1901.

NEW ZEALAND.

LUNATIC ASYLUMS OF THE COLONY

(REPORT ON) FOR 1900.

Presented to both Houses of the General Assembly by Command of His Excellency.

The INSPECTOR-GENERAL of ASYLUMS to the Hon. the MINISTER of EDUCATION.

SIR,— Wellington, 20th May, 1901.

I have the honour to lay before you the following report on the lunatic asylums of the colony for the year ended the 31st December, 1900:—

The number of registered insane persons on the 31st December, 1900, was 2,672—Males, 1,581; females, 1,091—being an increase of 115—males, 71; females, 44—over the previous year.

The insane of the colony are distributed as follows:—

	Males.	Females.	Total.
Auckland	297	190	487
Christchurch	283	231	514
Dunedin (Seacliff)	401	224	625
Hokitika	87	34	121
Nelson	85	52	137
Porirua	218	245	463
Wellington	188	90	278
Ashburn Hall (private asylum)	22	23	45
	1,581	1,091	2,672

The proportion of the male insane to the male population is,—

New Zealand (exclusive of Maoris)	3·90 per 1,000, or	1 in 256
New Zealand (inclusive of Maoris)	3·71 "	1 in 270

The proportion of the female insane to the female population,—

Exclusive of Maoris	2·99 "	1 in 335
Inclusive of Maoris	2·85 "	1 in 351

The proportion of the total insane to the total population,—

Exclusive of Maoris	3·47 "	1 in 288
Inclusive of Maoris	3·30 "	1 in 303

ADMISSIONS.

On the 1st January, 1900, the number of insane persons in our asylums was—Males, 1,512; females, 1,045: total, 2,557. The number of those admitted during the year for the first time was—Males, 250; females, 157: total, 407. The readmissions numbered—Males, 85; females, 106: total, 191.

DEATHS.

The percentage of deaths on the average number resident during the year was 5·61, as compared with 6·30 for the previous year. The percentage of deaths on the admissions was—Males, 33·00; females, 22·77: total, 28·88.

RECOVERIES.

The percentage of recoveries on the admissions was—Males, 34·33; females, 47·52: total, 39·64, as compared with 37·58 for the previous year.

Financial Results of the Year.

The following table gives the gross and net cost per patient for the year 1899, as compared with the previous year:—

Asylum.	1900. Total Cost per Patient.	1900. Total Cost per Patient, less Receipts for Maintenance, Sales of Produce, &c.	1899. Total Cost per Patient.	1899. Total Cost per Patient, less Receipts for Maintenance, Sales of Produce, &c.	1900. Increase.	1900. Decrease.
	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
Auckland ...	25 0 1	18 2 9½	25 15 7½	20 8 5½	...	2 5 7½
Christchurch ...	26 19 9	20 7 5¾	26 6 5½	19 7 4	1 0 1¾	...
Seacliff ...	27 3 1	20 13 8	27 13 6½	20 3 0¼	0 10 7¾	...
Hokitika ...	25 15 5	23 4 2	26 7 3¼	23 7 5	...	0 3 3
Nelson ...	31 10 11¾	24 14 7¾	29 17 3¾	21 15 2¾	2 19 5	...
Porirua ...	27 6 11	23 18 9	25 7 1	21 5 10	2 12 11	...
Wellington ...	33 19 2	24 19 10	33 1 3¼	23 13 2	1 6 8	...
Averages ...	27 11 11¾	21 9 5¼	27 6 0¾	20 16 11¾	0 12 5½	...

The total receipts for the sale of produce, &c., from the farm for 1900 amounted to £2,498 1s. 10d., as against £2,972 12s. 1d. for the previous year.

Sleeping-accommodation in Asylums.

Asylum.	Number of Patients, May, 1901.	Number of Single Rooms.	Number of Patients to be accommodated in Common Dormitories.	Common Dormitory Accommodation: Cubic Feet.	Statutory Accommodation in Common Dormitories: Number of Patients.	Number of Patients in excess of Statutory Accommodation.
Auckland ...	500	112	388	251,378	419	...
Christchurch ...	530	82	448	227,010	378	70
Seacliff	643	177	466	276,186	460	6
Hokitika ...	119	30	89	69,302	115	...
Nelson	142	38	104	65,111	102	2
Porirua	510	70	440	307,512	512	...
Wellington ...	225	67	158	100,173	167	...
Totals ...	2,669	576	2,093	1,296,672	2,153	...

Single Rooms.

Asylum.	Number of Single Rooms.	Total Space: Cubic Feet.	Cubic Feet for each Room.
Auckland	112	101,310	904
Christchurch	82	69,651	850
Seacliff	177	138,534	783
Hokitika	30	22,513	750
Nelson	38	32,228	848
Porirua	70	65,017	929
Wellington	67	60,663	906
Totals	576	489,916	850

At Auckland increased accommodation has been provided for 72 patients. Last year there were 60 patients in excess of statutory number, and since then there has been an increase of 33 patients. There is apparently sleeping-accommodation for 531 patients, but the floor-space is only sufficient for 479. There are 500 patients in the Asylum—21 in excess of the statutory number.

At Porirua there appears to be sleeping-accommodation for 512 patients in the common dormitories, but the floor-space will only allow 456 being accommodated.

At Wellington the floor-space in common dormitories is sufficient for 161 patients, and 158 are accommodated.

The following table shows the actual deficiency in sleeping-accommodation :—

Auckland	21	patients in excess.
Christchurch	70	"
Seacliff	6	"
Nelson	2	"
Total	99	patients in excess.

NEW WORKS REQUIRED AND NOW IN HAND.

Seacliff Asylum is now in course of being lighted with electricity. I earnestly hope that the best materials will be insisted on, and the most effective means of insulating the wires, especially seeing that in some places they must be placed on walls which are inevitably damp. The range of single rooms, day rooms, &c., on the female side are practically ready for occupation, and will be an immense relief to the overcrowded refractory ward.

At Nelson Asylum the new dormitories and single rooms on the female side are finished, except that some changes are required in the quality of the plaster provided. The new laundry is satisfactory, and the whole drainage system is being overhauled. It now only remains to carry out minor repairs and improvements in the older airing-courts and buildings, and to provide for suitable workshops and piggeries.

Auckland Asylum has been extended to the fullest size that the area of the site admits of, except that there is room for a new laundry, which is much needed. The new hospital wing is finished, and is an immense boon. In my last year's report I called attention to the urgent necessity, owing to the rapid increase of admissions, of authorising the construction of a new asylum in a suitable position. Before this can be provided I am afraid nothing I can do will prevent the overcrowding that for a short time we had overtaken.

The rapid increase of our asylum population relative to our available accommodation will compel us to depart from our present practice of limiting our separate asylums to a maximum of six hundred patients. I think that the new asylum must be designed to accommodate one thousand or eleven hundred patients, as the only means of overtaking the requirements for the next few years at a reasonable cost. Separate blocks should be provided for hospital cases, for idiots and imbeciles and epileptics, and nurses' home, as has been done in the new English asylums. If possible, also, a means of isolating tuberculous patients must be found.

It has been found necessary to propose an increase in the rates of pay for skilled artisan attendants, owing to the general rise in wages. I think all the asylum clerks and stewards are underpaid. Their responsibilities are heavy, and their work is in all cases admirably done.

This year has been the quietest and most satisfactory in all my experience. The Medical Superintendents are, without exception, highly qualified, and each in his own way deserving of the highest confidence and esteem. No department could have better officers. Their independent reports will give a better idea of the working of the separate asylums than any general report could convey.

ENTRIES OF VISITS TO THE DIFFERENT ASYLUMS.

Auckland Asylum.

2nd September, 1900.—I have found this Asylum exceedingly well managed under the most trying test of two very wet days. The attendants are working well together, and appear to be contented. Every endeavour is made to treat them well, for it is well known that if they are discontented the whole institution suffers, and the patients most. The food is abundant, and of the best quality. I examined all the recent convalescent patients, and discussed their cases with Dr. Beattie. A very few were confined to bed with slight ailments. The Matron and head attendant are experienced, capable, and trustworthy. The Official Visitors and the Deputy Inspector are a valuable link between the patients, attendants, and the public, and the steadily increasing confidence in the Asylum is largely due to their independence and accessibility to all. I am satisfied the institution is well managed in every department. The foundations of the new wing have been begun. The ventilation has been delayed, owing to the difficulty of getting workmen.

19th February, 1901.—The Asylum, as a whole, is working well. Dr. Beattie and his staff are deserving of great credit for doing the best with the resources at their command. The patients' general health is good. I found no one in bed on the male side, and only three on the female side, and all were receiving careful treatment. As usual, the food, clothing, &c., were suitable and ample. I am greatly disappointed to find that the new wing, which was meant to have ample light, has the windows too high from the ground, especially in the day-room; and that all the windows are, even the largest, only 18 in. wide, whereas in the older parts there are 21 in. of daylight. The farm is in good order, and Mr. Muir deserves great credit for his work. A great deal requires to be done in properly laying off the new airing-court and the new drying-yard. The time has come for converting the old laundry into dormitories and for the erection of a new laundry. The ventilation improvements are hindered for lack of tradesmen available. Mr. Cooper's promotion to the Supreme Court Bench is a great loss to this Asylum, to which he has done most invaluable service in his honorary office as Deputy Inspector.

Christchurch Asylum.

12th October, 1900.—I have found this Asylum in its usual satisfactory condition. The administration is able and vigorous. The patients are well cared for in every respect. The staff is efficient, and I heard not a single complaint. A new day-room has been provided and furnished for the use of the female attendants, where they can sit without being in constant proximity to the patients. Although complaints were made of the want of such a room, now that they have it it is very little used. The farm is a pattern of skilful and profitable management. All the books are in good order. A very great difficulty has been experienced in finding suitable artisan attendants, owing to the prevailing high rate of wages. While this is a matter of great satisfaction from a general point of view, it is very trying to our department, our funds being so strictly limited.

12th May, 1901.—Saw all the patients. The general health is good. All the patients are suitably clad for the cold weather. Everything is in good order.

Seacliff Asylum.

9th October, 1900.—I have examined the whole of this Asylum, its adjuncts and surroundings. Everything is going on smoothly. The discipline is good, and there is universal content, except at one point, which I must take time to consider more fully. The general health of the patients is good. There are very few cases of sickness, all of whom I have seen, and I am satisfied they are receiving careful and skilful attention. The food is good and abundant, and the clothing and bedding suitable and good. Two patients whose cases are peculiarly difficult have been discussed fully by Dr. King and myself, and we have agreed as to their nature and treatment. Rapid progress is being made with the single rooms, so much needed on the female side. Seacliff is becoming every year more beautiful and more efficient as a place for treating mental disease.

