	..	1 0 1	..	..	7 2 9
Diabetic phthisis ..	..	..	..	1 0 1	..	..	..	..	1 0 1
Diarrhœa and dysentery ..	1 0 1	1 0 1	..	..	..	..	..	..	2 0 2
Dilatation of heart ..	..	..	..	1 0 1	1 0 1	..	..	..	1 0 1
Dropsy ..	..	..	..	..	..	..	..	..	1 0 1
Empyæmia ..	..	..	..	..	..	1 0 1	..	..	1 0 1
Epilepsy ..	2 4 6	1 0 1	1 1 2	2 0 2	..	1 0 1	..	..	7 5 12
Exhaustion from mania ..	2 0 2	..	..	..	..	..	..	..	2 0 2
Exophthalmic goitre ..	0 1 1	..	..	..	..	..	..	..	0 1 1
Fatty-degeneration of heart ..	..	..	..	..	..	1 0 1	..	..	1 0 1
Gangrene ..	..	..	1 0 1	..	..	..	..	..	1 0 1
Gastro enteritis ..	..	1 0 1	..	..	..	..	..	..	1 0 1
General paralysis ..	9 0 9	..	1 0 1	1 0 1	..	3 0 3	2 0 2	1 0 1	17 0 17
Heart-disease ..	..	2 1 3	5 1 6	2 1 3	..	1 2 3	..	..	10 5 15
Inflammation of bowels..	..	1 0 1	..	..	..	..	..	..	1 0 1
Lympho-sarcoma of neck and lungs ..	1 0 1	..	..	..	..	0 1 1	..	..	0 1 1
Marasmus ..	..	..	..	..	..	..	..	..	1 0 1
Measles and pericarditis ..	1 0 1	..	..	..	..	..	..	..	1 0 1
Measles and pneumonia ..	1 0 1	..	..	..	..	..	..	..	1 0 1
Melancholia and asthenia ..	..	..	..	..	..	1 1 2	..	..	1 1 2
Organic brain-disease ..	2 2 4	..	..	..	..	..	..	..	2 2 4
Peritonitis ..	..	..	1 0 1	..	..	..	..	..	1 0 1
Phthisis ..	2 3 5	1 1 2	5 7 12	..	..	0 1 1	2 0 2	..	10 12 22
Pleurisy ..	..	..	1 0 1	..	..	..	..	..	1 0 1
Pneumonia ..	1 0 1	1 1 2	..	1 1 2	..	..	1 0 1	..	4 2 6
Senile decay ..	4 2 6	2 2 4	0 2 2	1 0 1	2 0 2	1 1 2	2 0 2	0 1 1	12 8 20
Septicæmia ..	..	..	..	0 1 1	..	..	..	..	0 1 1
Suppurative nephritis ..	..	..	..	..	..	1 0 1	..	1 0 1	2 0 2
Syphilis ..	..	..	..	..	0 1 1	..	..	..	0 1 1
Syncope ..	..	3 1 4	..	..	1 0 1	1 0 1	..	1 0 1	6 1 7
Thrombosis and chronic nephritis ..	..	..	1 0 1	..	..	..	..	..	1 0 1
Tubercular laryngitis ..	..	0 1 1	..	..	..	..	..	..	0 1 1
Tubercular peritonitis ..	..	0 1 1	..	..	..	..	..	..	0 1 1
Tuberculosis ..	3 0 3	..	..	..	1 0 1	..	..	..	4 0 4
Uræmia ..	..	..	1 0 1	..	..	1 0 1	..	..	2 0 2
Died while absent on trial ..	..	..	..	1 0 1	..	..	..	..	1 0 1
Totals ..	33 15 48	17 12 29	26 12 38	12 3 15	5 1 6	15 6 21	9 3 12	3 3 6	120 55 175

TABLE XIII.—CAUSES OF INSANITY.

