1910.

NEW ZEALAND.

MENTAL HOSPITALS OF THE DOMINION

REPORT ON) FOR 1909.

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

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The Hon. the MINISTER IN CHARGE OF MENTAL HOSPITALS to His Excellency the GOVERNOR.

MY LORD,— Wellington, 30th July, 1910.

I have the honour to submit to Your Excellency the report of the Inspector-General of Mental Hospitals on the mental hospitals of the Dominion for the year 1909.

I have the honour to be,
Your Lordship's most obedient servant,

GEO. FOWLDS,
Minister in Charge of Mental Hospitals.

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

SIR,— Wellington, 1st July, 1910.

I have the honour to present the statutory report on the mental hospitals of the Dominion for the year ended 31st December, 1909.

The number of patients on the register at the beginning of the year was 3,414 (males, 1,997; females, 1,417), and at the end 3,549 (m., 2,083; f., 1,466), an increase of 135 (m., 86; f., 49). The increase in 1908, the highest on record, exceeded that of the year under review by 39 (m., 2; f., 37). It is not the number only but the quality of the admissions which determines these annual increments; therefore, when dealing with comparatively small figures one has not to contrast too strongly one year with another, but rest content with observing any general tendency which may be disclosed by larger figures—at least the averages of quinquennial periods. Taking the last three of these, one finds that in the period 1894–98 the average yearly admission-rate was 450, and the average yearly increment, the excess of admissions over discharges and deaths, was 88; the corresponding figures for 1899–1903 were 526 and 96, and for 1904–8 were 639 and 91.

Distribution.—Counting 108 (m., 77; f., 31) absent on leave as still resident in the mental hospital whence they left, the 3,549 patients on the register at the end of the year were distributed as follows:—

	Males.	Females.	Total.
Auckland	458	289	747
Christchurch	337	290	627
Dunedin (Seacliff)	500	329	829
Hokitika	140	55	195
Nelson	97	105	202
Porirua	371	324	695
Wellington	155	55	210
Ashburn Hall (private mental hospital)	25	19	44
	2,083	1,466	3,549

Of those technically on leave, 33 men were resident at the Camp, near Dunedin, and 18 boys at the Home for Feeble-minded at Richmond.

Ratio to Population.—The following calculations show the ratio of patients on the register at the end of the year to the estimated general population, both exclusive and inclusive of the Native race. The number of Maoris on the register was 38 only (m., 24; f., 14).

The proportion of the total insane to the total population was,—			
Exclusive of Maoris	35·72	per 10,000, or	1 in 280
Inclusive of Maoris	34·43	"	1 in 290
The proportion of the male insane to the male population,—			
Exclusive of Maoris	39·57	"	1 in 253
Inclusive of Maoris	38·15	"	1 in 261
The proportion of the female insane to the female population,—			
Exclusive of Maoris	31·40	"	1 in 318
Inclusive of Maoris	30·24	"	1 in 331

Compare these figures with those of last year, and it will be seen that the ratio per 10,000 has advanced 0·99 for males and 0·18 for females. As I have stated before, such ratios would find their parallel in general hospitals if those patients only were discharged who were apparently restored to the state of bodily health and integrity which preceded the disorder or accident for which they were admitted.

Of interest in this connection is the following comparison, quoted from an article by Dr. Urquhart in the *Journal of Mental Science* of April, 1909:—

	Edinburgh Royal Infirmary. General Diseases.	Edinburgh Royal Infirmary. Nervous Diseases.	Perth Royal Asylum. Certified Insane.
Total cases	4,082	873	982
Of whom percentage of—			
Recovered	33·7	23·0	31·8
Unrecovered	55·5	69·3	51·3
Died	10·7	7·5	16·7

Admissions.—Exclusive of 28 men and 79 women who were merely transferred from one mental hospital to another, the admissions numbered 716 (m., 419; f., 297). Of the 716 so admitted, 575 were placed on our general register for the first time, and of the 141 whose names had been previously entered therein all but 25 returned to the hospital whence they had been last discharged. Some of the 575 admitted for the first time had been insane before, but the 141 patients readmitted, while not representing the full number of relapses, sufficiently illustrate the well-known liability of mental disease to recur. Commenting on this in my last report, I said,—

"This tendency to recurrence is one of the anxieties surrounding the question of discharge. While some patients make an apparently complete and lasting recovery, and some relapse after a long period of sanity, some, who remain well in an institution sufficiently long to justify their discharge, to claim it as a right, soon relapse when exposed to the influences of the larger world. During the past year we have been fortunate in the recoveries being to all appearance more stable, and in the relapsed cases of former years having been returned without any untoward event resulting from their insane conduct. Though naturally gratifying, it must be allowed that this is not a matter of skill but of good fortune."

Shortly after the above report was presented, an ex-patient was responsible for a tragedy. Because his first attack was due to poisoning by alcohol and "pain-killer," the patient was kept in the mental hospital by moral suasion long after he could have claimed a legal right to be discharged. A question asked in the House last session elicited the fact that this patient had left in sound mind, that circumspection had been exercised in discharging him, and that the second attack followed quickly upon a relapse into intemperance.

The public, naturally shocked by such an event, tends to desire a restriction of the liberties of the patients, and, on the other hand, requests are made for the discharge of patients against the advice of the responsible medical officers. One must, as heretofore, pursue the only wise policy, that of reviewing all attendant circumstances and treating every case on its merits. The legal standard of a patient's fitness for discharge should be determined by considering whether he requires any longer to be under oversight, care, or control for his own good or in the public interest.

The following is the return for 1909 of immigrants who became insane within one year of landing on our shores. The average for the three previous years is nearly 24:—

Native of	No History of Previous Attack.	History of Previous Attack.	Total.
United Kingdom	16	2	18
Commonwealth	5	2	7
Other parts of Empire	1	1	2
Foreign countries	1	...	1
Total	23	5	28

Ratio of Admissions to Population.—Excluding the Native race (9 male and 4 female patients) and all transfers, the proportion of admissions (whether first or not) and first admissions to the estimated general population stands respectively at 7·15 and 5·76 per 10,000, or, in other words, every 1,398 persons in the general population contributed an admission and every 1,737 a first admission.

Hereunder are tabulated the returns since 1899:—

Year.	Ratio to 10,000 of Population of		Number of Persons in Population contributing	
	Admissions.	First Admissions.	One Admission.	One First Admission.
1899	5·93	4·71	1,685	2,119
1900	6·39	5·02	1,565	1,990
1901	6·83	5·61	1,464	1,774
1902	6·48	5·07	1,542	1,971
1903	6·78	5·60	1,473	1,783
Quinquennial average	6·50	5·22	1,540	1,915
1904	6·55	5·42	1,526	1,844
1905	6·76	5·59	1,478	1,786
1906	7·16	5·82	1,396	1,718
1907	6·39	5·04	1,567	1,982
1908	7·63	6·24	1,311	1,604
Quinquennial average	6·92	5·64	1,445	1,774
Decennial average ...	6·72	5·44	1,488	1,837
1909	7·15	5·76	1,398	1,737

One has merely to glance at the ratio for 1908 to notice the improved position this year, especially with regard to first admissions.

The figures in this return are obviously more serviceable than those calculated on numbers resident, but in drawing conclusions between the further and nearer quinquennium there must be kept in mind the fact that accretion plays a part in the growth of our population, and that insanity is a disease of adult life.

Deaths and Discharges.—The total number of cases under care during the year was 4,237 (m., 2,444; f., 1,793); of these (excluding transfers), 377 (m., 197; f., 180) were discharged, and 204 (m., 136; f., 68) died. In 1908 the number under care was 3,984, the discharges numbered 348, and the deaths 222.

The percentage of deaths calculated on the average number resident was 6·05 (m., 6·90; f., 4·84). The figures for the previous year were 7·39 (m., 9·08; f., 4·98). With the proportions per cent. calculated on the total number under care, the figures for 1909 and the previous year are respectively 4·81 and 5·55.

The percentage of deaths due to general diseases was 22·06, of which tuberculosis contributed 13·23; to diseases of the nervous system 33·33, of which general paralysis contributed 13·23; to diseases of the heart and blood-vessels 19·12; and to senile decay 18·63. The percentage due to other causes was insignificant.

Of the patients discharged, 349 (m., 179; f., 170) were classed as recovered, and 135 (m., 46; f., 89) as unrecovered, 107 of these (m., 28; f., 79) being transfers.

The percentage of recoveries calculated on admissions was 48·74 (m., 42·72; f., 57·24). The recovery-rate the previous year was 43·82 per cent. (m., 42·25; f., 45·91), and the average since 1876 stands at 40·69 (m., 38·65; f., 43·71).

In the last report was introduced a table giving the discharges, deaths, and number remaining of patients deemed to be recoverable. The innovation had to be explained, and, as the table may be unfamiliar still, in giving the results for 1909 a part of that introduction is quoted. The recovery-rate based on admissions "is not a standard for weighing the value of treatment, and even if the calculation be based on types of insanity in which there is a fair prospect of recovery, there are matters relating to the underlying physical condition and the life-history which turn the scale and are too complex and individual to express in general statistics. However, to arrive at something more definite than the percentage of recoveries calculated on admissions, a return is here presented of the year's history of patients in whose case treatment with a view to recovery was persevered in. The rest of the inmates are omitted, being those the nature of whose malady precluded the possibility of cure."

I would further state that, though the prognosis is boldly expressed, the classification under classes A and C includes patients whose chance of recovery is about and above the average, and under classes B and D are placed those whose chance is below the average right down to the border-line of the incurable. These classes may be roughly divided into those above and those below a 40-per-cent. chance of cure.

