independence, and freedom, and outweigh the better rate of pay. Whether this condition of things can best be met by increased pay, a bonus after a certain term of service and on defined conditions, or by a pension is not for me to decide, but it is obvious that the privileges in regard to increased leave, comforts, &c., granted of recent years have had little effect; and if it is desired to get and retain the former standard of education, intelligence, respectability, physique, and general efficiency amongst our female attendants some greater inducement will have to be held out to them. For my part, I think the bonus system would best meet the case, for pensions would not apply in the cases of those who resign to get married.

This unrest, however undesirable from some points of view, and chiefly on account of the anxiety it causes those responsible for the management of the institution and care of the inmates, has some compensating advantages, not the least being that it tends to diffuse a wider general knowledge of insanity and its treatment amongst the public, and to dispel that absurd idea—the relic of the dark ages of asylum life—that all sorts of cruelties and barbarities are practised in those institutions; thus there should be less reluctance on the part of relatives to place their afflicted friends under proper institutional treatment at an earlier stage of their disease, when there is more hope of their recovery. Anything which has the latter tendency must be a great gain in the welfare of our patients, while it is obvious that the changes referred to have had no injurious effect on either our recovery- or death-rate, the one being very high and the other remarkably low, without any serious results from accidents, injuries, &c.

From the laudable practice of trying to induce the patients to engage in healthy occupation, or, even in chronic cases, to assist in maintaining themselves by their work, attendants are apt to get into the habit of looking to the patients to perform all the menial services, which at least should be shared with them, and thus they often become slothful, indolent, and careless, or too authoritative and domineering, regarding themselves more as the master or mistress than as the companions or nurses of the patients. When this position arises they generally get intolerant of discipline and control and resign when checked or censured. In such cases change is not always undesirable, and in many is very beneficial to the patients. How often do we notice great improvement in our charges when brought into contact with new attendants and new associations, or given new employment? It often acts like change of air and scene to the exhausted body and the wearied mind.

I have again to acknowledge the valuable services of my medical colleague Dr. Crosby, of Mr. Russell, the clerk and steward, and other heads of departments in the work of the institution.

I have, &c.,

EDWARD G. LEVINGE, M.D.,
Medical Superintendent.

The Inspector of Asylums, Wellington.

PORIRUA ASYLUM.

SIR,—

I have the honour to submit to you the following report on the Porirua Asylum for the year 1900:—

At the beginning of the year there were 369 inmates, and at the end 463. The average number of patients resident was 433 (206 males and 227 females), and the total under care 492; 123 patients were admitted, of whom twenty-seven were newly admitted and ninety-six transferred from other asylums. Thirteen were discharged as recovered and four as not improved. Twelve died, making a death-rate of 27·7 per thousand on the average number resident, which, although higher than the previous year, is still much below the mortality usually found in asylums.

In former years the accommodation for patients practically consisted only of large dormitories and day-rooms, but early in the year under review the single-room ward on the female side was completed and occupied, and at the end of the year similar accommodation on the male side was almost finished. The completion of this accommodation enables us to take in cases newly committed, instead of having only chronic cases transferred here from other asylums. This change in the general character of the cases admitted will have a certain influence on our annual statistics. It will, I have no doubt, increase the proportion of recoveries; but, on the other hand, it will very probably increase the proportion of deaths, owing to the greater mortality in acute cases.

There has been comparatively little sickness in the wards and no epidemics of any kind. Three accidents of consequence have to be recorded. One was a case of fracture of the collar-bone, and another was a fracture of the neck of the thigh-bone, both of which were simple in nature, and occurred in aged and infirm patients. These injuries were done by purely accidental falls on the floor within doors. The third case was rather more serious. A patient working on the hills was engaged with an attendant procuring fencing-posts from the native bush, when a heavy log unexpectedly rolled down on him, causing a fracture of the large bone of his leg. The patient fortunately made a good recovery from this injury.

With the completion of the single-room accommodation referred to above the construction of the original design of the Asylum will be practically finished. It has been found necessary to build a suite of semi-detached rooms on the south side to provide coal and other store-rooms, as well as a large carpenter's shop. This is now being done. Certain alterations and improvements will, I hope, be soon made in the older part of the main building. The attendants' and nurses' mess-rooms, the laundry, and the kitchen scullery require to be enlarged, and I was glad to learn that the Hon. the Minister for Public Works on his last visit here saw the necessity of these improvements, and authorised them. The extensive additions to the plant in the engineer's department,