1877.

NEW ZEALAND.

LUNATIC ASYLUMS IN NEW ZEALAND

(REPORT ON THE).

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

The Inspector of Lunatic Asylums to the Hon. the Colonial Secretary.

Sir,— Inspector of Lunatic Asylums' Office, Wellington, 1st July, 1877.

I have the honor to lay before you the following report regarding the condition of the Insane and the Lunatic Asylums in New Zealand.

The number of Lunatics in Asylums in the colony on the 1st January, 1877, was 783, and their distribution was as follows:—

Asylum.	Patients.		
	Male.	Female.	Total.
Auckland	105	58	163
New Plymouth	4	...	4
Napier	11	4	15
Wellington	41	31	72
Nelson	28	18	46
Hokitika	43	14	57
Christchurch	121	70	191
Dunedin	166	69	235
Total	519	264	783

Asylums.

I purpose to give here only such a brief account of each Asylum as is necessary to give an idea of its general condition, with a view to the consideration of how far the present accommodation for the insane is sufficient for the wants of the colony, to what extent it requires to be altered or supplemented, and what changes should be made in the system on which the Asylums are managed. A detailed account of each Asylum at the date of its inspection will be found in the Appendix.

The Auckland Asylum is situated about three miles from the city, and has twenty-six acres of ground attached to it. It consists of the administration block and male wing of an Asylum which is intended to contain, when completed, 100 patients. The wing already built is in two storeys, the lower one of which is occupied by the men, and the upper by the women. Properly speaking, it is only capable of affording accommodation for 50 patients, that being the number for which it was intended. It now contains 163.

The condition of the patients generally speaking is deplorable. The great majority of them are simply prisoners, who are not, and in the present circumstances of the Asylum cannot be, subjected to any system of treatment, either curative or palliative. They have neither occupation nor amusement, and are restricted for exercise to a dreary high-walled airing court, from which there is no look-out. The building is crowded to such an extent as to defy all attempts at proper management, no matter what amount of ability and energy were brought to bear upon it.

There can only be one opinion as to the proper course to pursue with reference to this Asylum. It is only the half of an Asylum, which is meant for fifty men and fifty women, and as yet it has accommodation for the fifty men only. The building should therefore be completed without delay. If this were done in strict accordance with the original plan, there would still be far from sufficient accommodation even for the present number of inmates. But much space is wasted by the internal arrangements of the existing wing, and in building the new one it would not be difficult to adhere to the original plan so far as might be necessary for the sake of external appearance, and at the same time provide the requisite accommodation.

The extent of land is inadequate for the employment and treatment of the number of patients now in the Asylum. At least 100 acres more should be got. If this were done, the accommodation could be greatly increased, either by additions to the main building, or by detached cottages for the use of private patients and for those capable of industrial occupation. The Medical Superintendent and other principal officers who are required by the circumstances of an Asylum for 100 patients could also conduct the management of a much larger establishment.

The Napier Asylum, though a separate building from the Gaol, is in some respects merely an extension of it. It is under the superintendence of the Gaoler, and is situated close below the Gaol, on the slope of the hill on which that building stands. It is a small wooden one-storied house, with accommodation for sixteen men and six women, and for the married couple, who are in immediate charge as attendants under the Keeper. It is very bare and comfortless. The patients are almost entirely restricted for exercise to exceedingly small airing yards, which are enclosed with high wooden fences, and are overlooked by the Gaol sentry, who is thus made to supplement the small staff of the Asylum.

A few of the less demented patients do a little work about the house, and find amusement in playing cards and draughts; but the extent to which occupation or recreation, or any system of treatment can be carried on, is hopelessly limited by the almost entire want of ground.

There are certain cases of insanity of frequent occurrence which yield very quickly to good feeding, rest, and medical treatment, and in which the many curative influences requisite in a good Asylum are not of much account; and for these cases this little building is not unsuitable, and may continue to be sufficient for some time. But, generally speaking, it is quite unsuited for the proper treatment of insanity, and none but the most transient cases should be placed or detained in it; all the more lasting ones should be removed without loss of time to some other Asylum.

The New Plymouth Asylum had only five patients in it during the course of the year, and these were removed to Wellington before I had seen the more important Asylums, so that it has not been inspected. It is part of the Hospital; and a reference to the plan will show that it is not a satisfactory place for the treatment of any class of the insane.

The Wellington Asylum stands upon a fine healthy site in the outskirts of the city, and has about seventy acres of land attached to it for the use of the patients. The main building, which is intended to accommodate fifty patients, consists of a central administration block of two stories, and a male and female wing one story high, each of which contains a wide corridor with single sleeping-rooms opening on to it, a day room, two dormitories, bath-rooms, store-room, lavatory, and closets, and a very uncomfortable room for an attendant, which is only lighted from the corridor. So far, this building is, in the circumstances of the colony, quite passable. It affords satisfactory accommodation for, at most, twenty patients of each sex, provided no classification is required, either on account of their social position or the nature of their malady. The remaining part of the Asylum, which is intended for violent and dirty patients, consists of outhouses, badly constructed single sleeping-rooms, and a range of building at the back which was originally intended, and is still urgently required, for washing-house, laundry, and workshops. All this portion of the Asylum is of a very inferior, and indeed in some respects quite disgusting, description. It is almost impossible to treat patients properly in this wretched "back ward."

Were it certain that the site occupied by this Asylum would long continue suitable, the best thing to do would be to pull down the whole of the back ward, and build on a proper principle such an addition as would render the Asylum capable of affording accommodation for 100 patients—that is to say, for thirty more than its present crowded population. But the city is so rapidly extending in the direction of the Asylum, it seems almost inevitable that the site will soon become unfitted for an institution of the kind; and as it will eventually have to be abandoned, it does not appear advisable to lay out much money in extending the present buildings. On the whole it is perhaps better reluctantly to put up with this back ward, and make the most of it in the meantime, and only to make such extensions and alterations as are urgently required.

The management of this Asylum during my acquaintance with it has been the reverse of satisfactory. On the death of the late Mr. Seager, in April, 1876, no new Keeper was appointed. His widow continued to hold the appointment of Matron at a salary of £225; and Mr. Ingwersen, who was head attendant, with a salary of £200 a year, was promoted to be Deputy Keeper, without any increase of his pay. The general management under Mr. Ingwersen was conducted with great extravagance. On application being made to him by the Inspector of Stores and myself for certain returns which were required in our respective departments, he applied for a week's leave of absence on urgent private affairs, and took his passage from Christchurch to London.*

It is absolutely essential that this Asylum should be placed under the charge of an able and responsible Superintendent. The duties of Matron are quite subordinate to those of the Superintendent, and in a small Asylum of this size do not require to be paid for at the rate of £100 a year, to which sum the salary was reduced in April. Nearly the same remuneration which it would be requisite to give to a man fit to be trusted with the duties of Superintendent would be sufficient to secure, in addition, the services of his wife as Matron. In order to clear the way for the appointment of a married Superintendent, whose wife can perform the duties of Matron, it has been necessary to dispense with the services of the present Matron, who occupies the quarters intended for the Superintendent, and which are certainly not too commodious for a married man. The Asylum has, in the meantime, been placed in the charge of Mr. James Whitelaw, who has been engaged on three months' trial. He is a married man without family, and should he prove, as I have the strongest reason to believe he will, a suitable officer, I purpose, with your consent, to make a permanent engagement with him. A married couple, who have had much experience in one of the best Asylums at Home, and have very high certificates of character, have been engaged as head attendants under Mr. Whitelaw. I have much confidence that these appointments will insure a marked improvement in the management of this Asylum. The pay of the male attendants, who were getting £146 a year in addition to their keep, has been reduced to £100.

* His cash-book has been removed by the Provincial Auditor for examination.

The Nelson Asylum occupies a very good site at a suitable distance from the town; but it has only eight acres of land, which are bounded on three sides by public roads, and these circumstances are greatly to its disadvantage. It is a wooden building constructed on the same plan as the front portion of the Wellington Asylum. It has accommodation for sixty patients, and is not yet full. It looks well from the outside, but internally it is not well arranged, though for a quiet community of patients of one class it can be made to do. At the date of my visit it was extremely bare, alike of furniture and ornament, but this has since, to a considerable extent, been remedied. Till recently, its management has been very slovenly; but a few months ago it was placed under the charge of a new Keeper, who, though without any experience, is intelligent and zealous, and is rapidly improving its condition. It is under the medical superintendence of the Resident Surgeon of the Hospital, which is situate close at hand.

The Hokitika Asylum is situated at a convenient distance from the town on an admirable site, on a reserve of about 170 acres, about twenty of which have already been cleared principally by the inmates of the Asylum. There is one drawback to the amenities of the situation, and it is not merely a sentimental one—that it is alongside that of the Gaol. The plan on which the building is constructed is far from being in all respects of the most approved kind, but its defects are almost entirely overcome by good management. It is a wooden building, with accommodation for thirty-one males and nine females, so that it is now crowded, and several of the patients require to sleep in the day-rooms. But some of the best parts of the Asylum have been put up by the patients themselves, under the superintendence of Mr. Gribben, the Keeper; and there can be no doubt that further extensions can be made in the same simple and inexpensive manner, so as fully and satisfactorily to meet the gradual increasing requirements of the district. The management is excellent. The Medical Officer does not visit daily, but takes great interest in his duties.

The Christchurch Asylum is situated about two miles from the city, and has fifty acres of very good land attached to it. It consists at present of two buildings; the old wooden one, which is now entirely occupied by the male patients, and one wing of a new concrete asylum, which is intended to contain, when completed, 500 patients, and is now occupied by the women. The male department is calculated to accommodate about 60 patients, and now contains 121. It is in many respects very badly constructed, and owing to this defect, and to the dreadful degree to which it is now crowded, it is almost a mockery to call it an Asylum at all. Immediately after the supper the furniture has to be cleared out of the day-rooms in order that they may be converted into dormitories; and in wet weather, when the patients cannot get out to the dismal high-walled airing yards, the Superintendent frequently feels compelled to put numbers of the excitable and dangerous ones to bed for fear of serious quarrels. Despite the crowded condition of this department, its management is such as to reflect great credit on Mr. Seager and his staff of attendants, but it is obvious that its utility as a place of treatment is greatly impaired by the fact that much of their time is occupied in guarding against accidents and disasters, which it is a matter of astonishment are not of almost daily occurrence.

The new Asylum, though there are some inconvenient faults in the plan of its construction, is a fine commodious building, admirably adapted for its purpose, and of which any county in England might justly be proud. The furniture and internal fittings are excellent; and the management and condition of the patients are in a high degree satisfactory. There is a detached building in the grounds which is intended for inebriate patients; but it is also used for private patients of a better class.

Several of the married male attendants have cottages (which are rather too small) within the grounds. There is no proper house for the Superintendent and his family, who, meantime, occupy uncomfortable quarters in the old Asylum. This is a very serious defect, which should receive immediate attention.

The plans for a portion of the male wing of the new Asylum, sufficient to accommodate 150 patients, are now nearly ready; and it is a matter of urgent necessity that so much of the building should be erected without delay, but it does not appear advisable to build an Asylum for 500 patients, as originally contemplated, unless additional ground can be got. Plenty of land, to allow scope for unlimited exercise and occupation for the patients, is one of the chief requisites of a modern Asylum; and fifty acres for 500 patients is totally inadequate.

The Dunedin Asylum occupies a beautiful, but, for its purpose, a very inconvenient site, almost within the city. It was originally built as a temporary Asylum for 36 patients, but has been gradually enlarged, and now contains 236. The extreme publicity of the situation, and the small amount of ground (ten acres) available for the use of the patients, render it impossible to conduct the management of this institution in accordance with modern ideas of the treatment of the insane. The building is badly constructed, and some parts of it are exceedingly gloomy and prison-like. The great mass of the male patients are entirely restricted for exercise to the airing yards, where they present a very dismal spectacle. Many of them are violent and dangerous, and the fear of fights and serious accidents causes mechanical restraint and seclusion to be used to an extent which it is distressing to witness, and which no one would think of justifying in a properly constructed Asylum. These remarks do not apply to the female department, the condition of some parts of which is extremely satisfactory, and makes a very pleasing impression.

There is a separate house within the grounds, which affords accommodation of a rather poor kind for a few private patients; and two or three of the attendants have houses within the grounds.

The faults of this Asylum appear to be all more or less directly due to its pinched construction, exposed position, and want of land, and certainly not to any laxity or feebleness in the management, which is carried on with much courage and ability amidst insuperable difficulties.

The Medical Officer lives close at hand, and devotes much time and attention to his work.

There is no time to be lost in dealing with the Dunedin Asylum. It is crowded, and cannot be enlarged, yet the number of patients is steadily and rapidly increasing. About 300 acres of land, at a convenient distance from the city, should be got, and the building of an Asylum for 300 patients should be commenced without delay.

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

could possibly make the largest income, as by a strong liking for the special department of medicine they have selected, and disinclination or inaptitude for the laborious life of a practitioner; and few Asylum Superintendents would be induced to throw up their appointments and go into practice for the sake of one or two more hundreds a year. It does not appear that much, if anything, can be saved by dispensing with a Medical Superintendent in a large Asylum. Men must be paid according to their responsibility, whether they have had the training which best fits them for it or not. The Superintendent of the Dunedin Asylum has a salary of £400 a year, and the visiting Medical Officer of £200. Assuredly neither officer is overpaid; but it does not appear that anything is gained here by shirking the appointment of a resident Medical Officer. In Christchurch the Superintendent gets £300, which is very inadequate pay for his responsible and arduous duties; and the visiting Medical Officer gets £300; but here again neither economy nor efficiency is better secured by dividing the available sum of £600 between a non-medical Superintendent, whose resources are overtaxed because he has not the education of a medical man, and a Visiting Physician, whose position as such disables him from discharging the duties and assuming the responsibilities which would belong to him were he resident, than if a Medical Superintendent had been engaged at £500 and a clerk at £100.

It is the experience of all civilized countries that the management of an Asylum of 200 patients fully occupies the attention of an active, intelligent physician, devoting his whole time to his work. The majority of Asylums over this size have more than one Medical Officer; and one cannot but entertain feelings of uneasiness and distrust in seeing what is universally regarded as medical work performed by non-medical men.

A merely Visiting Physician, unless he be a man of unusual force of character, is apt, so far as the general management is concerned, to lapse into the position of a dummy. The real management of the patients must rest with the man who is resident on the spot, and it depends greatly on him whether a Visiting Physician can have his wishes carried out, or whether he must remain a helpless spectator of what he can neither approve nor suppress. Almost all that is creditable in the management of the New Zealand Asylums is the work of their Superintendents; and probably none would be more willing to bear witness to this than the Medical Officers of these institutions. But Asylums so large as those of Christchurch and Dunedin now are overstrain the powers of non-professional men; and so sure as knowledge is power, so sure is it that competent Medical Superintendents will accomplish better results than non-medical ones, no matter how zealous, kind-hearted, and devoted these may be. Over and above the benefit which would accrue to the Asylums themselves by their being placed under the charge of medical men, there can be no doubt that it would be of great importance to the colony that there should be in it even two or three men of energy and ambition, with time and opportunity to engage in the scientific study of so great and costly a national misery as insanity.

Central Asylum.

It has naturally occurred to many persons who have given their attention to the provision made for the insane and its defects in this country, that it would be much better to have one large central Asylum for the whole colony than several small ones as at present. This idea is based upon the suppositions that such an institution could be more efficiently officered, that its arrangements could be more elaborate and highly organized, that its management would be cheaper, and that above all the patients could be better treated, that more of the curable would be cured, and that the incurable would at least be happier and better looked after than in small Asylums. Similar beliefs formerly prevailed in England, but experience has not confirmed them; on the contrary, there is probably now no one opinion in which authorities on the subject of insanity are more unanimous, than that small and moderate-sized Asylums are preferable to large ones, and are both cheaper and more efficient. A central Asylum large enough for the wants of this colony would require to accommodate over 1,000 patients, and in three years from this date it would be crowded and require to be enlarged. To an Asylum of this size for New Zealand there are two sets of objections, those which apply to large Asylums in any country, and the far stronger ones which would apply to it as a central Asylum for the colony. The following quotation from the valuable Report on Lunatic Asylums, by Dr. Manning, Inspector of Lunacy, New South Wales, is so much to the point that no excuse is required for giving it at length:—

"The English Commissioners of Lunacy are of opinion that an Asylum to contain 400 to 500 patients is the best size, but that on an emergency they may be enlarged to contain 600 to 700 patients without sacrificing the special characters which all modern Asylums should possess. When there are more than 700 patients the expenses increase, and all individual treatment vanishes. The Superintendent can only know the patients *en masse* and not individually, and the establishment grows out of effective supervision, although the number of attendants may be increased. This opinion may be found in the Reports of the Commissioners, again and again stated during the last ten years. Thus, in 1857 they state: 'It has always been the opinion of this Board that Asylums beyond a certain size are objectionable. They forfeit the advantage, which nothing can replace, whether in general management or the treatment of disease, of individual and responsible supervision. To the cure and alleviation of insanity, few aids are so important as those which may be derived from vigilant observation of individual peculiarities; but where the patients are so numerous that no Medical Officer can bring them within range of his personal examination and judgment, such opportunities are altogether lost, and amid the workings of a great machine the physician as well as the patient loses his individuality. When to this is also added what experience has of late years shown, that the absence of a single and undivided responsibility is equally injurious to the general management, and the rate of maintenance for the patients in large buildings has a tendency to run higher than in buildings of a smaller size, it would seem as if the only tenable plea for erecting them ought to be abandoned. To the patients, undoubtedly they bring no corresponding benefit. The more extended they are the more abridged become their means of cure; and this which should be the first object of an Asylum, and by which alone any check can be given to the present gradual and steady increase in the number of pauper lunatics requiring accommodation is unhappily no longer the leading characteristic of Colney Hatch or Hanwell.' In 1863 they write: 'The difficulties attending the

management of Asylums containing a large number of patients have been repeatedly stated by us, and they continue to be matters of constant experience. In such Asylums the careful treatment of individual patients is next to impossible, a proper supervision of attendants is extremely difficult, and the working expenses are generally increased.' And again in 1867: 'For every instance of an Asylum above the middle size challenging praise, there are, unfortunately, several instances of the opposite kind to be adduced.'

"The Scottish Commissioners are equally opposed to large Asylums. They consider that no Asylum should contain more than 350 patients; that the individual treatment of a larger number is impossible; and that the cost increases with anything above that number. These opinions they repeatedly expressed in their reports.

