

1904.
NEW ZEALAND.

LUNATIC ASYLUMS OF THE COLONY

(REPORT ON) FOR 1903.

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, 27th July, 1904.

I have the honour to lay before you the following report on the Lunatic Asylums of the colony for the year ended the 31st December, 1903 :—

The number of registered insane persons on the 31st December, 1903, was 2,959—males, 1,771 ; females, 1,188, being an increase of 111—males, 56 ; females, 55—over the previous year.

The insane of the colony are distributed as follows :—

	Males.	Females.	Total.
Auckland	364	212	576
Christchurch	271	233	504
Dunedin (Seacliff)	428	253	681
Hokitika	130	41	171
Nelson	88	56	144
Porirua	328	253	581
Wellington	142	120	262
Ashburn Hall (private asylum)	20	20	40
	1,771	1,188	2,959

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

New Zealand (exclusive of Maoris)	3·99	per 1,000, or 1 in 251
New Zealand (inclusive of Maoris)	3·83	" 1 in 261

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

Exclusive of Maoris	2·99	" 1 in 334
Inclusive of Maoris	2·88	" 1 in 348

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

Exclusive of Maoris	3·53	" 1 in 284
Inclusive of Maoris	3·38	" 1 in 296

ADMISSIONS.

On the 1st January, 1903, the number of insane persons in our asylums was—males, 1,715 ; females, 1,133 : total, 2,848. The number of those admitted during the year for the first time was—males, 306 ; females, 183 : total, 489. The readmissions numbered—males, 148 ; females, 54 : total, 202. The number transferred from one asylum to another during the year was—males, 99 ; females, 11 : total, 110.

DEATHS.

The percentage of deaths on the average number resident during the year was 5·96, as compared with 6·28 for the previous year. The percentage of deaths on the admissions was—males, 36·34 ; females, 19·47 : total, 29·78.

RECOVERIES.

The percentage of recoveries on the admissions was—males, 40·56 ; females, 44·69 : total, 42·17, as compared with—males, 38·35 ; females, 51·56 : total, 43·01, for the previous year.

FINANCIAL RESULTS OF THE YEAR.

The following table gives the gross and net cost per patient for the year 1903, as compared with the previous year:—

Asylum.	1903.			1902.			1903.			1903.								
	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.
Auckland ...	24	4	5 ¹ / ₄	17	0	2	24	7	0 ¹ / ₄	17	11	3 ³ / ₄	...	...	...	0	11	1 ³ / ₄
Christchurch ...	29	17	8 ³ / ₄	21	11	7 ¹ / ₄	28	3	6 ¹ / ₂	19	15	2 ³ / ₄	1	16	4 ¹ / ₂	...	...	...
Seacliff ...	32	19	4 ¹ / ₄	21	7	1 ³ / ₄	32	15	5 ¹ / ₄	23	6	8 ¹ / ₄	..	..	..	1	19	6 ¹ / ₂
Hokitika ...	29	0	8	27	2	6	27	16	0 ¹ / ₄	25	12	2 ³ / ₄	1	10	3 ¹ / ₄	...	...	...
Nelson ...	34	18	6 ³ / ₄	29	10	3 ¹ / ₄	33	0	6 ¹ / ₂	26	1	11	3	8	4 ¹ / ₄	...	...	...
Porirua ...	30	1	9	24	7	7 ¹ / ₂	30	14	0	24	14	4	...	...	...	0	6	8 ¹ / ₂
Wellington ...	32	8	1 ¹ / ₂	23	18	3 ¹ / ₄	34	11	7 ¹ / ₄	26	17	8	...	...	...	2	19	4 ³ / ₄
Averages ...	30	0	1 ¹ / ₂	22	1	0 ³ / ₄	29	16	7 ¹ / ₂	22	6	10	...	...	...	0	5	9 ¹ / ₄

The following shows the annual cost per patient from 1876 to 1903:—

Year.	Cost per Patient.			Year.	Cost per Patient.			Year.	Cost per Patient.		
	£	s.	d.		£	s.	d.		£	s.	d.
1876 ...	46	1	5 $\frac{1}{4}$	1886 ...	27	0	9 $\frac{1}{2}$	1895 ...	22	13	8 $\frac{1}{2}$
1877 ...	37	8	11 $\frac{1}{2}$	1887 ...	22	18	4 $\frac{1}{2}$	1896 ...	22	9	10 $\frac{1}{2}$
1878 ...	36	0	11	1888 ...	21	8	1	1897 ...	23	0	9 $\frac{1}{4}$
1879 ...	31	5	9 $\frac{3}{4}$	1889 ...	21	10	4	1898 ...	22	7	8 $\frac{3}{4}$
1880 ...	28	18	0 $\frac{1}{2}$	1890 ...	20	10	3	1899 ...	21	19	0
1881 ...	25	18	4 $\frac{1}{2}$	1891 ...	20	16	2 $\frac{1}{2}$	1900 ...	22	9	8
1882 ...	28	15	1	1892 ...	21	16	8 $\frac{3}{4}$	1901 ...	21	17	9 $\frac{1}{2}$
1883 ...	29	0	4	1893 ...	23	7	4	1902 ...	23	11	5 $\frac{1}{4}$
1884 ...	29	8	9 $\frac{1}{2}$	1894 ...	23	16	4 $\frac{1}{2}$	1903 ...	23	1	5
1885 ...	25	19	5								

The receipts from produce sold from the asylum farms are as follows:—

	£	s.	d.
Auckland ...	633	9	6
Christchurch ...	1,371	2	6
Seacliff ...	1,141	11	0
Nelson ...	138	0	6
Porirua ...	680	3	10
Wellington ...	214	13	6
Total ...	£4,179	0	10

SLEEPING-ACCOMMODATION IN ASYLUMS.

Asylum.	Number of Patients, 12th March, 1904.	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 ...	576	132	444	247,732	413	31
Christchurch ...	513	82	431	247,296	412	19
Seacliff ...	685	172	513	265,262	442	71
Hokitika ...	166	37	129	95,959	159	...
Nelson ...	142	35	107	65,111	108	...
Porirua ...	574	68	506	336,487	560	...
Wellington ...	253	68	185	100,173	166	19
Totals ...	2,909	594	2,315	1,358,020	2,260	...

Single Rooms.

Asylum.	Number of Single Rooms.	Total Space : Cubic Feet.	Cubic Feet for each Room.
Auckland	132	119,280	903
Christchurch	82	69,651	850
Seacliff	172	141,421	822
Hokitika	37	29,071	768
Nelson	35	29,589	842
Porirua	68	63,217	929
Wellington	68	61,280	901
Totals	594	512,863	6,012

At Auckland there are 576 patients, but only floor-space for 493 ; the asylum therefore is overcrowded to the extent of 83 patients.

At Hokitika there appears to be sleeping-accommodation for 30 more patients, but the floor-space will only allow 20 more.

At Porirua there appears to be sleeping-accommodation for 560 patients in the common dormitories, but the floor-space is only sufficient for 506. The number of patients in the dormitories at 12th March was 506.

The following shows the amount of overcrowding at our asylums as at 12th March, 1904, and also the additional accommodation provided since June, 1903, to mitigate this evil :—

Auckland	83 patients in excess.
Christchurch	19 "
Seacliff	71 "
Wellington	19 "
	192 "
Less room at Hokitika for	20 "
Total	172 patients in excess.

The additional accommodation that has been provided since June, 1903, is as follows :—

Auckland	79 beds, now in occupation.
Porirua	50 " "
Sunnyside	52 " "
Hokitika	50 " "
Total	231 "

20 more beds at Porirua, 30 at Sunnyside, and 76 at Seacliff will be completed shortly, thus providing extra accommodation for 357 patients.

The Government has authorised additions to the farm labourers' auxiliary building at Seacliff, auxiliary buildings at Sunnyside and Porirua, as well as a large addition to the Auckland Asylum. The old laundry at Auckland has also by the addition of a new story been converted into rooms for female patients. Provision has also been made at Sunnyside, Porirua, Seacliff, and Auckland, for observation-wards. So that I can see my way for the first time in the history of the Department to having a number of spare beds in excess of the statutory accommodation. The yearly addition to our numbers is about a hundred, and for a large proportion of these we shall have room, so that when all this building is finished, it will carry us over another year without any further additions being requisite.

In every one of our hospitals for mental diseases there should be spare beds for new cases. This will make it possible, for the first time in our experience, to admit under a new Act voluntary patients in circumstances where privacy and comfort and freedom from the irritating contact with insane patients and imbeciles will be avoided. Thus giving them under the most favourable circumstances a chance to recover their mental balance, which in many of these cases is but slightly impaired. Every year several cases arise in which doctors are unable to certify that the patients are not *compos mentis*. I further hope that the effect of this beneficent provision will be that many persons may entirely escape the stigma of being "sent to an asylum," from which people shrink so much, and which is apt to stick to them all their lives affecting alike their social position and their mental equilibrium.

In all those countries where the hurry and worry of business life is so urgent (as for instance, it is nowadays in the United States of America and even in England, accompanied as it is by a constant influx of the healthy and vigorous country population into the towns, where in the necessary struggle for wealth and comfort the nervous system of a vast number of victims is undermined until they become neurotics and neurasthenics) large numbers of private asylums where such people take refuge are being established. In Canada, where no such homes are being provided, there is a constant inflow to the United States, to take advantage of such institutions, all of which are established on a paying basis. *

Before long, I believe it will be necessary to establish at each of our hospitals for mental diseases regular systematic teaching for attendants and nurses. It would be useless at present to do more than insist that the whole staff must attend such instruction, but the examinations should be voluntary. It should be made clear that no attendant has any chance of promotion except such as prove themselves to have profited by the instruction provided.

The movement started at Larbert Asylum, which I carefully studied on the spot, for the staffing of the asylums mainly with female nurses for both men and women patients is, I think, likely to spread, and has, in fact, already spread to some places in America and England. Under this system, there is

a great increase of nurses provided in the infirmary branch of asylums, and more especially is there an immense increase in the number of nurses who are in attendance upon patients during the night, the proportion given in this year's report is 1 to 33·7, thereby securing a very much-needed increase of attention to such patients as would otherwise be very restless and noisy, thus disturbing the whole dormitory. Of course this would involve a very great increase in expenditure, especially if we insisted on such a large number of hospital-trained nurses being employed on the staff. Under this system, many of the single rooms are fitted up as sitting-rooms, so that the nurse may be constantly with her patient.

For many years in my reports to the minister, I have drawn attention to the anomalous position of our lunacy statistics. In 1876 the proportion per 1,000 was 1·97, whereas last year it was 3·53. The proportion of discharges and deaths of the patients treated in our asylums was in 1878 23·33, and last year this had sunk to 16·39. That is, the proportion of admissions to the population was in 1878 0·83 per 1,000, while last year it was 0·70 per 1,000. I need not say that there is no more complex social problem than the question of an absolute increase of insanity in proportion to population, especially in a new country like this. We started with a select population, amongst which there were very few old people, all—or an immense proportion—were in the prime of life, and had undergone such a sifting and selection as was involved in immigration to begin with, and the numerous gold rushes afterwards. Since then our people have been steadily ageing. The first element that in my opinion must have the greatest weight attached to it, is the steady accumulation of chronic cases in our asylums, where safe keeping, good feeding, and suitable clothing has preserved the aged in a far higher degree than would have been the case even if they had been free men and women. It is impossible to say what proportion of our diminished deaths and discharges this cause accounts for. It is certain, however, that the increasing age of persons admitted is largely responsible for the fact that in 1878, as the following Table shows, 17·03 of the patients in the asylum were over fifty years of age; and that last year, by a steady progression through all the intervening years, the number of persons over fifty years of age was 39·07. The per centage of admissions of patients over fifty years of age was 13·26 in 1878, and has steadily increased to 31·27 in 1903.

Proportion of the Insane to the Population.

1876	..	..	..	..	..	..	1 in 509 or 1·97 per 1,000
1878	..	..	..	..	..	..	471 „ 2·12 „
1883	..	..	..	..	..	..	393 „ 2·54 „
1888	..	..	..	..	..	..	361 „ 2·77 „
1893	..	..	..	..	..	..	330 „ 3·03 „
1898	..	..	..	..	..	..	300 „ 3·33 „
1903	..	..	..	..	..	..	284 „ 3·53 „

Proportion of Discharges and Deaths on Patients treated.

1878	..	..	23·33	1893	..	..	14·22
1883	..	..	18·64	1898	..	..	18·39
1888	..	..	18·27	1903	..	..	16·39

Proportion of Persons over Fifty Years of Age in Asylums.

1878	..	..	17·03	1893	..	..	36·09
1883	..	..	21·08	1898	..	..	38·35
1888	..	..	28·77	1903	..	..	39·07

Proportion of Admissions to Population.

1878	..	..	0·83 per 1,000	1893	..	..	0·68 per 1,000
1883	..	..	0·78 „	1898	..	..	0·63 „
1888	..	..	0·59 „	1903	..	..	0·70 „

Percentage of Admissions over Fifty Years of Age on Total Admissions.