Causes.	Auckland.	Christchurch.	Dunedin (Seacliff).	Hokitika.	Nelson.	Porirua.	Wellington.	Ashburn Hall (Private Asylum).	Total.
	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.
Adolescence ..	1 0 1	..	0 1 1	..	..	..	2 2 4	..	3 3 6
Adverse circumstances ..	..	..	0 1 1	..	..	..	..	..	0 1 1
Alcohol ..	9 2 11	11 1 12	17 3 20	2 1 3	..	2 4 6	8 3 11	..	49 14 63
Amenorrhœa ..	..	..	0 2 2	..	..	..	..	..	0 2 2
Apoplexy ..	..	..	1 0 1	..	..	..	..	..	1 0 1
Blindness ..	..	..	..	..	..	..	1 0 1	..	1 0 1
Brain fever ..	..	..	..	..	..	..	0 1 1	..	0 1 1
Carcinoma ..	..	..	..	..	..	1 0 1	..	..	1 0 1
Cerebral tumour ..	0 1 1	..	..	..	..	..	..	..	0 1 1
Child-bearing and puerperal ..	0 2 2	0 2 2	0 5 5	..	..	0 3 3	0 1 1	..	0 13 13
Climacteric ..	0 4 4	0 1 1	0 2 2	0 2 2	..	5 3 8	1 4 5	..	6 16 22
Congenital and hereditary ..	23 7 30	9 1 10	15 14 29	1 2 3	0 1 1	1 2 3	12 4 16	6 5 11	67 36 103
Constipation ..	..	..	1 0 1	..	..	..	..	..	1 0 1
Cruelty of husband ..	..	..	..	..	0 1 1	..	..	..	0 1 1
Debility ..	..	..	..	..	..	1 0 1	..	..	1 0 1
Dissolute life ..	1 0 1	1 0 1	..	..	..	..	..	..	2 0 2
Domestic trouble ..	..	..	..	..	..	0 2 2	..	1 0 1	1 2 3
Epilepsy ..	3 1 4	3 3 6	0 3 3	1 0 1	1 0 1	2 2 4	1 1 2	..	11 10 21
Excessive sexual intercourse ..	..	..	..	..	..	..	1 0 1	..	1 0 1
Financial worry ..	2 0 2	1 0 1	..	1 0 1	..	..	..	..	4 0 4
Horse-racing ..	..	..	..	1 0 1	..	..	..	..	1 0 1
Ill-health ..	3 0 3	1 5 6	..	..	..	..	..	..	4 5 9
Influenza ..	..	..	2 0 2	..	..	1 0 1	1 0 1	0 1 1	4 1 5
Injury to head ..	..	..	1 1 2	..	..	..	..	..	1 1 2
Masturbation ..	6 0 6	2 0 2	4 0 4	3 0 3	..	..	8 1 9	..	23 1 24
Melancholia ..	..	..	..	..	1 0 1	..	..	..	1 0 1
Neurotic inheritance ..	..	..	..	..	..	..	..	0 5 5	0 5 5
Nymphomania ..	..	..	..	..	..	..	0 1 1	..	0 1 1
Opium ..	..	..	..	..	..	..	1 0 1	..	1 0 1
Organic ..	..	4 0 4	..	..	..	..	..	..	4 0 4
Overstudy ..	..	..	..	..	..	..	2 0 2	..	2 0 2
Overwork ..	..	..	1 1 2	..	..	..	..	..	1 1 2
Phthisis ..	..	..	..	..	..	..	1 0 1	..	1 0 1
Plumbism ..	..	..	1 0 1	..	..	..	..	..	1 0 1
Poverty ..	..	..	1 0 1	..	..	..	..	..	1 0 1
Previous attack ..	..	15 2 17	..	..	..	3 2 5	10 11 21	..	28 15 43
Privation ..	4 1 5	0 2 2	..	..	..	1 0 1	..	..	5 3 8
Railway accident ..	..	..	1 0 1	..	..	..	..	..	1 0 1
Religious excitement ..	..	1 0 1	..	2 2 4	..	..	1 1 2	..	4 3 7
Scarlatina ..	..	..	0 1 1	..	..	..	..	..	0 1 1
Senility ..	5 6 11	8 2 10	8 0 8	2 0 2	..	9 2 11	3 2 5	1 0 1	36 12 48
Shock ..	..	..	2 0 2	..	..	..	..	..	2 0 2
Solitary life ..	5 0 5	..	3 1 4	..	..	..	1 0 1	..	9 1 10
Suicide of brother ..	..	..	..	..	1 0 1	..	..	..	1 0 1
Sunstroke ..	1 0 1	..	1 0 1	..	..	..	3 0 3	..	5 0 5
Syphilis ..	7 0 7	0 1 1	0 1 1	..	..	..	..	..	7 2 9
Uterine trouble ..	..	..	..	0 1 1	..	..	..	..	0 1 1
Worry ..	4 6 10	..	2 1 3	1 0 1	..	0 3 3	2 5 7	2 0 2	11 15 26
Unknown ..	10 3 13	10 9 19	18 10 28	6 1 7	2 1 3	..	3 0 3	..	49 24 73
Totals ..	84 33 117	66 29 95	79 47 126	20 9 29	5 3 8	26 23 49	62 37 99	10 11 21	352 192 544

TABLE XIV.—FORMER OCCUPATIONS OF PATIENTS.