"In 1852 the Association of Medical Superintendents of American Institutions for the Insane unanimously agreed that 'the highest number that can with propriety be treated in one building is 250, while 200 is a preferable maximum;' but as the principal Asylums in the Eastern States were gradually increased in size to meet the wants of the population, no marked inconvenience was found to result from the congregation of a larger number in one building, and a further expression of the opinion of a majority of the members of the Association on this subject is to be found in a resolution passed at the meeting of the Association held at Washington in 1866, rescinding that above stated, which is as follows:—'The enlargement of a city, county, or State institution for the insane, which in the extent and character of the district in which it is situated is conveniently accessible to all the people of such district, may be properly carried to the extent of accommodating 600 patients, embracing the usual proportions of curable and incurable insane in a particular community.'

"The opinions of authors both English and foreign are at accord on this subject. M. Ferrus, one of the Inspectors of Asylums in France, says, in his book entitled 'Des Aliénés,' which is quoted at second-hand from Dr. Arlidge's work, 'An Asylum for the treatment of mental disorder ought not to contain above 150 or at most 250 patients; but one having a mixed population of cases requiring treatment, of incurables and idiots may receive 400 or 500 such inmates, provided the physician is afforded sufficient medical assistance.'

"M. Parchappe, lately Inspector of Asylums in France, says, 'After taking every consideration into account, I think the minimum of patients ought to be fixed at 200, and the maximum at 400. Below 200 the economical advantages rapidly decline,* without compensatory benefit; about 400, although the economical advantages augment, it is at the detriment of the utility of the institution in its medical character.'

"M. Guislain, the eminent Belgian authority, in his large work on insanity, which is quoted by Dr. Arlidge, says, 'It would be absurd to bring together in the same place a very large population; it would tend to foster an injurious degree of excitement, would render the management difficult or impossible, would destroy the unity of plan, and neutralize all scientific effort. The maximum number ought not to exceed 300 or 350 insane persons.'

"Dr. Jacobi, in his treatise on Asylums, which has been translated into English by Dr. Kitching, of the York Retreat, says, 'I am convinced that the number of patients should never exceed 200.' He is, however, speaking of Asylums for acute cases only.

"Dr. Arlidge, in his work on the state of lunacy, mentions the opinion of Roller and Damerow, two of the most eminent of German alienist physicians on this subject, both of whom consider that Asylums for acute cases should be limited to 250, but that these for both acute and chronic cases may admit from 450 to 500 inmates, but no more; and at page 118 states his own opinion that 600 'represents the maximum which can be economically and with just regard to efficient government and supervision, and to the interests of the patients, be brought together in one establishment.'"

In the face of the above authoritative opinions, no one can contend that an Asylum of 1,000 patients is an efficient or economical institution. I would more particularly draw attention to the opinion of the Scotch Commissioners, that no Asylum should contain more than 350 patients. In Scotland the Asylums vary in size from one containing upwards of 700 patients, and having four resident Medical Officers, who are hardly able to overtake their work, down to the small County Asylums of Elgin and Haddington, which contain about eighty patients, and have only Visiting Physicians. A reference to the annual reports of the Scotch Commissioners will show that their experience, while abundantly confirming the opinion of the English Commissioners, that Asylums of a moderate size are in all respects better than large ones, goes still further, and shows that even small Asylums for seventy or eighty can be as efficiently and cheaply managed as those for 200 or 300. In their seventeenth annual report they remark: "A great difference of opinion exists among those who have given attention to the subject as to the limit in size which Asylums should not surpass. Our own experience leads us to give the preference to small establishments, as being more tranquil and home-like than those in which large numbers of patients are congregated together. * * * * *

"It has frequently been argued that large Asylums are able to secure to their patients advantages which smaller Asylums cannot afford—such as medical attendance of a higher order, the services of a chaplain, and more extensive and more varied means of amusement. These advantages are certainly not to be contemned, but they seem to us to be more than neutralized by the baneful results of the association of large numbers of the insane—results which are due partly to the increased risk of neglect to which the patients are subjected by the difficulty of individualizing them, and partly to the tendency of large establishments to become mere places of detention, instead of hospitals or places of treatment. The argument that economy is promoted by the association of large numbers is shown by experience to be fallacious. The difficulty of efficient supervision increases with the extension of the establishment, and the waste which follows in the wake of increased accommodation and increased numbers more than counterbalances any saving which might result from the expenses of the medical staff being thrown upon a larger proportion of patients."

The objections to a large Asylum are strong enough, even when as in England it is situated in a populous district, and intended only for the insane of the immediate neighbourhood, to whom it is

* This has not been found to be the case in Scotland.—F. W. A. S.

readily accessible; but we have only to reflect on the great extent of this country, the scattered disposition of its population, and the slowness and difficulty of communication between many parts of it, to see how much stronger are the objections to a large Asylum as a provision for all the insane of this colony. In the report made in 1873 by Dr. Paley, Inspector of Lunatic Asylums, Victoria, on the Asylums of New Zealand (to the Hon. the Colonial Secretary), he remarks that the objections to a central Asylum in New Zealand are—

"Difficulty of conveying patients from distant places. 2. Removal of patients beyond reach of personal communication with their friends. Transit of insane persons of every class (whatever the kind of mental disorder under which they labour) is attended with more or less risk to themselves and those around them. In many cases their conveyance from place to place involves great danger, and when their disease is maniacal in character, and there is concomitant physical prostration, it becomes a matter of difficulty to sustain life during a long journey. When it is necessary for patients to travel by sea, all danger to their health and all difficulties to their attendants are very much enhanced; they are often unavoidably subjected to such bodily inconvenience, if not suffering, as may even have the effect of rendering them permanently and incurably unsound in their minds.

"The separation of patients from relations, friends, home, and local interest, deprives them of a very powerful and important means of restoration to sound reason. The first approach of many insane persons to convalescence is indicated by a re-awakened anxiety about their homes and their belongings; and nothing so much tends to help their progress towards recovery as the presence and personal sympathy of relations or friends in whom they can have confidene and trust.

"On the whole, then, I am of opinion that it is advisable, in the interests of the insane, to retain the local Asylums in those districts which contain the greatest number of patients, reconstructing them on approved plans, and, where necessary, reorganizing them on a proper basis."

The difficulty of conveying patients long distances is not now so great in many parts of the colony as when Dr. Paley made these remarks; but this is fully counterbalanced by the settlement of new and out-of-the-way parts of the country, and by the great increase of the general population; and the lapse of time has only served to augment the objections to a central Asylum. Even as it is, the existing Asylums are so distant from many parts of the district from which they draw their population, that they are not fully available for the treatment of acute cases of insanity, and the removal to the Asylums of those patients who are strong enough to stand the journey is often a slow and expensive undertaking. I have before me a note of the removal of an insane prisoner from Roxburgh to the Dunedin Asylum. The journey was performed on horseback, and took from the 9th to the 16th of January, and cost £1 3s. 3d. Another insane prisoner was removed from Queenstown to Cromwell on the 13th March, under charge of a policeman, at a cost of £4 10s.; thence on the 14th to Waitahuna, at a cost of £3 3s. 6d.; and thence to the Asylum, apparently at no cost. Insane prisoners capable of performing journeys of three days in stage coaches, or eight days on horseback, are glaring exceptions to the general class of persons requiring to be sent to Asylums. Feeble and exhausted men, acutely excited, violent and dangerous or suicidal, and delicate women labouring under puerperal mania and hardly fit to be kept out of bed, are much better examples. It is evident that such patients cannot be removed, even to the present district Asylums, without risk and suffering; and it must frequently happen that they must either be conveyed handcuffed, or bound like criminals under charge of a policeman, or be removed by their friends at a very heavy cost. If it took a policeman eight days to remove a sturdy prisoner on horseback from Roxburgh to Dunedin, at a cost to the Government of £1 3s. 3d., how long would it take a man with the assistance of a nurse to remove his wife, exhausted by puerperal mania, to a central Asylum; what would be the cost of the journey, and what reasons are there for supposing that he and the family doctor would not think it more humane to let the poor creature die peaceably at home than to remove her so great a distance? Even in England, where Asylums are numerous and near at hand, the fatal practice of detaining insane persons at home until their disease becomes confirmed prevails to a lamentable extent, and a central Asylum for a colony like New Zealand would be the surest means of encouraging this practice. At the best it would come to be an essential feature of this method of providing for the insane, that numerous small reception houses would have to be established in remote districts, and in these patients would be detained from day to day, subjected to restraint and seclusion, and it could hardly fail to result that many acute and curable cases, for whom Asylum treatment was of the utmost importance, would be treated under every disadvantage by country practitioners, who had paid no special attention to the subject of insanity, who had no trained attendants and no means of carrying out the proper treatment, and no time to do so even if they knew what the proper treatment was; while the central Asylum, with its costly and elaborate arrangements, would to a large extent become a mere receptacle for chronic and hopeless patients, on whom the specially qualified Medical Officers and Asylum staff would exercise their skill to little purpose. The central Asylum might be a model of good management, and even possibly of economy, but the management of the insane would be very bad and very dear. It would scarcely be worse policy to have in this colony a central Hospital for the fever-stricken, than a central Asylum for the insane.

Two large Asylums, one for each island, would be liable to almost the same objections as one for the whole colony.

Statistics of Insanity.

The statistics of insanity which I have been able to gather for this report are too imperfect to form a sure foundation for any conclusions of much interest. The proportion which the total number of insane *in Asylums* bore to the population, exclusive of Maoris, on the 1st January, was 1 to 509, whereas in 1875 the proportion of insane to population in England was 1 in 373; in Scotland, 1 in 427; in Ireland, 1 in 297; in New South Wales, 1 in 357; in Victoria, 1 in 322; in South Australia, 1 in 524. These comparisons are favourable to New Zealand, but they yield no accurate information; and they indicate rather that the number of insane in Asylums can be no reliable measure of the number of insane in a country, than that there is less insanity in New Zealand than in England or in the other colonies. Even if the real number of insane persons in the colony at any given date were

known, that would not afford the means of making a comparison between the extent to which insanity prevailed in it and in other countries. The nearest approach to an exact index of the comparative prevalence of insanity would be found in the annual admissions to Asylums. But even this is an extremely defective *datum* from which to draw conclusions, because the extent to which the annual admissions are a measure of the amount of insanity in a country will be influenced very much by the circumstances of the country, and may be supposed, for example, to be very different in England and New Zealand. It will be affected by the amount and kind of Asylum provision that exists, and the facilities on the one hand for conveying insane persons to Asylums, and the possibility on the other hand of avoiding Asylum treatment and managing them at home. Besides this, many cases of mental aberration occur which may or may not contribute to swell the list of Asylum admissions, according to the views which may be entertained by the practitioners in attendance as to what amount of aberration constitutes insanity; thus, *delirium tremens* is regarded by many medical men in this country as insanity, and many cases of it are sent to Asylums, but such cases are rarely sent to Asylums in England, even by mistake. Again, the transfers, and the re-admissions, which are sometimes relapsed cases, and sometimes cases which had been discharged un-recovered, would require to be eliminated from the number of annual admissions, to make it a fair test of the prevalence of insanity, especially in New Zealand, where, from the want of Asylum accommodation and from other causes, many un-recovered patients are discharged, and afterwards admitted, sometimes into the same Asylum from which they had been discharged, sometimes into a different one. But the information regarding the re-admissions is extremely unreliable. Taking such figures as can be got, and comparing the ratio of the admissions to the population in this country with that which obtains in others, by no means brings out such a flattering account of the lesser prevalence of insanity in New Zealand as is given by simply taking the ratio of the numbers in Asylums to the population. The ratio of admissions to population in New South Wales in 1876 was 1 in 1,749; in England, in 1875, it was 1 in 1,693; in Victoria, 1 in 1,427; in South Australia (1876), 1 in 1,366; and in New Zealand, 1 in 1,180. The proportion of annual admissions to the average resident population of the Asylums is also comparatively high in New Zealand; in New South Wales last year it was 29 per cent, in England (1874) it was 30 per cent, and in New Zealand last year it was 45 per cent. From this it would appear that insanity is very common in New Zealand; and as the number of admissions falls short of being a full measure of the number of persons going insane, and is to a great degree regulated by the amount and accessibility of Asylum accommodation, one can hardly doubt that insanity prevails in New Zealand to even a greater comparative degree than is brought out by these figures. But it must be remembered that this insanity includes *delirium tremens*, and that the number of cases of insanity occurring in the country, but not sent to Asylums, may be fully counterbalanced by the number of old and relapsing cases which are sent from other countries. It is noteworthy that there is not only a much larger number of insane men than insane women in the colony, but that the amount of insanity is relatively much greater among men than among women, the proportion of insane men to the male population being one in 434, and that of women to the female population 1 in 656.

Despite the many disadvantages under which New Zealand Asylums labour, their statistics compare favourably with those of Asylums in other countries. The ratio of recoveries to admissions in the Colonial Asylums is 13 per cent. higher than in Scotch and Irish Asylums, and 23 per cent. higher than in English County and Borough Asylums. The deaths in the Colonial Asylums are at the rate of 6·70 per cent. on the average number resident, and of 4·49 on the total number under treatment. In England, these death rates are respectively 11·36 and 8·70; in Scotland, 6·6 and 5·3.* The high rate of recovery and the low death rate of the Colonial Asylums are in all probability largely due to the nature of the cases admitted, and to the insufficiency and inaccessibility of Asylum accommodation, which preclude the admission of many weak or dying patients unable to stand the fatigues of a long rough journey, and of many incurable and harmless insane persons who are not sufficiently troublesome to render their removal from home imperative. In England, the rate of recovery was higher twenty years ago, before the non-restraint system was established, than it is now in the best managed County Asylums. This falling off in spite of better treatment is obviously the result of a difference in the kind of cases now sent to Asylums, in consequence of the great increase of Asylums, the facilities for sending patients to them, and the alterations of opinion as to the degree and nature of mental affections which require Asylum treatment. No doubt, many cases which would not recover if treated with ignorance and neglect, are now cured in good Asylums; but the increase of recoveries thus obtained is obscured by the great number of demented and incurable patients now sent to Asylums; and, judging from the experience of other countries, probably no safer prophecy could be made than that an increase and improvement in the provision for the insane in this country will be followed by a large apparent increase in the number of the insane, and by a real increase in the death rate, and a falling off in the rate of recoveries in Asylums. Apart from these considerations, it may be doubted if the number of recoveries among the insane in the colony is really so great as it seems. I have known several patients discharged as recovered who certainly would not be considered recovered in England. The manner, too, of reckoning the recoveries in the Auckland Asylum is not very reliable. Patients are there discharged under clause 63 of the Lunacy Act, relieved or convalescent, and those who do not return within the year are concluded to have recovered. The plan of sending un-recovered patients out on trial is an excellent one, which by the way would be almost completely put a stop to by a central Asylum, but un-recovered patients who do not return are not a fair subject of comparison with those who are discharged recovered on medical authority. The list of recoveries in the Colonial Asylums is also considerably swollen by cases of *delirium tremens*, which yield almost as a matter of course to proper treatment. But even bearing these things in mind, the recovery rate and the death rate of the Colonial Asylums are very satisfactory, especially when the great difficulties which have to be contended against are taken into consideration.

* These figures are taken from the *Journal of Mental Science*, January number, 1877, the Lunacy Reports not being to hand yet.

Cost of Maintenance of the Insane.

The average cost per head per annum for the maintenance of the insane is very high in most of the New Zealand Asylums, and this is not altogether owing to the dearness of labour, clothing, &c. One great cause of the excessive cost of maintenance is the unnecessary extent to which wine, spirits, porter, and ale are used in several of the Asylums, and the high price of these articles. In the Wellington Asylum, the consumption of these things last year was so dishonestly extravagant that no one is likely to attempt to justify it; but it was also very great in the Christchurch Asylum, which was managed on quite different principles, and in the Nelson Asylum. That it was needlessly so can easily be seen by comparing one Colonial Asylum with another; and that it is not actually necessary in the management of Asylums to give even the light cheap beer used in England, much less an expensive substitute for it, is shown by the experience of some of the Scotch Asylums, and also of the Hokitika Asylum, where the patients are in as good health, and work as willingly and well, to say the least of it, as in any other Asylum in the colony. The consumption of wine, spirits, &c. in the Nelson Asylum was more than ten times greater than in Hokitika Asylum, which has four more patients, and there certainly was no corresponding benefit derived. The expenditure for rations also varies in the different Asylums, in a manner which is very striking. In Dunedin Asylum, great attention is paid to the dietary of the patients, and yet with an average resident number of 222, and with a staff of attendants, who are found in food, the amount spent on this item was £423 less than it was in Christchurch Asylum, with an average resident number of 177, and a staff of attendants, most of whom provide for themselves.

The expenditure for rations at Wellington, where the diet scale was not adhered to, was about £4 a head greater than in Dunedin; and the expenditure in rations at Nelson Asylum, where no diet scale existed, and where the number of patients is less by twenty than at Wellington, was nearly the same, and was £243 more than the cost of rations in Hokitika, where there were four more patients. A great source of economy in food at Dunedin is found in the breeding of pigs, which are killed and used for the patients; and much is saved at Hokitika in milk and butter by keeping cows. Another item of expenditure, which varies so much as to show that it is needlessly high in some Asylums, is wages. These are lowest in Auckland and Nelson, where wages in general are apparently lower than in other parts of the colony; but if good attendants can be got at Dunedin for £100 with their keep, and at Christchurch for £127 without their keep, it can surely not be necessary to give them £146 and their keep at Wellington. Assuredly paying so much more at Wellington has not succeeded in securing better attendants than at these two other Asylums. Asylum attendants require to be well chosen and well paid, but offering too high a pay has the effect, not of bringing forward the class of men from whom good attendants are made, but unsuccessful members of a more pretentious class.

Maintenance of Private Patients.