1878	..	..	13·26	1893	..	..	27·97
1883	..	..	16·50	1898	..	..	25·61
1888	..	..	21·60	1903	..	..	31·27

This it is that causes our discharges by death and recovery to be what it is. Another very important element in the case has been that for many years there has been a constant struggle on the part of those local bodies who are in charge of charitable aid, to get rid of persons suffering from senile decay, whose faculties are enfeebled, and who are often very troublesome, to cast the maintenance and care of such people on the asylum authorities. In fact, this has long reduced itself merely to a struggle between the representatives of the local ratepayers and the defenders of the consolidated revenue.

ENTRIES OF VISITS BY THE INSPECTOR-GENERAL TO THE DIFFERENT ASYLUMS.

AUCKLAND ASYLUM.

9th January, 1904.—As usual, I find this institution is administered in a most satisfactory manner. The care and treatment of the patients cannot I think be improved on until the old laundry is ready for occupation. In about three months this addition will give great relief on the female side. The delays in getting on with the building were caused by the bad quality of the old bricks, which we counted

on being able to use in the new structure, so that a much larger extent of the old walls, which it was believed could carry a second story, had to be taken down. Next, it was for a long time impossible to get the bricks required, and bricklayers also could not be found. I am greatly disappointed to find that orders have been issued that—as I hope only for the present—no further steps are to be taken towards the extensions promised at the kitchen end of the Asylum. If some relief is not provided immediately, it will be a dismal winter for this institution on the male side. The number of patients this day total 579—males, 366; females, 213. Two males are absent on trial, and one female. Six males are confined to bed. No one is so confined on the female side. The Auxiliary Asylum and the farm and the patients are admirably looked after. I examined the dinner and found it very good. The bedding and clothing are excellent, and the condition of the institution, considering the great strain caused by overcrowding, reflects the greatest credit on Dr. Beattie and his staff; for nothing but the most unrelenting vigilance and care could have produced such results. The excess of males is forty. I say nothing about the females, for they will soon be relieved. Mr. Ewington, to whom this Asylum owes so much, has made suggestions about the ventilation of the female dining-hall and the workroom. The bad ventilation is due to structural defects in the windows of the old parts of the building, and would cost so much to remedy, that I cannot recommend that the work should be undertaken now, when matters much more urgent demand our attention.

CHRISTCHURCH ASYLUM.

7th December, 1903.—I have found this asylum for the first time for many years free from overcrowding. The number of male patients is 268, females, 233. The overcrowding which prevailed for many years had many evil consequences; it of course greatly affected the health of the patients and diminished the chance of their recovery; it kept the whole staff in a state of constant anxiety, and the attendants found their service very harassing and their inevitable discomforts very hard to remedy. The number of patients exceeding the legal provision for their accommodation of course affected the cooking arrangements as well as the bathing and the laundry. In the existing state of the labour-market, the changes in the staff for years were frequent. Changes caused by the inevitable worry of the daily duties, and the general rise of wages in other employments were very trying; but we have great cause for thankfulness that we have got over this period so well as we have. Nothing but the care and vigour of the administration could have secured such a result. I hope that the new auxiliary building will at once be extended so as to provide a day-room and kitchen against the winter. The remaining dormitories can stand over for the present. If it should be decided not to pull down the old North House it ought to be thoroughly overhauled, especially as regards the drainage, and then it can accommodate about twelve old people. I found five men and five women in bed for various causes, and all were very carefully treated. I was present at the dinner on two successive days, and the meals were good in quality, plentiful, and well cooked. The stock, for which the Steward, the Matron, and the charge attendants (more immediately) are responsible, is in excellent order and well looked after. To day I found every item I called for correct. The institution as a whole is in a very satisfactory state.

SEACLIFF ASYLUM.

27th November, 1903.—I have carefully inspected this hospital for mental diseases; I have seen all the patients, finding only five males and two females confined to bed. All were being carefully looked after; I saw two dinners distributed and eaten. The food was abundant and well cooked, notwithstanding the immense difficulties caused by inadequate and worn-out cooking apparatus. The ranges have been twenty years in use, and are fairly worn out; it has become a matter of great urgency that new ranges, &c., should be placed in the kitchen. The cook, Miss McMurdo, deserves the thanks of the whole institution for the way in which she has overcome very great difficulties. The old bake-house is in process of enlargement, as a matter of real urgency. The buildings designed by Dr. King, for relieving the overcrowding (amounting to seventy-three over the statutory number) are under consideration by the Minister, as well as the provision for a male convalescent cottage and a male attendants' mess-room, all of which are imperatively necessary. The portion of the female wing which was thought no longer safe has exacerbated the difficulties in that side of the building, and I am glad after examination of the work under the charge of Mr. Marchant, and carried out by Mr. Bailey, that the plan adopted promises success, and the space will soon be ready for occupation. The laundry machinery is entirely worn out, and beyond repair. Dr. King is now obliged to send some of the washing to town, and I need not say what an unsatisfactory state of things this fact reveals. Owing to Mr. Justice Chapman's elevation to the Supreme Court Bench, I feel bound to call attention to the invaluable services he has for so many years rendered to Seacliff. In and out of season his advice and extensive knowledge have been available as Deputy Inspector. He has indeed deserved well at the hands of the Government. The experiment of a fishing-boat whose headquarters are fixed at Puketeraki, is promising to turn out a great success. Last month 8,960 lb. of first-class fish was taken, of which, after reserving an abundant supply for two days' dinner in a week, to the great saving in meat, the surplus was distributed among the following: Christchurch Asylum, 1,675 lb.; Burnham Asylum, 120 lb.; Christchurch Hospital, 80 lb.; Caversham Industrial School, 150 lb.; Dunedin Hospital, 100 lb.; Ashburn Hall, 100 lb. (paid for); Orokonui Home, 60 lb.; Benevolent Institution, Dunedin, 200 lb.; Salvation Army Refuge, 10 lb.; Old Mens' Home, Ashburton, 100 lb.; Samaritan Home, Christchurch, 100 lb.

HOKITIKA ASYLUM.

11th December, 1903.—A very heavy strain was put on this Asylum by the transfer of fifty patients to relieve the overcrowding at Sunnyside. By extraordinary efforts Mr. Gribben and his staff have minimised the great discomforts which had to be faced during and since the change. A new and

suitable building has been well designed and carried out by Mr. Gribben, who has deserved the thanks of the Department. At an expense of about £750 accommodation has been provided for fifty people, showing an extraordinary triumph of skill and economy. Only one skilled artisan outside of our own staff was employed. The material for the building is of the best quality, and the workmanship is excellent. There is great want of day-room space on the female side, and I have instructed Mr. Griffen to provide an enlarged space by including a single room and store in the day-room. In less than two months the new quarters will be occupied, and the airing-court with a sunk fence will speedily be ready. The accommodation now provided will meet our requirements for a considerable time to come.

NELSON ASYLUM.

9th May, 1904.—I have inspected every part of this building and its adjuncts. The main part of the Asylum is old, and some parts where white-pine was used are rotten. Originally insufficient space was left underneath, and dry-rot prevails especially in the kitchen and its neighbourhood. The whole needs painting all over. The drainage must be put right on an entirely new system, for which the resident engineer has promised to make an estimate of the cost. The male airing-court ought to be laid afresh. These defects give the whole building a dingy and unsatisfactory appearance. The reason for all this is mainly want of money, but I hope, now that they are bestirring themselves, we shall soon be able to get these things put right. I saw only one chronic in bed suffering from diabetes, and too ill to live long. The patients are suitably clad and fed. Their numbers this day are, males 87, and females 55.

PORIRUA ASYLUM.

22nd November, 1903.—I have been all over the buildings, and have seen all the patients. Only one female patient is confined to bed—to prevent prolapsus recti. On the male side a few chronics are allowed to remain in bed. All are carefully looked after. I also saw the patients enjoy a good dinner, and I was very much struck with their fresh healthy look. I was relieved to find that no one had suffered from the recent long spell of such severe weather. The plans for laying out the grounds by Dr. Hassell are making rapid progress, and in a short time the cricket-ground and new airing-courts will immensely improve the comfort of the patients. Notwithstanding the long stretch of dry weather the recent rains have freshened up every thing in a marvellous way. I earnestly hope the laundry accommodation will be speedily extended, for the additional fifty patients transferred here are utterly beyond the power of the old laundry to deal with. The smokestack ought to be extended at once for it disfigures the buildings and spoils the drying-green. The institution is working harmoniously, and it is a great pleasure to visit it; and this will be increasingly so as the laying-out of the grounds progresses.

13th June, 1904.—To-day I find this institution working well in all departments. The number of male patients confined to bed is eight, some suffering from influenza; nearly all are convalescent. Five females were confined to bed. I visited all these in company with Drs. Hassell and Barraclough, and found that they were all being carefully and kindly treated. I saw the dinner which was good. The patients' dresses and foot-gear were all suitable, both as regards material and quantity. The number of male patients to-day is 324, females 254. Eight males and eight females are out on trial. Every part of the building was clean, the day-rooms very bright and airy, and all the dormitories were in first-rate order. Good progress is being made in laying out the cricket-ground and airing-courts. A slight effort of the constructive imagination will make any but the dullest see how beautiful this place will be in a few years. I hope to see the enlargement of the laundry rendered necessary by the new auxiliary in working-order. It is urgently required. The additions to the auxiliary lately authorised are progressing. The administrative capacity of Dr. Hassell is everywhere apparent, and he is ably and faithfully seconded by Dr. Barraclough. The staff as a whole is working well, and the farm is well managed by Mr. Prebble.

WELLINGTON ASYLUM.

17th November, 1903.—I have examined this hospital for nervous diseases and found everything going on well. The male side is now a pleasure to visit, since the removal of fifty male patients to Porirua. I regret to say, however, that there is an excess of twenty-five patients on the female side. I saw the dinner; examined the clothes and building; and found nothing to find fault with, except perhaps that the fish for dinner were so small that it was difficult, if not impossible, to prevent their being very much broken in distribution. I saw and examined all the recent and convalescent cases in company with Drs. Gow and Ulrich. I am satisfied that so far as the structural defects of the building admit of it, everything is well looked after. Had fire alarm: result, very good.

23rd May, 1904.—I found this Asylum working satisfactorily. In company with Drs. Gow and Ulrich, I saw all the patients, and considered all the recent and convalescent cases. Only three women were confined to bed and three men. All were visited. The food, clothing and bedding were all examined. For my lunch I got a bowl of the soup as it was being brought in and served in the dining-hall, and I never tasted better. Notwithstanding the age and patchwork character of the building, it has always appeared to me to have a look of homely comfort about it, and this it still retains. Dr. Ulrich's attention to his work is very satisfactory. I am sorry to find that the paper, with which the corridors, &c., were repaired about four months ago, is losing its colour and is already very patchy. I have called Mr. Holmes's attention to the matter, and he has undertaken to inquire into it.

ASHBURN HALL, DUNEDIN.

29th November, 1903.—I have seen every patient. Nobody was confined to bed. Seven of the patients—five women and two men—are voluntary. I examined the dinner and found it very good.

The rooms and corridors are scrupulously clean, and all are brightly fitted up. The grounds are most beautiful. I heard no complaints, and manifestly the institution is in first-rate order. The additions to Tuke Ward are exceedingly convenient, and a great boon to the patients. The bowling-green is approaching completion. The staff is adequate and work well. It is a pleasure to visit the place.

MEDICAL SUPERINTENDENTS' REPORTS.

AUCKLAND ASYLUM.

SIR,—

I have the honour to forward you my report on the Auckland Lunatic Asylum for 1903.

On the first day of the year we had a population of 538 patients; on the last day we had 576—a total increase of 38 patients, of whom 23 were males and 15 females.

During the year a new laundry has been constructed entirely by Asylum labour. This is large enough, with the aid of washing-machines, which I understand will soon be installed to complete satisfactorily the washing of more than double our present population. On the site of the old laundry a two-storied brick building, part of which will be ready for occupation not later than the end of March, and the whole of which will be completed shortly afterwards, is being built by Asylum labour with the addition of one bricklayer. This will afford accommodation for ninety female patients, and, as stated above, will give sufficient space for five years or more.

This will enable us also to classify the female patients into five divisions—a very fair classification and one which, with the exception of not more than twenty patients, should satisfy any reasonable expert. Classification as understood by the public is an impossibility excepting at a break-down cost.

It is to me a matter for very great regret that no steps are being taken to provide for the present male excess, and for future accumulations. What we are to do shortly I really do not know. Every nook and corner is being utilised and no further classification is, in the main building, possible beyond division into two lots—the quiet and moderately tidy, and the noisy, destructive, and dirty. For the latter class the day-room space is terribly inadequate. All the dormitories are overcrowded.

The number of admissions, 130—88 males and 42 females—is the largest on record, and the increase out of proportion to the increase in the population of the province. Seventeen cases were due to senile decay and some of the cases ought not to have been committed. Of the remainder, 48 males and 32 females were between the ages of twenty and fifty years, and therefore at the most robust period of life. Of the total of 88 males—55 or over 62 per cent. owed their admission to Alcoholism, heredity and congenital deficiency. Of the females—7 cases were directly due to childbirth, and in all seven cases there was an hereditary history; 5 were due to the climacteric and 5 to domestic worry. The other cases were due to causes entirely outside the married life.