Though confident that the medical officers have all patients capable of improvement marked out for special treatment, the value of this table is not merely in the return furnished, but in the knowledge that there is a yearly review in the case of all patients resident and a balancing of pros and cons with regard to prognosis in the case of each patient on admission.

Showing as on 31st December, 1909, the Discharges, Deaths, and Length of Residence of those remaining, after the Exclusion of all Cases deemed incurable on 1st January, 1909, or on Admission in Cases admitted during the Year.	Of 3,414 Patients resident on 1st January, 1909.						Of 823 Patients admitted during 1909.						Totals.								
	Class A. Number expected to be discharged as recovered.			Class B. The Remainder, after excluding Incurables.			Class C. Number expected to be discharged as recovered.			Class D. The Remainder, after excluding Incurables.			Of Classes A and C.			Of Classes B and D.			General.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
	79	72	151	69	71	140	122	105	227	99	90	189	201	177	378	168	161	329	369	338	707
Discharged recovered	63	59	122	29	31	60	65	55	120	22	25	47	128	114	242	51	56	107	179	170	349
„ unrecovered	7	1	8	7	1	8	..	..	..	6	2	8	7	1	8	13	3	16	20	4	24
Died	2	1	3	4	2	6	..	2	2	2	3	5	2	3	5	6	5	11	8	8	16
Remaining, residence 1 month or less	..	..	..	..	..	..	15	13	28	10	8	18	15	13	28	10	8	18	25	21	46
Ditto 2 to 3 months	..	..	..	..	..	..	16	16	32	18	16	34	16	16	32	18	16	34	34	32	66
„ 3 to 6 „	..	..	..	..	..	..	13	13	26	15	18	33	13	13	26	15	18	33	28	31	57
„ 6 to 9 „	..	..	..	..	..	..	5	4	9	19	9	28	5	4	9	19	9	28	24	13	37
„ 9 to 12 „	..	..	..	..	..	..	8	2	10	7	9	16	8	2	10	7	9	16	15	11	26
„ over 12 „	7	11	18	29	37	66	..	..	..	..	..	..	7	11	18	29	37	66	36	48	84
Total remaining	7	11	18	29	37	66	57	48	105	69	60	129	64	59	123	98	97	195	162	156	318

An analysis of this table discloses some points of interest:—

Class A, numbering 151, is made up principally of the undischarged remainder of Class C of the year before, which numbered 95. Of Class A of the year before, 29 were left, and under ordinary circumstances some of these would drop into Class B or out of this table, having been under treatment for over a year; but adding the whole 29 to the 95 we are still 27 patients short of the number which started the year under Class A. This means that a number of less hopeful cases (Classes B and D) had responded to treatment so effectually that when the prognosis of last year's residuum was reviewed they were placed in the higher class.

Subtracting the 151, so composed, from the total of last year's figures of those remaining, we get 168, or 28 in excess of Class B in the above table. These 28 represent the measure of

acknowledged failure, a number which is remarkably low considering that 105 of the patients left over from last year had been more than a year in residence and that 76 of these were already in the lower grade. The inference is that the largest possible number has been included, and this is as it should be.

The recovery-rate per cent. in Class A works out at 80·8, against 77·6 in the previous year, and in class C at 52·8, against 61·9. Patients admitted in the last months of the year tell against Class C, and will figure in the recoveries of Class A in the ensuing year. Class A approximately represents the result of treatment not hampered materially by a time-limit.

These percentage figures must not be compared with those in the tables in the Appendix, where all the recoveries (no matter when the recovered patient was admitted) are calculated on the admissions during the year under review.

Another point brought out by the table is, taking the 1st January as a standard, the small proportion of curable patients in the mental hospitals on any given date. Though there were 707 more or less curable cases (378 more and 329 less) treated during the year, at the beginning of it 8·52 per cent. represented the proportion of the patients for which cure was possible, and 4·42 per cent. the proportion for which cure was probable. The figures on the corresponding date of the previous year were 8·55 and 4·94 respectively.

I have for convenience been using the word "cure" as synonymous with the term "recovery"; but such use is inexact. When one speaks of recovery one implies an ability on the part of the patient discharged to resume his place in the world for a longer or shorter period, or till death. Though there may be cases of cure, of complete removal of disease, of any tendency of the past to react prejudicially on the future, it would indeed be rash to class recoveries as cures.

Early Treatment.—There is no panacea in the treatment of insanity; but a state of physical well-being must be established as soon as possible, lest the highly complex brain-tissue undergo changes which no after-effort can undo. The best hope, therefore, lies in early treatment, and skilled treatment—treatment directed with all the understanding which the present state of science gives. This may not be much, but it is all. Do or say what one may, there are a number of people who will not send relatives to mental hospitals in the early stages of insanity. They shrink from the required legal procedure, from acknowledging the nature of the malady to themselves, from being deprived of the euphemistic description of it given to neighbours, and, being ignorant of the paramount value of skilled early treatment, intrust the patient to the keeper of some so-called nursing home, who evades prosecution. Medical men freely express their difficulty in treating such cases, and of the necessity for special training. The matter has been much discussed in Britain, where in the chief towns specialists can be consulted, and strenuous efforts are being made to place the value of early treatment in a proper light, to popularize it. Over here, apart from the question of whether the chief centres are populous enough to warrant setting aside for the early treatment of mental disease special wards in general hospitals, it is doubtful if specially trained physicians—a *sine qua non*—would always and everywhere be available to take charge of such wards and of out-patient departments attached thereto. The wards and the men will come in due course, and, recognizing this fact, provision is made in the Bill you are about to introduce in Parliament which will give effect to the general-hospital treatment of mental defectives without undue legal harassments.

The Medico-Psychological Association of Great Britain and Ireland, recognizing as great a necessity for post-graduate work in psychological medicine as in public health or tropical diseases, has drawn up a provisional syllabus of subjects and regulations for a diploma; and their adoption by some of the universities is a matter of time only, and a short time. But the public cannot look forward with any certainty to supplying its needs in the Dominion from Home sources, though in the matter of assistant medical officers the Department has in the past and may in the future. The suggested diploma would be a guarantee of fitness to recognize in certain vague symptoms, varying in each case, the indication of insanity in an incubation stage, and the employment of such knowledge, as far as lies in the power of the physician, to ward off the threatened attack; or, upon insanity supervening, to decide promptly on the line of treatment indicated by the special needs of the case, to heal the mental wound by first intention (if one may be permitted the analogy), preventing where possible secondary complications and disfiguring scars. When the new Bill becomes law, the admission of voluntary boarders may help to bring patients in these early stages under treatment in mental hospitals; but it is to be feared that many will continue, as at present, in outside care till, may be, recovery or till the malady is confirmed. It must not be forgotten that some patients recover in spite of treatment—there were records of recovery before Pinel—but if we are going to do the right thing, if we are going to progress, we must expend our energy on those who are doomed to stray in a direction leading to mental extinction unless skilfully guided. We must take advantage of the valuable work now being done in the older countries, extending the understanding of mental disease, and checking the tendency towards vague speculations.

Neuro-pathological Laboratory.—I trust that in the next report I may be in a position to say that we are contributing our share in neuro-pathological investigations, through the generosity of Drs. Alexander and Gavin, of Dunedin. The first has offered to build and provide the initial equipment for a special laboratory, the second to do the work required by Government institutions without fee or salary, provided that the Department bears the annual outgoing expenses (estimated at £200) in connection with work done for it. The importance of this offer you recognized in authorizing its acceptance, and I look forward hopefully to Dr. Gavin's work in our midst. He is recognized in England as one of a small band of diligent, enthusiastic, and original investigators, and the contribution promised of an annual report of his work should be interesting and valuable. I introduced this matter when speaking of the necessity for early treatment, and to

that subject now fittingly revert. In the centres of population at any rate there should be sufficient encouragement for medical men to specialize, and when, in course of time, psychiatic wards are added to ordinary hospitals, to take charge of these, treating there—and this is most important—only those cases which can be properly treated in such wards.

Diploma in Psychological Medicine.—These observations lead to a subject which the Otago Medical School may consider—namely, examining for this diploma candidates presenting certificates of having fulfilled requirements with regard to courses of study. In the meantime, and for many years to come, the number of graduates which would attend a special course of lectures and demonstrations would be too small to encourage the University to be anything more than an examining body; but with a neuro-pathological laboratory, which Dr. Alexander tells me he would willingly place at the service of graduates, and the resources of the Dunedin Hospital, the University, and the Seacliff Mental Hospital, any one anxious to qualify for the diploma would get assistance from teachers in practically all the subjects.

The curriculum laid down by the Medico-Psychological Association, and approved by the Commissioners in Lunacy, by the principal universities of Great Britain, and by the Royal College of Physicians, is made up of five obligatory and a choice of one of five optional subjects as follows:—

Obligatory.—(1) Anatomy, physiology, and Pathology of the Nervous system; (2) psychology, normal and morbid; (3) clinical pathology; (4) clinical neurology; (5) psychiatry, systematic, clinical, and medico-legal.

Optional.—(1) Experimental psychology; (2) bio-chemistry; (3) bacteriology; (4) comparative anatomy and physiology of the nervous system; (5) eugenics.

About the practicability of the University examining, and granting diplomas, I am not in a position to express an opinion—I merely throw out this suggestion for what it is worth; but I have no uncertainty about the special knowledge required by those who have to advise on the care and treatment of the insane. More particularly is such special knowledge essential when it can be exercised before the malady becomes confirmed, and, if possible, at its inception, if not when still more timely counsel is of use.