The amount of contributions paid from private sources towards the maintenance of the insane in Asylums seems small for a country like New Zealand, where there is so much general prosperity; and there is reason to believe that patients are frequently provided for at the public expense who have relatives able at least to assist them. Probably the fact of the Asylums being Government institutions, the expenses of which are borne by the general community, is partly a cause of this. People have a much greater dislike to their insane relatives coming on the parish, and being put into Asylums as pauper lunatics, than to their being maintained by the Government; and when the burden of maintaining the insane in Asylums falls on parishes, there is less likelihood of relatives able to contribute to their support being overlooked, than when it is borne by the general community. At any rate, the facilities for avoiding the maintenance of insane relatives by persons able and legally bound to undertake it have hitherto been great. According to the Lunacy Act, as modified by the Public Trust Office Amendment Act, the money paid for the maintenance of private patients should be collected by the Public Trustee. But no sufficient provision was made for supplying him with the information necessary to enable him to do so. It was left to the Asylum Superintendents to make inquiries regarding the pecuniary circumstances of patients and their relations, and to report thereon to the Public Trustee; and this was a duty which they had neither time nor the best opportunities to discharge. At the same time it was found convenient for persons paying maintenance accounts to do so at the Asylums, and accordingly, except at Christchurch and Auckland, the accounts were collected by the Asylum Superintendents. But this was work still less suited for these officers than ascertaining the pecuniary circumstances of patients and their friends. To remedy these defective provisions, instructions have been given by the Hon. the Minister of Justice to the Clerks of Courts that when an insane person is committed to an Asylum, inquiries should be made as to what relatives he may have liable for his maintenance, and that a memorandum showing the circumstances of the patient, the name and address of the persons liable for his maintenance, and the weekly amount considered by the committing Magistrate a fair and reasonable charge, should be forwarded along with the order of admission to the Asylum. A copy of this memorandum is sent to the Public Trustee, to whom the contributions are payable.

"The Lunatics Act, 1868."

Several of the provisions of "The Lunatics Act, 1868," might be altered with clear advantage, but until I have had some further experience of the working of it in its present form, I forbear suggesting any changes.

I have the honor to be,
Sir,
Your most obedient servant,
Fred. W. A. Skae,
Inspector of Lunatic Asylums.

The Hon. the Colonial Secretary.

APPENDIX.

TABLE I., showing the ADMISSIONS, RE-ADMISSIONS, DISCHARGES, and DEATHS in ASYLUMS during the Year 1876.

	M.	F.	Total.
In Asylums 1st January, 1876	482	254	736
	M.	F.	Total.
Admitted for the first time	192	101	293
Re-admitted	29	16	45
Total admitted	—	—	—
	221	117	338
Total under care during the year	703	371	1,074
Discharged or Removed.			
	M.	F.	Total.
Recovered	125	81	206
Relieved	17	8	25
Not improved	6	6	12
Died	36	12	48
Total discharged and died during the year	—	—	—
	184	107	291
Remaining in Asylums 31st December, 1876	519	264	783
Increase over 1875	33	11	44
Average number resident during the year	491	257	748

TABLE II., showing the ADMISSIONS, DISCHARGES, and DEATHS, with the Mean Annual Mortality and Proportion of Recoveries, &c., per Cent. on the Admission, &c., in the Institutions for the Insane, during the Year 1876.

ASYLUMS.	In the Asylum 1st January, 1876.			ADMISSIONS IN THE YEAR 1876.									Total Number of Patients under Care.		
				Admitted for the first time.			Re-admitted.			Total.					
	M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total
AUCKLAND	102	58	160	28	14	42	10	4	14	38	18	56	140	76	216
CHRISTCHURCH	114	65	179	36	27	63	...	...	...	36	27	63	150	92	242
DUNEDIN	149	67	216	63	32	95	11	7	18	74	39	113	223	106	392
HOKITIKA	37	11	48	16	8	24	...	...	...	16	8	24	53	19	72
NAPIER	13	4	17	10	3	13	4	...	4	14	3	17	27	7	34
NELSON	30	17	47	10	3	13	2	3	5	12	6	18	42	23	65
NEW PLYMOUTH	...	1	1	4	...	4	...	...	...	4	...	4	4	1	5
WELLINGTON	37	31	68	25	14	39	2	2	4	27	16	43	64	47	111
TOTAL	482	254	736	192	101	293	29	16	45	221	117	338	703	371	1,074

ASYLUMS.	PATIENTS DISCHARGED AND DIED.												Remaining in the Asylum 31st December, 1876.		
	Discharged Recovered.			Discharged not Recovered.			Died.			Total Discharged and Died.					
	M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total
AUCKLAND	24	15	39	3	1	4	8	2	10	35	18	53	105	58	163
CHRISTCHURCH	24	16	40	1	4	5	4	2	6	29	22	51	121	70	191
DUNEDIN	43	31	74	1	2	3	13	4	17	57	37	94	166	69	235
HOKITIKA	9	4	13	...	1	1	1	...	1	10	5	15	43	14	57
NAPIER	5	2	7	10	1	11	1	...	1	16	3	19	11	4	15
NELSON	6	4	10	3	1	4	5	...	5	14	5	19	28	18	46
NEW PLYMOUTH	...	...	...	...	1	1	...	...	...	...	1	1	4	...	4
WELLINGTON	14	9	23	5	3	8	4	4	8	23	16	39	41	31	72
TOTAL	125	81	206	23	14	37	36	12	48	184	107	291	519	264	783

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.			Percentage of Deaths on Number under Care.			Percentage of Deaths on Admission.		
	M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total
AUCKLAND	107	56	163	63·15	83·33	69·64	7·47	3·57	6·13	5·71	2·63	4·62	21·05	11·11	17·85
CHRISTCHURCH... ...	110	67	177	66·66	59·25	63·49	3·63	2·86	3·33	2·66	2·16	2·47	11·11	7·40	9·52
DUNEDIN	153	69	222	58·10	79·48	65·48	8·49	5·79	7·65	5·82	3·77	5·16	17·56	10·25	15·04
HOKITIKA	38	12	50	56·25	50·50	54·16	2·63	...	2·00	1·88	...	1·38	6·25	...	4·16
NAPIER	13	4	17	35·71	66·66	41·17	7·69	...	5·88	3·70	...	2·94	7·14	...	5·88
NELSON	28	18	46	50·00	66·66	55·55	17·85	...	10·86	11·90	...	7·69	41·66	...	27·77
NEW PLYMOUTH ...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...
WELLINGTON	41	31	72	51·85	56·25	53·48	9·75	12·90	11·11	6·25	8·51	7·20	14·81	25·00	18·60
TOTAL ...	491	257	748	54·53	66·01	57·56	8·21	3·58	6·70	5·41	2·43	4·49	17·08	7·68	14·11

TABLE III., showing CAUSES OF DEATH.

CAUSES.	Auckland		Christch-church.		Dunedin.		Hokitika.		Napier.		Nelson.		Wellington.		Total.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Cerebral or Spinal Disease:																
General paralysis...	3	...	...	...	2	1	...	...	...	...	1	...	...	2	6	3
Epilepsy	1	...	2	...	...	1	...	...	...	...	...	...	4	...	7	1
Apoplexy	1	...	1	...	1	...	...	...	...	...	1	...	...	...	4	...
Acute mania	...	...	...	...	...	...	...	...	...	...	1	...	...	1	1	1
Chronic inflammation of brain and membranes	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1
Softening of the brain	...	...	1	1	...	...	...	...	1	...	1	...	...	...	3	1
Chronic disease of the brain ...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1	...
Syphiloma of brain	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1	...
Syphilitic insanity	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1	...
Exhaustion from masturbatic insanity	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1	...
Exhaustion	1	2	...	...	...	...	...	...	...	...	...	...	...	...	1	2
Puerperal mania and blood poisoning	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1
Thoracic Disease:																
Congestion of lungs	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...
Phthisis	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1	...
Heart disease and asthma	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1	...
Chronic bronchitis	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1	...
Broncho-pneumonia	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1	...
Other Causes:																
Ulcer of stomach...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1	...
Leprosy and disease of stomach ...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1	...
Diarrhœa	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...
Senile decay	...	...	...	1	...	...	1	...	...	...	...	...	...	1	1	2
Suicide (hanging)	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...
	8	2	4	2	13	4	1	...	1	...	5	...	4	4	36	12
Total	10		6		17		1		1		5		8		48	

TABLE IV.—STATEMENT showing the ACTUAL EXPENDITURE on account of LUNATIC ASYLUMS for the Year ended 31st December, 1876.

ITEMS.	AUCKLAND.	CHRISTCHURCH.	DUNEDIN.	HOKITIKA.	NAPIER.	NELSON.	NEW PLYMOUTH.	WELLINGTON.	TOTAL.
	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
Inspector	66 17 0	47 5 0	...	50 0 0	...	...	...	105 0 0	269 2 0
Surgeon	250 0 0	301 1 0	150 0 0	200 0 0	...	...	25 0 0	200 0 0	1,126 1 0
Keeper	120 0 0	300 0 0	400 0 0	275 0 0	...	137 1 8	25 0 0	242 1 8	1,499 3 4
Matron	66 0 0	66 13 0	100 0 0	75 0 0	...	70 0 0	...	150 0 0	527 13 0
Attendants and servants	913 0 0	2,705 1 0	1,556 12 4	821 16 5	170 0 0	295 7 0	...	1,155 0 0	7,616 16 9
Clothing and bedding	282 0 0	712 9 2	846 6 2	218 3 2¼	34 16 6	211 14 2	...	339 0 0	2,644 17 1¼
Fuel and light	260 0 0	614 4 2	356 10 10	44 18 0	42 16 0	143 17 5	4 10 0	216 0 0	1,683 14 1
Recreation	36 0 0	137 12 9	43 10 0	...	...	5 19 9	...	...	223 2 6
Rations	2,085 15 11½	2,963 18 9	2,540 2 9	795 17 0½	236 17 4	1,038 18 10	36 19 0	1,055 16 8	10,754 6 4
Medicines	27 5 0	3 10 9	...	23 17 6	9 0 2	...	...	46 7 2	110 0 7
Surgical instruments	5 16 0	...	...	...	...	...	...	...	5 16 0
Spirits, wine, beer, and porter	189 8 3	394 3 0	161 7 0	8 5 0	2 16 0	85 9 0	...	430 0 0	1,271 13 11
Contingencies	329 5 11½	590 19 3	...	291 17 3	41 11 5	47 7 2	6 7 0	343 12 11	1,651 0 11½
Repairs and additions to buildings	357 6 5	140 14 11	1,053 1 1	...	...	1,027 12 4	...	766 6 1	3,345 0 10
Incidentals	...	...	210 0 10	...	...	...	...	...	210 0 10
Stores and furniture	...	...	288 3 6	...	...	...	...	...	288 3 6
Printing and stationery	...	...	11 17 1	...	...	...	...	...	11 17 1
Insurance	40 0 0	...	...	...	...	...	...	...	40 0 0
Tobacco	75 10 8	...	80 1 0	...	17 10 0	...	...	...	173 1 8
Total	5,104 5 3	8,977 12 9	7,797 12 7	2,804 14 4¾	555 7 5	3,063 7 4	97 16 0	5,050 15 9	33,451 11 5¾
Repayments towards maintenance	490 17 8¾	705 1 10	743 18 1	9 3 0	64 19 4	120 3 0	...	1,022 1 6	3,156 4 5¾
Average cost per head per annum, less building expenses	29 2 5¼	49 18 6	30 7 7¼	55 18 2½	28 16 11¼	43 7 8½	97 16 0	59 10 2½	49 7 2
Ditto, less building expenses and repayments	26 2 2½	45 18 9	27 0 7	55 18 2½	28 16 11¼	41 12 7¾	97 16 0	45 6 2½	46 1 5¼
Average number resident	163	177	222	50	17	46	1	72	748

NOTE.—*Tobacco*: If not entered under its proper heading, this item has generally been included under some other heading, *e.g.* rations; in Wellington Asylum it has been entered under spirits, &c.
The expenditure of Dunedin Asylum included cost of *flour* for baking bread for Gaol.

Wellington Asylum.

Inspected 18th, 20th, 21st, 22nd, 23rd, 24th, and 28th November, 1876.

This Asylum is situated about a mile beyond the town, upon an elevated and very hilly piece of ground. The site commands a fine view, but in other respects is not very well suited for an Asylum. The land is sufficient in extent, but is so extremely hilly that it is for the most part not available for the purposes for which Asylum grounds are chiefly wanted—namely, to afford occupation and exercise for the patients. The soil consists of decomposed rock, and is poor and shallow. A vegetable garden of sufficient size to supply the Asylum with vegetables, with the exception of potatoes, is laid out in a comparatively sheltered piece of ground. In order to secure sufficient space for the buildings which have been erected, a great deal of rock has had to be cleared away. Apparently it is found impossible, owing to the cold winds that prevail, to get trees or flowers to grow, and the ground in the immediate neighbourhood of the Asylum, instead of being laid out in an ornamental manner, has an exceedingly bare and neglected appearance, which is aggravated by the high banks of rock which have been left by the excavations within a few feet of either side of the buildings. A considerable piece of ground in front of the Asylum has been levelled, and it is intended to fence it, and attempt to lay it out as a garden or exercise ground for the use of the patients. The grounds are enclosed with an ordinary paddock fence.

The Asylum, which is entirely built of wood, was in 1873 opened for the reception of patients. It consists of a central administration block, with a wing on each side of it for male and female patients, and a large dining hall, kitchen, and scullery behind it. The central block is in two stories, and there are four rooms in each story. The upper floor is intended for the accommodation of the Keeper and Matron, and the front rooms of the lower for an office and visiting-room, and the two back rooms behind these, and which are only lighted by windows looking into the adjoining corridors, are intended for the use of the attendants in charge.

The rest of the building is only one story. Each wing consists of a corridor 50 feet long by about 19 feet wide, which is well lighted on its north side by six windows, and on its south side has six single sleeping-rooms. At the extremity of the corridor is a good-sized day-room and two dormitories, and projecting back from it to the south side is a passage leading to lavatory, bath-room, &c. This completes what is called the first ward, which is occupied by about twenty patients and two attendants. The day accommodation, consisting of the corridor and day-room, is amply sufficient for this number; but the sleeping accommodation is very inadequate on the male side, each of the dormitories containing ten beds, and giving an allowance, the one of about 390 cubic feet, the other of 450 cubic feet, per bed. Only three of the single rooms are available for patients on the male side, the other three being occupied by attendants. The bath-rooms are far too small, and are very badly lighted—one of them, in fact, not being lighted at all except from the passage. The greater part of each room is occupied by its wooden bath, which is joined to the wall on three sides. The pails for the closets are removed daily from the outside, and by means of disinfectants the closets are generally kept fresh, but when the wind is blowing strong from the south the smell from them is occasionally perceptible in the corridor. The urinal has a very offensive smell.

The day-rooms serve as dining-rooms for the patients. The walls are papered and hung with a few pictures. They are plainly and not very comfortably furnished. The walls of the corridors and bedrooms are simply varnished wood. The corridors are furnished with small tables and benches fixed to the wall, a few chairs, and a piece of matting down the centre. There are some nice photographs and pictures on the walls, especially on the female side. For the male side there is a billiard table, which is much appreciated by the patients.

The refractory, or "back ward" as it is called, consists on the male side of a day-room, dormitory, and single sleeping-room, which have been formed by slight alterations out of a long row of apartments situated at the rear of the main building and running parallel with it, which were originally intended for workshops; a block of five cells and bath-room for dirty patients added on the south projection of the main building; a detached row of out-houses for violent patients, consisting of six cells running parallel with the block for dirty patients; an attendants' room at the southern extremity; and two more patients' rooms at right angles to the others. The day-room of this ward is only 22 feet by 16 feet, and is at present occupied by nineteen patients and three attendants, a number for which it is miserably insufficient. It gives an allowance of only 16 superficial feet to each person, instead of 40, which is considered requisite. It is lighted on the south side by two windows furnished with iron bars, which give it a very prison-like appearance, and one small window overlooking the airing yard. There is a fire-place, protected by an enormous padlocked fender, which projects into the room. The furniture consists of three tables, three benches without backs, and two chairs, and a piece of matting down the centre of the room. The walls and roof are painted white. There is a square hole in the roof and two in the walls to assist ventilation; but in wet or cold weather, when the doors and windows are shut, the atmosphere of this room must be very unhealthy. The dormitory adjoining this day-room is about 16 feet square and 9 feet high, and has seven beds in it, which gives an allowance of 329 cubic feet to each bed. The beds are of the same description as those of the front ward, but are made to appear uglier by the straw mattresses being several inches too short for them. The pillows are badly made and very uncomfortable looking. Several of the blankets are not quite clean; owing to the want of an upper sheet they cannot be kept so. Beyond the beds there is no furniture in the room. There are two windows furnished with iron bars like those of the day-room, and having no blinds nor shutters. There are two slits in the wall and a hole in the roof to assist in ventilation. The single sleeping-room next the dormitory is occupied by a frail patient of dirty habits, and has a urinous smell. The window and auxiliary means of ventilation are the same as in the others.

The block of rooms for dirty patients is very badly constructed. The passage on to which they open is central, and is so narrow that the doors of the rooms, which are opposite each other, have not space to open in the usual manner, and therefore have been made to slide. They are 8 feet by 10, and 8 feet high. They are very badly lighted by small windows strongly barred near the roof. Originally these rooms were varnished, but were found to be so dark that they were white-washed, which

has slightly improved them. There is a square hole in the roof and two grated openings high up in the wall for ventilation. There are grated openings in the wall into a flue for the admission of hot air; but the heating apparatus, which could never be got to work properly, is not now used. These rooms were at one time so damp and cold that the attendants used to light charcoal fires on the middle of the floors to warm them before the patients were sent to bed. They are furnished with fixed privies, which are not now generally used, as they give rise to great stenches, in spite of the ventilating shafts which have been fitted up for them. In two of them the floor is made to slope towards one corner, where there is a grating over a drain, so as to permit of the urine being carried away. The bath-room in this block is a mere closet; it is badly lighted and ventilated. The water cocks and even the pipes are fully exposed, and the bath is fixed to the wall on three sides, leaving only a space of about 3 feet wide for a person to stand in.

The remaining single rooms of the refractory ward are entirely detached from the rest of the building. They have most of the objectionable features which characterize the rooms for dirty patients—viz., privies fixed in the corner, small strongly-barred windows, with, in some cases, wire netting to protect the glass, and in others heavy movable shutters, which are fastened on by bolts which go through the wall, and have nuts screwed on to them on the outside. Besides these special features, there are slits in the walls to admit of the patient's food being handed into them, without the attendants having the trouble of opening the doors, which are very strong, and provided with an inspection hole and fastened by a padlock in the middle and a lock at top and bottom. There is not even a covered passage leading to these rooms.

