From the evidence it will be seen that he is suffering from senile dementia and delusions, and is dangerous to himself so far as inability to take care of himself constitutes danger. For his own protection, it is necessary he should be placed under some restraint. He has no friends in the colony. The officers of the Charitable Aid Board could not exercise the necessary control over him if he were sent to the Old Men's Refuge. He could not be sent to the gaol as having no lawful means of support. I have therefore had no option but to direct his detention in the lunatic asylum for fourteen days.

"As cases of this kind are of frequent occurrence, I wish to call your special attention to the circumstances of this case, in the hope that some more satisfactory provision than at present exists will be made for the protection of persons in a similar condition to that of ——.

"I have, &c.,

"H. G. SETH SMITH, R.M.

"The Inspector-General of Lunatic Asylums, Wellington."

To remedy this state of matters it is clear that either the Charitable Aid Boards must build refuges in which suitable provision is made for this class of people, or the Government must look after them in some way less expensive than that of thrusting them into the lunatic asylums. Nearly one-fourth of the inmates of our lunatic asylums might quite well be taken care of in much less expensive institutions, thus obviating for a time the urgent need that now exists for increased asylum accommodation. It is, I think, better to take this course than to set apart one specially equipped asylum for the whole colony in which all acute and curable cases might be concentrated, as is proposed by the recent Victorian Commission. Such an asylum would be very costly—so costly, indeed, as to be quite beyond our reach, at any rate at present, besides being unsuitable for the circumstances of New Zealand, broken up as it is into so many co-ordinate centres of population.

Speaking of the existing state of the Victorian asylums the Commissioners say, "When a patient is received at Kew, or Yarra Bend, the asylum is found to be crowded with incurables, noisy, excitable, dirty lunatics as well as idiots, dotards, and imbeciles. There is a deficiency of those modern appliances known to science as valuable for observing the various phases of mental disease, and indirectly in bringing about mental cures. One of the most painful features of mental disease is want of sleep, and this evil is one that medical men have the greatest difficulty in overcoming. Patients are not only prone to suffer from insomnia, but even those who can take a fair share of natural or induced rest are light sleepers. The sleepless patient is very often a noisy one. Yet the accommodation is so defective that the noisy patients cannot be properly isolated, and, as a consequence, those who could sleep are disturbed by those who do not; while overcrowding has been the almost chronic state of the asylums for the last thirty years."

This description of the Victorian asylums is fairly applicable to those of New Zealand, with the exception that the medical staff is much more numerous in Victoria than here. The feeling which such an account will cause in the reader's mind will depend on his point of view. If a visitor to one of our asylums believes that society does its duty by the mentally diseased when it provides them with, on the average, better accommodation and better food than they were accustomed to in their homes, and sees that they are treated with as little harshness as possible, then he will come away impressed with the idea that extravagance and not parsimony has characterized our treatment of the insane, at any rate in recent years. If, on the other hand, our visitor considers that a lunatic asylum should be not a mere refuge for the safe keeping and kindly treatment of the mentally diseased, but a hospital for the scientific treatment of acute and curable cases,—an institution where the most skilful medical officers, armed with every appliance for combating mental disease, should be able to devote their whole attention to curative work,—then he will be filled with indignation at our apathy. He will point out that to have five hundred lunatics under the charge of one medical superintendent is monstrous; that it is impossible to conduct the rational treatment of insanity in such circumstances; that the multitudes of chronic incurables, dirty, noisy, restless creatures, together with idiots and imbeciles—always painful objects to contemplate—are allowed so to crowd our asylums that many of the really curable cases must, in such surroundings, tend to sink into hopeless dementia, and that some cases, who might possibly have been saved, are lost sight of in the crowd from the impossibility that one man can give due attention to their cases or provide them with such accommodation as their circumstances require.

It is my duty to point out that public opinion among us is at present in a painfully divided state on this question—as to how sufferers from mental disease should be dealt with. The multitude, having the vaguest ideas on the subject, are liable to be stirred to the wildest excitement and indignation according as in Parliament and through the Press their feelings as taxpayers or their sentiments of humanity are appealed to. As taxpayers it is time for them to understand plainly that, if their sentiments of humanity are to be fully indulged, then our asylums must be conducted in a very different manner. They are for the most part, as in Victoria, mere refuges, and, if they are to be transformed into proper hospitals for the insane, we must be clear as to what this means. It means a much more numerous and expensive medical staff for the purpose of carefully observing, treating, and recording the progress of each case from day to day, especially in the early stages. It means an increased staff of skilled nurses and attendants, for each case would require special care in the matters of food, clothing, exercise, amusements, and so forth. Besides all this, some attempt must be made, by careful study of pathological appearances and changes, to utilise for the purposes of science and improved treatment the materials at our disposal. So far from this is our present practice that some years ago the holding of post-mortems in each case was discouraged if not forbidden by the then Colonial Secretary. At present a Coroner's inquest is held on each case that dies in our asylums—a costly and mostly useless formality. The proper course would be to hold a *post mortem* examination, at which two skilled medical men should represent the one the public and the other the asylum staff, for the double purpose of exposing possible injuries and of scientific observation.