Occupation.	Auckland.	Christchurch.	Dunedin (Seacliff).	Hokitika.	Nelson.	Portra.	Wellington.	Ashburn Hall (Private Asylum).	Total.	Occupation.	Auckland.	Christchurch.	Dunedin (Seacliff).	Hokitika.	Nelson.	Portra.	Wellington.	Ashburn Hall (Private Asylum).	Total.
MALES.																			
Aboriginal native ..	1	..	..	..	..	..	..	..	1	Horsedealer ..	..	..	1	..	..	..	..	..	1
Architects ..	..	1	..	1	..	..	..	..	2	Hotelkeeper ..	..	..	..	..	..	..	..	..	1
Auctioneers ..	2	..	..	..	..	..	..	..	2	Labourers ..	16	29	26	6	..	12	17	..	106
Bakers ..	..	..	1	1	..	..	1	..	3	Lighthouse-keeper ..	..	..	1	..	..	..	..	..	1
Blacksmiths ..	..	..	2	..	..	..	..	..	2	Medical practitioner ..	..	..	..	..	..	1	..	..	1
Bootmakers ..	4	1	..	..	..	..	2	..	7	Miners ..	1	1	9	7	..	..	1	..	19
Bushman ..	1	..	..	..	..	..	..	..	1	Music-teacher ..	..	..	1	..	..	..	..	..	1
Butcher ..	..	..	1	..	..	..	..	..	1	News vendor ..	..	..	1	..	..	..	..	..	1
Canvasser ..	1	..	..	..	..	..	..	..	1	No occupation ..	7	3	1	..	1	..	4	..	16
Carpenters, &c. ..	4	4	1	1	..	3	2	..	15	Painter ..	..	..	..	1	..	..	..	..	1
Carters, expressmen, &c.	1	1	4	..	..	..	..	..	6	Photographer ..	..	..	1	..	..	..	..	..	1
Clerks, accountants, &c.	1	2	2	..	..	..	4	..	9	Plumbers ..	1	1	..	..	..	..	2	..	4
Clergymen ..	1	..	..	..	..	..	..	1	2	Police-constable ..	..	..	1	..	..	..	..	..	1
Coach-builder ..	..	..	1	..	..	..	..	..	1	Printers ..	1	..	1	..	..	..	2	..	4
Commercial travellers ..	1	..	..	..	..	..	..	1	2	Rabbiters ..	..	..	8	..	..	..	..	..	3
Commission agents ..	..	..	2	..	1	..	2	..	5	Railway employees ..	1	1	1	..	..	..	..	..	3
Coal merchant ..	..	..	1	..	..	..	..	..	1	Ropemakers ..	2	..	..	..	..	1	..	..	3
Cook ..	..	..	..	..	..	..	1	..	1	Saddler ..	..	..	..	..	..	1	..	..	1
Dealer ..	..	..	..	..	..	..	..	1	1	Salesmen ..	1	1	..	..	..	..	..	..	2
Drapers ..	..	1	..	1	..	..	..	..	2	Schoolboy ..	..	..	1	..	..	..	..	..	1
Engineers ..	..	..	1	1	..	..	..	..	2	Schoolmasters ..	1	..	..	..	..	..	2	..	3
Farm cadet ..	..	..	..	..	..	1	..	..	1	Sea captain ..	..	..	..	..	..	1	..	..	1
Farmers and sheep-farmers	12	11	9	1	1	6	12	3	55	Seamen ..	5	..	1	..	..	..	..	..	6
Fireman ..	1	..	..	..	..	..	..	..	1	Settlers ..	..	..	..	..	1	..	..	..	2
Fisherman ..	1	..	..	..	..	..	..	..	1	Slater ..	..	1	..	..	..	..	..	..	1
Fitters, riveters, moulders, &c.	2	..	..	..	..	1	..	..	3	Station-hand ..	1	..	..	..	..	..	..	..	1
Gardeners ..	1	3	1	..	..	1	2	..	8	Storekeepers ..	1	1	1	..	..	1	..	..	4
Gaol warder ..	..	..	1	..	..	..	..	..	1	Storeman ..	..	1	..	..	..	..	..	..	1
Grocer ..	..	..	..	1	..	..	..	..	1	Student ..	..	..	1	..	..	..	..	..	1
Grooms ..	..	..	..	..	..	2	..	..	2	Tailors ..	1	..	..	1	..	..	..	..	2
Gum-diggers ..	10	..	..	..	..	..	..	..	10	Tanner ..	..	..	..	..	..	1	..	..	1
Hawkers ..	..	..	2	..	..	..	..	..	2	Tramdriver ..	..	..	1	..	..	..	..	..	1
Herbalist ..	..	..	..	..	..	1	..	..	1	Waiter ..	..	1	..	..	..	..	..	..	1
										Woodcarver ..	..	..	..	..	1	..	..	..	1
										Unknown ..	1	..	..	..	1	..	..	..	2
										Totals ..	84	66	79	20	5	26	62	10	352
FEMALES.																			
Charwoman ..	1	..	..	..	..	..	..	..	1	Pedlar ..	..	..	..	..	..	1	..	..	1
Dairykeeper ..	..	..	..	..	..	..	1	..	1	Prostitutes ..	..	..	..	..	1	1	..	..	2
Domestic duties ..	31	8	36	8	1	15	32	8	139	School-girls ..	..	..	..	..	..	..	2	..	2
Domestic servants ..	..	..	3	..	..	3	..	..	6	Tailoress ..	..	..	..	..	1	..	..	..	1
Dressmakers ..	..	2	..	..	1	..	..	..	3	Teachers ..	..	1	1	..	2	1	..	..	5
Housekeeper ..	..	..	..	..	..	..	1	1	1	Typewriter ..	..	..	..	..	1	..	..	..	1
Housewives ..	..	15	3	..	..	..	..	..	18										
Laundress ..	..	..	..	..	..	1	..	..	1										
No occupation ..	1	3	4	1	1	..	..	..	10										
										Totals ..	33	29	47	9	3	23	37	11	192