The refractory division on the female side is nearly the same, but has not so many single rooms. The day-room is the room which was intended for the laundry. It is dingy and cheerless; the walls are whitewashed. The furniture consists of a table and four benches without backs, and one with a back, a rocking-chair, a Windsor chair, two ugly heavy arm-chairs, which serve also the purpose of commodes, and are furnished with straps for fastening patients into them, and a cane-bottomed arm-chair for paralytic patients, with handles to admit of its being carried about, and an ugly big padlocked fender projecting nearly 3 feet into the room. The windows are large and open freely, but are guarded with strong iron bars. A door off this room leads into a small dormitory about 16 feet square and 9 feet high, which is occupied by six wet and dirty patients. This room has two windows, the upper sashess of which open freely, and there is a square hole in the roof for ventilation. But it had when examined a very close urinous smell, although both the windows were wide open. In fine weather the windows are kept open all night, but in cold or windy weather they have to be shut, and the room, occupied as it is by six patients of wet and dirty habits, with about 380 cubic feet of air each, must be insufferably close. There are no blinds nor shutters to the windows, which are protected with iron bars and wire netting. Several of the single rooms in the female refractory ward, although apparently clean, had a very offensive smell, owing to the fixed privies.

There are four airing courts on the male and three on the female side. They are all quite unfitted for their purpose, being far too small to afford sufficient exercise, and being surrounded on all sides with buildings and high galvanized iron fencing, which permit of no view. Two of these on the male side, which are more particularly dismal, are not used, as they are found too cold and damp. The dining hall is large and well lighted. The patients do not take their meals in it. It is used as a chapel and recreation-room. It has a stage at one end of the room for theatrical performances, contains a piano, and is furnished with benches.

The washing-house, the fittings of which are not very convenient, is used for its proper purpose, but the laundry having been converted into a sitting-room for the refractory ward, all the clothes have to be dressed and ironed, and in wet weather dried in the day-room of the front ward, an arrangement which is found to be extremely inconvenient. The day-rooms are heated by open fire-places. There are fire-places in some of the dormitories, but they are not used, as the atmosphere of these rooms is at all times oppressively close and warm owing to their crowded state. There are no means of warming the larger corridors and single rooms opening off them, nor the detached single rooms. There is a heating apparatus in connection with the single rooms set apart for dirty patients, but as it cannot be got to work satisfactorily it is not used. The ventilation of the sleeping-rooms is generally speaking very defective.

Gas pipes have been laid from the town to the door, but have not yet been introduced into the house. The corridors and day-rooms are lighted by kerosine lamps, but the associated dormitories are left entirely dark during the night.

Two wells about 70 feet deep have been sunk, and from these it is said an abundant supply of water can be got. The water is pumped by the patients. There are no water-closets. The soil from the closets is removed daily. The drains from the urinals, bath-rooms, &c., have several apparently untrapped openings, which emit disgusting smells. The sewage is discharged over a slope at some distance from the building, and allowed to escape the best way it can. There is no provision against fire.

This Asylum was intended for fifty patients, but the original accommodation has been increased by the addition of five single rooms on the male side, by the conversion of the workshops into day-rooms and sleeping-rooms for male and female patients. Each of the front wards is capable in reality of accommodating about twenty patients, provided they were all of the same social position, and that no classification were required. The back wards cannot be considered as affording proper accommodation for any class of the insane at all. They are merely collections of outhouses, constructed with a view to what has been called the "wild-beast theory of insanity," and are as nearly as possible exactly the reverse of what they should be. What more could be done to degrade an insane person, and to confirm his malady, than to place him in a cell remote from supervision, badly lighted by a small barred window near the roof, having a sloping floor with a drain to carry off urine, and furnished with a fixed privy and a straw bag, and having a slit in the wall through which food can be pushed, and an inspection hole in the door, which is fastened with a padlock and bolted top and bottom; and to restrict him for exercise to a small damp paved yard shut in by walls of sheet-iron 10 or 12 feet high? This is the treatment which is suggested by the construction of these wards, and which to a large extent is

adopted with dirty or violent patients on the female side. All such arrangements have a direct tendency to confirm offensive habits in patients. While affording means to the attendants of saving themselves trouble, they at the same time render the patients more and more objects of disgust or fear, and cause them as much as possible to be entirely abandoned to their downward course.

The number of inmates was—males, 41; females, 30—total, 71. The entry in the medical journal for 27th November gave the following information:—

	Males.	Females.
In restraint	...	...
In seclusion	...	2
Confined to bed	2	...
Confined to airing court	8	7
Wearing locked dresses or boots	2	4
Unemployed	11	12
Do not join in recreation	7	8
Do not wash, dress, or feed themselves	5	5
Of wet or dirty habits	7	6

This statement was found to be inaccurate. It was ascertained that an idiot boy of wet and dirty habits was always strapped into his bed at night, and had his hands and feet restrained; and a female patient who is violent and dirty has also, for the last two or three months, been placed under mechanical restraint at night. The Matron states that she had placed this patient under restraint on her own judgment, and could not tell whether the Medical Officer was aware that she had done so or not. The entries of seclusion do not state its duration. Seclusion is evidently resorted to very freely, and without sufficient cause, on the female side, and without always being reported to the Medical Officer or recorded in the journal. The proportion of patients who wet their beds is very high, being about a fifth of the whole number.

Four of the patients are maintained out of private funds, and are treated, as far as accommodation will permit of, as private patients; but their position is very unsatisfactory. The great majority of the inmates are demented and incurable. The Medical Officer considers about fifteen of the men and seven of the women to be curable, and this seems a very liberal estimate.

There are no regular amusements. None of the attendants or patients are musical, and the Asylum is dependent upon the kindness of amateurs and professionals for occasional entertainments. These generally consist of a theatrical performance, followed by a dance, which is kept up until 12 o'clock. The public were formerly admitted free, in the expectation that their voluntary contributions would defray the cost of the music and refreshments, but this was not found to be the case. The entertainments are advertised in the newspapers, and tickets of admission are sold for two shillings and sixpence each at various shops. Most of the patients retire before the dance begins. The whole of this procedure is highly objectionable.

The diet scale is liberal. The meals in the front wards are tidily served. The patients have earthenware plates, knives and forks, and spoons, and the table is spread with a white cloth. They were several times seen at their meals, which they took in a very quiet and orderly manner.

The patients are bathed every Saturday morning in warm water. Each dirty patient gets a fresh supply of water, but five or six of the clean patients are bathed in the same water. Some of the dirty patients get a bath every morning. There is a great deficiency of hot water. Baths are never given as a punishment. There are no hair brushes nor tooth combs on the male side. There are three combs in the front, and two in the back. Vermin are said never to be found in the patients' hair.

The present staff of officers is—Male: Deputy Keeper at £200 per annum, and five male attendants and one male night attendant at 8s. per diem each, one male cook at £75, assistant at £52. Female: Matron at £225, four female attendants at £50 per annum. The Matron is the widow of the late Keeper, to whom a successor has not yet been appointed. Their joint income at the date of his death was £300, with an allowance of light, fuel, and vegetables, which the Matron still gets. The Deputy Keeper was formerly head attendant at the same salary which he now gets. All the officers, except the Matron, get the same rations as the patients. The Deputy Keeper has no authority on the female side of the house, and is not responsible for its condition; but it evidently cannot be managed without his assistance, and he virtually occupies the position of Keeper.

Christchurch Asylum.

Inspected 4th, 5th, 6th, 7th, 8th, 9th, 11th and 12th December, 1876.

The number of patients on the 6th instant was 119 males, 76 females; total, 195. These numbers include two private males and three female inebriates, one man and two women absent on probation, and one man escaped.

The Asylum is pleasantly situated at a convenient distance from Christchurch. The land is fifty acres in extent, and is all under cultivation, or laid out in pleasure grounds. Owing to its level nature there is a difficulty in having a proper system of sewerage, which has not yet been overcome. The Asylum consists at present of two portions, the old Asylum, which is built of wood, and which is now occupied by the male patients only; and the new building, which is situated at some distance from this, and is occupied by the women.

The old Asylum is an irregular structure, which was begun some years ago, and has been gradually enlarged as the demand for accommodation increased. In the front there is a small block, containing an office and visiting-room, and very inadequate accommodation for the Keeper, and his wife, who acts as Matron, and their family. A long, narrow, passage leads backwards from this to the nondescript quarters occupied by the patients, the recreation hall, and the kitchen, scullery, &c. Most of the building is two storeys high, and the upper storey is used entirely for sleeping-rooms. It is divided into four wards: A, for convalescent patients; B, for quiet cases; C, for epileptics and imbeciles; D, refractory and noisy cases. It is only calculated to afford proper accommodation for about sixty patients, whereas

it now contains 119; and the extent to which it is overcrowded is such as almost entirely to destroy its character as an Asylum for the treatment of the insane, and to render it very unsafe even as a mere place of detention. Some of the dormitories give an allowance of only 216 cubic feet per bed, and several of the day-rooms are so crowded that one has difficulty and danger in wending his way among the patients. There are two airing courts, both of which are much too small for the number of patients confined to them. They are dreary yards, with no outlook nor proper shelter from sun and rain. The one for the refractory ward is enclosed by rows of single sleeping-rooms opening direct into it. The doors of these are left open, so that the patients can retreat into them for protection from the heat. They are dismal cells, with asphalted floors and small barred windows. The whole of this building has been condemned as no longer fit for its purpose, and it has been determined to entirely abandon it so soon as the male wing of the new Asylum can be got ready. Meanwhile no efforts are spared to turn it to the best account. It contains a good deal of comfortable furniture, and numerous pictures and other articles of ornament, and a billiard table, which is much used by the patients. Notwithstanding the many difficulties arising from the structural defects of the building, and the dangerous degree to which it is crowded, the patients appear to be very well cared for. They are clean, suitably clothed, and well fed, and most of them are tidy in person. But many of them, especially in the refractory and epileptic wards, are in a very unsatisfactory condition, being quarrelsome, excited, and prone to violence, and manifestly suffering great detriment from the close confusion in which they are huddled together night and day. One man, G. D., who is a most dangerous patient, being very powerful, and having a strong homicidal tendency, is always kept secluded from the others. At night he occupies a single room, and during the day a large room (which is used as a dormitory at night by several patients), with unglazed, strongly-barred windows, looking into the court occupied by the other patients. In the present state of the Asylum, this is probably the only way in which this patient can be safely kept. As a matter of fact, being in a large well-ventilated room, he is better off than the others, who are confined to a small yard without protection, such as he has, from the heat of the sun. When seen at various times during the visit, he was always cheerful and loquacious. He should be entered in the medical journal as being in seclusion. The sleeping-room of this patient had a very offensive odour. He is extremely dirty in his habits, and paints the wall of his room with his own filth, and it is found very difficult to keep his room free from offensive smells. All the rest of the building seemed to be in as good order as its structure and crowded condition admitted of. One patient wears a locked dress, on account of destructive habits, and requires attention from the night attendant. About fifty attend chapel, and take part in general amusements, and forty enjoy the privilege of walking beyond the Asylum grounds. About forty are industrially employed. This last is a small proportion. Out of the forty employed, only twenty-one seemed to be engaged in farm and garden work. Endeavours should be made to largely increase these numbers. Somewhere about thirty-eight patients are confined to the airing courts. This is a very large proportion, and strenuous efforts should be made to reduce it. The airing yards are wretched, depressing places, and confinement in them must foster pent-up excitement, and have a positively injurious effect on the patients, instead of any tendency to cure them. It cannot be possible that so large a number cannot with safety be taken out to walk in the general grounds. In many Asylums airing courts are now entirely disused.

The new building, which is occupied by the women, consists of the wing of an Asylum, which, when completed, is intended to accommodate 500 patients. It is built of concrete, is two stories high, and is divided into four wards, each of which is self-contained. The two wards next where the central administration block is to be placed consist of wide handsome corridors, which are well lighted on the north side, and on the south side have dormitories, single sleeping-rooms, attendants' rooms, bath-rooms, and stores. They are pleasing and cheerful wards, very comfortably furnished and tastefully decorated. The two wards beyond these are not so well constructed. Each has a good large day-room for its centre, on either side of which are somewhat narrow passages, with bedrooms, &c., on both sides of them. Great pains have been taken to have these passages properly lighted and ventilated, but not with entire success. The day-room of the lower ward, though provided with large and handsome windows, is only lighted from the south side, which is felt to be a disadvadvantage in winter. The earth-closets in use for these wards project from the main building, from which they are separated by a passage in which ventilation is well secured; but the closets for the other two are inconveniently situated, and do not admit of the pans being removed from the outside, which gives rise to much annoyance. There are two airing courts—one is for the use of the refractory patients, and is asphalted, raised in the centre, and provided with a covered seat from which the patients can see over the fence into the surrounding country; the other is so large that it can hardly be considered as a mere airing court. It is only enclosed with an open wooden fence, and is tastefully laid out in grass plots, flower beds, and gravel paths, and is well planted with trees. All the female patients, except two or three very excited ones, have free access to this garden. There is a laundry and washing-house in connection with the female department, in which all the washing of the Asylum is done by the patients and one paid laundress.

The female department of this Asylum creates an exceedingly favourable impression on any one going into it. It is comfortably furnished throughout, and at the time of the visit was found in excellent order. The patients were also in a very satisfactory condition, being suitably clothed and clean, and very neat and tidy in person. With the exception of one or two acute and excited cases, they were remarkably quiet and orderly, and seemed to be as happy as their mental condition would admit of. The attendants, for whose comfort a wise care is shown, seem of a superior class, and are well trained to their duties. About fifty of the female patients attend chapel and join in amusements, and some thirty are in the habit of taking walks beyond the Asylum grounds. About thirty-four are employed in household duties and in the laundry. Only one patient is confined to bed, and only three are restricted to the airing court for exercise, the large garden in front of the wards not being reckoned as an airing court. None were in seclusion, and none are subjected to any kind of mechanical restraint, except a suicidal patient, who, on the first day of the visit, was wearing a dress the sleeves of which were sewn together to prevent her injuring herself; and an epileptic, who has a special padded chair fastened to the floor, and provided with a strap, which, when she is violent to herself or others, is fastened round her

door opening out into a pretty little garden. It is rather better furnished and decorated. The single sleeping-rooms are similarly furnished to those on the male side. The dormitory is well lighted and ventilated on two sides by large windows, which open freely, and are provided with shutters on the outside, but there is no gas. There are seven beds in it, which is evidently at least three too many, as each bed has under 300 cubic feet of air. The water-closet is well separated from the house, by being placed at the end of a projecting passage. The kitchen is furnished with an ordinary cooking-range, but this was not found to work well; and two small gas stoves are now used instead, and found to be very convenient and economical. The roof of the kitchen was originally much too low, and has been raised by prison labour under the superintendence of the Keeper. The building which has been described has been supplemented by some obviously necessary additions, all of which, to the great credit of Mr. Gribben, have been entirely built by the patients and attendants—not one of whom was a carpenter to trade—under his superintendence. These consist of bath-rooms for the male and female patients, two rooms for the male attendants, lavatories and water-closets for the male patients, a very nice billiard-room and reading-room, with an office and store. There are two airing courts at the back of the building. The one for the males is enclosed in a high fence, and has a sun-shed in the centre: it is very little used. The one for the women is not entirely closed, having an open pathway leading round to the front. No female patients are restricted to the airing court. There are large gardens prettily laid out, and furnished with seats, in front of both sides of the house, to which the patients have free access, as the day-rooms open out on them. A large portion of the cleared ground at the back of the Asylum is also laid out as an ornamental and vegetable garden. The only water supply is the rain water, which is collected from the roof in tanks. The patients are bathed once a week, but there is a deficient supply of hot water, which has to be brought from the female side—an arangement which is found very inconvenient. The baths are of zinc. As many as seven patients have sometimes to be bathed in the same water. A thermometer is always used, and the temperatnre is never allowed to be over 96. Two attendants are always present when the patients are bathed. The lavatories on both sides of the house are well supplied with brushes, combs, and looking-glasses.

There are at present forty-three males and fifteen females, so that the Asylum is very seriously over-crowded, and the male day-room has to be used as a dormitory at night. The patients are very clean and tidy both in their person and in their dress, and they seem an exceptionally healthy community. They are remarkably quiet, contented, and well behaved. The chief cause of this seems to be the very unusual extent to which they are engaged in healthy, interesting occupations. All the women, except one who is blind, and all the men, except six, are got to work in some way or another. On the 18th December I made a note of the patients whom I saw employed, which is as follows:—Women: Twelve engaged in washing, two in housework at Keeper's house. Men: Twenty in paddock felling and rooting trees, &c., four sawing wood at saw-pit made by themselves, one gardening, one a blacksmith working at a forge which had been put up by himself, one feeding cows, two painting the male wards, one a tailor making clothes for the male patients, one doing carpenter-work; total, 31. Besides these, seven others do light work about the house or garden, and there are only five males altogether—of whom two are blind, two are general paralytics, and one is an idiot boy—who cannot be engaged in employment of some kind or another. It is quite a pleasure to see the energy and interest with which the patients engage in their work, and the obviously good effect it has upon them. The recreation of the patients is also well attended to. All the women, except the blind one and about thirty of the men, in parties of thirteen at a time, go for occasional walks beyond the Asylum grounds; and parties of the men go to the theatre, circus, races, &c., an enjoyment from which the women are unfortunately debarred by the want of a horse and conveyance. There is a regular weekly ball, at which most of the patients are present, which costs the Asylum nothing, as the music is supplied by the attendants and personal friends of the Keeper; and there is a piano and good billiard table, which were got by subscriptions; and a fair supply of books and news-papers in the reading-room.

There is no proper washing-house or laundry. The clothes are washed in the female bath-room, and in wet weather they have to be dried in the day-room, which is found a great inconvenience. The present system of sewerage can only be regarded as a temporary arrangement. The pails from the closets are emptied daily, and the number of patients being small no difficulty is found in keeping the closets fresh and clean; but the drain from the bath-rooms, lavatories, &c., discharges at the foot of the terrace in front of the Asylum, and this will probably be complained of and have to be altered at no distant date. All the patients were seen at dinner, which was abundant, well cooked, and neatly served. The table was covered with white cloth, and the patients were supplied with knives, forks, and spoons, and ordinary earthenware plates. Three cows are kept for the use of the patients. No pigs are kept: there is said not to be sufficient wash for them. Pea-fowls and Chinese pheasants are kept for the amusement of the patients.

The staff consists of Keeper and clerk at £275, with unfurnished house, garden, vegetables, fire, and light; the Matron (wife of Keeper), £75; three male attendants and one male night attendant at 9s. 6d. a day, without rations; two female attendants, one of whom acts as cook and the other as laundress, at £65 per annum, with rations. There is no chaplain nor regular Sunday service. An Anglican and a Catholic clergymen occasionally visit the Asylum, but no service has been held for fully six weeks. Archdeacon Harper used to visit the Asylum every alternate Sunday.

