where my special knowledge was of value. By a strange coincidence the opening was signalised by the advent of a large number of exceedingly refractory patients, who almost at once filled every room. Even as it is, the year has been one of constant anxiety. I have had more than once to remove very doubtful patients into a dormitory to make room for others, and once we narrowly escaped serious consequences. It is impossible to overestimate the value of this addition to our refractory accommodation.

On the female side an increase of at least twenty single rooms is urgently required. At my suggestion the Resident Engineer has kindly drawn up a plan (which I enclose) giving the necessary accommodation at a cost of about £1,000. I fully admit the large expenditure in connection with this Asylum owing to the unfortunate Auxiliary fire. I fully admit also the huge asylum burden upon the shoulders of the country; but this is a matter which common humanity alone imperatively demands. Day after day patients complain bitterly of being unable to sleep, and when one finds that a whole dormitory of women is kept awake night after night by one woman and another it is very distressing to know that one must look on without a remedy when a remedy can with moderate ease be provided. The work is very urgent, and I trust will not be delayed.

Only three patients escaped the vigilance of the attendants from the 1st April to the 31st December. One escaped by defending himself with a pick until he removed his boots, when he soon outpaced the attendants. He was not dangerous at other times. No dangerous patients are allowed out. A large number attempted escape, but were captured before getting far beyond the Asylum boundary.

I have, &c.,

R. M. Beattie, M.B., B.Sc.,

The Inspector-General of Asylums, Wellington. Medical Superintendent.

CHRISTCHURCH ASYLUM.

Sir,— 20th April, 1898.

In forwarding my annual report on this Asylum for 1897 I need only briefly refer to the statistics, as they are always exhaustively dealt with in the statistical tables furnished by yourself in the appendix of your report to Parliament; but there are some features of interest in connection therewith which seem worthy of analysis and attention.

There were 97 admissions during the year, including 17 readmissions of relapsed cases—viz., 60 males and 37 females—being an increase of 19 as compared with those of the previous year (1896). Of these 27 were due to epilepsy, congenital defect, or senility; 11 in some way—either as cause or effect—associated with intemperance; and 10 to conditions peculiar to women; in 9 the cause was unknown; while 19 were relapsed cases after longer or shorter periods in this or other asylums.

The discharges "recovered" and "relieved" number 40, and one "not improved," after escape, under section 158 of the Lunacy Act, making a total of 41, being 7 fewer than last year, though the admissions for the same period were 19 more.

The deaths amounted to 40—viz., 26 males and 14 females—including 7 of those admitted during the year, as compared with 4 the previous year. There were thus discharged and died 81, leaving an increase of 16 for the year's insanity of the population of Canterbury, as against 12 the year before; and, including 27 patients transferred from Wellington and Porirua Asylums during the year, to relieve overcrowding, but omitted from the above statistics, an increase of 43 in this Asylum at the end of the year 1897.

Perhaps the most remarkable feature in the above figures is the greatly increased death rate as compared with the year 1896, which, however, was phenomenally low, while an epidemic of pneumonia, complicated with other pulmonary affections and influenza, was largely responsible for the increased mortality of 1897. There were also many cases of deaths of old people—some of them accumulations from the year before—who, owing largely to the mildness of last winter, managed to hold out longer than they otherwise would under ordinary climatic conditions.

But to my mind a more serious contemplation is the greatly increased number of admissions, and the utterly hopeless nature of the very large proportion of them as regards recovery; this feature is put prominently before us in, and is chiefly accountable for, the reduced and very low recovery rate for the year 1897 as compared with previous ones, already referred to, and it is all the more accentuated in the residuum or increased accumulation of insanity when the excessive mortality rate of last year is taken into account, and the fact that, of the entire asylum population at the end of the year 1897, only twenty could be deemed possibly curable. The admissions were very largely composed of epileptics, imbeciles, and senile dements, totalling twenty-seven of the whole, from which classes, with the exception perhaps of a very rare instance of the first, recovery is altogether hopeless, and I cannot call to mind any year in which there was nearly so many of the above classes admitted under my care. Indeed, I may safely go further, and say that I have noticed for the last few years this increased and increasing proportion of epileptic and imbecile youths of both sexes in the admissions, while there is apparently a far greater tendency on the part of relatives and other responsible guardians to get rid of the anxiety, trouble, and care of old people by having them committed to the asylum. In very many instances during recent years such cases have been sent here moribund, or almost so, from the hospital and other institutions, as well as from their own homes, merely to eke out in a bedridden state the few remaining hours of their existence. To whatever cause this is due—whether from the increased confidence of the public in the humane treatment of patients in these institutions, a more ready committal of such cases by Magistrates and doctors, or a weakening of domestic and filial ties, or all combined—it is certain that it is manifestly wrong to the old people themselves, as well as a slur on their posterity, an unfair handicap to an asylum, and an abuse of and entirely opposed to its objects as a hospital for the insane. It prevents any fair comparison of our statistics of recovery with those of other countries where suitable provision is made for such cases, greatly hampers the administration of an asylum,