SUNNYSIDE ASYLUM, CHRISTCHURCH.

SIR,—

I have the honour to forward the report on this Asylum for the year 1903.

The subjoined statistical statement shows the admissions, discharges, and deaths for that period.

	M.	F.	T.
Admissions.			
Admitted first time	39	24	63
Readmitted	12	7	19
Totals	51	31	82
Discharges.			
Recovered and relieved	34	20	54
Not improved	43	10	54
Totals	77	31	108
Number discharged who were admitted during year	19	12	31
Number died ,,	2	1	3
Number remaining ,,	30	18	48
Totals	51	31	82
Deaths	20	6	26

Percentage of discharges of first cases on admissions	31·8
,, ,, recovered and relieved on admissions	65·9
,, deaths on admissions	31·7
,, ,, on number under treatment	4·1

The admissions were fewer than for the last two years, being twenty-two less than in 1901, which would be more apparent if the committal of first cases only were taken into account, while there does not seem to have been anything unusual in the determining causes of the insanity.

The type of insanity, however, appears to me to have considerably changed during the last twenty years, for we get comparatively few cases of acute mental disease, a much larger proportion being merely outbursts of excitement in those of congenital deficiency—many of them associated with epilepsy—and due to vicious indulgence, which to my mind indicates a lower standard of mental organization and degeneracy.

As regards those readmitted, it is exceedingly difficult to resist the constant importunity of relatives for the release of their friends, even after repeated attacks, and I fear I too often give way to such when my better judgment tells me the patient is not fully recovered, and is sure to relapse sooner or later. In addition to the grave responsibility incurred in recommending the release of such cases on account of the danger to themselves and others from renewed attacks, there are social questions of great importance involved, and I often feel that such a great responsibility should not be placed on one individual. That more serious accidents have not occurred in this way shows the discretion and great care exercised therein by the medical officers of asylums, but I think some tribunal should be established to relieve them of this anxiety, before which doubtful cases could be brought, and the medical aspects of the case represented.

The discharges were very largely augmented by the transfer of forty-two men and eight women to the Hokitika Asylum in July, which accounts for so many under the heading "Discharged not improved;" while it will be noted that the percentage of the cases discharged recovered, on the admissions, is unusually high—viz., 65·9. This, however, cannot be taken as a reliable guide to the regular recovery-rate of this Asylum, for it was much lower last year; so that one year should be taken with another, or the percentage calculated over a longer period.

The death-rate was remarkably low, and has been so for several years, so that, as previously pointed out by me, it must have a considerable effect on the accumulation in our asylums, as compared with those where the mortality-rate is higher. One death was accidental and due to a fall from a haystack on which the patient was working, whereby he sustained a fracture of one or more cervical vertebræ, with resulting paralysis. The man was a labourer by employment, and had been accustomed to similar work for years, but he carelessly jumped from the stack on to a cartload of hay adjoining, from which he slipped, falling with great force on his head. There were no other serious accidents, or suicides, and this Asylum has enjoyed remarkable freedom from such, except for a comparatively short period of bad luck.

The transfer of forty-two patients above mentioned, and the opening of the auxiliary building in November last, affording immediate accommodation for forty-five patients, reduced the overcrowding of the male division for the first time for several years to a trifling consideration, and when the remaining portion is completed, comprising living-room, dining-room, kitchen, &c., making it practically a separate institution, the accommodation for male patients should be sufficient for some years to come.

The conversion of the old North House by repairs and alterations at a small cost, into quarters for about a dozen of the very old, feeble, and demented but harmless men, will be in the same direction,