

1907.
NEW ZEALAND

MENTAL HOSPITALS OF THE COLONY

(REPORT ON) FOR 1906.

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

The INSPECTOR-GENERAL OF MENTAL HOSPITALS to the Hon. the MINISTER OF EDUCATION.

SIR,—

Wellington, 20th July, 1907.

I have the honour to lay before you the statutory report on the mental hospitals of the colony for the year ended on the 31st December, 1906. To bring the information up to date, a brief reference is made where necessary to subsequent events of importance.

The period covered by the main report is determined by the statistical year recognised in the United Kingdom and other countries, because, after making due allowance for many sources of error (not the least of which may be found in our relatively small numbers), a critical comparison of our statistics with those of the parent stock is sufficiently important to outweigh the convenience of a financial year ending the 31st March, or, for parliamentary purposes, of a July-to-June year.

It has also been the custom to compare the statistics of the year reported on with those of past periods, and on this occasion I propose to deal more particularly with the changes of the last twenty-one years, from the time that the late Dr. MacGregor, then Professor of Mental Science in the University of Otago, relinquished one distinguished career to enter upon another to the date of his death at the end of last year.

It will be noted from the expansion of the Department administering the Lunatics Act between these years that the time had come for its cleavage from that administering the Hospitals and Charitable Institutions Act and its allies. The Departments had grown almost imperceptibly, and their responsibilities received increments without apparently burdening the broad shoulders accustomed to the weight; but these responsibilities, once laid down, were wisely deemed too heavy for a single load. The late Inspector-General was no ordinary man: his mind, as massive as his frame, his nobility of thought, his geniality, his forcefulness in action, made up a personality which, I believe, has left its mark on the Civil Service of the colony. To the Department he bequeathed a part of himself, a tradition of justice, of courage to do what is right without the thought of applause or blame, and of a righteous regard for the public purse.

I trust it may be my lot, as it shall be my endeavour, to maintain that tradition, and to justify the confidence placed in me when appointed to succeed my honoured chief.

It will be seen by referring to the statistical tables in the Appendix that the number of registered insane persons on the 31st December, 1906, was 3,206—males 1,900, females 1,306—being an increase of 94—males 64, females 30—over the previous year. Registered insane persons are those who are officially known to the Department, being placed on its register, and only to such do the statistics refer. At the end of the year they were distributed as follows:—

	Males.	Females.	Total.
Auckland	406	269	675
Christchurch	276	253	529
Dunedin (Seacliff)	477	277	754
Hokitika	127	39	166
Nelson	91	59	150
Porirua	342	280	622
Wellington	159	109	268
Ashburn Hall (private mental hospital)	22	20	42
	1,900	1,306	3,206

Owing to the accommodation at particular mental hospitals becoming taxed by the larger admission-rate, or the smaller death and discharge rate, in some districts there has been an adjustment by transfer to hospitals having accommodation available. With the added residuum

of admissions over deaths and discharges for the added period, the distribution of the patients at this date is as follows:—

	Males.		Females.		Total.	
	Patients.	Accommodation.	Patients.	Accommodation.	Patients.	Accommodation.
Auckland	411	447	271	259	682	706
Christchurch	281	283	250	239	531	522
Dunedin (Seacliff)	441	451	273	253	714	704
Hokitika	150	160	57	65	207	225
Nelson	87	80	58	55	145	135
Porirua	325	317	271	274	596	591
Wellington	141	139	88	88	229	227
	1,836	1,877	1,268	1,233	3,104	3,110
Ashburn Hall (private mental hospital)	23	30	21	36	44	66
Totals	1,859	1,907	1,289	1,269	3,148	3,176
On probation	67	...	36	...	103	...
	1,926	...	1,325	...	3,251	...

The accommodation for men is sufficient for immediate requirements, but an excess of thirty-five women is spread over the hospitals. This year's building programme provides for the present and the estimated increase, and a little more.

On the 31st December the patients on the register stood in the following relation to the estimated general population:—

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

Exclusive of Maoris	3·90	per 1,000, or 1 in 256
Inclusive of Maoris	3·75	" 1 in 266

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

Exclusive of Maoris	3·02	" 1 in 330
Inclusive of Maoris	2·91	" 1 in 344

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

Exclusive of Maoris	3·49	" 1 in 286
Inclusive of Maoris	3·35	" 1 in 298

It is interesting to compare our proportions with those of England (and Wales), Scotland, and Ireland, and also, by analysing Table VIII in the Appendix in the light of the new census (not corrected for the added eight months), to arrive at the proportion of insanity among immigrants of each nationality contributing at least a thousand persons to our population.

In the following table (to be referred to hereafter as Table A) only the chief contributing countries are considered. The Maori race is included in the table, but omitted when inferences are drawn. This may be taken as generally applicable, because the number on our register is negligible, which fact, however, cannot be accepted as actual proof of relative immunity.

TABLE A.—SHOWING (for each SEX) according to Birthplace the NUMBER of PERSONS RESIDENT in the Colony (28th April, 1906), the NUMBER of INSANE PERSONS of each Nationality on the 31st December, 1906, the NUMBER in the Population contributing ONE INSANE PERSON and the LIKE PROPORTION in the Country of Origin.

Country of Birth.	Persons in Colony.			Insane in Colony.			Proportion of Insane in Population.			Proportion in Native Country of Insane in Population.		
	Males.	Females.	Both Sexes.	Males.	Females.	Both Sexes.	Males: 1 in	Females: 1 in	Both Sexes: 1 in	Males: 1 in	Females: 1 in	Both Sexes: 1 in
New Zealand—												
Maoris	25,520	22,181	47,701	21	13	34	1,215	1,706	1,403·0	..	..	..
Exclusive of Maoris	303,976	302,271	606,247	540	448	988	563	675	613·6	..	..	..
Australia	27,472	19,784	47,256	62	38	100	443	520	472·5	..	..	..
England (and Wales)	69,293	49,411	118,704	506	337	843	137	146	140·8	297	272	283
Scotland	28,078	19,689	47,767	253	133	386	111	148	123·7	283	275	280
Ireland	23,295	19,165	42,460	348	273	621	67	70	68·4	178	199	188
Austria	2,042	170	2,212	8	1	9	255	..	245·7	..	..	..
China	2,556	46	2,602	26	..	26	98	..	100·0	..	..	..
Denmark	1,526	751	2,277	10	3	13	152	..	175·0	..	..	..
Germany	2,731	1,443	4,174	26	15	41	105	96	101·8	..	..	..
Norway	1,032	364	1,396	11	4	15	94	..	93·0	..	..	..
Sweden	1,412	206	1,618	19	5	24	74	..	67·4	..	..	..

The main proportions (excluding the Maori race) may be thus stated: The population of the colony is 888,578, of which 606,247 are native-born, and 282,331 are made up of persons who have come to the colony from all parts of the world; while the total number of the insane is 3,172, of which 988 are and 2,184 are not native-born: therefore, though the native-born are considerably more than two-thirds of the population, they contribute considerably less than one-third to the number of the insane. Or, to put it more accurately, though there is one person insane in 280·4 of the total population, among New-Zealand-born there is only 1 in 613·6, and among persons who were born outside the colony, 1 in 129·2.

The following return, being germane to the subject, may be considered parenthetically. It shows, according to grouped countries of origin, the number of persons who became insane during the year before completing a year's residence in the colony:—

Native of	Stated to be First Attack.	Previous Attack before coming to Colony.	Total.
United Kingdom	14	4	18
Australia	9	1	10
Other parts of Empire	1	0	1
Foreign countries	1	1	2
Totals	25	6	31
New Zealand (returning after absence from colony)	1	1	2

This shows a considerable incidence of insanity during the first year's residence of new arrivals, and it will be noted that one-fifth of the number, being relapsed cases, were obviously predisposed to insanity before they came.

During 1905, in round numbers, 32,000 persons arrived in the colony (eighteen and a half thousand born in the United Kingdom, twelve and a half thousand Australasians, and, excluding "race-aliens," one thousand from elsewhere), and many of these were tourists, commercial travellers, &c., passing through, and many, of course, were returning New-Zealanders. Yet, to all intents and purposes, one in a thousand of all immigrants, tourists, &c., became insane within a year, and contributed 4·7 per cent. of the admissions (659) for the year. The proportion of total admissions to the estimated general population at the end of the year was 0·71 per 1,000.

The numbers in this last table are too few to theorise upon—too few, in fact, to quote, except as the beginning of an annual record, for any accidental circumstance may have halved or doubled them; but, such as they are, they are undoubtedly suggestive, and their practical aspect of providing accommodation for thirty-one new arrivals is not to be ignored.

The figures in Table A call for pause and sceptical analysis. It is obvious that the population from non-British countries is individually too small to draw conclusions from, but the principal foreign immigrants, taken collectively, number about fourteen and a half thousand, and have a high proportion of insanity—namely, 1 in 113. This is practically the proportion (actually 1 in 112·9) contributed by the nearly 209,000 inhabitants who came from the United Kingdom. As against this there is one registered insane person in the United Kingdom in every 269 of the population, one is apt to hastily conclude that the liability to insanity is nearly two and one-third times greater among those who leave for our shores. Removing the levelling influence of the large population of the Predominant Partner, and taking each kingdom separately, it would seem that the English were practically twice as liable to insanity here as on their own soil, the Scots two and one-fourth times more liable, and the Irish approximately two and three-fourth times more, the incidence of insanity among the Irish in the colony reaching the unexpectedly high proportion of 1 in 68·4. The high rate of insanity among immigrants of Irish nativity has been commented upon by statisticians in the United States of America, and the general agreement of our small figures with their larger ones has its importance.

A glance at Table III in the Appendix is sufficient to indicate that insanity is a disorder associated with adult life, and that there is comparative immunity below the age of 20. To gain a fairer conception of these age figures the admissions for twenty-one years—1886–1906—have been taken, transfers from one hospital to another being excluded, and the result is 8·08 per cent. under 20 and 91·92 per cent. over 20 years. We may fairly assume that the age of the large majority of immigrants is from 20 upwards, and that almost all the youthful patients in our mental hospitals are native-born.

The precise percentage figures of New-Zealand-born (exclusive of Maoris), and of those born outside the colony above and below the age of 20 in the general population, is as follows:—

	Under 20.	Over 20.
Of total population	43·31	56·69
Of persons born in New Zealand	59·75	40·25
Of persons born outside New Zealand	7·98	92·02

When these figures are compared with the percentage above they will rescue the disparity between immigrants and New-Zealanders (as shown in Table A) from being described as alarming, though some less stereotyped and less sensational epithet may be used.

It will be seen that about 60 per cent. of New-Zealanders is below the age-period of the insane, as against only about 8 per cent. of the rest of the population; or, to put the matter in another way, when looking at the figures in Table A, it may be said that we are comparing the insanity of about 40 per cent. of New-Zealanders with 90-odd per cent. of the rest of the population. It is only right, therefore, to attempt to place them on an equal footing before coming to conclusions. 40·25 per cent. of the New-Zealand-born population is 244014·4, and 92·2 per cent. of the rest of the population is 259800·9; therefore, if, for the sake of argument, all persons under 20 years of age are eliminated (an argument with a bias for the outsider), and the above is taken as the actual population, the ratio of insane to sane should be equal in each group: but the figures are,—

New-Zealand-born	...	...	...	...	...	1 insane in 246·9
Not New-Zealand-born	...	...	...	...	...	1 „ 118·9

It must be borne in mind that all the above calculations have been leavened by the inclusion of 47,256 Australians, in whom, taken separately, but one person in 472·5 is insane. The Australian apparently has no difficulty in adjusting himself to our environment, and is either above the average, or encounters less in the way of stress, or acquires a greater resistance. Unfortunately we do not possess the data to calculate the ratio of insanity among the Australian-born in the Commonwealth.

So far, we have compared the immigrant with the New-Zealander, and the comparison suggests that he is not an average type of the country of his origin. The supposition is verified by contrasting our figures with the English figures (only approximate) of 1 insane person below 20 to 2,069 of the population of the same age, 1 in 173 of the population above that age, and 1 in 283 of all ages.

The very few registered insane among the Maori race may or may not be proportional to the incidence of insanity, but worthy of careful investigation as the subject is, it is one on which the Department has no trustworthy information. I have discussed the matter with Dr. Beattie, who will give it his attention.

The outstanding feature disclosed by these calculations is the remarkably low incidence of insanity among New-Zealand-born. We have not the figures at hand to trace the relative incidence at different periods of our history, but one may safely venture the opinion that, on the whole, the issue of the earlier settlers is the more stable. The romance of pioneering attracts the venturesome, the brave, and the vigorous—the best class of Briton. These empire-builders are also the builders of shelters for the less robust, who follow as the country becomes more settled, and who find hardship where the others had found adventure. Thereafter “gold rushes” provided their quota; and, since those days, though we have had and still get many of the best that the older lands can give us, there have been many of the class we all know, “the man who never had a chance,” and, between the two, varying degrees of settlers and unsettlers, the average being, as our figures clearly indicate, below the average of the country of origin.

A similar return with respect to crime and charitable aid would be of considerable interest and value.

It is not too much to assume that the drop from a specially to a carelessly selected parentage must be prejudicial to the offspring.

Dealing, however, with the figures which are facts, and considering that only one or two, it can hardly be said three, generations separate the New-Zealander from the parent stock, it would seem that altered conditions were awakening the dormant prepotencies of the race, and that these were assisting the environment to triumph over evil heredity. This is very stimulating, very hopeful, but it is necessary that stimulation should be followed by action, that hope should not prove a flatterer, that we should not rest content with present achievement nor lose the fear of retrogression. It will have been observed that the incidence of mental disease rises towards maturity, and herein a young nation, about to discard a name which seems to imply tutelage, may read an instructive analogy. The foregoing figures indicate the necessity, where control can be exercised, for better control over immigration. The State may easily lose more over an immigrant who can just pass muster than it is ever likely to gain. I think it would be reasonable, in the case of those assisted with passage-money or otherwise induced to come here, if a medical examination embracing inquiries into neuropathic inheritance were instituted, and if all who did not conform to a strict standard were rejected. This may be considered too sweeping, because the neurotic not always begetting neurotics we would undoubtedly lose some good colonists; but we should go as far as possible without being positively punitive, and most certainly persons who have had an attack of insanity should be disqualified (*vide* the return on page 3). It is no answer that apparently our figures show a great regenerative process, when it is remembered that every group of about 141 English, 124 Scots, and 68 Irish landed here contributes each a patient to our mental hospitals, that there will be certainly others among them afflicted with some of the graver neuroses, and that it is probably the issue of such persons that mainly figure as the insane among the native-born. If, indeed, they are regenerated in process of time, the change is not brought about without much human misery and without great cost to the State. But let us count the initial cost, the mere material cost, by spreading over each group the full expenditure on the patient. It will be found that each person in the first lot costs the State about 6s. 1½d., in the second about 6s. 11¾d., and in the third about 12s. 7¼d. per annum, while, under like conditions, each New-Zealander costs about 1s. 4¾d.

With these facts before us we are naturally led to the consideration of heredity, the influence of inheritance whether of direct insanity or of the allied neuroses. There is nothing in statistics so untrustworthy as this factor. As a rule, it is denied absolutely when the patient is first brought to the hospital, and it is only after one becomes acquainted with relatives that the truth leaks out;

in the meantime the patient is returned in the causation table under adolescence, or worry, or some other stress to which all persons are more or less liable, but which does not unduly affect the majority.

In Table XIII, the scientific value of which is scarcely that of the paper on which it is printed, a fraction over 24 per cent. are grouped as "congenital and hereditary." Contrast this with the following percentages, illustrating the Morison lectures reported in the April *Journal of Mental Science*. The lecturer, Dr. Urquhart, says: "I lay greater stress on the accuracy of the last period. Taking the table as a whole, however, the percentage of those with a hereditary history of insanity may be stated as 45, while the inclusion of the whole neuropathetic heredity increases the number to 72. It is a narrow view of the heredity of insanity which does not include the graver neuroses. . . . These manifestations in one generation so frequently issue in pronounced insanity in the succeeding generation that the nature of the incidence is obvious."

PERCENTAGE OF HEREDITY OF INSANITY, ETC. (GRAVER NEUROSES).

				Males.	Females.	Total.
Period I, ending 1884	...	...	...	59·59	59	59·29
Period II, " 1894	...	...	...	72·66	63·84	68·40
Period III, " 1904	...	...	...	80·11	83·75	81·81
Totals	...	...	...	72·79	70·76	71·81

Here there is an increasing incidence with each nearer period, and the explanation is not to be found in the type of patient, but in greater diligence in seeking for a cause. Though the total for all periods is 71·81 per cent., Dr. Urquhart, it will be noted, vouches for the accuracy of the returns for the third period (of ten years), when the percentage was 81·81. Figures like these bring home the indisputable danger of ill-assorted marriages, and the special danger that this community runs from persons who make New Zealand the home of their adoption.

When we exult over the fact that only 988 of the native-born are insane, and that this means a proportion of only 1 insane person in 613·6, let us remember that we should have had only one or two hundred insane persons (which is giving a liberal allowance), and the proportion would have been from 1 in 3,000 to 1 in 6,000, if we had been sufficiently utopian to have eliminated the factor of heredity in the past. Needless to add that such would have been impossible.

I do not suggest drastic measures, because the matter must be left largely to the public conscience. One is not sanguine enough to believe that in the selection of a life-partner as much care will be exercised as in the selection of stock, which, of course, can be done dispassionately; but surely it is the duty of interested persons to ascertain facts of personal and family history such as have to be disclosed before a life-insurance company will accept a risk of even a hundred pounds. If it profit a trading company to pay a medical fee to keep itself safe for so small a risk, surely it would pay to do something to avoid the great risk of persons marrying in ignorance, when enlightenment may encourage the union of healthy men and women. If public opinion were to see in this a matter for the action of the State, so much the better for the State.

The value of an individual naturally leads to the next point to be considered—namely, the health of the mother and child.

Apart from inducing bodily disorders not directly associated with insanity, apart from mental enfeeblement due to arrested brain-development, apart from the fact that children comparatively seldom labour under mental disease, it may reasonably be presumed that the proper nourishment of the infant both before and after birth must tell when moral and physical stress is encountered later in life and when toxæmic states have to be combated—especially if there be also a neuropathetic inheritance to contend with. From this standpoint alone, the work that Dr. King has initiated in the South for the protection of the health of women and children is of great importance. He is demonstrating to the mother that she is assisting the Almighty in a miracle, the ultimate success of which depends on the manner in which she regulates her life, and that, once the child is born, she must not, for its lasting good and for her own good, deprive it of its birthright, the nourishment that was ordained for its use. The rapid development of the brain in the three months before birth and the three years after, when relatively it is out of all proportion to the body-weight, surely mark these out as critical periods with regard to ultimate mental stability.

As to the growing child and school, one is pleased to note the modern tendency to pay some heed to the lessons of physiology; and to trust that a happy augury may be divined in the Education and the various medical Departments being under the same Minister.

It is true that the law of averages which rules vital statistics cannot be altered appreciably by the laws of Parliament, but when an analysis of our statistics demonstrates that we have two averages—a high average of insanity among our immigrants, and a low average among our own people—it is right to point this out lest the averages be mingled in ignorance. We all know that the presumably responsible will continue to commit excesses, and that nature will continue to be revenged, that to warn persons gravitating towards pauperism, crime, and insanity against putting "an enemy in their mouths to steal away their brains" is to cry in the wilderness; but some effort is necessary to prevent their sins being visited to the third and fourth generations.

The value of Table A, which has been considered, is only relative. It deals with the population of our mental hospitals on the 31st December. Each year this number increases, because there is added the increment of the excess of admissions over discharges and deaths, which numbered 94 last year, and this is frequently misinterpreted as an actual increase of insanity—an

error for which there is some excuse for the uninformed, when one reviews a number of years as is done hereunder:—

PROPORTION OF THE INSANE TO THE POPULATION ESTIMATED TO 31ST DECEMBER OF EACH YEAR.

1878	...	...	...	...	...	1 in 471 or 2·12 per 1,000
1883	...	...	...	...	...	" 393 " 2·54 "
1888	...	...	...	...	...	" 361 " 2·77 "
1893	...	...	...	...	...	" 330 " 3·03 "
1898	...	...	...	...	...	" 300 " 3·33 "
1903	...	...	...	...	...	" 284 " 3·53 "
1904	...	...	...	...	...	" 285 " 3·51 "
1905	...	...	...	...	...	" 286 " 3·49 "
1906	...	...	...	...	...	" 286 " 3·49 "

The larger proportion now, as contrasted with the past, means nothing more than accumulation. There is apparently a stasis at present, after a trifling improvement. The actual facts with regard to the incidence of registered insanity are disclosed by the

ADMISSIONS.

when, against the 94 patients added to the total, there were (exclusive of transfers) 48 more admitted. The ratio of this year is, however, above the average; but one has to take the general tendency—the higher or lower ratio to population in any single year is of no moment.

It is instructive to contrast the rising proportion of total insane to population with the

PROPORTION OF ADMISSIONS TO POPULATION ESTIMATED TO 31ST DECEMBER OF EACH YEAR.

1878	...	...	0·83 per 1,000	1903	...	...	0·70 per 1,000
1883	...	...	0·78 "	1904	...	...	0·68 "
1888	...	...	0·59 "	1905	...	...	0·69 "
1893	...	...	0·68 "	1906	...	...	0·71 "
1898	...	...	0·63 "				

In these returns the insane of the Native race and all transfers from one hospital to another have been omitted.

Though the numbers have fluctuated, they have never touched the higher rates of the first two years quoted, the years which show best for the proportion of insane to population.

On the 1st January, 1906, the number of insane persons in our mental hospitals was—males, 1,836; females, 1,276: total, 3,112. The number of those admitted during the year for the first time was—males, 341; females, 217: total, 558. The readmissions numbered—males, 60; females, 60: total, 120. The number transferred from one hospital to another during the year was—males, 6; females, 13: total, 19.

DISCHARGES AND DEATHS.

The percentage of recoveries on the admissions was—males, 39·75; females, 47·73: total, 42·94, as compared with—males, 41·39; females, 48·21: total, 44·19, for the previous year.

The percentage of deaths on the average number resident during the year was 7·48, as compared with 7·07 for the previous year. The percentage of deaths on the admissions was—males, 36·96; females, 32·20: total, 35·05.

The admissions, discharges, deaths, and persons remaining each year from 1876 will be found in Table XV in the Appendix. The following are the

PROPORTIONS PER CENT. OF DISCHARGES AND DEATHS TO PATIENTS TREATED.

1878	...	...	23·33	1903	...	...	16·39
1883	...	...	18·64	1904	...	...	14·16
1888	...	...	18·27	1905	...	...	16·27
1893	...	...	14·22	1906	...	...	15·48
1898	...	...	18·39				

This is a tale of yearly residua, chiefly of chronic cases who continue to be "patients treated" until they die or are discharged. It does not demonstrate that the death and discharge rates are falling.

Table II in the Appendix deals with general figures relating to admissions, discharges, and deaths during 1906. Nineteen patients were transferred from one hospital to another, becoming technical admissions in the receiving hospital and technical discharges (unrecovered) in the other; however, in percentages of recoveries on admissions, transfers are omitted. It was Dr. MacGregor's intention to reform our statistics, but, recognising that the matter was not urgent, he wisely deferred it until changes, the result of anticipated legislation, could be incorporated.

A decided fault in our statistics is that they deal not with persons but with cases, which may include the same person over and over again. For example, a person labouring under recurrent insanity may, on his first attack, be admitted to hospital A—one case—and be discharged therefrom—one recovery; he may be readmitted to the same hospital—another case—and redischarged—two recoveries and one person; he may next be admitted to hospital B—first

admission there—and be discharged—one recovery from hospital B: altogether three recoveries, or three cases, and it may be four or five, and yet only one person.

We do not really separate our first from subsequent admissions except in hospitals individually, and to attain greater accuracy it will be necessary to imagine that all the hospitals are one, when a readmission will have its true value. Table IV does this to some extent, and would still be required to chronicle attacks passed through before coming to the colony or for which hospital treatment was not necessary; but it could profitably be correlated with the discharge record in Table XI. It would then be found that, given an ordinary curable case, the shorter the duration of the disorder on admission the shorter would be the length of residence and the greater the chance of recovery. A certain number of patients recover, whatever treatment they receive, and therefore it may be taken for granted that those whose duration of disorder before admission is from, say, three months upwards have received their chance outside, and are admitted as failures, for, did they show sign of improvement, they would not be sent. Recovery in their number is therefore particularly noteworthy. There is no doubt that the best chance of recovery lies in early admission, and, provided the recovered person do not procreate, the State gains the value of a citizen, and is saved the loss of maintaining a patient.

The scheme for reception houses to be placed in the vicinity of but apart from mental hospitals, to be administered by the medical staff of the mental hospital adjacent, together with a provision for the admission of voluntary boarders, should materially contribute towards the early treatment of insanity on scientific principles, and therefore to a larger proportion of recoveries among the recoverable. The provision for voluntary boarders is a necessary corollary of the scheme, for very few of the certificated cases now admitted into the mental hospitals could with justice be first admitted into a reception house without entirely altering its character. It should also be kept in mind that at any one time there are comparatively few curable cases in a mental hospital—they do not form the abiding population. These houses are therefore dependent on legislation for the admission of voluntary boarders, but sketch-plans are under consideration which can be gone on with without delay.

There will always be a difficulty with persons who are “medically” but not “legally” insane, persons who cannot be certified as insane, who do not appreciate their own condition, and who refuse to become voluntary boarders. They cannot be deprived of liberty, and, believing themselves well, having possibly an exaggerated sense of well-being, scout the idea of treatment. Such persons at times baffle certification until the commission of some untoward act, or until they have ruined their business. They form quite a large number of the cases which ultimately drift into mental hospitals, but their early treatment is a very difficult problem.