Causes of Insanity.—These have been well epitomized by Mercier as heredity and stress in inverse ratio. Heredity—that is, the inherent tendency—may be derived not only from insane ancestry, but persons labouring under allied neuroses, the epileptic, hysterical, neurasthenic, transmit an inheritance which, given the requisite stress, produces insanity. Alcohol and some other toxins operating upon parents lower the ratio of stress necessary to produce unsoundness of mind in the offspring To effectually prevent the transmission of such heredity by State interference save by extending the definition of persons who may be brought under oversight, care, or control, is, in the meantime, outside practical politics, and must wait that growth of public opinion which develops into reform. When the public is really alive to the value of eugenics, perhaps legislative interference will not be necessary. As to the factor of stress, one has to aim at modifying inherited weaknesses in order to raise the ratio which can be borne without untoward result—a matter not so much of tempering the wind but of hardening the shorn lamb. Stress may be applied by the environment in the form, say, of financial disaster, poisoning by alcohol, and so forth, or it may generate within the system, as, for example, in the form of unaccustomed sensations of growth and decay associated with critical periods, or of poison produced in or not eliminated from the body owing to physiological error or pathological changes. Commonly, many forms of stress act at the same time, act and react, till the searcher after causes finds himself in a labyrinth. To differentiate and disassociate these, and lead to the path which becomes simple when known, we look to the guide, the investigator in his laboratory.

For statistical purposes the principal assigned cause in the case of admissions is given in Table XIII in the Appendix, and hereunder these have been summarized with the proportion per cent. under each heading. Under heredity are cases in which no other cause was given or the other cause was quite inadequate. The physiological unfitness of the particular organism to bear stress is well exemplified if we take one of the headings and analyse it. It will be seen that nearly 7 per cent. of the women admitted became insane through the performance of functions for which woman is anatomically and physiologically designed, and in the performance of which the normal woman could not have her reason disturbed.

	Male.	Female.	Total.
Heredity	14·32	14·63	14·46
Congenital deficiency	8·95	8·51	8·75
Previous attacks	7·38	11·17	9·11
Critical periods	13·42	15·16	14·22
Child-bearing	...	6·92	3·16
Mental stress	8·28	11·17	9·60
Physiological defects and errors	4·47	1·60	3·16
Toxic,—			
Alcohol	17·90	4·26	11·66
Other toxins	5·37	3·45	4·49
Traumatic	2·46	0·53	1·58
Diseases of the nervous system	5·82	5·05	5·47
Other bodily diseases	1·34	3·45	2·31
Unknown	10·29	14·10	12·03
	100·00	100·00	100·00

Dr. Truby King has made some interesting remarks on the prevention of insanity in his annual report, to which I would draw your attention. He deals with early nutrition in relation to cerebropathies, a matter upon which he has earned the right to speak with authority.

In this connection, even from the limited point of view of this Department, I desire to place on record an opinion that the work and example of Lady Plunket, during her residence in the Dominion, in exalting the ideal of motherhood, will leave a beneficial impress on our future statistics. When dealing with heredity in a former report I stated that a lessened resistance, similar in its after-effects, might be created by ignorance of the nutritive needs of the rapidly developing organism for some months before and some years after birth, and that the subject was one of immense importance to the State. It will be seen that the bearing of Lady Plunket's mission upon this aspect of the subject is direct, and justifies the opinion expressed.

Weekly Reports.—One of our statutory books is a Medical Journal in which the Medical Officer of each institution records once a week, among other matter, an epitome of facts relating to the employment and recreation, and the health of the patients. The information required has been extended to a summary of the work of the institution from week to week. A copy is sent to the Head Office, bringing it directly in touch with the doings in each mental hospital. One is able to institute comparisons concurrent with the happenings, and have a knowledge of the salient factors in the life of the whole body of the patients. This return has proved very useful.

Accommodation.—To make proper provision for the patients has given us much anxiety. In addition to keeping pace with the natural growth, there has been the knowledge that the population of Mount View would have to be provided for, and therefore additions have been in progress, large at Porirua and on a smaller scale elsewhere; but necessitating some crowding pending the outlet to our overflow which will be provided by the proposed mental hospital at Tokanui. It was expected that by this time we should have been busy there with building operations, but to the taking of the Native portion of the land objections have been lodged, and these have still to be heard before we can get to work. In the meantime, preliminary buildings are designed, and, once the objections have been disposed of, there will be no delay in making a start. I had hoped to publish in this report a lithograph of the estate, showing the details of the proposed scheme of the new hospital; but, under the circumstances, this must be incorporated in the next report. The general interest evoked by your communication of the broad guiding principles laid down, and of its unqualified approval by the Press of the Dominion, is very encouraging to those who are engaged in the working-out of details. Some papers had apparently published their articles before getting the full text of your remarks, and were led into the misconception that the proposed hospital at Tokanui was to replace the existing mental hospitals. Of course, such centralization is out of the question. The mission of the Tokanui Hospital for some years to come will be the absorbing of the yearly increment, leaving the other hospitals much the same size as they are at present, by providing for the reception by transfer of numbers of patients who as a class can be managed in less expensive institutions than the ordinary mental hospital. This class comprises for the most part patients who keep very fairly well under skilled supervision, but are quite unable to adjust themselves to the larger environment of the world outside the institution. Their transfer will supply workmen to assist in developing the new estate, and accommodation in the hospital they have left for patients requiring stricter supervision and more active treatment.

The Wolfe Bequest Hospital is practically completed, and will soon be in occupation. The success which has attended the reception cottage established at Seacliff some years ago assures the new hospital filling a want, if any assurance be needed.

At the time of writing, the Mount View Mental Hospital has ended its career of usefulness. The majority of the patients have been removed to Porirua, and a few, the remainder, have gone to Sunnyside and Seacliff. When we are free to build at Tokanui, a proportion of the patients so transferrd will be sent there, leaving the accommodation which was provided for them to meet future needs. The removal from Mount View was a large undertaking, carried out, to the credit of all concerned, without a hitch. Work was found for all members of the Mount View staff, and in the destination chosen for them and for the patients transferred individual preferences were given effect to as far as possible. No one unassociated with the care of the insane can realize the difficulties under which the officers worked during the last year of the hospital in order that the patients should not suffer inconvenience or restrictions of liberty nor yet be exposed to danger, conditions difficult to fulfil with a large building under progress across the front of the old, and with portions of the old building being removed as the patients who had occupied it were transferred. I must take this opportunity to congratulate the officers and other members of the staff.

In the last report he would issue from Mount View I asked Dr. Crosby to place on record the history of that institution. In my many visits during its closing year I had some touching evidences of the attachment of the patients to the old place.

The Staff.—I have every reason to believe that the nursing staff and other workers are satisfied and have performed their duties faithfully, and I would once more point out the hardship they suffer with respect to the superannuation allowance when compared with employees in other Departments of the public service. Their salary is obviously the money paid plus the emoluments of board, lodging, washing, &c. If we required them to live out we should have to pay a higher salary, and on this the superannuation allowance would be calculated as a matter of course; but we require them to live on the premises, and the value of the emoluments (by which sum in effect their salary is reduced) should benefit them when they come to retire.

The following names were added to the Register of Mental Nurses. Names which appeared before are those of candidates who had obtained second-grade certificates (under 70 per cent. of

marks) and had the ambition to re-enter for examination and gain a first-grade certificate. Examination papers were answered in December, and the *viva voce* part of the examination was conducted by Miss Maclean and myself, with the co-operation of the Superintendents, during our visits of inspection to the mental hospitals. Four of the Matrons asked to be allowed to sit for examination. They were given a special examination with a more advanced paper to answer, and all four passed in the first grade:—

Auckland: Sophia Campbell (Matron), Violet Jane Campbell, Josephine A. Gibbons, Mabel Latimer, Zara Minchin, Albert George Smith.

Christchurch: Elizabeth Hanna (Matron), Edward Condon, Frieda Hilmer, Norah Leonard, Mary C. Lowe, Timothy Mansfield O'Connell, Alexander Suttie, William Suttie.

Seacliff: John Bambery, Malcolm Beasley, Rose Galbraith Donald, Mary Gabriel Fitzgibbon, William Glenday, William Saunders Loder, Edith McLellan, Hannah Isabella Pay, John Carmody Quill, Robert Sangster, Margaret Louisa Stephens, George James Sutherland.

Hokitika: Edmund Dale, Mary Catherine Dolph, Austin Edward Dowling, Michael Hanrahan, John Kavanagh, William Selby.

Porirua: Margaret Ogilvie (Matron), Ada Winifred Field.

Wellington: Williamina C. McDougall (Matron).

Ashburn Hall: Eliza Margaret Isabel Leydon, Annie Poppelwell.

Financial Results.—The details of expenditure are given in Tables XX and XXI, and it will be seen that there has been a decrease in the total expenditure per head, less receipts, in every institution as compared with the previous year, making an average of £1 9s. 9d. less per patient.

