

PORIRUA MENTAL HOSPITAL

DR. HART reports :—

I have the honour to submit my report for the year ending 31st December, 1945.

The number of cases under care during the year was 1,691, of which 1,456 were committed patients, 232 voluntary boarders, and 3 remanded for psychiatric observation. Admissions, including 20 patients transferred from other hospitals, totalled 527, of which number 137 were voluntary boarders. It is worthy of note that, excluding the usual transfers from other hospitals, over 27 per cent. of the admissions personally sought admission and treatment as voluntary boarders. During the year 312 persons were discharged and 125 deaths occurred.

During the year considerable and additional extramural psychiatric work has been carried out by the medical staff in the psychiatric wards and clinics at the Wellington and Palmerston North Public Hospitals. These clinics enable the community to seek advice and treatment for incipient mental disorders, psychoneuroses, and many of the minor and major social maladjustments common to any community. These clinics have provided advice and treatment for many ex-servicemen. Throughout the war the Army, Air Force, and Naval medical services have used the facilities of these clinics for advice and treatment in relation to their personnel.

During the past four years annual reports have not been made, and it has been a period of new psychiatric methods and treatment. The hospital has kept abreast of the times and progress, and in one instance (electric narcosis) we have been the first in the Southern Hemisphere to institute this form of treatment. We have now treated over 500 cases with electric convulsive therapy, with excellent and, on occasions, dramatic results. A careful study has been made of the indications for the use of this treatment, and the extramural adjustment of these discharged patients has been followed whenever possible. The use of curare in conjunction with E.C.T. was instituted last year which enabled many elderly persons, or persons with impaired physical health or physical abnormality, to have treatment which without curare would have been, to say the least, hazardous. Apart from the curable effect of this treatment, E.C.T. has been found of considerable benefit in chronic disturbed patients. As previously mentioned, electro-narcosis, or electricocoma, treatment was recently instituted. To date 35 patients have had or are receiving treatment. The results so far have not been co-related, and it is yet too soon to give a definite opinion as to the treatment value in psychiatry. Extensive use is being made of sub-coma insulin therapy, and of insulin and vitamin therapy in a wide variety of cases. The results of both types of treatment have been encouraging. Some results of the treatments given in this hospital have been from time to time published in the *New Zealand Medical Journal*.

Since my last annual report a large section of the hospital has been demolished as a result of the earthquake of 1942. Although a number of our patients were at that time, or shortly afterwards, transferred elsewhere, we still have to cope with the largest mental hospital admission rate in New Zealand. With reduced facilities and amenities and obvious inconveniences associated with demolishing and rebuilding, it has been an extreme tax and trial to all sections of the hospital staff to cope with an admission rate of over 500 per year, and at the same time endeavour to maintain a desirable standard of psychiatric treatment and care. Although during this period the living-conditions for patients have naturally fallen below what we would have wished, the period has been one of psychiatric progress. More positive and active psychiatric treatments have been given than ever before.

At present the overcrowding is greater than at any time during recent years, the resident population being 1,152, whereas the scheduled accommodation is for only 821 persons. The building programme is being pushed on as fast as materials and labour will allow. An additional 100 beds should be available within two months. In addition to overcoming arrears of accommodation and making provision for the normal increases, it is hoped that the completion of the building programme will enable the return of many