The death-rate for the year was 6.09 per cent.—males 7.76 per cent., and females 3.37 per cent. This is the lowest rate for many years. Six deaths were due to tuberculosis. It is satisfactory to note in this connection that at the present time there is not a single case of tuberculosis in the Asylum.

The recovery-rate was 43.84 per cent.—males 43.18 per cent., and females 45.24 per cent. This rate is above the average, which for the seven years—1897 to 1903—that I have been superintendent is 40.95.

It is frequently stated that in the matter of recoveries our asylums are not doing adequate work. It may therefore be interesting to record the recovery-rates in the Asylums of Great Britain and Ireland as compared with that of the Auckland Asylum:—

	Per Cent.
Auckland Asylum, 1897–1903	40.95
Royal and District Asylums (Scotland), 1896–1902	38.2
County and Borough Asylums (England), 1896–1902	37.4
District Asylums (Ireland), 1896–1902	36.4

In each case the figures are given for seven years, and in each case the average of averages are taken—the percentages stated are therefore only approximately correct. In the Royal Edinburgh Asylums which is presided over by one of the ablest Medical Superintendents in the world, and who is supported by four assistants and four resident clinical clerks all qualified medical men, the average recovery-rate for 1896–1902 was 35.7 per cent. The population for 1902 was 947. With more than half the number of patients and with only one assistant, and at a maintenance cost of approximately half that of the Edinburgh Asylum, our recovery-rate is considerably higher.

Throughout the year I have had the hearty assistance of the staff. Unfortunately a number of changes have taken place on both sides. So long as there is no outlook—no inducement for males to remain in the service—it is only reasonable to expect that the majority are always on the look-out for some employment with better prospects, and that they should take advantage of every opportunity. I trust that my recommendation of last year respecting the salaries of the seconds-in-charge will soon be given effect to.

Our thanks are due as usual to the proprietors of the *Herald* for a gratuitous supply of daily papers and mine are due to the Assistant Medical Officer, the clerk, and the staff generally for their sympathetic support during the whole year.

I have, &c.,

R. M. BEATTIE,

The Inspector-General of Asylums, Wellington.

Medical Superintendent.

SUNNYSIDE ASYLUM, CHRISTCHURCH.

SIR,—

I have the honour to forward the report on this Asylum for the year 1903.
The subjoined statistical statement shows the admissions, discharges, and deaths for that period.

—					M.	F.	T.
<i>Admissions.</i>							
Admitted first time	..	..	..	..	39	24	63
Readmitted	..	..	..	..	12	7	19
Totals	..	..	..	..	51	31	82
<i>Discharges.</i>							
Recovered and relieved	..	..	..	..	34	20	54
Not improved	..	..	..	..	43	10	54
Totals	..	..	..	..	77	31	108
Number discharged who were admitted during year	..			..	19	12	31
Number died	..			..	2	1	3
Number remaining	..			..	30	18	48
Totals	..	..	..	..	51	31	82
Deaths	..	..	..	..	20	6	26

Percentage of discharges of first cases on admissions	..	..	..	31.8
„ „ recovered and relieved on admissions	..	..	..	65.9
„ „ deaths on admissions	..	..	..	31.7
„ „ on number under treatment	..	..	..	4.1

The admissions were fewer than for the last two years, being twenty-two less than in 1901, which would be more apparent if the committal of first cases only were taken into account, while there does not seem to have been anything unusual in the determining causes of the insanity.

The type of insanity, however, appears to me to have considerably changed during the last twenty years, for we get comparatively few cases of acute mental disease, a much larger proportion being merely outbursts of excitement in those of congenital deficiency—many of them associated with epilepsy—and due to vicious indulgence, which to my mind indicates a lower standard of mental organization and degeneracy.

As regards those readmitted, it is exceedingly difficult to resist the constant importunity of relatives for the release of their friends, even after repeated attacks, and I fear I too often give way to such when my better judgment tells me the patient is not fully recovered, and is sure to relapse sooner or later. In addition to the grave responsibility incurred in recommending the release of such cases on account of the danger to themselves and others from renewed attacks, there are social questions of great importance involved, and I often feel that such a great responsibility should not be placed on one individual. That more serious accidents have not occurred in this way shows the discretion and great care exercised therein by the medical officers of asylums, but I think some tribunal should be established to relieve them of this anxiety, before which doubtful cases could be brought, and the medical aspects of the case represented.

The discharges were very largely augmented by the transfer of forty-two men and eight women to the Hokitika Asylum in July, which accounts for so many under the heading “Discharged not improved;” while it will be noted that the percentage of the cases discharged recovered, on the admissions, is unusually high—viz., 65.9. This, however, cannot be taken as a reliable guide to the regular recovery-rate of this Asylum, for it was much lower last year; so that one year should be taken with another, or the percentage calculated over a longer period.

The death-rate was remarkably low, and has been so for several years, so that, as previously pointed out by me, it must have a considerable effect on the accumulation in our asylums, as compared with those where the mortality-rate is higher. One death was accidental and due to a fall from a haystack on which the patient was working, whereby he sustained a fracture of one or more cervical vertebræ, with resulting paralysis. The man was a labourer by employment, and had been accustomed to similar work for years, but he carelessly jumped from the stack on to a cartload of hay adjoining, from which he slipped, falling with great force on his head. There were no other serious accidents, or suicides, and this Asylum has enjoyed remarkable freedom from such, except for a comparatively short period of bad luck.

The transfer of forty-two patients above mentioned, and the opening of the auxiliary building in November last, affording immediate accommodation for forty-five patients, reduced the overcrowding of the male division for the first time for several years to a trifling consideration, and when the remaining portion is completed, comprising living-room, dining-room, kitchen, &c., making it practically a separate institution, the accommodation for male patients should be sufficient for some years to come.

The conversion of the old North House by repairs and alterations at a small cost, into quarters for about a dozen of the very old, feeble, and demented but harmless men, will be in the same direction,

and will remove a very undesirable class from the wards of the main building, while at the same time affording them the comforts and safety of a quiet home. The chief fault of the North House is that it will not accommodate half those old men qualified for such a building, and in this way it can only be looked on as a temporary makeshift till more extensive provision can be made for this class, including females, when it can be set apart for such an emergency as an outbreak of infectious disease.

The changes in the staff were not so numerous as in previous years, being ten of each sex, and these were chiefly amongst the junior attendants for such causes as approaching marriage, to better themselves, or others satisfactorily explained; but it is open to question whether the same degree of efficiency has been maintained, and it is certain that the applicants for the position of female attendant have not the same standard of qualification, in several respects, as those of former years.

In reference to this subject I desire to make some remarks on the agitation by the attendants for the betterment of their position by increase of pay, shorter hours, &c., which I trust will not be considered out of place.

I have reason to think that this has been almost entirely on the part of the male attendants, or a certain proportion of them, or at their instigation, and is due to interested but indiscreet interference and encouragement with its unsettling influence on them, which is reflected on the work of the Asylum. But, after all, supply and demand should largely regulate the matter in their case as in the general labour-market, and, judged by this standard, there is no justification for any grievance, at least as regards the male attendants, for the number of applicants is just as great as at any time during the last twenty years, and far exceeds the number of vacancies. Indeed I never remember any time in which I have had so many applications from young men of a good stamp seeking employment here, and very many of these are the sons of farmers or young farm-hands, who seem allured by the attractions of life near town and want to leave the country—the very thing, as I believe, statesmen here and elsewhere are seeking to counteract and discourage.

Neither do I think the older attendants can show much ground for agitation, except the same laudable desire we all have to better our positions, especially when invited to formulate demands, for the changes are not amongst them, and they seem reluctant enough to try their chances again in the general labour-market, being apparently satisfied that they cannot do better. But this reluctance to move on causes stagnation in promotion and so fosters discontent, with its consequent indifference, slothfulness, and inefficiency, because the scale of increase is not progressive beyond a certain salary, unless on advancement. This, I think, a distinct grievance, for a good man, possibly better even than his senior and superior officer, is thus often kept back for many years on a comparatively low salary through no fault of his own, and all the time may possibly wish to get married, and is prevented from making a comfortable home. In my opinion the scale for increase of salary should not depend alone on promotion, but on the man's worth and length of service, irrespective of advancement to the position of charge attendant, and on the recommendation of his superior officers; for very many of those employed in various ways outside ordinary ward duties are equally efficient and valuable to those more directly engaged in that way.

The case of married attendants demands some special attention, for, though that condition is not, in my opinion, any particular recommendation—indeed it is often the reverse—their allowances cannot be considered of the same value to them as they are to single men, seeing that they must keep up homes outside. Men should not be encouraged to marry, till they are at least two years in the service, by which time, according to the present scale, their salary would have risen to £80 a year, with board, lodging, &c., and by that time the superintendent should have had sufficient experience of their work and be in a position to recommend whether it is worthy of further remuneration. I do not think this should take the form of house allowance, because in the first place such would be direct encouragement to marriage, and too many married men are a disadvantage and inconvenience to the service, and, secondly, because single men may be equally valuable and deserving of recognition, and would thus be penalised.

To sum up, the increase of salary should be progressive up to £100 a year depending on the man's worth and length of service irrespective of promotion, but in the case of single attendants, after reaching £80 a year, it might be allowed to accumulate and be given as deferred payment, with interest, on getting married or quitting the service, or as a bonus after so many years. He would thus have something definite to look forward to and some savings effected. There should also be more elasticity in the estimates in the way of a vote for contingent increases of salary on the urgent recommendation of the Superintendent, for it is unreasonable that a tradesman who applies for an increase of salary, say in October, should have to wait nearly twelve months before he knows whether it will be granted; in this way good men are often lost to the service who might be retained were the responsible officer in a position to say, within a reasonable time, that he would get this extra remuneration.

The question of the length of hours is only being used, in my opinion, as a lever to obtain increase of salary, and I am satisfied it is not in itself any grievance with the attendants; moreover, alteration being impracticable, it is not worth further consideration. If there was any serious cause of complaint or dissatisfaction—any injustice, harsh treatment, excess of work from “sweating” or long hours of duty—there would not be so many applications for reappointment from those who have resigned from time to time, or, on the part of immediate relatives and friends of attendants, to join the service.

As regards the female attendants, the difficulty assumes a different form, inasmuch as the supply is not equal to the demand, and thus it requires different treatment. I have already pointed out that there has been a deterioration in the class of applicant, and I have from time to time verbally and in writing drawn your attention to this and to the difficulty of replacing those who leave, which at times has been very embarrassing. In this way I have often been obliged to engage an obviously unsuitable applicant to fill a gap, and as there may not be any marked reason for discharging such person she is allowed to continue on, though it is quite plain she will never be fit for the responsible position of charge

attendant; but when her turn for promotion according to seniority arrives she expects it, and is indignant and grievously disappointed if passed over. Something should accordingly be done, not only to attract a better class of applicants, but also to retain them in the service; and the only inducement I can see to the former end, is an increase of salary to meet the exigencies of the labour-market. I would suggest that the salary commence at £50 per annum, and that there be no increase until the attendant is promoted to the position of charge of ward, but that, in lieu thereof, she should receive an amount of, say £50, as deferred payment at the expiration of five years' service, on the recommendation of her superior officers, and if in the meantime promoted that the salary should be raised to £60 per annum. There might be initial difficulties in the adoption of this proposal, but they could be readily overcome, while it would be a strong inducement to lengthened service and good endeavour, and would provide a substantial sum for many, not otherwise very thrifty, when about to marry and start house-keeping.

The work of the institution, both indoor and out, has progressed as usual, and I do not think there is anything in it deserving of special mention here, especially as I have already dealt with it in many aspects in former reports.

To my colleague Dr. Crosby and my fellow-officers I desire to express my appreciation of their loyal support and ready co-operation at all times.

I have, &c.,

EDW. G. LEVINGE, M.B.,

Medical Superintendent.

The Inspector-General of Asylums, Wellington.

SEACLIFF ASYLUM.

SIR,—

Seacliff Asylum, 9th April, 1904.

I have the honour to submit to you the following report on the Seacliff Asylum for 1903:—

The proportion of patients discharged, relieved, or recovered during the year—viz., 40 per cent. on the admissions, was below the average, but this may be regarded as mainly accidental and compensatory to a high discharge-rate during the previous year.

It will be noted that the number of admissions during the year—viz., 135, shows an increase of nine over the previous year, but there is no special significance in this. It is unfortunate that a widespread opinion prevails among the public that insanity is increasing in the colony in spite of repeated assurances that such is not the case. This mistake arises from a confusion as to the meaning and significance of a mere accumulation of chronic patients, due to longevity, as compared with the graver question of cases arising *de novo* during the year. It was to be hoped that Professor Seager's remarks in his paper published in the transactions of the New Zealand Institute for 1901, and copied into some of the newspapers of the colony, would have finally cleared up the misconception; but this has not been the case. Professor Seager said, after showing that our statistics proved "an undoubted falling-off in liability to insanity" in the colony: "But the concern about the increase of insanity, which inspires so many articles, is founded on the figures as roughly put in statistical works, and I have shown that these figures, properly interpreted, afford no justification whatever for the inference usually deduced from them, but rather indicate a strong tendency in the direction of growing sanity. If the reasons usually assigned to explain the commonly supposed increase in the tendency to insanity have really any force, if many are now classed as insane that would not have been so classed some years ago, and if many are now placed in institutions for the care of the insane that some time since would not have been so provided for, then there must indeed have been in recent years a very real and very marked diminution in the liability of the New Zealander to insanity, in spite of modern competition and the disadvantages of city life. In fact, explanations are now wanted to account for statistics indicating a falling-off, and not a growth, in the tendency of the race to insanity."