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.	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.													
1876	221	117	338	129	79	208	17	8	25	6	6	12	36	48	519	264	783	491	257	748	54	53	66	01	57	56	8	21	6	70	
1877	250	112	362	123	57	180	20	9	29	7	2	9	42	63	581	291	872	541	277	818	49	20	50	80	49	72	7	76	7	70	
1878	247	131	378	121	68	189	14	14	28	3	3	6	51	68	638	319	957	601	303	904	48	98	51	90	50	00	8	48	5	61	
1879	248	151	399	112	76	188	15	13	28	8	3	11	55	71	695	361	1,056	666	337	1,003	45	16	50	33	47	11	8	25	4	74	
1880	229	149	378	100	67	167	36	25	61	5	2	7	54	20	729	396	1,125	703	371	1,074	43	66	44	96	44	17	7	68	5	69	
1881	232	127	359	93	65	158	41	36	77	8	1	9	49	14	769	406	1,175	747	388	1,135	40	08	51	10	44	01	6	29	3	60	
1882	267	152	419	95	59	154	49	32	81	5	7	12	60	19	827	442	1,269	796	421	1,217	35	58	38	81	36	75	7	53	4	51	
1883	255	166	421	102	78	180	13	20	33	10	9	19	65	18	892	483	1,375	860	475	1,335	40	00	46	98	42	75	7	55	3	78	
1884	238	153	391	89	77	166	17	9	26	18	12	30	68	24	938	514	1,452	911	497	1,408	32	31	50	32	42	45	7	46	4	63	
1885	294	160	454	95	76	171	10	5	15	73	29	102	73	22	981	542	1,523	965	528	1,493	82	81	47	50	37	66	7	56	4	66	
1886	207	165	372	99	60	159	11	17	28	12	8	20	57	19	1,009	604	1,613	984	559	1,543	47	82	36	36	42	74	5	79	3	49	
1887	255	161	416	103	78	181	34	17	51	..	..	..	74	27	1,053	643	1,696	1,034	613	1,647	7	15	4	40	57	62	7	75	4	61	
1888	215	146	361	116	92	208	31	28	59	2	2	4	78	26	1,041	640	1,681	1,045	641	1,686	53	95	63	01	57	62	7	75	6	16	
1889	230	161	391	93	53	146	31	30	61	3	3	4	70	30	1,074	687	1,761	1,046	660	1,707	40	43	32	92	37	34	6	69	4	54	
1890	230	160	390	98	88	186	23	17	40	12	5	17	76	35	1,095	702	1,797	1,078	685	1,763	42	61	55	00	47	69	7	70	5	58	
1891	234	201	435	88	74	162	33	24	57	14	30	44	79	41	1,115	734	1,849	1,089	699	1,789	37	61	36	82	37	24	7	25	5	67	
1892	231	158	389	89	76	165	21	17	38	8	2	10	74	34	1,154	763	1,917	1,125	714	1,839	38	53	48	10	42	42	6	58	4	76	
1893	281	179	460	101	89	190	17	12	29	9	9	18	78	23	1,229	810	2,039	1,172	758	1,930	35	94	49	72	41	30	6	66	3	58	
1894	320	256	576	107	76	183	15	11	26	55	84	139	64	35	99	1,308	860	2,168	1,241	812	2,053	39	63	45	18	41	30	6	66	3	52
1895	379	302	681	105	77	182	24	19	43	128	139	267	101	42	143	1,329	885	2,214	1,313	849	2,162	41	97	46	06	40	7	73	4	48	
1896	296	170	466	104	70	174	25	16	41	20	12	32	86	32	118	1,390	925	2,315	1,347	892	2,229	37	41	44	02	39	82	6	38	5	29
1897	300	244	544	102	73	175	26	32	58	17	31	48	105	43	148	1,440	990	2,430	1,411	944	2,355	35	32	37	82	36	69	7	44	4	55
1898	355	258	613	114	110	224	13	23	36	104	47	151	88	60	148	1,472	1,008	2,480	1,438	978	2,411	44	88	51	89	48	07	6	76	6	14
1899	264	247	511	88	99	187	15	25	40	7	42	49	114	43	157	1,512	1,045	2,557	1,487	1,004	2,491	32	31	44	33	37	58	7	67	6	30
1900	335	263	598	103	96	199	39	10	49	25	65	90	99	46	145	1,581	1,091	2,672	1,534	1,049	2,588	30	74	36	50	33	27	6	45	4	56
1901	373	224	597	125	104	229	40	17	57	33	3	36	102	72	174	1,654	1,119	2,773	1,622	1,094	2,716	39	06	46	64	42	17	6	29	6	61
1902	352	192	544	135	99	234	26	15	41	10	9	19	120	55	175	1,715	1,133	2,848	1,671	1,114	2,785	38	35	51	56	43	01	7	18	4	28
7,338	4,905	12,243	2,829	2,116	4,945	656	501	1,157	602	563	1,165	2,018	846	2,864	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..