1st May, 1901.—I have seen all the patients under medical treatment, and found them all being properly cared for. One case (J. F.) I found declaring that the puckering of the ears following frequent and prolonged hæmatoma otis, caused by cerebral congestion, was caused by a slap from an attendant, a thing which is clearly impossible. He has other delusions which clearly indicate deep-seated mental perversion. His friends imagine that this is a terrible place, where nameless cruelties are perpetrated, all on the basis of similar delusions. As a matter of fact, this man has been treated with such consideration, and so much freedom of action has been granted to him, that no patient in any asylum could be more sympathetically and skilfully treated. His tastes have been carefully studied, and work has been given to suit them. The new block of single rooms, containing a beautiful day-room, has been built so as to relieve the overcrowded female refractory ward, while at the same time it provides an admirable means of reaching the laundry under cover. The Nurses' Home is rapidly approaching completion. Certain additions have been made to the laundry, which greatly facilitate the working of that department. The designs of all the additions have been made by Dr. King, and have been carried out by him in the most creditable fashion. The Asylum as a whole is working most satisfactorily, and it has now been brought into such a condition that Otago may well be proud of it.

Hokitika Asylum.

10th December, 1900.—This Asylum is in good order throughout. Mr. Gribben has built with asylum labour a block of ten rooms on the female side, all admirably built. I think, however, the beds are too slight. The new water-tank, to be built of concrete, is 16 ft. by 22 ft. by 10 ft., and will be finished for simply the cost of the materials. I do not know any one who has a greater genius for asylum building and providing the required accessories at a cheap rate than Mr. Gribben. The ten single rooms have cost less than £100, and the tank will not cost more than £60. The only persons confined to bed were one male and one female patient; all the others were well cared for in every respect.

Nelson Asylum.

23rd May, 1901.—I have carefully examined the new buildings, and I agree most emphatically with Mrs. Neill's report on the new dormitory and single rooms. I am the more surprised that ordinary plaster should have been used seeing that the same mistake was made at Porirua and had to be remedied. It is absolutely no use to use ordinary plaster for asylum work; and I hope the buildings here will be replastered and covered with a layer of Keen's cement, 7 ft. or 8 ft. from the floor, before being handed over. A porch at the auxiliary is badly wanted. The new sewer is being carefully laid. It would be an advantage to have a large ventilating-pipe (on the main drain, up against the fence) where it emerges from the Asylum grounds into the street. I hope to get a vote this year for the building of new workshops and piggeries. The patients are well attended to in every respect. Dr. Mackie is very attentive to his duties. Mr. and Mrs. Morrison and the staff generally are keeping the Asylum in excellent order. The Official Visitors and Deputy Inspector have been a very great assistance to me in everything that has been done of recent years for the improvement of the institution.

Porirua Asylum.

23rd September, 1900.—I have found this Asylum in excellent order. The patients are all suitably clad and shod. Their dinner was excellent. The general health is particularly satisfactory. Dr. Barraclough has entered on his duties as Assistant Medical Superintendent. I hope to see the final wing on the male side finished by Christmas. Dr. Hassell is making steady progress in laying out the airing-courts and grounds.

2nd December, 1900.—To-day I have seen all the patients. Only two males and one female were confined to bed. All looked remarkably well. The clothing was suitable and very tidy. The dinner was abundant and good. The nursing staff is working well. The upper floor of the terminal male wing will be ready for Christmas, which will enable us to relieve the overcrowding on the male side at Mount View. The workmanship of the new wing is excellent. It is a great pity that Keen's cement had not been used for the dado all through the building, for in many places the plaster is already being broken down. Dr. Barraclough appears to have managed the Asylum during Dr. Hassell's holiday very satisfactorily. Miss Tuersley, the new Matron, was for a long time Matron at Sunnyside, and I am certain she will be found as reliable and capable here as there.

12th March, 1901.—Visited the Asylum to inspect the new male wing. Everything is very satisfactory as regards material and workmanship, and reflects great credit on the architect and clerk of works. A few minor details are being rectified. The Asylum as a whole is in admirable order.

Wellington Asylum.

26th October, 1900.—Visited the Asylum especially to examine the proposed extension of the refractory day-room. Everything is in good order.

Ashburn Hall.

7th October, 1900.—I found this asylum in its usual good order. Dr. Hay and Dr. Alexander have the greatest interest in all their patients, all of whom I have seen. Great improvements are being effected in Conolly Ward heating arrangements, and Pinel Ward has been freshly decorated. The institution as a whole, as well as its surroundings, is in a most satisfactory condition.

5th May, 1901.—I have conversed with and examined all the inmates. No one was under any form of restraint. Most of the patients I have known for years; all the more recent ones I discussed with Dr. Hay. The greatest care is exercised in inducing all patients to interest themselves in some suitable form of outdoor work, which is infinitely more important as an aid to recovery than all the drugs of the pharmacopœia. Dr. Hay is by nature and training admirably qualified for the sympathetic and rational method of dealing with persons suffering from nervous diseases. Great improvements have been effected, at a considerable cost, in improving the male side and in the arrangements for warming the building, which are very efficient.

MEDICAL SUPERINTENDENTS' REPORTS.

AUCKLAND ASYLUM.

SIR,— Auckland Lunatic Asylum, 22nd April, 1900.

I have the honour to submit the following report for 1900:—

At the beginning of the year there were 456 patients in the Asylum. On the last day of the year the number had reached 487. This large increase taxed our accommodation to the utmost, and made the work of the Asylum at times exceedingly difficult and anxious. The number of admissions—119—is very high for Auckland, and the number of new admissions—ninety-seven—the largest for which I can find any record. It must be noted, however, that this does not represent the actual increase in the insanity of the community, for a considerable proportion of those admitted during the year have been insane for years, although the statistics do not disclose this fact, whilst other cases are congenital. The relatives of these patients have either a growing faith in the advantages and conveniences of our asylums, or they are becoming more intolerant of the mentally inflicted in their own homes. A few have been admitted who had been previously insane, but who then had been treated privately. Allowance, too, must be made for a natural increase in proportion to the actual increase in the population of the province. Apart, however, from all this, there has been a most regrettable increase of insanity during the year.

The recovery-rate for the year was—Males, 36·7 per cent.; females, 29·4 per cent. In my last report I complained of the character of the cases admitted during the previous year, and therefore anticipated a low discharge-rate for this year. The rate, however, is reduced more than I expected, owing to the larger number of cases admitted towards the close of the year, when time was too limited for successful treatment.

The death-rate is slightly lower than for last year. Five of the deaths were due to cancer. Three of these cases were admitted shortly before death, insanity having supervened during the progress of the disease; the other two cases arose within the Asylum. In both cases the cause was clearly defined. About 16 per cent. of the deaths were due to tuberculosis. The number of deaths from this cause is reduced, but so long as we have to deal with the Maori element it will be difficult, if not impossible, to reduce it much further. A considerable proportion of the Maoris are phthisical upon admission, whilst others acquire the disease with remarkable facility. Two Maori patients were admitted during the year in whom careful examination failed to reveal any evidence of phthisis. One became acutely melancholic, the other was a typical instance of the power of "suggestion." Both were, in the language of the other Maoris, *tapu*. Both developed acute phthisis, and died within a few weeks, neither having spoken a word after the so-called *tapu*.

The amount of sickness during the year has been, as usual, surprisingly small, although a large number of the male patients and about one-third of the females have had during the whole year to be kept on special diet. In this connection I desire to draw attention to the disposal of the Auckland City night-soil, which has been going on for a considerable period within a comparatively short radius of the Asylum. During the year tons were deposited within a couple of hundred yards of our male hospital, and for weeks, especially during last winter, the stench throughout the greater part of the Asylum, particularly in the mornings, was almost intolerable. There must always be some nuisance inseparable from the disposal of night-soil, and it is difficult always to prove that this nuisance is dangerous to the public health. In dealing with the question there will necessarily be considerable diversity of opinion, and in this case I am not prepared to assert that any danger has so far arisen; but I am bound to affirm that sickness has occurred in the Asylum during the year for which I can assign no other cause. It seems to me most unfortunate and most extraordinary that the city should permit a nuisance, whether dangerous or otherwise, in such close proximity to a building where they house nearly five hundred of their most helpless and most wretched people.

The usual outside work has progressed fairly. The farm results have been the best on record.

The new wing for males will be opened about May, when the overcrowding will be relieved.

On the female side accommodation is urgently needed. This, I believe, can be best met by building a new laundry—the present one being far too small—and converting the present one into a dormitory.

The Asylum at the present time has a splendid body of officers and staff generally. All have worked well, and shown great interest in the welfare of patients. For weeks at a time I never hear a complaint from any patient respecting any member of the staff, and I must regard this as the surest indication of kindly treatment and the faithful discharge of duty.

Our thanks are again due to the proprietors of the *Herald* for daily papers supplied gratuitously for the use of patients, to the United Fire-brigades' Band, and to many others who have contributed to the amusement of patients, or have given gifts for picnics and entertainments.

I have, &c.,

R. M. BEATTIE,
Medical Superintendent.

The Inspector-General of Asylums, Wellington.

CHRISTCHURCH ASYLUM.

SIR,—

I have the honour to forward the usual statistical tables relating to the admissions, discharges, and deaths of this Asylum for the year 1900, together with a few remarks on their significance and matters affecting the Asylum generally.

—	Male.	Female.	Total.
Admissions.			
Admitted, first time	24	26	50
Readmitted	9	7	16
Totals	33	33	66
Discharges.			
Recovered and relieved	21	18	39
Deaths	11	4	15
Number discharged who were admitted during year ...	16	11	27
Number died " ...	5	2	7
Number remaining " ...	12	20	32
Totals	33	33	66

Percentage of discharges of first cases on admissions	46
" all discharges on admissions	$59\frac{1}{11}$
" deaths on admissions	$22\frac{2}{4}$
" deaths on number under treatment	$2\frac{2}{3}$

At the beginning of the year there were 502 patients on the Asylum books—viz., 282 males and 220 females—which, together with sixty-six admitted during the period covered, gave a total of 568 under treatment for the year.

The admissions of first cases (fifty) were remarkably low, and fifteen fewer than the previous year. Taken with the readmissions (sixteen), they were thirteen less than the total admissions for the year 1899, which must be considered highly satisfactory, whatever the cause may be.

Of those admitted for the first time during the year twenty-three, or 46 per cent., were released during the same period, while the percentage of all those recovered and relieved on the admissions was slightly over 59, which is far higher than the average Asylum recovery-rate, and compares more than favourably with the same rate in English asylums, when we take into account the different class of patients committed to those of this colony. Many of the helpless senile cases—persons merely suffering from the mental infirmities of old age—and weak-minded children who are sent here would be committed to workhouses or other suitable institutions in England, but in this colony are sent to the asylums to become permanent burdens and lessen our recovery-rate.

The discharges and deaths totalled fifty-four, and, deducting this number from those under treatment during the year—viz., 568—we get 514 as the number remaining on the books at the end of 1900, which is an increase of twelve on that of the previous year.