Structural changes on the female side, rendered necessary by the slipping of the ground, have greatly handicapped us. To minimise the evil effects of the temporarily increased overcrowding, some thirty women had to sleep in the recreation-hall for a considerable period. Added to this, there was a prolonged epidemic of scarlet fever during the winter among both patients and staff. So many of the nurses were attacked, that it necessitated the employment of two additional nurses for a whole year to overtake the work, and provide for the usual holidays. Lately we have installed a nurse in the male division of the Asylum to take care of the sick patients. The change is greatly appreciated, and is working well.

The fishing-station established at Karitane promises well. During the past month we have received 8 tons of fish, and have sent full supplies to the various public institutions throughout Otago and Canterbury, besides supplying our own needs. The food-value of this output of fish in a single month is equivalent to over £200, at the current contract rates for ordinary meat. The direct manifest saving to our own institution is considerable after paying all expenses, but when fairly estimating the economic results of the fishing-station, the supplies given to other institutions would have to be taken into account. An important aspect of the matter is the welcome change of dietary afforded by a full supply of fresh fish in all the varieties abounding on the coast, and if we could secure regularity of delivery throughout the year by having a small refrigerator on the premises, the utility of the station to ourselves and other institutions would be much enhanced. Apart from all other considerations, the fact of having several boats available for picnic parties from the Asylum is highly appreciated; while the two patients directly employed on the coast are alive to the advantage of a more absolutely free life than would be possible in any large institution.

The farm and garden continue to supply our needs satisfactorily. The value of eggs and poultry alone delivered during the year amounts to £650. A new building for men employed at the farmsteadings will soon be begun, and will afford a welcome addition to our accommodation, besides adding greatly to the comfort of the men.

The contemplated addition to the women's side, for which the timber is also on the ground, will prevent the overcrowding from becoming more acute, although further accommodation will still be urgently needed, especially in the direction of increased day-room space.

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 thanks are also due to the private donors of books, periodicals, and other presents.

To my colleagues, Dr. Sydney Allen and Dr. Edward Alexander, who are both retiring from the service, I feel myself quite unable to adequately express my appreciation.

I wish to convey my thanks to the various members of the staff for their cordial assistance in carrying out the work of the institution.

There are several notable changes to record in connection with the male staff. Mr. John Pullar, our last remaining pioneer of the days when the site for the Asylum had to be cut out of the standing bush, retired on account of failing eyesight, with an allowance.

It is impossible to speak of Mr. Pullar's twenty-one years of capable, energetic, and faithful work, without admiration, and such a life is the best answer to the common assumption that prolonged Government service necessarily stops energy and enthusiasm. The same reflection applies to Mr. T. H. Buckley, who is retiring from the management of the farm in order to take up a valuable holding on the Levels Estate. Apart from the energetic carrying-out of his assigned work, Mr. Buckley has throughout fifteen busy years taken the most prominent part in all the social amenities of the institution. Mr. Andrew Sutherland, who has been in the service for eleven years, replaces Mr. Buckley in the farm-management.

I have, &c.,

F. TRUBY KING,

Medical Superintendent.

The Inspector-General of Asylums, Wellington.

PORIRUA ASYLUM.

SIR,—

Porirua, 28th March, 1904.

I have the honour to submit the following report on the Porirua Asylum for the year 1903 :—

At the beginning of the year there were 508 inmates, and at the end 581, of whom nine were absent on trial. The average number resident was 521 (273 males and 246 females), and the total number under care, 655. Of the 147 cases admitted, 54 males and 33 females were admitted for the first time, 5 males and 4 females were readmitted, and 50 males were transferred from Mount View, and 1 female from Sunnyside Asylum. Thirty-six patients were discharged recovered, 10 relieved, and 1 not improved, The proportion of recoveries to the number admitted being about 24·5 per cent. Twenty-seven patients died, making a death-rate of 51·8 per thousand on the average number resident. The recovery-rate, which is apparently low, is to some extent vitiated by the large number of transfers, of whom nearly all were chronic and hopeless cases.

Of the 147 admitted, rather more than 100 were incurable, of whom 30 were senile cases, and 11 congenital imbeciles or idiots. Of those admitted, 10 have died, mostly old people, of whom 2 were brought to the Asylum in a moribund state, and died within a few days, while 3 others died within a few weeks. I have on previous occasions adverted to the tendency to shunt into the Asylum hopeless bedridden patients approaching dissolution. Unfortunately, no Superintendent can refuse to take in any patient whose admission-papers are in order. Cannot some amendment of the present law be devised to deal with this question, and prevent the Asylum being used as a dumping-ground for cases not in any way requiring treatment for mental disease?

Overcrowding has never been in evidence at this Asylum. The additional accommodation made from time to time, has for the most part not been for our own wants, but to relieve the congestion elsewhere, especially at Mount View Asylum. Fifty patients were transferred from there in October, for whom accommodation had been provided by the erection of the first pavilion of a new auxiliary asylum here. This pavilion contains two large dormitories of thirty-five beds each, but no day-rooms. As a temporary expedient, I have reduced the number of beds, and screened off the larger part of one of the dormitories for use as a day-room.

The building and occupation of the first part of the new auxiliary was the most important event of the year. Indeed, I cannot recall anything else of special interest. The year has however been one of satisfactory progress. As many patients as possible were induced to undertake some form of useful employment, and in December, I find that sixteen were daily employed in the various workshope at their several trades, under the supervision of the artisan attendants. Upwards of 150 worked outside in the grounds and gardens or on the farm. Our energies were largely directed to the improvement of the grounds about the institution. The number employed would seem to warrant great hope of much useful work accomplished, but it must be remembered that a large proportion of the patients do very little indeed, being really sent out with the working-parties for the benefit they derive from the fresh air and change of scene. Towards the end of the year about 50 women were daily employed in the kitchen and laundry, nearly 40 at needlework, and 70 at other household duties. About 70 male and 90 female patients were unemployed, owing to mental or physical disability.

There was very little sickness in the wards, and no epidemic or serious accident to record.

The staff has worked well, and I have again to record my thanks to my colleague Dr. Barraclough for his valuable assistance, and for the interest he has taken in organising amusements for the patients.

I have, &c.,

GRAY HASSELL, M.D.,

Medical Superintendent.

The Inspector-General of Asylums, Wellington.

WELLINGTON ASYLUM.

SIR,—

Lunatic Asylum, Wellington, 19th March, 1904.

I have the honour to submit the annual report on this Asylum for the year ending the 31st December, 1903.

The overcrowding which I spoke of last year has been still more accentuated, and as I formerly pointed out, has been followed by the natural resultant, a decreased recovery-rate. At the beginning of the year the numbers were 177 males and 104 females—46 males and 14 females over the statutory numbers. As the year went on, these numbers increased, until in July there were 50 males and at one time 29 females in excess of accommodation. These numbers do not seem very excessive until we take into consideration the small numbers provided for, and then the position is startling when we find that there was one-third more patients than the accommodation provided for. In October there was relief afforded by the transference of 50 male patients to Porirua, but the female side had no relief, and at present patients are having to be put to sleep on shakedown in the corridors.

There have been fewer admissions during the year, but this does not imply any decrease in the insanity-rate, but inability to accommodate patients, and they had to be sent elsewhere. The actual numbers are 47 males and 45 females admitted, five males and 11 females being readmissions.

There were 18 males and 24 females discharged recovered, which gives a recovery-rate of 38·3 per cent. and 53·3 respectively. Of the 50 male patients sent to Porirua, 14 were transferred as relieved, and some of these besides some of the unimproved would probably recover, but we do not receive the benefit of these in our percentages.

The death-rate has not altered much, although 5 more deaths for the year have to be recorded, yet the average number resident was much increased, and the percentage of deaths to the average number is 5·8, as against 4·5 for the previous year. In all there were 17 deaths, 15 of these taking place within two years of admission, showing the unsatisfactory condition of the patients when sent to asylum care, thus leaving only two patients who had been more than two years in residence, which shows a very healthy state of affairs among the ordinary asylum community.

Since writing my last report, electric lighting has been installed, and has proved a great boon, both from the view of better lighting, and also from that of diminished fire-risk. But even with the electric light and the automatic alarms risk of fire is a great danger here, and with the memory of the fire in the wooden annexe at Colney Hatch Asylum still fresh, one feels that something more must be done here at Mount View. Owing to the long corridors, if a fire did get a hold, it would travel with appalling rapidity, and it would be well nigh impossible to save all the inmates. Some means should be adopted for holding the fire in check even for a few minutes, to give our own and the town fire brigade time to tackle the fire, and also time for the attendants to open the locked doors for the patients to escape; and I would suggest that the Public Works Department take this in hand, either by erecting brick dividing-walls or applying some fire-resisting substance, such as "Uralite," to the existing walls.

There have been the usual dances and other amusements for the patients, and this summer the men have very much appreciated a game of bowls in the evenings.

To Dr. Ulrich and the various members of the staff, I have to express my thanks for their hearty assistance in the carrying-out of the work of the institution.

I have, &c.,

W. BAXTER GOW, M.D., C.M.

Medical Superintendent.

The Inspector-General of Asylums, Wellington.

I feel that I must express my appreciation of the thoughtfulness that led the Minister to appoint Dr. Frank Hay as Assistant Inspector at a time when I was seriously ill, and I feel the benefit of so capable and experienced a colleague. Dr. Hay has had the advantage of being trained under Dr. Urquhart, one of the most sagacious and capable of British alienists, in Murray's Royal Asylum, Perth. Since coming to this country Dr. Hay's work at Ashburn Hall Private Asylum has passed under my own observation, and has met with my fullest approval.

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

Inspector-General of Asylums.

APPENDIX.

TABLE I.—SHOWING the ADMISSIONS, READMISSIONS, DISCHARGES, and DEATHS in ASYLUMS during the Year 1903.

	M.	F.	T.	M.	F.	T.
In asylums, 1st January, 1903 .. .. .	..	..	..	1,715	1,133	2,848
Admitted for the first time	306	183	489	454	237	691
Readmitted	148	54	202			
Total under care during the year .. .. .	..	..	..	2,169	1,370	3,539
Discharged and removed—						
Recovered	144	101	245			
Relieved	41	25	66			
Not improved	84	12	96			
Died	129	44	173	398	182	580
Remaining in asylums, 31st December, 1903.. .. .	..	..	..	1,771	1,188	2,959
Increase over 31st December, 1902 .. .. .	..	..	..	56	55	111
Average number resident during the year .. .. .	..	..	..	1,741	1,160	2,901

TABLE II.—ADMISSIONS, DISCHARGES, and DEATHS, with the MEAN ANNUAL MORTALITY and PROPORTION OF RECOVERIES, &c., at per Cent. on the ADMISSIONS, &c., during the Year 1903.

Asylums.	In Asylums on 1st January, 1903.			Admissions in 1903.									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	341	197	538	73	35	108	15	7	22	88	42	130 ^(a)	429	239	668
Christchurch	317	239	556	39	24	63	12	7	19	51	31	82	368	270	638
Dunedin (Seacliff)	430	235	665	61	41	102	18	15	33	79	56	135 ^(b)	509	291	800
Hokitika	88	32	120	18	4	22	43	8	51	61	12	73 ^(c)	149	44	193
Nelson	84	54	138	12	5	17	..	..	..	12	5	17	96	59	155
Porirua	258	250	508	54	33	87	55	5	60	109	38	147 ^(d)	367	288	655
Wellington	177	104	281	42	34	76	5	11	16	47	45	92 ^(e)	224	149	373
Ashburn Hall (private asylum)	20	22	42	7	7	14	..	1	1	7	8	15 ^(e)	27	30	57
Totals	1,715	1,133	2,848	306	183	489	148	54	202	454	237	691 ^(f)	2,169	1,370	3,539

TABLE II.—continued.

