CHRISTCHURCH ASYLUM.

SIR,—

I have the honour to forward my annual report on this Asylum, with the usual statistical tables showing the admissions, discharges, and deaths for the year 1899, as under :—

——	Male.	Female.	Total.
Admissions.			
Admitted, first time	41	24	65
Readmitted	8	6	14
Totals	49	30	79
Discharges.			
Recovered and relieved	26	19	45
Not improved	1	26	27
Totals	27	45	72
Number discharged who were admitted during year ...	13	7	20
Deaths	22	6	28

At the beginning of 1899 there were 523 patients on the Asylum books, which, together with the seventy-nine admitted during the period under review, gave a total of 602 under treatment for the year.

The admissions of first cases were nearly the same as for 1898, while the readmissions of relapsed cases were exactly the same for both years; of the former, twenty, or a little over 30 per cent., were discharged recovered during the year.

It will be seen from the above tables that the discharges and deaths totalled exactly 100, and if this number is deducted from that of those under treatment during the year—viz., 602—we get the residuum, 502, remaining on the books at the end of 1899, the daily average number resident being a little over 504. This would seem very satisfactory as compared with the corresponding date of the previous year, but the diminution is more apparent than real, and may be misleading in estimating the increase of insanity in this province, as the discharges include thirty-three patients transferred to other asylums, which cannot fairly be taken into account; if these latter are omitted altogether from calculation the increase proper for Canterbury is twelve, but I am not at present in a position to say how this compares with the increase of population for the same period.

The discharges of all cases show a large increase on those of 1898, being as 72 to 50; but this again is fallacious, as it includes the transfers above referred to, and, in order to arrive at the results of treatment, twenty-seven of those who are shown as "not improved" must be deducted, leaving forty-five as those who sufficiently benefited by residence in the Asylum to allow of their release, or a percentage of nearly 57 on the admissions. This is unusually high, and to some extent acts as a set-off to the very low death-rate—viz., about 4⅔ per cent. of those resident during the year—otherwise this low mortality-rate would lead to a greater accommodation of the insane in our asylums proportionate to the general population than obtains in those where that rate (death) is higher. In any case, it must be reckoned with in estimating the true significance of the relative proportion of insanity to general population in different countries.

Tuberculosis in some form was responsible for eight of the deaths, nearly one-third of the whole number, and constituted the chief cause. In August last year I drew your attention to the increased mortality from consumption, and pointed out the urgent necessity for the isolation and treatment of such cases in a detached or semi-detached building; this is more especially noticeable in connection with the male division, where the patients are more in excess of the cubic space considered necessary than the female wards, and overcrowding in itself is usually supposed to be productive of that disease. It is therefore interesting and gratifying to find that this question is now receiving the earnest attention of the medical authorities at Home; at the last (January) meeting of the Medico-Psychological Association, that great organization of medical men interested in the treatment of the insane in Great Britain, it formed the subject of a very able communication, and led to a lengthy discussion, in which several of the best-known men in our specialty took part, and were unanimous in urging the importance of isolation in the treatment of such patients. The paper referred to recorded the results of testing, by means of Koch's tuberculin, all suspected cases of tuberculosis, amounting to fifty-five, in a particular asylum over a given period, and the absolute safety with which it can be conducted, as vouched for by the eminent authorities present. The test seems to be carried out in almost the same way as with cattle, only with greatly increased precautions against any possibility of resulting danger, and thereby the most incipient cases can be detected; but my own view is that the chief danger from infection arises through the sputum when such cases have become fairly advanced, and can be usually diagnosed without these exceptional means. At any rate, until this inoculation test becomes a more established diagnostic practice, it would be sufficient, and a great step in advance, to isolate those cases which can be more readily detected, and even they would be very numerous. This isolation treatment of tuberculosis is merely extending to asylums the principle long adopted as regards hospitals, and more recently urged by all health authorities at Home, with the active support of the committee, under the presidency of the Prince of Wales, for the prevention of the spread of