Our recovery and death rates bear favourable comparison with the United Kingdom figures:—

	Percentage of Recoveries on Admissions.			Percentage of Deaths on Average Number resident.		
	Males.	Females.	Totals.	Males.	Females.	Totals.
New Zealand	39.75	47.73	42.94	8.1	6.71	7.48
England and Wales	34.81	41.18	37.79	11.2	8.66	9.75
Scotland	38	38.1	38	9.7	10	9.8
Ireland (district asylums)	34.6	39.6	36.8	7.9	7.4	7.7

A high recovery-rate is, of course, an immediate saving to the State, but it has another side which, not being immediate in its effects, is not so obviously impressive. On that other side, one notes that more than four-fifths of the men and about three-fourths of the women discharged recovered were capable of handing down the burden of heredity, and of the 334 persons returned to their homes last year 133 were married!

The causes of death will be found detailed in Table XII. According to law, a coroner's inquest is held in each case irrespective of the cause of death. The number of *post-mortem* examinations is comparatively few, which is to be regretted.

A case of enteric fever in the Auckland Mental Hospital ended fatally. It was a case of isolated infection. The habits of the patient were most degraded, and it is supposed that he must have eaten some decaying matter turned up in the excavations for the new exercise-ground for untrustworthy patients. The assistant clerk-storekeeper and two attendants were attacked concurrently, but on investigation Dr. Beattie was convinced that the infection in their case came from outside the Mental Hospital altogether, and was probably caused by the drinking of infected water when out cycling together.

Only thirteen deaths were due to tubercular disease—in Auckland, 6 (12 per cent.); Seacliff, 3 (6 per cent.); Porirua, 2 (5.5 per cent.); and Nelson and Hokitika, 1 each. This makes a death-rate of 3.45 per thousand inmates under care, and gives a percentage of such deaths on the total number of deaths from all causes of 5.6, while the figures for the general population of the colony are 0.80 and 8.63 respectively.

In England and Wales the asylum death-rate from tubercular diseases in 1905 per thousand living was 16.4—“a mortality from these affections which is more than nine times that of the general population in England and Wales”; and for 100 deaths in the asylum and 100 in the whole country, the number due to this cause was 16.3 and 11.3 respectively.

The low mortality from tubercular disease and the absence of dysenteric disorders associated with institutional life speaks well for the health of our institutions. At the same time, it must not be lost sight of that insanity itself is the mental expression of a state of physical disorder which sometimes is a direct cause of death, that an insane person is a sick person more liable to some intercurrent ailments, and generally succumbing to attacks of disease more readily than the average. In the acute stages of insanity, and in recent admissions labouring under organic disease, one would naturally expect less resistance, and this is borne out by statistics. Our Table X, dealing with only 231 deaths, shows that 81 persons died within one year of admission. In the absence of organic disease, when the constitution has adjusted itself to its disabilities, the mental manifestations becoming quiescent, undoubtedly life is prolonged by the regular habits, wholesome food, and prompt attention to minor disorders which form the routine of an institution.

In addition to this obvious reason for the large number of deaths shortly after admission, there is an indication here of what is being complained of at Home as affecting both the recovery and death statistics, and that is the greater readiness with which the infirm are sent to asylums for treatment, when in the past, no doubt, they died in their homes. This mark of public confidence in a great measure explains the fact that the increased structural and scientific efficiency of mental hospitals is not reflected in the recovery and death rates.

Three deaths call for comment on account of the regrettable circumstances connected with them:—

Case of E. V., Auckland Mental Hospital.—Congenital imbecile, phthisical, of degraded habits and requiring frequent bathing, was taken by a junior nurse, with the assistance of Mrs. W., a patient, to the bathroom. The bathing of another patient had just been concluded, and the bath-taps were therefore exposed. Concurrently with the above event, the Acting-Matron with the Visiting Clergyman entered the ward. She sent the acting charge nurse—the Acting-Matron being herself the charge nurse of the ward—on an errand, not remembering that the ward would be left in the charge of a junior, and not knowing that the junior was employed in the bathroom. She and the clergyman then passed on. When E. V. was about to be undressed by the junior, with the assistance of Mrs. W., the door-bell rang and the junior ran to answer it, and estimated that she was away for four minutes (Mrs. W. was trustworthy, and doubtless the matter of the exposed bath-taps, or the idea that Mrs. W. would act in her absence, had never occurred to the junior). In excess of zeal, it would seem Mrs. W. undressed E. V., and placed her in the bath, and turned on the water. When the junior nurse returned she found that E. V., who had not cried out or given any alarm, had been scalded. E. V. survived the shock for about twenty-four hours. The Coroner's jury returned a verdict of death by misfortune, and added a rider that no blame attached to any person. Dr. MacGregor investigated the case, and reported that the Acting-Matron and the junior nurse had both broken regulations, and that their services should be dispensed with. Both resigned.

Case of I. P., Porirua Mental Hospital.—In the ward store-room there are two cupboards side by side, one locks and the other has a sliding door and does not lock. The disinfectant (necessary for sanitary purposes) should have been in the locked cupboard but was in the unlocked one, and I. P. got access to it and drank some. The substance is known as "K.P. Fluid Improved Disinfectant," and proved to be a rapid irritant poison. Mr. Edwin Arnold, J.P., as Official Visitor, was present at the inquest, when the matter was very thoroughly investigated. Each nurse knew the rule about locking up disinfectants, &c., and on oath denied having placed the fluid in the unlocked cupboard. Mr. Arnold's theory that the matter was an error of human imperfection, and that the nurses firmly believed that they were swearing the truth, was, in view of their previous record, accepted by the Department.

Case of J. T., Seacliff Mental Hospital, is set forth in my report on the Hospital, dated the 24th October, 1906. Here the jury found no blame, but the nurse in charge of the patient, having disregarded an order by crossing the road dividing a safe walk from the cliffs, was dismissed.

PROPORTIONS OF THE SEXES.

The markedly smaller number of women in our mental hospitals contrasts strangely with the numbers in the United Kingdom as a whole, though in Ireland the proportion of insane women to men is reversed. It must be remembered that our smaller number is not only absolute but relative. (*Vide* the return on the second page.)

Tracing the percentage ratio of the sexes in the general population through twenty-year periods, we find—

1867 census, the percentage of males to females,	60·02 to 39·80.
1886 " " "	53·98 to 46·02.
1906 " " "	53·01 to 46·99.

In the first interval there was a progressing approximation, and the process has been exceedingly slow since. The decidedly smaller proportion of women in the earlier periods, and, therefore, fewer women insane, has, of course, left its mark, there being fewer female than male chronic patients among the aged, though the proportion would be modified by the lower death-rate among women. The difference in the 1906 percentage represents 53,438 fewer women than men in the colony, which is, relative to our population, quite an appreciable number, but insufficient to account for the difference between the male and female insane. However, when this deficiency is distributed among the contributory elements, we are, in the light of the calculations in Table A, nearer a solution.

The main figures may be retabulated thus:—

Birthplace.	Persons in Colony.		Excess of Males over Females.	Proportion per Cent.	
	Males.	Females.		Males.	Females.
New Zealand	303,976	302,271	1,705	50·01	49·99
United Kingdom	120,667	88,265	32,402	57·74	42·26
Australia	27,472	19,784	7,688	58·34	41·66
Elsewhere	18,893	7,250	11,643	72·27	27·73
Totals	471,008	417,570	53,438	53·01	46·99

At a glance it is obvious that the excess of males is greatest where the incidence of insanity is greatest, and negligible where it is least. Though explaining most, by itself this does not explain all. As demonstrated in Table A, the number of the corresponding sex in our population to one insane person is uniformly greater for females in each of the chief contributing nationalities; in the others the number is too small and has been ignored. This undoubtedly indicates either a greater mental stability in the women of the colony or the result of better social conditions, or possibly both, the second factor reacting on the first; and raises a very interesting question as to whether a woman responds to the environment better than a man.

A point, and a very important one, which must not be overlooked is that the degraded woman does not emigrate as a rule, that the drunken woman and the destitute woman are practically unknown to us, and that the man who brings a wife and family is presumably respectable, and his womenfolk are an asset. Such women will naturally contrast well with single men who have possibly experienced the border-line of pauperism, and, finding themselves comparatively wealthy in the colony, indulge in what they esteem as luxuries, to the detriment of their mental health; also, be it noted (*vide* Table IV) that a family parts with its female members with greater reluctance.

The divergence between the sexes in the United Kingdom (all ages) as set forth in the last section of Table A may be usefully compared with that of Britons in the colony (mainly adults) given in the penultimate section.

The matter may be clearer if stated in percentages, thus:—

Country.	Percentage Proportion of Sexes in Popula- tion in United Kingdom, &c.		Percentage Proportion of Sexes in Insane in United Kingdom, &c.		Percentage Proportion of Sexes in Popula- tion in New Zealand.		Percentage Proportion of Sexes in Insane in New Zealand.	
	Males.	Females	Males.	Females	Males.	Females	Males.	Females
New-Zealand-born ... ..	...	...	...	...	50·01	49·99	54·65	45·35
United Kingdom	48·44	51·56	47·12	52·88	57·74	42·26	59·83	40·17
England and Wales	48·31	51·69	46·13	53·87	58·37	41·63	60·02	39·98
Scotland	48·61	51·39	47·92	52·08	58·81	41·19	65·54	34·46
Ireland	49·34	50·66	52·14	47·86	54·86	45·14	54·29	45·71

The relatively superior place occupied by women in the colony is easily demonstrated by postulating equality of numbers in the sexes with the same incidence of insanity which presently exists. Basing the calculation on persons born in the colony and the United Kingdom, it will be found that instead of the numbers being, males 1,709, females 1,229, total 2,938, they would become, males 1,557, females 1,363, total 2,920.

The part played in transformation by the New-Zealand-born is insignificant—a deduction of 1·6 from the number of men and an addition of 1·2 to the number of women.

CONDITION AS TO MARRIAGE.

This heading does not convey all that is intended, and, as it is not intended to accentuate any particular state, one feels at once the poverty of our language in the entire group of terms dealing with kindred and affinity. More apt, on the whole, is the expression “domestic relation” used in a specialised sense in relation to the condition of persons of both sexes as single, married, or widowed. The influence of domestic relation in the production of insanity is beset by so many post-hocs that no deduction is possible, unless figures, mounting to mammoth proportions, overpower the individual factor.

Our numbers are helplessly inadequate, but the single and married insane persons, when compared with the single and married of all ages of the general population over a number of years, show a mutually approximating tendency, actual with the married and by lessening divergence with the single; and this consistency suggests that our figures, though accepted with reserve,

should not be ignored absolutely. The statistics are, as it were, ending their embryological development.

The following is a table showing (exclusive of Maoris and Chinese) the proportion of unmarried, married, and widowed in every 100 persons, males and females, of all ages, at each census period from 1886 to 1906, with similar proportions of the insane calculated on the admissions since the preceding census, to which is added for comparison similar proportions for England and Wales taken from the census of 1901, and of the insane added to the register during the five years 1900 to 1904:—

(a.) Census and (b.) Mental Hospital Returns.	Both Sexes.			Males.			Females.		
	Un-married.	Married.	Widowed.	Un-married.	Married.	Widowed.	Un-married.	Married.	Widowed.
	Per Cent.	Per Cent.	Per Cent.	Per Cent.	Per Cent.	Per Cent.	Per Cent.	Per Cent.	Per Cent.
New Zealand—									
(a.) 1886—General population	67·67	29·35	2·80	70·35	27·61	2·04	64·59	31·74	3·67
(b.) 1881-85—Added to register	50·86	41·73	7·41	61·02	33·07	5·91	33·78	56·29	9·93
(a.) 1891—General population	67·62	29·18	3·20	70·02	27·61	2·37	64·95	30·94	4·11
(b.) 1886-90—Added to register	50·39	41·25	8·36	60·90	33·33	5·77	35·44	52·53	12·03
(a.) 1896—General population	67·05	29·46	3·49	69·48	27·94	2·55	64·37	31·10	4·53
(b.) 1891-95—Added to register	51·74	39·26	9·00	63·57	30·72	5·71	35·88	50·72	13·40
(a.) 1901—General population	65·53	30·75	3·72	67·90	29·45	2·65	62·94	32·17	4·89
(b.) 1896-1900—Added to register	54·31	37·98	7·71	63·75	31·39	4·86	41·95	46·61	11·44
(a.) 1906—General population	63·72	32·41	3·87	66·52	30·78	2·70	60·57	34·24	5·19
(b.) 1901-5—Added to register	54·47	36·75	8·78	62·47	30·97	6·56	41·45	46·15	12·40
England and Wales—Returns of census and registered insane—									
1901—General population ...	59·65	34·83	5·52	60·82	35·68	3·50	58·54	34·03	7·43
1900-4—Cases added to register	43·61	43·73	12·66	45·91	44·70	9·39	41·40	42·80	15·80

One notes individual agreements and irregularities which may or may not be explained by reference to periods of our history. For example, the steady relativity in the first two periods for males is very pronounced, and contrasts with the closer approximation thereafter, and this holds good (to a lesser degree) for the first three periods for females contrasted with the two last.

The greater disparity of insane unmarried females to population than in the other sex and the higher proportion of married insane relatively to married population are deceptive, and can be explained by the excess of male unmarried immigrants and the inclusion among the unmarried of persons too young to be married. The irregularity of the proportion of widows contrasted with widowers is noteworthy, and the absence of general approximation over a number of years is what may be expected—we are dealing with very small numbers which are notoriously subject to fluctuations, and the stress of social disabilities consequent on the death of a conjugal partner is more likely to be felt by the widow.

The closer correspondence of the female proportions with the English figures demonstrates the more settled state of our female population.

A fairer conception of the part played by domestic relation would be obtained if one could exclude all males under the age of 20 and all females under the age of 18, for the number of married in the population under the respective ages is 69 and 83, figures which are negligible. But this is not practicable.

In the following table all persons under the age of 20 are excluded to eliminate in a measure persons under marriageable ages, which are also the ages adding very little to the number of the insane. In other respects the table is constructed on the data employed above for the last period of the New Zealand figures and those of England and Wales:—

Census and Mental Hospital Returns.	Both Sexes: Twenty Years of Age and over.			Males: Twenty Years of Age and over.			Females: Twenty Years of Age and over.		
	Un-married.	Married.	Widowed.	Un-married.	Married.	Widowed.	Un-married.	Married.	Widowed.
New Zealand—									
1906—General population ...	32·20	55·19	6·61	44·34	51·17	4·49	30·88	59·98	9·14
1901-6—Added to register ...	50·96	39·58	9·46	59·83	33·14	7·03	36·28	50·23	13·49
England and Wales—Returns of census and registered insane—									
1901—General population ...	30·10	60·31	9·59	30·47	63·31	6·22	29·78	57·61	12·61
1900-4—Added to register ...	40·15	46·40	13·45	42·22	47·75	10·03	38·21	45·12	16·67

How essentially little the proportions among the insane have been altered may be gauged by comparing the male figures with the 1891 return, and the female figures with the 1896 return, but it is different when the relativity to the population is considered. The agreement of the female-population proportions with those of England and Wales should be again noted as indicating a more natural distribution, which contrasts with the large excess of single males, throwing the male proportions out of their natural balance.

One now finds that the relativity of the unmarried and married insane to the population has completely altered—that, the unmarriageable (or practically so) being excluded, the proportion of married insane is well below that of the married population. Among the men this is obviously influenced by the higher rate of insanity among the immigrant population, which is largely unmarried; but even here, and quite obviously among the women, there is a certain protection in the married state.

The following factors should be put on each side of the equation—viz., on one side, the stress occasioned by incompatibility of temper, the group of puerperal insanities, the somewhat rare post-conubial insanities, and the fact that the average age of the married corresponds to a period of higher liability to insanity; and, on the other side, the various mental disabilities incident to a solitary life, the occasional peculiarities (ultimately showing themselves in recognised insanity) militating against marriage, the emotional states incident to unrequited affection which in the unbalanced may lead to morbid depression in either sex or dissipation in the male, and the fact, most important of all, that the married are in some sense a selected population who have passed the dangers of adolescence, and, as far as men are concerned, the initial hardships in the struggle for existence—or they cannot be greatly disturbed thereby when they express a readiness to provide for two.

Allowing for all this it would still seem that the balance is in favour of marriage, and, setting aside our artificial excess of single men, the figures tell better for England, owing, no doubt, to the fact that there are fewer counterbalancing advantages.

THE CRIMINAL INSANE.

This contradictory term loosely comprises persons whose insanity has declared itself in some act or omission which had they been in their right mind would have been a crime, and is also extended to include the insane criminal—that is, the criminal sane at the time of his offence who subsequently becomes insane. Generally speaking, the first lot probably, the second lot obviously, are dangerous or undesirable persons to have associated with ordinary persons of unsound mind. Their safe-keeping is impossible without exceptional and expensive supervision, and tends to limit the freedom of patients in the ward in which they happen to be placed.

In order to segregate them, the property known as “The Camp,” on the Otago Peninsula, is being adapted. Here nineteen working patients have been employed getting the grounds in order, and digging post-holes for an enclosing fence. The ground is so prepared that the fence, which is designed to be 15 ft. high, will not be obvious, and will not obstruct the beautiful view which one gets in every direction. The fence-line measures 35 chains, and encloses not only the castle and recreation-grounds, but the byres, workshops, vinery, fruit-houses, &c., and therefore a patient running away from a working or other party would be arrested by the enclosure, which would merely have to be patrolled while he was sought for in any possible hiding-places.

As protests against proclaiming this place as an asylum for the above class are now receiving the attention of the Government it would be out of place to say anything further, save that the alternative suggestions which have been brought forward so far are inadmissible—the locality is quite unsuited for a home for the feeble-minded, or for senile demented.

The expenses to 31st December, 1906, were as follows:—

	£	s.	d.	£	s.	d.
Salaries	457	4	10
Rations	191	8	9
Bedding and clothing	307	17	2
Fuel and light	17	14	3
Furniture	39	3	7
Necessaries, incidental and miscellaneous,—						
Buggy, horse, and harness	81	2	9
Expenses, removal of Superintendent to the Camp	51	2	10
Ironmongery, tools, &c.	20	7	9
Live-stock, feed, &c.	18	7	0
Tobacco, soap, soda, &c.	13	19	8
Telephone subscription	8	0	10
Cartage and stabling	10	1	0
Sundries	43	10	4
				246	12	2
				1,260	0	9

It will be noted that some non-recurring expenses are included in the above.

As against this there was received by the sale of grapes the sum of £21 12s. 6d.

The working patients were sent from Sunnyside and Porirua on probation to the care of Mr. Gribben. With one exception nothing is paid for their maintenance, but they are a specially selected working-party. Deducting their cost at the mental-hospital average, the value of the work done by them should go far, if not the whole way, towards making up for their more costly maintenance. The work is of a class that could not have been let by contract, and its value, therefore, is not easily estimated; but you yourself, Sir, visited the institution early this year, and will be able to appreciate the progress made.

PERSONS OF FEEBLE MIND.

Our chief concern is for those of tender age, and therefore more capable of training. Compulsory education of imbeciles and idiots (though in many cases it may reach no higher than training for the performance of simple necessary acts) is a natural sequence of the education system, and in asking for it we are assisted by precedents in the special case of deaf-mutes and the blind. The backward child and high-grade imbecile may be set apart as persons who may ultimately earn their own living, and be independent of tutelage. As this class—namely, the defectives—should not be the concern of this Department, one is pleased to learn that the Department of Education has the matter in hand. Our responsibility is with persons below that grade, and as such persons would inevitably be a charge upon charitable aid if their relatives were destitute, I consider it only fair to charge the district of their residence a certain fixed minimum. It must be remembered that with our system of subsidies half the district payment would be Government money. Of course, were the relatives able to pay a portion of the minimum charge the district would only pay the balance, and would pay nothing if the relatives had means to pay anything from a fixed maximum charge down to the fixed minimum. In return for such payments the contributing Boards should be permitted to appoint a visitor to look after the interests of their wards.

Our property at Richmond, near Nelson, is too small for the ultimate institution for the feeble-minded, and the expense of more than one such place for the colony would be too great. Pending legislation, the Home at Richmond is used as an outlet for the better classification of the inmates of mental hospitals. As it was not desirable to brand the place by proclaiming it an asylum, and transferring thither the more promising of the boy imbeciles from the mental hospitals, these patients were sent there on probation to the care of Mr. and Mrs. Buttle, the Steward and Matron. They appear in the statistics under the hospital from which they were sent. Though the best we had, it must be remembered that we had them because they could be kept no longer in their homes, and that, with respect to training, they are naturally an unpromising average.

The highest praise is due to the Matron and Steward, and to the nurse and attendant for the parental care bestowed on the eighteen boys resident. The keeping-apart of so small a number is expensive, but anything extensive in the way of additions is governed by the above considerations.

The expenditure for the year ended the 31st December, 1906, was,—

	£	s.	d.	£	s.	d.
Salaries and wages	522	19	9
Rations	257	1	5
Fuel and lighting	13	13	7
Bedding and clothing	45	12	3
Furniture	70	9	2
Repairs and additions to buildings	121	0	6
Farm—Live-stock and plant	71	12	8
Miscellaneous,—						
Refund of small expenses to Steward	29	9	7
Farm requisites, including seed and seed-potatoes	41	19	11
Farm-work and carting	20	5	0
Medical attendance	10	12	6
Gravel for yard and drive	11	14	0
Water-supply	6	0	0
Post and Telegraph Department	1	8	0
Sundry expenses	17	11	10
				139	0	10
				1,241	10	2

Some of the above expenditure is non-recurrent, and some is reproductive.

The following is a statement of the receipts:—

For maintenance of patients	...	...	...	144	5	3
By sale of pigs	...	...	...	11	1	4
„ sheep	...	...	...	28	5	0
				6	12	0
				190	3	9

FINANCIAL RESULTS OF THE YEAR.

The maintenance payments for the past year are set forth in the following:—

Payments for Patients on Register, 31st December, 1906.

	£	s.	d.		£	s.	d.
54 at	54	12	0	per annum (maximum) ...	2,948	8	0
128 „	52	0	0	„ ...	6,656	0	0
1 „	46	16	0	„ ...	46	16	0
2 „	45	10	0	„ ...	91	0	0
2 „	41	12	0	„ ...	83	4	0
31 „	39	0	0	„ ...	1,209	0	0
2 „	37	14	0	„ ...	75	8	0
2 „	36	8	0	„ ...	72	16	0
1 „	34	10	0	„ ...	34	10	0
12 „	32	10	0	„ ...	390	0	0
12 „	31	4	0	„ ...	374	8	0
2 „	30	0	0	„ ...	60	0	0
10 „	27	6	0	„ ...	273	0	0
149 „	26	0	0	„ ...	3,874	0	0
1 „	25	0	0	„ ...	25	0	0
5 „	23	8	0	„ ...	117	0	0
19 „	20	16	0	„ ...	395	4	0
4 „	20	0	0	„ ...	80	0	0
53 „	19	10	0	„ ...	1,033	10	0
17 „	18	4	0	„ ...	309	8	0
2 „	16	18	0	„ ...	33	16	0
1 „	16	0	0	„ ...	16	0	0
12 „	15	12	0	„ ...	187	4	0
162 „	13	0	0	„ ...	2,106	0	0
9 „	12	0	0	„ ...	108	0	0
1 „	11	8	0	„ ...	11	8	0
19 „	10	8	0	„ ...	197	12	0
4 „	10	0	0	„ ...	40	0	0
14 „	9	2	0	„ ...	127	8	0
4 „	8	0	0	„ ...	32	0	0
18 „	7	16	0	„ ...	140	8	0
3 „	7	4	0	„ ...	21	12	0
81 „	6	10	0	„ ...	526	10	0
9 „	6	0	0	„ ...	54	0	0
6 „	5	4	0	„ ...	31	4	0
2 „	5	0	0	„ ...	10	0	0
1 „	4	10	0	„ ...	4	10	0
1 „	4	0	0	„ ...	4	0	0
15 „	3	0	0	„ ...	45	0	0
1 „	2	12	0	„ ...	2	12	0
1 „	2	0	0	„ ...	2	0	0
873 patients paying in the aggregate				...	21,849	16	0
2,291 „ „ nothing.				...			
3,164							

(The actual amount received and paid into bank for year ended the 31st December, 1906, was £21,480 5s. 5d.)

This makes an average payment, for those who pay anything, of £25 0s. 6d. per year, or 9s. 8d. per week; and over all the patients of £6 18s. 1d. per year, or 2s. 8d. per week.

The majority of patients have no relatives in the colony able to contribute to their maintenance, or within the kinship liable under the Destitute Persons Act, and the whole burden falls on the taxpayer. There are some who take no shame in shifting their burden on the State. They do not seem to appreciate that in so doing they are accepting charitable aid, and did we not soften our nomenclature the patient would be classified as "pauper." Careful inquiries are made in each case in which an apparently reasonable amount is not offered, and when we suspect a desire to evade payment of what is deemed an equitable assessment the case is taken to Court. Last year there were twenty-nine prosecutions, of which twenty-one were successful. Except the Magistrate, by receiving information on oath, fix the payment to be made when the patient is first sent to the mental hospital, I do not think we can greatly better our present plan. Certainly, I do not think that a special official to inquire into and adjust maintenance matters would add to the total receipts the amount of his salary, not to mention his travelling-expenses. All things considered, the money now received is satisfactory, and a word of commendation is due to the hospital clerks, who act as receivers, for their zeal, and the police, who supply us with information.