The death-rate—viz., $2\frac{2}{3}$ per cent. of those under treatment—was again remarkably low, being 2 per cent. lower than the low rate of the previous year, and the lowest for the last fourteen years—probably in the history of this Asylum. This to a large extent accounts for the increase referred to in the last paragraph (the recovery-rate was also slightly lower), which, as pointed out last year, must lead to a greater accumulation of the insane in our asylums proportionate to the general population than obtains in those where the mortality-rate is higher.

The necessity for isolation in the treatment of cases of consumption has been more publicly advocated as regards the general community in the recent report of Dr. Mason, the Chief Health Officer of the Department of Public Health. If it is not carried out in an institution of this nature under the control of the Government, where the only difficulty need be the financial one, and where from the careless habits of the patients as regards expectoration it is more needed, how can it be expected that the general public will adopt it?

I have more than once drawn your attention to the marked unrest and desire for change prevailing amongst the staff for some time past, and in December last wrote you exhaustively on the subject. This more especially applies to the female attendants and the tradesmen, and is mainly, almost entirely, due to the improved labour conditions and demands for those classes of employés. There can be no doubt that the class of girls from which our attendants are drawn have had many more channels of employment opened up to them of recent years, such as private nursing, the telephone and telegraph service, typewriting, and other forms of clerical or office work, while many others prefer factory or shop life on account of its greater freedom. This latter in many cases obliges the elder sister to remain at home to assist with the housework, as the factories absorb nearly all the younger class of general servants.

I fear asylum employment has not the same interest and attraction for young women as hospital nursing, while the stricter discipline and control necessary, the nature of the duties, and the disagreeables incidental to asylum life are irksome in the present-day aspirations of refinement,

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,

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.

There have been few accidents of a serious nature during the year, the most serious being a fracture of the leg, which made an excellent recovery.

We have been entirely free from any diseases of an epidemic or contagious nature.

A large amount of useful work has been done by the patients, both male and female. The majority of the men have been employed in the garden or in agricultural work, while several pursue their usual trade or calling. The women help in the laundry, sewing-room, and other domestic work.

Two new boilers were installed during the year, and we have now a good supply of hot water through the building; while the new drying-chambers have been a great acquisition to the laundry.

As an additional precaution against fire, a service of water, connected with a reservoir on the hill, has been laid all round the building, and fixed hydrants are provided at convenient points, so that any part of the institution can immediately be operated on by an efficient water-supply. Both the male and female attendants are regularly instructed in fire-drill, and have always made a ready response to false alarms of fire.

The cottage formerly occupied by the Assistant Medical Officer has now been turned into a nurses' home, and the nurses have expressed their appreciation of the rest and quiet thus afforded them in the evenings after they have spent a whole day in the worry and stress of the wards.

The female refractory day-room was too small for the number of patients, and was a source of anxiety both as regards the health and safety of the patients. A start has been made in enlarging it, and I am confident that when it is finished it will add greatly to the comfort and health of the occupants. A similar extension is needed on the male side.

The usual repairs and certain other minor structural improvements have afforded useful occupation to a number of the skilled mechanics who are patients.

No mechanical restraint has been used in controlling patients.

The amusements of the patients have not been overlooked. Books have been added to the library, dances have been held regularly, and indoor games are provided.

Several trustworthy patients are allowed "parole," while walking parties go outside the grounds.

The annual picnic was held at Miramar.

There have been frequent changes among the members of the staff, owing greatly to the increased facility of getting lucrative employment elsewhere. Mr. Wells, formerly night attendant, succeeded Mr. McDonald as clerk, and has proved a capable and efficient officer.

To the officers and staff I have to convey my thanks for their hearty co-operation in carrying out the work of the institution.

I have, &c.,

W. Baxter Gow, M.D.,

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

SEACLIFF ASYLUM.

Sir,— 31st January, 1901.

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

At the beginning of the year there were 635 patients in the Asylum. During the year 114 patients were admitted—viz., sixty-two males and fifty-two females. The whole number of patients under care during the year was thus 749, the average number resident at any one time being 613. There remained in the Asylum at the close of the year 627 patients—viz., 403 males, 224 females—and there were two men absent on trial. The number discharged relieved and recovered was forty-seven, being in the proportion of 41 per cent. on the admissions.

The proportion of chronic hopeless cases committed directly to the institution or transferred from elsewhere continues very high, and it will be observed that 67 per cent. of the total admissions for the year had been insane for more than three months at the time of committal, while 52 per cent. had been insane for twelve months or upwards, or had suffered from previous attacks of insanity. It is obviously impossible under such circumstances that any form of care or treatment can result in a high percentage of discharges. In view of the fact that it is rarely possible to treat the insane satisfactorily in private houses, one cannot help feeling that the friends, relations, or medical advisers who do not avail themselves of the advantages of the early treatment of patients in asylums incur a very grave responsibility. I am strongly of opinion that the number of persons successfully treated in asylums would be much increased if "voluntary patients" were admitted, and if there were a small bedroom in each large hospital where patients could be placed pending committal, instead of their being lodged in gaol, as at present.

During the year thirty-eight patients died, being 5 per cent. of the number present during the year.

Early in the year thirty-six female patients were transferred to the Porirua Asylum. The effect of this and previous transfers is to render the apparent incidence of insanity in the province excessively high among men as compared with women—viz., 403 as compared with 224—whereas in reality at the present time the relative proportions of men and women admitted are about 105 to 100.

The most important work carried out during the year has been an extensive new building for female patients, providing twenty-five single bedrooms, two dormitories, a day-room, lavatories, &c. This building is nearly completed, and will, with the Nurses' Home, which is also under construction, relieve the overcrowding which has existed, and render proper treatment and classification much more feasible. Additions have likewise been made to several of the attendants'

cottages, and improvements to farm-buildings, &c. A water-supply and fire-service has been provided for the auxiliary building at Simla, but a proper reservoir has yet to be constructed. Roads have been pushed further through the estate, but, owing to a breakdown of the stone-crusher and long delay in getting repairs effected, scarcely any metalling has been done during the year, and the condition of several of the roads is not satisfactory.

A leasehold of over 90 acres at Puketeraki, partially cleared of bush the previous year, is now well grassed and securely fenced. This is a most valuable addition to the estate, and affords very fine pasture.

There is a steady increase in the production of the farm, the most satisfactory advance during the year being, perhaps, an increase in the milk-yield from 50,854 to 58,608 gallons.

In the matter of expenditure there is only one point which calls for special comment—viz., the large sum which appears under the heading "Necessaries, incidental and miscellaneous," and in dealing with this I can merely repeat what I have previously said upon the subject. Under this heading there is unavoidably charged, at the Seacliff Asylum, to annual expenditure money spent in repairs and improvements, which in most other institutions in the colony would not be charged to the Asylums Department, but to the Public Works Department. The maintenance and repair of the main building alone is a constant heavy charge, owing not merely to its large size and costly type, but even more to initial defects of workmanship and construction.

Sixteen years ago Seacliff Asylum was described by the then Inspector-General in his official report as "badly designed and out of date, the buildings defective in construction, and showing everywhere bad workmanship which should never have been accepted." During the last twelve years every effort has been made to overcome these initial defects and render the buildings properly habitable. As the whole of the plumbing had been utterly scamped, and has had to be almost entirely replaced and remodelled, and as there were almost no provisions for ventilation of buildings or drains, no proper drains anywhere, no adequate means of heating, and, in fact, no modern sanitary provisions of any kind, our annual expenditure upon unseen works of this class has necessarily been heavy in spite of the most rigid economy. When it is added that the Asylum was a mere naked unfurnished shell, which has had to be gradually painted, decorated, supplied with necessary furniture and amenities, while the estate was undeveloped and unequipped, and that all these things have to be remedied and supplied for the most part out of the annual expenditure of the institution, it will be fairly realised, I think, that the item "Necessaries, incidental and miscellaneous," has had peculiarly heavy burdens thrust upon it at this particular institution. Further, it is to be noted that in the accounts of the year there has been temporarily charged to "Necessaries" a sum of over £300 spent in wages for extra hands employed in connection with the new annexe, for which a refund will be obtained from the Public Works Department.

An average of about 246 male patients have been employed throughout the year at the farm, garden, and workshops, while the main employment for women has been found in fruit-picking and in kitchen, laundry, sewing, mending, and other household work.

The two following fatal accidents happened during the year, viz.: (1) A Chinaman working with a bush party carrying firewood at a steep hillside was struck on the head with a piece of wood pitched down from above; (2) a man escaped from the attendants into the bush and hanged himself before those who were pursuing could find his exact whereabouts. Another patient inflicted a severe wound on himself, but it healed rapidly, and left scarcely any scar and no disability.

Amusements and recreations have been provided throughout the year. The thanks of the authorities are due to the *Otago Times* and *Witness* Company and to the *Evening Star* Company for copies of their journals supplied free. Very acceptable donations have also been received of books, periodicals, &c., from private individuals.

To my colleague Dr. Falconer and to the staff I have to convey my thanks for their cordial assistance in carrying out the work of the institution.

I have, &c.,

F. Truby King,

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

D. MacGregor, M.A., M.B.,

Inspector-General of Asylums.

APPENDIX.

TABLE I.—SHOWING the ADMISSIONS, READMISSIONS, DISCHARGES, and DEATHS in ASYLUMS during the Year 1900.

	M.	F.	T.	M.	F.	T.
In asylums, 1st January, 1900				1,512	1,045	2,557
Admitted for the first time	250	157	407	335	263	598*
Readmitted	85	106	191			
Total under care during the year				1,847	1,308	3,155
Discharged and removed—						
Recovered	103	96	199			
Relieved						
Not improved	64	75	139			
Died	99	46	145			
				266	217	483
Remaining in asylums, 31st December, 1900				1,581	1,091	2,672
Increase over 31st December, 1899				71	44	115
Average number resident during the year				1,534	1,049	2,583

* Transferred: 35 males, 61 females; total, 96.

TABLE II.—ADMISSIONS, DISCHARGES, and DEATHS, with the MEAN ANNUAL MORTALITY and PROPORTION of RECOVERIES AT PER CENT. on the ADMISSIONS, &c., during the Year 1900.

Asylums.	In Asylums on 1st January, 1900.			Admissions in 1900.									Total Number of Patients under Care.		
				Admitted for the First Time.			Readmitted.			Total.					
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Auckland	287	169	456	58	39	97	10	12	22	68	51	119	355	220	575
Christchurch	282	220	502	24	26	50	9	7	16	33	33	66	315	253	568
Dunedin (Seacliff)	387	248	635	51	38	89	11	14	25	62	52	114	449	300	749
Hokitika	88	41	129	10	2	12				10	2	12	98	43	141
Nelson	87	55	142	8	3	11				8	3	11	95	58	153
Porirua	195	174	369	7	20	27	35	61	96*	42	81	123†	237	255	492
Wellington	166	115	281	83	20	103	19	11	30	102	31	133	268	146	414
Ashburn Hall (private asylum)	20	23	43	9	9	18	1	1	2	10	10	20	30	33	63
Totals	1,512	1,045	2,557	250	157	407	85	106	191	335	263	598†	1,847	1,308	3,155

* Transferred. † Including 35 males and 61 females transferred.

