inspection of this Asylum, seeing all the patients, and examining the various single rooms, day rooms, dormitories, and airing courts appropriated to their use. I also saw the kitchen, laundry, store, and other offices of the establishment.

At the time of my visit there were on the books 160 patients, of whom 110 were men and 50 women. The staff consisted of 1 visiting medical officer, 1 superintendent, 1 matron, 9 male attendants, 6 female attendants.

The patients were orderly, clean, and well cared for in appearance, and the whole establishment bore evidence of watchful care and skilful management. I saw many of the male patients employed in forming a new airing court for the women and a cricket-ground for the men. I also observed many of the female patients engaged in knitting, in needlework, and in various household duties; whilst some amused themselves with books or fancy-work. Many of the patients, however, whose mental state did not admit of their being thus usefully or pleasantly occupied, were unavoidably confined to the day rooms or the airing courts, which latter being small, enclosed by buildings and high fences, and in some parts overlooked by passers by in the high ground of the Public Domain, which adjoins the Asylum Reserve, are very ill adapted for the exercise or the recreation of the insane. The Asylum Reserve consists of ten acres, on which stand the buildings, airing courts, garden, &c. Comparing this quantity of land with that which is recommended by the best authorities, and which is generally found in connection with Asylums in Great Britain, in France, and in America, it must be pronounced insufficient for the number of patients now under care at Dunedin. Writing on this subject in his report on the Dunedin Asylum for 1871–72, Dr. Hulme, the visiting medical officer, says,—

"There are many in the airing courts who could be usefully employed, if there were scope for them to work; and I may point out that the limited extent of the grounds is becoming insufficient to give work for the increasing number of patients, and would suggest that a farm, say of 100 acres, within three miles of Dunedin, be provided in connection with the Asylum, which would give employment to the chronic or incurable male patients. Such an undertaking would assist to make the institution more self-supporting, and give a wider circle to its inmates; even a holiday from time to time to the Asylum farm would have a beneficial effect on the convalescent patients.

"At present there could be selected from the male division of the institution not less than thirty incurable patients, in good bodily health, and who, from appearance, may live for years. By drafting them to a farm under the care of three experienced attendants used to agriculture, their cost would be lessened, while at the same time the Asylum would be benefitted by the farm produce, which it has now to purchase. The surplus produce (if any) could be sold or supplied to other institutions depending on the Government."

Thus on economic grounds, Dr. Hulme, as I think, makes a case for establishing an Asylum in conjunction with a farm at a short distance from the existing establishment. But there are other reasons, stronger than those of economy, to be advanced in advocacy of the proposed course. It is a fact, with regard to healthy persons of the labouring class confined in Asylums on account of chronic insanity, that suitable work in the open air has a soothing, pacifying effect, and tends to induce recovery if that be attainable, whilst enforced idleness, in a circumscribed space, causes irritability and restlessness, which often result in outbursts of violence; and the patient is thus too often shut out from all hopes of a cure, which might have been accomplished under more favourable conditions. Hence it is necessary, on medical grounds, and for reasons of humanity, that more space and additional means of healthful employment for their patients be placed at the disposal of those who are charged with the care and treatment of the insane population of Otago.

If it be decided to give effect to the above suggestions, I would advise that plans be made for an Asylum on the block or pavilion system, to accommodate, when completed, 250 patients; the site for the building being selected with a view to extension whenever increase of numbers may render that a necessity. The stables and homestead, with one block of the permanent structure, being ready for occupation, a party of patients might be drafted off (as proposed by Dr. Hulme), take up their abode at the Asylum, and be set to work at once on the land, any skilled labour being used on the building. As successive portions became added, fresh drafts of patients might be taken to inhabit them. The existing Asylum would thus be relieved of all pressure on its space; and I would then strongly recommend that steps be taken to establish it in permanence as an institution which should receive,—

1. Middle-class insane persons, with means of support, either of their own or of friends.
2. Convalescent patients from the Public Asylum for a term of probation before their final discharge.
3. Inebriates, whether committed under the Act or voluntarily submitting themselves for curative treatment.

The middle-class private patients might with advantage have a separate part of the house set aside for their use, where they could be insured all necessary privacy, and be provided with home-like comforts and surroundings, the want of which is often severely felt by them when they are compelled to be in the midst of a mixed Asylum population, with habits, feelings, and education altogether inferior to their own.

Convalescent patients (of whom there would probably never be a large number at one time) could be usefully employed in helping the attendants of the middle-class patients.