At the first convenient opportunity an amendment of the Old-age Pensions Act is needed. At present the pension is suspended on the pensioner becoming insane, and the whole cost of such cases is defrayed by this Department. Considering that the causes for which the pension is cancelled are criminal, or quasi-criminal, the inclusion of insanity is objectionable. The pension

does not cease when the pensioner is in an Old People's Home, and charitable-aid authorities, half of whose income is Government subsidy, obviously profit. There appears to be no sound reason why the pension should cease at a time of misfortune, and we contend that it should be paid to this Department for the pensioner's maintenance. I would also respectfully submit that persons already in receipt of charitable aid should not cease to be a charge on the local bodies when sent to a mental hospital. They should be paid for at a fixed minimum. Powers of visitation, as suggested in the case of the feeble-minded, would naturally be conceded to the charitable-aid authorities.

The details of last year's expenditure are given in Table XXI.

The following table gives the gross and net cost per patient for the year 1906, as compared with the previous year:—

Asylum.	1906.			1905.			1906.	1906.
	Total Cost per Patient.	Total Cost per Patient, less Receipts for Maintenance, Sales of Produce, &c.	Total Cost per Patient.	Total Cost per Patient, less Receipts for Maintenance, Sales of Produce, &c.	Increase.	Decrease.		
	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.		
Auckland ...	26 12 2½	20 3 7½	28 19 8¼	22 3 7	...	1 19 11½		
Christchurch ...	34 5 6½	22 0 5	33 11 11	25 7 0¼	...	3 6 7½		
Seacliff ...	40 7 2	30 2 2¼	40 1 11¾	31 16 9	...	1 14 6¾		
Hokitika ...	27 1 7¾	23 10 11½	26 1 9¾	23 15 5¾	...	0 4 6¼		
Nelson ...	32 16 1¼	25 10 1	35 13 11	27 16 4½	...	2 6 3½		
Porirua ...	33 2 2¾	25 16 2¼	31 6 8¼	25 1 3¾	0 14 10½	...		
Wellington ...	41 1 0	31 1 11	38 8 1½	30 7 2½	0 14 8½	...		
Averages ...	33 19 1¼	25 5 8¾	33 16 8¼	26 12 7¼	...	1 6 10½		

Including Head Office salaries and expenses (£2,651 12s. 4d.) and medical fees (£1,123 13s. 8d.), the net annual cost per patient is £26 10s. 6½d., as against £27 18s. 2½d. for 1905, a reduction of £1 7s. 8¼d.

The following shows the annual cost (net) per patient at each quinquennial from 1876 to 1906:—

Year.	Cost per Patient.	Year.	Cost per Patient.	Year.	Cost per Patient.
	£ s. d.		£ s. d.		£ s. d.
1876 ...	46 1 5¼	1891 ...	20 16 2½	1901 ...	21 17 9½
1881 ...	25 18 4½	1896 ...	22 9 10½	1906 ...	26 10 6¼
1886 ...	27 0 9½				

It will be noticed that there has been a considerable increase in cost since 1901. This is accounted for by an increased scale of salaries and extra leave (necessitating additions to the staff) which came into force in 1904, and by the large increase in the cost of many of the principal articles of food during the last few years.

When stating the cost per patient it must be remembered that interest on capital is omitted, and no allowance is made for repairs, &c., charged to the Public Works Consolidated Fund. These are proper and legitimate charges against the cost of maintenance. The amount of such items can be judged by reference to Table XIX, and Table XVIII gives the Public Works expenditure for last year.

Making these allowances, the approximate full cost per patient per annum may be thus stated:—

Gross cost in mental hospitals (average)...	...	...	...	s. d.	£ s. d.
Head office expenses ...	...	...	...	17 5	33 19 1¼
Fees for medical certificates ...	...	...	...	7 4½	
					1 4 9½
Interest (averaged at 4 per cent.) on public works expenditure from July, 1877, to 31st March, 1907 ...	...	...	...	7 2 4	
Interest (averaged at 4½ per cent.) on the approximate value of buildings, &c., taken over from the Provincial Governments ...	...	...	...	0 16 1¼	
Total ...	...	...	...	...	£43 2 4

Though the dream of State mental hospitals supporting themselves with maintenance payments and profitable industries must for ever remain a dream, it is the policy of the Department to encourage all legitimate means of reducing the call upon the Consolidated Fund.

The following return for the year ended the 31st December, 1906, as to the working of the farms attached to the hospitals is highly satisfactory:—

—				Produce sold for Cash.	Produce consumed in Mental Hospital.	Total.
				£ s. d.	£ s. d.	£ s. d.
Auckland	...	...	...	595 4 6	1,976 1 1	2,571 5 7
Christchurch	...	...	...	950 14 1	1,820 19 3	2,771 13 4
Seacliff	...	...	...	1,184 16 8	3,603 8 0	4,788 4 8
Hokitika	...	...	...	50 9 6	311 16 6	362 6 0
Nelson	...	...	...	223 13 0	653 19 1	877 12 1
Porirua	...	...	...	668 13 4	1,471 18 10	2,140 12 2
Wellington	...	...	...	193 1 9	599 19 5	793 1 2
Totals	...	...	...	3,866 12 10	10,438 2 2	14,304 15 0

Amount spent on farms for year ended the 31st December, 1906, £6,492 7s. 6d.

Another year the results of the various operations may be given in detail, if deemed of sufficient interest. Women patients do the "mending" and make certain articles of clothing, &c., and thus help to lighten the cost of a very large item in maintenance. There is a note in the Seacliff report of the 11th February, 1906, on the therapeutic value of work as compared with the cash value of the products of labour, and, in comparison, the relative cash value is small indeed. The confuting of the argument that maintenance should not be charged for patients who work need not be repeated here.

Among the special industries the most noteworthy is the very successful fishing-station at Seacliff. Fishing as a regular recreative industry for patients is, as far as I know, unique.

ERECTION OF NEW BUILDINGS: PRINCIPAL ADDITIONS AND ALTERATIONS TO HOSPITALS FOR MENTAL DISEASES DURING THE YEAR 1906-7.

Auckland.—Completing male airing-courts. Furniture and fittings for additions. Painting inside laundry and outside main building. Erection of store and bakehouse.

Christchurch.—Improved water-supply—new pumps, and extension of mains. Ventilating and lighting female-wards, new skylight, painting, &c. Fire appliance—hose, &c. Erection of cast-iron water-tanks in tower. Extension of laundry, and alteration to suit new machinery.

Seacliff.—Fire appliances—curricule telescopic escape, hydrants, hose. Accommodation for dairy cattle. Painting and general improvements. Erection of piggeries, fish-curing house, &c.

Seacliff Auxiliary (Waitati).—Completing water-race and fire service. Erection of dispensary and laboratory. Erection of swimming-bath.

Hokitika.—Repairs.

Nelson.—Completion of dam for reservoir to fire service, and enclosing same with galvanised-iron fence. Painting. Improvement of fire service.

Porirua.—Erection of cow and cart sheds, pigsties, &c. Fencing at dam. Water-power service to farm buildings, channelling, &c. Construction of filter-bed, drains, &c. Supply and installation of oil-engine and dynamo. Construction of heater for hot-water supply, and renewal of iron pipes with copper.

Wellington.—Building machinery-house and installing laundry machinery therein.

The Camp, Dunedin.—Furnishings and fittings, and telephone-line. Repairs to buildings and laying out grounds. Drainage-works. Laying on hot and cold water, fitting range, &c.

Home for Defectives, Richmond.—Erection of rooms for cook and housemaid. Erection of iron tanks and stands.

CHANGES IN THE SERVICE.

Mrs. Neill, whose connection with the joint Department of Asylums and Hospitals as assistant to the late Dr. MacGregor lasted over nearly twelve years, retired at the end of the year, and was granted three months' leave of absence. More recently the hospital side of her work claimed her great organizing ability. Her services in connection with the State registration of nurses and midwives, and in the initiation of the State maternity hospitals, will be kept in grateful remembrance. Mrs. Neill was the first woman inspector of mental hospitals, and, being an exceptional woman, fully justified the experiment. She did more—she created the necessity for the continuance of the office.

Miss H. Maclean, who succeeded Mrs. Neill, is a registered nurse who has had experience of the insane. When the Departments divided at the beginning of this year, it was arranged, to our great satisfaction, that Miss Maclean should continue to serve in both Departments.

Mr. J. A. Flesher, solicitor, has been appointed Deputy Inspector at Christchurch, and Mr. J. Park, solicitor, has been appointed Deputy Inspector at Hokitika. Mr. S. Myers has been appointed Deputy Inspector at Dunedin, to act for Mr. Cohen during his absence from the colony.

Mrs. E. A. Armitage has been appointed Official Visitor for Auckland, Mrs. E. A. Brown has been appointed Official Visitor for Wellington, and Mrs. E. W. Cunnington has been appointed Official Visitor for Christchurch.

D. H. J. Tizard entered the service as Assistant Medical Officer at Seacliff. He previously served in the same capacity for about eight years at the London County Council Asylum of Colney Hatch.

Mr. F. Newman's resignation, after nearly twenty years of exceptional service as plumber at Seacliff, is noted in the February report on that Hospital.

THE STAFF.

The average length of service of the members of the mental hospital staffs is as follows:—

	Number in Service.	Average Number of Years' Service.
Head attendants	8	15½
Matrons	7	8½
Artisans, farm-managers, &c.	33	7
Charge attendants	44	9½
Charge nurses	31	6
Attendants (including probationers)	107	3
Nurses (including probationers)	156	2½

N.B.—Forty-four attendants and sixty-nine nurses have not completed one year's service.

The care of the insane requires on the part of the attendant or nurse good health and peculiar qualities of head and heart. Naturally a number of probationers fall short of requirements, and others, who are able to pass muster for three months and get on the staff, are found unsuitable thereafter. The period of probation should be twelve months. During unexampled prosperity one must look for changes in the junior male staff and the marriage of nurses. The paramount necessity for discipline is recognised by all the older hands. Experience has taught them that anything which tends to destroy discipline in an institution lowers the standard of comfort of the patients, for whose care and comfort alone the institution has being. The complete freedom enjoyed by ordinary workmen no doubt has its attractions, and especially potent with many is residence in the heart of a town, and doubtless many juniors succumb to these temptations, forgetting that their work is easier in proportion to the humanitarian and intellectual interest they take in it—the measure of their fitness—that their longer hours are not hours of hard work, and are compensated by long holidays; that, their wants being supplied, they have the opportunity of having a respectable deposit in the savings-bank which the ordinary labourer, unless an exceptionally thrifty man, has not. The question of salary will be dealt with more properly when reviewing the changes of the two last decades.

REGISTRATION OF MENTAL NURSES.

As promised when the revised regulations were issued in 1904, an examination will be held at the end of the present year for members of the staff who have been in attendance on the insane in our mental hospitals for three years and over, and have gone through a course of training. Hereafter a similar examination will be held at the end of each year.

The candidates are expected to have a knowledge of their work up to the standard of the handbook issued by the Medico-Psychological Association of Great Britain and Ireland, but they understand that mere memorising will not avail them much either at the written or oral examination. Those candidates who have cultivated powers of observation, who are resourceful, who answer correctly and promptly how they would act in specified emergencies will naturally be the ones who will find their names on the register.

I hope to have the co-operation of the Department of Hospitals and its good offices in enlisting the sympathy of hospital authorities for a scheme by which certain selected nurses from our register may get two years' training in a general hospital, be allowed thereafter to enter for the final State examination for general hospital nurses, and be registered in ordinary course, save that their certificates would be distinctive, being indorsed with facts as to training.

It can hardly be contended that a number of years in a mental hospital, and an examination test are not equivalent to a single year at a general hospital. Should the scheme commend itself to Hospital Boards and Trustees we should soon have a number of nurses in the service from whom to draw our future Matrons, our infirmary and other responsible charges. In the event of the scheme being approved I would ask your permission, Sir, to give the selected nurse two years' leave of absence without loss of seniority. The succession of nurses passing to the hospital (provided the nurses see where their best interests lie) will always leave a vacant place for the returning nurse.

Every nurse passing through the general hospital will raise the status of the profession of mental nurses, and help to place it where it should be.

PROSECUTION UNDER "THE LUNATICS ACT, 1882."

V. A., admitted into the Auckland Mental Hospital on the 27th September, 1906, was stated in the medical certificates to have been under care and treatment at a Home for mental cases at Epsom, kept by Mrs. Emily Hopkins. There being no "Home" coming under the above description licensed for the reception and detention of persons of unsound mind, a prosecution was instituted. Mrs. Hopkins was charged before Mr. Kettle, S.M., on the 29th October, with breaches of sections 91 and 122 of "The Lunatics Act, 1882." The defendant chose to be dealt with summarily under the amending Act of 1891, and pleaded guilty to a breach of section 122. She was convicted and ordered to come up for sentence when called upon, and was further ordered to pay costs. The alternative charge was then withdrawn.

To avoid any ambiguity due to nomenclature, it is well to point out that a licensed hospital under "The Private Hospitals Act, 1906," is not licensed for the reception and detention of persons of unsound mind.

PROGRESS OF THE DEPARTMENT UNDER THE LATE INSPECTOR-GENERAL.

Dr. MacGregor was appointed on the 1st April, 1886, and died on the 16th December, 1906.

Within that period, Sir, the following gentlemen were your predecessors as Minister in charge of the Department: 1886-87, Hon. (afterwards Sir P. A.) Buckley; 1887-91, Hon. T. W. Hislop; 1891-93, Hon. (afterwards Sir A. J.) Cadman; 1893-96, Hon. W. P. Reeves; 1896-1903, Hon. W. C. Walker, C.M.G.; 1903-1906, Hon. W. Hall-Jones.

The number of officers, attendants, &c., employed on the 1st April, 1886, was 213, at a cost of £18,888. The number of officers, attendants, &c., employed in December, 1906, was 464, at a cost of £44,023. The all-round increase in salaries has been £6 4s. per head.

While the number of patients on the 31st December, 1886, was, male 1,009, female 604, total 1,613, the number of patients on the 31st December, 1906, was, male 1,900, female 1,306, total 3,206.

The cost per patient in 1886 was—gross, £30 11s. 8½d.; net, £27 0s. 9d. The cost per patient in 1906 was—gross, £35 2s. 10d.; net, £26 10s. 6½d. It will be observed that, though the gross cost had increased by £4 11s. 1½d., the net cost was reduced by 10s. 2½d.

The main increase in salary has not been among the higher officials. Ordinary attendants' salaries have been increased from a maximum of £80 to £95; ordinary nurses' salaries have been increased from a maximum of £45 to £55; charge attendants' salaries have been increased from a maximum of £90 to £120; charge nurses' salaries have been increased from a maximum of £50 to £70; and a house allowance, not exceeding £20, has been granted to married attendants. Attendants and nurses have also been provided with uniforms.

The following statement is made on the authority of the Secretary for Labour: The wages of workers have risen 8½ per cent. during the past fifteen years, and the cost of living has gone up 25 to 30 per cent. If in the above calculations all sources of errors have been eliminated, it is manifest that the working-man is very much worse off than he was fifteen years ago.

The case of the attendants and nurses is quite different. They are housed (rent has gone up 5 per cent.), and married men get a house allowance. They are fed, and have no expense for laundry, and are provided with uniform. A working-man's rise under similar circumstances would be something much more than 8½ per cent.

It is necessary to place this issue clearly, because the fact that the salaries of the staff have risen concurrently with an increase in the cost of their emoluments is lost sight of when comparing their status with that of other workers.

The salaries of Head Attendants, Matrons, and artisans have also increased.

With regard to leave, a full day a fortnight has been added, and increased Sunday leave (of one half-Sunday per month or in lieu thereof one week-day) has also been granted.

The institutions in April, 1886, were: Auckland, Christchurch, Seacliff, Hokitika, Napier, Nelson, Wellington, and (under license) Ashburn Hall.

Napier Asylum was closed on the 1st August, 1886.

Porirua was opened as an auxiliary to Mount View in 1887, and was proclaimed a separate asylum on the 9th May, 1895.

Dr. MacGregor used to acknowledge a justifiable pride in the Medical Superintendents of our mental hospitals. He had selected them for what he deemed were special qualifications only requiring scope to be turned to administrative advantage, and he much regretted the resignation of Dr. Levinge. "They have turned out as I thought; and no man could ask for a better lot," was his remark to me when I entered the Department.

The path which he had smoothed was so much more easily trod of recent years that only a vague memory exists of the obstacles he had to encounter and remove in the years gone by.

In conclusion, I desire to express to the Superintendents and staffs of the Mental Hospitals my general satisfaction with the year's work, and to the Deputy Inspectors and Official Visitors my appreciation of their kindly interest in the welfare of the patients.

FRANK HAY.

ENTRIES OF VISITS OF INSPECTION TO THE VARIOUS MENTAL HOSPITALS.

AUCKLAND MENTAL HOSPITAL.

18th July, 1907.—I visited this Mental Hospital on the 16th and 17th instant, and this morning. My last visit was in January. The statistics hereunder refer to the 17th instant, and the period reviewed is from the beginning of the year:—

		Males.	Females.	Total.
Resident on 1st January, 1907 ... ..	...	401	267	668
On probation on 1st January, 1907 ... ..	...	5	2	7
<hr/>				
On register on 1st January, 1907	406	269	675
Admitted since 1st January, 1907	49	35	84
<hr/>				
Under care	455	304	759
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	Males.	Females.	Total.	
Discharged recovered	20	17	37	
Discharged unrecovered	1	1	2	
Died	16	6	22	
Total discharged and died	—	—	37	61
<hr/>				
On register on 17th July, 1907 ... ..	...	418	280	698
On probation on 17th July, 1907 ... ..	...	8	10	18
<hr/>				
Resident on 17th July, 1907 ... ..	...	410	270	680
Accommodation for ... ..	...	447	259	706
<hr/>				
Patients in excess of accommodation ... ..	...	...	21	...
Accommodation available for ... ..	...	37	...	...

It is proposed to extend the accommodation for women by using the Medical Superintendent's quarters situate above the administration department. These communicate naturally with the women's side, and would provide for forty patients, more or less, with very little cost for alteration. On the men's side the residuum is anticipated in the meantime. The following number of patients require special attention for the reasons assigned:—

		Males.	Females.	Total.
Liable to be wet and dirty ... ..	...	35	64	99
Actually wet and dirty ... ..	...	9	24	33
Epileptic ... ..	...	27	24	51
Suicidal ... ..	...	19	12	31
Dangerous ... ..	...	13	6	19
General paralytics ... ..	...	10	0	10

There has been no serious accident, and the general health of the patients has been average. The percentage of recoveries on admissions is about the average of the institution, and is good, in view of the number of unpromising cases admitted. The deaths occurring since the beginning of the year were due to the following causes:—

		Males.	Females.	Total.
Senile decay ... ..	...	2	1	3
General paralysis of the insane ... ..	...	2	0	2
Epilepsy ... ..	...	2	0	2
Other organic brain-disease ... ..	...	0	1	1
Exhaustion of mania ... ..	...	1	0	1
Exhaustion of melancholia ... ..	...	1	0	1
Paralysis of intestines ... ..	...	0	1	1
Apoplexy ... ..	...	0	1	1
Tubercular disease ... ..	...	2	1	3
Gangrene of lung ... ..	...	1	0	1
Cardiac disease ... ..	...	3	0	3
Cancer ... ..	...	2	0	2
Died while absent on probation ... ..	...	0	1	1
<hr/>				
Totals ... ..	...	16	6	22

The number of patients confined to bed is 27 (14 males, 13 females), but these do not represent cases of serious illness, the majority being senile persons requiring rest, or persons with minor ailments. The condition of debility in three of the senile cases is extreme, and these with one

cardiac case, one with a gangrenous spot on the hand, one with phthisis (pulmonary), one with spastic paralysis, and two general paralytics make up the nine serious cases. There are no bed-sores. The institution was clean and tidy, and looked cheerful. Particularly homely are those parts of the women's side where the patients are capable of appreciating their environment. Unfortunately, the single rooms for turbulent and noisy patients on the women's side are near the main road, and persons hearing a noise when passing are apt to get a false impression. During the days of my visit the entire noise in this quarter was made by one woman. She is labouring under chronic mania (chronic when she was admitted), and, not having the use of her lower extremities, the excitement does not spend itself in natural exercise, but in shouting. The food was inspected and found to be of good quality and abundant. The meals were served in an orderly way. The bread from the new bakehouse is good, and the result of the first year's working would seem to justify the prediction that the cost of the erection will be wiped out by the profit in working by the end of the present year. Every effort is made to classify the patients according to their mental state, and when the women's side includes the present quarters of the Medical Superintendent, and the reception-house is added, the classification will be fairly complete—at any rate, for some time to come. I remarked to Dr. Beattie that the nursing staff appeared to be brighter and more alert, and was pleased to hear that they were working well. There have been a number of changes, but for the most part among probationers who do not properly belong to the staff. Needless to add that I agree with Dr. Beattie in not retaining the service of a probationer who does not give promise of becoming an efficient nurse or attendant. In the senior members of the staff the juniors have good models—39·5 per cent. of attendants and 15·6 per cent. of the nurses have been in the service for five years and upwards. The attendants' mess-room is undergoing alterations, and in the meantime they are dining on the stage. The following is a note of a week's dietary for the staff:—

—	Breakfast.	Dinner.	Tea.
Daily ...	Porridge	Potatoes and vegetables ...	Bread and butter.
Sunday ...	Chops or cold meat, or ¼ lb. bacon	Roast beef, plum-pudding ...	Cheese and jam.
Monday ...	Chops or cold meat ...	Soup, roast beef	Scones, or cake, or pastry.
Tuesday ...	Mince or steak and onions	Soup, stew, or roast mutton, pudding	Cold meat and pickles, or stew, or mince.
Wednesday	Chops	Soup, roast beef, or steak-pie ...	Jam.
Thursday ...	Steak or cold meat ...	Soup, boiled mutton, pudding ...	Scones, or cake, or pastry.
Friday ...	Chops or stew	Soup, corned beef, pudding ...	Fish and jam.
Saturday ...	Cold corned beef ...	Soup, roast mutton	Cold meat and pickles, stew, or mince.

(When in season, lettuce, tomatoes, &c., ¼ lb. or more daily at tea. Eggs or fish for breakfast for Roman Catholics on Friday. The weight of meat for men is 1½ lb., for nurses 1 lb.). The ratio of the nursing staff to patients is as follows:—

	Full Nursing Staff.	Average Effective Staff.
Day attendants	1 to 11·4 patients	1 to 14·4 patients.
Night attendants	1 to 205 "	1 to 205 "
Day nurses	1 to 9 "	1 to 11 "
Night nurses	1 to 135 "	1 to 135 "

It should be added, in explanation, that the average effective number as given above is greatly reduced by the including of Sundays, and the ratio is not so disproportionate on week-days, and that the night staff is not required to visit all the patients. The patients are so classified with regard to sleeping accommodation that the work of the night staff is concentrated, and certain portions of the building are mainly visited as a fire-precaution. I saw all the patients and conversed with many, and received no complaint that was not manifestly absurd, and very few such—in fact, the general content was remarkable. The most pressing need in the establishment is laundry machinery, such as has already been installed at Porirua, Seacliff, and Sunnyside. The washing is done by hand, and this is, of course, a burden in so large an institution. The kitchen requires to be extended by the inclusion of the scullery. A new residence for the Medical Superintendent (plans are prepared) should be gone on with without delay, in order to overtake the surplus of women patients waiting to be accommodated in his present house. I examined the statutory books and registers, and found them up to date, and neatly and correctly kept. A large proportion of the deaths have their cause verified by *post-mortem* examinations. In the register of mechanical restraint there are no entries since the 25th May. Those before that date refer to the use of a loose jacket in the case of one man and four women. Save in the case of one woman, who had an outburst of extreme violence, and was restrained for three hours during the day, the use of such mechanical means has been restricted to the night hours. The cause of the restraint in the case of the man and one woman was to prevent self-injury, in the case of the two other women to prevent interference with surgical dressings. The usual neatness of the lawns and gardens, and the ploughed fields testified to the activity of the outdoor work; and I was pleased to see that the park was laid out and fenced for giving scope to exercise patients who cannot be trusted with working-parties. A small garden is fenced off from the main park for the better-behaved of the above class. Dr. Beattie's individual knowledge of his patients is a tribute to his memory, to his personal interest in them, and to his professional interest in their cases. I am satisfied that his administration is dominated by a desire to do the best he can for the patients committed to his care.

CHRISTCHURCH MENTAL HOSPITAL.