In Asylums, 1st January, 1876  
In Asylums, 1st January, 1903

M. 482 254 736  
F. 1,133 2,848  
T. 1,715 2,848

TABLE XVI.—SHOWING the ADMISSIONS, READMISSIONS, DISCHARGES, and DEATHS from the 1st January, 1876, to the 31st December, 1902.

						M.	F.	T.	M.	F.	T.
Persons admitted during period from 1st January, 1876, to 31st December, 1902						5,967	3,758	9,725			
Readmissions						1,371	1,147	2,518			
Total cases admitted									7,338	4,905	12,243
Discharged cases—											
Recovered						2,829	2,116	4,945			
Relieved						656	501	1,157			
Not improved						602	563	1,165			
Died						2,018	846	2,864			
Total cases discharged and died since January, 1876									6,105	4,026	10,131
Remaining in asylums, January 1st, 1876									482	254	736
Remaining in asylums, January 1st, 1903									1,715	1,133	2,848

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

						Males.	Females.	Both Sexes.
Recovered	..	..	..			38·55	43·14	40·40
Relieved	..	..	..			8·94	10·21	9·45
Not improved	..	..	..			8·21	11·48	9·51
Died	..	..	..			27·50	17·25	23·39
Remaining	..	..	..			16·80	17·92	17·25
						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, 1903, and LIABILITIES at that Date.