Asylums.	Patients Discharged and Died.												In Asylums on the 31st December, 1903.		
	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	38	19	57	..	1	1	27	7	34	65	27	92	364	212	576
Christchurch	30	14	44	47	17	64 ^(g)	20	6	26	97	37	134	271	233	504
Dunedin (Seacliff)	32	13	45	13	9	22 ^(e)	36	16	52	81	38	119	428	253	681
Hokitika	9	3	12	4	..	4	6	..	6	19	3	22	130	41	171
Nelson	1	1	2	1	..	1 ^(e)	6	2	8	8	3	11	88	56	144
Porirua	15	21	36	6	5	11 ^(e)	18	9	27	39	35	74	328	253	581
Wellington	18	24	42	50	2	52 ^(d)	14	3	17	82	29	111	142	120	262
Ashburn Hall (private asylum)	1	6	7	4	3	7	2	1	3	7	10	17	20	20	40
Totals	144	101	245	125	37	162	129	44	173	398	182	580	1,771	1,188	2,959

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	351	207	558	43.18	46.34	44.19	7.69	3.38	6.09	30.68	17.07	26.36
Christchurch	292	237	529	58.82	45.16	53.66	6.85	2.53	4.91	39.22	19.35	31.71
Dunedin (Seacliff)	432	245	677	43.24	23.64	34.88	8.33	6.53	7.68	48.65	29.09	40.31
Hokitika	111	35	146	47.37	75.00	52.17	5.40	..	4.11	31.58	..	26.09
Nelson	86	54	140	8.33	20.00	11.76	6.98	3.70	5.71	50.00	40.00	47.06
Porirua	273	248	521	25.42	56.76	37.50	6.59	3.63	5.18	30.51	24.32	28.12
Wellington	178	113	291	39.13	53.33	46.15	7.87	2.65	5.84	30.43	6.66	18.68
Ashburn Hall (private asylum) ..	18	21	39	16.66	75.00	50.00	11.11	4.76	7.69	33.33	12.50	21.43
Totals	1,741	1,160	2,901	40.56	44.69	42.17	7.41	3.79	5.96	36.34	19.47	29.78

(a) 1 female transferred.
and 1 female transferred.
transferred.(b) 5 males and 1 female transferred.
(e) 1 male transferred.(c) 42 males and 8 females transferred.
(f) 99 males and 11 females transferred.(d) 50 males
(g) 48 males and 9 females

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	..	..	..	..	..	..	..	..	..	..	..	..	0	1	1	..	..	..	..	..	..	1	1	2
" 10 " 15 "	..	..	..	1	1	2	1	0	1	..	..	..	0	1	1	2	0	2	..	..	..	..	..	..	4	2	6
" 15 " 20 "	7	3	10	1	1	2	6	0	6	..	..	..	6	2	8	2	2	4	2	2	4	..	..	..	22	8	30
" 20 " 30 "	11	8	19	14	10	24	16	14	30	7	3	10	2	2	4	26	11	37	11	12	23	3	1	4	90	61	151
" 30 " 40 "	24	13	37	9	6	15	19	12	31	6	2	8	2	0	2	30	10	40	9	9	18	2	1	3	101	53	154
" 40 " 50 "	13	11	24	11	9	20	8	11	19	14	0	14	3	0	3	13	4	17	10	10	20	0	5	5	72	50	122
" 50 " 60 "	14	3	17	10	2	12	8	5	13	8	3	11	1	1	2	16	5	21	6	10	16	1	0	1	64	29	93
" 60 " 70 "	13	3	16	4	1	5	11	7	18	7	1	8	3	0	3	11	3	14	6	1	7	1	1	2	56	17	73
" 70 " 80 "	4	1	5	1	1	2	10	6	16	8	1	9	1	1	2	5	2	7	3	1	4	..	..	..	32	13	45
Upwards of 80 years	1	0	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	0	1
Unknown.. ..	..	..	..	..	..	..	..	..	..	11	2	13	..	..	..	..	..	..	..	..	..	..	..	..	11	2	13
Totals ..	88	42	130	51	31	82	79	56	135	61	12	73	12	5	17	109	38	147	47	45	92	7	8	15	454	237	691

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)	44	23	67	20	11	31	42	22	64	28	8	36	7	1	8	64	19	83	30	18	48	0	3	3	235	105	340
Second Class (first attack, above 3 mos. and within 12 mos. on admission)	14	5	19	1	0	1	10	4	14	4	1	5	3	0	3	8	3	11	5	7	12	4	2	6	49	22	71
Third Class (not first attack, and within 12 mos. on admission)	19	11	30	14	8	22	10	15	25	1	0	1	1	0	1	19	9	28	5	13	18	1	0	1	70	56	126
Fourth Class (first attack or not, but of more than 12 mos. on admission)	11	3	14	10	9	19	17	15	32	5	0	5	1	4	5	18	7	25	7	7	14	2	3	5	71	48	119
Unknown ..	..	..	..	6	3	9	..	..	..	23	3	26	..	..	..	..	..	..	..	..	..	..	..	..	29	6	35
Totals ..	88	42	130	51	31	82	79	56	135	61	12	73	12	5	17	109	38	147	47	45	92	7	8	15	454	237	691

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.			
From 5 to 10 years	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
" 10 " 15 "	..	..	..	..	..	..	..	..	0	1	1	..	..	..	..	..	..
" 15 " 20 "	5	1	6	..	..	1	0	1	0	2	2	3	1	4	1	0	1	
" 20 " 30 "	6	3	9	..	..	8	4	12	6	1	7	3	4	7	4	0	4	
" 30 " 40 "	7	5	12	..	..	8	2	10	6	4	10	8	4	12	4	2	6	
" 40 " 50 "	8	6	14	..	..	4	5	9	15	4	19	6	2	8	2	4	6	
" 50 " 60 "	8	2	10	..	..	7	0	7	10	4	14	4	1	5	1	1	2	
" 60 " 70 "	3	2	5	0	1	1	1	3	4	9	1	10	5	1	6	1	0	1
" 70 " 80 "	1	0	1	..	..	1	0	1	1	0	1	3	0	3	0	2	2	
Unknown	
Totals	38	19	57	0	1	1	30	14	44	47	17	64	32	13	45	13	9	22
																		9	3	12
																		4	0	4

Ages.	Nelson.		Porirua.		Wellington.		Ashburn Hall (Private Asylum).		Total.												
	Re-covered.	Not re-covered.	Re-covered.	Not re-covered.	Re-covered.	Not re-covered.	Re-covered.	Not re-covered.	Recovered.		Not recovered.										
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.						
From 5 to 10 years	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
" 10 " 15 "	..	..	..	..	..	..	1	0	1	..	..	..	..	..	..
" 15 " 20 "	..	..	1	0	1	..	..	..	..	11	4	15	4	2	6					
" 20 " 30 "	..	..	5	5	10	0	2	2	4	7	11	14	1	15	27	4	31			
" 30 " 40 "	1	1	2	3	8	11	0	2	2	4	2	6	11	1	12	22	10	32			
" 40 " 50 "	..	..	5	3	8	1	0	1	4	8	12	6	0	6	0	2	2	0	1	1
" 50 " 60 "	..	..	1	4	5	1	0	1	5	5	10	7	0	7	0	..	1	0	1	1
" 60 " 70 "	..	..	0	1	1	2	0	2	0	1	1	6	0	6	0	1	1	1	0	1
" 70 " 80 "	..	..	..	..	2	1	3	..	..	2	0	2	..	..	0	1	1	6	0	6
Unknown	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	0	1	..	..	..
Totals	1	1	2	1	0	1	15	21	36	6	5	11	18	24	42	50	2	52	1	6	7
																		4	3	7	
																		144	101	245	
																		125	37	163	

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	..	..	0 1 1	..	..	..	..	..	0 1 1
" 10 " 15	..	..	..	..	..	..	..	..	..
" 15 " 20	1 1 2	..	..	..	..	1 1 2	1 0 1	..	3 2 5
" 20 " 30	4 0 4	2 1 3	..	..	..	1 0 1	2 0 2	..	9 1 10
" 30 " 40	3 0 3	4 1 5	5 1 6	1 0 1	0 1 1	4 0 4	3 1 4	1 1 2	21 5 26
" 40 " 50	3 1 4	1 2 3	4 3 7	1 0 1	3 0 3	2 1 3	6 2 8	..	20 9 29
" 50 " 60	7 0 7	4 0 4	9 3 12	2 0 2	1 0 1	5 1 6	..	..	28 4 32
" 60 " 70	6 4 10	3 0 3	9 4 13	2 0 2	2 0 2	3 4 7	2 0 2	..	27 12 39
" 70 " 80	1 0 1	6 2 8	9 4 13	..	0 1 1	2 2 4	..	1 0 1	19 9 28
Upwards of 80	2 1 3	..	..	..	..	..	..	..	2 1 3
Totals	27 7 34	20 6 26	36 16 52	6 0 6	6 2 8	18 9 27	14 3 17	2 1 3	129 44 173

TABLE VII.—CONDITION as to MARRIAGE.

						Admissions.	Discharges.	Deaths.
						M. F. T.	M. F. T.	M. F. T.
AUCKLAND—						54 13 67	25 6 31	17 1 18
Single ..	..	..	..	..	..	24 20 44	12 10 22	4 2 6
Married ..	..	..	..	..	..	10 9 19	1 4 5	6 4 10
Widowed ..	..	..	..	..	..	88 42 130	38 20 58	27 7 34
Totals	..	..	..	..	..
CHRISTCHURCH—						30 14 44	52 17 69	10 2 12
Single ..	..	..	..	..	..	19 13 32	22 12 34	9 3 12
Married ..	..	..	..	..	..	2 4 6	3 2 5	1 1 2
Widowed ..	..	..	..	..	..	51 31 82	77 31 108	20 6 26
Totals	..	..	..	..	..
DUNEDIN (Seacliff)—						52 23 75	33 7 40	21 8 29
Single ..	..	..	..	..	..	25 25 50	11 12 23	14 7 21
Married ..	..	..	..	..	..	2 8 10	1 3 4	1 1 2
Widowed ..	..	..	..	..	..	79 56 135	45 22 67	36 16 52
Totals	..	..	..	..	..
HOKITIKA—						38 4 42	10 1 11	4 0 4
Single ..	..	..	..	..	..	9 4 13	3 2 5	1 0 1
Married ..	..	..	..	..	..	3 2 5	..	1 0 1
Widowed ..	..	..	..	..	..	11 2 13	..	..
Unknown ..	..	..	..	..	..	61 12 78	13 3 16	6 0 6
Totals	..	..	..	..	..
NELSON—						7 3 10	1 1 2	2 1 3
Single ..	..	..	..	..	..	4 0 4	1 0 1	4 0 4
Married ..	..	..	..	..	..	1 2 3	..	0 1 1
Widowed ..	..	..	..	..	..	12 5 17	2 1 3	6 2 8
Totals	..	..	..	..	..
PORIRUA—						65 11 76	14 9 23	12 6 18
Single ..	..	..	..	..	..	36 24 60	7 15 22	5 2 7
Married ..	..	..	..	..	..	8 3 11	0 2 2	1 1 2
Widowed ..	..	..	..	..	..	109 38 147	21 26 47	18 9 27
Totals	..	..	..	..	..
WELLINGTON—						26 16 42	43 6 49	8 2 10
Single ..	..	..	..	..	..	18 21 39	20 13 33	6 0 6
Married ..	..	..	..	..	..	3 8 11	5 7 12	0 1 1
Widowed ..	..	..	..	..	..	47 45 92	68 26 94	14 3 17
Totals	..	..	..	..	..
ASHBURN HALL (Private Asylum)—						4 4 8	3 5 8	0 1 1
Single ..	..	..	..	..	..	3 2 5	2 2 4	2 0 2
Married ..	..	..	..	..	..	0 2 2	0 2 2	..
Widowed ..	..	..	..	..	..	7 8 15	5 9 14	2 1 3
Totals	..	..	..	..	..
TOTALS—						276 88 364	181 52 233	74 21 95
Single ..	..	..	..	..	..	138 109 247	78 66 144	45 14 59
Married ..	..	..	..	..	..	29 38 67	10 20 30	10 9 19
Widowed ..	..	..	..	..	..	11 2 13	..	..
Unknown ..	..	..	..	..	..	454 237 691	269 138 407	129 44 173
Totals	..	..	..	..	..

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.			
England ..	125	69	194	97	85	182	85	44	129	27	9	36	25	12	37	118	73	191	41	26	67	6	4	10	524	322	846
Scotland ..	28	8	36	31	26	57	115	73	188	14	1	15	6	4	10	31	22	53	15	16	31	6	6	12	246	156	402
Ireland ..	65	48	113	54	54	108	103	67	170	47	19	66	18	9	27	61	70	131	29	19	48	1	0	1	378	286	664
New Zealand ..	93	69	162	61	49	110	66	49	115	23	8	31	30	26	56	66	67	133	44	37	81	7	9	16	390	314	704
Austral'n Colonies	12	5	17	7	3	10	10	13	23	1	3	4	1	4	5	10	3	13	4	9	13	..	..	..	45	40	85
France ..	1	0	1	1	0	1	0	2	2	2	0	2	1	0	1	2	0	2	..	..	..	..	..	..	7	2	9
Germany ..	6	3	9	3	1	4	10	0	10	3	0	3	1	0	1	10	3	13	0	7	7	..	..	..	33	14	47
Austria ..	3	0	3	..	..	..	..	..	..	..	..	..	1	0	1	0	1	1	..	..	..	..	..	..	4	1	5
Norway ..	1	0	1	3	0	3	6	1	7	..	..	..	..	..	..	1	1	2	1	3	4	..	..	..	12	5	17
Sweden ..	4	0	4	..	..	..	3	0	3	3	0	3	0	1	1	4	2	6	3	0	3	..	..	..	17	3	20
Denmark ..	3	0	3	2	0	2	0	2	2	1	0	1	2	0	2	5	0	5	1	0	1	..	..	..	14	2	16
Italy ..	2	2	4	..	..	..	4	0	4	3	0	3	1	0	1	2	2	4	1	0	1	..	..	..	13	4	17
China ..	1	0	1	..	..	..	17	0	17	5	0	5	..	..	..	3	0	3	..	..	..	..	..	..	26	0	26
Maoris ..	3	7	10	1	1	2	1	0	1	..	..	..	..	..	..	8	5	13	3	0	3	..	..	..	16	13	29
Other countries ..	17	1	18	11	14	25	8	2	10	1	0	1	2	0	2	7	4	11	0	3	3	0	1	1	46	25	71
Unknown ..	..	..	..	..	..	..	..	..	..	0	1	1	..	..	..	..	..	..	..	..	..	..	..	..	0	1	1
Totals ..	364	212	576	271	233	504	428	253	681	130	41	171	88	56	144	328	253	581	142	120	262	20	20	40	1771	1188	2959

TABLE IX.—AGES of PATIENTS in Asylums on 31st December, 1903.