31st July, 1906.—I visited this Mental Hospital on the evening of the 29th, and on the 30th, and to-day. The statistical returns hereafter will refer to to-day's date. There are 499 patients resident (255 men, 244 women), and 23 (20 men, 3 women) absent on probation. Among the latter is a working party of 12, who went to "The Camp" on the 27th instant. There are 13 patients (1 man, 12 women) confined to bed for medical reasons, all receiving proper care and attention. There are no bed-sores. Classified as possible wet and dirty patients, requiring special attention therefor, are 22 men and 55 women. The measure and quality of the supervision exercised can be gauged by the fact that only 1 per cent. of the total inmates (no men and 5 women) are entered in to-day's report as wet. Other cases requiring the exercise of special vigilance include 22 (9 men and 13 women) who are liable to choke and have to be spoon-fed; 34 epileptics (16 men, 18 women); and 21 patients (12 men, 9 women) who have suicidal tendencies more or less pronounced—one man is very actively suicidal, and is never out of direct observation. Since the last inspection there has been one serious accident; it involved fracture of the neck of the thigh-bone. The circumstances were reported at the time. During this winter there have been many bronchial and pulmonary cases, especially among the aged, and the mortality has been high. Since the date of my last report (23rd May) there have been 29 deaths (15 men, 14 women). During the same period 14 men and 13 women have been discharged, 19 men and 11 women have left on probation, and the admissions have numbered 46 (29 men, 17 women). I am pleased to note that it has not been necessary to resort to mechanical restraint; it is now a considerable time since an entry was made in the register of restraint, in fact, somewhat over a year. The staff is working harmoniously. One attendant has resigned, and two have been appointed, and the places have been filled of five nurses who left in the ordinary course. There has been no dismissal, but a nurse probationer deemed unsuitable was not placed on the staff. Some of the desiderata in the matter of works previously commented upon have been satisfied, notably the ventilation on the women's side, where the improvement is very remarkable. The sick-pavilions have not been built; but the bay at the end of the ground-floor corridor on the women's side has been screened off for a temporary infirmary. The room thus formed is brightly and suitably furnished, and is bathed in sunshine. On the men's side there is no such place immediately to hand, and I would advise that the first of the infirmary pavilions should be placed here. The dilapidated cottage is still at the gate, but as plans have been approved for a new gardener's cottage I trust that I have seen the old one for the last time. On accurately measuring the covered way, I find it hardly wide enough to convert into a central bathroom and at the same time leave a sufficiently wide passage. The passage left—namely, 6 ft.—would be enough for ordinary purposes, but would tend to lead to a congestion at the ends when the patients are passing to and from meals in the dining-hall. All the patients in this hospital are bathed each in a fresh supply of water, but on the male side, owing to insufficient baths and divided bath-rooms, the arrangement is found to be very inconvenient. With Dr. Gow and the Matron I went into the question of a Nurses' Home in the attics, as suggested in my last report. We found that staff rooms occupied by 17 could be safely and advantageously vacated by their present occupants, and that these rooms had cubic space sufficient for 34 patients. The dormitory in the attics is at present occupied by 32 patients, and the transfer would therefore be a gain of two beds, or, in other words, practically the cost of alterations. The scheme, however, involves the addition of a bedroom for the Matron adjoining her present dining-room. The Matron is convinced that the change would be much appreciated by the nurses. Owing to the difficulties of supervision I can sympathize with the disinclination to use the visitor's room in the front, and because the full passage is required the stone corridor cannot be permanently furnished or rendered attractive. The remarks made regarding the narrowing of the covered way equally apply here. An economical and attractive compromise could be effected by glass-roofing the space between the attendants' mess-room and the dormitory, using the three walls as they stand, and raising a 7 ft. concrete wall across the open end and glazing above this to the roof. A fair space enclosed thus could be treated effectively as a winter garden, and would be a pleasant place for the male patients to see their friends in. I attach some importance to this, because so much depends upon the first impression received by visitors in allaying unnecessary but natural anxieties regarding the treatment of their relatives, and in moulding the attitude of the public towards our mental hospitals. Therefore, though we know that the hospitals are a credit to the colony, it behoves us to have parts open to the public at least as beautiful and comfortable as those occupied by the patients. The main visiting is done at present in a concrete-floored corridor, which is also a common right-of-way, and which does not admit of better furnishing than the absolutely necessary chairs. This must convey a false impression. At the pavilion end, in a corner of the cricket-field, a large bowling-green is being carefully laid out, and a croquet-lawn is projected in the opposite corner. These will be welcome additions, and when they are in use it is proposed to have occasional tea-parties in the neutral territory where judiciously selected men from the bowling-green will meet the women croquet-players. These occasions will tend, no doubt, to soften the institutional feeling—inevitable, alas, when so many are brought together in a community of misfortune. The store-book had just been balanced for the month. I checked as correct some items called for at random. The statutory books were up to date, and are neatly and correctly kept. The institution was clean: Its defects are structural. Good meals were served during the visit; the patients looked well, and were suitably clad. I did not have time to visit the North House and auxiliary. The general impression of the visit was most pleasing.

16th February, 1907.—I visited this Mental Hospital on the 29th and 30th January, and completed the inspection on the 14th, 15th, and 16th February. The undernoted statistics refer to the 14th February. My last visit of inspection was on the 31st July, 1906, and therefore in this report the work of six months is revised. The intermediate visit was paid by the Deputy Inspector. The following table gives the changes in the population:—

	Males.	Females.	Total.
Resident in Hospital on 31st July, 1906	255	244	499
Absent on probation on 31st July, 1906	20	3	23
On register on 31st July, 1906	275	247	522
Admitted since 31st July, 1906	34	27	61
Total number under care	309	274	583
	Males.	Females.	Total.
Discharged recovered	14	11	25
Discharged unrecovered	6	1	7
Died	14	10	24
Total discharged and died	34	22	56
On register on 14th February, 1907	275	252	527
Absent on probation on 14th February, 1907	13	3	16
Resident in Hospital on 14th February, 1907	262	249	511

It will be seen, therefore, that after six months there is an increase of 5 patients (all women) on the numbers on the register, and of 12 patients (7 men and 5 women) on the number resident. In judging our accommodation it has been the custom to estimate only the patients actually resident, and this is convenient because it gives a true picture of the dormitory-space at the time; but one must be careful not to lose sight of the fact that patients on probation remain patients, and may all be returned to the Hospital before the probationary period expires. At present the available dormitory accommodation for men is in excess of requirements, but there are 8 women in excess of the statutory cubic space. These could, however, be placed in the so-called dressing-room in the attics were they of a class that could be trusted there. During the same period 5 attendants and 9 nurses have entered the service, and 3 attendants and 8 nurses have resigned. Two attendants have died, and 1 nurse resigned immediately upon being suspended. On the staff at present there are 26 attendants (plus 4 artisans who do ward duty) and 24 nurses. There have been in the service for five years and upwards of the above attendants and nurses 34·6 per cent. and 12·5 per cent. respectively. The staff bears the following ratio to patients: Day attendants (24), 1 to 10·9 patients; night attendants (2), 1 to 131 patients; day nurses (22), 1 to 11·3 patients; night nurses (2), 1 to 124·5 patients. This ratio must be corrected in terms of the actual effective members, because the large measure of leave compared with that given in similar institutions in Great Britain falsifies deductions. With us over a sixth of the staff is off duty. The night-staff numbers do not vary, and therefore the actual or effective ratio of the day-staff is: Attendants, 1 to 13·9 patients; nurses, 1 to 13·6 patients. Two attendants are on special duty with a patient who is deemed to be dangerously homicidal, and the percentage of other patients requiring special attention is noted hereunder:—

	Males.	Females.	Total.
Tending to be wet or dirty	7·6	16·0	11·7
Actually at date wet or dirty	0·38	0·8	0·58
Epileptic	4·9	8·8	6·8
Actively suicidal	0·38	0·8	0·58
General paralytics	1·14	0·4	0·78

To these must be added the sick. At present there are confined to bed 3 men and 10 women—5 of the women on account of their mental state, 4 of these being in seclusion, and 2 women are practically bedridden. Two men are suffering from diarrhoea, which is very prevalent in Christchurch, and 1 from valvular disease of the heart. One woman has a leg ulcer, 1 a trivial scald on the back of the neck, and 1 has a double Pott's fracture. All are receiving proper care and attention, and only the last on the list calls for special mention. I investigated this case on the 29th January. The woman had precipitated herself from a height of 22 ft., from the top of the sanitary annexes at the back of D ward, having climbed up a ladder. Repairs were being carried out in the locality, and the ladder was enclosed in a hoarding and protected against suspected patients, but this woman was not of that number. She had long been trusted, and was working in the nurses' mess-room in daily contact with lethal weapons. It is now evident that she had either restrained an unsuspected desire towards self-destruction until resistance was overcome, or an impulse may have been suddenly awakened and acted upon, an exacerbation of the malady which was quite unlooked-for. These cases occur every now and then; they are very disquieting; they cannot be guarded against without absolutely unjustifiable restriction, and are among the anxieties inseparable from the office of a Medical Superintendent. I do not hold any one blameworthy. The patient has since confessed that the idea of suicide has from time to time occurred to her, but she has put it aside because she thought that if anything happened to her the nurses, from whom she had received much kindness, would get into trouble. The register of mechanical restraint has entries regarding 2 patients—1 a homicidal male patient during the journey when he was being transferred from one institution to another, and the other a man who was picking his face, and after the failure of other means was made to wear locked gloves for 144 hours. On ten occasions patients have escaped, and 4 of these were brought back the same day. One of the 4 was a woman, the only woman on the list. One patient having overstayed the statutory limit was written off the register, and one who left on the 14th has not yet been found. He was employed about the estate, and it is presumed that he saw in the paper a notice of sale of some property which belonged to him, and that this influenced his action. The case of one patient who twice escaped calls for some comment in that he was detained as a criminal of unsound mind, and the ordinary mental hospital is no place for the class. Through the

courtesy of the Prisons Department the infirmary ward of H.M. Prison at Lyttelton was proclaimed an auxiliary to Sunnyside, and to this he was removed till other arrangements could be made. The patients are employed according to their capacity, and the beneficial effect of this is evident in their general good health and in the comparative absence of excitement. According to employment the patients at present resident may be classified as follows :—

	Males.	Females.	Total.
Mentally or physically unfit for work	29	53	82
Employed in the garden	38	..	38
" on the farm	81	..	81
" in wards	78	99	177
" in workshops	19	..	19
" in laundry	42	37	39
" in kitchen	4	12	16
" sewing .. .. .	..	46	46
" otherwise	11	2	13
	262	249	511

Active amusements are a feature of the treatment, and as many as possible attend and take part. There is a record of cricket matches, dances, concerts, &c., and of parties to the theatre and circus in town. I wish to separately record the game of bowls, which has been enthusiastically taken up since the making of a really excellent bowling-green. So truly has it been laid that some of the recent championship events were played on it. The active interest that the bowling fraternity have taken in the well-being of the patients by presenting bowls to their club is particularly gratifying. Sixty-seven men and 63 women attended Divine service. Mr. Smail, the missionary, is a good friend to the patients, and holds no narrow view as to his sphere of usefulness. He takes a great interest in the patients' recreations, and is, indeed, the organizer of the theatre parties. I am pleased to learn that arrangements have been made for the patients to visit the Exhibition. During the period under review 25 patients left the institution recovered, which, calculated on the admissions, makes a recovery rate of 41 per cent. There were 24 deaths, a large number, but they were due to ordinary causes. Six were credited to senile decay and one to phthisis pulmonalis. The work in progress at present includes sanitary alterations, the admission of light to the main stairway on the female side, and the taking up of ventilating shafts in the same locality. The gardener's lodge is nearing completion, and promises to be a model cottage, convenient and picturesque. Plans are now under consideration for a central common bath-house between the main building and the laundry. The new laundry machinery is being put in position, and should soon be working. The structural alteration necessary is comparatively small. I have before commented upon the desirability of turning a portion of the attic space into a Nurses' Home—the dormitory accommodation in the scheme would be ample, and the sitting-room would be large and has great decorative possibilities, which could be carried out at little cost. I understand from the Matron that the nurses would welcome the change, and as many as 17 could with advantage be taken from rooms which rightly belong to patients and have cubic space sufficient for 34. The attic dormitory, which it is proposed to alter into cubicles for nurses, is presently occupied by 32 patients. The Matron's rooms (sitting-room and bedroom) are in the middle of a ward, and it is part of the above scheme to have these vacated for patients, and the Matron provided for by building in the vicinity of her dining-room. I met the Dairy Inspector by appointment, and with Dr. Gow went into the alterations needed in the byres and dairy to bring these up to modern requirements. This will form the subject of a separate report. Meantime I may state that, on the score of economy to save the expense of pumping water, of which a large quantity is needed in the locality, the engineer advises sinking for a well in the paddock to the north of the byres. The Dairy Inspector agrees that the same situation is the best for the new dairy, of which, however, only a place for chilling the milk within easy reach of the byres is a present necessity. A fire hydrant should be placed to command the byres building. I inspected the food and found it of good quality, ample, well cooked, and expeditiously served. As I did in the recent report upon Seacliff, I copy hereunder the nurses' dietary for the week previous to my visit. Seacliff and Sunnyside may be taken as representative institutions, and this menu and that given in the Seacliff report should be sufficient to refute the statement there quoted.

—	Breakfast.	Dinner.	Tea.
Daily ..	Tea, porridge, and milk	Tea, vegetables	Tea, bread and butter.
1907.			
February 3 ..	Chops	Roast mutton, plum pie ..	Cold roast mutton, cake.
" 4 ..	Irish stew	Soup, boiled mutton and parsley sauce, rice pudding	Cold roast mutton, jam.
" 5 ..	Chops	Roast beef, boiled pudding ..	Cold meat, scones.
" 6 ..	Sausages	Roast beef, blanc mange, and stewed apples	Cold meat, rock cake.
" 7 ..	Chops	Roast mutton, sago pudding ..	Cold meat, jam.
" 8 ..	Steak	Roast beef, blanc mange, and stewed apples	Cold meat, scones.
" 9 ..	Sausages	Salt beef, cheese	Cold salt beef, jam.

In addition, pickles, sauce, and chutney allowed; also early morning tea and biscuits or bread and butter.

The duties of the assistant clerk and storekeeper are almost exclusively confined to the store, and the time has arrived when a cadet should be appointed to assist Mr. Russell in the office. The general health of the inmates is good. I received no rational complaint, and, indeed, save for the inevitable loss of liberty, patients capable of appreciation apparently consider themselves well provided for. The wards were clean, and the corridors and sitting-rooms were brightened by pictures, flowers, and hanging brackets of greenery, making an effect which was decidedly pleasant. The ventilation is not yet quite satisfactory, though very considerably improved, and the works in progress are calculated to materially assist towards the desired end. The administration of the Hospital in all its parts is most methodical. I am glad to find Dr. Gow much improved in health, and attending to his duties with unabated vigour. We discussed various cases, and again went into the question of the vastly disproportionate number of patients in this Hospital with goiterous enlargements. Dr. Gow is going to carefully investigate the matter with Dr. Gribben. Dr. Gribben was absent on holiday. The letters detained as inexpedient in terms of the Act were examined and disposed of, and the statutory books were found to be neatly and correctly kept.

SEACLIFF MENTAL HOSPITAL.

24th October, 1906.—I visited this Mental Hospital on the 22nd and 23rd, and inspected the statutory books this morning. There are to-day on the register 744 patients (471 men and 273 women), of whom 6 (3 men and 3 women) are absent on probation. Neither the auxiliary hospital at Waitati, where there are 33 patients, nor the fishing-station at Karitane, where there is 1, were visited upon this occasion. The general health of the patients is good, and only 2 were confined to bed. There are no bed-sores. The number of patients reported to be wet or dirty is 26, or 3·5 per cent. of the number resident—males, 3·6 per cent.; females, 3·3 per cent. Since the 27th July, the date of the last visit, and practically a period of three months, 8 male patients have been mechanically restrained. The register shows that the restraint was applied for adequate reasons by the least irksome means to meet the necessity of each case. The changes in the population during this period include the admission of 48 patients (33 men and 15 women), the discharge of 15 (12 men and 3 women), and the death of 15 (11 men and 4 women), which gives an excess of 18 patients admitted over the number who have died or been discharged, but does not include 7 patients who have been allowed out on trial during the same period. Of the deaths 7 were due to cerebral disease, either as a sole cause or important contributory factor; 1 of these was complicated by pneumonia. Another case of pneumonia and 2 of broncho-pneumonia terminated fatally, and there were 3 deaths from heart-failure, due to organic disease of that organ. One death was due to phthisis pulmonalis, and 1 to suicide by precipitation. This last very painful case has already been thoroughly investigated, and Nurse F., who had disobeyed the rule in taking a walking party in the vicinity of the cliffs, was dismissed. Such events, for a period at least, have a tendency to restrict the standard of liberty; but I trust that it will not—in fact, I do not think it will—interfere with Dr. King's wise policy of according to patients as much liberty as possible compatible with their own and the public safety. During the same period of three months 7 patients (all men) escaped, and 6 were absent for at least one night before being returned to the hospital. All the patients who are fit to appreciate entertainments attend and take part in the usual dances, sports, cricket, &c., and the same remark applies to those attending Divine service. Somewhat under a third of the patients are either mentally or physically unfit for employment (men, 28 per cent.; women, 40 per cent.); the remainder are, according to their capacity, usefully employed in diverse occupations suitable to their condition, and are mainly in the open air. Needless to add that such occupation conduces to contentment and to the mental and physical betterment of the patients. Four nurses and 2 attendants have left the service, and 5 nurses and 4 attendants have been engaged. The comfortable club-rooms for the staff are well patronised, and the reading-room therein has a good supply of excellent periodicals. The movement is highly commendable, and is worthy of imitation, especially in mental hospitals situate in the country. The Government supplied the accommodation and furnishing, including a billiard-table, and gave a subsidy towards the library; for the rest the club members subscribe, and the management is placed in a committee elected by them. Herein one is pleased to see something of the same independence and desire for betterment, of the same individualism and enterprise that was remarked upon regarding the married attendants' cottages. These last, though not coming within the scope of inspection, were visited, and I am glad to note that the picturesque little settlement fully justifies anticipations. I discussed with Dr. King the question of the training of the staff. It is necessary to lay down a standard, and one that is recognised, hence the introduction of the "red book," which is the accepted one in the United Kingdom. It must at once be conceded that a person merely memorising the "red book" would not be one whit the better thereafter or thereby; on the other hand, it is not anticipated that such a person would satisfy the examiners, because it is not intended to adapt the examinations to suit such, but (beyond the memorising of some elementary rudiments) to make them a test of the practical application of knowledge to be mainly gained by an intelligent and intellectual interest in the daily round of work. The object of the lectures is to stimulate this, and of the "red book" to prescribe limits and not to dictate a uniformity of teaching (which would obviously be an absence of true teaching) within those limits. The learning of some technical terms as a matter of convenience is helpful and necessary, but this is attained without conscious effort once a familiarity with their meaning and application is established. Dr. King and I went over the various necessary works to arrive at the most urgent to be provided for during the current year out of the public-works vote. We decided upon the extension of the main building on the male side towards the park, and the alterations connected therewith for completing that scheme. At Waitati the laboratory and brick and tile plant should be supplied. Here, also, the reclamation, which is really a simple matter, should be authorised in order that what is a waste may become revenue producing. At Seacliff the laundry building will very soon be fit to accommodate

the washing-machines and other newly received apparatus. Once installed this will be a great relief from recent makeshift methods, not to mention the expense of having so much of the washing done in Dunedin. The various parts of the institution were found in good order, but the "upper building" contrasts badly with the rest. Each year it becomes more of an anachronism, and one looks hopefully forward to the time when, all the needs of patients able to appreciate their environment being supplied, one will be in a position to turn to the better housing of those who react negatively to their surroundings. This is, of course, the common-sense order, and one cannot recommend otherwise. Apart from the danger from fire (and new hydrants are about to be placed inside the building) one must concede that the impression made is largely sentimental, and that renovation and painting would modify it, but beyond this the experience that attendants tend to live up to or down to their surroundings is not to be lost sight of. The clothing and bedding of the patients is good and suitable. The food inspected was of excellent quality and well cooked. The kitchen arrangements are very satisfactory. The same enlightened management of the institution and considerate care of the patients, as before commented upon, is observable. Dr. Tizard, who has had a large experience in the treatment of the insane in England, entered upon his duties as Assistant Medical Officer in June, and has quite identified himself with the interests of his new sphere of usefulness. I think that the Department is to be congratulated on the appointment. The statutory books and registers were examined and found regularly and correctly kept.

11th February, 1907.—From the 4th to the 8th inclusive, and again to-day, I paid a series of visits to the Seacliff Mental Hospital and to the auxiliary institution at Orokonui, Waitati. On the afternoon of the 4th and the morning of the 5th the Hon. the Minister also visited the institutions. The undernoted figures have reference to the population as on the 8th instant:—

	Males.	Females.	Total.
On the register	479	278	757
Absent on probation	9	3	12
Resident	470	275	745

On the 24th October, 1906, the period of my last visit, there were 746 patients on the register, and 6 were absent on trial. There is now, therefore, an increase of 11 on the total and 5 on the numbers resident. The following changes have produced the result:—

	Males.	Females.	Total.
Admitted since 24th October, 1906	17	16	33
Discharged recovered	5	4	9
Discharged unrecovered	3	3	6
Died	3	4	7
Total discharged and died	11	11	22
Excess of admissions over discharges and deaths	6	5	11

During the same period 5 attendants and 14 nurses have entered the service, and 5 attendants and 9 nurses have resigned. There have been no dismissals. The number of attendants at Seacliff is 45—plus 10 artisans, &c., whose ward duty is occasional only—and at Orokonui there are 5 attendants, plus 2 outside hands doing occasional ward duty. The number of nurses at Seacliff is 37. It would at first sight appear that the proportion of attendants and nurses to patients may be thus stated:—Seacliff: Day attendants (41), 1 to 10·6 patients; night attendants (4), 1 to 108·5 patients; day nurses (34), 1 to 8·1 patients; night nurses (3), 1 to 90·7 patients. Orokonui: Day attendants (5), 1 to 7 patients; night attendants (1), 1 to 35 patients. This proportion should be corrected, however, to allow for the numbers effective, because there are many always away on leave. It has also to be remembered that the number on night duty is constant, and that for a considerable portion of the year the day staff is doing relieving night duty. When these allowances are made the proportion will be approximately thus: Day attendants, Seacliff, 1 to 13·4 patients; day nurses, Seacliff, 1 to 10·5 patients; day attendants, Orokonui, 1 to 8·75 patients. I may here add that 33·3 per cent. of the attendants and 24·3 per cent. of the nurses have been in the service for five years and upwards. The percentage of patients requiring special attention and supervision because of their indifference to the calls of nature, or who are epileptic or suicidal or labour under general paralysis, is as follows:—

	Males.	Per Cent. Females.	Total.
Wet and dirty	4·0	2·9	3·6
Epileptic (including 12 men in home at Orokonui)	7·4	9·4	8·2
Actively suicidal	1·7	3·2	2·3
General paralytics	2·7	..	1·7

During the period since the last report no women patients have been under restraint, but the register of mechanical restraint has entries referring to 5 men—to 1 patient for a single occasion when he became actively dangerous to others, to another on four occasions to prevent self-injury, and to the remaining 3 to check the habit and to prevent persistent destructiveness, on many occasions five, fifteen and nineteen respectively. In no case was the restraint continued beyond a period of six hours, and I am satisfied that it was not resorted to when manual control would have been equally good for the patient and equally effective for the purpose, and I am also satisfied that the methods employed were the least irksome to meet the circumstances. Ten patients (all men) escaped, and of these 3 were replaced the same day, and 2 were not retaken within the statutory limit, and were therefore written off the books. As a general rule obvious restriction raises the desire for liberty, and directs the attention to the devising of means to obtain freedom. It is found that, where a large measure of liberty is part of the routine treatment, chafing against detention is not so great, and the number of escapes is fewer. Dr. King's settled policy of risking the escape of a few to whom such general

statements do not apply in order that the majority may be benefited has often been favourably commented upon. There is no doubt that when dealing with patients not likely to injure themselves or others a brief self-found freedom beyond the gates in a world with which they are unable to adjust themselves is incomparably less unsettling than would be the case were they so kept that means of escape were impossible. There are 142 men and 109 women who do no work, being mentally or physically unfit. All the patients at Orokonui (35) work on the estate, and at Seacliff 182 men are employed on the farm and gardens, 27 men work at trades, and 81 have ward duties, the remainder being employed in many useful offices. With the women the chief source of employment is in the wards (84), the laundry (24), and the kitchen (36). Though the value of the work done is not to be compared with the product of paid labour, in the aggregate something substantial is accomplished. This is, however, the least important aspect of the matter, the important factor being the tendency of work to subdue morbid manifestations and lead the energies into useful channels. This reaction on the organism is one of the chief therapeutic agencies in promoting the recovery of the recoverable and the contentment of the patients employed. The management of such an institution, were the patients idle, would be very difficult and costly, not because of the value of the work lost, but because the patients would certainly become noisy, complaining, troublesome, and often dangerous, and after allowing for the recovery of those who apparently recover under any circumstances it would be found that there was a larger residuum of chronic cases. This is a sufficient answer to persons who complain that they are charged (always, I may say, a sum within their means) for the maintenance of a relative who is employed. Supplementing treatment by employment there has been the usual round of active amusements. Sports have been held on eight occasions, there have been two dances, one a fancy-dress ball, and two picnics, one being the big annual function. The record also tells of two house concerts and of parties going to Dunedin to the Agricultural Show, the Caledonian Sports, and a circus. The number attending Divine service (males, 38; females, 31) is considerably below the average. The general health of the establishment is good, only 2 patients being confined to bed. Analysing the cause of the 7 deaths which have taken place since the last visit, 3 are recorded as due to cerebral disease, complicated in one case by pneumonia, there are 2 others directly due to pneumonia, 1 to Bright's disease, and 1 to cancer. It will be seen that the quota of excess of admissions over discharges and deaths is 11. The inevitable increment is a serious matter when the Hospital is full, and requires to be anticipated, otherwise works not directly associated with sleeping accommodation, but none the less necessary and usually designed to effect economy, have to be deferred. The policy of transferring patients when the accommodation is taxed in one mental hospital to a similar institution where additional accommodation for its particular district has been anticipated is undesirable, save for medical reasons. The newer accommodation will sooner be filled, and the older is relieved only for a short period. Further, there is a decided tendency to the accumulation of a disproportionate number of noisy and troublesome patients in the Hospital that had the excess, because such patients, being usually unfit to travel, are left behind. There has twice been such an exodus from Seacliff, which seems to have left its mark on the women's side. I regret to observe that the dormitory space is being gradually overtaxed, and that there are now 18 men and 22 women in excess of the statutory accommodation. A factor contributing is undoubtedly the larger number of rooms wanted for the additional staff necessitated by the liberal leave-allowance. To meet the immediate difficulty on the women's side, "The Cottage," which was built for and for many years has been used as a "reception house," is to accommodate the overflow of the nursing staff, and the patients will pass to the building known as "The Retreat" at the auxiliary establishment at Orokonui. The Nurses' Home accommodates 20, 2 are now at the cottage, and not more than 10 are required to be at hand in the main building. The most practical way to me appears to add to the Nurses' Home and to the end of F4 ward. Similarly the excess on the men's side can best be overcome by the addition over the park, to which I alluded in the last report. The building should be in brick. These works once completed, anything in the meantime beyond minor extensions should be carried out at Orokonui, where we have a large estate possessing great potentialities. Concurrently with the difficulty of housing the increasing staff, the nurses' dining-room is now too small for present and future requirements. It is situate next the kitchen, and will conveniently supply pantry and store accommodation (which is much needed) when replaced by a suitable dining-room for the nurses. The best site for this seems, on the whole, to be the south-east corner of the court at the back of F1 ward. *A propos* of the nurses' dining-room I may here mention that, as usual, I inquired into the nurses' dietary. It may be remembered that towards the end of last session of Parliament a letter was read in the House which stated that the nurses' meals often consisted of only bread and butter, and that meat, when provided, was tough, ill cooked, and in fact unfit for consumption. Of course, nothing need be said to any one knowing the facts, but, lest a false impression may have been made upon persons not knowing the real state of things, I shall copy hereunder the menu for the Sunday before and the week previous to the present visit. I may also add that I have inspected the meals at odd times during this visit, and have always found them of excellent quality and well cooked:—

—		Breakfast.	Dinner.	Tea.
Daily ..	..	Porridge, tea, toast, &c.	Vegetables	Tea, toast, &c.
January 27	..	Fish	Roast, pudding	Cold meat, scones.
" 28	..	Bacon	Soup, roast, pudding	Cold meat.
" 29	..	Sausages	Stew, milk pudding	Hot meat.
" 30	..	Chops	Roast beef, stewed fruit	Cold meat, jam.
" 31	..	Bacon	Soup, roast mutton	Cold meat.
February 1	..	Chops	Roast, pudding	"
" 2	..	"	Soup, roast, pudding	Hot meat.
" 3	..	Bacon	Lamb, apple pie	Cold meat, scones.

