referred to in my last annual report, have been ordered, and I had hoped they would have been finished before the coming winter, but I fear that is not now possible. The new dairy, commenced some months ago, has not yet been completed; it will still be some time before the pasteurising and other plant required arrives from England. Improvements have been effected in our sewage irrigation-works. Nearly the whole of the large kitchen-garden has been subsoil drained, and the old concrete settling-tanks for the sewage have been converted into septic tanks, with most satisfactory results.

The patients working outside, besides being engaged on the farm, in the garden, &c., have been occupied throughout the year in the extensive earthworks at the north front of the Asylum, with a view to forming suitable pleasure-grounds, including a cricketing oval. Although several thousand tons of earth must have been removed, a great deal has yet to be done before the original design is complete.

Dr. Barraclough, selected from a number of applicants advertised for both in Great Britain and this colony, was appointed Assistant Medical Officer, and commenced duty in September. His professional attainments, and his experience in a similar capacity in England during a period of several years, make him a valuable colleague, and I have to acknowledge his willing co-operation in the discharge of my duties.

The usual entertainments for the amusement of patients have been held, and thanks are due to those visitors who have kindly assisted in providing concert and dance music. I should like to specially mention the assistance rendered by the Messrs. Brady and other members of the Pahautanui Musical Band, who have often greatly added to the enjoyment of the fortnightly entertainment at the Asylum, and also given their valuable services at the patients' annual picnic. Dr. Barraclough is doing good work in training a dramatic company selected from the members of the staff, and I anticipate that some creditable performances will take place during the coming winter.

I have, &c.,

GRAY HASSELL, M.D.,

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

WELLINGTON ASYLUM.

SIR,— Asylum, Wellington, 14th March, 1901.

I have the honour of presenting to you the annual report of this Asylum for the year 1900, together with the statistical tables.

When I took charge of the Asylum on the 1st January, 1900, there were 281 patients—166 males and 115 females. These were fifty-three in excess of the statutory accommodation. During the first week of January five males and twenty-five females were transferred to Porirua.

There have been 133 cases admitted during the year—102 males and thirty-one females—and in the same period sixteen males and five females have died, forty-seven cases have been discharged, and an additional thirty-four cases have been transferred to Porirua or other asylums.

The average number resident during the year has been 251·30, being twenty-three in excess of our statutory number. This overcrowding, which has been specially felt on the male side, is reflected on the chance of recovery, and is one most potent factor to account for the small recovery-rate among the male patients. It is not the only factor, however. A great many of the male patients admitted were mental wrecks, due either to old age or excesses, and were not really cases for asylum treatment, but rather for some home where good and careful nursing, combined with some slight disciplinary methods, are in vogue. Other patients, again, are congenital weaklings, and are in a condition which does not require asylum treatment, but are hardly strong enough in mental balance to face the world, yet possessed of procreative powers strong enough to be a menace to the future well-being of the race.

Several patients were admitted over seventy years of age. These patients might have been looked after at home, as they only required nursing and attention, and it is not right that an asylum for the insane should be made the dumping-ground for the undesirable, and a harbour of rest where careless and unfilial children may get rid of their parents who have become a burden to them.

Of the 133 admissions, 19 males and 11 females had previously been under treatment. Many of the patients were in a weak state of health on admission, and five died within the first month. The mortality for the year was twenty-one, which gives a percentage, calculated on the average number resident, of 12·1 males and 5·8 females, or a mean of 8·9. This seems too high on the male side, but it is explained by the fact of the large number of admissions in proportion to the average number resident, as it is a well-known fact that the death-rate increases with the number of the admissions. This year the admissions on the male side have been the largest on record.

Of the sixteen deaths among male patients, eleven died within a year of admission, while only five of the older residents died, thus showing that the general health of the community was good.

As regards recoveries, the proportion of recoveries to admissions is 35·3. Of the males 21·5 recovered, and of the females 80·6. These numbers are not a real index of the recovery-rate, as, owing to the large admission-rate on the male side, many patients had to be transferred to Porirua, and several have been discharged from there. But, adding these recoveries to our numbers, the male recovery-rate is too small, and is an indication of the evil results of overcrowding, especially in the refractory ward, which is also used for the admission of new cases. To give a recent case the best possible chance of recovery he should not be put in contact with refractory chronic patients, but should be treated by a special staff of attendants in a ward reserved for recent cases. This it is impossible to do here without structural alterations of the building.