TABLE II.—*continued.*

Asylums.	Patients Discharged and Died.												In Asylums on the 31st December, 1900.		
	Discharged recovered.			Discharged not recovered.			Died.			Total Discharged and Died.					
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Auckland	25	15	40	5	2	7	28	13	41	58	30	88	297	190	487
Christchurch	16	13	29	5	5	10	11	4	15	32	22	54	283	231	514
Dunedin (Seacliff)	19	21	40	6	40	46*	23	15	38	48	76	124	401	224	625
Hokitika	4	5	9	1		1	6	4	10	11	9	20	87	34	121
Nelson	7	4	11				3	2	5	10	6	16	85	52	137
Porirua	6	7	13	3	1	4	10	2	12	19	10	29	218	245	463
Wellington	22	25	47	42	26	68†	16	5	21	80	56	136	188	90	278
Ashburn Hall (private asylum)	4	6	10	2	1	3	2	1	3	8	8	16	22	25	47
Totals	103	96	199	64	75	139‡	99	46	145	266	217	483	1,581	1,091	2,672

* Transferred: 36 females. † Transferred: 35 males, 25 females. ‡ Transferred: 35 males, 61 females.

TABLE II.—*continued.*

Asylums.	Average Number resident during the Year.			Percentage of Recoveries on Admissions during the Year.			Percentage of Deaths on Average Number resident during the Year.			Percentage of Deaths on the Admissions.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Auckland	296	178	474	36·76	29·41	33·61	9·45	7·30	8·65	41·17	25·49	34·45
Christchurch	283	226	509	48·48	39·39	43·93	3·88	1·76	2·94	33·33	12·12	22·72
Dunedin (Seacliff)	393	220	613	30·64	40·38	35·08	5·85	6·81	6·18	37·09	28·84	33·33
Hokitika	86	37	123	40·00	250·00	75·00	6·97	10·80	8·12	60·00	200·00	83·33
Nelson	85	52	137	87·50	133·00	100·00	3·52	3·84	3·64	37·50	66·66	45·45
Porirua	206	228	434	85·71	35·00	48·14	4·85	0·87	2·76	142·80	10·00	44·44
Wellington	165	87	252	21·56	80·64	35·34	9·69	5·74	8·33	15·68	16·12	15·78
Ashburn Hall (private asylum)	20	21	41	40·00	60·00	50·00	10·00	4·76	7·31	20·00	10·00	15·00
Totals	1,534	1,049	2,583	34·33	47·52	39·64	6·45	4·38	5·61	33·00	22·77	28·88

Table III.—Ages of Admissions.

Ages.	Auckland.			Christchurch.			Dunedin (Seacliff).			Hokitika.			Nelson.			Porirua.			Wellington.			Ashburn Hall (Private Asylum).			Total.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 5 years ..	0	1	1	..			1	0	1	..			..			..			..			..			1	1	2
From 5 to 10 years	..			..			..			..			..			..			1	1	2	..			1	1	2
„ 10 „ 15 „	..			0	1	1	2	0	2	..			1	0	1	0	1	1	1	0	1	..			4	2	6
„ 15 „ 20 „	4	4	8	3	2	5	0	1	1	2	0	2	0	1	1	4	3	7	6	3	9	0	1	1	19	15	34
„ 20 „ 30 „	18	14	32	4	9	13	10	17	27	..			2	1	3	11	11	22	22	7	29	0	3	3	67	62	129
„ 30 „ 40 „	17	8	25	8	9	17	17	10	27	1	0	1	3	1	4	11	28	39	18	10	28	4	5	9	79	71	150
„ 40 „ 50 „	16	15	31	3	4	7	13	10	23	..			..			7	17	24	28	3	31	1	0	1	68	49	117
„ 50 „ 60 „	3	3	6	6	0	6	7	4	11	2	0	2	..			6	13	19	16	3	19	3	0	3	43	23	66
„ 60 „ 70 „	8	5	13	5	3	8	8	8	16	5	2	7	..			3	5	8	5	3	8	2	1	3	36	27	63
„ 70 „ 80 „	1	1	2	4	4	8	4	2	6	..			2	0	2	0	3	3	3	1	4	..			14	11	25
Upwards of 80 years	..			..			..			..			..			..			..			..			..		
Unknown	1	0	1	0	1	1	..			..			..			..			2	0	2	..			3	1	4
Totals ..	68	51	119	33	33	66	62	52	114	10	2	12	8	3	11	42	81	123	102	31	133	10	10	20	335	263	598

Table IV.—Duration of Disorder at Admission.

—	Auckland.			Christchurch.			Dunedin (Seacliff).			Hokitika.			Nelson.			Porirua.			Wellington.			Ashburn Hall (Private Asylum).			Total.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
First Class (first attack, and within 3 mos. on admission)	37	19	56	14	12	26	28	12	40	5	2	7	4	1	5	25	33	58	48	13	61	4	5	9	165	97	262
Second Class (first attack, above 3 mos. and within 12 mos. on admission)	10	5	15	2	4	6	7	7	14	1	0	1	..			4	9	13	21	4	25	2	2	4	47	31	78
Third Class (not first attack, and within 12 mos. on admission)	15	15	30	10	9	19	8	13	21	1	0	1	2	2	4	8	17	25	18	10	28	3	1	4	65	67	132
Fourth Class (first attack or not, but of more than 12 mos. on admission)	6	12	18	3	5	8	19	20	39	2	0	2	2	0	2	5	22	27	15	4	19	1	2	3	53	65	118
Unknown	..			4	3	7	..			1	0	1	..			..			..			..			5	3	8
Totals ..	68	51	119	33	33	66	62	52	114	10	2	12	8	3	11	42	81	123	102	31	133	10	10	20	335	263	598

Table V.—Ages of Patients discharged "Recovered" and "Not recovered" during the Year 1900.

Ages.	Auckland.						Christchurch.						Dunedin (Seacliff).						Hokitika.					
	Recovered			Not recovered			Recovered			Not recovered			Recovered			Not recovered			Recovered			Not recovered.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
From 5 to 10 years		..			..			..			..			..			..			..			..	
„ 10 „ 15 „		..		1	0	1	0	1	1		..			..			..			..			..	
„ 15 „ 20 „	2	0	2		..		0	1	1	1	0	1		..		0	2	2		..			..	
„ 20 „ 30 „	7	4	11	0	1	1	3	4	7	2	1	3	5	5	10	1	1	2	0	1	1		..	
„ 30 „ 40 „	7	4	11	1	0	1	3	3	6	0	1	1	7	9	16	2	0	2	0	2	2		..	
„ 40 „ 50 „	7	3	10	1	1	2	3	4	7	0	1	1	2	5	7		..		0	2	2		..	
„ 50 „ 60 „	1	1	2	2	0	2	4	0	4	1	0	1	4	0	4	1	0	1	1	0	1	1	0	1
„ 60 „ 70 „	1	3	4		..		3	0	3	1	1	2	1	1	2	2	0	2	3	0	3		..	
„ 70 „ 80 „		..			..			..		0	1	1	0	1	1		..			..			..	
Transferred to other asylums ..		..			..			..			..			..		0	37	37		..			..	
Unknown		..			..			..			..			..			..			..			..	
Totals	25	15	40	5	2	7	16	13	29	5	5	10	19	21	40	6	40	46	4	5	9	1	0	1

Table V.—*continued.*

Ages.	Nelson.						Porirua.						Wellington.						Ashburn Hall (Private Asylum).						Total.					
	Recovered.			Not recovered.			Recovered.			Not recovered.			Recovered.			Not recovered.			Recovered.			Not recovered.			Recovered.			Not recovered.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
From 5 to 10 years	..			..			..			..			..			..			..			..			..			..		
„ 10 „ 15 „	1	0	1	..			..			..			1	0	1		..		..			..			2	1	3	1	0	1
„ 15 „ 20 „	1	1	2	..			1	0	1	..			2	4	6	4	0	4	..			..			6	6	12	5	2	7
„ 20 „ 30 „	1	1	2	..			2	2	4	2	1	3	6	10	16	7	4	11	0	3	3	..			24	30	54	12	8	20
„ 30 „ 40 „	1	0	1	..			2	2	4	1	0	1	2	5	7	12	9	21	2	1	3	..			24	26	50	16	10	26
„ 40 „ 50 „	1	1	2	..			1	2	3	..			6	3	9	10	7	17	1	1	2	1	0	1	21	21	42	12	9	21
„ 50 „ 60 „	1	0	1	..			0	1	1	..			5	0	5	6	4	10	0	1	1	1	1	2	16	3	19	12	5	17
„ 60 „ 70 „	0	1	1	..			..			..			0	2	2	2	1	3	1	0	1	..			9	7	16	5	2	7
„ 70 „ 80 „	1	0	1	..			..			..			0	1	1	0	1	1	..			..			1	2	3	0	2	2
Transferred to other asylums		..			..			..			..			..			..			..			..			..			0	37	37
Unknown ..		..			..			..			..			..		1	0	1		..			..			..			1	0	1
Totals ..	7	4	11	..			6	7	13	3	1	4	22	25	47	42	26	68	4	6	10	2	1	3	103	96	199	64	75	139

Table VI.—Ages of the Patients who died.

Ages.	Auckland.			Christchurch.			Dunedin (Seacliff).			Hokitika.			Nelson.			Porirua.			Wellington.			Ashburn Hall (Private Asylum).			Total.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
From 5 to 10 years	..			..			..			..			..			..			..			..			..		
„ 10 „ 15 „	..			..			..			..			..			..			..			..			..		
„ 15 „ 20 „	1	0	1	..			..			0	1	1	..			..			2	0	2	..			3	1	4
„ 20 „ 30 „	4	0	4	..			1	0	1	..			..			..			0	1	1	..			5	1	6
„ 30 „ 40 „	5	1	6	0	3	3	3	2	5	..			..			3	1	4	1	2	3	1	0	1	13	9	22
„ 40 „ 50 „	8	2	10	2	0	2	4	3	7	0	1	1	..			1	0	1	7	1	8	1	0	1	23	7	30
„ 50 „ 60 „	7	5	12	1	0	1	4	1	5	..			0	2	2	3	0	3	3	0	3	..			18	8	26
„ 60 „ 70 „	3	4	7	3	0	3	9	4	13	4	1	5	2	0	2	3	1	4	2	0	2	..			26	10	36
„ 70 „ 80 „	0	1	1	4	0	4	1	3	4	2	0	2	1	0	1	..			1	1	2	0	1	1	9	6	15
„ 80 „ 90 „	..			..			1	1	2	0	1	1	..			..			..			..			1	2	3
Over 90 years ..	..			..			..			..			..			..			..			..			..		
Unknown ..	..			1	1	2	0	1	1	..			..			..			..			..			1	2	3
Totals ..	28	13	41	11	4	15	23	15	38	6	4	10	3	2	5	10	2	12	16	5	21	2	1	3	99	46	145

Table VII.—Condition as to Marriage.