Dunedin Lunatic Asylum.

Inspected 28th and 29th December, 1876, *and 1st and 3rd January*, 1877.

The front portion of this Asylum was built in 1862 to hold thirty-six patients. It was only intended to be a temporary building, but it has been gradually extended backwards by successive additions made to meet the constantly increasing demand for accommodation, and it now contains 228 patients. The site is a very unsuitable one for so large an Asylum. It is almost in the town, and the whole grounds, buildings, and airing courts are completely exposed to the public view. There are

waist. This patient is said to prefer her own chair (which, though ugly, is comfortable) to any other; the strap has not often to be used. These means of restraint, when adopted, should be entered in the medical register. Of the present female population, two are epileptic, two are idiots, one is paralytic, one is suicidal, seven are visited, and three are lifted by the night attendant, three are wet and dirty, six are helpless, thirty are violent, and thirty-one are considered curable.

In connection with this Asylum is a small building called the "North House," which was intended for inebriates, for whose use, however, it is too commodious, and is not entirely set apart. It contains two sitting-rooms, several bed-rooms, and accommodation for an attendant, and has a nice garden attached to it. There are fourteen male patients in it at present; it was found in excellent order. There are several cottages on the grounds for the use of married attendants. This is a very good thing to have. Nothing is more essential to the satisfactory management of an Asylum than a good class of attendants, and one of the best means of securing this is to supply comfortable homes for married men. These cottages, however, are mostly too small fully to serve this purpose.

An abundant supply of water is got from artesian wells, and raised to the cisterns by pumps worked by the wind.

No proper system of drainage is in operation. The earth-closets are not found to work well; earth is therefore not used. They are kept clean by means of carbolic powder and lime, and by being emptied daily. The drains from the sculleries, lavatories, &c., discharge their contents into the ground close to the Asylum.

Divine service is held regularly every week in the large recreation hall adjoining the male department. This hall was built by subscriptions raised by Mr. Seager. It contains a very fine organ, which is valued at £700, and is a source of great benefit and happiness to the patients. The organ-pipes were bought in England, and the organ was built by a late brother of Mr. Seager's, and cost little or nothing beyond the pipes.

A great deal of attention is paid to the recreation and amusement of the patients.

The register and books are kept with great care.

The staff is as follows:—Surgeon, at £300 per annum; Keeper, at £300 per annum; Matron, at £66 13s. 4d. per annum; head attendant, at 8s. per diem; eleven attendants, at 7s. per diem; eight female attendants, at 4s. per diem; one night attendant, at 7s. per diem; cook, at 6s. per diem; messenger, at £52 per annum; one attendant, drunkards' ward, at 6s. per diem; cook, at 5s. per diem; kitchen lad, at £26 per annum.

The Medical Officer attends daily and visits the male and female wards on alternate days. The management of this Asylum reflects the highest credit on Mr. Seager. No one can inspect it without being struck with the abundant evidence of his ability and untiring devotion to his patients. Nothing but a very high sense of duty could enable any one to contend as he does against the incessant and disheartening troubles caused by the excessive crowding of the male department.

Hokitika Asylum.

Inspected 18th, 19th, and 20th December, 1876.

This Asylum is situated about a mile from the town of Hokitika, on a gravel terrace. The site is a very healthy one, and commands a pleasant view, and has the great advantage of affording abundant means of employment for the patients. It is a Government reserve of about 180 acres of forest land. It has the disadvantage of being alongside the Gaol, which is only separated from the Asylum by a high fence of corrugated iron, and that there is no water supply except the rain. No definite quantity of this reserve appears to have been assigned to the Asylum. About twenty acres have been gradually cleared by the labour of the patients, and appropriated for their use. The building is one-storeyed and of wood. The plan on which it is constructed has been adopted more with a view to the very limited funds at disposal for the purpose, than with regard to what might be most desirable for an institution of the sort. It was opened for the reception of patients in April, 1872, and was intended to accommodate thirty-one males and nine females. On the male side is a large day-room 36 feet by 28 feet, which serves also as the dining-room for the males and the recreation-room for both sexes. On the one side of this is an associated dormitory for six patients, which is only separated from the day-room by a folding-door, so that it can be made to serve as a stage for theatricals, &c. Beyond this dormitory, and opening off it, is another larger one for sixteen patients. A row of single sleeping-rooms open on these three rooms on the south side. The day-room is well lighted and ventilated, and has a door opening on to the garden in front. The furniture is very plain, consisting of three large deal tables and six benches without backs, and two strips of matting. The walls are painted a light cheerful colour in oil, and ornamented with a few nice pictures. The dormitories, especially the large one, are also good rooms, well lighted and ventilated; save a piece of matting, they contain no furniture beyond the beds, which are very clean and comfortable-looking. The bedsteads are of iron. The bedding consists of straw mattresses, which are unusually well made, a binding blanket, two blankets wide enough to double into four if the patients prefer it, two cotton sheets, straw pillows, and woollen coverlet. The windows are provided with shutters, which when closed admit the air pretty freely. There are ventilators in the roof of these rooms, and they, as well as the day-room, are lighted by gas. There are no chambers in these rooms, buckets being used instead. There are nine single rooms, one of which is padded. The bedding is similar to that in the dormitories. Some of them have good sized windows furnished with shutters. Three of them have small windows high up, and unprovided with shutters. They are all rather small, two of them, and one used as a tailors' shop, very obviously so. The female department is separated from the male by a small block consisting of the kitchen behind and three small rooms in front, separated by a passage which opens into the female day-room on the one side and the male on the other. The middle room of these three is used as a work-room by the Matron. The one next the male day-room opens into it, and is occupied by a male attendant. The one on the other side is occupied by two female attendants, for whom it is obviously much too small, and opens on the female day-room. The day-room is cheerful, and, like that on the male side, has a

only fourteen acres of ground attached to the Asylum, and even this small quantity is intersected by a public road, which reduces the extent of ground available for the use of the patients to ten acres. An Asylum for 200 patients with only ten acres of land cannot possibly be well managed, for the obvious reason that the patients cannot have the out-door exercise and employment which, of all the curative influences which can be brought to bear upon insanity, have been found by experience to be the most powerful and important. The site, such as it is, has been turned to the best account. A large portion is occupied by a garden and a nice bowling green, and flower beds have been made in front of the house, and a great part of the remainder, which was very hilly, is being levelled, and so gives occupation to a certain number of the patients. The hill, however, will soon be gone, and with it the occupation of the patients. As it is, there are only some twenty men employed in the grounds out of a total male population of 162. The Asylum, all except the original narrow frontage, has been built by the Superintendent, Mr. Hume, according to his own plans. The original building for thirty-six patients cost about £6,000, and the enormous additions made by Mr. Hume, which render it capable of accommodating, or at any rate of holding, over 200, cost only about £8,000. The Asylum, as a whole, bears very distinctly the impress of the circumstances under which it has been built. Viewed as the work of Mr. Hume, it is a monument to his energy and ability, which reflects on him great credit; but viewed as an institution for the treatment of the insane, it is a meagre, attenuated structure, much of which is in truth less of an Asylum than a prison, to which there is nothing inferior in the colony except the "back ward" of the Wellington Asylum. The male department is divided into three wards. The first ward consists of a corridor, day-room, attendants' dining-room, lavatory and bath-room, and two dormitories, between which is a short passage, with bedroom for two attendants on one side, and a single sleeping room for a patient on the other. The windows of the day-room look out to the front garden, and those of the corridor, which is wide enough to serve as another day-room, look into the little airing court attached to this ward. The windows, like almost all the others in the building, are protected by iron bars. The walls are painted and decorated with pictures. There is a bagatelle board for the amusement of the patients, and several books and newspapers were lying about the day-room, which is furnished with tables, narrow backless benches, some Windsor chairs, and a sofa. There is a door from this ward plated with sheet-iron leading out to the garden. The first dormitory, which is meant for eight beds, now contains ten, is fresh and well ventilated. It is lighted by three windows, which are barred, and furnished with wooden shutters, which do not cover the top of the window, which is left open all night. The room, like all other parts of the house, is exceedingly clean, but very bare. The bedsteads are of iron. The bedding consists of straw mattresses, hair pillows, two good strong linen sheets (changed every week), one large blanket (two are given in winter), and a woollen coverlet. The beds are very clean and tidy. The second dormitory is similarly furnished, and is nicely painted, which gives it a cheerful appearance, and it is very carefully ventilated. There are six tin basins in the lavatory, and a large zinc bath supplied with a cold-water tap. All the hot water has to be carried, which is very inconvenient, and nine patients are bathed in the same water, which is very objectionable and cannot be pleasant for the ninth. There are looking-glasses, brushes, and combs for the use of the patients. The patients of this ward were seen at their dinner, which was very good. A white cloth is spread on the table; enamelled basins and iron or horn spoons, but no knives or forks, are supplied to the patients. The airing court for this ward is far too small, and is hemmed in on all sides by buildings. It is stone-flagged and provided with a verandah. This is the only ward on the male side which at all approaches to what an Asylum ward ought to be; and if more comfortably furnished and better ornamented, it might do for a smaller number of patients than it now contains; but at present it looks dull and cheerless, and it affords very pinched accommodation for the thirty-nine patients and four attendants it contains. The second ward is entered from the first by a short passage, opening on to which are a small scullery, lavatory and bath-room, and attendants' room. This is the refractory ward, and contains fifty-six patients and four attendants, is 60 feet 6 inches long by 12 feet 7 inches wide, and about 14 feet high at one side, but the roof slopes towards the windows, which are seven in number, and on the south side. On the north side there is a range of eight single rooms, and a door into the airing court. The furniture consists of two long tables down the centre, several benches, and heavy iron fenders to protect the fire-places at each end of the room. The windows are guarded with iron bars, and the room is bare and uncomfortable. The single rooms are all lighted from the roof, except two, which are lighted from an adjoining dormitory. One of them, which is occupied by an attendant, serves also as the passage into the first dormitory of this ward, which projects northwards at right angles to the range of building in which the day-room is. The dormitory is 31 feet 4 inches by 19 feet 6 inches, and about 13 feet high. It is only lighted from the roof by four windows, with wire netting over them. There are also three ventilators in the roof. The room contains seventeen beds. At the far end of this dormitory is a door into a small one, occupied by six patients, four of whom are epileptic. It also is lighted only from the roof by three windows. A door off this room opens into another, which is at present used as a carpenters' shop, but is intended to be a sleeping-room for eight patients. It has a door into the exercise yard, and another into the kitchen court. In connection with this refractory ward is a very objectionable block of building, consisting of two short cross passages, parallel with the range of dormitories last mentioned, one of which has five and the other four cells for violent patients opening into it. Two of these cells have asphalted floors, one of them is lined with sheet-iron. The doors are fastened with padlocks. All the single rooms in connection with this ward are too small, especially in view of the fact that they are liable to be occupied night and day for weeks together by violent and dangerous patients, who, owing to the crowded and insufficient accommodation, cannot be trusted out of seclusion. They are all lighted only from the roof, which renders their proper ventilation more difficult; several of them, as well as the dormitory of this ward, when visited on wet days, had a very close, oppressive smell. The exercise yard is enclosed on all sides by the building, and is totally insufficient for its purpose, being only 64 feet by 36 feet. It is stone-paved, except on the side facing the north, along the whole length of which there is a verandah with wooden floor. This dreary yard is the only place in which the fifty or more patients in the refractory ward can take exercise. It is crowded with the

patients, who are unprovided with any means of amusement or occupation, and many of whom are violent, dangerous, and discontented. Some pace incessantly up and down the stone flags, others sit closely packed under the verandah, and others lie sprawling in all directions on the ground. Many of them are very untidily dressed. A more dismal, depressing place than this refractory ward, with its wretched yard, I have never seen.

The third ward is in continuation backwards from the day-room of the refractory. First, there is a small dormitory for four patients, with attendants' room attached. Next to this is a large one, 37 feet 6 inches by 21 feet, and 13 feet high, containing twenty beds. This room is light and cheerful, and has four windows to the south side overlooking the garden. There is no furniture but the beds, which are of an ugly, clumsy pattern, and two glasses. A passage from this dormitory, on to which opens lavatory, bath-room, attendants' room, and scullery, leads to the day-room of the ward. This is 60 feet long by 13 feet wide, and has seven windows on the south and nine single rooms on the north side. There are four ventilators in the roof, and fire-places at each end. The furniture consists of three tables down the centre, backless benches, a Windsor chair, and a sofa. There are no pictures, ornaments, or books in the room, which is bare and gloomy. The single rooms are similar to those of the preceding ward, and lighted from the roof. Through one of them, which is occupied by an attendant, is the entrance to a long cross passage, also lighted from the roof, and having eight single sleeping-rooms for patients on each side, lighted in a similar manner. These rooms are 6 feet 7 inches by 7 feet 4 inches, with sloping roofs, and contain 660 cubic feet of air. The beds are the same as those in the dormitory. This passage terminates in a dormitory for six patients, with two outside doors, one leading to the bakehouse, and the other opening into the airing yard. There are sixty patients and four attendants in this ward. The airing yard is enclosed by it and the preceding one and a high wall. It is about 120 feet by 72 feet, is laid down in grass, and has an asphalted walk in it. A verandah extends the full length of the side facing the north. It is crowded with patients who have nothing to occupy them, and are completely overlooked from a public road.

It is quite a relief to pass from the male to the female department, which, though labouring under many of the same disadvantages, is in several respects greatly superior. In ward No. 1 there are twenty-one patients and two attendants. The two day-rooms are cheerful, comfortably furnished, prettily ornamented, and have a very domestic appearance. There is a piano in one of them. There are two dormitories in this ward. The first contains ten beds made of red pine, and of a pretty pattern. Its walls are nicely painted and decorated with several pictures in guilt frames. There are curtains to the windows, which have a pleasant outlook beyond the airing court. The second is 37 feet by 13 feet, and contains thirteen iron beds. It has four windows, which look into the male airing court, and have consequently to be dimmed. The walls are papered, and the room is very clean and tidy. The second ward contains thirty patients, with three attendants. This and the third ward have a general similarity to the corresponding parts on the male side, but are much more comfortable, and more suitable for their purpose. There are two airing courts on the female side. The one is large, is laid down in grass, has a verandah, and a view of the hills. The other is a small court at the back of the ward No. 1, and is not much used.

The recreation hall, which is a fine large airy room, adjoins No. 1 female ward, and has a door opening into it, and another out to the bowling-green in front of the Asylum. The patients in this ward, the most of whom are convalescents, have free access to this hall, and through it to the garden beyond, and have thus a great deal of liberty. They are neatly dressed, as most of the female patients are, and they look very cheerful and contented. Within the grounds of the Asylum is situated Park House, which was formerly a private residence, and is now occupied by a few private male patients and partly by Mr. Hume's family. The accommodation is poor, and some of the sleeping-rooms are much too small, but the patients are allowed a great deal of liberty, and seem very contented with their quarters. There is a bakehouse, in which all the bread used in the Asylum is made, and latterly the Gaol has been supplied by bread baked in the Asylum. There are laundry and washing-houses, in which all the washing is done by the patients and two paid laundresses. The water for the Asylum is got from the town supply in sufficient quantity, but it is said to be very often drumly. The water-closets are placed so that they are entered only from the airing courts. They are constructed so that they can be flushed three times a day. They are kept very clean and fresh. The provision against fire consists of three hydrants, with a supply of 2-inch hose. The sewage is disposed of in a manner which has been strongly condemned by scientific authorities, and which is at least extremely offensive, if not downright dangerous, both for the Asylum and the town. It is collected into four underground tanks. From these tanks there are overflow pipes which permit the fluid part to escape. It flows for some distance in an open drain, then enters a short culvert, and then again enters an uncovered drain, and is finally discharged into the harbour. The tanks are opened about once in three months, and the solid matter is removed and buried in trenches. The open drain has a most offensive smell. Dr. Macgregor has repeatedly called attention to this disgusting and dangerous system of drainage, but apparently with little effect. The Asylum grounds are much too small to admit of the sewage being utilized in the usual manner, and it is evident that the drainage of the Asylum should be properly connected with that of the town. The roof water is utilized for flushing the drains. A number of pigs are kept, and they are the property of the Asylum and not of the Keeper; a large quantity of bacon is cured and consumed on the premises. The saving in the cost of maintenance must by this means be very considerable, besides which the diet of the patients is agreeably varied. In addition to the ordinary diet, which is very liberal in this Asylum, all the working patients frequently get bacon and eggs to their breakfast, and jam, a great deal of which is made from the produce of the Asylum garden, to their tea. Great attention is paid to the economy in management of this Asylum, and the cost of maintenance here is very much lower than in some other Asylums in the colony.

The number of inmates on the 14th December, 1876, was—males, 162; females, 66—total, 228; and the males are twelve in excess of the number for which there is accommodation. The patients come pouring in at a rate which even if the Asylum were large enough would tax to the utmost the energies of the staff to give them proper attention. No less than thirteen patients were admitted in the month of December, 1876, alone. The large number of males unemployed (114) is evidently owing neither

to the class of cases themselves nor the want of energy in the management, but in reality to the small quantity of land, which is the ultimate cause of all the principal defects in this Asylum and its management. The worst feature to which this leads is the extent to which confinement in the Asylum courts, seclusion, and mechanical restraint are resorted to. It is impossible but that, among the many discontented, quarrelsome, and violent patients who are crowded together in the yards, with no outlet for the nervous energy developed by their abundant diet, there must be frequent quarrels and fights, and violent assaults. On one of the days of my inspection there were no less that twelve men in seclusion, and eight of these had their arms secured by means of sheets fastened round their chests; and three women were in seclusion, and one who was in the airing court had her arms restrained in the manner described. Some of these patients are exceedingly dangerous, and three of the men, who are extremely powerful and of a downright murderous disposition, live almost continually in seclusion, being only let out occasionally for short intervals while the other patients are not in the yards. It is manifest that the condition of these formidable wretches is positively aggravated by their treatment; but one is bound to admit that in the present crowded state of the Asylum there would be more foolhardiness than courage or humanity in allowing them to mix with the other patients.

About one half of the women engage in industrial occupation. Some ninety men and thirty women join in recreations and attend a weekly dance which is given in the recreation hall. There are twenty-five men and sixteen women who cannot wash, dress, nor feed themselves; and seventeen men and fourteen women of wet or dirty habits.

The staff consists of—Medical Officer (non-resident), at £200; Keeper (with unfurnished house and board), at £400; Matron, ditto, at £100; 12 male attendants, with rations, at £100; 8 female attendants, including cook and laundress, at £50; 1 under laundress, at £40.