The expenditure in different institutions must perforce vary according to circumstances—*e.g.*, local prices, freight on supplies, climate governing fuel and nature of clothing, scattered or concentrated buildings and farm lands, number of patients entailing proportionately more or less paid labour, and so forth. But in each hospital expenditure is carefully considered, and economy—that is, a providing for all that is necessary without waste—enforced. What has been said regarding vital statistics refers equally to expenditure, too much must not be inferred in comparing one year with another; but the result set forth in the following table is gratifying, nevertheless:—

Mental Hospital.	1909. Total Cost per Patient.	1909. Total Cost per Patient, less Receipts for Maintenance, Sales of Produce, &c.	1908. Total Cost per Patient.	1908. Total Cost per Patient, less Receipts for Maintenance, Sales of Produce, &c.	1909. Decrease.	1909. Increase.
	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
Auckland ...	25 15 11¾	17 13 11½	26 9 3¼	19 11 9	1 17 9½	...
Christchurch ...	38 2 9¼	23 2 3¾	38 18 1	26 17 6¼	3 15 2½	...
Seacliff ...	42 4 1	29 2 10	43 3 11¾	30 1 1¾	0 18 3¾	...
Hokitika ...	26 4 4¼	23 9 10¾	26 1 4½	23 14 0½	0 4 1¾	...
Nelson ...	30 4 5	22 15 7¾	32 7 3	24 9 2¾	1 13 7	...
Porirua ...	33 19 5	25 1 9½	34 18 0¾	25 10 10½	0 9 1	...
Wellington ...	40 18 0¼	29 2 2¾	42 7 8¾	29 8 6¼	0 6 3½	...
Averages ...	34 13 3¼	24 2 10¼	35 10 9¼	25 12 7¼	1 9 9	...

In this table Head Office salaries and expenses (£1,663 13s. 10d.) and medical fees (£1,318 12s. 6d.) are omitted. Giving these value, the net annual cost per patient is £25 0s. 9¼d, as against £26 10s. 8d. for 1908, a decrease of £1 9s. 11¼d.

In stating the cost per patient above, interest on capital expenditure is omitted, and also for repairs charged to the Public Works Consolidated Fund. Adding these items, the approximate full cost per annum per patient will be—

	s. d.	£ s. d.
Average gross cost in mental hospitals	...	34 13 3¼
Proportion of Head Office salaries and expenses	10 0	
" fees for medical certificates, &c.	7 11	
		0 17 11
" interest (averaged at 4 per cent.) on Public Works expenditure from July, 1877, to 31st March, 1910	...	7 0 6¾
Proportion of interest (averaged at 4½ per cent.) for capital cost previous to above period	...	0 14 11¼
Gross cost	...	42 8 9¼
Less receipts for maintenance and sale of produce	...	10 10 5
Net cost		£31 18 4¼

In 1908 the full cost so reckoned was £44 5s. 10½d., and the net £34 7s. 8½d.

A matter which is sometimes forgotten is that these statements refer to the average cost, and that individual patients cost more or less than the average. The newly admitted frequently cost more than the £1 1s. per week (which is the maximum maintenance rate which can be charged) on account of the extra care and attendance necessary.

The receipts for maintenance per head in 1909, calculated on the average number resident, were £8 9s. 6¼d., against £7 17s. 9¾d. in 1908. I need hardly add that this is a very satisfactory refund, and speaks well not only for the relatives of the patients, but for the systematic work of the receivers. The fact that we are now paid the old-age pension in case of pensioners sent to mental hospitals must be given some credit for a share in the above.

The time of the clerks, who act as receivers of maintenance, and their assistants, in attending to correspondence, statutory notices, and books, requisitions, &c., checking of supplies, keeping tally of produce sold and consumed, of stores got and issued, &c., is very fully occupied, and with the increase of patients the increased work almost demands additional assistance. It is estimated that maintenance matters occupy about fourteen hours per week of the time of the Chief Clerk in each of the larger hospitals, and that if relieved of this labour the need for additional assistance would be warded off for some years at any rate. The procedure adopted in adjusting the maintenance charged to the various persons liable is as follows: On the admission of a patient inquiry is made concerning relatives liable under the Destitute Persons Act, and to them an information paper is forwarded by post, or through the police when the address is not known or the first-sent paper is ignored. When the information papers are returned to the receiver, he provisionally assesses the amount to be paid per week by each of the persons liable, issues accounts accordingly, and sends the papers to the Head Office. Here they are carefully revised, the provisional assessment being approved, reduced, or (very seldom) increased, according to circumstances elicited from the papers or further correspondence. The files are then returned to the local receiver. If at any time questions arise about any payment, the file has to be returned to the Head Office, and a matter involving perhaps only a few shillings has to be studied anew. However trifling the assessment, the file has to be gone into carefully in order to do justice both to the relative to whom a difference of, say, sixpence per week may mean everything, and to the Department which knows the value of an aggregate of small payments. Because of the following facts—namely, that the Head Office already has so much to do with this work, that it is inconvenient having files passing backward and forward, that clerks in the mental hospitals have their time fully occupied and ask for further assistance, that probably fourteen hours per week covers the assistance wanted, and that this is about the time estimated to be taken up with maintenance-work, I have to advocate in the interests of convenience and economy the addition of a clerk at the Head Office who would deal with all maintenance matters, keep the records, save much correspondence and much of my valuable time spent at present in perusing files the contents of which could be communicated in a few words and the gist of the subject disposed of by a question and an answer. I have brought this matter under your notice, and suggested that Mr. Wells, clerk at Mount View, who is well experienced in this class of work, would be a suitable man to occupy the position.

In the following table the farming operations during 1909 are valued, and the results bear testimony to the profitable management of the estates. The total increase in 1908 over 1907 was £84 6s. 8d., and the increase in 1909 over 1908, it will be seen, was £461 15s. 10d.

The value of the produce consumed is assessed at current rates, which can be largely checked by the price of the produce sold for cash.

—	Produce sold for Cash.	Produce consumed in Mental Hospital.	Total.
	£ s. d.	£ s. d.	£ s. d.
Auckland	539 10 5	2,321 9 10	2,861 0 3
Christchurch	1,742 15 3	1,865 17 1	3,608 12 4
Seacliff	1,717 10 9	3,636 3 9	5,353 14 6
Hokitika	44 10 0	467 11 11	512 1 11
Nelson	195 9 8	778 2 7	973 12 3
Porirua	1,256 0 6	1,975 18 4	3,231 18 10
Wellington	194 14 4	492 11 0	687 5 4
Total	5,690 10 11	11,537 14 6	17,228 5 5
Total for 1908	5,770 5 2	10,996 4 5	16,766 9 7
Increase in 1909	...	541 10 1	461 15 10
Decrease in 1909	79 14 3	...	...

In conclusion, I desire to express my appreciation of the good work being done in all our institutions, my thanks for the co-operation of Miss Maclean, the Assistant Inspector, of the Deputy Inspectors and Official Visitors, and my acknowledgment of the support received from yourself.

I have, &c.,
FRANK HAY.

ENTRIES OF VISITS OF INSPECTION TO THE VARIOUS MENTAL HOSPITALS.

Auckland Mental Hospital.

23rd March, 1910.

I visited this Hospital on the 10th, 11th, 14th, 16th, 17th, 18th, and to-day, seeing during the course of the visit all the patients, giving each an opportunity to converse with me, and inspecting the buildings and various parts of the estate. To sum up my impressions in a few words, I feel confident that the care of the patients, the cure of the curable, and the contentment, so far as possible, of all, is dominating the management, and that the relations between the patients and staff are highly satisfactory. Special interviews were accorded to patients desiring the same; in each case the question being that of discharge. There were no rational complaints. In all but two of the above cases the mental condition of the patients obviously unfitted them for liberty. In one of the remaining two, after due consideration, I decided against liberation; in the other I agreed with Dr. Beattie that discharge depended upon a change of environment from that from which the patient had been admitted. With this view the patient acquiesced, and arrangements are being made accordingly. The general health of the patients is good. The food inspected was of excellent quality and sufficient.

On the 17th there were on the register 756 patients (male, 465; female, 291), of whom 13 (m., 7; f., 6) were absent on trial, leaving 743 (m., 458; f., 285) resident. Of these, 462 (m., 305; f., 157) were usefully employed, the farm and garden absorbing 191 men. The average number at Divine service is 153 (m., 96; f., 57), and the recreation of the patients is duly attended to. I saw a bowling-match played against an outside team, and on the 15th was the annual picnic, in which 360 patients (m. 237; f., 123) participated. The busy life, the good food, the open-air recreations, have certainly left their impress upon the patients, the general body of whom looked cheerful and bronzed. With respect to the Hospital buildings, I found every part scrupulously clean and well ordered.

Dr. Beattie is now living in the Medical Superintendent's residence, which has been well and economically built by the staff and the patients, with a little outside assistance. His old residence is almost ready for the accommodation of forty women patients. I expect that they will be moved in by the first of the month.

The Wolfe Bequest Hospital building is progressing favourably. I feel confident, both in respect of site and convenience of working, that it will fulfil anticipations.

The placing of the laundry machinery was finally dealt with on the 18th, when Mr. Holmes, Engineer-in-Chief of the Public Works Department, visited with me.

I have once more to express my satisfaction with the working of this Hospital, with the good work of the staff, and my confidence in the management.

Christchurch Mental Hospital.

11th December, 1909.

I inspected this Mental Hospital on the 9th, 10th (including a night round), and this morning. Dr. Gow, who had recently returned from a holiday in Britain, was again in charge. I am glad to find him in excellent health. We discussed various matters requiring attention.

The most pressing need at present is for additional single rooms for women, and a site was selected for these.

My last visit was in August. In the three months' interval 43 patients (males, 30; females, 13) have been admitted, 23 discharged recovered (m., 13; f., 10), 7 (m.) unrecovered, and 6 (m., 4; f., 2) have died; leaving an increment of 7 patients (m., 6; f., 1). Twenty-eight patients (m., 24; f., 4) were absent on probation. All the resident patients were seen, and given an opportunity to speak to me. No rational complaint was made. The number of unemployed is 78 (m., 37; f., 41); those doing useful work and thereby contributing to their health and happiness numbered 513 (m., 272; f., 241). The recreation of the patients is well looked after. During the visit I saw them at cricket, bowls, tennis, and croquet.

The staff is working harmoniously. They stand in the following ratio to the patients: Day attendants, 1 to 10·30; day nurses, 1 to 10·44.