—	Admissions.			Discharges.			Deaths.		
Auckland—	M.	F.	T.	M.	F.	T.	M.	F.	T.
Single ..	46	18	64	23	5	28	19	5	24
Married	14	25	39	7	11	18	9	7	16
Widowed	8	8	16	0	1	1	0	1	1
Totals	68	51	119	30	17	47	28	13	41
Christchurch—									
Single ..	19	16	35	14	10	24	5	2	7
Married	14	14	28	7	7	14	5	2	7
Widowed	0	3	3	0	1	1	..		
Unknown	..			..			1	0	1
Totals	33	33	66	21	18	39	11	4	15
Dunedin (Seacliff)—									
Single ..	38	21	59	15	23	38	13	6	19
Married	21	28	49	8	24	32	9	4	13
Widowed	3	3	6	2	14	16	1	5	6
Totals	62	52	114	25	61	86	23	15	38
Hokitika—									
Single ..	6	0	6	3	1	4	3	1	4
Married	0	1	1	1	4	5	3	2	5
Widowed	2	1	3	1	0	1	0	1	1
Unknown	2	0	2	..			..		
Totals	10	2	12	5	5	10	6	4	10
Nelson—									
Single ..	6	2	8	5	3	8	1	0	1
Married	1	1	2	1	1	2	2	2	4
Widowed	1	0	1	1	0	1	..		
Totals	8	3	11	7	4	11	3	2	5
Porirua—									
Single ..	32	36	68	9	3	12	4	0	4
Married	10	30	40	0	3	3	6	1	7
Widowed	0	15	15	0	2	2	0	1	1
Totals	42	81	123	9	8	17	10	2	12
Wellington—									
Single ..	62	10	72	44	23	67	7	1	8
Married	36	18	54	19	23	42	8	4	12
Widowed	4	3	7	1	5	6	1	0	1
Totals	102	31	133	64	51	115	16	5	21
Ashburn Hall (Private Asylum)—									
Single ..	4	5	9	3	4	7	1	0	1
Married	6	5	11	3	2	5	1	1	2
Widowed	..			0	1	1	..		
Totals	10	10	20	6	7	13	2	1	3
Totals—									
Single ..	213	108	321	116	72	188	53	15	68
Married	102	122	224	46	75	121	43	23	66
Widowed	18	33	51	5	24	29	2	8	10
Unknown	2	0	2	..			1	0	1
Totals	335	263	598	167	171	338	99	46	145

Table VIII.—Native Countries.

Countries.	Auckland.			Christchurch			Dunedin (Seacliff).			Hokitika.			Nelson.			Porirua.			Wellington.			Ashburn Hall (Private Asylum).			Total.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
England ..	109	60	169	102	83	185	81	43	124	12	6	18	28	13	41	75	72	147	63	27	90	8	6	14	478	310	788
Scotland ..	28	11	39	31	22	53	121	81	202	11	1	12	5	3	8	27	26	53	19	8	27	6	9	15	248	161	409
Ireland ..	57	49	106	67	57	124	96	60	156	29	19	48	19	9	28	46	68	114	35	18	53	2	0	2	351	280	631
New Zealand ..	69	58	127	47	43	90	42	26	68	19	4	23	25	24	49	38	61	99	43	27	70	5	8	13	288	251	539
Austral'n Colonies	2	4	6	7	3	10	9	10	19	1	2	3	1	2	3	6	2	8	7	2	9	..			33	25	58
France ..		..		1	0	1	0	2	2	1	0	1		..		3	1	4	1	0	1	..			6	3	9
Germany ..	4	2	6	4	0	4	12	0	12	3	1	4	1	0	1	7	3	10	3	5	8	0	1	1	34	12	46
Norway ..	1	0	1	4	0	4	8	1	9		..			..		1	1	2	0	2	2	..			14	4	18
Sweden ..	1	0	1		..		3	0	3	3	0	3	0	1	1	4	2	6	2	0	2	..			13	3	16
Denmark ..	1	0	1	2	0	2	0	1	1	0	1	1	2	0	2	1	0	1	4	0	4	..			10	2	12
Italy ..	1	0	1	3	0	3	4	0	4	1	0	1	1	0	1	2	2	4	1	0	1	..			13	2	15
China ..	1	0	1		..		20	0	20	5	0	5		..		1	0	1	4	0	4	..			31	0	31
Maoris ..	5	5	10	1	1	2	1	0	1		..			..		3	3	6	2	0	2	..			12	9	21
Other countries ..	18	1	19	14	22	36	4	0	4	2	0	2	3	0	3	4	4	8	4	1	5	1	1	2	50	29	79
Totals ..	297	190	487	283	231	514	401	224	625	87	34	121	85	52	137	218	245	463	188	90	278	22	25	47	1581	1091	2672

Table IX.—Ages of Patients in Asylums on 31st December, 1900.

Ages.	Auckland.			Christchurch.			Dunedin (Seacliff).			Hokitika.			Nelson.			Porirua.			Wellington.			Ashburn Hall (Private Asylum).			Total.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1 to 5 years ..		..			..		1	1	2		..			..			..			..			..		1	1	2
5 „ 10 „ ..		..		1	0	1	0	1	1		..			..			..			..			..		1	1	2
10 „ 15 „ ..	1	3	4	1	2	3	2	3	5	0	1	1	1	0	1	0	2	2	3	1	4		..		8	12	20
15 „ 20 „ ..	6	5	11	7	5	12	2	1	3	3	0	3	3	1	4	4	6	10	5	1	6	0	1	1	30	20	50
20 „ 30 „ ..	45	26	71	30	24	54	38	33	71	9	3	12	10	4	14	24	23	47	34	22	56	1	1	2	191	136	327
30 „ 40 „ ..	65	39	104	46	56	102	73	49	122	12	1	13	11	15	26	47	63	110	36	24	60	4	5	9	294	252	546
40 „ 50 „ ..	71	52	123	62	50	112	111	47	158	10	7	17	15	10	25	66	64	130	49	20	69	5	4	9	389	254	643
50 „ 60 „ ..	52	30	82	61	49	110	77	52	129	20	12	32	27	13	40	51	61	112	44	16	60	6	6	12	338	239	577
60 „ 70 „ ..	42	23	65	54	27	81	79	30	109	22	7	29	13	7	20	20	21	41	13	4	17	3	4	7	246	123	369
70 „ 80 „ ..	7	8	15	15	13	28	13	6	19	8	1	9	5	1	6	6	5	11	4	2	6	2	2	4	60	38	98
Over 80 „ ..	1	1	2	2	2	4	5	1	6		..		0	1	1		..			..		1	2	3	9	7	16
Unknown ..	7	3	10	4	3	7		..		3	2	5		..			..			..			..		14	8	22
Totals ..	297	190	487	283	231	514	401	224	625	87	34	121	85	52	137	218	245	463	188	90	278	22	25	47	1581	1091	2672

Table X.—Length of Residence of Patients who died during 1900.

Length of Residence.	Auckland.			Christchurch.			Dunedin (Seacliff).			Hokitika.			Nelson.			Porirua.			Wellington.			Ashburn Hall (Private Asylum).			Total.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 1 month ..	0	1	1	2	0	2	1	0	1		..			..			..		4	1	5	1	0	1	8	2	10
From 1 to 3 months ..	5	1	6	2	1	3	4	1	5		..			..			..		2	1	3		..		13	4	17
„ 3 „ 6 „ ..	4	1	5	0	1	1	1	1	2	1	1	2		..		1	0	1	1	1	2		..		8	5	13
„ 6 „ 9 „ ..	7	1	8	2	0	2		..			..			..			..		3	0	3	1	0	1	13	1	14
„ 9 „ 12 „ ..		..		1	0	1	1	0	1		..			..			..		1	0	1		..		3	0	3
„ 1 „ 2 years ..	3	3	6		..		5	2	7	3	1	4		..		0	1	1	2	1	3		..		13	8	21
„ 2 „ 3 „ ..	3	1	4	2	1	3	1	2	3	1	0	1	1	0	1	2	0	2		..			..		10	4	14
„ 3 „ 5 „ ..	0	1	1		..		2	1	3	1	0	1		..		2	0	2	1	1	2		..		6	3	9
„ 5 „ 7 „ ..	1	0	1	2	0	2	4	1	5		..			..		3	1	4	1	0	1	0	1	1	11	3	14
„ 7 „ 10 „ ..		..			..		0	2	2	0	1	1		..			..			..			..		0	3	3
„ 10 „ 12 „ ..		..			..		1	1	2		..			..			..			..			..		1	1	2
„ 12 „ 15 „ ..	1	1	2	0	1	1	0	1	1		..			..		2	0	2		..			..		3	3	6
Over 15 years ..	3	3	6		..		3	3	6	0	1	1	1	2	3		..		1	0	1		..		8	9	17
Died while absent on trial	1	0	1		..			..			..		1	0	1		..			..			..		2	0	2
Totals ..	28	13	41	11	4	15	23	15	38	6	4	10	3	2	5	10	2	12	16	5	21	2	1	3	99	46	145

TABLE XI.—LENGTH of RESIDENCE of PATIENTS DISCHARGED "RECOVERED" during 1900.

Length of Residence.	Auckland.			Christchurch.			Dunedin (Seacliff).			Hokitika.			Nelson.			Porirua.			Wellington.			Ashburn Hall (Private Asylum).			Total.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 1 month	..			..			2	0	2	..			..			..			0	3	3	1	0	1	3	3	6
From 1 to 3 months ..	1	1	2	9	4	13	5	6	11	2	1	3	3	0	3	2	0	2	4	3	7	2	1	3	28	16	44
„ 3 „ 6 „ ..	6	6	12	2	3	5	5	6	11	0	1	1	2	2	4	0	1	1	3	3	6	1	4	5	19	26	45
„ 6 „ 9 „ ..	7	5	12	3	3	6	3	3	6		..		1	1	2		..		3	4	7	0	1	1	17	17	34
„ 9 „ 12 „ ..	8	2	10	1	0	1	2	1	3	1	0	1		..			..		3	3	6		..		15	6	21
„ 1 „ 2 years	2	1	3	1	3	4	2	4	6	0	1	1	1	1	2	2	2	4	6	9	15		..		14	21	35
„ 2 „ 3 „		..			..			..		1	2	3		..		0	1	1		..			..		1	3	4
„ 3 „ 5 „	1	0	1		..			..			..			..		1	2	3	1	0	1		..		3	2	5
„ 5 „ 7 „		..			..		0	1	1		..			..			..			..			..		0	1	1
„ 7 „ 10 „		..			..			..			..			..			..		1	0	1		..		1	0	1
„ 10 „ 12 „		..			..			..			..			..			..		1	0	1		..		1	0	1
„ 12 „ 15 „		..			..			..			..			..		1	1	2		..			..		1	1	2
Over 15 years		..			..			..			..			..			..			..			..			..	
Totals	25	15	40	16	13	29	19	21	40	4	5	9	7	4	11	6	7	13	22	25	47	4	6	10	103	96	199

TABLE XII.—CAUSES of DEATH.