There is no night attendant. It is believed that, owing to the construction of the house, the duties of a night attendant could not be discharged without disturbing the dormitories.

The staff is, in my opinion, very insufficient for so large an Asylum. The Keeper is manifestly overworked; he has a large amount of clerking work, most of which he does after 11 p.m., and he is often at work till 1.30 in the morning. He sleeps in his office, so as to be constantly at hand when wanted. He has never had a week's holiday since he entered on duty, and is frequently not off the premises for three months at a time. The Matron is also very hard worked, and zealous in the discharge of her duties.

The Medical Officer, who devotes much time and attention to his duties, has latterly moved into a house adjoining the Asylum grounds, so that he is practically resident, but he has not the powers which should certainly belong to the resident Medical Officer of so large an Asylum. The various registers required by the statute are kept with much care and accuracy, and the medical case book is also very well kept.

Auckland Asylum.

Inspected 23rd, 25th, 26th, and 30th January, and 2nd February.

The number of patients, entered in the medical journal on the 20th January, was—males, 104; females, 61—total, 165. Of these, sixty-one males and thirty-six females are entered as confined to the airing courts, unemployed, and not joining in recreation; twelve males and twelve females as being of wet or dirty habits, and unable to wash, dress, or feed themselves; none as under restraint; two females as in seclusion; none as wearing strong dresses or locked boots; and none as confined to the house or to bed. These figures were found on inquiry to be inaccurate; but even taking them as they are they indicate a want of energy in the management. Although no entry of the use of restraint occurs in the journal, it was found that one male patient slept in a straight jacket every night, and had done so almost continuously for several months past; that a female patient, seen with her arms restrained on the 2nd instant, was generally so restrained; and that another female patient was frequently in seclusion for periods of from ten to twenty days at a time, during the greater part of which she was also under mechanical restraint. No entries of these applications of restraint occur in the journal. Neither the Medical Officer nor the Keeper were aware that the male patient referred to was restrained at night. The attendant in charge of the female patient said that she had not reported to the Medical Officer that she had put a jacket on her—that it was not the custom to do so—that he was left to find it out for himself on going his rounds. These instances of restraint may have been quite justifiable on medical grounds, but they should have been immediately made known to, and sanctioned by, the Medical Officer, who alone should have the power and responsibility of imposing restraint or seclusion; and they should be entered in the journal.

When it is stated that sixty-one of the men are unemployed, confined to the airing court, and not joining in recreation, the inference is left that the remaining forty-three are employed, take exercise beyond the airing ground, and join in recreation; but this is far from being the case. The actual number employed, as stated by the senior attendant, is—working in the garden, 5–6; pumping water or cutting firewood, 7–8; in the kitchen, 3–4; in making beds or ward work, 3–6—total, 18–24. He stated positively that "none whatever beyond that number are employed."

The Keeper states that some twelve more than that number are employed in cutting wood or pumping; but it was repeatedly found that reliable information could not be got from the Keeper. None of the men, except those engaged in pumping or cutting wood, or in the garden, take exercise beyond the airing courts; but it was formerly the custom to send parties of about sixteen men to the seaside to bathe. So far from forty-three men engaging in recreation, there are no means of amusement or recreation in the whole of the male department, nor have there been any for many months past.

With reference to the women, it appears that about twelve are in the habit of taking a walk beyond the Asylum bounds, but that all the rest are confined to the airing court. There is a piano on the female side.

The proportion of patients who wet their beds is large, especially among the women. It should be one of the principal duties of the night nurses to raise most of the wet patients at intervals during

the night, and endeavour to correct them of their dirty habits. If this were done the number would probably be reduced by one half, at any rate on the female side. The night attendants do not enter on duty till 9 p.m., and are off again at 6 in the morning. They should commence at least an hour earlier and continue an hour later. It should be their duty to put most of the wet patients to bed at night, to raise and dress them in the morning, and to have the cleaning of their sleeping-rooms, and the changing of the straw, &c., of their wet beds. In this way their only means of saving themselves trouble would be by attention to their duties, and exerting themselves to cure the patients of their dirty habits.

The number of patients attending Divine service is about twelve to fourteen of each sex. The chapel having been partitioned off into dormitories, service is now held in a room, which is much too small for the purpose. It is conducted on alternate Sundays by a preacher, and on Thursdays by a clergyman. Both these gentlemen also visit the patients in the wards. Neither of them is paid. It would be better to hold service in the dining hall, and so allow of a much larger attendance. Religious service is always a source of good to the insane, even when attaining no higher object than to break into the monotony of their lives, and to serve as a means of discipline. There is no reason why at least half the present inmates should not be present at it.

The patients have not the appearance of a healthy community; most of them are persons of broken-down constitution when admitted. Though they get abundance of food, they are crowded to such an extent that it is marvellous there is not more sickness among them, and that the mortality is not higher. All the patients at present getting porter or other stimulants were pointed out, and there seemed no reason to think that any of them were getting these extras without sufficient cause.

The existing building was intended only to accommodate fifty patients; but now, by resorting to various makeshifts one after another, most of which have tended to increase the difficulties of management, accommodation of some sort has been got for 165. The only day-room in the male department has long since been converted into a dormitory. The same has been done with the tailors' and the shoemakers' shop. The carpenters' shop is now the only room available as a day-room for the males. At night it is used as a dormitory. The corridor in the male department, the passages, the stair-head, two of the dormitories formerly occupied by the women, and the doctor's office, are all used as sleeping places by the male patients. The women deprived of their two dormitories have appropriated the chapel and the Medical Officer's dining-room as sleeping appartments. A row of five wooden "cells" has been erected for the men in the airing court, and another of ten for the women in the female court. Some of the single rooms on the female side are occupied by two patients, a dangerous arrangement. Two of the dormitories occupied by the male patients were found to contain considerably less than 500 cubic feet per bed, three others contained about 400, and one has only about 270 cubic feet per bed. Such a state of crowding is shocking. An attendant stated that by about 9 p.m. the stink in the dormitories was quite overpowering. The Medical Officer states that he makes a *post mortem* in every case of death, and seldom opens a body without finding tubercle in the lungs.

The day space is equally deficient. The carpenters' shop is the only day-room for the males. When visited repeatedly during the inspection, even when its crowded state was relieved by the adjacent airing court, which it cannot be in wet weather, it was a most depressing place to go into. It is absolutely without furniture (there is no room for any), except a few benches fixed to the walls. There was always noise and excitement. Numbers of idle patients were found impatiently pacing up and down the room, some sitting listlessly on the benches, others lying about on the floor in different directions. Many of these patients are very violent and dangerous; others are sulky and discontented; most of them are demented, with nothing whatever to interest them or keep them from daily sinking deeper into dementia. In winter, when, as must frequently for long periods be the case, the weather does not admit of the patients going into the court, there must be upwards of eighty patients herded together in this one room. If any of them recover, it must be in spite of, and not because of, such treatment.

The internal arrangements of the building, even supposing the inmates to be within the number it is calculated to accommodate, are in some respects very inconvenient. Much space is wasted. The baths, lavatories, and water-closets are in situations where they cannot be properly ventilated, and the attendants' rooms are in the wrong places. Many of the dormitory windows, not being furnished with shutters, and having panes large enough to allow patients to escape through them, have been covered over with wire netting, which gives them a very prison-like appearance. In the present crowded state of the Asylum, these defects become much more apparent.

The wards have a very comfortless appearance, having almost no furniture beyond plain tables and backless benches. The walls are neither papered nor painted. There is a mirror in the female corridor, and a number of prints from fashion-books, &c., have been pasted on to the walls; beyond that, there is no attempt at ornamentation. There is no furniture in the sleeping-rooms except the beds; even on the female side, buckets are supplied instead of chamber-pots.

There are no lights in the day-rooms or dormitories. The patients go to bed immediately after tea—that is to say, at about 5 in winter and 6 in summer. This is very objectionable. How can insane persons be expected to derive any benefit from spending twelve hours in absolute idleness during the day, and the other twelve hours in their beds?

The means of insuring personal cleanliness are insufficient. There is only one bath in each department, and they are not supplied with hot water. Most of the patients are bathed in cold water about once a week, some oftener. A fresh supply of water is given to each female patient; but from five to seven men are bathed in the same water. The hair of the male patients is cropped short for the sake of cleanliness, and the attendants have tooth combs. There are no hair brushes on the male side of the house.

The stock of clothing is very insufficient. By far the majority of the males are very untidy in their appearance; their dress is an ugly prison-looking one at best. Some of them are in mere rags, and at least a dozen wear neither shoes nor stockings, and have nothing but a worn-out shirt and pair of trousers. Most of the women also are shabbily dressed, and look very dowdyish. Many of them are allowed to go about bare-footed.

The bedding is insufficient in quantity, and in some dormitories in a very unsatisfactory condition. Only one sheet is allowed on each bed on the male side, and many of the beds are without either sheets or pillow-slips. The mattresses, pillows, and blankets of several of these beds are positively filthy. The unsatisfactory state of the bedding is largely due to there being as yet no washing-house or laundry at the Asylum, and to the washing being done at the Gaol. Both the Matron and the head attendant state that the things are never dry when returned from the wash, and are frequently as dirty as when they were sent out. Some very dirty blankets to which the head attendant's attention was called were said to have just returned from the wash. The male clothing, &c., is sent back from the wash on Monday night quite wet, and has to be daily hung up in the dining hall till Saturday in order to be thoroughly dried. In one dormitory eight male patients sleep, all of whom wet their beds. In good weather their beds are taken out to dry, but in bad weather there is no place to dry them. The straw may be always changed, which is very unlikely, but the ticking is not, and the beds must frequently be quite wet all night when the patients return to them. Almost all the bedding in this dormitory was found, on examination, to be wet and very dirty, and had a strong offensive smell, which pervaded the room.

There are said to be a great many bugs in the dormitories.

The diet is liberal; the patients were several times seen at dinner. The food was abundant and of good quality, but the manner of serving it is not inviting. There are no table cloths, knives nor forks. The dishes are of metal, spoons are supplied, but most of the patients eat with their fingers.

The supply of good water now available from a well which has been sunk is said to be abundant, but as yet, owing to the small size of the tanks, and to the water requiring to be pumped by the patients, and to the pump being frequently out of working order, there is often a great dearth of water in the house. It may be doubted if a proper quantity will ever be used so long as it has to be pumped by patients.

The system of drainage from the Asylum is exceedingly bad. Underneath the wall which divides the male and female airing courts there is a large cesspool. Privies are erected on each side of the partition wall over the cesspool, which is thus made to serve as a water-closet for both sexes. A drain from this cesspool conveys the sewage to another larger cesspool or tank situated a short distance beyond the airing courts. This tank is completely roofed in, and there is no exit from it except an overflow opening, through which the more fluid part of the sewage escapes into the surrounding soil. The cesspool in the airing courts is entered and cleaned out periodically by a patient, but the large tank is never cleaned out, and apparently was never meant to be. A hole has been knocked in the side of it, which probably renders it less dangerous by allowing the gases to escape. The stench from these cesspools is most disgusting. When the wind is blowing from the south it is very perceptible at the Asylum. It is hardly credible that the health of the inmates is not affected by this system of sewerage.

There are two airing courts, one for the males and one for the females. The former is laid down in scoria ashes, the other in grass. Both are dismal places, enclosed on all sides by the buildings and a high wall, which permit of no view from them; and there is no sufficient protection in either of them from sun or rain. The erection of sunshades had, however, better be delayed till the plans for the new buildings are completed, as the ground is likely to be much broken up by the altered system of drainage, &c. But doors should be placed on the water-closets in the courts, and kept locked by the attendants, who should only allow the patients to go in for a few minutes when necessary, and not let them remain there messing themselves as they now do.

The land of the Asylum consists of about twenty-six acres at most. Had this been laid out in walks and gardens, it might have been sufficient as a mere exercise ground for a large number of the patients, and for supplying the Asylum with vegetables. But, with the exception of between three and four acres under spade cultivation as a vegetable garden, it is turned to very little account. There are no walks through it, and the patients do not take exercise in it. The portion of ground in front of the Asylum has been commenced to be laid out in an ornamental manner; but as it is bounded on two sides by public roads, and has only an open fence, there is no privacy about, and it is not available as a pleasure ground for the patients in general. Meantime the absence of a wall round the grounds is no excuse for not employing the patients in their cultivation. The vigilance of the attendants, and not high walls, should be relied on in this as in other Asylums for preventing the majority of the patients from attempting to escape. The garden did not at the time of the visit appear to contain a sufficient abundance of vegetables for so large a community. There are a great many peach trees in it laden with fine peaches, and it was stated as one of the reasons why so few patients are engaged in its cultivation, that they would steal the peaches. If this is the case, the peaches are a doubtful advantage. It is of more importance for the patients to have employment than to eat peaches.

A very dilapidated piggery is situated near the sewage tank and too close to the Asylum. It is in a very neglected and filthy condition, and should at least be removed to a distance.

It is very desirable that a much greater extent of land should be obtained for the Asylum. There should be at least 100 acres, so as to give full occupation and abundant elbow-room for the patients.

The staff of officers consists of a resident Medical Officer, Keeper, senior attendant, one clerk and attendant, one male night attendant, seven ordinary male attendants, one male cook, one gardener, and a musical instructor; a Matron, a female night nurse, and four female day nurses. The number of attendants is quite inadequate for the satisfactory management of so many patients, especially in their present crowded condition. There should be one ordinary attendant for every ten patients; and therefore three or, considering the unusual difficulties in the way of management at present, four additional male attendants and two additional female attendants should be at once got. The office of Keeper where there is a resident Medical Officer is a superfluous one, and the present Keeper should be allowed to retire on his pension. The duties of the office can easily be divided, as most of them already are, between the Medical Superintendent, clerk, and head attendant. The duties of the clerk are now discharged by an attendant, and not very efficiently. The clerk should perform all the duties required of him by the Lunacy Act, and make a point of understanding what these are. He should be

relieved of all attendant's work, and act as steward or storekeeper. Of the staff of attendants, generally speaking it is not easy to form a conclusive opinion. They are not encouraged under the present system of management fully to display their efficiency. It is evident that as a rule they are not drawn from a class calculated to supply suitable attendants, and that the manner in which they are chosen, and the terms on which they hold their situations, tend to cripple the management of the place. The Medical Superintendent has neither the selecting, the engaging, nor the dismissal of them in his hands, and they are of course indifferent to an authority of which they are so largely independent. The cook is spoken of as an efficient servant, but it is preferable to have a female cook, so that the women may be employed in the kitchen and scullery. By sending all the washing to the Gaol, and handing over the kitchen to the men, the women are deprived of the two occupations which are at once most interesting to them, and most conducive to their recovery. The gardener, who is a recovered patient engaged at the trifling wage of £30 a year, is said to understand his work thoroughly, and is very industrious; but the great object of an Asylum gardener should be to employ the patients in the garden, and whether from want of tact or force of character on his part, or the indolence or indifference of others, there are only some five or six men employed under his supervision. The musical instructor's duties consist in playing the harmonium at Divine service: this is a small return for £25. It would be an improvement to dispense with this officer, and divide his pay into shares, to be added to the wages of such of the attendants as could play musical instruments; or it might be added altogether to the pay of an attendant, and thus be made to secure the services of a resident musician. By some such alteration as this, a weekly dance might be got up for the patients as in other Asylums, the pay of one or several attendants increased, and still the playing of the harmonium on Sundays be as effectually secured as at present.

It appears that the female attendants have very lax notions of discipline. They consider themselves entitled to receive visitors, and even retain them in the house for a few days at a time without as much as informing the Matron. They also work at their own sewing during the day, when they should be devoting their whole attention to the patients. Both these abuses should be stopped. The attendants should exert themselves to encourage the patients to sew and knit, and make the house-clothing, and should assist them in doing so.

The registers and books are not well kept. When seen on the first day of inspection, no entry had been made in the Register of Discharges since April, 1875. The clerk, who has been nearly two years in the Asylum, had never even seen this register. It appears that for about two years no patient has been discharged at all from this Asylum. It has been the custom to send convalescent patients out on trial for an indefinite period, with the sanction of the Inspector. They are, however, entered in the Book of Admission as discharged, which of course they are not. If they relapse they are received again without any fresh order of admission. Since finding the Register of Discharges, the clerk has entered in it also the patients sent out on trial since 1875; but this is still incorrect. The practice of letting certain patients out on probation previous to finally discharging them is a good one; but plainly it is not the intention of the Lunacy Act that these patients should be sent out for an indefinite period, and retained under no supervision, never finally discharged, and received back at any future date, however remote, without a new order. Possibly some important acts which may have been performed by some of these undischarged patients may hereafter be held invalid. No Inspector's book has hitherto been kept in this Asylum.

When the crowded state of this Asylum, its defective appliances, and inadequate staff of attendants, are taken into consideration, it must be freely conceded that to conduct its management in an entirely satisfactory manner is not possible for any one. These things being held in view, the mortality appears very low, the proportion of recoveries high; and the rarity of serious accidents, and the small extent to which seclusion and restraint are resorted to, is very creditable to the Medical Officer and his staff. Nevertheles there is no sufficient excuse for several things which have been commented on in this report—such as the small number of patients employed, the little or nothing which is done for their recreation, the large numbers confined to the airing courts, the untidy and neglected appearance of the patients, and the mudddled state of the registers. This is the only Asylum in the colony which has the great advantage of a resident Medical Officer; and yet, in repect of energetic, intelligent, and enterprising management, it makes a sorry figure in comparison with those, for example, of Christchurch or Hokitika.

Attention is particularly called to the following recommendations:—

1. The Medical Superintendent should be authorized to engage, subject to the approval of the Inspector, four additional male and two additional female attendants, and to offer £5 in addition to the usual rate of wages to those who can act as musicians at a weekly dance, occasional concert, or the like.

2. All the attendants at present in the institution should be given to understand, and all attendants hereafter appointed should be engaged on the understanding, that they are to obey the orders of the Medical Officer; that, subject to the approval of the Inspector, they are engaged by him, and may be dismissed by him at any time if in his opinion they are incompetent, insubordinate, or for any reason unfit to be attendants.

3. Two attendants should be sent out every day with a party of patients to work in the grounds. They should begin with a small party at first and gradually increase it; and they should strive to encourage them to engage in digging or some other occupation.

4. Parties of men should frequently be taken out by one or two attendants beyond the Asylum bounds; and more women than the number who now enjoy the privilege should be sent beyond the airing courts for exercise.