I was pleased to find everything in good order.

29th April, 1910.

At getting-up time on the 15th I came to see the male patients bathed in the new general bath-room. They were put through with great thoroughness and expendition. After being soaped and cleaned under warm showers (temp. 95°) they seemed to enjoy a turn in the swimming-bath (temp. 90°). The time occupied in undressing, bathing (shower and swimming), and dressing an individual was twenty-four minutes, but, as the patients went through in batches of ten, taking six minutes to each stage, 100 patients were bathed in an hour. The estimated cost for heating the water is 5s. per bathing-day.

After my return from the southern tour I inspected this Hospital on the 24th and succeeding days, finishing this evening.

On the 28th there were resident 606 patients (m., 314; f., 292), all of whom were seen. No rational complaint was made. I found the wards clean and tidy, the bedding and clothing in good order and appropriate to the season, and the food of good quality and sufficient.

Though a large number of patients are under special care, there was comparative freedom from excitement. Those classed as under special care include 42 epileptics, 9 general paralytics, 10 patients who are actively suicidal, and 16 (not above included) who are regarded as dangerous. Out of 107 who are liable to be wet and dirty, the return on the 25th showed that 11 only were actually so. This speaks well for the nursing staff.

As heretofore, the patients continue to be well employed, and to enter largely into recreations and social functions. I heard them sing heartily at the harvest festival service, and was present at the fortnightly dance.

The building of the block of single rooms for women is progressing satisfactorily. I hope to find them occupied at my next visit, as I know that they will add largely to the resources of the Hospital. Being for a disturbed class of patient, the windows will need to be shuttered; provision has therefore been made, independently of the windows, for free cross-ventilation.

The following works, now that accommodation has been attended to, should be put in hand—namely, reservoir for the new well, and a boiler-house for an additional boiler.

Dr. Gow and I went over the site selected for the reception-house, measuring the ground and arranging how the gardens, &c., should be laid out.

The statutory books were up to date and in good order.

During the course of the visit Dr. Gow and I took the candidates for registration as mental nurses in the *viva voce* part of their examination.

SEACLIFF MENTAL HOSPITAL.

17th August, 1909.

The present inspection has lasted from the 13th until to-day, and during that period I have seen the patients under varying conditions—in-doors and out-of-doors, at meals, at work, and at their recreation, and, as usual, have made night rounds.

On the 13th the number resident was 782 (males, 468; females, 314), being 49 (m., 23; f., 26) in excess of accommodation. The surplus number will be absorbed soon, as the additional building—an extension on the east of the main building—is now practically completed. The Camp has not been gazetted as a Mental Hospital, but it is under the supervision of Dr. King. Here patients who can be more easily managed are sent on probation, giving them a change of environment, and relieving the accommodation in the mental hospitals for the more actively insane.

I have little to add to my last report. As usual, all the patients were seen, each was given an opportunity to speak to me, and I conversed with many. No rational complaint was made.

The health of the patients is good. Their food, clothing, and general comfort is properly attended to, and all that is included under care and treatment continues to be directed and carried out in a manner which is highly satisfactory.

The statutory books are up to date, and are neatly and correctly kept.

23rd April, 1910.

I visited this Mental Hospital on the 15th, 16th, 19th, 21st, 22nd, and this morning. During the visit the candidates for registration as mental nurses underwent the *viva voce* part of the examination. The 22nd was devoted to an inspection of the auxiliary at Waitati, and on the 21st I went to the fishing-station at Puketeraki. I may here mention that I visited the Camp on the 20th, and found everything going on satisfactorily. All the patients there are on probation, and, though the institution is not a part of Seacliff, it is under the medical supervision of Dr. King and his assistants.

The number of patients resident at the Mental Hospital on the 16th was 810 (m., 482; f., 328), all of whom were seen during the course of the visit, and given an opportunity to converse with me. No rational complaint was made. The number of patients confined to bed was eight only, and they were being appropriately treated. Their maladies were of an ordinary kind. No patient was suffering from any injury, and there have been no serious accidents since the last visit. The general health of the patients is excellent. They are well clothed and fed, and, considering the number under care, the amount of individual attention they receive is surprising and gratifying. The salient features of the case of each patient to whom I directed attention were readily supplied without reference to case-books, a fact which indicates both the personal and scientific basis upon which treatment is carried out, and doubtless has a large share in the contentment which was manifest.

The single-room and associated dormitory accommodation being added to the male side of the main building at my last visit is now completed, and very largely augments the resources for treating disturbed cases. When dormitory space can be spared in the older building, to which the new is attached by a bridge passage, an alteration of windows, such as was carried out successfully in the corresponding women's division some years ago, will be necessary to provide adequate day-room space.

The building known as Simla is managed on the open-door system, all the patients therein being practically on parole. This is very excellent for classification, but has the serious drawback that at the present time there are nineteen vacant beds. I discussed the best way to fill these with Dr. King, and we decided that by collecting them in one pavilion and making that part more secure it would take an intermediate class.

The most urgent need at Waitati is an addition of single rooms to the Epileptic Home.

I went over the farm and discussed questions in relation thereto with Dr. King and the farm-manager. The estate is not an easy one to work; there are many acres of native bush between different parts of the farm which an ordinary settler would burn and put down in grass, a proceeding which the Department could not consider, on account of the duty it owes both the patients and the public to preserve the natural beauty of the locality. It will, however, be necessary to obviate the driving of the milking-herd long distances to the main byre, by adding to the one above Simla. The time for milking-machines has arrived—our herd is distinctly good, is getting progressively better, and it would be unthrifty to reduce it; whereas the available labour is insufficient for the needs of the estate. Inquiring into this, the very general testimony is that the patients are not as good workers as they used to be, and that much useful time is lost in keeping down the weeds overrunning the estate from Native lands in the neighbourhood.

The work at the fishing-station is done on sound principles, and, though extensive, has larger possibilities. The patients thoroughly enjoy fish dinners. The excellent quality of the smoked fish is generally acknowledged. There is here a source of supply for other Government institutions. Much is now sent free of cost, but on provision being made for a regular supply an arrangement could be entered into advantageous to all parties.

The staff is working well, and the last-joined officer, Mr. Glanvill, who was promoted from Porirua, is proving himself a good head attendant. Dr. King is ably seconded in his work by Dr. Tizard at Seacliff and Dr. Donald at Waitati.

Hokitika Mental Hospital.

3rd May, 1910.

I visited this Mental Hospital yesterday and to-day, going through all parts of the institution, seeing all the patients, and, also, with the Medical Officer, giving the candidates for registration as mental nurses the *viva voce* part of their examination.

The various parts of the establishment were scrupulously clean, and the grounds were in good order. Rain detained most of the patients in the day-rooms, and I was pleased to note complete freedom from excitement. There is a smaller proportion of acute and a larger proportion of patients unfit for employment than the average. This is largely due to the transfers to Hokitika which have taken place from time to time.

All the patients had an opportunity to speak to me, and no complaints were made.

The following changes have taken place since the beginning of the year, when, including 7 (5 males and 2 females) absent on trial, there were on the register 195 patients (m., 140; f., 55): Admissions since have numbered 4 only (m., 1; f., 3), 4 patients (m., 3; f., 1) have been discharged (recovered), and 6 have died (m., 4; f., 2); leaving on the register 189 patients (m., 134; f., 55), of whom 5 (m., 3; f., 2) are absent on trial. The actual number resident is therefore 4 fewer than at the beginning of the year.

Of those resident, 101 are usefully employed, and only 2 are confined to bed for medical reasons. Eleven patients are subject to epileptic fits, and 1 patient is under special observation. The general health of the patients is good, and it is evident that they are carefully looked after.

The amusement of the patients is provided for both by the usual house dances and entertainments, and by outside shows, games, races, &c. As many as 57 are able to participate in such recreations, and 73 attend Divine service.

The statutory books were up to date and in good order.

I am very satisfied with the state in which I found everything.

Nelson Mental Hospital.

31st May, 1910.

I visited this Mental Hospital on the 29th and 30th, and found it clean, tidy, and well ordered throughout.

There were resident 178 patients (males, 84; females, 94), all of whom I saw, and conversed with the majority. No complaint as to their comfort or treatment was made, and a number of the more rational testified to the consideration with which they were treated by the officers and staff.

I saw the patients at their meals, and noted that the food was varied, of good quality, and abundant.

There has been a large addition to the number of women patients. The additional accommodation supplied by the moving and re-erection of the Toitoi Valley School is most suitable. The work was carried out very satisfactorily, and the pleasant, light, airy dormitories are quite a feature of the Hospital.

The day-room for disturbed cases—divided in two for better classification—has added largely to the resources of the institution, and the additional day-room accommodation for the well-conducted patients, made by incorporating a small dormitory and passage with the previous day-room, and throwing out an octagonal pavillion between the two, provides a large, well-shaped room, allowing the patients to group themselves into little parties distant from each other, while under complete supervision.

The inclusion of the nurses' mess-room in the kitchen, the conversion of the bathroom into their mess-room, and the conversion of a verandah into a bathroom, have completed the changes incidental to the transfer of a number of the women patients from Mount View.

Miss Maclean visited on the 25th February, when there was no sickness in the institution, and the course of things was uneventful. Since then the district has been visited by a severe epidemic of influenza, which spread very rapidly among the patients, attacking 39 of their number (m., 9; f., 30). Happily, the staff, who have been unremitting in their attention, entirely escaped. I think it is due to Dr. Johnstone, who is acting for Dr. Mackie, to state that all convalescent patients able to appreciate things done for them spoke to me of his care and attention to their needs at all hours of the day and night. There was a heavy mortality, confined entirely to the chronic insane who were already enfeebled in body from one cause or another. Altogether, 11 patients died (m., 4; f., 7), four of whom were congenital idiots, 1 laboured under chronic mania, and 6 were sunk in dementia. From an investigation of the various cases, I must express my opinion that, considering the refusal to take nourishment and medicine, and the necessity to resort to artificial means not only among those who succumbed but among many now convalescent, the staff is to be congratulated on having done as well as it did.