Usually, once a week, eggs for breakfast; cheese once a fortnight, in addition.

In my opinion the dietary errs on the side of excess of meat. A small addition of a mess-room for the attendants there employed and a scullery at the "upper building" is needed. I commented on this building in the last report; it is designated on the plans "temporary asylum," and was to have served its purpose when Seacliff was built. One does not willingly suggest alterations and additions to this place, but I do so because the building is likely to be continued in occupation for some years, and the addition will not be costly. The extension and alteration of the laundry is practically completed, and the new machinery is working. This will be a saving in cost, and an incalculable boon. To complete the facilities a larger area should be taken in for a drying-green, and paths should be made at intervals to allow of the washing being taken out and in comfortably when the ground is wet. The present phenomenal season is apt to make one forget such disabilities, but the sticky nature of the clay after wet weather in this locality is not easily forgotten. Considering the drought, the water-supply is happily sufficient, and the farm is looking better than I had anticipated. I inspected all parts of the institution and found everything in good order, as usual, and I received no complaints from the patients. I missed Mr. Newman, the chief plumber, who lately left after nearly twenty years of memorable service. As a man and as a tradesman he will be difficult to equal. His loss is keenly felt by the whole staff, and his exceptional gifts and capacity, his thorough and promptly executed work, will be a loss to the institution. Once more I have to express my pleasure in the well-being of this great establishment, and in the consistently good work done therein, of which Dr. King has just reason to be proud. I am happy to indorse his acknowledgment of Dr. Tizard's co-operation, and of the faithful labours of Miss Beswick and of the staff generally. The laboratory at Orokonui is nearly completed, and will give scope for scientific work for which Dr. Donald is peculiarly fitted.

HOKITIKA MENTAL HOSPITAL,

13th July, 1907.—I visited this Mental Hospital on the 12th and 13th instant. As the period is a convenient one for reviewing the statistics of the hospital, I shall deal with the changes from the 1st January to date:—

		Males.	Females.	Totals.
Number of patients resident, 1st January, 1907 ...	...	123	37	160
Number of patients on probation, 1st January, 1907 ...	...	4	2	6
Number of patients on register, 1st January ...	...	133	40	173
	Males. Females. Totals.			
Discharged recovered ...	... 5 2 7			
Discharged unrecovered ...	... 0 0 0			
Died ...	... 2 0 2			
Totals discharged and died ...	... — — —	7	2	9
Number on register on 13th June, 1907 ...	...	126	38	164
Number on probation on 13th June, 1907 ...	...	3	1	4
Number resident on 13th June, 1907 ...	...	123	37	160

Small numbers such as these are apt to produce statistical absurdities. It will be seen that the proportion of female recoveries on admissions is 200 per cent. The causes of death of the two men who died in the six months have no reference to institution life. The health of the patients is capably supervised. There is a staff of twelve attendants and four nurses directly associated with the patients. The actually effective ratio of attendants and nurses to patients is 1 to 12·3 in each case. Two attendants and two nurses have been over five years in the service. The following number of patients require special attention, for the reasons assigned:—

	Males.	Females.	Totals.
Liable to be wet and dirty ...	13	16	29
Actually wet and dirty ...	6	6	12
Epileptics ...	5	4	9
Suicidal ...	1	1	2
Dangerous ...	3	4	7
	Males. Females. Totals.		
The number of patients who do not work (being mentally or physically unfit) is ...	32	17	49
And those usefully employed number ...	91	20	111
Out of a total of ...	123	37	160

Sixty-four patients (males 52, females 12) are able to take part in the regular entertainments. The institution is run on homely lines. The patients look well cared-for, and the general health is good. The food was tasted, and found to be wholesome and abundant. I went over, with Mr. Downey, the alterations necessary to accommodate extra patients to relieve the accommodation in the Wellington District, which the high admission-rate last year has taxed. We found that the accommodation could be greatly increased and improved by remodelling the cottage (bought three years ago) on the boundary of the estate, and by extension of the dormitory at the convalescent cottage. Mr. Downey's estimate for the work is £100. Some improvements have been carried out on the estate—notably the approach from the north-east, where the road has been well graded and made practicable. My visit coincided with the stocktaking, which was being carried out very thoroughly. The statutory books are neatly and correctly kept, and the general impression left by the visit is satisfactory.

NELSON MENTAL HOSPITAL.

18th June, 1907.—I visited this Mental Hospital on the 15th, 16th, and 17th instant, and this morning. The changes in the population since the statistics were sent in for the annual report are as follows:—

	Males.	Females.	Totals.
Resident on 1st January, 1907	88	57	145
On probation on 1st January, 1907	3	2	5
On register on 1st January, 1907	91	59	150
Admitted since 1st January, 1907	4	4	8
Total under care	95	63	158
	Males.	Females.	Totals.
Discharged recovered	2	3	5
Discharged unrecovered	0	1	1
Died	2	0	2
Totals discharged and died	—	—	—
On register on 18th June, 1907	91	59	150
On probation on 18th June, 1907	3	1	4
Resident on 18th June, 1907	88	58	146

At the end of six months there is only one additional patient, which is very satisfactory. The following require special attention, for the reasons assigned:—

	Males.	Females.	Totals.
Liable to be wet and dirty	17	10	27
Wet and dirty at date	5	5	10
Epileptics	7	3	10
General paralytics	2	0	2
Suspected to be suicidal	3	3	6

The nursing staff (not including those whose principal duty is not with the patients) consists of ten attendants and seven nurses, of whom seven attendants and five nurses are on day duty, one each on night duty, and two attendants and one nurse are required to relieve for holidays. This makes the proportion of the effective day staff for attendants 1 to 12.5, and for nurses 1 to 11.6 patients.

The following is a copy of the staff diet-sheet for the week ended on the 15th instant:—

—	Breakfast.	Dinner.	Tea.
Sunday ...	Sausages	Roast beef, potatoes, celery, apple pie	Cake and jam.
Monday ...	Chops	Corned beef, potatoes, parsnips, rice custard	Cold meat when required.
Tuesday ...	Corned beef and pickles	Roast mutton, potatoes, cabbage, roly-poly.	
Wednesday	Curry	Fried fish, potatoes, sago pudding.	
Thursday ...	Beef stew	Roast beef, potatoes, turnips, jam tart	Scones.
Friday ...	Bacon and potatoes	Roast beef, potatoes, leeks, stewed pears	
Saturday ...	Haricot	Roast mutton, potatoes, turnips, blanc-mange.	

The staff are apparently satisfied, and are looking well. The night attendant thought he was not treated as fairly in the matter of holidays as the night attendants were at Seacliff, and wrote about the matter some time ago. I saw him, and was able to point out that it was not possible for all hospitals to be worked on identical lines, on account of local considerations, and that therefore the night staff at Seacliff worked longer hours and had longer holidays in consequence, that the same average was arrived at, and that there was only the difference of one minute per night between Seacliff and Nelson when holidays were deducted, and the working-hours were spread over the year. The health of the patients is good, and I am glad to note Dr. Mackay's interest in their welfare. No one was confined to bed during the day visits, and the majority were usefully employed.

The entries in the register of restraint referred to one patient. This is a very destructive woman, whose hands are secured to a canvas belt for a half-hour at breakfast-time, and a half-hour at dinner-time—that is, when in the press of work nurses cannot be spared to sit by her. I sanctioned the proceeding as a just compromise, because it would be unreasonable to add two nurses to the staff to obviate one hour's restraint in divided periods. The clothing of the patients is suitable, and the bedding is abundant. On a night round the patients were asked if they wanted more blankets, and declared themselves comfortable. All the patients were seen and conversed with, and many spontaneous acknowledgments were made of kindness received from Mr. Chapman and the staff. An epileptic patient, whose friends hesitated long before sending her, informed me that she actually felt that she had more freedom than at home, and that she was not nearly so apprehensive of coming to some mischief, because she had every confidence that she would be looked after. I may here parenthetically state that such spontaneous testimonies are

very gratifying, in view of the charges made by an ex-attendant against Mr. Chapman's character, which charges he very foolishly took to heart. The Department recommended him for the position he holds because it knew him to be a man of honour and integrity, and was satisfied that his whole energies would be devoted to his work. This estimate, I may venture to say, is that of any one capable of judging, who is brought in close contact with Mr. Chapman. As a result of the present inspection I am quite satisfied that the Department has not misplaced its trust. The farm operations have been very successful, and the return from the orchard has been large in quantity and good in quality. The statutory books and registers were examined, and found to be correctly kept. I did not check the stores ledger.

PORIRUA MENTAL HOSPITAL.

15th March, 1907.—I visited this Hospital on the 13th, 14th, and to-day, inspecting the main and succursal buildings and the various parts of the estate, and saw all the patients. Mrs. Neill and Miss Maclean paid a visit of inspection on the 7th December, and this report will therefore deal with the three months which have elapsed. The statistics hereunder, unless otherwise stated, refer to the state of the population yesterday:—

			Males.	Females.	Total.
Resident on the 7th December, 1906	..	..	322	276	598
Absent on trial on the 7th December, 1906	..	..	19	4	23
On register on the 7th December, 1906	..	..	341	280	621
Admitted since the 7th December, 1906	..	..	19	10	29
Total under care	..	..	360	290	650
			Males.	Females.	Total.
Discharged recovered	..	..	11	3	14
Discharged unrecovered	..	..	2	0	2
Died	..	..	4	3	7
Total discharged and died	..	..	—	—	—
			17	6	23
On register on 14th March, 1907	..	..	343	284	627
Absent on probation, 14th March, 1907	..	..	18	9	27
Resident on 14th March, 1907	..	..	325	275	600
At present, accommodation for	..	..	317	274	591
Excess of patients	..	..	8	1	9

It will be observed that the numbers are practically unchanged, though the usual fluctuations in the population have taken place, there being 3 men more and 1 woman fewer in residence than there were three months ago. No evidence of crowding meets the eye, but it will be seen that there are 9 patients in excess of the statutory space, and, in view of this, it is particularly fortunate that discharges are balancing admissions. The 7 deaths recorded were due to epilepsy (2), general paralysis of the insane, chronic brain disease, cancer, heart-disease, and phthisis. No patient was seen under restraint, but the register contains entries with respect to one patient who is placed in a strait-jacket each night as the only practical way to prevent self-mutilation; he is a Maori. The following percentages of the number resident for the causes detailed require special attention:—

	Males.	Per Cent. Females.	Total.
With tendency to be wet or dirty	7.08	15.64	11.0
Actually wet or dirty	2.15	1.1	1.66
Epileptics	5.23	3.27	4.33
General paralytics	2.15	..	1.16
Suicidal	1.23	1.1	1.16
Dangerous (not included above and requiring constant supervision)	1.85	1.1	1.5

During the visit 9 patients (males, 4; females, 5) were confined to bed for the following reasons: Men—Sclerosis, rheumatism, tubercular sinuses, and leg ulcer; women—cancer, diarrhoea, and rheumatoid arthritis, and two on account of their mental state. The medical journal shows that evident care is exercised in administering to and noting even minor ailments. The general health of the patients is good. All the drinking-water is filtered. As is usually the case in the mental hospitals, employment contributes largely to the maintenance of a good standard of health, to contentment, and to the recovery of the curable. The following table shows the distribution of the patients with regard to employment:—

	Males.	Females.	Total.
Farm and garden	125	..	125
In workshops and at trades	13	..	13
In wards	80	66	146
Sewing	..	34	34
Laundry	..	29	29
Kitchen	..	22	22
Total employed	218	151	369
Mentally or physically unfit for employment	107	124	231
	325	275	600

There has been the usual round of active amusements, in which as many as possible have taken part. I consider the cricket-ground of this institution worthy of a separate note. The oval is placed on the north of the main building, and affords, full in view, an immediate point of active interest, while giving an interesting note of formal gardening between the wards and the landscape of hills and harbour. One is pleased to observe the increased growth of trees and shrubs, and also that the ungenerous soil of the farm is yielding a reward to work. Dr. Hassell has, no doubt, found it a toilsome process, the individual worth of the labour being little, but by the leading of many energies into a useful channel he has the satisfaction of seeing a garden beginning to flourish where once was a wilderness. The orchard this year has been particularly prolific, and, as a result, the patients have been able to have a large supply of fruit. Divine service is held in the institution fortnightly for the Protestant community, and the Roman Catholics who are able to do so go to their church, which is situate at the gate of the Hospital. I found the institution in good order, and the patients looking well. On the whole, they were contented. One patient complained that he was unjustifiably committed and detained, and has many grievances. His reception-order and certificates are in proper form, and he is undoubtedly insane. Not able to appreciate this himself, and finding, doubtless, that the necessary control to which he is subjected restricts the translation into action of the expansive feelings of simple mania, he naturally chafes and considers himself wronged. His malady belongs to a well-known type, more frequently met with in the other sex, which is characterized by a tendency to put a wrong construction on motives and generally to assume an attitude of antagonism. Such patients frequently maintain a remarkable plausibility and enlist champions. It is just possible that this patient is in the early stage of general paralysis. His is certainly a difficult and trying case to deal with, but I was satisfied that his complaints, laid bare of their covering of supposed motives, left little or nothing. The food inspected was of good quality, well served, and abundant. I took a note of the staff dietary for a week, and find that it practically corresponds with that quoted in my reports on Seacliff and Sunnyside.

—	Breakfast.	Dinner.	Tea.
Daily ...	Porridge and milk, bread and butter, tea	Tea, potatoes, and other vegetables in season	Tea, bread and butter, cheese.
Monday ...	Bacon or cold meat	Roast mutton, milk pudding...	Cold meat.
Tuesday ...	Fried chops	Roast beef, milk pudding ...	Cold meat, scones, jam.
Wednesday	Fried steak	Soup, boiled mutton, bread-and-butter pudding	Cold meat.
Thursday ...	Curry and rice	Roast beef, cornflour pudding, stewed fruit if in season	Cold meat, jam.
Friday ...	Steak and potatoes	Fish and Irish stew, boiled pudding, or stewed fruit if in season	Buns.
Saturday ...	Fish fried, and cold meat	Corned beef, milk pudding ...	Cold corned beef.
Sunday ...	Fried chops	Roast mutton, plum pudding or fruit pie	Cold meat, cake.

Bacon only served when in stock and of own rearing. Eggs for Roman Catholics on Friday if no fish. At tea: tomatoes, cucumber, lettuce, and other greens are served in season.

There are at this date 31 attendants and 7 artisans, 5 of whom assist in ward-duty, and 30 nurses, who are assisted for Sunday relief by two laundresses. Of attendants and nurses proper, 35.5 per cent. and 6.3 per cent. respectively have been in the service for five years and upwards. Excluding artisans, laundresses, &c., the attendants and nurses bear the following ratio to patients:—

	Theoretical Ratio.	Actual Ratio after deducting Holidays.
Night attendants (3)	1 to 108.3	1 to 108.3
Day attendants (28)	1 to 11.6	1 to 16.0
Night nurses (3)	1 to 91.6	1 to 91.6
Day nurses (27)	1 to 10.0	1 to 14.0

Since the 7th December a probationer nurse and a probationer attendant were found to be unfit for the service, the services of a nurse and an assistant laundress were dispensed with for breach of Rule 10, and 2 nurses and an attendant have been appointed. I visited the site of the proposed supplementary reservoir. An understanding has been come to with the neighbouring proprietor, which merely awaits signature for the work to be started. The liquid-manure tank and other minor matters are in progress. The painting of the kitchen-ceiling has increased the light in the room, but I observe that the boiler-covers do not lead away the steam as well as they are supposed to do. The electrical accumulators have, to all intents, perished with ordinary use, and it is proposed to replace them by a Diesel oil-engine running all night, as being more economical. The engine is shortly expected, and the bed for it is prepared. The iron hot-water pipes are being replaced by copper. Dr. Jeffries, Assistant Medical Officer, left at the beginning of last month on a year's leave, without pay, granted to let him gain Home experience and further his studies in psychiatry. I am pleased to find Dr. Hassell in excellent health, and the institution with which he is identified in a highly satisfactory state. The statutory books were examined, were up to date, and were neatly and correctly kept. The tenders for meat, grocery, and other provisions, and the drug tenders, were opened in my presence on the 13th.

WELLINGTON MENTAL HOSPITAL.

23rd February, 1907.—I inspected this Hospital on the 22nd and 23rd February. Mrs. Neill paid an official visit on the 1st November. The present report will deal with the intervening period. The following table gives the changes in the population :—

	Males.	Females.	Total.
Resident in the Hospital on 1st November, 1906	149	105	254
Absent on probation on 1st November, 1906	4	6	10
On register on 1st November, 1906	153	111	264
Admitted since 1st November, 1906	23	14	37
Total number under care since 1st November, 1906	176	125	301
	Males.	Females.	Total.
Discharged recovered	5	7	12
Discharged unrecovered	1	0	1
Died	3	3	6
Total discharged and died	—	—	9
On register on 22nd February, 1907	167	115	282
Absent on probation on 22nd February, 1907	5	9	14
Resident in Hospital on 22nd February, 1907	162	106	268
Accommodation for	139	88	227
Number of patients in excess of accommodation	23	18	41

It will be seen that in a comparatively short time there has been an increase of 18 patients on the numbers on the register and of 14 on the numbers resident. One anticipates that a fair proportion of the patients admitted to probation will be discharged, but were they to return to-day the numbers would be 282. In 1903 the numbers rose to 301, when 50 patients were transferred to Porirua and a check placed on admissions to some extent, but the number at Porirua caught up to the accommodation there and thus reacted on Mount View, and now another exodus is necessary pending additions at Porirua.

Since the 1st November 3 nurses and 3 attendants left the service, and their places were filled. There were no dismissals. The nursing staff consists of 14 nurses and 19 attendants. This computation does not include officers, nor artisans, &c., whose chief work is not that of attendance on patients. There have been in the service for five years and upwards 14·3 per cent. of nurses and 10·5 per cent. of attendants. The following table gives the ratio of the whole nursing staff and of the actual staff on duty to patients resident.

	Theoretical Ratio.	Actual Ratio after deducting Holidays.
Day attendants	1 to 9·5	1 to 12·4
Night attendants	1 to 81·0	1 to 81·0
Day nurses	1 to 8·8	1 to 11·6
Night nurses	1 to 53·0	1 to 53·0

The following are the percentage of patients requiring special attention for the reasons assigned :—

	Males.	Per Cent. Females.	Total.
Liable to be wet or dirty	37·0	39·6	38·0
Returned as being wet or dirty	14·8	19·8	16·7
Epileptics	4·3	13·2	7·8
Probably suicidal	6·1	4·7	5·6
Actively suicidal	3·7	4·7	4·1
General paralytics	3·1	0·9	2·2

The percentage under the second heading is unduly high. Happily the health of the establishment is good, and therefore the physically sick do not greatly add to the work. To-day there are 6 (men, 3; women, 3) confined to bed for complaints having no relation to institutional life. The register of mechanical restraint has entries referring to 2 men and 1 woman. In the case of one man the record is intermittent, averaging 13½ hours a day over periods of one, sixteen, and six days, the restraint being used to prevent the removal of surgical dressings. In the case of the other man restraint was employed on four occasions (once for seven hours and thrice for 12½ hours) to prevent self-injury. For the same reason the woman was restrained for five days for a fraction over an average of six hours a day. These were by no means the only markedly troublesome patients, and I satisfied myself that in their case there were exceptional circumstances calling for exceptional treatment. Between the visits 2 men escaped from working parties and were soon recaptured. The record does not call for any special comment. The smallness of the area of the Mount View estate available for farming is a drawback to this Hospital, both from an economic standpoint and by limiting the scope of agricultural pursuits suitable for male patients. Nevertheless, work is found on the farm and in the garden for a percentage which holds its own with that of other mental hospitals. The following is a return of the patient's employments at this date :—

	Males.	Females.	Total.
Farm and garden	67	..	67
Wards	29	32	61
Workshops	10	..	10
Laundry .. .. .	..	15	15
Kitchen	11	..	11
Officers' rooms	2	1	3
Needlework	1	11	12
Total employed	120	59	179
Unemployed (unfit or refusing)	42	47	89
	162	106	268

About 37 per cent. of the patients join in the usual entertainments, dances, concerts, &c. The usual number of cricket matches have been played, and the record tells of 97 having participated in the annual picnic, and 109 in the Christmas festivities. Fifty (males, 28; females, 22) attend Divine service. It will be noted that the admissions (37) outnumbered the discharges and deaths by 18. Altogether, 12 patients left recovered and 6 died (3 males and 3 females). In 4 cases death was due to exhaustion of the status epileptics (3 female and 1 male), 1 man died from senile decay, and 1 succumbed to an attack of pneumonia. In the course of the visit all the patients were seen, and no rational complaint was made. The Hospital was clean and orderly, and the little touches of tasteful decoration in the wards, and the comparative absence of excitement among the patients, gave the place a distinctly comfortable and homely air. The patients were seen at meals and the food was tasted; it was abundant, of good quality, and well cooked. New laundry machinery is being installed, and will soon be working. The Nurses' Home is being painted and repapered. The airing-green for the women is too limited, and I discussed with Dr. Crosby the question of its extension, and agreed with the scheme he projected and that it should be put in hand forthwith. The danger from fire in so large a wooden building of this class, a matter which has frequently been discussed, is minimised by the extreme vigilance exercised and by frequent fire-drills. The radical solution, to be practicable, depends on the larger question of how best to meet the growing residuum in the mental hospitals, and awaits the answer. I went over the farm with Dr. Crosby, and satisfied myself that the piggeries were in no respect a nuisance either to persons within or without our boundaries. The pigs are very profitable, adding £200 to the income of the Hospital, and it is against common-sense to expect regulations framed to meet the case of ordinary building sections to apply to a farm because it happens to be in the city boundary. Some time ago the manure heap, some chains removed from our Coromandel Street boundary, was objected to. I walked all round it, and appreciated no disagreeable smell. The manure is taken in barrows to this heap from lower down and nearer the boundary where it is dumped by the carts, and objection to this temporary deposit is more conceivable. To remedy the matter Dr. Crosby is to make a road as soon as possible to the back of the cultivated ground, and out of reach of criticism, where the manure will be carted in the first instance. This work will be a considerable undertaking, but it is justified by our policy of not giving neighbours ground for complaint, though the complaint be largely sentimental. On the 10th December last Miss Sims, of the Wellington Hospital, was appointed Matron. This appointment was the subject of anxious consideration, because, on the one hand, we wished to improve the status and training of mental hospital nurses, and it was acknowledged that the appointment of a registered nurse with Miss Sims's credentials would foster this; while, on the other hand, there were deserving charge nurses in the service capable of carrying on the work on traditional lines. Miss Sims tells me that she finds the work congenial, and that she is settling into her new duties. Dr. Brett, who came from Home on a three years' engagement which terminates on the 8th December, tells me that he intends to enter general practice when the engagement expires. I have assured him that there is no desire on the part of the Department to hold him to the letter of the agreement should a good opening present itself before that date. I wish him every success. Dr. Crosby tells me that the staff is working well, and I must congratulate him upon the highly satisfactory state in which I found this Mental Hospital. The statutory books were examined, and were found to be neatly and correctly kept. The dietary for the staff is similar to that detailed in reports of other mental hospitals.

24th April, 1907.—I accompanied the Hon. the Minister on a visit to this Mental Hospital to-day. I have nothing material to add to my last report. We now saw the new road, which was therein referred to as under contemplation, being actively constructed.

ASHBURN HALL LICENSED MENTAL HOSPITAL.

26th July, 1906.—I visited this Mental Hospital to-day, and saw all the patients. I have nothing but praise for the condition of the institution, and the evident care bestowed upon the inmates. The management is highly satisfactory.

21st October, 1906.—There are 26 ladies (2 of whom are absent on probation, and 5 of whom are voluntary boarders) and 23 gentlemen patients on the Hospital books to-day. All were seen except the 2 ladies who are on probation. No complaint was made, but there were many spontaneous expressions of appreciation. As usual, everything was in excellent order, the wards were scrupulously clean, and throughout there was an unmistakeable air of comfort. There has been no employment of mechanical restraint, and as large an amount of liberty as possible, compatible with safety, is accorded. This Private Hospital with conspicuous success is fulfilling a most useful and necessary function, complementary to the Government Mental Hospitals. The impression made by the visit was most pleasant.