5. A weekly dance should take place in the dining-hall, at which both male and female patients, the Medical Officer and attendants, and at most a very few carefully-selected visitors, should be present. The object should be to amuse the patients, and make them dance, and not the visitors. These entertainments should last from 7 to 9 o'clock; no refreshments are requisite to make them go off successfully. They need cost nothing except the extra pay given to the musician attendants.

6. The two sewage tanks should be abolished, and the sewage carried to a tank capable of holding

about two days' supply, and situated on the slope above the garden, so that the sewage can be utilized on the garden and adjacent ground. The architect who has made the plans for the new wing to the Asylum, or an engineer, should be instructed to prepare plans and specifications for altering the drainage in this manner. When the cesspool under the airing-court closets is removed, probably water-closets constructed on the principle of those in the new Hospital would be the most suitable substitute.

7. The Medical Officer should be empowered to send for a tradesman when necessary to make repairs, such as mending a pump, or a pipe, or a lock, without waiting for authority from the Inspector.

8. The medical journal should be kept more carefully, and the entries should be made daily instead of weekly. All the erroneous entries of discharges in the register of discharges and in the book of admissions must be put right, and these registers be kept in strict accordance with the requirements of the Lunacy Act.

Nelson Asylum.

Inspected 9th, 10th, and 12th February, 1877.

This Asylum was opened for the reception of patients in June, 1876. It is built on the corridor plan, and has accommodation for thirty males and thirty females. It has a pleasant and healthy situation on a slope about a mile from town, and commands a cheerful view. The land belonging to the Asylum is only eight acres in extent, and is much too small for the requirements of the patients. It is almost completely surrounded by public roads, so that there is not sufficient privacy. The male airing court and two small yards at the back of the building, in which dirty or destructive patients take exercise, are only separated from the public road by a wooden fence, and annoyance is occasionally suffered from persons climbing up this fence and staring at the patients, or handing matches over to the men.

The Asylum has a pleasing exterior, but much space is wasted by its internal arrangements. The corridors are far too wide for mere passages, and at the same time not well suited to serve any other purpose, while the day-rooms are too small, and the single sleeping-rooms far too numerous in proportion to the associated dormitories for the number of patients. As yet it is almost entirely unfurnished, there being little beyond one or two tables and benches without backs, and no ornament whatever. The beds are of a very objectionable description. Galvanized iron wires are carried right through from end to end of each row of single rooms, and, by means of transverse strapping wires fixed on to these, a "bedstead" is formed in each room, on which is laid a straw mattress. It would be difficult to invent anything more absurdly uncomfortable. The wires are apt to cut the mattress. If the occupant of any one room is restless, and inclined to dance about on his bed, all the other patients are disturbed and kept from sleeping by the violent pulling of the through-going wires. The consequence is that most of the patients prefer to sleep on the floor. The windows of the sleeping-rooms have no shutters; they are furnished instead with strong iron bars on the inside. The want of shutters, the inside iron bars, and the fixed wire bedsteads, combine to render these rooms very unsafe places for violent or suicidal patients. There is a large recreation and dining hall conveniently situated in the centre of the building, but as yet it is only used for the former purpose, and it is not furnished except with a few benches. A stage is erected at one end of it for concerts, &c. Two rooms on the female side have been fitted up as laundry and washing-house, and answer the purpose sufficiently well.

A sufficient quantity of good water is got from the town supply. The house is lighted by gas supplied from town.

Dry earth-closets are in use on both sides of the house, and are found to answer well. At the time of the visit there was a supply of earth in each of the closets on the male side; but, latterly, earth has not been used in those on the female side, and one of them had an offensive smell and was in want of cleaning.

There are two baths in each department, with hot and cold water supply. The baths are not conveniently situated, being placed against the wall on three sides, and the pipes and stop cocks are exposed, so that the patients can meddle with them. Provision against fire is afforded by eight fire plugs and 180 feet of hose.

The drainage of the Asylum is conveyed into a small stream, and no objection seems likely to be raised to this method of disposing of it, as the stream will probably be converted into a sewer by the neighbouring population.

Almost the whole of the grounds belonging to the Asylum lies in front of it. A suitable airing court has been fenced off for the male patients opposite the male wing, and a similar one for the women is about to be formed opposite the female wing. The small piece of ground left between these two airing courts is intended to be laid out in an ornamental manner. The remainder at the foot of the slope is cultivated by the patients as a vegetable garden.

Portions of the old Asylum, situated in this piece of ground, are being retained and converted into accommodation for three married attendants, and into stores and workshops. The rest of the old building is being pulled down.

The Taranaki refugee buildings are also situated in this part of the Asylum grounds, and are now used as a sort of poorhouse. It is very desirable that this institution should, if possible, be removed, and the patients allowed the full use of the little ground they have.

The number of patients at present in the Asylum is—males, 27; females, 19—total, 46.

No patients are at present in seclusion, and none are subjected to any form of mechanical restraint except one male patient, who wears canvas gloves at night. No patients are confined to bed, or to the house.

Four men of dirty and destructive habits are restricted for exercise to the small court at the back of the building, and three women, for like reasons, are confined to the corresponding court on the female side.

Some six or eight men work in the garden, and take occasional walks beyond the Asylum bounds. The rest are limited to the front airing ground, to which they have free access all day, the doors into it standing open.

This airing court is of large size, is enclosed only by a moderately high wooden fence, and has a very extensive and cheerful look-out, and does not suggest the feeling of confinement usually associated with a high-walled airing court. When paths and flower beds are made in it, according to present intention, it will have a very pleasant, garden-like appearance. At the same time, it is not desirable that so large a number of patients as at present should be actually restricted to so small an extent of ground for exercise.

The number sent out to work in the grounds should be greatly increased, as also the number enjoying the privilege of walking beyond them.

No time should be lost in fencing off an airing court for the women. Except the small back yard already alluded to, and a still smaller piece of ground in front of the corridor enclosed with a wooden paling, the women have really no exercise ground at all.

Occasionally some of them are allowed to go beyond the Asylum bounds, but in such small numbers and so seldom that the fact is hardly worth mentioning.

Besides those patients employed in the garden, most of the others are reported to do a little work of some kind about the house, such as making their own beds. Some five or six women do the washing and mending.

Four men and five women are of wet and dirty habits.

Abundance of good food seems to be given to the patients: they were seen at dinner. The women have lately been supplied with table cloths, knives and forks, and the same improvements are about to be introduced on the male side; the dishes are of earthenware. The patients were very quiet and orderly at their meals. There is no regular diet scale, and no store or provision books are kept. There should certainly be a fixed diet scale, which need not in the least interfere with variety or the manner of cooking and serving the food, and books should be kept in which the daily consumption of all bought articles, such as butchers' meat, wine, beer, &c., should be accurately entered. Without this, there is no sufficient check on extravagance and waste. At present, about 70 lbs. of meat are used daily, which is much more than can be necessary.

It should not be necessary either to supply the male patients with beer at 2s. 3d. a gallon to induce them to work, as is done with some of them at present.

The allowance of bedding for each patient consists of a straw mattress, hair pillow, two blankets, and a woollen coverlet. The women have sheets in addition to this, which are changed once a week. Much of the bedding is completely worn out, especially on the male side, where many of the blankets are mere rags, no longer fit for use.

When new blankets are got they should be of the ordinary colour, and not like those at present in use of a dark blue or red, which serves no purpose except to hide dirt, which is certainly not desirable. The men should be supplied with sheets as well as the women, and every means taken to show dirt wherever it exists, instead of to hide it.

The clothing also is very deficient in quantity, and much of the male clothing is quite worn out and very untidy. The women are, as a rule, better dressed, but their clothing also is very shabby.

The Asylum staff consists of the Medical Officer, who lives so near at hand as to be practically resident; the Keeper, who is also clerk; four male attendants; the Matron, and one female attendant, and a cook. The present Keeper has only been two months in office; he has no experience of Asylum management, but appears anxious to conduct the place in a proper manner, and has already much improved on the management of his predecessor, which was very negligent. It is earnestly hoped that he will persevere in his efforts to engage the patients in employment of various kinds, especially out-door work, and to supply them with regular and unostentatious amusements—amusements of a kind got up for the patients themselves chiefly, and not for the visitors, or to secure a newspaper puff.

It is strongly recommended that he should have an opportunity of inspecting the Christchurch and Hokitika Asylums. The other servants are all well spoken of by the Medical Officer.

The Matron, who makes all the female clothing, and the female attendant, have both too much to do, and the latter, who gets only £30 a year, is much underpaid for her services.

Until an additional attendant be got, the satisfactory management of the female side will not be possible, and the patients will never be enabled to take a sufficient amount of exercise.

There is no chaplain, and no religious services are conducted at the Asylum. A dance is given to the patients about once a fortnight in the recreation-room, and some ten or twelve of both sexes take part in it. A few visitors are generally present, one of whom is usually got to play the piano. An attendant also plays the concertina. It would be an improvement if these dances took place weekly, on a fixed day, from 7 to 9 o'clock, and if more patients were present, even if only as onlookers. There are cards and draughts in the male ward, and about half of the patients play at these games. There is no library to speak of.

There is no register of discharges, and no case book.

The medical journal is not kept quite in the form, and does not give all the information required, by the Lunacy Act.

The Medical Officer is very desirous of obtaining for the Asylum a portion of ground, about two acres in extent, lying at the back of the Asylum, as a site for attendants' cottages and accommodation for private patients, the want of which has frequently been much felt; and it certainly is very desirable that this piece of ground should be secured, even though it should not be immediately used for the purpose mentioned.

He also wishes to have a small separate building containing single sleeping-rooms for violent and noisy patients erected, as in the present wooden building a noisy patient, even at the remotest corner of it, disturbs all the others. But in consideration of the great expenditure required for the more pressing necessities of the other Asylums of the colony, which are at present greatly crowded, it will be better to delay the erection of this building in the meantime. By removing the bars from the

windows of one or two of the single rooms, and supplying them with shutters, and strengthening the doors, they would be rendered suitable for violent patients.

The more pressing wants of the Asylum at present are that it should be painted inside, that the wards should be properly furnished, that bedsteads should be got, that shutters be supplied for the windows, and the iron bars removed; that a proper quantity and quality of clothing and bedding be got; that a female airing court be made; that an additional female attendant should be engaged; and that additional ground—the piece pointed out by the Medical Officer—should be got.

The dining hall should be furnished with tables, and the men and women should take their mea there at the same time.

The female attendants' wages should be raised to £40, and the new one engaged at that rate.

The Keeper should be allowed to go at once to visit the Christchurch and Hokitika Asylums.

The registers and case book should be kept as required by the Act. The fence of the small yards at the back of the Asylum should be heightened, and made so that the boys could not climb it, in order to secure privacy to these courts.

Napier Asylum.

Inspected 9th and 10th April, 1877.

This is a small one-storeyed wooden building, which was planned and erected by Mr. Miller, the Gaoler at a cost of £1,700, and opened for patients about a year ago. It is situated within the Gaol reserve, and is under the supervision of the Gaoler. The male accommodation consists of two day-rooms, a store-room, twelve single sleeping-rooms, a small dormitory for three beds, and a sick-room. There are three exercise yards. The privies and bath-room are detached from the main building, and entered from the yards. The female accommodation consists of two sitting-rooms, store-room, five single sleeping-rooms, and a sick-room; a small wash-house, bath-room, and privies are attached to the airing courts, as on the male side. There are two airing yards. There are two rooms in the front of the house for the accommodation of the married couple who act as attendants under the Gaoler. These two rooms, along with the patients' sitting-room, form the front block of the building. The sleeping-rooms are situated in two retreating wings, between which lies one of the male airing yards. Three of the male bedrooms, together with the sick-room, are in the wing on the female side, and are entered from the airing yard.

The whole house is very clean and in good order, but exceedingly bare and scantily furnished, and has no ornaments or objects of interest for the patients. The two front sitting-rooms have each two good large ordinary windows, one of which overlooks the public road, and the other looks into the airing yard. The windows open freely in the ordinary manner, but they are strongly barred. The two back sitting-rooms have similar windows, both of which however only look into the yards. The sleeping-rooms have good large windows, which open freely. They are placed high up in the wall, and guarded with bars. Those of the rooms opening on to the exercise court are placed above the doors. Besides the windows, there are holes in the roof of the rooms into the loft, for ventilation. The doors of the sleeping-rooms are furnished with padlocks and provided with large inspection holes. The bedsteads are wooden; a few of the patients sleep on shake-downs. The bedding consists of a straw bag and pillow, three blankets, one cotton sheet, and a coverlet. Many of the blankets are thin and appear worn-out, but they are large enough to double. The men are not supplied with sheets. The sheets are changed once a week; dirty patients do not get any, their blankets are washed every morning.

The airing courts are exceedingly small, being mere strips and patches of ground enclosed by the building and high wooden walls. Owing to these being on the slope of a hill, the patients enjoy the advantage of being able to see beyond them, and the Gaol sentry, who stands in his box above, rifle in hand, can see into them.

The ordinary water supply is the rain, which is collected into four tanks, which contain altogether 2,000 gallons. When this source fails, water is brought from a neighbouring well in a cart by the prisoners. There is no provision against fire. The house is not lighted by gas.

The number of inmates at present is—males, thirteen; females, six—total, nineteen. They are mostly chronic demented cases. They were found quiet and well-behaved, and most of them appeared to be either contented with or indifferent to their position. The clothing of the males is just the prison dress. The diet scale is liberal, and at the same time economical. The cooking is all done in the prison. The patients are bathed once a week. The hot water for the male bath-room has to be carried from the washing-house on the female side. The patients rise at 7.30 a.m., dine at 12, supper at 5 p.m., and go to bed between 5 and 6 o'clock; some are allowed to sit up till it is dark. There are no regular amusements for the patients. Some of the less demented ones play at cards and draughts. A few illustrated papers are supplied, and a very few books.

Most of the present inmates are very helpless, and very few engage in any occupation. All the washing and mending is done on the premises. With the exception of two men, who make themselves generally useful, all the patients are entirely restricted to the small airing courts for exercise. No patients were found in restraint or seclusion. One male patient, who is very destructive to his clothing, is occasionally handcuffed for about an hour at a time. When patients are noisy and violent they are always placed in seclusion, there being only one attendant. This is found unavoidable. No patients are at present confined to bed.

The English and Roman Catholic chaplains to the Gaol occasionally visit the Asylum and conduct short services.

The staff, as already stated, consists of a married couple, whose joint wage is £14 3s. 4d. a month, without rations. They have been upwards of five years in the service of Mr. Miller, who gives them a very good character. When all the patients are quiet, as at present, two attendants are able to overtake the routine management, though, as has been seen, they are unable to take the patients beyond the little airing yards. When, however, there are any acute cases in the house, assistance has to be

got from the Gaol. Mr. Miller maintains a constant and close supervision. The Surgeon visits on an average about three times a week, and as much oftener as may be required.

No medical journal or case book has hitherto been kept, and there is no Register of Discharges. The Book of Admissions is well kept, and also the ration books. Several of the certificates on which patients have been committed have been granted by the Medical Officer of the Asylum. This has been done with a view to economy, as he receives no fee for them; but it was pointed out to Mr. Miller that it is an irregularity, and he has been called upon to have others substituted.

It is evident that the treatment of insane persons in an Asylum such as this cannot be entirely satisfactory.

New Plymouth Asylum.

This Asylum has not been inspected. There were only four patients in it when I entered on office. They were transferred to Wellington before I had visited the larger Asylums. A plan of it is shown in the Appendix, from which it will be be seen that at best it only affords the means of temporarily treating patients labouring under acute forms of insanity, who could not with safety be removed to Wellington or Auckland.

By Authority: George Didsbury, Government Printer, Wellington.—1877.

Price 1s. 3d.]