There is no mortuary on the Mental Hospital estate, that at the General Hospital having hitherto served for both institutions. The number of deaths within a limited period has given prominence to this fact, and I agree with the representations which have been made that we should have a mortuary of our own. Mr. Fell, the Deputy Inspector, made a note to this effect when visiting the institution on the 18th April. I selected a site, and on my return will design a suitable building.

The farm continues to be worked skilfully. The land acquired from the College Trustees has been ploughed; and the Valley Farm, to which I was driven by Mr. Chapman, is being worked profitably.

The statutory books and registers are neatly kept, were in good order, and up to date.

The work of this institution is being carried out faithfully and well.

Porirua Mental Hospital.

17th May, 1910.

At this date there are resident 738 patients (males, 377; females, 361), all of whom were seen and many conversed with. During the past year I have paid several visits of a day's duration, each time attending to some particular business and going carefully through a section of the building, seeing and conversing with the patients therein. On every occasion I found the place in perfect order. On one of these I was accompanied by Sir John Batty Tuke, of the New Saughton Hall Asylum, Edinburgh, who made the same observation. He also expressed satisfaction with the convenience and completeness of the laundry arrangements.

The new building designed for disturbed women is in occupation, and the structural innovations with respect to ventilation and the admission of sunlight into each of the rooms are working satisfactorily. When the grounds in connection with this block are fenced in it will be a very complete and suitable ward for its purpose.

The addition to the auxiliary building for men will soon be ready.

This Hospital will now tap the whole district south of the Auckland Province, and therefore it must be the first relieved when buildings go up at Tokanui. It has, for the area and quality of its land, just about reached the limit of patients that can be economically managed on the estate.

As usual, I found everything progressing well, the food good, proper regard being paid to the employment and recreation of the patients, great care being exercised in their treatment, and, generally speaking, a spirit of contentment among the patients capable of appreciating their environment.

Wellington Mental Hospital.

6th May, 1910.

I went his last round of the wards with Dr. Crosby, and saw the 149 patients resident. Dr. Crosby leaves to-day for the Old Country for a well-earned holiday, and to take the opportunity of studying at first hand the recent advances in his special work. During the past year I have paid numerous visits to the Mental Hospital, and on each occasion found everything progressing satisfactorily.

Since the removal of the last of the women patients on the 16th April, when 49 were transferred to Porirua, the tension as regards management has been much relieved. I am pleased to record my impression that order, cleanliness, and discipline have not suffered from the knowledge that the institution was about to be demolished. This fact speaks volumes for Dr. Crosby's thoroughness, and for the support he has received from his officers and staff; for the slightest slackness might, under the circumstances, have proved a demoralizing influence past recall. The patients on this and former occasions have expressed their regret that Mount View was being closed, a sentiment which must be very gratifying to those who have cared for them.

8th June, 1910.

Since my last recorded visit I have been to this Hospital on several occasions.

On the 23rd of last month 46 patients went to Porirua, and 44 on the 30th. On the 2nd instant, with Dr. Elliott, who has been Visiting Medical Officer, I was present at the embarking of 49 patients on the "Tutanekai." Of these, 24 went to Seacliff and 25 to Christchurch. Eleven patients were left behind, with a staff, to store furniture, &c. So far as their help is concerned, this work is completed, and I have just seen them depart for Porirua, and close the history of Mount View as a Mental Hospital.

ASHBURN HALL LICENSED MENTAL HOSPITAL.

23rd April, 1910.

I visited this Mental Hospital on the 18th and 22nd, on the second date examining the candidates for registration as mental nurses.

The number of patients on the 18th was 51 (males, 27; females, 24), of which number 9 (m., 2; f., 7) were voluntary boarders. I spoke to all, and became the recipient of numerous expressions of good will towards the staff and management. No rational complaint was made. Indeed, the homelike aspect of the different units which compose the Hospital was intensified by the complete absence of noisiness and obtrusive supervision. I came upon little groups doing needlework, playing games, reading, writing, or otherwise occupied, with the supervising members of the staff taking part in the social life. This is a tribute to the example and administration of Dr. Alexander and Mrs. Milne, the Matron.

The buildings were neat, clean, well furnished, and in excellent order, and the beautiful grounds continue to be well kept. At each visit one finds pieces of furniture replaced, buildings repainted, rooms repapered, and additions made for the comfort and convenience of the patients, giving evidence of a desire on the part of the proprietors to anticipate recommendations.

The outdoor occupations and recreations are well considered. Quite a number of the patients play golf, tennis, and croquet. The value of fresh air in treatment is appreciated by keeping the patients out-of-doors as long as possible, and by having the living and bed rooms well ventilated. The food inspected was of good quality and was well served.

As serving to show that refinements do not escape attention, in order that the breakfast bacon may be palatably thin a proper cutting-machine has been installed.

Of matters, since the last visit, calling for report, such as casualties, the use of restraint, &c., history has been uneventful. The case-books continue to demonstrate the scientific manner in which treatment is carried out, and these and the other statutory books and registers are well kept and up to date.

MEDICAL SUPERINTENDENTS' REPORTS.

AUCKLAND MENTAL HOSPITAL.

SIR,—

I have the honour to submit my report for 1909.

Our population has increased during the year by 10 only. This was due chiefly to the decreased admissions, which totalled 155, of whom 102 were males and 53 females. It is fortunate that the number of admissions was so much reduced. It is not to be expected, however, that this lessened rate will be repeated during the coming year.

I desire to draw your attention to the large numbers of both male and female refractory patients in this Hospital, and the necessity for more adequate accommodation for this class.

In this connection, too, I trust that at some early date an institution will be established fairly contiguous to our mental hospitals and under the same control where the mentally infirm and others less actively insane can be placed. We have a number of patients permanently resident, some hovering on the border-line, some subject to frequent relapses, and, while under institutional care, apparently normal between their attacks, but all of whom are incapable of earning their own livelihood beyond the reach of sympathetic and often expert supervision. These patients could be managed in a simpler institution, where there could be a general relaxation of that supervision and discipline which must necessarily be associated with a mental hospital, and where they would, under proper guidance, contribute largely towards their own support. On retrogression, or relapse, such patients could be replaced without formality in the mental hospitals, with which all along they would be nominally associated. I am convinced that such an institution would fill a want and lead to economy in administration.

The chief contributing causes of the year's insanity were heredity (28·4 per cent.), alcoholism (14·2 per cent.—only 2 females), senility (8·4 per cent.), and epilepsy (5·8 per cent.).

Of the males admitted, 29 were labourers, 9 were gum-diggers, 9 of no occupation, and 8 farmers. The other trades and occupations contributed only in units.

Of the 53 females admitted, 49 were engaged in domestic duties.

Of the males, 35 were married and 59 single.

Of the females, 29 were married and 15 single.

Deaths.—Males, 42; females, 17: an average on the number resident of 8·01 per cent. The chief causes were senile decay, 10; tuberculosis, 9; general paralysis, 7. One death was due to typhoid fever. For some years past we have had one or two cases of typhoid in each year. The disease, however, has never assumed even a mild epidemic form.

Recoveries.—Males, 50·9 per cent.; females, 60·4 per cent: an average total of 54·3 per cent.

There have been some serious accidents during the year, but no fatalities as a consequence.

The usual outdoor work has been carried on successfully.

Next year the Wolfe Home will engage a good deal of my attention.

The staff has worked harmoniously and well.

I gratefully acknowledge the help received from the Deputy-Inspector and Official Visitors, and also from the higher officers of the staff.

Our thanks are due to the *Herald* proprietors for a gratuitous supply of daily papers; to Mr. Macpherson for controlling the religious services; and the many ladies and gentlemen who have contributed towards the patients' amusements.

I have, &c.,
R. M. Beattie.

The Inspector-General, Mental Hospitals, Wellington.

SUNNYSIDE MENTAL HOSPITAL.

Sir,—

I have the honour to furnish my annual report for the year 1909.

In the first place, I have to record my thanks to the Government for my leave of absence, and am pleased to say that I feel greatly benefited by the relief from duty and the holiday in the Old Country. On my return I found the institution in the good order in which I anticipated it would be under Dr. Gribben's management, and take this opportunity of thanking Dr. Jeffreys and the staff for their loyal support of Dr. Gribben in the arduous duty of acting as *locum tenens*.

No new building was carried on in my absence—only repairs and finishing of work which had been begun. The new dairy and cowsheds were brought into commission, and are now working satisfactorily, and are a pleasure to see. The Shorthorn cows are giving good records, and after a year or two's culling I feel confident that we shall have a herd worthy of the traditions of Sunnyside. The mothers' records have been so good that I have experienced no difficulty in disposing of the young bulls from them and our imported dairy bull. The time has now come for a further importation, and, from the prices received for our stock, I am in a position to recommend a further outlay with confidence.

The deep well has been sunk, and I should like to see the cistern erected without delay, as there is a supply of splendid water now running to waste.

The new bathrooms are in use, and, as both the Minister in Charge and you yourself have seen, are giving satisfaction to the staff and pleasure to the patients. The whole bathing arrangements—showering, soaping and washing, reshowering, and then the tepid swimming-bath—insure perfect cleansing and healthy exercise, and I am assured by the attendants that bathing the patients has become a pleasure, as far as the behaviour of the patients is concerned, as compared to former conditions. The patients like it, and, in fact, have to be watched to see that they do not slip in for a second turn. The bathing is got through on two mornings weekly before breakfast, and 100 patients are bathed per hour, at an estimated cost in coal-consumption of 5s. for each bathing-morning.