9th February, 1907.—I visited this Mental Hospital on the 1st and 2nd instant, on the second date in company with the Hon. the Minister, and called to-day to write this report, when I met Dr. Alexander, sen., and discussed with him the various projects he had for continuing to maintain this Hospital in the van by anticipating up-to-date requirements. As usual, the whole establishment was scrupulously clean and well-ventilated, and was well and suitably furnished and decorated. It had a most home-like aspect, not only in the detached cottages but in the main hospital. The staff, which is relatively large, does not vary very much, and is evidently contented and on the best of terms with the patients. The following changes have taken place in its number since my last visit: The night attendant has been replaced by a second night nurse, and a nurse who had to leave to attend a sick mother has been replaced by another. Nurse Guffie, after many years of faithful service, has received a well-deserved promotion to the newly-made office of Deputy-Matron under Mrs. Milne. I inspected the food being cooked and upon the table, and found it good, varied, and well served. Most of the patients occupy themselves chiefly in the open air, and there is the usual round of recreations and amusements. All the patients were apparently contented, and some, without question asked, expressed their gratitude for the kindness and attention with which they were treated. The general health of the Hospital is good. Only one patient was confined to bed, a paralysed lady, suffering from what will probably prove to be organic disease of the stomach.

	Males.	Females.	Total.
Number of patients on the 2nd instant under order	23	19	42
Absent on probation .. .. .	..	2	2
In residence	23	17	40
Voluntary boarders	1	4	5
Total inmates in residence	24	21	45

The licensed accommodation in this Private Hospital is for 66, and there is therefore room for 21 more patients. Since last report 1 gentleman has come as a voluntary boarder, and 3 gentlemen and 1 lady have been admitted. During the same period 3 and 2 respectively have been discharged, and 1 of each sex has died, both senile cases after long residence. No accident has been recorded. There are no bed-sores. Two of the patients are reported to be wet. After a very long period there is one entry in the register of restraint. I inquired into the case carefully, and found that the measure was not only necessary but desirable, and that the means employed were the least irksome under the circumstances. The statutory books and registers are correctly kept and up to date. The entries in the case-book disclose a thoroughness and a scientific appreciation of the facts observed which is highly creditable, and Dr. E. H. Alexander's personal knowledge of his patients is very complete. I am glad to learn that works are in hand for the installation of electric light. I have once more to record the pleasure one derives by inspecting an institution found in so satisfactory a condition.

6th June, 1907.—I visited this hospital last early in February, and the report then made with respect to the comfort of the inmates, of their general good health, and of the absence of complaint may now be repeated.

	Males.	Females.	Total.
The number of patients in the register at this day under orders is	21	18	39
The number absent on probation is	0	2	2
The number resident is	21	16	37
The number of voluntary boarders is	0	5	5
Making the total number of inmates	21	21	42

with all of whom I conversed. The electric-light installation to which I referred in my last report is nearing completion. I regret to record the death of Dr. Alexander, sen., one of the original licensees of this hospital and one to whom its success, predicted by Dr. Graham in the first report on the institution, is largely due. Though for a number of years the medical charge of the hospital has been in other hands, Dr. Alexander's periodic visits were much appreciated, and it is due to his memory to record that it was his desire to keep the institution abreast of progress. Dr. E. H. Alexander, who for the last three years has been the physician superintendent, will take his father's place, and all who know him will acknowledge his worthiness. He laid before me his views as to the future of Ashburn Hall, and I cordially approve of his intention to get from Home a medical man engaged in scientific clinical research in psychiatry to be associated with him in his work.

MEDICAL SUPERINTENDENTS' REPORTS.

AUCKLAND MENTAL HOSPITAL

SIR,—

Mental Hospital, Auckland.

I have the honour to furnish you with my report on the Auckland Mental Hospital for 1906.

On the 31st December there were 675 patients, of whom 406 were males and 269 females, on our register. This represents an increase for the year of 43 patients, 10 of these however being transfers from Christchurch.

The admissions numbered 179—103 males and 76 females. This again constitutes a record, 169 having been committed from the Auckland Province, as compared with 160 last year.

Our insane population continues to increase at a rate which is disproportionate to the sane provincial increase. It seems to be generally asserted that this increase does not indicate a real increase in the insanity of the community, but rather a shuffling off of responsibility whereby old and infirm persons are now committed to the mental hospital who, in former times, would have been treated at home or in other institutions. A reference to our statistics for the past ten years will disprove this general assertion. The increase that is taking place is unquestionably taking place at the 20–60 age-period—at a time therefore when the sexes ought to be both mentally and physically most vigorous. This is not the place for a thesis upon the causation of insanity, but I may be permitted to say that I am convinced, as I have been for years, that heredity and alcohol are the two greatest factors in the production of our increasing insane-rate. I have been able to trace hereditary influences in a large proportion of the cases admitted last year, and I have been very much struck with the large number of cases in which one or other parent of the patient was an excessive drinker.

The death-rate for the year on the average number resident was 7·83 per cent.—males, 7·9 per cent.; females, 7·7 per cent. This is a considerable reduction from last year, when the rate was 10·72 per cent., but has no significance. One death was due to typhoid fever, 1 to shock following scalding, and 6 to tuberculosis, as compared with 10 last year.

The recovery-rate, calculated on the admissions and excluding the ten incurable females transferred from Christchurch, was 46·15 per cent.—males, 40·77 per cent., and females, 54·54 per cent. This rate is above the average.

Our female accommodation is now more than exhausted, and special arrangements will have to be made during the year to meet new admissions. When the Reception Home is completed we shall be able to tide over the difficulty for a little while.

The male new airing-court is practically finished, and ought to prove a great boon to patients whose maladies restrict them to more or less confinement in the yards.

A greater amount of classification is being effected year by year. We are now coming to the end of what can be done in that direction with our present buildings.

A new bakehouse and store have been erected. The bakehouse has proved a great acquisition, besides effecting a considerable saving in the cost of bread.

For several years now I have urged, without effect, the absolute necessity for laundry machinery. I trust that this year a vote for the purpose will be given.

I desire to thank Dr. McKelvey and the staff for their support, the proprietors of the *Herald* for daily papers supplied for patients' use, and Mrs. Knox for the gift of a new piano.

I have, &c.,

The Inspector-General, Mental Hospitals, Wellington.

R. M. BEATTIE.

CHRISTCHURCH MENTAL HOSPITAL.

SIR,—

Sunnyside Mental Hospital, Christchurch.

I have the honour to submit the annual report on this Hospital for the year ending the 31st December, 1906.

During the year there were 110 admissions, of whom 65 were males and 45 females. Of these, 11 males and 10 females were readmissions.

At the end of December, 1905, there was a total of 541 patients, and at the end of 1906 the number was reduced to 529. The discharges and removals were made up of 54 recoveries, 13 discharges not improved, of whom 10 were transferred to Auckland, and 55 deaths.

The death-rate this year has been very high, giving a percentage on average number resident of 11·5 for males and 9·6 for females, or a mean death-rate of 10·7. This high death-rate is principally due to the great number of patients of an advanced age who died, there being 32 out of the 55 who died over sixty years of age, and this high mortality amongst the aged bears out my remarks of last year about the necessity of proper hospital accommodation with a northern aspect.

On the female side, a small hospital with six beds was made at the end of one of the corridors, and this has been a marked benefit; but there is no suitable place on the male side that can be converted, and I would therefore ask that a small wing with a northern exposure should be put in hand at once. The lines of single rooms ought also to be heated by steam.

The percentage of recoveries on admissions is 47·69 for males and 51 for females.

A great improvement has been made on the female side in the matter of ventilation, two single rooms being sacrificed in one corridor to admit of air and light. Arches were also cut in dormitory-walls, and a cross-draught secured where the air was particularly stagnant.

This work is still going on, as well as replacing the old insanitary closets with up-to-date pans, and doing away with the wooden casings. This all takes time, but it is progressing satisfactorily on the female side. The male side is much the same as the female side was, and the lavatory accommodation should be renovated as soon as possible.

We had a regrettable loss by fire, in November, of about 50 pounds' worth of seed-potatoes and the storehouse and boxes. The cause of the fire was probably a rag left smouldering, which patients had used to light their pipes with. Luckily the wind was in a safe direction, else the whole of the stables and cowsheds might have been destroyed. This emphasizes the necessity for having the fire system extended to the cowsheds, as at present they are over 300 yards from the nearest hydrant.

Although the potato-disease was fairly prevalent in the district last year, we were very free, owing, I believe, to the liberal use of the sprayer. There was a good supply of potatoes for the patients during most of the year, even when they were selling in the market at £11 and £12 a ton.

The cowsheds require renovating, and a new cooling-house and dairy is required to comply with the Dairy Industry Act.

A new well is also urgently required at the cowsheds, as the present is inadequate and has almost failed us during the drought, showing that it is only drawing water from near the surface, which cannot be considered proper for the cleansing of dairy utensils.

Owing to a suggestion by Mr. Day, the Stipendiary Magistrate, that if I made a bowling-green for the patients he would guarantee that some of the bowling clubs would supply bowls, I had a green laid down, and we were able to open it in the middle of January of this year, 1907. I take this opportunity of tendering thanks to Mr. Day and the various clubs in Christchurch, Ashburton, and Oamaru for their generous donation of bowls. The green is a great acquisition, and with it and cricket the men are able to pass the summer evenings very pleasantly.

I propose laying down a croquet-green for the female patients, so that they too may go out in the summer evenings.

There has been the usual entertainments, such as dances and concerts, in the recreation-hall, and parties of patients have been enabled to go into town to the theatre and cinematograph entertainments owing to the kindness of the proprietors. The caterers for public amusement seem to be well imbued with the spirit of the proverb, "Be kind to the feckless, for they are God's peculiar care."

I also have to thank the Minister in charge at the Exhibition for granting passes to the Exhibition for the patients, and also the proprietors of the various side shows there for being so generous as to pass all our people into their entertainments. Over a hundred and fifty patients were thus enabled to visit the Exhibition in small parties.

We also had thirty-three patients from Seacliff as guests for three days, and the same concessions were granted to them.

Religious services have been conducted throughout the year by the Anglican and Roman Catholic bodies, and my suggestion that the Free Churches should also be represented has been taken up, and arrangements are at present being made.

The laundry machinery is on the ground and ready to be installed, but a larger engine is urgently required to drive the extra machinery, and this will entail the erection of a new engine-room and workshops.

I should like to see the home for the nurses put in hand as soon as possible, so that the majority may be removed from the inevitable noises and disturbance of the wards whilst they are off duty, and also at night.

I delivered the second course of lectures to the nurses and attendants, and I must thank them for the interest they showed in them; but I regret that, owing to the many changes in the female staff, there will probably be only about five or six who will qualify to sit for examination at the end of the third year. The principal reason for the change seems to be the prosperity of the colony and the rise of the marriage-rate.

I am pleased to say that the attendants seem satisfied, and consequently there have been very few changes on the male side.

For the greater part of the year I lost the services of Dr. Gribben, who was Acting-Superintendent at Porirua in Dr. Hassell's absence. Dr. Wadmore was an efficient substitute, and to him, Dr. Gribben, who has now returned, and all the members of the staff, I have to tender my sincere thanks for their loyalty and co-operation.

I have, &c.,

W. BAXTER GOW, M.D.,

Medical Superintendent.

The Inspector-General of Mental Hospitals, Wellington.

SEACLIFF MENTAL HOSPITAL.

SIR,—

Seacliff, 16th July, 1907.

I have the honour to forward herewith the annual statistics of the institution, and submit the following report for the year 1906.

At the beginning of the year there were 736 patients, and at the end 754 patients, of whom 8 males and 2 females were absent on trial. The total number of patients under treatment during

the year was 754. Of the 138 cases admitted, 118 were first admissions and 20 readmissions. Sixty-nine patients were discharged, relieved, or recovered, being exactly half the number admitted. Fifty patients died during the year, half this number being sixty years of age and upwards, and 12 aged from seventy to ninety. Seven men died from general paralysis, an unusually high percentage of cases of this necessarily fatal disease having reached the term of their existence during the year.

The general health and condition of the patients has shown no special features during the past twelve months, except that nine patients died from pneumonia. Some of the older portions of the institution, which were originally intended for only temporary use, but which still have to be occupied, do not afford satisfactory accommodation. Another defect, for which I understand provision will be made in the near future, is the lack of sufficient day-room space, and suitable bedrooms for refractory patients. The principal structural improvement made during the year has been the extension and refitting with machinery of the laundry, which, with further improvements now under way, will provide excellent quarters and sufficient power.

The institution at Waitati continues to work satisfactorily, and the epileptics accommodated there, in separate quarters remote from other patients, continue to highly appreciate their altered circumstances. It is desirable to provide more adequate means for pushing on the development of the estate, especially in the way of reclaiming the mud-flat. The small number of patients kept at Waitati, owing to limited accommodation, renders the institution necessarily expensive to work in the meantime.

There is nothing special to report during the year in regard to staff-changes, except the retirement of Mr. Frederic Newman, foreman of works, and chief plumber at Seacliff, after nearly twenty years' service. The institution has owed more to the zeal, energy, and high capabilities of Mr. Newman, in his wide sphere of usefulness and responsibility, than it is easy for me to convey, and I feel that we have sustained a very great loss through his retiring.

The thanks of the authorities are due to the Otago Daily Times and Witness Company, to the Evening Star Company, and to Mr. W. J. Prietor for newspapers and journals supplied free. The institution is indebted to representatives of various religious denominations who have given their services during the year.

To Dr. Tizard and to the officers and members of the staff I wish to express thanks for hearty co-operation in carrying out the work at Seacliff, and similar thanks are due to Dr. Donald and his staff at Waitati.

I have, &c.,

The Inspector-General of Mental Hospitals, Wellington.

F. TRUBY KING.

PORIRUA MENTAL HOSPITAL.

SIR,—

Mental Hospital, Porirua, 4th June, 1907.

I have the honour to submit the following report on the Porirua Mental Hospital for the year 1906.

On examining the statistics it will be found that the total number of patients under care was 702. The average number resident was 600—325 males and 275 females. The number of inmates at the beginning of the year was exactly the same as at the close—viz., 596. There would have been an increase had there not been an unusually number sent out on probation, including ten chronic male patients, who were sent to the "Camp" on the Peninsula, near Dunedin, and are still there.

Of the 94 admissions, 51 males and 25 females were admitted for the first time, 9 males and 8 females were readmissions, and 1 male patient was transferred from the Auckland Mental Hospital. While 1 patient was discharged not improved, and 4 relieved, 39 were discharged recovered, a proportion of 41.5 per cent. to the number admitted. The admissions have comprised only a small ratio of favourable cases. This was very marked on the male side, where the number of senile cases was large. Thirty-six patients died, making a death-rate of 6 per cent. on the average number resident.

On comparing the statistics with those of the previous year I find that there is practically no difference in the total number of admissions, and that the recovery-rate and the death-rate have declined. There were six fewer recoveries and six fewer deaths.

The general health of the inmates of the institution has been remarkably good, no epidemic of any kind having visited us. More than half of the cases of illness and death were of old people. The only serious accident was the suicide of a chronic female patient, concerning which full particulars were supplied you at the time.

The most important improvements effected during the year were out-of-doors, and consisted of an extensive addition to the farmstead, to provide more ample accommodation for the dairy herd. This building, which is in substantial concrete, was constructed by the attendants and patients. Our own staff of outdoor workers also completed the new piggeries, which were commenced by the Public Works Department some time ago. The completion of this work enabled us to demolish the old dilapidated piggeries which disfigured the vegetable-garden, and which were a nuisance on account of their proximity to the auxiliary wards. Good progress was made in the work of replacing the old system of iron hot-water pipes and steam heaters throughout the main building by copper pipes and forced circulation from the boilerhouse. This expensive alteration had become urgently necessary owing to the rapid corrosion of the iron pipes.

I have forwarded you accounts showing the amount of produce from the farm, garden, &c., consumed in the institution, as well as the produce, such as the stock, wool-clip, &c., sold, but I left out of account the large quantity of fodder grown for the horse teams, which are almost continually in commission carting coal and other materials from the railway-station. Our returns from the dairy herd were seriously curtailed owing to an unfortunate outbreak of tuberculosis, which necessitated the destruction of eleven cows during the winter.

During the greater part of the year, from the 1st April to the 31st October, I was absent on leave kindly granted me by the Department. Dr. Gribben, who had been transferred from Sunny-side early in January, acted as my substitute. When I returned to duty I found everything in good order, and there was ample evidence of the excellent manner in which Dr. Gribben had carried out the administration of the various departments of the institution. Dr. Jeffreys, who had been assistant to Dr. Gribben while I was away, continued on with me when I returned. Judging by my subsequent experience of the capable way in which Dr. Jeffreys discharged his duties, I am sure the very favourable report of him which I received from Dr. Gribben was fully justified.

The various officers of the staff have carried out their duties conscientiously and well. The attendants and nurses have also earned my appreciation of their services.

The usual evening entertainments for the patients have been held regularly, and the sports oval has frequently been in use for cricket and football matches, which were greatly appreciated.

Divine service has been held on Sundays as often as arrangements could be made. As many Roman Catholics as were capable have attended services at their church in the village. The Protestants have been administered to at the institution by the two clergymen of the district—the English Church and the Primitive Methodist—the latter taking the majority of our services.

I have, &c.,

The Inspector-General of Mental Hospitals, Wellington.

GRAY HASSELL.

WELLINGTON MENTAL HOSPITAL.

SIR,—

Mental Hospital, Wellington, 13th June, 1907.

I have the honour to submit the following statistics in connection with the Mount View Mental Hospital for the year 1906.

At the beginning of the year there were 238 patients resident in the Hospital, and 7 remained out on trial.

During the year our accommodation has always been fully taxed. For varying periods, by arrangement with the Stipendiary Magistrate, the Hospital has been considered closed for new patients, and those intended for Mount View have been sent to Porirua.

The somewhat unusually large number of 104 were admitted, of which 69 came under treatment for the first time, 22 were readmissions, and 13 were "borderland" cases which were not finally certified as insane, and therefore not detained after a careful consideration of their mental condition had been taken. The Magistrate sends such cases for safe keeping, pending medical examination.

In addition to these 13, 45 patients were discharged, including 32 (47 per cent.) of those admitted for the first time. Sixteen patients died.

The average number under treatment during the year was 245. Among those admitted an inherited tendency towards mental instability was obtainable in over 20 per cent.

The more direct "stresses" were for the most part the usual ones of alcohol and irregular habits of life during adolescence on the part of the men, and for the women epilepsy and the various epochal changes to which they are subject.

The year past has been marked by a continuance of the good health that our community enjoyed in 1905.

An epidemic of influenza visited us in the winter, but left no permanent ill effects.

The employment and recreation of the patients has been carried on as in previous years.

Towards the end of the year some of the new laundry machinery arrived, and was installed. It has proved a great boon to us, but we anxiously await the remainder.

The fire risk has been again uppermost on our minds through the breakdown in the Wainuiomata supply. An additional resource against fire should shortly be at hand when the patent fire-extinguishers recently in use at the Christchurch Exhibition arrive. Furthermore, the construction of another reservoir must be considered.

The drought and scarcity of water this summer was sorely felt in the vegetable-garden.

By means of patient labour, together with the good offices of Dr. Makgill and Inspector Schauer, of the Public Health Department, a system of subsoil drainage, which insures as little water as possible being wasted in this locality, has been carried out. I wish to heartily thank both Dr. Makgill and Inspector Schauer for the help they gave in this matter.

In October Miss Sullivan's health broke down, and she was obliged to resign her position as Matron, after sixteen years of faithful service to the Department. Miss L. K. Sims, a registered and certificated nurse from the Wellington Hospital, was selected to succeed Miss Sullivan—an appointment that augurs well for the future. Other changes in the staff, as regards those of longer residence than a year, have been infrequent.

In June Dr. E. S. Brett was transferred here from Seacliff to act as assistant and relieving officer. I am grateful for the help he has given me in my work, and the staff are indebted to him for lectures which should add an intelligent interest to their work. To Dr. Brett and the officers and members of the staff I extend my hearty thanks for their valuable co-operation in carrying out the work of the institution.

In conclusion, I will take this opportunity to place on record the deep regret and feeling of personal loss that was universally expressed throughout the Hospital on the untimely death of the late Inspector-General.

I have, &c.,

ARTHUR CROSBY,

The Inspector-General of Mental Hospitals, Wellington.

Medical Superintendent.

APPENDIX.

TABLE I.—SHOWING the ADMISSIONS, READMISSIONS, DISCHARGES, and DEATHS in MENTAL HOSPITALS during the Year 1906.

	M.			F.			T.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
In mental hospitals, 1st January, 1906	1,836	1,276	3,112						
Admitted for the first time	341	217	558						
Readmitted	60	60	120						
Total under care during the year	2,237	1,553	3,790						
Discharged and removed—									
Recovered	157	126	283						
Relieved	28	22	50						
Not improved	6	14	20						
Died	146	85	231						
Remaining in mental hospitals, 31st December, 1906, inclusive of 59 males and 26 females out on trial	1,900	1,306	3,206						
Increase over 31st December, 1905	64	30	94						
Average number resident during the year	1,823	1,265	3,088						

* Transfers.—6 males, 13 females; total, 19.

TABLE II.—ADMISSIONS, DISCHARGES, and DEATHS, with the MEAN ANNUAL MORTALITY and PROPORTION of RECOVERIES, &c., per Cent. on the ADMISSIONS, &c., during the Year 1906.

Mental Hospitals.	In Mental Hospitals on 1st January, 1906.			Admissions in 1906.									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	380	252	632	87	62	149	16	14	30	103	76	179 ⁽¹⁾	483	328	811
Christchurch	276	265	541	54	35	89	11	10	21	65	45	110 ⁽²⁾	341	310	651
Dunedin (Seacliff)	467	269	736	72	46	118	12	8	20	84	54	138 ⁽³⁾	551	323	874
Hokitika	132	39	171	12	5	17				12	5	17	144	44	188
Nelson	84	58	142	17	5	22	1	5	6	18	10	28 ⁽⁴⁾	102	68	170
Porirua	329	279	608	51	25	76	10	8	18	61	33	94 ⁽⁵⁾	390	312	702
Wellington	149	89	238	40	29	69	9	13	22	49	42	91 ⁽⁶⁾	198	131	329
Ashburn Hall (private mental hospital)	19	25	44	8	10	18	1	2	3	9	12	21	28	37	65
Totals	1,836	1,276	3,112	341	217	558	60	60	120	401	277	678 ⁽⁷⁾	2,237	1,553	3,790

Transfers.—⁽¹⁾ 1 male, 10 females. ⁽²⁾ 1 male, 1 female. ⁽³⁾ 1 male, 1 female. ⁽⁴⁾ 2 males. ⁽⁵⁾ 1 male. ⁽⁶⁾ 1 female. ⁽⁷⁾ Total: 6 males, 13 females.

TABLE II—continued.

Mental Hospitals.	Patients Discharged and Died.									In Mental Hospitals on 31st December, 1906.					
	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	42	36	78	4	3	7	31	20	51	77	59	136	406	269	675
Christchurch	31	23	54	3	10	13	31	24	55	65	57	122	276	253	529
Dunedin (Seacliff)	21	21	42	16	12	28	37	13	50	74	46	120	477	277	754
Hokitika	8	2	10				9	3	12	17	5	22	127	39	166
Nelson	7	6	13	1	0	1	3	3	6	11	9	20	91	59	150
Porirua	22	17	39	3	2	5	23	13	36	43	32	80	342	280	622
Wellington	25	15	40	3	2	5	11	5	16	39	22	61	159	109	268
Ashburn Hall (private mental hospital)	1	6	7	4	7	11	1	4	5	6	17	23	22	20	42
Totals	157	126	283	34	36	70	146	85	231	337	247	584	1,900	1,306	3,206

TABLE II—continued.

Mental Hospitals.	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	392	259	651	41·18	54·55	46·43	7·91	7·72	7·83	30·39	30·50	30·36
Christchurch	265	249	514	48·44	52·27	50·00	11·70	9·64	10·70	48·44	54·55	50·93
Dunedin (Seacliff)	461	267	728	25·30	39·62	30·88	8·03	4·87	6·87	44·58	24·53	36·76
Hokitika	125	38	163	66·66	40·00	58·82	7·20	7·89	7·36	75·00	60·00	70·59
Nelson	86	57	143	43·75	60·00	50·00	3·49	5·26	4·18	18·75	30·00	23·08
Porirua	325	275	600	36·66	51·51	41·94	7·08	4·73	6·00	38·33	39·39	38·71
Wellington	149	97	246	51·02	36·43	44·44	7·38	5·15	6·05	22·45	12·20	17·78
Ashburn Hall (private mental hospital)	20	23	43	11·11	50·00	33·33	5·00	17·39	11·63	8·44	33·33	23·81
Totals	1,823	1,265	3,088	39·75	47·73	42·94	8·01	6·71	7·48	36·96	32·20	35·05

TABLE III.—AGES of ADMISSIONS.