AUCKLAND LUNATIC ASYLUM
AS ERECTED

SCALE

Feet 0 5 10 1 2 3 4 5 6 7 8 Feet

—NOTE—

As per original Plans, inclusive of the Right wing which has not been erected

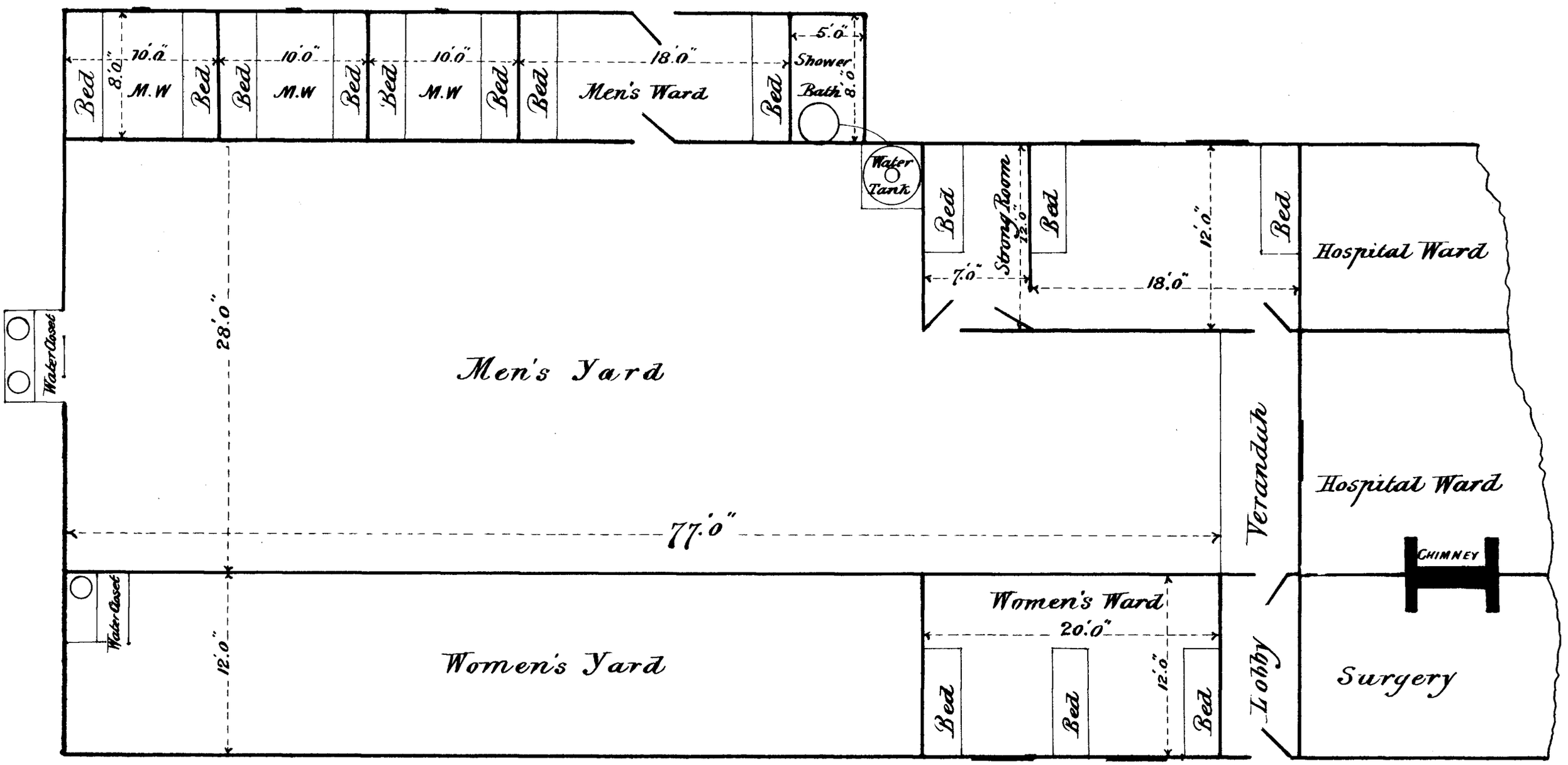
		No.	
Ground Floor	Accommodation in Single Rooms	12	
	Associated	38	
First Floor	Accommodation in Single Rooms	12	
	Associated	38	Yard
	Total	100	

Accommodation for 50 patients in the portion erected as per plan which is only one wing—
At the present date Feb. 2nd 1877 there are 164 under treatment which is 114 more than the building was intended to accommodate—

Ground Floor Plan

Airing Ground

PLAN OF NEW PLYMOUTH ASYLUM



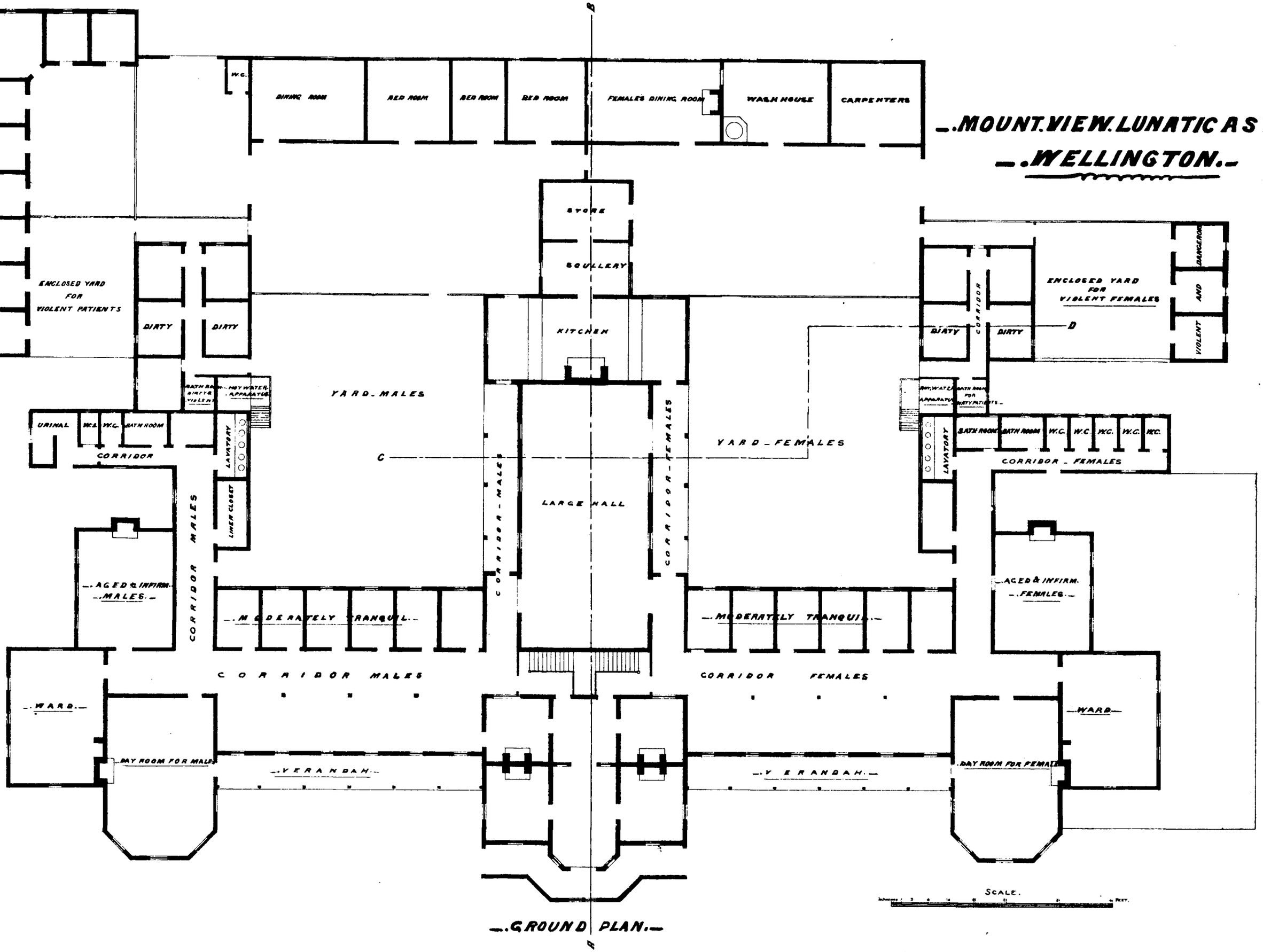
Scale 8 feet = 1 inch

Ground Plan of Napier Lunatic Asylum

Scale 8 feet = 1 inch

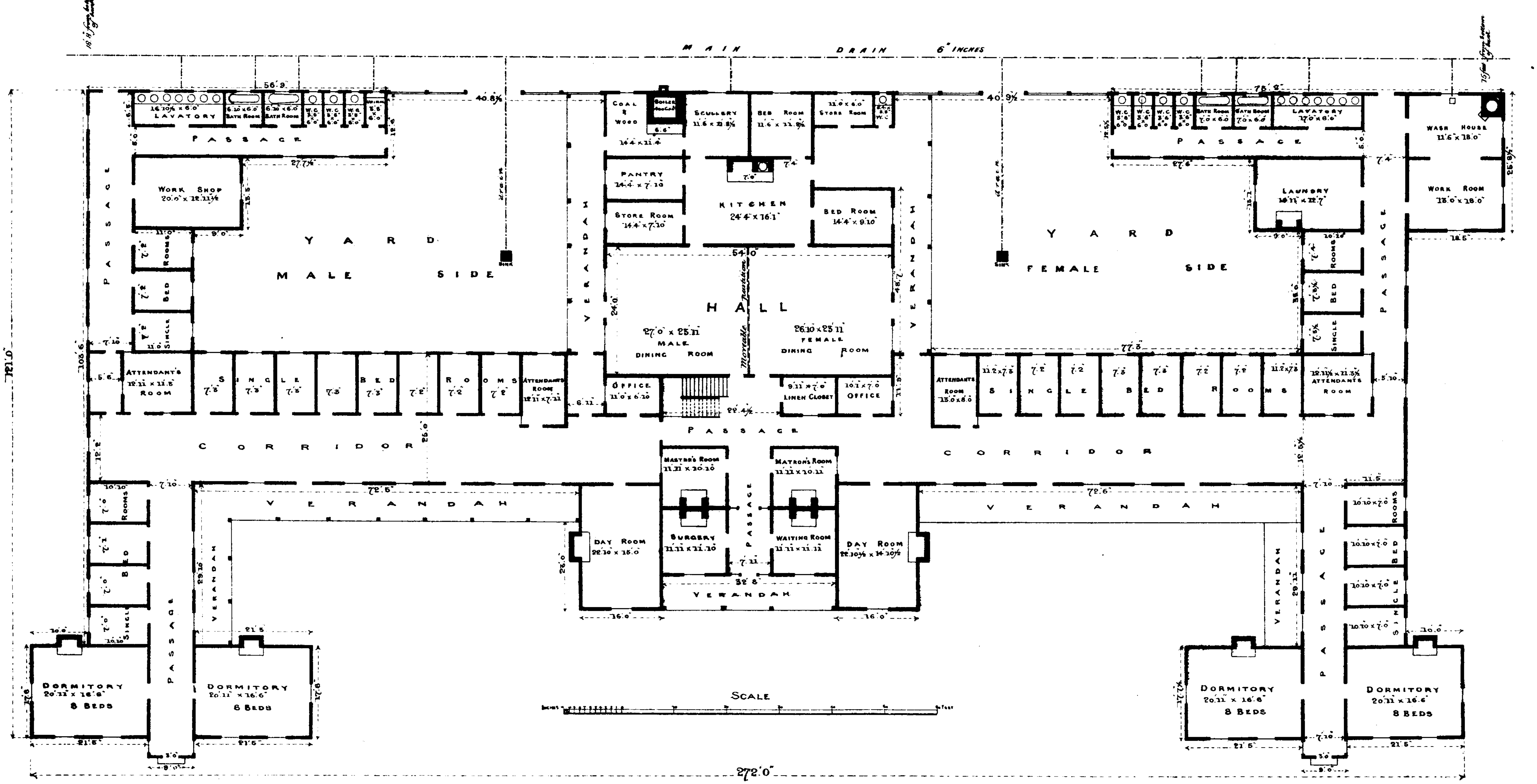
Boiler
Wash-house
Female Bath room
W.C.
W. Tank 600 galls
W Tank 600 galls
Female Sick Room
Male Sick Room
Male Bath Room
W.C.
Tank 400 galls
Tank 400 galls
W.C.
Male Bedroom
Male Bedroom
Male Bedroom
Male Bedroom
Male Bedroom
Male Bedroom
Male Bedroom
Male Bedroom
Male Bedroom
Male Bedroom
Male Bedroom
Male Bedroom
Passage
Passage
Female Bedroom
Female Bedroom
Female Bedroom
Female Bedroom
Male Bedroom
Male Bedroom
Male Bedroom
Male Bedroom
Female Bedroom
Female Bedroom
Store Room
Store Room
Store Room
Male Bed Room
Female Exercise Yard
Female Exercise Yard
Female Exercise Yard
Male Exercise Yard
Male Exercise Yard
Male Exercise Yard
W.C.
W.C.
Female Dining Room
Attendants' Yard
Male Dining Room
Passage
Female Sitting Room
Attendants'
Residence
Male Sitting Room

MOUNT VIEW LUNATIC ASYLUM.
WELLINGTON.



GROUND PLAN.

GROUND PLAN OF NELSON LUNATIC ASYLUM



PLAN OF SEA VIEW LUNATIC ASYLUM HOKITIKA

Shed

EXERCISE YARD FOR BAD CASES

YARD

Gate Fence

Door

Fence

Entrance Gate

Door

High Iron Fence

Gateway

READING ROOM 21.2 x 9.4

STORE 9.7 x 8.5 ROOM

OFFICE 11.0 x 8.5

BILLIARD ROOM 24.0 x 18.2

W.C.

PANTRY 7.6 x 7.6

WASHING ROOM 18.6 x 7.6

PATHWAY

Fence

Gateway

Fence

KITCHEN

VERANDAH

BATH ROOM

W.C.

BED ROOM

DINING ROOM

TANK

BED ROOM

PASSAGE

PARLOR

VERANDAH

Fence

THE KEEPERS RESIDENCE AND GARDEN

COAL RES.

WOOD YARD

W.C.

W.C.

11.0 x 8.0

PAVED YARD

Door

Gate

TANK TANK TANK TANK TANK TANK TANK

FEMALES BATH ROOM 11.6 x 11.5

MALES BATH ROOM 11.5 x 11.5

MALE ATTENDANTS DINING ROOM 15.2 x 11.5

MALE ATTENDANTS SLEEPING ROOM 10.3 x 11.5

PASSAGE

Door

YARD

TANK

TOOL HOUSE

MATTING ROOM

W.C.

Sink

PASSAGE 2.6

SINGLE SLEEPING ROOMS 6.11 x 9 — 7 x 9

SCULLERY 6.11 x 6.3

KITCHEN

Oven Stoves 16.6 x 18.4

Dresser

WASHING ROOM 10.10 x 6.5

Cooking Range

Boiler

PASSAGE

SLEEPING ROOM 6.7 x 16.2

ASSOCIATED SLEEPING ROOM FEMALES 10.2 x 13.2

FEMALE DAY ROOM 28 x 20

FEMALE ATTENDANTS BED ROOM 12 x 7

OFFICE 12 x 8

MALE ATTENDANTS BED ROOM 12 x 7

Cupboard

Cupboard

PATH

Door

Gate

Gate

PATH

MALES DAY ROOM 36 x 28

Chimney

SINGLE SLEEPING ROOMS 6.11 x 9 — 6.8 x 9

PASSAGE

TAILORS SHOP 4.3 x 9

SLEEPING 5.4 x 9 — 5.6 x 9

SINGLE SLEEPING ROOMS 6.5 x 9 — 6.9 x 9 — 6.11 x 9

TANK TANK TANK

ASSOCIATED SLEEPING ROOM MALES 12 x 28

Gas-meter

ASSOCIATED SLEEPING ROOM MALES 20.9 x 39

Fence

Gateway

PATHWAY

GRASS PLOT

High boarded fence

FLOWER BED

FLOWER BED

FLOWERS

PATHWAY

FLOWERS

Gate

FENCE

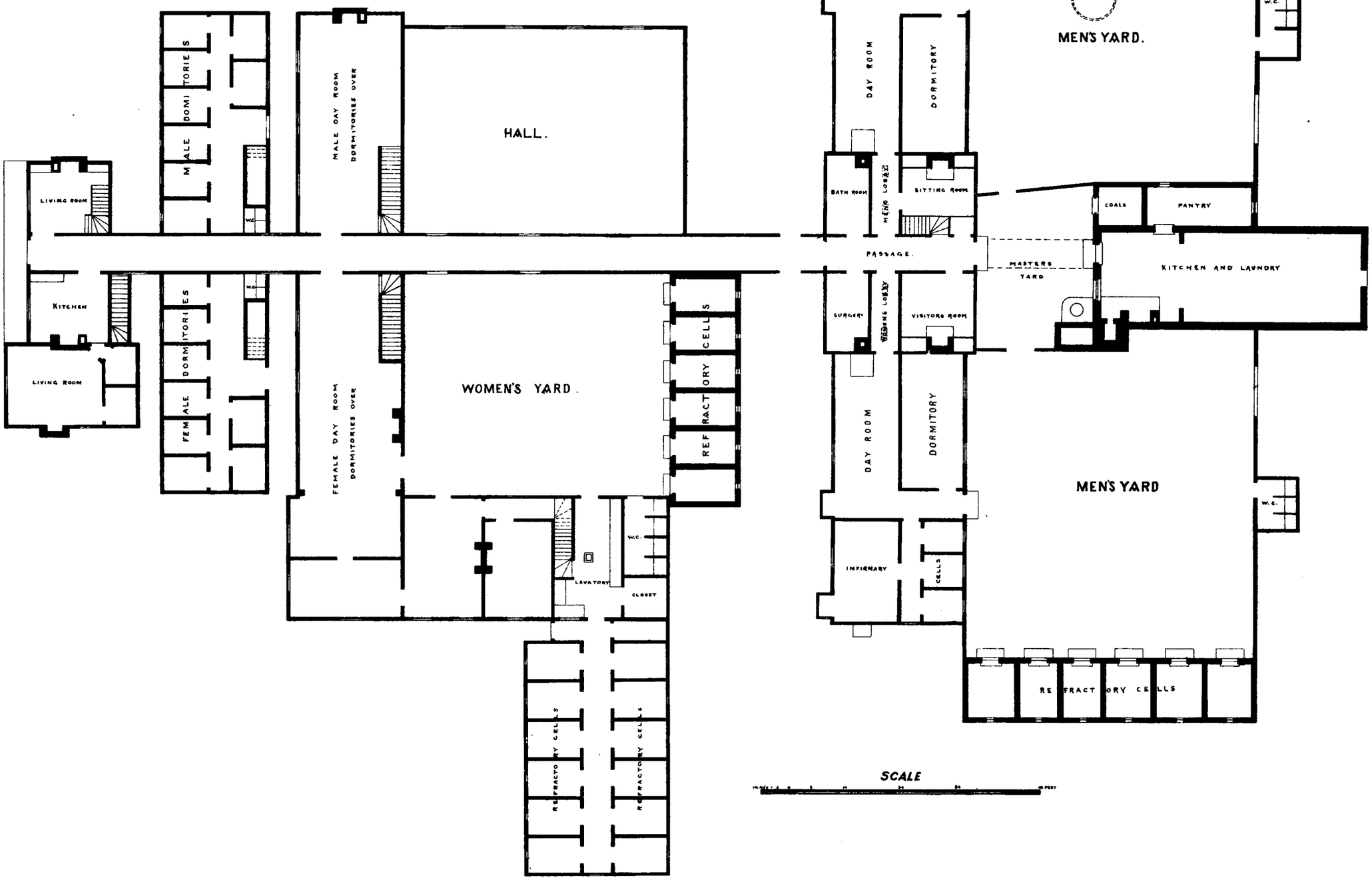
Division Fence Male and Female Ward

FEMALE WARD

MALE WARD

SCALE

CHRISTCHURCH LUNATIC ASYLUM



GROUND PLAN
OF THE
LUNATIC ASYLUM
DUNEDIN
MAY 1877

SCALE

Male Day Room
Single Rooms
Corridor
Male Sick Room
Verandah
Airing Court (Male)
Carpenter's Shop
Vegetable Store
Wood Yard
Coals
Pump
Attendant
Pantry
Lavatory
Bath
W.C.
Associated Dormitory Male
Dormitory Male
Passage
Associated Dormitory (Male)
Shoe Maker
Plumber and Blacksmith
Boiler Room
Painter
Kitchen Shed
Meat Larder
Flour Room
Bake House
Laundry drying room
Wash House
Tanks
Bread Room
Single (Female) Rooms
Pantry
Day Room Female
Single Rooms Female
Attendants Room
Bath room
Passage
Airing Yard (Female)
Associated Dormitory Female
Kitchen
Corridor
Store
Airing yard (female)
Laundry Room
Day Room Male
Day Room Female
Matrons Room
Office
Hall
Porch
Patients Amusement Hall (Workshop underneath)