Owing to the extension of the hot-water system, extra machinery in shop, &c., and an extra boiler become an urgent necessity.

At the end of the year we had 627 patients, being an increase of 24 over the previous year.

There were 129 admissions during the year, and 66 recoveries, giving a percentage of slightly over 50.

There were 31 deaths, which gives a percentage of 5·4 on the average number resident.

The usual religious services and the patients' entertainments have been carried out throughout the year.

I have, &c.,
W. Baxter Gow, M.D.,
Medical Superintendent.

The Inspector-General of Mental Hospitals, Wellington.

SEACLIFF MENTAL HOSPITAL.

Mental Hospital, Seacliff, 18th June, 1910.

Sir,—

I have the honour to submit the following report on the Seacliff Mental Hospital for the year 1909.

The total number under treatment during the year was 944, and the average number 773. At the beginning of the year there were 763 patients, and at the close 829, being an increase of 66 in the twelve months.

This increase is due to an unusually large number of admissions (181) during 1909, and an unusually small proportion of discharges (72) and deaths (43), or 115 deductions under these two headings.

Without some fuller comment, the citation of these bare figures, showing the coincidence of a low death-rate and a low mental-recovery rate, would be very misleading. Further, the impression would be formed of a very great increase in the incidence of insanity—an entirely wrong assumption. In dealing with such fundamental considerations, nothing short of five years or even a decade is of any value. However, a few words may be said regarding the factors admission-rate, death-rate, and discharge-rate.

(1.) The *Admission-rate* is really increasing, but this is attributable mainly to the fact that our institutions are year by year being made more use of for the care of persons who would formerly have been kept by their friends and relations. This is sometimes commented on as a reflection on the natural guardians; but this insinuation is not a just one. In my experience there is comparatively little attempt on the part of families to shunt the care of troublesome relations on to the State; more often, indeed, they keep them in their homes longer than is advisable

either for the patients themselves or for the rest of the family, and very often the pressure comes from neighbours, who resent the presence in their midst of persons whom they regard as objectionable and dangerous.

On the other hand, as the growing amenities of mental hospitals become year by year more obvious to the public, the prejudice against placing patients under the care of the State becomes less and less. This is particularly noticeable in the case of old, infirm, or hopeless patients, but unfortunately does not apply appreciably to the care of recent and curable cases of mental illness. Here the dominant consideration in the minds of friends, and to a large extent of the medical profession itself, is, as it always has been, "Is there any chance that the patient will recover in the course of a few months if kept outside an institution, because, if so, home treatment would be preferable for the rest of the family—indeed, preferable to all concerned." The recovery of a patient in the course of a few weeks or months in a mental hospital is rarely accepted by relations in the proper spirit. Instead of realizing that a total change of environment has proved highly beneficial, and has *hastened* if not *determined* recovery, they are inclined to turn on the family adviser and say, "If you had been a little more far-seeing and patient we should all of us have been spared this humiliation." As long as acknowledged derangement of the bodily organ called the brain is regarded as discreditable, while derangement of any other organ is regarded as interesting and respectable, institutions dealing with so-called "mental disease" will always be confronted with the initial difficulty of rarely receiving patients until their malady has been long established, and has usually reached the stage of being regarded as almost, if not quite, hopeless.

(2.) The *Death-rate*, of course, gives some indication as to the general health of survivors. The average bodily health of the inmates has been good, the total deaths being only 43—that is, 4½ per cent. on the patients under care and treatment, or less than 5½ per cent. on the average population. Two-thirds of the patients who died were over fifty years of age, 10 were between seventy and eighty, 1 was eighty-one, and another eighty-four. Eight were "general paralytics."

(3.) The *Discharge-rate* of patients relieved and recovered for 1909 (viz., 67, out of 181 admissions) is about 10 per cent. below the average, in spite of the fact that the recovery-rate of women was above the average. The low recovery-rate for males is easily accounted for. During the year 20 utterly hopeless male patients suffering from dementia of many years' standing were transferred to Seacliff from other mental hospitals. Properly speaking these should not count as new admissions, since if the intake were composed solely of such patients our recovery-rate would obviously stand at nil—just as it does in any hospital for incurables.

Apart from the transfers, the other main factor responsible for the low recovery-rate for males is the direct admission of an unusually large proportion of absolutely hopeless cases, as will be seen by the following analysis:—

Out of 110 male patients admitted during 1909 there were,—

20	transfers of absolutely hopeless demented cases of long standing from other mental hospitals.
15	general paralytics—all necessarily hopeless.
12	hopeless chronic alcoholic dements of long standing.
12	senile dements ranging from sixty to eighty-four years of age. Of these, one improved sufficiently to be able to return to the care of his family.
8	hopeless cases of fixed delusional insanity of years' standing.
8	hopeless chronic epileptics.
6	imbeciles and idiots, either born defective or whose mental development had become arrested in childhood.
Total, 81.	

Of the remaining 29 admissions, 2 were fatally ill with cancer and pernicious anæmia respectively, leaving 27 cases from which to draw possible recoveries. Twelve out of this 27 were readmissions—patients who had been previously under institutional treatment from once to six times. When it is considered that some of the balance of 15 "first admissions" were of more or less hopeless types (dementia præcox, long-standing chronic insanity, &c.), it will be realized that, notwithstanding the high admission-rate of 110 males, the year's intake afforded singularly little scope for recovery—indeed, had it not been for "recoveries" or "improvements" drawn from the previous year's admissions, the discharge-rate would have shown still lower. On the other hand, some of the 1909 cases are of course recovering in 1910. As a mere coincidence it happens that the recoveries among women stand higher for 1909 than during any preceding year—viz., just on 60 per cent. of the admissions.

Reviewing the destiny of all patients who are brought to the Mental Hospital, it is clear (when every allowance has been made for the admission of an exceptionally hopeless type of males during the past year) that the average prospect of persons certified as insane in advanced states of mental disease (as is usually the case) is poor indeed. Every year of experience impresses one more and more with the conviction that, while in the vast majority of cases early admission to mental hospitals affords the only means of doing justice to the insane, the main hope of keeping down the number of insane in our population lies ultimately in prevention. As long as the comparatively simple chronic degenerations of the spinal cord remain, as they still are, incurable, and for the most part little affected by "treatment," we have no reason to anticipate much success when dealing with organic affections of the infinitely more delicate, complex, and vulnerable brain-tissues—affections for the most part slowly and insidiously led up to by years of ill health and injudicious living acting on nervous systems lacking the average of initial nutritive and resistive powers.

It appears to me that the efficacy and importance of preventive measures cannot be too strongly impressed on parents and guardians, since they can make or mar the power of control, and indeed the whole mental and moral destiny of the children intrusted to their care, just as surely as they can determine their bodily health and fitness—largely, indeed, by the same means.

How many parents realize that most cases of epilepsy in adults are found to have been preceded by convulsions in infancy, or by incontinence of urine—in other words, by nervous explosions and irritabilities induced mainly by wrong feeding and otherwise careless or ignorant rearing! How many parents grasp the fact that early indigestion robs the organism of power of control in every direction in after-years, and is a prime factor in the vices of puberty and adolescence, besides rendering the individual an easy prey to vice and insanity throughout life! Education in parenthood offers, I submit, the main hope for the reduction of insanity.

The clear conclusions bearing on the above, which are set forth in Professor Lugaro's remarkable and authoritative book ("Modern Problems in Psychiatry": Manchester University Press, 1909) appear as hopeful as they are convincing. After dwelling on the widespread havoc wrought in the brains of children by parental alcoholism and syphilis—generally regarded as the leading scourges of the nervous system—Professor Lugaro says, "The infections which arise in the first years of life, and especially the inflammations of the gastro-intestinal tract—the result of unsuitable alimentation during the lactational period—are the most important factors in determining the majority of cerebropathies, and in this way a crowd of idiots, imbeciles, and epileptics is produced, who encumber asylums and are an enormous drain on the internal economy of the country, as also on public charity. All measures directed towards favouring natural maternal feeding, and providing the poor with the means for carrying out artificial feeding according to the most rational methods, form the best means of prophylaxis against the infantile cerebropathies. In the most civilized nations . . . . the movement in favour of the use of prophylactic means is very strong and steadily growing. In fact a notable reduction in the infantile mortality has been effected, and along with this a diminution in the number of the deformed, and of children physically and mentally weak from earliest infancy."

The following paragraph taken from my official report of four years ago still expresses what appear to me to be the most important considerations for the mental well-being and efficiency of the race:—

"If women in general were rendered more fit for maternity, if instrumental deliveries were obviated as far as possible, if infants were nourished by their mothers, and boys and girls were given a rational education, the main supplies of population for our asylums, hospitals, benevolent institutions, gaols, and slums would be cut off at the sources. Further, I do not hesitate to say that a very remarkable improvement would take place in the physical, mental, and moral condition of the whole community."

There has been no serious accident or casualty of any kind during the year.

The steady increase of our population demands more ample accommodation in the way of day-rooms. Such additions as could be made to the existing buildings by the ordinary artisan staff of the institution have been effected year by year, but something more adequate is needed at the present time. Another highly desirable improvement, long under contemplation, is the erection of a separate cottage for male patients, similar to the one built for the women some fourteen years ago. The retreat at Waitati serves its purpose, but the above is wanted at Seacliff to give to men the advantage so long possessed by the women patients.