Causes.	Auckland.			Christchurch.			Dunedin (Seacliff).			Hokitika.			Nelson.			Porirua.			Wellington.			Ashburn Hall (Private Asylum).			Total.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Acute rheumatism		..		1	0	1		..			..			..			..			..			..		1	0	1
Alcoholism		..			..			..			..			..			..		1	0	1		..		1	0	1
Apoplexy	1	0	1	1	1	2	0	1	1	1	0	1		..			..			..			..		3	2	5
Asphyxia		..			..		0	1	1		..			..			..			..			..		0	1	1
Asthenia	1	1	2		..			..			..			..		2	0	2		..			..		3	1	4
Bright's disease		..			..		2	0	2		..			..			..			..			..		2	0	2
Bronchitis		..			..			..		1	0	1		..			..			..			..		1	0	1
Cancer	1	3	4		..		1	0	1		..			..			..			..			..		2	3	5
Cardiac failure	2	1	3		..		0	1	1		..			..			..			..		1	0	1	3	2	5
Cardiac valvular degeneration ..		..			..		1	1	2		..			..			..			..			..		1	1	2
Cardiac thrombosis		..			..		1	0	1		..			..			..			..			..		1	0	1
Cellulitis		..			..		1	1	2		..			..			..			..			..		1	1	2
Cerebral degeneration		..			..		1	0	1	1	0	1		..			..			..		0	1	1	2	1	3
Cerebral hæmorrhage	1	0	1		..			..			..			..			..			..			..		1	0	1
Cerebral tumour		..			..			..			..			..			..			..		1	0	1	1	0	1
Cerebral paralysis		..			..		1	1	2		..			..			..			..			..		1	1	2
Chronic brain-disease	4	2	6	1	0	1	0	1	1		..			..		2	1	3	4	1	5		..		11	5	16
Convulsions		..			..			..		0	1	1		..			..			..			..		0	1	1
Diabetes		..			..		0	1	1		..			..			..			..			..		0	1	1
Diarrhœa	1	0	1		..			..			..			..			..			..			..		1	0	1
Emphysema and chronic bronchitis		..			..		0	1	1		..			..			..			..			..		0	1	1
Epilepsy	1	0	1	0	1	1		..			..		1	0	1		..		2	0	2		..		4	1	5
Fracture of skull		..			..		1	0	1		..			..			..			..			..		1	0	1
General paralysis	4	0	4	1	0	1	1	0	1		..			..		2	0	2	2	1	3		..		10	1	11
Heart-disease	0	1	1	1	0	1		..			..			..		0	1	1	5	0	5		..		6	2	8
Huntingdon's chorea		..			..			..			..			..		1	0	1		..			..		1	0	1
Influenza	1	1	2		..			..			..			..			..			..			..		1	1	2
Intussusception of bowel ..	1	0	1		..			..			..			..			..			..			..		1	0	1
Jaundice and pneumonia ..	0	1	1		..			..			..			..			..			..			..		0	1	1
Marasmus		..			..			..		0	1	1		..			..			..			..		0	1	1
Meningitis		..			..		0	1	1		..			..			..			..			..		0	1	1
Multiple abcesses		..			..		0	1	1		..			..			..			..			..		0	1	1
Obstruction of bowel		..			..		1	0	1		..			..			..			..			..		1	0	1
Œdema of lung		..			..			..		0	1	1		..			..			..			..		0	1	1
Ovarian tumour	0	1	1		..			..			..			..			..			..			..		0	1	1
Peritonitis		..		1	0	1		..			..			..			..			..			..		1	0	1
Pneumonia		..		3	1	4	4	2	6	2	1	3	1	0	1	1	0	1	2	3	5		..		13	7	20
Pulmonary phthisis	3	1	4		..		4	1	5		..			..			..			..			..		7	2	9
Pulmonary hæmorrhage ..		..			..			..			..		0	1	1		..			..			..		0	1	1
Rupture of heart	1	0	1		..			..			..			..			..			..			..		1	0	1
Sarcoma	1	0	1		..			..			..			..			..			..			..		1	0	1
Senile decay		..		2	1	3	2	1	3		..			..			..			..			..		4	2	6
Suffocation by strangulation ..	1	0	1		..		1	0	1		..			..			..			..			..		2	0	2
Suicide while absent on trial ..	1	0	1		..			..			..			..			..			..			..		1	0	1
Syncope		..			..		1	0	1	1	0	1	1	1	2	2	0	2		..			..		5	1	6
Syphilitic gumma of brain ..	1	0	1		..			..			..			..			..			..			..		1	0	1
Tuberculosis	2	1	3		..			..			..			..			..			..			..		2	1	3
Totals	28	13	41	11	4	15	23	15	38	6	4	10	3	2	5	10	2	12	16	5	21	2	1	3	99	46	145

TABLE XIII.—CAUSES OF INSANITY.

Causes.	Auckland.			Christchurch.			Dunedin (Seacliff).			Hokitika.			Nelson.			Porirua.			Wellington.			Ashburn Hall (Private Asylum).			Total.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Accident	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	3	2	5	6	1	7	..	..	..	9	3	12
Adolescence	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	3	1	4	0	1	1	3	2	5
Adverse circumstances	..	..	..	..	..	..	1	2	3	..	..	..	..	..	..	..	..	..	1	0	1	..	..	..	2	2	4
Alcohol	..	..	13	5	18	4	1	5	15	4	19	1	1	2	1	0	1	2	6	8	19	1	20	2	0	2	57	18	75
Apoplexy	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	0	1	..	..	..	..	..	..	1	0	1
Bright's disease	..	..	..	..	..	1	0	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	0	1
Cerebral tumour	..	..	1	0	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	0	1	2	0	2
Child-bearing and puerperal	0	5	5	0	2	2	0	2	2	..	..	..	..	..	..	0	2	2	0	6	6	..	..	..	0	17	17
Climacteric	..	..	0	8	8	0	1	1	0	3	3	..	..	..	..	0	3	3	0	2	2	..	..	..	0	17	17
Congenital	..	..	8	9	17	2	4	6	7	9	16	1	0	1	1	0	1	5	13	18	2	1	3	..	..	..	26	36	62
Diabetes	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	0	2	2	0	2
Domestic trouble and anxiety	..	..	..	0	1	1	4	4	8	..	..	..	..	..	..	0	3	3	9	1	10	..	..	..	13	9	22
Epilepsy	..	..	3	1	4	3	1	4	4	1	5	..	..	..	..	4	0	4	3	2	5	..	..	..	17	5	22
Erysipelas	..	..	..	..	..	..	0	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	0	1	1
General paralysis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	0	1	..	..	..	1	0	1
Grief	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	0	1	1	0	1	1
Heredity	..	..	9	7	16	2	3	5	..	..	..	..	..	..	..	..	..	..	7	4	11	2	3	5	20	17	37
Hysteria	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	0	2	2	..	..	..	..	..	..	0	2	2
Ill-health	..	..	0	1	1	2	1	3	..	..	..	1	0	1	..	..	..	..	3	1	4	..	..	..	6	3	9
Influenza	..	..	..	..	..	..	1	4	5	..	..	..	..	..	..	..	..	..	3	0	3	0	1	1	4	5	9
Isolation and solitude	..	..	1	0	1	..	..	..	2	0	2	1	0	1	..	..	..	2	1	3	3	0	3	..	..	..	9	1	10
Lactation	..	..	0	1	1	0	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	0	2	2
Love disappointment	..	..	..	..	..	..	1	0	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	0	1
Malignant disease	..	..	1	0	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	0	1
Masturbation	..	..	6	1	7	2	0	2	7	2	9	..	..	..	2	0	2	7	0	7	10	0	10	..	..	..	34	3	37
Menstrual	..	..	0	1	1	0	1	1	0	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	0	3	3
Morphia	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	0	1	1	0	1	2	0	2
Music mania	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	0	1	..	..	..	..	..	..	..	1	0	1
Organic	..	..	..	..	..	3	1	4	..	..	..	..	..	..	..	..	..	..	..	..	..	1	0	1	4	1	5
Overwork	..	..	2	0	2	0	1	1	..	..	..	..	..	..	..	1	1	2	1	0	1	..	..	..	4	2	6
Previous attack	..	..	..	..	..	6	2	8	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	2	7	3	10
Privation and poverty	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	2	3	..	..	..	..	..	..	1	2	3
Prostitution	..	..	0	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	0	1	1
Political excitement	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	0	1	..	..	..	..	..	..	..	1	0	1
Religious excitement	..	..	..	..	..	0	1	1	..	..	..	..	..	..	0	1	1	0	2	2	8	3	11	..	8	7	15
Senile decay	..	..	3	3	6	3	5	8	2	2	4	2	1	3	1	0	1	..	..	..	7	1	8	..	18	12	30
Shock	..	..	..	..	..	..	..	..	0	3	3	..	..	..	..	..	..	0	1	1	..	..	..	0	1	1	0	5	5
Surgical operation	..	..	..	..	..	..	..	..	0	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	0	1	1
Sunstroke	..	..	2	0	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	0	2
Syphilis	..	..	2	0	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	0	2
Uterine	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	0	1	1	..	..	..	0	1	1
Venereal disease	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	5	0	5	..	..	..	5	0	5
Worry	..	..	3	3	6	..	..	..	2	0	2	..	..	..	..	..	..	1	3	4	..	..	..	..	6	6	12
Unknown	..	..	14	5	19	6	7	13	15	13	28	4	0	4	1	2	3	15	40	55	10	6	16	0	2	2	65	75	140
Totals	..	..	68	51	119	33	33	66	62	52	114	10	2	12	8	3	11	42	81	123	102	31	133	10	10	20	335	263	598

TABLE XIV.—FORMER OCCUPATIONS OF PATIENTS.