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.			
1 to 5 years ..	..	..	..	..	..	..	0	1	1	..	..	..	..	..	..	..	..	..	..	..	..	0	1	1			
5 " 10 " ..	3	0	3	1	0	1	1	0	1	0	1	1	..	..	..	0	1	1	0	1	1	..	5	3	8		
10 " 15 " ..	1	2	3	3	2	5	1	2	3	0	1	1	0	1	1	2	0	2	1	2	3	..	8	10	18		
15 " 20 " ..	4	4	8	5	4	9	13	7	20	..	..	7	3	10	..	6	5	11	2	3	5	..	37	26	63		
20 " 30 " ..	40	28	68	32	23	55	53	45	98	12	5	17	9	5	14	41	25	66	25	25	50	2	1	3	214	157	371
30 " 40 " ..	81	49	130	50	49	99	85	56	141	17	4	21	12	13	25	78	50	128	25	30	55	2	4	6	350	255	605
40 " 50 " ..	89	44	133	59	54	113	107	55	162	19	4	23	19	11	30	78	78	156	34	29	63	6	6	12	411	281	692
50 " 60 " ..	67	46	113	47	55	102	73	55	128	26	10	36	19	10	29	70	56	126	36	19	55	3	2	5	341	253	594
60 " 70 " ..	62	25	87	46	28	74	72	25	97	29	11	40	14	12	26	39	34	73	16	7	23	5	5	10	283	147	430
70 " 80 " ..	13	9	22	21	14	35	18	6	24	13	3	16	8	1	9	14	4	18	3	4	7	2	2	4	92	43	135
Over 80 " ..	2	3	5	3	2	5	5	1	6	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	10	6	16
Unknown ..	2	2	4	4	2	6	..	..	..	14	2	16	..	..	..	..	..	..	..	..	..	..	..	..	20	6	26
Totals ..	364	212	576	271	233	504	428	253	681	130	41	171	88	56	144	328	253	581	142	120	262	20	20	40	1771	1188	2959

TABLE X.—LENGTH of RESIDENCE of PATIENTS who DIED during 1903.

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 ..	..	..	..	..	..	..	2	0	2	1	0	1	1	0	1	4	1	5	2	2	4	1	1	2	11	4	15
From 1 to 3 months ..	5	2	7	1	1	2	4	2	6	..	..	..	..	..	..	1	0	1	2	0	2	..	..	..	13	5	18
" 3 " 6 " ..	..	..	..	3	0	3	3	1	4	1	0	1	..	..	..	0	1	1	..	..	..	..	..	..	7	2	9
" 6 " 9 " ..	2	0	2	..	..	..	3	1	4	2	0	2	..	..	..	..	..	..	3	1	4	..	..	..	10	2	12
" 9 " 12 " ..	1	1	2	..	..	..	0	1	1	..	..	..	..	..	..	..	..	..	1	0	1	..	..	..	2	2	4
" 1 " 2 years ..	3	3	6	3	0	3	7	2	9	1	0	1	1	0	1	2	0	2	4	0	4	..	..	..	21	5	26
" 2 " 3 " ..	6	0	6	2	0	2	2	0	2	..	..	..	..	..	..	..	..	..	1	0	1	..	..	..	11	0	11
" 3 " 5 " ..	2	0	2	2	1	3	2	4	6	..	..	..	2	0	2	1	1	2	1	0	1	..	..	..	10	6	16
" 5 " 7 " ..	..	..	..	2	0	2	1	0	1	..	..	..	0	1	1	3	0	3	..	..	..	..	..	..	6	1	7
" 7 " 10 " ..	..	..	..	1	1	2	1	0	1	..	..	..	0	1	1	3	2	5	..	..	..	..	..	..	5	4	9
" 10 " 12 " ..	0	1	1	0	1	1	1	0	1	..	..	..	..	..	..	2	1	3	..	..	..	..	..	..	3	3	6
" 12 " 15 " ..	4	0	4	2	1	3	2	1	3	1	0	1	9	2	11
Over 15 years ..	4	0	4	4	1	5	8	4	12	1	0	1	2	0	2	2	3	5	..	..	..	..	..	..	21	8	29
Died while absent on trial ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Totals ..	27	7	34	20	6	26	36	16	52	6	0	6	6	2	8	18	9	27	14	3	17	2	1	3	129	44	173	

TABLE XI.—LENGTH of RESIDENCE of PATIENTS DISCHARGED "RECOVERED" during 1903.

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 ..	..	1 0 1	2 4 6	3 1 4	..	1 0 1	..	..	7 5 12
From 1 to 3 months ..	6 5 11	13 5 18	13 5 18	2 0 2	..	4 4 8	3 5 8	0 2 2	41 26 67
" 3 " 6 ..	14 2 16	5 3 8	9 1 10	2 2 4	1 1 2	1 2 3	7 5 12	1 0 1	40 16 56
" 6 " 9 ..	5 5 10	4 2 6	4 3 7	..	..	2 4 6	2 7 9	0 4 4	17 25 42
" 9 " 12 ..	4 3 7	4 1 5	..	2 0 2	..	1 5 6	1 3 4	..	12 12 24
" 1 " 2 years ..	5 2 7	3 1 4	2 0 2	..	..	1 0 1	3 4 7	..	14 7 21
" 2 " 3 ..	3 1 4	0 1 1	2 0 2	..	..	1 1 2	..	..	6 3 9
" 3 " 5 ..	0 1 1	0 1 1	..	..	..	1 2 3	1 0 1	..	2 4 6
" 5 " 7 ..	..	..	..	..	..	2 1 3	..	..	2 1 3
" 7 " 10 ..	1 0 1	..	..	..	..	0 1 1	..	..	1 1 2
" 10 " 12 ..	..	..	..	..	..	1 0 1	1 0 1	..	2 0 2
" 12 " 15 ..	..	..	..	..	..	0 1 1	..	..	0 1 1
Totals ..	38 19 57	30 14 44	32 13 45	9 3 12	1 1 2	15 21 36	18 24 42	1 6 7	144 101 245

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 of thigh ..	..	..	0 1 1	..	..	..	..	..	0 1 1
Addison's disease ..	..	..	0 1 1	..	..	..	..	..	0 1 1
Alcoholic paraplegia ..	..	..	..	..	..	1 0 1	..	..	1 0 1
Apoplexy ..	1 0 1	..	..	..	..	..	..	..	1 0 1
Bright's disease (chronic) ..	..	..	1 0 1	..	..	..	..	..	1 0 1
Cancer ..	1 0 1	2 0 2	1 0 1	1 0 1	..	0 1 1	..	..	5 1 6
Carcinoma of liver ..	..	..	0 1 1	..	..	..	..	..	0 1 1
Cardiac failure ..	0 2 2	..	..	..	1 0 1	..	..	..	1 2 3
Cerebral congestion ..	1 0 1	..	..	..	..	..	..	..	1 0 1
Cerebral meningitis ..	..	..	..	..	..	1 0 1	..	..	1 0 1
Cerebral softening ..	..	..	2 0 2	2 0 2	..	1 0 1	..	..	5 0 5
Chronic brain-disease ..	2 0 2	2 0 2	2 0 2	..	..	..	..	..	6 0 6
Colitis ..	..	..	..	..	..	1 0 1	..	..	1 0 1
Congestion of lungs ..	..	..	..	..	..	1 0 1	1 0 1	..	2 0 2
Cystitis ..	..	..	..	..	..	1 0 1	..	..	1 0 1
Diarrhoea ..	1 0 1	..	..	..	..	..	..	..	1 0 1
Enteritis ..	..	..	1 2 3	..	..	0 1 1	..	..	1 3 4
Epilepsy ..	5 0 5	3 1 4	1 0 1	1 0 1	..	2 0 2	2 1 3	..	14 2 16
Exhaustion following delirium tremens ..	..	..	..	..	..	..	..	1 0 1	1 0 1
Fatty-degeneration of heart ..	..	1 0 1	..	..	1 0 1	0 1 1	..	..	2 1 3
Fracture dislocation of spine ..	..	1 0 1	..	..	..	..	..	..	1 0 1
General paralysis ..	4 0 4	1 0 1	7 0 7	1 0 1	1 0 1	4 0 4	4 0 4	..	22 0 22
Heart-disease ..	1 1 2	..	11 5 16	..	..	0 3 3	..	..	12 9 21
Hæmorrhage of intestines ..	..	..	..	..	..	..	0 1 1	..	0 1 1
Hypostatic pneumonia following erysipelas ..	..	0 1 1	..	..	..	..	..	..	0 1 1
Intestinal obstruction ..	..	1 0 1	..	..	..	..	..	..	1 0 1
Mania with exhaustion ..	..	..	..	..	..	..	2 1 3	..	2 1 3
Meningitis, tubercular ..	..	..	0 1 1	..	..	..	..	..	0 1 1
Necrosis of tibia ..	..	0 1 1	..	..	..	..	..	..	0 1 1
Organic brain-disease ..	1 0 1	1 0 1	..	..	..	..	..	..	2 0 2
Peripheral neuritis ..	..	..	..	..	..	..	1 0 1	..	1 0 1
Pneumonia ..	..	0 1 1	0 2 2	..	0 1 1	1 1 2	..	0 1 1	1 6 7
Phthisis ..	3 0 3	0 1 1	5 3 8	..	..	3 0 3	..	..	11 4 15
Puerperal septicæmia ..	0 1 1	..	..	..	..	..	..	..	0 1 1
Pulmonary apoplexy ..	..	..	..	..	..	..	1 0 1	..	1 0 1
Pyæmia ..	..	..	1 0 1	..	..	..	..	..	1 0 1
Pyæmic abscesses of kidneys ..	..	..	..	..	1 0 1	..	..	..	1 0 1
Rupture of urethra ..	1 0 1	..	..	..	..	..	..	..	1 0 1
Scarlet fever ..	..	..	1 0 1	..	..	..	..	..	1 0 1
Senile decay ..	4 2 6	6 1 7	3 0 3	1 0 1	..	1 2 3	2 0 2	..	17 5 22
Senile dementia ..	1 0 1	..	..	..	..	..	..	..	1 0 1
Softening of the brain ..	..	1 0 1	..	..	..	..	..	..	1 0 1
Stuporose melancholia ..	..	..	..	..	1 0 1	..	..	..	1 0 1
Suffocation by food ..	..	..	..	..	..	..	1 0 1	..	1 0 1
Syncope ..	..	..	..	..	1 1 2	..	..	1 0 1	2 1 3
Tuberculosis ..	1 1 2	1 0 1	..	..	..	..	..	..	2 1 3
Typhoid fever ..	..	..	..	..	..	1 0 1	..	..	1 0 1
Totals ..	27 7 34	20 6 26	36 16 52	6 0 6	6 2 8	18 9 27	14 3 17	2 1 3	129 44 173

