

A hall for recreational purposes and our own transport service are absolutely necessary if we are to get and retain staff. The location of this hospital places our staff at a definite disadvantage when compared with the mental hospitals near a city.

Many organizations and individuals have helped our patients by giving entertainment and donations. I am most grateful for their generosity, and would like to see the community take greater interest in our activities, as I am sure it would not only add to its own enlightenment, but would also keep the patients in closer contact with civilian life and make rehabilitation easier when they are ready for discharge.

In conclusion, I tender my sincere thanks to all members of the staff for the good work they have done during the year.

TOKANUI MENTAL HOSPITAL

Dr. HUNTER reports :—

I have the honour to submit my annual report for the year ending 31st December, 1946.

The total number of cases under care during the year has been 1,152, with a weekly average of 910.

The admissions were 121 (52 men, 69 women). Of these, 105 (45 men and 60 women) were admitted for the first time, being a decrease of 4 under those of the previous year.

The general health of the hospital has been very good, deaths totalling 49 (18 men and 31 women) the majority being elderly people.

Discharges numbered 48 (19 men and 29 women). Transfers numbered 245 (14 men and 231 women).

Voluntary boarders treated during the year were 66 (22 men and 44 women), 12 men and 12 women being new admissions. Voluntary boarders discharged numbered 33 (5 men and 28 women).

The use of the electric convulsive therapy has shortened the time in hospital, especially the involuntional melancholic type of mental disorder.

During February the forest fires in the Taupo district necessitated the transferring of our women patients at Wairakei to Raventhorpe, and the administration of Raventhorpe was later in the year taken over by Kingseat Mental Hospital.

For most of the year the staff shortage has continued to be serious, but was improved somewhat by the arrival of a party of nurses from Great Britain. The staffing position on the male side has not improved, mainly due to the lack of housing for married staff. A site near the hospital has been acquired, and we hope to see some progress being made in the near future with the resultant increase in staff, as a good type of applicant is offering, but will not take a position as there is no accommodation for their families.

Occupational therapy continues to play a great part in the improvement of our patients, but we are handicapped by lack of suitable buildings. Although these have been sanctioned for the last two years, little progress has been made in erecting them.

The fire-fighting services of the hospital are being improved, an automatic fire-alarm system is being installed in addition to our present manual system. An up-to-date fire-fighting engine is on order.

A new laundry and boiler-house on a new site are proposed, as the old laundry has, for many years, proved too small for the number of patients and staff it is required to cater for. This will necessitate the provision of separate kitchens and bathrooms for men's wards, A, C, and H, and a separate staff kitchen to cater for the attendant staff. The provision of these amenities will make each ward self-contained.

The clinic at the Hamilton Hospital continues to serve a useful purpose and is appreciated by the hospital authorities, and many early cases are referred for opinion and suggested treatment.

Amusement and recreation has been catered for as usual. Weekly dances, pictures, some concerts, and visits by bands and orchestra. I would like to thank the Te Awamutu Rotary Club for much appreciated interest in providing entertainment for the patients and for the many picture parties that they have provided during the year.

In conclusion, I want to express my thanks to all members of the staff for their help and co-operation in the work of the hospital.