Ages.	Auckland.			Christchurch.			Dunedin (Seacliff).			Hokitika.			Nelson.			Porirua.			Wellington.			Ashburn Hall (Private M.H.).			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.	M.	F.	T.
Under 5 years ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
From 5 to 10 years	1	0	1	0	1	1	1	0	1	1	0	1	..	..	..	..	..	..	0	2	2	..	..	..	..	..	..	3	3	6
" 10 " 15 "	1	1	2	1	1	2	1	1	2	1	0	1	..	..	..	..	..	..	1	3	4	..	..	..	..	..	..	5	6	11
" 15 " 20 "	6	4	10	5	4	9	4	8	12	..	..	..	3	0	3	2	2	4	2	0	2	2	0	2	..	..	..	24	18	42
" 20 " 30 "	19	15	34	8	13	21	16	12	28	2	0	2	6	2	8	14	9	23	15	13	28	1	2	3	..	..	..	81	66	147
" 30 " 40 "	30	20	50	18	8	21	21	13	34	2	0	2	0	4	4	22	7	29	8	15	23	2	3	5	..	..	..	98	70	168
" 40 " 50 "	27	19	46	12	8	20	13	6	19	2	2	4	3	2	5	9	5	14	10	6	16	1	2	3	..	..	..	77	50	127
" 50 " 60 "	2	6	8	12	4	16	11	6	17	0	2	2	..	..	..	10	7	17	10	2	12	2	3	5	..	..	..	47	30	77
" 60 " 70 "	11	6	17	9	6	15	11	4	15	1	0	1	2	1	3	1	3	4	3	1	4	0	2	2	..	..	..	38	23	61
" 70 " 80 "	6	2	8	4	0	4	4	3	7	1	0	1	4	1	5	3	0	3	..	..	..	1	0	1	..	..	..	23	6	29
Upwards of 80 ..	..	..	..	..	..	..	2	1	3	2	1	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	4	2	6
Unknown ..	0	3	3	1	0	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	3	4
Totals ..	103	76	179	65	45	110	84	54	138	12	5	17	18	10	28	61	33	94	49	42	91	9	12	21	9	12	21	401	277	678

TABLE IV.—DURATION of DISORDER at ADMISSION.

—	Auckland.			Christchurch.			Dunedin (Seacliff).			Hokitika.			Nelson.			Porirua.			Wellington.			Ashburn Hall (Private M.H.).			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.	M.	F.	T.
First Class (first attack, and within 3 mos. on admission)	68	32	100	26	12	38	28	8	36	8	3	11	9	4	13	35	20	55	33	17	50	2	6	8	209	102	311			
Second Class (first attack, above 3 mos. and within 12 mos. on admission)	8	11	19	2	3	5	6	9	15	3	2	5	4	0	4	4	3	7	5	3	8	1	1	2	33	32	65			
Third Class (not first attack, and within 12 mos. on admission)	8	8	16	15	11	26	8	8	16	..	..	..	1	5	6	13	8	21	9	13	22	3	3	6	57	56	113
Fourth Class (first attack or not, but of more than 12 mos. on admission)	19	25	44	17	18	35	42	29	71	1	0	1	4	1	5	9	2	11	2	9	11	3	2	5	97	86	183			
Unknown	5	1	6	5	1	6
Totals ..	103	76	179	65	45	110	84	54	138	12	5	17	18	10	28	61	33	94	49	42	91	9	12	21	9	12	21	401	277	678

TABLE V.—AGES of PATIENTS DISCHARGED "RECOVERED" and "NOT RECOVERED" during the year 1906.

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.							
From 5 to 10 years							
" 10 " 15 "							
" 15 " 20 "	1	4	5	..	..	..	4	4	8	..	..	..	1	3	4	2	1	3				
" 20 " 30 "	11	9	20	0	1	1	5	6	11	0	1	1	3	8	11	4	2	6	3	1	4	
" 30 " 40 "	18	9	27	2	0	2	6	4	10	0	2	2	7	5	12	2	4	6	1	0	1	
" 40 " 50 "	7	10	17	1	1	2	6	4	10	1	2	3	3	4	7	1	1	2	2	0	2	
" 50 " 60 "	1	4	5	..	..	..	8	4	12	1	1	2	4	1	5	4	1	5	1	0	1	
" 60 " 70 "	3	0	3	0	1	1	2	1	3	1	2	3	2	0	2	2	1	3	..	..	..
" 70 " 80 "	1	0	1	1	0	1	..	..	..	0	1	1	1	0	1	0	1	1	0	1	1	
Upwards of 80	1	0	1	1	0	1	
Unknown	0	1	1	..	..	..	0	1	1	..	..	..	..	..	..
Totals	42	36	78	4	3	7	31	23	54	3	10	13	21	21	42	16	12	28	8	2	10	..

Ages.	Nelson.		Porirua.		Wellington.		Ashburn Hall (Private M.H.).		Total.																					
	Re-covered.		Not re-covered.		Re-covered.		Not re-covered.		Re-covered.		Not re-covered.																			
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.															
From 5 to 10 years	..	..	..	..	..	..	..	..	..	..	..	..	0	1	1	..	..	..									
" 10 " 15 "	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
" 15 " 20 "	..	..	..	0	1	1	..	..	..	1	0	1	1	0	1	6	12	18	4	1	5									
" 20 " 30 "	3	0	3	1	0	1	6	4	10	1	0	1	14	6	20	..	..	..	0	2	2	0	1	1	45	36	81	6	5	11
" 30 " 40 "	1	3	4	..	..	..	8	9	17	0	1	1	2	4	6	1	1	2	0	1	1	0	2	2	43	35	78	5	10	15
" 40 " 50 "	1	3	4	..	..	..	4	3	7	2	0	2	4	1	5	1	0	1	0	2	2	1	1	2	27	27	54	7	5	12
" 50 " 60 "	1	0	1	..	..	..	3	0	3	..	..	..	3	2	5	0	1	1	1	1	2	2	1	2	22	12	34	6	4	10
" 60 " 70 "	1	0	1	..	..	..	1	0	1	0	1	1	2	1	3	..	..	..	0	2	2	11	2	13	3	7	10			
" 70 " 80 "	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	0	1	2	1	3	2	2	4			
Upwards of 80 ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	0	1	1	0	1	1	0	1			
Unknown ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	0	2	2
Totals ..	7	6	13	1	0	1	22	17	39	3	2	5	25	15	40	3	2	5	1	6	7	4	7	11	157	126	283	34	36	70

TABLE VI.—AGES of the PATIENTS who DIED.

Ages.	Auckland.			Christchurch.			Dunedin (Seacliff).			Hokitika.			Nelson.			Porirua.			Wellington.			Ashburn Hall (Private M. H.).			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	..	..	..	..	..	..	1	0	1	0	1	1	..	..	..	1	0	1	..	..	..	..	..	..	..	..	..	..
" 10 " 15 "	..	..	..	..	..	..	0	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
" 15 " 20 "	0	2	2	1	0	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
" 20 " 30 "	2	4	6	3	1	4	0	1	1	..	..	..	1	0	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..
" 30 " 40 "	5	4	9	1	3	4	9	3	12	..	..	..	0	1	1	2	3	5	3	2	5	..	..	..	..	..	..	..	..
" 40 " 50 "	6	2	8	3	3	6	4	0	4	..	..	..	0	1	1	5	1	6	3	2	5	..	..	..	..	..	..	..	..
" 50 " 60 "	4	5	9	6	2	8	5	3	8	2	0	2	..	..	..	6	1	7	1	0	1	0	1	1	1	1	24	12	36	
" 60 " 70 "	8	1	9	12	10	22	8	2	10	4	2	6	0	1	1	4	4	8	2	0	2	1	1	2	1	1	2	39	21	60
" 70 " 80 "	6	2	8	5	5	10	8	3	11	2	0	2	2	0	2	4	2	6	2	1	3	0	2	2	0	2	2	29	15	44
Upwards of 80 "	..	..	..	..	..	..	2	0	2	1	0	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Unknown	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Totals	31	20	51	31	24	55	37	13	50	9	3	12	3	3	6	23	13	36	11	5	16	1	4	5	146	85	231	..	..	..

TABLE VII.—CONDITION as to MARRIAGE.

	Admissions.			Discharges.			Deaths.					
	M.	F.	T.	M.	F.	T.	M.	F.	T.			
AUCKLAND—												
Single	73	36	109	33	18	51	23	12	35
Married	27	29	56	13	17	30	7	7	14
Widowed	3	11	14	0	4	4	1	1	2
Totals	103	76	179	46	39	85	31	20	51
CHRISTCHURCH—												
Single	40	21	61	17	17	34	21	10	31
Married	22	20	42	15	14	29	8	10	18
Widowed	2	4	6	1	2	3	2	4	6
Unknown	1	0	1	1	0	1	..	..	..
Totals	65	45	110	34	33	67	31	24	55
DUNEDIN (Seacliff)—												
Single	51	29	80	21	19	40	18	5	23
Married	24	17	41	11	13	24	17	4	21
Widowed	9	8	17	5	1	6	2	4	6
Totals	84	54	138	37	33	70	37	13	50
HOKITIKA—												
Single	7	0	7	4	1	5	6	1	7
Married	4	2	6	3	0	3	2	1	3
Widowed	1	3	4	1	1	2	1	1	2
Totals	12	5	17	8	2	10	9	3	12
NELSON—												
Single	12	4	16	6	3	9	1	1	2
Married	4	5	9	2	3	5	2	2	4
Widowed	2	1	3	..	..	..	..	..	..
Totals	18	10	28	8	6	14	3	3	6
POHIRUA—												
Single	39	11	50	15	9	24	9	5	14
Married	15	20	35	7	10	17	9	4	13
Widowed	7	2	9	3	0	3	5	4	9
Totals	61	33	94	25	19	44	23	13	36
WELLINGTON—												
Single	33	17	50	18	4	22	5	3	8
Married	10	24	34	7	12	19	4	1	5
Widowed	6	1	7	3	1	4	2	1	3
Totals	49	42	91	28	17	45	11	5	16
ASHBURN HALL—												
Single	5	2	7	1	5	6	1	1	2
Married	4	8	12	4	8	12	0	1	1
Widowed	0	2	2	..	..	..	0	2	2
Totals	9	12	21	5	13	18	1	4	5
TOTALS—												
Single	260	120	380	115	76	191	84	38	122
Married	110	125	235	62	77	139	49	30	79
Widowed	30	32	62	13	9	22	13	17	30
Unknown	1	0	1	1	0	1	..	..	..
Totals	401	277	678	191	162	353	146	85	231

TABLE VIII.—NATIVE COUNTRIES.

Countries.	Auckland.			Christchurch.			Dunedin (Seacliff).			Hokitika.			Nelson.			Porirua.			Wellington.			Ashburn Hall (Private M.H.).	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 ..	121	78	199	89	81	170	81	43	124	26	10	36	23	13	36	115	81	196	48	28	76	3	3	6	506	337	843
Scotland ..	33	7	40	29	25	54	115	63	178	12	2	14	6	2	8	35	22	57	16	7	23	7	5	12	253	133	386
Ireland ..	59	62	121	54	48	102	95	62	157	44	14	58	15	9	24	57	68	125	22	10	32	2	0	2	348	273	621
New Zealand ..	114	92	206	75	81	156	128	88	216	27	9	36	38	30	68	89	82	171	60	55	115	9	11	20	540	448	988
Australian States ..	19	8	27	5	3	8	13	14	27	3	4	7	2	3	5	15	5	20	5	1	6	..	..	..	62	38	100
France ..	3	0	3	1	0	1	0	1	1	0	1	..	..	..	..	1	1	2	..	..	..	..	..	..	6	2	8
Germany ..	7	4	11	4	0	4	8	0	8	2	0	2	1	0	1	4	4	8	0	6	6	0	1	1	26	15	41
Austria ..	5	0	5	1	0	1	..	..	..	..	..	..	1	0	1	1	1	2	..	..	..	..	..	..	8	1	9
Norway ..	1	1	2	3	0	3	6	1	7	..	..	..	..	..	0	1	1	1	1	2	..	..	..	..	11	4	15
Sweden ..	7	1	8	..	..	..	3	0	3	3	0	3	0	1	1	4	3	7	2	0	2	..	..	..	19	5	24
Denmark ..	3	0	3	2	1	3	0	2	2	..	..	..	2	0	2	3	0	3	..	..	..	..	..	..	10	3	13
Italy ..	3	1	4	..	..	..	4	0	4	3	0	3	1	0	1	2	1	3	1	0	1	..	..	..	14	2	16
China ..	1	0	1	..	..	..	17	0	17	5	0	5	..	..	..	3	0	3	..	..	..	..	..	..	26	0	26
Maoris ..	9	8	17	1	1	2	1	0	1	..	..	..	..	..	7	4	11	3	0	3	..	..	..	..	21	13	34
Other countries ..	21	2	23	12	13	25	6	3	9	1	0	1	2	1	3	6	7	13	1	1	2	1	0	1	50	27	77
Unknown ..	0	5	5	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	0	5	5
Totals ..	406	269	675	276	253	529	477	277	754	127	39	166	91	59	150	342	280	622	159	109	268	22	20	42	1900	1306	3206

TABLE IX.—AGES of PATIENTS on 31st December, 1906.

Ages.	Auckland.			Christchurch.			Dunedin (Seacliff).			Hokitika.			Nelson.			Porirua.			Wellington.			Ashburn Hall (Private M.H.).	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	2	0	2	1	0	1	0	2	2	0	2	2	..	..	..	1	0	1
5 " 10 " ..	2	0	2	..	..	..	3	0	3	..	..	..	..	..	..	2	1	3	3	3	6	..	..	..	6	5	11
10 " 15 " ..	5	1	6	3	3	6	3	0	3	..	..	..	..	..	..	2	1	3	3	3	6	..	..	..	16	8	24
15 " 20 " ..	9	7	16	4	2	6	7	10	17	2	2	4	7	2	9	8	4	12	1	3	4	2	0	2	40	30	70
20 " 30 " ..	43	33	76	35	32	67	57	43	100	10	3	13	12	7	19	43	27	70	26	20	46	0	2	2	226	167	393
30 " 40 " ..	99	69	168	51	52	103	74	54	128	16	6	22	8	11	19	79	47	126	30	32	62	3	3	6	360	274	634
40 " 50 " ..	96	59	155	53	55	108	107	49	156	22	3	25	13	16	29	84	83	167	27	22	49	6	7	13	408	294	702
50 " 60 " ..	65	54	119	48	49	97	96	53	149	25	11	36	20	8	28	71	63	134	44	18	62	3	2	5	372	258	630
60 " 70 " ..	59	24	83	59	46	105	93	56	149	25	9	34	21	11	32	37	45	82	22	5	27	3	4	7	319	200	519
70 " 80 " ..	24	14	38	17	12	29	33	9	42	14	2	16	7	2	9	13	8	21	5	3	8	4	2	6	117	52	169
Upwards of 80 ..	1	5	6	6	2	8	6	2	8	0	1	1	2	2	4	4	0	4	1	1	2	1	0	1	21	13	34
Unknown ..	3	3	6	..	..	..	..	..	..	11	2	13	..	..	..	..	..	..	..	..	..	..	..	..	14	5	19
Totals ..	406	269	675	276	253	529	477	277	754	127	39	166	91	59	150	342	280	622	159	109	268	22	20	42	1900	1306	3206

TABLE X.—LENGTH of RESIDENCE of PATIENTS who DIED during 1906.

Length of Residence.	Auckland.			Christchurch.			Dunedin (Seacliff).			Hokitika.			Nelson.			Porirua.			Wellington.			Ashburn Hall (Private M.H.).	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	2	4	3	3	6	8	1	9	..	..	1	0	1	0	1	1	1	1	0	1	..	..	..	15	7	22
From 1 to 3 months ..	5	2	7	2	2	4	7	0	7	1	0	1	1	0	1	5	1	6	1	0	1	0	1	1	22	6	28
" 3 " 6 " ..	1	0	1	3	0	3	2	0	2	..	..	..	..	..	1	0	1	..	..	..	..	..	..	..	10	0	10
" 6 " 9 " ..	0	4	4	0	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	5	6
" 9 " 12 " ..	3	4	7	2	0	2	1	0	1	..	..	..	..	..	2	0	2	2	1	3	..	..	..	..	10	5	15
" 1 " 2 years ..	3	1	4	1	1	2	4	3	7	2	0	2	0	1	1	4	2	6	2	0	2	0	1	1	16	9	25
" 2 " 3 " ..	2	0	2	1	1	2	6	0	6	2	0	2	0	1	1	..	..	..	1	0	1	..	..	..	12	2	14
" 3 " 5 " ..	3	1	4	1	2	3	1	2	3	2	2	4	..	..	..	4	1	5	0	1	1	..	..	..	11	9	20
" 5 " 7 " ..	1	1	2	1	3	4	3	1	4	0	1	1	..	..	..	3	0	3	..	..	..	..	..	..	8	6	14
" 7 " 10 " ..	2	1	3	1	1	2	0	1	1	..	..	..	..	..	..	..	..	..	1	0	1	0	1	1	4	4	8
" 10 " 12 " ..	2	1	3	3	4	7	..	..	..	..	..	..	0	1	1	..	..	..	..	..	..	..	..	..	5	6	11
" 12 " 15 " ..	2	0	2	2	1	3	..	..	..	1	0	1	..	..	..	1	2	3	..	..	..	0	1	1	6	4	10
Over 15 years ..	5	2	7	11	5	16	5	5	10	1	0	1	..	..	..	3	4	7	0	3	3	1	0	1	26	19	45
Died while absent on trial ..	0	1	1	..	..	..	..	..	..	..	..	..	..	..	..	0	2	2	..	..	..	..	..	..	0	3	3
Totals ..	31	20	51	31	24	55	37	13	50	9	3	12	3	3	6	23	13	36	11	5	16	1	4	5	146	85	231

TABLE XI.—LENGTH of RESIDENCE of PATIENTS DISCHARGED "RECOVERED" during 1906.

Length of Residence.	Auckland.			Christ-church.			Dunedin (Seacliff).			Hokitika.			Nelson.			Porirua.			Wellington.			Ashburn Hall (Private M.H.).			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 ..	4	2	6	1	0	1	2	1	3	..	..	1	0	1	0	1	1	3	0	3	..	..	11	4	15		
From 1 to 3 months ..	12	7	19	3	3	6	4	9	13	3	0	3	1	1	2	2	1	3	9	5	14	1	2	3	35	28	63
" 3 " 6 " ..	14	7	21	12	5	17	4	7	11	..	..	1	2	3	7	2	9	5	5	10	0	2	2	43	30	73	
" 6 " 9 " ..	5	5	10	4	5	9	4	1	5	1	1	2	2	2	4	6	3	9	2	0	2	0	2	2	24	19	43
" 9 " 12 " ..	3	4	7	1	2	3	4	3	7	1	0	1	1	0	1	1	4	5	0	2	2	..	..	..	11	15	26
" 1 " 2 years ..	3	6	9	4	5	9	..	..	..	3	1	4	..	..	..	..	..	4	4	8	4	0	4	..	18	16	34
" 2 " 3 " ..	0	2	2	1	1	2	2	0	2	..	..	..	1	0	1	1	1	2	0	1	1	..	..	..	5	5	10
" 3 " 5 " ..	0	1	1	3	2	5	..	..	..	..	..	..	..	..	1	0	1	1	1	2	..	..	..	..	5	4	9
" 5 " 7 " ..	0	2	2	1	0	1	1	0	1	..	..	..	..	..	..	..	..	1	1	2	..	..	..	..	3	3	6
" 7 " 10 " ..	..	..	..	1	0	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	0	1
" 10 " 12 " ..	1	0	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	0	1
" 12 " 15 " ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	0	1	1	..	..	..	..	..	..	..	0	1	1
Over 15 years ..	..	..	..	..	..	..	..	..	..	..	..	..	..	0	1	1	..	..	..	..	..	..	..	..	0	1	1
Totals ..	42	36	78	31	23	54	21	21	42	8	2	10	7	6	13	22	17	39	25	15	40	1	6	7	157	126	283

TABLE XII.—CAUSES of DEATH.

Causes.	Auckland.			Christ-church.			Dunedin (Seacliff).			Hokitika.			Nelson.			Porirua.			Wellington.			Ashburn Hall (Private M.H.).			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.	
Died while absent on trial ..	0	1	1	..	..	..	..	..	..	..	..	..	..	..	0	2	2	..	..	..	..	..	..	0	3	3
GROUP I.—GENERAL DISEASES.																												
Anæmia, Pernicious	1	1	0	1	0	1	
Cancer ..	1	0	1	0	1	1	..	..	..	0	1	1	1	2	3	..	..	..	..	..	..	..	..	2	4	6
Diabetes	1	0	1	1	1	2	..	2	1	3	
Diarrhœa ..	..	..	..	0	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	0	1	1
Enteric fever ..	1	0	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	0	1
Influenza and its complications ..	1	1	2	2	1	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	3	2	5
Pyæmia ..	..	..	..	..	..	..	1	0	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	0	1
Septicæmia ..	..	..	..	1	0	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	0	1
Tuberculosis, Abdominal ..	0	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	0	1	1
" of lung (phthisis) ..	3	2	5	..	..	..	2	1	3	1	0	1	0	1	1	2	0	2	..	..	..	..	..	8	4	12
GROUP II.—DISEASES OF NERVOUS SYSTEM.																												
Apoplexy, Hemiplegia (cerebral hæmorrhage and embolism)	..	..	..	2	2	4	3	3	6	..	..	..	..	..	0	1	1	1	2	3	..	..	..	6	8	14
Brain, Organic disease of (not otherwise specified)	3	2	5	1	0	1	5	2	7	..	..	..	..	..	1	0	1	..	..	..	..	..	..	10	4	14
Brain, Softening of ..	..	..	..	..	..	..	2	0	2	2	0	2	..	..	0	1	1	..	..	..	..	..	..	4	1	5
Epilepsy ..	2	5	7	2	2	4	1	0	1	0	2	2	..	..	1	0	1	0	2	2	..	..	..	6	11	17
Mania, Exhaustion from ..	0	1	1	2	1	3	1	0	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	3	2	5
Melancholia, Exhaustion from ..	0	1	1	..	..	..	1	0	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	2
Pachymeningitis ..	1	0	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	0	1
Paralysis, General, of the insane ..	6	0	6	1	0	1	7	0	7	..	..	..	..	..	8	0	8	5	0	5	..	..	..	27	0	27
GROUP III.—DISEASES OF RESPIRATORY SYSTEM.																												
Asthma and bronchitis	0	1	1	1	0	1	1	1	2	
Bronchitis ..	..	..	..	2	2	4	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	2	4
Lung, Abscess of ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	0	1	..	..	..	..	..	..	1	0	1
" Congestion and œdema of ..	..	..	..	..	..	..	0	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	0	1	1
" Gangrene of ..	..	..	..	..	..	..	..	..	..	0	1	1	..	..	..	..	..	..	..	..	..	..	..	0	1	1
Pneumonia, Broncho- ..	..	..	..	2	3	5	2	0	2	1	0	1	..	..	..	..	..	..	..	..	..	..	..	5	3	8
" Lobar ..	2	1	3	1	1	2	5	4	9	1	0	1	1	0	1	1	0	1	1	0	1	1	0	1	1	12	7	19
Pneumothorax ..	1	0	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	0	1
GROUP IV.—DISEASES OF HEART AND BLOOD VESSELS.																												
Aneurysm	1	0	1	1	0	1	
Arterio sclerosis ..	0	1	1	0	1	1	0	2	2	
Dropsy ..	..	..	..	..	..	..	1	0	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	0	1
Heart, Degeneration of ..	..	..	..	..	..	1	2	3	..	..	..	..	..	..	..	..	..	..	..	..	0	1	1	1	3	4
" Disease of, not specified ..	1	0	1	4	1	5	..	..	..	..	..	..	..	..	2	2	4	..	..	..	..	..	..	7	3	10
" Valvular disease of ..	3	0	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	3	0	3
Syncope ..	1	0	1	2	0	2	..	..	..	..	..	..	..	..	1	0	1	1	1	2	..	..	..	5	1	6
GROUP V.—DISEASES OF DIGESTIVE AND GENITO-URINARY SYSTEMS.																												
Bright's disease, Acute (nephritis)	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	0	1	..	..	..	..	..	..	1	0	1
" Chronic ..	0	1	1	0	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	0	2	2
Cystitis ..	..	..	..	2	0	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	0	2
Duodenum, Ulcer of ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	0	1	1	..	..	..	..	..	..	0	1	1
Enteritis, Acute ..	..	..	..	1	0	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	0	1
Intestinal obstruction ..	..	..	..	0	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	0	1	1
Peritonitis (not tuberculous) ..	..	..	..	1	0	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	0	1

TABLE XII.—CAUSES OF DEATH—continued.

Causes.	Auckland.			Christchurch.			Dunedin (Seacliff).			Hokitika.			Nelson.			Porirua.			Wellington.			Ashburn Hall (Private M.H.).			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.	M.	F.	T.						
GROUP VI.—DISEASES OF LYMPHATIC SYSTEM AND DUCTLESS GLANDS.																																				
Grave's disease..																																				
GROUP VII.																																				
Asthenia ..																																				
Cellulitis ..							2	0	2																											
Old age (senile decay) ..	5	2	7	5	5	10	3	0	3	1	0	1	2	0	2	4	1	5	2	0	2										22	8	30			
GROUP VIII.—ACCIDENT OR VIOLENCE.																																				
<i>Not Suicide—</i>																																				
Asphyxia by suffocation in fit ..				0	1	1																												0	1	1
Shock following scalding ..	0	1	1																															0	1	1
<i>Suicide—</i>																																				
Fracture of spine, caused by fall..							0	1	1																									0	1	1
Irritant poisoning by "K.P. Disinfectant"																0	1	1																0	1	1
Totals ..	31	20	51	31	24	55	37	13	50	9	3	12	3	3	6	23	13	36	11	5	16	1	4	5	146	85	231									

TABLE XIII.—CAUSES OF INSANITY.

