Increased Asylum Accommodation.

It will be seen, from the foregoing summary account of the Colonial Asylums, that, with the exception of those of Nelson, Napier, and New Plymouth, they are all already crowded; and that much of their accommodation, even were they not overcrowded, must be condemned as altogether unsuited for the requirements of the insane.

In estimating the extent to which Asylum accommodation of a proper kind already exists, with a view to the consideration of what further provision is necessary, the whole of the Dunedin Asylum should be excluded, for although some parts of it are passable, the greater part is altogether objectionable; and there could be no advantage in putting up a necessary new building and yet retaining any portion of the old one. The whole of the male department of the Christchurch Asylum, the "back ward" of the Wellington one, the wooden cells which have been tacked on to the back of the Auckland one, and the whole of the New Plymouth and Napier ones, must also be set aside.

The total amount of satisfactory accommodation already existing is thus:—

	Males.	Females.	Total.
Auckland	50	...	50
Wellington	20	20	40
Christchurch	...	80	80
Nelson	30	30	60
Hokitika	31	9	40
	131	139	270
Number of patients, 1st January...	519	264	783
Deficiency of accommodation	388	125	513

There has been an average annual increase of sixty in the number of patients during the last four years. It is reasonable to expect that the increase will continue to be at least at this rate, so that by the end of the year 1880 there will be upwards of 1,000 patients in the colony, or 730 in excess of the present accommodation. Most probably this estimate of the rate at which patients will accumulate in Asylums is much too low. There is good reason to believe that there are at present in New Zealand many lunatics and idiots at large, and that as soon as proper Asylum accommodation is provided a considerable number of these will be brought forward for admission. Be this as it may, it is evidently a matter of extreme urgency that there should be provision for at least 1,000 patients; and it is equally evident that this will only suffice for immediate wants.

With reference to the best way of making the requisite Asylum provision, I am strongly of opinon that local Asylums are very much better than a large central one for the whole colony. The manner in which I would propose to distribute the additional accommodation is as follows:—

	Required Accommodation.	Present Number.	Margin for immediate Increase.
Dunedin, new Asylum for	300	235	65
Christchurch, enlarged Asylum for ...	250	191	59
Hokitika	70	57	13
Wellington	80	72	8
Auckland	240	163	77
Nelson, Asylum as at present for ...	60	46	14
	1,000	764	236

This increased accommodation would no sooner be provided than fully occupied.

Medical Attendance.

Resident Medical Superintendents should be appointed to the Dunedin and Christchurch Asylums, which are now much too large to be left without such officers. I willingly bear testimony to the ability with which these institutions are managed by their present non-medical Superintendents, but I have no hesitation in believing that if these much esteemed officers were medical men their management would be much more efficient. Insanity is in all cases a bodily disease, and disease is the field of the physician. When Asylums are of so small a size as those of Hokitika, Wellington, and Nelson, they can be quite successfully managed by a non-medical Superintendent and a Visiting Physician, provided both officers are well chosen and can work together so as to overcome the weakness of divided authority and responsibility. To have resident Medical Superintendents even for these small institutions would no doubt be in some respects advantageous; but really good Medical Superintendents would not have enough to do in them, and would at the same time require to be well paid. And it certainly is better to have a good Visiting Physician than a resident one, who is either underpaid and incompetent, or overpaid and not fully employed. That small Asylums of from forty to ninety patients can be thoroughly well managed without resident Medical Officers is shown by the County Asylums of Haddington, Banff, and Elgin, in Scotland. These institutions are spoken of year after year by the Scotch Commissioners in Lunacy in terms of great satisfaction. The Hokitika Asylum is also quite well managed without a Medical Superintendent. But when an Asylum comes to be so large as those of Christchurch and Dunedin, the difficulties of management are greatly increased.

Several of the Provincial Governments appear to have had it under their consideration to appoint Medical Superintendents to their Asylums, but to have taken no steps in the matter, owing to an idea that it would be difficult to secure the services of such officers except by giving salaries which would be a very serious addition to the Asylum expenditure.

This idea appears to me a misapprehension. Medical men who devote themselves to the study and treatment of insanity, and who prefer the life of an Asylum Superintendent to that of a general practitioner, are not so likely to have been influenced in their choice by a consideration of how they