Occupation.	Auckland.	Christchurch.	Dunedin (Seacliff).	Hokitika.	Nelson.	Porirua.	Wellington.	Ashburn Hall (Private Asylum).	Total.	Occupation.	Auckland.	Christchurch.	Dunedin (Seacliff).	Hokitika.	Nelson.	Porirua.	Wellington.	Ashburn Hall (Private Asylum).	Total.
MALES.																			
Aboriginal natives	5	..	..	..	..	..	..	..	5	Island traders	2	..	..	..	..	..	..	..	2
Blacksmiths	1	1	1	2	..	..	1	..	6	Journalists	1	..	..	1	..	1	2	..	5
Boilermaker	..	..	..	..	..	1	..	..	1	Labourers	15	11	23	1	3	20	39	..	112
Bootmakers	..	1	1	..	..	..	2	..	4	Marble-mason	1	..	..	..	..	..	..	..	1
Brass-finisher	..	..	1	..	..	..	..	..	1	Mariners	2	1	2	..	..	1	6	..	12
Bricklayers	1	1	..	..	..	..	..	..	2	Mechanic	..	..	1	..	..	..	..	..	1
Broker	..	..	..	..	..	..	1	..	1	Medical men	..	..	..	..	..	..	2	1	3
Bushman	1	..	..	..	..	..	..	..	1	Merchant	..	..	1	..	..	..	..	..	1
Butchers	1	..	1	..	..	..	1	..	3	Miners	2	..	6	4	..	1	..	..	13
Cabinetmaker	..	..	..	..	..	1	..	..	1	Music-teacher	..	..	..	..	1	..	..	..	1
Canvasser	..	..	..	..	..	1	..	..	1	Painters	1	..	..	..	..	2	2	..	5
Carpenters	2	1	1	..	..	2	2	..	8	Piano-tuner	..	..	1	..	..	..	..	..	1
Carrier	..	..	..	..	..	1	..	..	1	Photographer	1	..	..	..	..	..	..	..	1
Carter	1	..	..	..	..	..	..	..	1	Platelayer	..	1	..	..	..	..	..	..	1
Chemists	2	..	..	..	..	..	1	..	3	Plumbers	2	..	..	..	..	..	..	..	2
Clerks	3	..	3	..	..	..	3	..	9	Sawyer	..	..	1	..	..	..	..	..	1
Coach-drivers	1	..	..	..	..	..	2	..	3	Schoolboys	..	..	2	..	..	..	..	..	2
Commission agent	..	1	..	..	..	..	..	..	1	Schoolmaster	1	..	..	..	..	..	..	..	1
Compositor	..	..	..	..	..	1	..	..	1	Shearer	..	..	..	..	..	1	..	..	1
Contractor	..	..	..	..	..	1	..	..	1	Solicitors	..	..	..	..	..	..	..	2	2
Cook	..	..	..	..	..	..	1	..	1	Stationmaster	..	..	1	..	..	..	..	..	1
Cordial manufacturer	..	..	..	..	..	..	1	..	1	Stone-mason	..	..	1	..	..	..	..	..	1
										Storekeepers	..	..	..	..	..	1	3	..	4
Currier	1	..	..	..	..	..	..	..	1	Swagger	..	1	..	..	..	..	..	..	1
Draper	..	..	..	..	..	..	1	..	1	Tailor	1	..	..	..	..	..	..	..	1
Draughtsman	..	..	..	..	..	..	1	..	1	Tailor's cutter	1	..	..	..	..	..	..	..	1
Engine-driver	..	..	1	..	..	..	..	..	1	Timber-merchants	..	..	..	..	..	..	..	2	2
Engineer	..	..	1	..	..	..	..	..	1	Tinsmith	1	..	..	..	..	..	..	..	1
Estate agent	..	..	..	..	..	..	..	1	1	Travellers	..	..	..	..	..	..	3	..	3
Farmers	7	4	7	..	2	3	11	2	36	Weaver	..	..	..	..	..	..	1	..	1
Fruit-grower	..	..	..	..	1	..	..	..	1	Warehouseman	..	..	..	..	..	..	1	..	1
Fireman	..	1	..	..	..	..	..	..	1	Waterman	..	1	..	..	..	..	..	..	1
Gardeners	..	1	..	..	..	..	1	..	2	Waiter	..	..	..	..	..	..	1	..	1
Gentleman	..	..	..	..	..	..	..	1	1	Wheelwright	..	1	..	..	..	..	..	..	1
Grocers	..	..	2	..	..	1	2	..	5	Wood-engraver	..	..	1	..	..	..	..	..	1
Gum-diggers	7	..	..	..	..	..	..	..	7	No occupation	3	..	3	2	1	3	1	..	13
Hairdresser	1	..	..	..	..	..	..	..	1	Unknown	..	4	..	..	..	..	8	..	12
Hawkers	..	1	..	..	..	..	2	..	3										
Hotelkeeper	..	..	..	..	..	..	..	1	1										
Ironmonger	..	1	..	..	..	..	..	..	1	Totals	68	33	62	10	8	42	102	10	335
FEMALES.																			
Aboriginal natives	1	..	..	..	..	3	..	..	4	Nurse	..	1	..	..	..	..	..	..	1
Destitute	1	..	5	..	..	..	..	..	6	Prostitutes	..	..	..	..	..	2	..	..	2
Domestic duties	37	25	35	2	3	48	29	5	184	Saleswoman	..	..	..	..	..	1	..	..	1
Domestic servants	..	..	3	..	..	16	..	..	19	School-teachers	..	..	1	..	..	..	1	..	2
Dressmaker	..	..	1	..	..	..	..	..	1	Seamstress	1	..	..	..	..	..	..	..	1
Farmer	1	..	..	..	..	..	..	..	1	Shopkeepers	2	..	..	..	..	..	..	..	2
Gentlewomen	..	..	..	..	..	..	..	4	4	Student	..	..	..	..	..	..	..	1	1
Hotelkeeper	..	..	..	..	..	1	..	..	1	Tailoresses	4	1	..	..	..	..	..	..	5
Laundress	..	..	..	..	..	1	..	..	1	No occupation	4	..	4	..	..	..	1	..	9
Machinist	..	..	1	..	..	..	..	..	1	Unknown	..	6	..	..	..	7	..	..	13
Milliners	..	..	..	..	..	2	..	..	2										
Music-teachers	..	..	2	..	..	..	..	..	2	Totals	51	33	52	2	3	81	31	10	263

TABLE XV.—SHOWING the ADMISSIONS, DISCHARGES, and DEATHS, with the MEAN ANNUAL MORTALITY and Proportion of RECOVERIES per Cent. of the ADMISSIONS for each Year since 1st January, 1876.

Year.	Admitted.			Discharged.									Died.			Remaining 31st December in each Year.			Average Numbers resident.			Percentage of Recoveries on Admissions.			Percentage of Deaths on Average Numbers resident.		
				Recovered.			Relieved.			Not Improved.																	
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1876 ..	221	117	338	125	81	206	17	8	25	6	6	12	36	12	48	519	264	783	491	257	748	54·53	66·01	57·56	8·21	3·58	6·70
1877 ..	250	112	362	123	57	180	20	9	29	7	2	9	42	21	63	581	291	872	541	277	818	49·20	50·80	49·72	7·76	7 58	7·70
1878 ..	247	131	378	121	68	189	14	14	28	3	3	6	51	17	68	638	319	957	601	303	904	48·98	51·90	50·00	8·48	5·61	7·52
1879 ..	248	151	399	112	76	188	15	13	28	8	3	11	55	16	71	695	361	1,056	666	337	1,003	45·16	50·33	47·11	8·25	4·74	7·07
1880 ..	229	149	378	100	67	167	36	25	61	5	2	7	54	20	74	729	396	1,125	703	371	1,074	43·66	44·96	44·17	7·68	5·39	6·89
1881 ..	232	127	359	93	65	158	41	36	77	8	1	9	49	14	63	769	406	1,175	747	388	1,135	40·08	51·10	44·01	6·29	3·60	5·55
1882 ..	267	152	419	95	59	154	49	32	81	5	7	12	60	19	79	827	442	1,269	796	421	1,217	35·58	38·81	36·75	7·53	4·51	6·49
1883 ..	255	166	421	102	78	180	13	20	33	10	9	19	65	18	83	892	483	1,375	860	475	1,335	40·00	46·98	42·75	7·55	3·78	6·21
1884 ..	238	153	391	89	77	166	17	9	26	18	12	30	68	24	92	938	514	1,452	911	497	1,408	37·39	50·32	42·45	7·46	4·82	6·53
1885 ..	294	160	454	95	76	171	10	5	15	73	29	102	73	22	95	981	542	1,523	965	528	1,493	32·31	47·50	37·66	7·56	4·16	6·36
1886 ..	207	165	372	99	60	159	11	17	28	12	8	20	57	19	76	1,009	604	1,613	984	559	1,543	47·82	36·36	42·74	5·79	3·39	4·91
1887 ..	255	161	416	103	78	181	34	17	51	..	..	..	74	27	101	1,053	643	1,696	1,034	613	1,647	40·39	48·75	43·61	7·15	4·40	6·13
1888 ..	215	146	361	116	92	208	31	28	59	2	2	4	78	26	104	1,041	640	1,681	1,045	641	1,686	53·95	63·01	57·62	7·56	4·05	6·16
1889 ..	230	161	391	93	53	146	31	30	61	3	1	4	70	30	100	1,074	687	1,761	1,046½	660½	1,707	40·43	32·92	37·34	6·69	4·54	5·86
1890 ..	230	160	390	98	88	186	23	17	40	12	5	17	76	35	111	1,095	702	1,797	1,078	685	1,763	42·61	55·00	47·69	7·05	5·11	6·29
1891 ..	234	201	435	88	74	162	33	24	57	14	30	44	79	41	120	1,115	734	1,849	1,089¾	699½	1,789¼	37·61	36·82	37·24	7·25	5·86	6·71
1892 ..	231	158	389	89	76	165	21	17	38	8	2	10	74	34	108	1,154	763	1,917	1,125	714¾	1,839¾	38·53	48·10	42·42	6·58	4·76	5·87
1893 ..	281	179	460	101	89	190	17	12	29	9	9	18	78	23	101	1,229	810	2,039	1,172	758	1,930	35·94	49·72	41·30	6·66	3·03	5·23
1894 ..	320	256	576	107	76	183	15	11	26	55	84	139	64	35	99	1,308	860	2,168	1,241	812	2,053	39·63	45·18	41·08	5·16	4·31	4·82
1895 ..	379	302	681	105	77	182	24	19	43	128	139	267	101	42	143	1,329	885	2,214	1,313	849	2,162	41·27	46·66	43·40	7·69	4·94	6 61
1896 ..	296	170	466	104	70	174	25	16	41	20	12	32	86	32	118	1,390	925	2,315	1,347	882	2,229	37·41	44·02	39·82	6·38	3·63	5·29
1897 ..	300	244	544	102	73	175	26	32	58	17	31	48	105	43	148	1,440	990	2,430	1,411	944	2,355	35·92	37·82	36·69	7·44	4·55	6 28
1898 ..	355	258	613	114	110	224	13	23	36	104	47	151	88	60	148	1,472	1,008	2,480	1,438	973	2,411	44·88	51·89	48·07	6·12	6·17	6·14
1899 ..	264	247	511	88	99	187	15	25	40	7	42	49	114	43	157	1,512	1,045	2,557	1,487	1,004	2,491	32·31	44·33	37·58	7·67	4·28	6·30
1900 ..	335	263	598	103	96	199	39	10	49	25	65	90	99	46	145	1,581	1,091	2,672	1,534	1,049	2,583	30·74	36·50	33·27	6·45	4·38	5·61
	6,613	4,489	11,102	2,565	1,915	4,480	590	469	1,059	559	551	1,110	1,796	719	2,515	..	..	..	..	..	..	..	..	..	..	..	..