Asylums.						Net Expenditure for Year ended 31st March, 1903.			Liabilities on 31st March, 1903.		
						£	s.	d.	£	s.	d.
Auckland	..	..	..	..	..	698	6	1	13	13	11
Wellington	..	..	..	..	..	1,468	10	2	50	9	0
Porirua	..	..	..	..	..	2,144	19	1	349	0	8
Christchurch	..	..	..	..	..	155	11	1	2,730	0	0
Dunedin (Seacliff)	..	..	..	..	..	4,973	0	1	543	8	8
Nelson	..	..	..	..	..	487	6	7	599	15	0
Hokitika	..	..	..	..	..	238	17	2	9	12	11
Totals	..	..	..	..	..	10,166	10	3	4,296	0	2

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, 1903.

Asylums.						1877-95.	1895-96.	1896-97.	1897-98.	1898-99.
						£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
Auckland	..	..	..	..	..	72,251 11 3	2,994 10 4	9,565 4 4	3,177 14 6	208 7 2
Wellington	..	..	..	..	..	20,839 9 8	275 4 0	175 10 0	133 11 4	1,606 18 10
Wellington (Porirua)	..	..	..	..	..	47,333 3 11	768 15 5	4,873 16 10	8,655 10 0	11,233 9 1
Christchurch	..	..	..	..	..	96,366 18 9	4,863 10 1	1,169 11 1	821 18 4	188 15 9
Dunedin (Seacliff)	..	..	..	..	..	119,717 13 8	1,810 11 2	280 11 0	222 13 6	1,797 0 4
Napier	..	..	..	..	..	147 0 0	..	..	..	..
Hokitika	..	..	..	..	..	1,164 19 8	22 5 8	..	..	..
Nelson	..	..	..	..	..	5,310 9 4	200 0 0	338 17 3	1,118 1 10	2,632 2 4
Totals	..	..	..	..	..	863,131 6 3	10,934 16 8	16,403 10 6	14,129 9 6	17,666 13 6

Asylums.						1899-1900.	1900-1901.	1901-2.	1902-3.	Total Net Expenditure, 1st July, 1877, to 31st March, 1902.
						£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
Auckland	..	..	..	..	..	1,553 11 4	3,038 17 11	2,119 12 6	698 6 1	95,607 15 5
Wellington	..	..	..	..	..	1,823 17 0	1,616 2 0	162 12 2	1,468 10 2	28,101 15 2
Wellington (Porirua)	..	..	..	..	..	11,095 9 6	10,587 3 7	8,560 18 8	2,144 19 1	105,253 6 1
Christchurch	..	..	..	..	..	..	75 16 8	43 2 6	155 11 1	103,685 4 3
Dunedin (Seacliff)	..	..	..	..	..	1,386 17 7	2,227 16 10	4,666 16 8	4,973 0 1	137,083 0 10
Napier	..	..	..	..	..	..	..	..	..	147 0 0
Hokitika	..	..	..	..	..	..	94 3 11	3 7 4	238 17 2	1,523 13 9
Nelson	..	..	..	..	..	1,852 5 8	1,231 13 5	1,186 19 9	487 6 7	14,357 16 2
Totals	..	..	..	..	..	17,712 1 1	18,871 14 4	16,743 9 7	10,166 10 3	485,759 11 8

TABLE XX.—SHOWING the EXPENDITURE for the Year 1902.

