It seems extremely unlikely that the already-approved additions to the Christchurch and Auckland Asylums, which provide respectively for 150 and 107 patients, will be ready for occupation before then, and meantime, unless other provision is made, the number of lunatics will have accumulated to 391 in excess of accommodation of any kind, and to 760 in excess of what can be regarded as proper accommodation. This calculation is probably within the mark; the additions spoken of are not at all likely to be completed in two years, and the increase in the numbers is likely to be over the average of the last five years. Assuming that they are completed two years hence, there will then still be an excess over the total accommodation of 134, or over the satisfactory accommodation of 503.

With reference to the manner in which additional provision should be made, I think that the proposed extension of the Christchurch and Auckland Asylums, the plans of which have already been prepared and approved, should be made as speedily as possible, and that two new Asylums, each for 300 patients, should be built, one on the Blueskin reserve for Otago district, and the other on some convenient site near Wellington, and that the Hokitika Asylum should be enlarged, as already authorized, so as to contain 70 patients. Supposing these two new Asylums to be completed three years hence, there would then be proper accommodation for lunatics as follows:—

	Patients.
At Dunedin	300
Christchurch	230
Hokitika	70
Nelson	60
Wellington	300
Auckland	157
Total	1,117

which would only be for about 21 more patients than are likely to be in the colony by that time, calculating the yearly increment at 66.

I stated fully in my report of last year my reasons for advocating local Asylums of small and moderate size, in preference to one or two large ones. Possibly it might be cheaper, as far as the matter of building is concerned, to abandon the present Asylums, and the proposed extension of the Christchurch and Auckland Asylums, and build one large Asylum for 1,000 patients, or two for 500 each. But the objections to dispensing with local Asylums are exceedingly great, and I see no reason to believe the annual expense of efficient management would be less for an Asylum of 1,000, or for two of 500, than for moderate-sized local ones such as proposed.

I regret to say that the over-crowding of the existing Asylums is so great, and is increasing so rapidly, that temporary buildings of some kind must be erected. It is impossible to wait till the extensions at Christchurch and Auckland, and the two new Asylums suggested for Dunedin and Wellington, are completed. I beg, therefore, to repeat the recommendation which I made in my report of 16th January last on the Blueskin reserve, that temporary accommodation should be provided there for a working party of, say, 30 patients, who could be employed in clearing the ground for the new Asylum; and the suggestion made in my report of 15th March on the Wellington Asylum, that additional accommodation should be there provided for 100 patients.

The following is an approximate estimate of the cost of the buildings which I have recommended:—

New wing, Christchurch Asylum, for 150 patients, at £200 per patient	£30,000
New wing, Auckland Asylum, for 107 patients, at £200 per patient ...	22,400
Asylum at Blueskin Reserve for 300 patients, at £200 per patient ...	60,000
New Asylum near Wellington for 300 patients, at £200 per patient ...	60,000
Additions to Hokitika Asylum (built chiefly by the patients, of timber grown and prepared on the Asylum Reserve), for 30 patients, at £40 per patient	1,200
Temporary wooden buildings at Blueskin Reserve for 30 patients, at £100 per patient	3,000
Additions in brick to present Wellington Asylum, for 100 patients, at £100 per patient	10,000
Total	£186,600

The estimates given above for the Christchurch and Auckland Asylums are much higher than those made by the architects, which were respectively about £24,000 and £15,000; but I fear that these which I have made, after discussing the matter with the Acting-Colonial Architect, are more likely to be correct. I should mention that the plans of the additions to the Christchurch Asylum are simply for the male wing, and do not include a central administration block, with quarters for medical officer, steward, matron, clerk's office, visiting room, kitchen, scullery, &c., which will afterwards have to be provided; and there is no provision in the plans of the Auckland Asylum additions for a washing-house and laundry, which are much needed. "The more modern English Asylums have cost about £150 per patient, including furniture and land." (Report on Lunatic Asylums by Dr. Manning.)

Medical Superintendents.

With reference to the question of Medical Superintendents for the existing and proposed new Asylums, I think that the Wellington and Dunedin Asylums can in the meantime be managed without Medical Superintendents, the former being still small enough to be looked after, like those at Hokitika and Nelson, by a Visiting Physician, and the latter being under medical charge of a physician who is practically resident and not engaged in general practice. To the Christchurch Asylum a Resident Medical Superintendent should be appointed without delay. He should be a person who has been