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.
Accident	2 0 2	..	..	..	3 1 4	..	5 1 6	..	10 2 12
Adolescence	4 0 4	..	..	..	..	12 2 14	0 4 4	..	16 6 22
Alcoholism	20 2 22	11 1 12	14 3 17	5 1 6	..	15 2 17	8 1 9	1 0 1	74 10 84
Apoplexy .. ..	..	..	..	..	..	1 0 1	..	..	1 0 1
Brain strain .. ..	..	1 0 1	..	..	..	..	..	..	1 0 1
Child-bearing and puerperal	0 7 7	0 1 1	0 3 3	..	..	0 3 3	0 2 2	..	0 16 16
Chorea .. ..	..	..	..	..	..	..	0 1 1	..	0 1 1
Climacteric	0 5 5	0 5 5	0 1 1	..	..	5 7 12	0 5 5	0 1 1	5 24 29
Congenital and hereditary ..	23 10 33	5 6 11	24 20 44	2 1 3	1 2 3	14 5 19	3 2 5	3 4 7	75 50 125
Constipation .. ..	..	..	2 0 2	..	..	..	..	..	2 0 2
Death of husband .. ..	..	..	..	..	..	..	0 2 2	..	0 2 2
Developmental .. ..	..	..	1 0 1	..	..	..	..	..	1 0 1
Diabetes .. ..	..	..	0 1 1	..	..	..	..	..	0 1 1
Dissolute life	3 0 3	..	..	..	..	..	..	..	3 0 3
Domestic worry and anxiety	0 1 1	0 1 1	1 8 9	0 2 2	1 0 1	2 3 5	..	..	4 15 19
Epilepsy	2 1 3	3 1 4	2 0 2	1 0 1	1 0 1	5 0 5	1 1 2	1 0 1	16 3 19
Exposure .. ..	..	..	..	1 1 2	..	..	..	..	1 1 2
Financial worry	2 0 2	..	1 0 1	..	1 0 1	1 0 1	..	1 0 1	6 0 6
Heart disease .. ..	..	0 1 1	..	..	..	..	..	..	0 1 1
Hysteria .. ..	..	0 2 2	..	..	..	..	..	..	0 2 2
Ill-health	1 0 1	1 3 4	2 0 2	..	..	..	3 3 6	..	7 6 13
Infantile paralysis .. ..	..	..	..	..	..	1 0 1	..	..	1 0 1
Influenza .. ..	..	..	1 0 1	0 1 1	..	2 1 3	..	..	3 2 5
Injury to head .. ..	..	..	1 0 1	..	0 2 2	..	..	..	1 2 3
Love affair .. ..	..	..	..	..	..	0 1 1	..	..	0 1 1
Masturbation	3 1 4	7 1 8	6 0 6	4 0 4	..	5 1 6	5 0 5	1 0 1	31 3 34
Meningitis .. ..	..	..	..	..	..	0 1 1	..	..	0 1 1
Mental worry .. ..	..	..	..	..	..	4 1 5	..	..	4 1 5
Middle-ear disease	0 1 1	..	..	..	..	..	..	..	0 1 1
Nervousness .. ..	..	..	..	1 0 1	..	..	..	..	1 0 1
Opium-smoking .. ..	..	..	..	..	..	1 0 1	..	..	1 0 1
Organic brain-disease .. ..	..	5 0 5	2 0 2	..	..	..	..	..	7 0 7
Ovarian trouble .. ..	..	..	..	0 1 1	..	..	..	..	0 1 1
Overwork	0 1 1	..	..	..	..	4 0 4	0 2 2	..	4 3 7
Paralysis agitans .. ..	..	..	..	..	..	1 0 1	..	..	1 0 1
Phthisis .. ..	..	..	..	..	..	1 0 1	..	..	1 0 1
Plumbism .. ..	..	..	..	..	..	1 0 1	..	..	1 0 1
Poverty .. ..	..	0 1 1	..	..	..	..	..	..	0 1 1
Prenatal trouble .. ..	..	..	..	..	..	..	1 0 1	..	1 0 1
Previous attack	4 3 7	4 3 7	..	..	..	7 3 10	2 9 11	0 2 2	17 20 37
Privation	2 1 3	..	..	..	..	..	..	..	2 1 3
Progressive muscular atrophy	..	..	..	..	..	1 0 1	..	..	1 0 1
Puberty .. ..	..	..	..	..	..	..	1 0 1	..	1 0 1
Religious excitement .. ..	..	1 0 1	..	2 0 2	..	..	2 2 4	..	5 2 7
Scarlatina .. ..	..	..	..	..	..	..	..	0 1 1	0 1 1
Seduction .. ..	..	..	0 1 1	..	..	..	..	..	0 1 1
Senility	14 3 17	4 1 5	8 3 11	10 0 10	1 0 1	13 5 18	4 1 5	..	54 13 67
Sexual excess .. ..	..	1 1 2	0 1 1	..	..	..	0 1 1	..	0 1 1
Shock .. ..	..	..	..	..	..	0 1 1	0 2 2	..	1 5 6
Solitary life	2 0 2	1 0 1	0 1 1	3 0 3	..	3 0 3	..	..	9 1 10
Spiritualism .. ..	..	..	..	..	..	..	0 1 1	..	0 1 1
Sunstroke .. ..	..	..	..	1 0 1	..	1 0 1	1 0 1	..	3 0 3
Surgical operation .. ..	..	..	1 1 2	..	..	..	..	..	1 1 2
Syphilis .. ..	..	3 0 3	2 0 2	..	..	4 0 4	1 0 1	..	10 0 10
Traumatic .. ..	..	0 1 1	..	..	..	4 2 6	..	..	4 3 7
Tumour	0 1 1	..	..	..	..	..	..	..	0 1 1
Typhoid fever .. ..	..	..	1 0 1	..	..	..	..	..	1 0 1
Worry	0 3 3	..	..	..	..	..	8 2 10	..	8 5 13
Unknown	6 2 8	4 2 6	10 13 23	31 5 36	4 0 4	1 0 1	2 3 5	..	58 25 83
Totals	88 42 130	51 31 82	79 56 135	61 12 73	12 5 17	109 38 147	47 45 92	7 8 15	454 237 691

TABLE XIV.—FORMER OCCUPATION OF PATIENTS.

Occupation.	Auckland.	Christchurch.	Dunedin (Seacliff).	Hokitika.	Nelson.	Porirua.	Wellington.	Ashburn Hall (Private Asylum).	Total.	Occupation.	Auckland.	Christchurch.	Dunedin (Seacliff).	Hokitika.	Nelson.	Porirua.	Wellington.	Ashburn Hall (Private Asylum).	Total.
MALES.																			
Aboriginal native ..	1	..	..	..	..	4	..	..	5	Hotelkeepers ..	1	..	1	1	..	1	..	..	4
Bakers ..	..	1	..	..	..	..	1	..	2	Labourers ..	25	29	22	24	6	31	10	..	147
Bill-stickers ..	..	..	1	..	..	..	..	..	1	Maori interpreters ..	..	..	..	..	..	1	1	..	2
Blacksmiths ..	..	..	1	1	..	..	..	..	2	Master mariner ..	1	..	..	..	..	..	..	..	1
Boilermaker ..	..	..	1	..	..	..	..	..	1	Mechanic ..	..	..	..	..	..	..	..	1	1
Bootmakers ..	2	..	1	..	..	4	1	..	8	Merchant ..	..	..	..	..	..	1	..	..	1
Bottle-gatherers ..	1	1	..	..	..	..	..	..	2	Millwright ..	..	1	..	..	..	..	..	..	1
Brewer ..	..	..	1	..	..	..	..	..	1	Miners ..	2	..	5	11	3	1	2	..	24
Bricklayers ..	1	..	1	..	..	..	..	..	2	Music-teachers ..	..	..	2	..	..	1	..	..	3
Brickmakers ..	..	..	..	..	..	..	1	..	1	No occupation ..	3	3	3	3	..	..	1	1	14
Bushman ..	1	..	..	..	..	..	..	..	1	Old-age pensioners ..	1	..	2	..	..	..	..	..	3
Butchers ..	1	..	..	..	..	2	1	..	4	Painters, &c. ..	1	..	1	..	..	2	1	..	5
Canvasser ..	..	..	..	..	..	1	..	..	1	Paupers ..	2	..	..	..	..	..	..	..	2
Carpenters, cabinet-makers, &c. ..	2	..	..	1	..	7	3	..	13	Photographers ..	1	1	..	..	..	..	..	..	2
Carters, expressmen, &c. ..	1	..	1	..	..	1	..	..	3	Plasterer ..	..	1	1	..	..	2	..	..	4
Chairmaker ..	1	..	..	..	..	..	..	..	1	Police-sergeant ..	..	..	..	..	..	1	..	..	1
Chemist ..	1	..	..	..	..	..	..	..	1	Porter ..	..	1	..	..	..	..	..	..	1
Clergyman ..	1	..	..	..	..	..	..	..	1	Rabbitier ..	..	..	1	..	..	..	..	..	1
Clerks & accountants ..	3	..	3	1	..	4	..	..	11	Railway station-master ..	..	..	1	..	..	..	..	..	1
Coach-builder ..	..	..	1	..	..	..	..	..	1	Ropemaker ..	..	..	..	..	..	1	..	..	1
Compositors ..	1	..	1	..	..	..	..	..	2	Sailors ..	1	1	3	2	..	2	1	..	10
Cooks ..	1	..	1	1	..	2	..	..	5	Saddler ..	..	..	..	..	..	1	..	..	1
Contractor ..	..	..	..	..	..	1	..	..	1	Salesman ..	..	..	..	..	..	..	1	..	1
Coopers ..	..	..	1	..	..	..	..	1	2	Sawmiller ..	..	..	1	..	..	..	..	..	1
Cycle-maker ..	..	..	1	..	..	..	..	..	1	Schoolteachers ..	..	..	2	..	..	..	..	..	2
Dentist ..	..	..	..	..	1	..	..	..	1	Sheep-farmers ..	..	1	..	..	..	..	..	1	2
Draughtsman ..	..	..	..	..	..	1	..	..	1	Soldiers ..	2	..	..	..	..	1	..	..	3
Dredgemaster ..	..	..	1	..	..	..	..	..	1	Station hands, shearers, &c. ..	..	1	..	..	..	1	1	..	3
Drover ..	..	1	..	..	..	..	..	..	1	Stonebreakers ..	..	..	..	..	..	2	..	..	2
Engineers ..	1	..	1	..	..	..	1	..	3	Stonemason ..	..	..	..	..	..	1	..	..	1
Engraver ..	..	1	..	..	..	..	..	..	1	Storekeepers ..	..	..	..	..	..	1	2	..	3
Estate-manager ..	..	..	..	..	..	..	..	1	1	Storeman ..	..	..	1	..	..	..	..	..	1
Farmers ..	12	3	4	1	1	13	8	2	44	Sugarboiler ..	..	..	1	..	..	..	..	..	1
Fisherman ..	..	..	..	..	..	..	1	..	1	Tailors ..	..	..	1	..	..	3	..	..	4
Firemen ..	1	..	..	..	..	1	1	..	3	Tanner ..	..	1	..	..	..	..	..	..	1
Fitters, moulders, &c ..	..	..	1	..	..	1	..	..	2	Telegraphist ..	..	..	1	..	..	..	..	..	1
French polisher ..	..	..	1	..	..	..	..	..	1	Telegraph-messenger ..	1	..	..	..	..	..	..	..	1
Gardeners ..	1	1	3	1	1	3	5	..	15	Tinsmith ..	1	..	..	..	..	..	..	..	1
Gentleman ..	1	..	..	..	..	..	..	..	1	Tramdriver ..	..	..	1	..	..	..	..	..	1
Grocers ..	..	..	1	..	..	..	1	..	2	Traveller ..	..	1	..	..	..	..	..	..	1
Grooms ..	..	..	1	..	..	1	3	..	5	Umbrella-maker ..	..	..	..	..	..	1	..	..	1
Gum-diggers ..	10	..	..	..	..	..	..	..	10	Warder ..	..	1	..	..	..	..	..	..	1
Hawkers ..	..	..	2	1	..	..	..	..	3	Warehouseman ..	1	..	..	..	..	..	..	..	1
Herbalist ..	..	..	..	..	..	1	..	..	1	Unknown ..	..	..	..	10	..	7	..	..	17
Horsedealers & trainers ..	..	1	1	..	..	..	..	..	2	Totals ..	88	51	79	61	12	109	47	7	454
Hotel-boots ..	..	..	1	..	..	..	..	..	1										
FEMALES.																			
Aboriginal natives ..	..	..	..	..	..	2	..	..	2	Old-age pensioner..	..	..	1	..	..	..	..	..	1
Barmaid ..	..	..	1	..	..	..	..	..	1	Prostitute ..	..	..	1	..	..	..	..	..	1
Canvasser ..	..	1	..	..	..	..	..	..	1	Refreshment-room keeper ..	..	..	..	..	..	1	..	..	1
Charwoman ..	..	..	1	..	1	..	1	..	3	School-teachers ..	2	..	..	..	..	..	2	..	4
Cooks ..	..	..	1	..	..	..	..	..	1	Seamstress ..	..	..	1	..	..	..	..	..	1
Domestic duties ..	9	16	37	5	3	33	36	8	147	Straw-worker ..	..	1	..	..	..	..	..	..	1
Factory-hand ..	1	..	..	..	..	..	..	..	1	Waitresses ..	..	1	..	..	..	..	3	..	4
House duties ..	3	..	10	2	..	1	..	..	16	Unknown ..	..	1	..	..	3	..	..	..	4
Housewives ..	23	12	2	1	..	..	1	..	39	Totals ..	42	31	56	12	5	38	45	8	237
Milk vendor ..	1	..	..	..	..	..	..	..	1										
Milliner ..	1	..	..	..	..	..	..	..	1										
No occupation ..	..	1	2	..	1	1	2	..	7										