Heads of Expenditure.	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*	..	..	..	..	..	..	..	250 0 0
Medical fees*	..	..	..	..	..	..	..	220 0 0
Contingencies*	..	..	..	..	..	..	..	1,234 12 8
Official Visitors ..	..	..	..	..	..	..	..	676 1 7
Visiting Medical Officers ..	..	..	..	..	..	..	..	129 3 0
Superintendents ..	..	..	..	..	..	..	..	365 5 9
Assistant Medical Officers ..	..	..	..	..	..	..	..	3,454 3 4
Clerks ..	..	..	..	..	..	..	..	1,001 12 9
Matrons ..	25 4 0	..	50 8 0	12 12 0	..	25 4 0	11 11 0	873 16 3
Attendants and servants ..	..	..	..	..	..	..	..	640 18 3
Rations ..	600 0 0	600 0 0	600 0 0	150 0 0	215 5 9	600 0 0	554 3 4	24,637 13 9
Fuel and light ..	133 6 8	250 0 0	264 2 9	300 0 0	200 0 0	250 0 0	104 3 4	21,772 17 8
Bedding and clothing ..	197 10 0	200 0 0	140 0 0	..	..	230 6 3	166 0 0	5,611 5 4
Surgery and dispensary ..	4,263 7 2	4,469 12 10	6,335 10 5	1,041 16 11	1,254 5 5	4,740 0 10	2,533 0 2	5,924 2 4
Wines, spirits, ale, and porter ..	3,882 12 8	3,955 6 2	4,930 16 3	1,115 3 11	1,178 15 9	4,035 13 7	2,674 9 4	588 1 4
Necessaries, incidental, and miscellaneous ..	831 17 9	1,499 10 3	994 13 7	43 16 4	426 3 2	1,105 13 0	709 11 3	100 14 1
Farm ..	898 1 10	1,357 12 10	1,830 12 1	200 13 8	144 13 0	796 11 3	695 18 8	5,138 9 1
Totals ..	46 18 2	98 7 0	146 4 0	32 10 0	59 5 3	172 4 8	32 12 3	11,629 5 1
Repayments, sale of produce, &c. ..	13 3 0	27 2 0	11 6 0	1 7 0	17 15 6	16 10 7	13 10 0	85,238 2 3
Actual cost ..	632 3 0	1,109 5 0	1,776 13 2	..	351 7 8	1,025 6 5	243 13 10	20,549 18 10
	1,279 17 5	1,748 19 7	4,096 14 0	269 14 7	631 2 3	2,375 6 1	1,227 11 2	64,688 3 5
	12,832 16 8	15,412 10 7	21,268 13 7	3,252 14 5	4,557 16 9	15,472 16 8	9,059 19 4	
	3,576 9 4	4,603 9 9	6,124 17 3	256 5 0	956 10 9	3,015 12 6	2,016 14 3	
	9,256 7 4	10,809 0 10	15,143 16 4	2,996 9 5	3,601 6 0	12,457 4 2	7,043 5 1	

\* Not included in Table XXI.

TABLE XXI.—AVERAGE Cost of each PATIENT per Annum.

Asylums.	Provisions.	Salaries.	Bedding and Clothing.	Fuel and Light.	Surgery and Dispensary.	Wines, Spirits, Ale, &c.	Farm.	Necessaries, incidental, and Miscellaneous.	Total Cost per Head, less Repayments for Maintenance.	Total Cost per Head, less Receipts of all kinds previous Year.	Increase in 1902.	Decrease in 1902.
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.
Christchurch	7 7 4	9 19 6	1 14 1	1 11 6	0 1 9	0 0 6	1 3 7	2 8 7	19 5 8	17 11 3	0 5 1	..
Dunedin (Seacliff)	7 4 7	10 5 4	2 9 7	2 14 10	0 3 7	0 1 0	2 0 6	3 3 11	22 11 1	19 15 2	2 2 3	..
Hokitika	7 11 1	11 10 6	2 16 5	1 10 7	0 4 6	0 0 4	2 14 9	6 6 3	25 7 2	23 6 8	3 9 0	..
Nelson	8 10 7	13 11 8	1 14 3	0 7 6	0 5 6	0 0 2	..	2 6 1	25 18 7	24 18 2	0 14 0	..
Porirua	8 10 10	12 13 5	1 0 11	3 1 9	0 8 7	0 2 7	2 10 11	4 11 5	27 8 8	26 16 4	..	0 14 5
Wellington	8 0 1	11 15 11	1 11 7	2 3 10	0 6 10	0 0 8	2 0 8	4 14 3	26 5 4	23 18 6	1 15 9	..
	10 4 2	13 4 4	2 13 1	2 14 2	0 2 5	0 1 0	0 18 7	4 13 8	27 17 4	28 6 0	..	1 8 4
Averages ..	7 18 8	11 6 8	2 3 2	2 0 10	0 4 3	0 0 8	1 17 4	4 4 9	24 3 4	20 16 11	1 9 10	..

NOTE.—Including the first five items in Table XX., the net cost per patient is £23 11s. 5d., as against £21 17s. 9d. for the previous year, being an increase of £1 13s. 8d. per head.

Approximate Cost of Paper.—Preparation, not given; printing (1,775 copies), £21 15s.

