

age, was semi-conscious when he arrived, and died a few days afterwards. He was no more insane than many aged persons who are kept at home, and yet the stupid stigma of "died in an asylum" will cling to his family for at least a generation. An old woman, too, was brought to the asylum, as the result of a neighbourly quarrel, when she was too feeble to move without assistance and too feeble to speak. She also died in a few days.

With the exception of a fractured rib there have been no serious accidents during the year, whilst the general health of the patients has been remarkably good. It is interesting to note that, notwithstanding the large amount of typhoid fever in Auckland, and the fact that many of our attendants are in the city daily, we have had no fever cases in the asylum during the last two years.

I abruptly conclude my report by stating that behind the favourable aspect there is only anxiety and disappointment. I am satisfied that everything is not being done that can be done, but that shall be done, for the benefit of our patients. Those who are condemned to a life-long imprisonment through no fault of their own merit more consideration than we give them. My endeavours to convert an asylum from a prison into a home have been crowned with little success. I look for more success in the future, and more success I shall assuredly get.

I have, &c.,

The Inspector-General of Asylums, Wellington.

R. M. BEATTIE, M.B.,
Medical Superintendent.

CHRISTCHURCH ASYLUM.

SIR,—

I have the honour to forward my report on this Asylum for last year as under:—

The following comparative statement shows the admissions, discharges, and deaths for the years 1897 and 1898, and is, I think, of interest:—

	1897.			1898.		
	Male.	Female.	Total.	Male.	Female.	Total.
<i>Admissions.</i>						
Admitted, first time	51	29	80	38	24	62
Readmitted	9	8	17	8	6	14
Transferred from other asylums ...	1	26	27
Totals	61	63	124	46	30	76
<i>Discharges.</i>						
Recovered and relieved	26	14	40	25	23	48
Not improved	1	...	1	1	1	2
Totals	27	14	41	26	24	50
<i>Deaths</i>	26	14	40	14	10	24
Number discharged who were admitted during year	5	2	7	3	3	6

It will be seen from the above that, while the recovery rate was exceptionally high and the death-rate remarkably low, they numbered together nearly the total of the admissions (which is also below the average of previous years), leaving only a residuum of two as the increase of the insane population of this district for the year, being a decrease of fourteen as compared with 1897. Of the deaths, six—viz., three of each sex—were of those admitted during the year, while five were from phthisis, and one that of a man who had been forty years maintained in detention by the colony on account of insanity.

As regards the causes of the insanity in cases of first attack: twenty were due to epilepsy, congenital defect, or senility; ten to organic disease and ill-health; eight to business or domestic troubles; seven to intemperance in some form; two to diseases peculiar to women; while in fourteen the cause was unknown or unascertained.

In connection with the above statistics the question of accommodation may be appropriately considered. At the end of the year this was fully taxed on the female side of the building, owing to the presence of about thirty patients sent here from Wellington some time back to relieve overcrowding there; but at the date of writing, owing to the re-transfer of these women in the meantime to the Porirua Asylum, there is ample accommodation in that division, and probably sufficient to meet the demands of the ordinary increase for the next few years. This must be regarded as a highly satisfactory state of things, and I wish I could say the same as regards the male division; but here there were sixty-two patients in excess of the sleeping-accommodation proper at the end of last year. These cases were accommodated on "shakedown" on the floor, scattered all over the male wards. But, although undoubtedly uncomfortable, embarrassing, and disorganizing, this does not necessarily imply overcrowding from a sanitary point of view, as the cubic space allowed by the Act is maintained in the dormitories proper; should this condition, however, be allowed to