Single Rooms.

Asylum.					Number of Single Rooms.	Total Space: Cubic Feet.	Cubic Feet for each Room
Auckland	• • •				132	119,280	903
Christchur	ch				82	69,651	850
Seacliff					172	141,421	822
Hokitika					37	29,071	768
Nelson					35	29,589	842
Porirua					68	63,217	929
Wellington		• • •			68	61,280	901
	Tota	ls			594	512,863	6,012

At Auckland there are 576 patients, but only floor-space for 493; the asylum therefore is over-crowded to the extent of 83 patients.

At Hokitika there appears to be sleeping-accommodation for 30 more patients, but the floor-space will only allow 20 more.

At Porirua there appears to be sleeping-accommodation for 560 patients in the common dormitories, but the floor-space is only sufficient for 506. The number of patients in the dormitories at 12th March was 506.

The following shows the amount of overcrowding at our asylums as at 12th March, 1904, and also the additional accommodation provided since June, 1903, to mitigate this evil:—

	Auckland							83	patients in excess.	
	Christchur	eh						19	- "	
	Seacliff		•••			•••		71	"	
	Wellington		• • •					19	"	
	Less room							192 20	"	
$\operatorname{Total}$			• • •	• • •	• • •	• • •	172	patients in excess.		
The	additional:	accoi	mmodation	that ha	s been p	rovided s	ince J	une, I	1903, is as follows:-	—
	Auckland						79 be	ds, n	ow in occupation.	
	Porirua				•••		50	,,	,,	
	Sunnyside Hokitika	• • •		• • •	•••	•••	52 50	"	"	

Total ... ... ... 231 " "
20 more beds at Porirua, 30 at Sunnyside, and 76 at Seacliff will be completed shortly, thus

providing extra accommodation for 357 patients.

The Government has authorised additions to the farm labourers' auxiliary building at Seacliff, auxiliary buildings at Sunnyside and Porirua, as well as a large addition to the Auckland Asylum. The old laundry at Auckland has also by the addition of a new story been converted into rooms for female patients. Provision has also been made at Sunnyside, Porirua, Seacliff, and Auckland, for observation-wards. So that I can see my way for the first time in the history of the Department to having a number of spare beds in excess of the statutory accommodation. The yearly addition to our numbers is about a hundred, and for a large proportion of these we shall have room, so that when all this building is finished, it will carry us over another year without any further additions being requisite.

In every one of our hospitals for mental diseases there should be spare beds for new cases. This will make it possible, for the first time in our experience, to admit under a new Act voluntary patients in circumstances where privacy and comfort and freedom from the irritating contact with insane patients and imbeciles will be avoided. Thus giving them under the most favourable circumstances a chance to recover their mental balance, which in many of these cases is but slightly impaired. Every year several cases arise in which doctors are unable to certify that the patients are not compos mentis. I further hope that the effect of this beneficent provision will be that many persons may entirely escape the stigma of being "sent to an asylum," from which people shrink so much, and which is apt to stick to them all their lives affecting alike their social position and their mental equilibrium.

In all those countries where the hurry and worry of business life is so urgent (as for instance, it is nowadays in the United States of America and even in England, accompanied as it is by a constant influx of the healthy and vigorous country population into the towns, where in the necessary struggle for wealth and comfort the nervous system of a vast number of victims is undermined until they become neurotics and neurasthenics) large numbers of private asylums where such people take refuge are being established. In Canada, where no such homes are being provided, there is a constant inflow to the United States, to take advantage of such institutions, all of which are established on a paying basis. \*

Before long, I believe it will be necessary to establish at each of our hospitals for mental diseases regular systematic teaching for attendants and nurses. It would be useless at present to do more than insist that the whole staff must attend such instruction, but the examinations should be voluntary. It should be made clear that no attendant has any chance of promotion except such as prove themselves to have profited by the instruction provided.

The movement started at Larbert Asylum, which I carefully studied on the spot, for the staffing of the asylums mainly with female nurses for both men and women patients is, I think, likely to spread, and has, in fact, already spread to some places in America and England. Under this system, there is