Causes.	Auckland.			Christchurch.			Dunedin (Seacliff).			Hokitika.			Nelson.			Porirua.			Wellington.			Ashburn Hall (Private M.H.).			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.	M.	F.	T.
Adolescence ..	0	1	1	5	4	9													2	2	4	7	1	8				14	8	22
Adolescence and injury ..	1	0	1																									1	0	1
Adversity ..	1	0	1																									1	0	1
Alcoholism ..	24	4	28	8	1	9	20	1	21	2	0	2	2	1	3	9	1	10	7	1	8	1	2	3	73	11	84			
Bright's disease ..																			1	0	1							1	0	1
Cerebral hæmorrhage ..							3	1	4																			3	1	4
Child-bearing and puerperal ..	0	5	5				0	2	2				0	1	1				0	4	4							0	12	12
Climacteric ..	0	9	9	2	4	6	0	3	3	0	1	1				3	6	9	0	3	3							5	26	31
Congenital and hereditary ..	29	27	56	7	10	17	16	18	34	1	0	1	3	0	3	21	5	26	8	9	17	6	5	11	91	74	165			
Debility ..																0	1	1										0	1	1
Disappointment ..	0	1	1																									0	1	1
Dissolute life ..	1	2	3																									1	2	3
Epilepsy ..	4	4	8	2	3	5	0	2	2	1	0	1	1	0	1	2	1	3	1	5	6							11	15	26
Erysipelas ..							1	0	1																			1	0	1
Grave's disease ..																0	1	1										0	1	1
Huntingdon's chorea ..																1	0	1										1	0	1
Ill health ..	1	1	2	1	5	6	0	2	2										2	4	6							4	12	16
Influenza ..	0	2	2				0	1	1							1	0	1										1	3	4
Injury ..	0	1	1	1	0	1	2	0	2				1	0	1													4	1	5
Love troubles ..				0	1	1	0	1	1	1	0	1																1	2	3
Masturbation ..	4	0	4	2	0	2	8	3	11				1	0	1	1	0	1										16	3	19
Melancholia ..										0	1	1																0	1	1
Menstrual ..							0	1	1				0	1	1													0	2	2
Neuralgia ..																0	1	1										0	1	1
Overwork ..	1	0	1				2	2	4							0	1	1										3	3	6
Overstudy ..																			1	0	1							1	0	1
Paralysis ..													1	0	1				3	0	3							4	0	4
Phthisis ..							0	1	1													0	1	1				0	2	2
Previous attack ..	2	1	3	7	6	13	3	2	5							3	4	7	13	9	22							28	22	50
Previous attack and adolescence ..				1	0	1																						1	0	1
Previous attack and alcohol ..				0	1	1																						0	1	1
Previous attack and ill health ..				2	0	2																						2	0	2
Previous attack and worry ..				0	2	2																						0	2	2
Privation ..							1	0	1																			1	0	1
Puberty ..				1	0	1													0	2	2							1	2	3
Religion ..							1	0	1				1	0	1													2	0	2
Seduction ..																			0	1	1							0	1	1
Senility ..	10	4	14	12	5	17	9	5	14	2	0	2	5	1	6	5	1	6	1	0	1	1	4	5	45	20	65			
Senility and alcohol ..				2	0	2																						2	0	2
Senility and worry ..				1	0	1																						1	0	1
Sexual ..							0	1	1																			0	1	1
Solitary life ..	8	0	8													1	0	1										9	0	9
Sunstroke ..	1	0	1										1	0	1													2	0	2
Surgical operation ..							1	1	2																			1	1	2
Syphilis ..	4	1	5	1	0	1	5	1	6							5	0	5										15	2	17
Traumatic ..																1	1	2										1	1	2
Worry ..	6	6	12	3	0	3	5	5	10	1	1	2	1	1	2	0	6	6				1	0	1				17	19	36
Unknown ..	6	7	13	7	3	10	7	1	8	4	2	6	1	5	6	6	2	8	5	3	8							36	23	59
Totals ..	103	76	179	65	45	110	84	54	138	12	5	17	18	10	28	61	33	94	49	42	91	9	12	21	401	277	678			

TABLE XIV.—FORMER OCCUPATION of PATIENTS.

Occupation.	Auckland.							Total.	Occupation.	Auckland.							Total.
	Christchurch.	Dunedin (Seacliff).	Hokitika.	Nelson.	Porirua.	Wellington.	Ashburn Hall (Private Mental Hospital).			Christchurch.	Dunedin (Seacliff).	Hokitika.	Nelson.	Porirua.	Wellington.	Ashburn Hall (Private Mental Hospital).	
MALES.																	
Aboriginal natives ..	..	..	..	..	2	..	..	2	Hotelkeepers ..	..	1	1	..	..	..	..	2
Agents ..	2	3	..	..	..	..	..	5	Horse-trainers ..	..	..	2	..	..	..	..	2
Artists ..	1	..	..	..	1	..	..	2	Jam-maker ..	1	..	..	..	..	..	..	1
Bakers ..	1	2	1	..	1	..	1	6	Jeweller ..	..	..	..	..	..	1	..	1
Blacksmiths ..	..	3	1	..	1	3	..	8	Journalist ..	..	..	..	..	..	1	..	1
Boardinghouse-keeper ..	..	1	..	..	..	..	..	1	Ironworker ..	..	..	1	..	..	..	..	1
Boat-builder ..	1	..	..	..	..	..	..	1	Labourers ..	30	21	25	3	5	33	15	132
Bootmaker ..	1	..	..	..	..	..	..	1	Medical practitioners ..	..	..	1	..	..	1	..	2
Bricklayer ..	1	1	..	..	..	..	..	1	Merchants ..	..	..	1	..	1	1	..	2
Bus-driver ..	1	..	..	..	..	..	..	1	Messenger ..	..	..	1	..	..	..	..	1
Builders and contractors ..	..	..	1	..	1	..	..	2	Milkman ..	..	..	..	..	..	1	..	1
Bushman ..	1	..	..	..	..	..	..	1	Miners ..	2	..	1	5	2	..	..	10
Butchers ..	..	..	2	..	..	1	..	3	Mine-owner ..	1	..	..	..	..	..	..	1
Cabinetmaker ..	..	..	1	..	..	..	..	1	News-vendors ..	..	1	1	..	1	..	..	3
Candlemaker ..	1	..	..	..	..	..	..	3	No occupation ..	5	2	8	1	3	1	4	27
Canvasser ..	..	..	1	..	..	..	..	1	Nurseryman ..	1	..	..	..	..	..	..	1
Carpenters ..	7	1	1	..	2	6	..	17	Old-age pensioner ..	1	..	..	..	..	..	..	1
Carters ..	2	..	2	..	2	2	..	8	Organist ..	1	..	..	..	..	..	..	1
Chainmen (surveyor's) ..	..	..	..	1	..	1	..	2	Painters ..	..	2	1	..	..	2	..	5
Children ..	3	..	..	..	..	..	..	3	Picture-framer ..	..	..	1	..	..	..	..	1
Civil engineer ..	..	..	..	..	1	..	..	1	Plumbers ..	..	1	2	..	..	2	..	5
Clergyman ..	..	..	..	..	..	1	..	1	Printer ..	1	..	..	..	..	..	..	1
Clerks ..	1	1	5	..	1	2	1	11	Ranger ..	..	1	..	..	..	..	..	1
Coach-builder ..	..	..	..	..	..	1	..	1	Rouseabout ..	..	..	..	..	1	..	..	1
Cooks ..	..	1	1	..	..	1	..	3	Saddlers ..	2	1	..	..	..	..	..	3
Cooper ..	1	..	..	..	..	..	..	1	Sailmaker ..	..	..	..	..	1	..	..	1
Dairy-farmers ..	..	..	..	..	1	1	..	2	School-boys ..	..	2	..	..	..	..	..	2
Dealers ..	1	2	1	..	..	..	..	4	Seamen ..	3	..	1	..	..	1	..	5
Engineers ..	1	..	2	..	..	1	..	5	Settlers ..	2	..	..	..	..	..	..	2
Farmers ..	4	10	7	1	2	2	1	27	Shepherds ..	1	1	1	..	..	..	..	3
Farm hands ..	..	..	2	..	1	1	..	4	Shop-assistants ..	..	1	2	..	..	..	1	4
Firemen ..	..	..	..	1	..	1	..	2	Soldiers ..	1	..	1	..	..	..	..	2
Fishermen ..	2	..	..	..	..	..	..	2	Solicitors ..	2	..	..	..	..	..	..	2
Flax-mill hands ..	..	1	..	..	1	..	..	2	Station hands ..	2	..	..	..	..	..	..	2
French polisher ..	..	..	..	..	1	..	..	1	Steward ..	..	..	..	..	..	1	..	1
Gardeners ..	1	..	2	..	..	2	..	5	Stonemason ..	..	1	..	..	..	..	..	1
Grooms ..	..	1	..	..	..	1	..	2	Tailors ..	..	1	3	..	2	1	..	7
Gum-diggers ..	12	..	..	..	..	..	..	12	Tanners ..	1	..	..	..	..	1	..	2
Hawker ..	..	1	..	..	..	..	..	1	Telegraphist ..	1	..	..	..	..	..	..	1
Hotel employees ..	..	1	..	..	1	..	..	2	Upholsterer ..	1	..	..	..	..	..	..	1
									Warehousemen ..	..	..	1	..	..	1	..	2
									Totals ..	103	65	84	12	18	61	49	401
FEMALES.																	
Aboriginal natives ..	1	..	..	..	1	..	..	2	No occupation ..	5	6	4	..	1	3	..	19
Barmaids ..	1	..	..	..	1	..	..	2	Nurses ..	2	..	1	..	1	..	..	4
Bookbinders ..	1	..	..	..	1	..	..	2	Prostitutes ..	..	1	..	..	1	..	..	2
Charwomen ..	1	..	1	..	..	1	..	3	Saleswoman ..	1	..	..	..	..	..	..	1
Companion ..	..	..	1	..	..	..	..	1	School-girls ..	..	..	..	..	..	2	..	2
Cook ..	1	..	..	..	..	..	..	1	Seamstress ..	..	..	1	..	..	..	..	1
Domestic duties ..	24	14	39	1	7	27	34	158	Settler ..	1	..	..	..	..	..	..	1
Dressmakers ..	2	..	..	..	2	1	..	5	Shopkeepers ..	1	..	1	1	..	..	..	3
Farmer ..	..	..	1	..	..	..	..	1	Tailoresses ..	..	1	3	..	..	..	..	4
Governess ..	..	..	1	..	..	..	..	1	Teachers ..	..	..	1	..	..	1	..	2
Housekeeper ..	1	..	..	..	..	..	..	1	Waitresses ..	1	1	..	..	..	1	..	3
Housewives ..	32	21	..	3	..	..	..	56	Waterproof-maker ..	1	..	..	..	..	..	..	1
Milliner ..	..	1	..	..	..	..	..	1	Totals ..	76	45	54	5	10	33	42	277

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.		
1876	231	117	338	79	17	208	208	8	25	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	57	20	180	180	9	29	7	42	42	21	63	581	391	972	541	277	818	49.20	50.80	49.72	7.76	7.58	7.70
1878	247	131	378	68	14	188	188	14	28	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	76	15	188	188	15	28	8	11	55	16	71	695	361	1,056	666	337	1,003	45.16	50.83	47.11	8.25	4.74	7.07
1880	229	129	378	67	36	167	167	36	61	5	2	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	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	154	49	32	81	5	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	78	180	13	20	33	81	5	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	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	73	22	95	981	542	1,523	965	528	1,493	32.31	47.50	37.66	7.56	4.16	6.36
1886	297	165	462	60	159	11	17	28	15	12	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	92	108	181	34	17	51	..	4	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	83	146	31	28	59	59	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	88	186	23	17	40	12	5	17	76	35	111	1,095	702	1,797	1,078	660	1,707	40.43	32.92	37.34	6.69	4.54	5.86
1890	230	160	390	88	186	23	17	40	12	5	17	76	35	111	1,095	702	1,797	1,078	660	1,707	42.61	55.00	47.69	7.05	5.11	6.29
1891	234	201	435	88	174	162	33	24	57	14	44	79	41	120	1,115	734	1,849	1,089	699	1,789	37.61	36.82	37.24	7.25	5.86	6.71
1892	231	179	410	89	190	17	12	29	9	8	20	74	34	108	1,154	763	1,917	1,125	714	1,839	38.53	48.10	42.42	6.58	4.76	5.87
1893	281	179	460	96	199	17	12	29	9	9	18	78	28	101	1,229	810	2,039	1,172	758	1,930	35.94	49.72	41.30	6.66	3.03	5.23
1894	330	256	576	107	183	15	11	26	55	84	139	64	35	99	1,308	860	2,168	1,241	812	2,033	39.63	45.18	41.03	5.16	4.31	4.82
1895	379	302	681	105	107	182	24	19	43	139	267	101	42	143	1,329	885	2,214	1,313	849	2,129	41.27	46.66	43.40	7.69	4.94	6.61
1896	296	170	466	70	174	175	25	16	41	20	32	86	32	118	1,390	925	2,315	1,347	882	2,229	37.41	44.02	39.82	6.98	3.63	5.29
1897	300	244	544	73	175	26	32	58	17	31	48	105	43	148	1,440	930	2,430	1,411	944	2,355	35.92	37.82	36.69	7.44	4.55	6.28
1898	355	258	613	110	224	13	23	36	36	104	47	88	60	148	1,472	1,008	2,480	1,438	973	2,411	44.88	51.89	43.07	6.12	6.17	6.14
1899	264	247	511	99	187	15	15	25	40	7	42	114	43	157	1,512	1,045	2,557	1,487	1,004	2,491	32.71	44.33	37.58	7.67	4.28	6.30
1900	335	263	598	103	96	199	39	10	49	25	65	90	46	145	1,581	1,031	2,672	1,534	1,049	2,583	30.84	36.50	33.27	6.45	4.38	5.61
1901	373	234	597	125	104	229	40	17	57	33	36	102	72	174	1,654	1,119	2,773	1,622	1,094	2,716	39.06	46.64	42.17	6.29	6.58	6.41
1902	352	192	544	99	234	26	15	41	10	9	19	120	55	175	1,715	1,133	2,848	1,671	1,114	2,785	38.35	51.56	43.01	7.13	4.94	6.28
1903	454	237	691	144	101	245	41	23	66	84	12	139	44	173	1,771	1,188	2,959	1,741	1,160	2,901	40.56	44.69	42.17	7.41	3.79	5.96
1904	340	240	580	157	106	263	34	13	37	9	2	11	190	70	1,801	1,237	3,038	1,780	1,198	2,978	46.18	44.17	45.34	6.74	5.84	6.38
1905	399	280	679	149	121	270	45	32	77	23	21	147	67	214	1,836	1,276	3,112	1,796	1,232	3,028	41.39	44.21	44.19	8.18	5.44	7.07
1906	401	277	678	157	126	288	28	22	50	6	14	146	85	231	1,900	1,306	3,206	1,823	1,265	3,088	39.75	47.73	42.94	8.01	6.71	7.48
	8,392	5,939	14,371	3,436	2,570	6,006	794	593	1,387	724	612	2,560	1,112	3,672	..	..	..	..	..	..	..	..	..	..	..	..

In mental hospitals, 1st January, 1876
 In mental hospitals, 1st January, 1907

M. 463
 F. 254
 T. 736
 M. 1,900
 F. 1,306
 T. 3,206

TABLE XVI.—SHOWING the ADMISSIONS, READMISSIONS, DISCHARGES, and DEATHS from the 1st January, 1876, to the 31st December, 1906.

Persons admitted during period from 1st January, 1876, to 31st December, 1906	M.	F.	T.	M.	F.	T.
	Readmissions	7,240	4,584				11,824	1,692	1,355	3,047
Total cases admitted .. .. .	.. .. .			8,932	5,939	14,871
Discharged cases—						
Recovered	3,436	2,570	6,006			
Relieved	794	593	1,387			
Not improved	724	612	1,336			
Died	2,560	1,112	3,672			
Total cases discharged and died since January, 1876	.. .. .			7,514	4,887	12,401
Remaining in asylums, 1st January, 1876 .. .. .	.. .. .			482	254	736
Remaining in asylums, 1st January, 1907 .. .. .	.. .. .			1,900	1,306	3,206

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

	Males.	Females.	Both Sexes.
Recovered	38.47	43.27	40.39
Relieved	8.89	9.99	9.33
Not improved	8.11	10.31	8.98
Died	28.66	18.72	24.69
Remaining	15.87	17.71	16.61
	100.00	100.00	100.00

TABLE XVIII.—EXPENDITURE, out of Public Works Fund, on MENTAL HOSPITAL BUILDINGS during the Financial Year ended 31st March, 1907, and LIABILITIES at that Date.

Asylums.	Net Expenditure for Year ended 31st March, 1907.	Liabilities on 31st March, 1907.
	£ s. d.	£ s. d.
Auckland	527 17 3	20 18 2
Reception-house at Auckland	4 10 0	.. .. .
Wellington	482 0 9	10 16 11
Porirua	1,175 12 2	82 6 5
Christchurch	1,962 6 5	99 3 6
Seacliff	1,997 4 5	62 7 7
Waitati	320 10 2	.. .. .
Dunedin (The Camp)	899 7 11	730 1 0
Nelson	552 8 11	.. .. .
Hokitika	19 7 0	.. .. .
Richmond	107 14 7	.. .. .
Totals	8,048 19 7	1,005 13 7

TABLE XIX.—TOTAL EXPENDITURE, out of Public Works Fund, for REPAIRS and BUILDINGS at each MENTAL HOSPITAL from 1st July, 1877, to 31st March, 1907.

Asylums.	1877-99.	1899-1900.	1900-1.	1901-2.	1902-3.
	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
Auckland	88,197 7 7	1,553 11 4	3,038 17 11	2,119 12 6	698 6 1
Reception-house at Auckland .. .. .	.. .. .	.. .. .	.. .. .	.. .. .	.. .. .
Wellington	23,030 12 10	1,823 17 0	1,616 2 0	162 12 2	1,468 10 2
Wellington (Porirua)	72,864 15 3	11,095 9 6	10,587 3 7	8,560 18 8	2,144 19 1
Christchurch	103,410 14 0	.. .. .	75 16 8	43 2 6	155 11 1
Seacliff	123,828 9 8	1,386 17 7	2,227 16 10	4,666 16 8	4,973 0 1
Napier	147 0 0	.. .. .	.. .. .	.. .. .	.. .. .
Hokitika	1,187 5 4	.. .. .	94 3 11	3 7 4	238 17 2
Richmond .. .. .	.. .. .	.. .. .	.. .. .	.. .. .	.. .. .
Nelson	9,599 10 9	1,852 5 8	1,231 13 5	1,186 19 9	487 6 7
Totals	422,265 16 5	17,712 1 1	18,871 14 4	16,743 9 7	10,166 10 3

Asylums.	1903-4.	1904-5.	1905-6.	1906-7.	Total Net Expenditure, 1st July, 1877, to 31st March, 1907.
	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
Auckland	1,284 4 1	2,413 12 5	5,600 7 3	527 17 3	105,433 16 5
Reception-house at Auckland .. .. .	.. .. .	.. .. .	.. .. .	4 10 0	4 10 0
Wellington	532 1 10	235 5 9	.. .. .	482 0 9	29,351 3 6
Wellington (Porirua)	6,377 15 0	5,387 11 3	2,602 14 6	1,175 12 2	120,796 19 0
Christchurch	4,238 4 11	3,266 1 7	1,944 4 6	1,962 6 5	115,096 1 8
Seacliff	1,360 17 0	3,229 0 10	1,434 3 6	1,997 4 5	145,104 6 7
Dunedin (The Camp) .. .. .	.. .. .	.. .. .	3,014 3 6	899 7 11	3,913 11 5
Waitati .. .. .	.. .. .	.. .. .	.. .. .	320 10 2	320 10 2
Napier .. .. .	.. .. .	.. .. .	.. .. .	.. .. .	147 0 0
Hokitika	874 11 8	890 16 2	156 11 5	19 7 0	3,465 0 0
Richmond .. .. .	.. .. .	.. .. .	989 4 8	107 14 7	1,096 19 3
Nelson	1,144 5 8	526 19 10	493 17 3	552 8 11	17,075 7 10
Totals	15,912 0 2	15,949 7 10	16,235 6 7	8,048 19 7	541,805 5 10

TABLE XX.—SHOWING THE EXPENDITURE FOR THE YEAR 1906.

Items.	Auckland.	Christchurch.	Dunedin (Seacliff).	Hokitika.	Nelson.	Porirua.	Wellington.	Total.
Inspector*	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
Assistant Inspectors*	..	..	..	..	..	..	..	959 13 7
Clerk*	..	..	..	..	..	..	..	1,068 15 0
Medical fees*	..	..	..	..	..	..	..	240 0 0
Contingencies*	..	..	..	..	..	..	..	1,123 13 8
Official Visitors	..	..	..	..	..	..	..	383 8 9
Visiting Medical Officers	..	..	..	..	..	..	..	115 10 0
Superintendents	8 8 0	2 2 0	50 8 0	12 12 0	200 0 0	25 4 0	4 4 0	3,575 10 0
Assistant Medical Officers	600 0 0	600 0 0	600 0 0	168 15 0	200 0 0	804 13 4	570 16 8	3,575 10 0
Clerks and Assistant Clerks	275 0 0	239 18 5	550 0 0	200 0 0	..	239 19 9	125 0 0	1,429 18 2
Matrons	260 0 0	300 0 0	342 10 0	..	..	267 10 0	184 6 8	1,354 6 8
Attendants and servants	110 0 0	110 0 0	120 0 0	70 0 0	95 0 0	100 0 0	91 13 4	696 13 4
Rations	5,386 19 7	5,040 16 6	8,871 7 5	1,530 7 1	1,407 3 9	6,872 2 8	3,011 4 8	32,120 1 8
Fuel and light	5,436 1 4	4,672 7 4	5,498 0 1	1,740 15 10	1,293 0 3	5,264 16 7	2,847 13 7	26,752 14 10
Bedding and clothing	1,059 12 4	1,281 14 8	1,616 13 9	46 11 7	278 6 3	1,133 18 4	681 3 7	6,098 0 6
Surgery and dispensary	1,240 12 0	1,624 7 1	2,072 14 8	202 12 11	134 19 6	1,282 3 11	800 3 7	7,357 13 8
Wines, spirits, ale, and porter	71 14 10	43 10 8	200 16 8	18 4 3	38 5 2	142 4 4	68 1 3	582 17 2
Farm	31 0 0	15 7 0	2 12 0	1 9 0	8 8 9	16 16 0	30 16 0	106 8 9
Necessaries, incidental, and miscellaneous	702 7 0	953 15 9	3,375 3 7	..	274 15 3	871 0 0	315 5 11	6,492 7 6
	2,141 11 9	2,734 10 1	6,080 7 4	422 19 0	743 12 10	2,846 14 7	1,367 15 2	16,342 10 9
Totals	17,323 6 10	17,618 9 6	29,380 13 6	4,414 6 8	4,691 3 7	19,867 3 6	10,098 4 5	107,168 14 0
Repayments, sale of produce, &c.	4,185 18 0	6,300 2 8	7,460 1 5	576 2 7	1,044 0 0	4,381 3 8	2,448 10 9	26,395 14 1
Actual cost	13,137 13 10	11,318 6 10	21,920 12 1	3,838 4 1	3,647 3 7	15,485 19 10	7,649 13 8	80,772 19 11

* Not included in Table XXI.

TABLE XXI.—AVERAGE COST OF EACH PATIENT PER ANNUM.

Mental Hospital.	Provisions.	Salaries.	Bedding and Clothing.	Fuel and Light.	Surgery and Dispensary.	Wines, Spirits, Ale, and Porter.	Farm.	Necessaries, Incidental, and Miscellaneous.	Total Cost per Patient.	Repayments for Maintenance.	Total Cost per Head, less Receipts of all kinds.	Total Cost per Head, less Receipts for Maintenance.	Total Cost per Head, less Receipts of all kinds previous Year.	Increase in 1906.	Decrease in 1906.
Auckland	£ 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.	
Christchurch	8 7 0	10 4 0	1 18 1½	1 12 6½	0 2 2½	0 0 11½	1 1 7	3 5 9½	26 12 2½	5 3 10½	20 3 7½	21 8 4½	22 3 7	1 19 11½	
Dunedin (Seacliff)	9 1 9½	12 4 10½	3 3 3 2½	2 9 10½	0 1 8½	0 0 7½	1 17 14	5 6 4½	34 5 6½	10 6 1½	22 0 5	23 19 5½	25 7 0½	3 6 7½	
Hokitika	7 11 0½	14 9 4½	2 16 11½	2 4 5	0 5 6½	0 0 1	4 12 8½	8 7 0½	40 7 2	7 19 4½	30 2 2½	32 7 9½	31 16 9	1 14 6½	
Nelson	10 13 7½	12 3 12½	1 4 10½	0 5 8½	0 2 2½	0 0 2½	1 18 11	2 11 10½	27 1 7½	3 2 6½	23 10 11½	23 19 1½	23 15 5½	0 4 6½	
Porirua	9 0 10	13 7 9½	0 18 10½	1 18 11	0 5 4½	0 0 2½	1 8 1	5 4 8½	32 16 1½	4 18 11½	25 10 1	27 17 1½	27 16 4½	2 6 3½	
Wellington	8 15 6	13 16 11½	2 2 9	1 17 9½	0 4 8½	0 0 6½	1 9 0½	4 14 10½	33 2 2½	5 18 5½	25 16 2½	27 3 9½	25 1 3½	..	
Averages	11 11 6½	16 4 2	3 5 0½	2 15 4½	0 5 6½	0 2 6	1 5 7½	5 11 2½	41 1 0	9 1 4½	31 1 11	31 19 7½	30 7 2½	..	0 14 10½
	8 15 8½	13 0 6	2 8 4	2 0 0½	0 3 10	0 0 8½	2 2 7½	5 7 4	33 19 1½	7 1 1	25 5 8½	26 18 0½	26 12 7½	1 6 10½	..

Note.—Including the first five items in Table XX, the net cost per patient is £26 10s. 6½d.

Approximate Cost of Printing.—Preparation, not given; printing (1,650 copies), £37 19s.