	M.	F.	T.
In Asylums, 1st January, 1876	482	254	736
In Asylums, 1st January, 1901	1,581	1,091	2,672

TABLE XVI. — SHOWING the ADMISSIONS, READMISSIONS, DISCHARGES, and DEATHS from the 1st January, 1876, to the 31st December, 1900.

	M.	F.	T.	M.	F.	T.
Persons admitted during period from 1st January, 1876, to 31st December, 1900	5,396	3,422	8,818			
Readmissions	1,217	1,067	2,284			
Total cases admitted				6,613	4,489	11,102
Discharged cases—						
Recovered	2,565	1,915	4,480			
Relieved	590	469	1,059			
Not improved	559	551	1,110			
Died	1,796	719	2,515			
Total cases discharged and died since January, 1876				5,510	3,654	9,164
Remaining in asylums, January 1st, 1876				482	254	736
Remaining in asylums, January 1st, 1900				1,581	1,091	2,672

TABLE XVII.—SUMMARY of TOTAL ADMISSIONS. PERCENTAGE of CASES since the Year 1876.

——	Males.	Females.	Both Sexes.
Recovered	39·79	42·65	40·35
Relieved	8·92	10·44	9·53
Not improved	8·45	12·27	9·99
Died	27·15	16·01	22·65
Remaining	15·69	18·63	17·48
	100·00	100·00	100·00

TABLE XVIII. — EXPENDITURE, out of Immigration and Public Works Loan, on ASYLUM BUILDINGS during the Financial Year ended 31st March, 1901, and LIABILITIES at that Date.

Asylums.	Net Expenditure for Year ended 31st March, 1901.	Liabilities on 31st March, 1901.
	£ s. d.	£ s. d.
Auckland	3,038 17 11	1,906 3 3
Wellington	1,616 2 0	84 0 0
Porirua	10,587 3 7	5,611 7 2
Christchurch	75 16 8	64 0 0
Dunedin (Seacliff)	2,227 16 10	6,751 15 6
Nelson	1,231 13 5	544 6 8
Hokitika	94 3 11	85 16 1
Totals	18,871 14 4	15,047 8 8

TABLE XIX. — TOTAL EXPENDITURE, out of Immigration and Public Works Loan, for REPAIRS and BUILDINGS at each ASYLUM from 1st July, 1877, to 31st March, 1901.

Asylums.	1877-93.	1893-94.	1894-95.	1895-96.	1896-97.
	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
Auckland	70,712 1 5	1,033 19 3	505 10 7	2,994 10 4	9,565 4 4
Wellington	19,958 18 7	..	880 11 1	275 4 0	175 10 0
Wellington (Porirua)	24,053 11 6	15,272 2 3	8,007 10 2	768 15 5	4,873 16 10
Christchurch	93,662 13 7	545 4 5	2,159 0 9	4,863 10 1	1,169 11 1
Dunedin (Seacliff)	115,955 16 9	1,881 19 3	1,879 17 8	1,810 11 2	280 11 0
Napier	147 0 0	..	..	..	..
Hokitika	1,164 19 8	..	..	22 5 8	..
Nelson	4,887 1 3	223 8 1	200 0 0	200 0 0	338 17 3
Totals	330,542 2 9	18,956 13 3	13,632 10 3	10,934 16 8	16,403 10 6

Asylums.	1897-98.	1898-99.	1899-1900.	1900-1.	Total Net Expenditure, 1st July, 1877, to 31st March, 1901.
	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
Auckland	3,177 14 6	208 7 2	1,553 11 4	3,038 17 11	92,789 16 10
Wellington	133 11 4	1,606 18 10	1,823 17 0	1,616 2 0	26,470 12 10
Wellington (Porirua)	8,655 10 0	11,233 9 1	11,095 9 6	10,587 3 7	94,547 8 4
Christchurch	821 18 4	188 15 9	..	75 16 8	103,486 10 8
Dunedin (Seacliff)	222 13 6	1,797 0 4	1,386 17 7	2,227 16 10	127,443 4 1
Napier	..	..	..	..	147 0 0
Hokitika	..	..	..	94 3 11	1,281 9 3
Nelson	1,118 1 10	2,632 2 4	1,852 5 8	1,231 13 5	12,683 9 10
Totals	14,129 9 6	17,666 13 6	17,712 1 1	18,871 14 4	458,849 11 10

TABLE XX.—SHOWING the EXPENDITURE for the Year 1900.

Items.	Auckland.	Christchurch.	Dunedin (Seacliff).	Hokitika.	Nelson.	Porirua.	Wellington.	Total.
	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
Inspector*	..	..	..	..	..	..	..	1,000 0 0
Assistant Inspector*	..	..	..	..	..	..	..	87 0 0
Clerk*	..	..	..	..	..	..	..	197 10 0
Medical fees*	..	..	..	..	..	..	..	998 13 6
Contingencies*	..	..	..	..	..	..	..	289 0 5
Official Visitors	25 4 0	12 12 0	50 8 0	12 12 0	12 12 0	25 4 0	12 12 0	151 4 0
Visiting Medical Officers	..	..	..	150 0 0	219 17 10	..	..	369 17 10
Superintendents	570 16 8	600 0 0	600 0 0	300 0 0	200 0 0	600 0 0	576 3 4	3,447 0 0
Assistant Medical Officers	239 12 2	250 0 0	250 0 0	..	..	91 13 4	250 0 0	1,081 5 6
Clerks	108 6 8	190 0 0	188 6 8	..	..	120 0 0	120 0 0	726 13 4
Matrons	88 6 8	95 0 0	100 0 0	85 0 0	75 0 0	84 19 9	88 15 0	617 1 5
Attendants and servants	3,672 3 8	3,986 10 4	5,273 12 10	1,054 1 5	1,204 8 1	3,443 16 4	2,482 12 0	21,117 4 8
Rations	3,305 14 3	3,218 15 2	3,973 8 10	1,005 8 4	1,182 9 8	2,883 14 10	2,113 15 4	17,683 6 5
Fuel and light	764 7 3	1,267 8 2	475 6 2	53 8 2	280 2 4	953 11 2	669 6 3	4,463 9 6
Bedding and clothing	946 19 10	1,324 19 11	1,276 5 3	230 12 6	202 4 8	824 11 6	485 10 8	5,291 4 4
Surgery and dispensary	43 18 1	106 4 2	74 19 2	17 7 2	42 15 5	58 18 5	55 8 7	399 11 0
Wines, spirits, ale, and porter	13 0 0	9 1 0	22 3 4	7 3 6	8 3 6	19 11 3	44 7 0	123 9 7
Farm	456 1 3	817 9 7	1,084 10 3	..	274 3 0	781 14 7	250 4 6	3,664 3 2
Necessaries, incidental, and miscellaneous	1,618 4 4	1,860 12 2	3,278 4 1	254 4 8	620 7 6	1,980 13 8	1,408 14 9	11,021 1 2
Totals	11,852 14 10	13,738 12 6	16,647 4 7	3,169 17 9	4,322 4 0	11,868 8 10	8,557 9 5	72,728 15 10
Repayments, sale of produce, &c.	3,253 12 9	3,366 12 6	3,966 12 7	315 2 7	933 18 2	1,479 0 11	2,259 9 8	15,574 9 2
Actual cost	8,599 2 1	10,372 0 0	12,680 12 0	2,854 15 2	3,388 5 10	10,389 7 11	6,297 19 9	57,154 6 8

* Not included in Table XXI.

TABLE XXI.—AVERAGE COST of each PATIENT per Annum.

Asylums.	Provisions.	Salaries.	Bedding and Clothing.	Fuel and Light.	Surgery and Dispensary.	Wines, Spirits, Ale, &c.	Farm.	Necessaries, Incidental, and Miscellaneous.	Total Cost per Patient.	Repayment for Maintenance.	Total Cost per Head, less Repayments for Maintenance	Total Cost per Head, less Receipts of all kinds.	Total Cost per Head, less Receipts of all kinds previous Year.	Decrease in 1900.	Increase in 1900.
	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
Auckland	6 19 5¾	9 18 6	1 19 11½	1 12 3¼	0 1 10¼	0 0 6½	0 19 2½	3 8 3¼	25 0 1	5 7 11	19 12 2	18 2 9½	20 8 5¼	2 5 7¾	..
Christchurch	6 6 5	10 1 8¾	2 12 0¾	2 9 9½	0 4 2	0 0 4¼	1 12 1½	3 13 1¼	26 19 9	5 7 4¾	21 12 4¼	20 7 5¾	19 7 4	..	1 0 1¾
Dunedin (Seacliff)	6 9 7½	10 10 10	2 1 7½	0 15 6	0 2 5½	0 0 8¾	1 15 4½	5 6 11½	27 3 1	4 15 1	22 8 0	20 13 8	20 3 0¼	..	0 10 7¾
Hokitika	8 3 5¾	13 0 5¼	1 17 6	0 8 8¼	0 2 9¾	0 1 2	..	2 1 4	25 15 5	2 6 0¼	23 9 4¾	23 4 2	23 7 5	0 3 3	..
Nelson	8 12 7½	12 9 10¾	1 9 6½	2 0 10¾	0 6 3	0 1 2¼	2 0 0¼	4 10 6¾	31 10 11¾	5 14 0½	25 16 11¼	24 14 7¾	21 15 2¾	..	2 19 5
Porirua	6 12 10¾	10 1 2¼	1 18 0	2 3 11¼	0 2 8½	0 0 10¾	1 16 0¼	4 11 3¼	27 6 11	2 13 9	24 13 2	23 18 9	21 5 10	..	2 12 11
Wellington	8 7 9	14 0 2	1 18 6½	2 13 1¾	0 4 4¾	0 3 6¼	0 19 10¼	5 11 9½	33 19 2	7 13 9¼	26 5 4¾	24 19 10	23 13 2	..	1 6 8
Averages	6 19 1½	10 16 5½	2 1 7½	1 15 1½	0 3 1¾	0 0 11¾	1 8 9¾	4 6 8½	27 11 11¾	4 17 4¼	22 14 7½	21 9 5¼	20 16 11¾	..	0 12 5½

NOTE.—Including the first five items in Table XX., the net cost per patient is £22 9s. 8d., as against £21 19s. 0¾d. for the previous year, being an increase of 10s. 7¼d. per head.

Approximate Cost of Paper.—Preparation, not given; printing (1,625 copies), £20 5s.

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