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.															
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1876	231	117	338	129	79	208	17	8	25	36	12	48	519	264	783	491	257	748	54.53	66.01	57.56
1877	250	112	362	123	57	180	20	9	29	42	21	63	581	291	872	541	277	818	49.30	51.90	49.72
1878	247	131	378	121	68	189	14	14	28	51	17	68	638	319	957	601	303	904	48.98	51.90	50.00
1879	248	151	399	112	76	188	15	13	28	55	16	71	695	361	1,056	666	337	1,003	45.16	50.83	47.11
1880	229	149	378	100	67	167	36	25	61	54	20	74	729	396	1,125	703	371	1,074	43.66	44.96	44.17
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	44.01
1882	267	152	419	95	59	154	49	32	81	60	19	79	827	442	1,269	796	421	1,217	35.58	38.81	36.75
1883	255	166	421	102	78	180	13	20	33	65	18	83	892	433	1,375	860	475	1,335	40.00	46.98	42.75
1884	238	153	391	89	77	166	17	9	26	68	24	92	938	514	1,452	911	497	1,408	37.39	50.32	42.45
1885	294	160	454	95	76	171	10	5	15	73	22	95	1,009	542	1,523	965	528	1,493	32.31	47.50	37.66
1886	207	165	372	99	60	159	11	17	28	57	19	76	1,009	604	1,613	984	559	1,543	47.82	36.86	42.74
1887	255	161	416	103	78	181	34	17	51	74	27	101	1,053	643	1,696	1,034	613	1,647	40.39	48.75	43.61
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	57.62
1889	230	161	391	93	53	146	31	30	61	70	30	100	1,074	687	1,761	1,046	660	1,707	40.43	32.92	37.34
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	47.69
1891	234	201	435	88	74	162	33	24	57	79	41	120	1,115	734	1,849	1,089	693	1,789	37.61	36.82	37.24
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	42.42
1893	281	179	460	101	89	190	17	12	29	78	23	101	1,229	810	2,039	1,172	758	1,930	35.94	49.72	41.30
1894	320	256	576	107	76	183	15	11	26	64	35	99	1,308	860	2,168	1,241	812	2,053	39.63	45.18	41.03
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	43.40
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	39.82
1897	300	244	544	102	73	175	26	32	58	105	43	148	1,440	930	2,430	1,411	944	2,355	35.92	37.82	36.69
1898	355	258	613	114	110	224	13	23	36	114	48	157	1,472	1,008	2,480	1,438	973	2,411	44.88	51.89	48.07
1899	264	247	511	88	99	187	15	25	40	114	43	145	1,512	1,045	2,557	1,487	1,004	2,491	32.31	44.33	37.58
1900	355	263	598	103	96	199	39	10	49	99	46	145	1,581	1,091	2,672	1,534	1,049	2,583	30.74	36.50	33.27
1901	373	224	597	125	104	229	40	17	57	102	72	174	1,654	1,119	2,773	1,622	1,094	2,716	39.06	46.64	42.17
1902	352	192	544	135	99	234	26	15	41	120	55	175	1,715	1,138	2,848	1,671	1,114	2,783	38.35	51.56	43.01
1903	454	237	691	144	101	245	41	25	66	129	44	173	1,771	1,188	2,959	1,741	1,160	2,901	40.56	44.69	42.17
	7,792	5,142	12,934	2,973	2,217	5,190	697	526	1,233	2,147	890	3,037	..	..	..	..	..	..	..	..	..

In Asylums, 1st January, 1876
In Asylums, 1st January, 1904

M. 482
F. 254
T. 736
.. 1,771
.. 1,188
.. 2,959

TABLE XVI.—SHOWING the ADMISSIONS, READMISSIONS, DISCHARGES, and DEATHS from the 1st January, 1876, to the 31st December, 1903.

	M.	F.	T.	M.	F.	T.
Persons admitted during period from 1st January, 1876, to 31st December, 1903	6,273	3,941	10,214			
Readmissions	1,519	1,201	2,720			
Total cases admitted				7,792	5,142	12,934
Discharged cases—						
Recovered	2,973	2,217	5,190			
Relieved	697	526	1,223			
Not improved	686	575	1,261			
Died	2,147	890	3,037			
Total cases discharged and died since January, 1876				6,503	4,208	10,711
Remaining in asylums, January 1st, 1876				482	254	736
Remaining in asylums, January 1st, 1904				1,771	1,188	2,959

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

	Males.	Females.	Both Sexes.
Recovered	38·15	43·12	40·13
Relieved	8·95	10·23	9·46
Not improved	8·80	11·18	9·75
Died	27·55	17·29	23·48
Remaining	16·55	18·18	17·18
	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, 1904, and LIABILITIES at that Date.

Asylums.	Net Expenditure for Year ended 31st March, 1904.	Liabilities on 31st March, 1904.
	£ s. d.	£ s. d.
Auckland	1,284 4 1	280 16 1
Wellington	532 1 10	313 18 2
Porirua	6,377 15 0	1,130 7 9
Christchurch	4,238 4 11	2,115 4 2
Dunedin (Seacliff)	1,360 17 0	1,277 4 3
Nelson	1,144 5 8	100 15 3
Hokitika	874 11 8	194 11 10
Totals	15,812 0 2	5,412 16 8

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, 1904.

Asylums.	1877-96.	1896-97.	1897-98.	1898-99.	1899-1900.
	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
Auckland	75,246 1 7	9,565 4 4	3,177 14 6	208 7 2	1,553 11 4
Wellington	21,114 13 8	175 10 0	133 11 4	1,606 18 10	1,823 17 0
Wellington (Porirua)	48,101 19 4	4,873 16 10	8,655 10 0	11,233 9 1	11,095 9 6
Christchurch	101,230 8 10	1,169 11 1	821 18 4	188 15 9	.. .. .
Dunedin (Seacliff)	121,523 4 10	280 11 0	222 13 6	1,797 0 4	1,386 17 7
Napier	147 0 0	.. .. .	.. .. .	.. .. .	.. .. .
Hokitika	1,187 5 4	.. .. .	.. .. .	.. .. .	.. .. .
Nelson	5,510 9 4	338 17 3	1,118 1 10	2,632 2 4	1,852 5 8
Totals	374,066 2 11	16,403 10 6	14,129 9 6	17,666 13 6	17,712 1 1

Asylums.	1900-1901.	1901-2.	1902-3.	1903-4.	Total Net Expenditure, 1st July, 1877, to 31st March, 1904.
	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
Auckland	3,038 17 11	2,119 12 6	698 6 1	1,284 4 1	96,891 19 6
Wellington	1,616 2 0	162 12 2	1,468 10 2	532 1 10	28,663 17 0
Wellington (Porirua)	10,587 3 7	8,560 18 8	2,144 19 1	6,377 15 0	111,631 1 1
Christchurch	75 16 8	43 2 6	155 11 1	4,238 4 11	107,923 9 2
Dunedin (Seacliff)	2,227 16 10	4,666 16 8	4,973 0 1	1,360 17 0	138,443 17 10
Napier .. .. .	.. .. .	.. .. .	.. .. .	.. .. .	147 0 0
Hokitika	94 3 11	3 7 4	238 17 2	874 11 8	2,398 5 5
Nelson	1,231 13 5	1,186 19 9	487 6 7	1,144 5 8	15,502 1 10
Totals	18,871 14 4	16,743 9 7	10,166 10 3	15,912 0 2	501,571 11 10

TABLE XX,---SHOWING the EXPENDITURE for the Year 1903.

Heads of Expenditure.			Auckland.	Christchurch.	Dunedin (Seacliff).	Hokitika.	Nelson.	Porirua.	Wellington.	Total.
			£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
Inspector *	..	..	..	..	..	..	..	..	..	1,000 0 0
Assistant Inspector*	..	..	..	..	..	..	..	..	..	257 10 0
Clerk*	..	..	..	..	..	..	..	..	..	220 0 0
Medical fees*	..	..	..	..	..	..	..	..	..	1,093 1 10
Contingencies*	..	..	..	..	..	..	..	..	..	338 13 5
Official Visitors ..	..	..	..	..	..	..	..	..	..	126 0 0
Visiting Medical Officers ..	..	..	25 4 0	..	50 8 0	12 12 0	12 12 0	25 4 0	..	367 9 6
Superintendents ..	..	..	..	..	..	150 0 0	217 9 6	..	..	3,479 3 4
Assistant Medical Officers ..	..	..	600 0 0	600 0 0	600 0 0	300 0 0	200 0 0	600 0 0	..	1,282 5 1
Clerks ..	..	..	270 16 8	250 0 0	270 16 8	..	..	250 0 0	..	926 0 0
Matrons ..	..	..	147 10 0	200 0 0	156 13 4	..	..	247 10 0	..	..
Attendants and servants ..	..	..	99 11 8	100 0 0	109 3 4	85 0 0	75 0 0	100 0 0	98 15 0	667 10 0
Rations ..	..	..	4,319 1 4	4,550 9 11	6,689 2 8	1,294 13 0	1,271 1 11	4,875 14 6	2,675 7 1	25,675 10 5
Fuel and light ..	..	..	4,171 3 6	3,888 7 4	5,259 4 3	1,508 1 9	1,278 7 8	4,502 2 4	2,653 18 11	23,231 5 9
B bedding and clothing ..	..	..	904 10 4	1,467 3 1	1,169 6 7	48 14 2	507 10 3	973 7 10	739 0 11	5,809 13 2
Surgery and dispensary ..	..	..	1,069 13 5	1,487 4 4	1,517 2 0	511 14 5	180 16 0	979 3 11	689 3 3	6,434 17 4
Wines, spirits, ale, and porter ..	..	..	46 17 4	96 0 1	125 4 3	2 10 6	47 11 2	126 16 5	39 11 5	484 11 2
Farm ..	..	..	12 0 0	15 12 0	7 10 0	0 18 0	13 19 0	14 0 0	14 10 6	78 9 6
Necessaries, incidental, and miscellaneous ..	..	..	551 19 6	1,283 13 6	1,791 18 5	..	401 5 4	903 1 0	319 0 2	5,250 17 11
Totals ..	..	..	1,297 6 3	1,901 14 2	4,572 6 2	324 12 9	684 7 2	2,078 10 1	1,206 15 8	12,065 12 3
Repayments, sale of produce, &c. ..	..	..	13,515 14 0	15,810 4 5	22,318 15 8	4,238 16 7	4,890 0 0	15,675 10 1	9,430 4 8	88,788 10 8
Actual cost ..	..	..	4,025 2 6	4,394 7 1	7,860 3 11	278 6 7	758 1 1	2,973 3 3	2,471 10 5	22,760 14 10
	..	..	9,490 11 6	11,415 17 4	14,458 11 9	3,960 10 0	4,131 18 11	12,702 6 10	6,958 14 3	66,027 15 10

Approximate Cost of Paper.—Preparation, not given; printing (1,675 copies), £21 9s.

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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.	Repayments for Maintenance.	Total Cost per Head, less Receipts for Maintenance.	Total Cost per Head, less Receipts of all kinds.	Total Cost per Head, less Receipts of all kinds previous year.	Decrease in 1903.	Increase in 1903.
..	£ 7 9 6	£ 9 15 9½	£ s. d. 1 18 4	£ s. s. d. 1 12 5	£ s. s. d. 0 1 8½	£ s. s. d. 0 0 5½	£ s. s. d. 0 19 9½	£ s. s. d. 2 6 6	£ s. s. d. 24 4 5½	£ s. s. d. 5 19 10½	£ s. s. d. 18 4 7	£ s. s. d. 17 0 2	£ s. s. d. 17 11 3½	£ s. s. d. 0 11 1½	£ s. s. d. ..
Christchurch ..	7 5 10½	10 15 6½	2 16 2½	2 15 5½	0 3 7½	0 0 7	2 6 6½	3 11 10½	29 17 8½	5 11 9½	24 5 11½	21 11 7½	19 15 2½	1 19 6½	1 16 4½
Dunedin (Seacliff) ..	10 6 7	12 12 4½	3 10 1½	1 14 6½	0 8 8	0 0 2½	2 12 11½	6 15 1	32 19 4½	7 12 6½	25 6 11½	21 7 13½	23 6 8½	..	..
Hokitika ..	9 2 7½	12 13 8½	1 5 10	3 6 8	0 6 9½	0 0 1½	..	2 4 5½	29 0 8	1 14 8½	27 5 11½	27 2 6	25 12 2½	..	1 10 3½
Nelson ..	8 12 10	11 14 1½	1 17 7	1 17 4½	0 4 10½	0 0 6½	2 17 4	4 17 9½	34 18 6½	4 8 7	30 9 11½	29 10 3½	26 1 11	0 6 8½	3 8 4½
Portlorn ..	9 2 4½	12 18 11½	2 7 4½	2 10 9½	0 2 8½	0 1 0	1 1 1½	4 2 11½	32 8 1½	7 10 5½	26 0 4½	24 7 7½	24 14 4	2 19 4½	..
Wellington ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Averages ..	8 2 4	11 7 3½	2 4 11½	2 0 7½	0 3 4½	0 0 6½	1 16 8½	4 4 3½	30 0 1½	5 16 4	24 3 9½	22 1 0½	22 6 10	0 5 9½	..

NOTE.—Including the first five items in Table XX., the net cost per patient is £23 1s. 5d., as against £23 11s. 53d. for the previous year, a decrease of 10s. 03d. per head.