The two new wings at Seacliff supply bedroom-space which was much needed, but the increase of our patients by sixty-six in the course of the year makes it necessary that we should have further sleeping accommodation for women patients and nurses, the nursing staff having quite outgrown the accommodation in the Nurses' Home.

The branch institution at Waitati has proved a great advantage by affording the means of further dividing and classifying male patients.

The farm, garden, and fishing-station continue to supply a large proportion of the food needed at the institution, and in some directions there is an ample surplus. The progressive development of the fishing-station promises to satisfy not only all our own needs, but also those of other Government institutions in the South Island. Arrangements have now been made whereby it is estimated we can insure an average catch of a quarter of a million pounds of fish per annum. Our largest return hitherto has been 100,000 lb. By means of salting, smoking, and freezing there will be no difficulty in making regular and varied provision not only during the summer, but also throughout the winter. We have at present 13 tons of fish stored frozen at Port Chalmers.

The annual expenditure per patient at Seacliff appears somewhat high owing to several misleading factors. Thus the Waitati institution is included under the Seacliff returns, and the nominal cost per patient at Waitati is more than double the cost at Seacliff. This is due to the fact that a great deal done at Waitati in the way of development and permanent improvements is being charged under the head of annual expenditure. Further, the cost per head at the smaller institution is necessarily much higher than at the larger one, a matter which will adjust itself as the number of patients at Waitati increases. The inclusion of Waitati in the Seacliff accounts makes the expenditure at the latter institution appear more than £2 a head higher than it really is, though even at Seacliff a number of minor permanent improvements and additions have been provided for as usual out of annual expenditure during the year.

The exigencies of rapid increase of population make it necessary not only to keep pace in the way of maintenance, but also in the way of extensions and additions in all directions, and, while this necessary expansion and development going on all the time is year by year greatly enhancing the capital value of the estate and premises, there is no provision for showing this in any way in the annual returns. As for repairs, the buildings for the most part are not merely kept from

depreciating—they are being made constantly more and more sound, sanitary, and serviceable by the steady replacement of work, inadequate in the first instance, by suitable permanent structures and provisions. Thousands of pounds have had to be spent in ventilation and drainage-works, sanitary appliances, &c., and hundreds of pounds are spent every year in providing galvanized-iron ceilings as the original plaster falls from the laths. Similar expenditure has had to be incurred in connection with bathrooms and closets throughout the main building, the wooden floors having rotted away and been replaced with concrete.

Regular religious services have been held by the various denominations throughout the year.

The thanks of the authorities are due to the Otago Daily Times and Witness Company and to the Evening Star Company for newspapers and journals supplied free.

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

I have, &c.,

The Inspector-General of Mental Hospitals, Wellington. F. Truby King

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PORIRUA MENTAL HOSPITAL.

Sir,— Mental Hospital, Porirua, 6th June, 1910.

I have the honour to submit the following report on this Mental Hospital for the year 1909.

The total number of patients under care was 861, and the average number resident 653 (350 males and 303 females). Leaving out of account the transfers between this and other mental hospitals, of whom 26 came from Wellington in October last to replace a similar number sent from here to Nelson Mental Hospital, it will be observed that the admissions amounted to 176, of whom 35 were readmissions. Eighty-four patients were discharged recovered, a ratio of 47·7 per cent. to the number admitted; while 40 died, making a death-rate of a little over 6 per cent. (6·12) of the average number resident.

As compared with the previous year the above figures show an increase of 40 patients in the average number resident, and an increase of about 20 per cent. in the number admitted. This, however, may be partly accounted for by the restriction of the admissions to the sister institution at Mount View in anticipation of its being closed. In reviewing our statistics and comparing one year with another, it has been impossible in the past to come to any definite conclusions, owing to the fact that the districts served by us and the Mental Hospital at Mount View have had no definite dividing-line.

I anticipate a large increase in the admissions in the immediate future—at any rate, until the new Mental Hospital in the North is established and ready to receive patients. With the disappearance of Mount View Mental Hospital the district which the Porirua institution will serve will comprise the whole of the North Island excepting the Auckland Province, as well as Marlborough in the South. I view the position with some anxiety. The wards here are already full, notwithstanding the recent additions to our accommodation, which unfortunately will be fully occupied by the patients from Mount View when the last of them come from there. Our position will then be that we shall have upwards of forty patients more than we have convenient accommodation for, and I fear that the position will be considerably accentuated before the end of the year 1910.

The general physical health of the patients has been satisfactory, and no serious accident has occurred excepting in the case of a female patient who escaped in June and was found drowned about three weeks afterwards. The circumstances of that unfortunate occurrence were supplied to you at the time.

The policy of work for all who can be induced to follow some useful occupation has been consistently followed. This has resulted in a very satisfactory production from our farm, gardens, &c., as the returns forwarded to you will show. But the value of the work done appears to me of less importance than the physical and mental health which the patients gain by the labour involved.

No important change has taken place in the staff. I am fortunate in having the assistance of capable and experienced senior officers. Dr. Scannell was Acting Assistant Medical Officer for the greater part of the year, and towards its end Dr. Jeffreys returned to duty here from the Christchurch Mental Hospital. I am pleased to say that the Church of England vicar of this parish has undertaken to conduct services at the Hospital on two Sundays each month, thereby relieving the Primitive Methodist clergyman who for several years has acted as sole honorary chaplain.

I have, &c.,

The Inspector-General, Mental Hospitals, Wellington. Gray Hassell.

WELLINGTON MENTAL HOSPITAL.

Sir,— Mental Hospital, Wellington, 5th May, 1910.

I have the honour to submit the last report on the Mount View Mental Hospital, containing the statistics for 1909 and those for the first four months of 1910.

At the beginning of 1909 the Government announced its intention of doing away with this Mental Hospital, and of building a new one on a site selected in the country. The wisdom of

this step is obvious when one considers the decayed condition of many parts of the building, the great risk from fire, and the restricted avenues of employment that are available for the patients.

Mount View was built in 1873, and received the patients from the old Karori Asylum. The site for the building had been prepared by prison-labour during the preceding year. The building was completed by May, 1873, and gave accommodation for 28 males and 28 females. As the number transferred from Karori was 39 men and 31 women, one sees that overcrowding was experienced in the early days.

As time went on, increased accommodation was built until the total provided was approved for 139 males and 88 females. The yearly admissions show a rough gradual rise till 1898, when the maximum of 143 for the year was reached. In all, 3,142 patients have received treatment here during the last thirty-six years. Of these, 2,401 have been discharged under the headings of—recovered, 1,312; relieved, 346; not improved, 743; and 513 have died.

Up till 1884 the institution was under the management of a lay Superintendent, and was visited daily by the Prison Surgeon. In that year Dr. E. G. Levinge was appointed Resident Medical Superintendent, and he remained in charge until 1887. He carried out much work of reorganization, in order to place Mount View on an equality with institutions of similar nature in Great Britain. On Dr. Levinge's promotion in 1887 to the charge of Sunnyside he was succeeded here by Dr. Radford King, who remained in charge for one year. In 1888 Dr. Gray Hassell became Medical Superintendent. It was owing to his foresight and grasp of the future requirements of the institution that much work of an important and practical nature was carried out. The value of this work—road and reservoir making, the laying-out of gardens and airing-courts for the patients—must have been as greatly appreciated by Dr. Hassell's other successors as it has been by myself. Following Dr. Hassell on the list of those who have been in charge at Mount View come the names of Dr. Ernest Fooks, now deceased, and Dr. Baxter Gow, now of Sunnyside.

From the homelike character of its interior, lacking as it does much of the formally institutional, Mount View has found many friends among its inmates. Its passing-away is accompanied by feelings of sorrow and regret among all members of its staff.

To revert to the statistics for 1909, I find that at the beginning of the year there were 249 patients under care, and at the close there were 205, 4 men and 47 women having been transferred to other institutions.

The average number resident was 239. Fifty-two patients were admitted, 12 of whom were readmissions; 10 patients died, making a death-rate of slightly over 4 per cent. One man, liberated on trial after a year's care, committed suicide by hanging. In addition to the admission of certified cases, 24 persons whose sanity was in question were admitted on the Magistrates' warrant for a short course of treatment: 9 of these were discharged, and 13 required to be certified as insane.

The general health of the community was again good, and no untoward occurrence took place. The work of the institution, especially at the end of the year and for the first four months of 1910, was restricted to a great extent both by the building operations for the Governor's residence and by the fact that Mount View was shortly to be closed. Nevertheless I have to acknowledge with thanks a large amount of good work done by the officers and members of the staff. Much work of an unusual nature in connection with the closing of the institution has devolved upon the clerk. I am much indebted to Mr. Wells for the capable and energetic way in which he has carried this out. I hope some means may be found of retaining his services for our Department.

I have, &c.,

The Inspector-General, Mental Hospitals, Wellington. ARTHUR CROSBY.

APPENDIX.

TABLE I.—SHOWING the ADMISSIONS, READMISSIONS, DISCHARGES, and DEATHS in MENTAL HOSPITALS during the Year 1909.

	M.	F.	T.	M.	F.	T.
In mental hospitals, 1st January, 1909	..	..	..	1,997	1,417	3,414
Admitted for the first time	363	237	600			
Readmitted	84	139	223	447	376	823*
Total under care during the year	..	..	..	2,444	1,793	4,237
Discharged and died—						
Recovered	179	170	349			
Relieved	17	22	39			
Not improved	29	67	96			
Died	136	68	204			
				361	327	688
Remaining in mental hospitals, 31st December, 1909	..	..	..	2,083	1,466	3,549
Increase over 31st December, 1908	..	..	..	86	49	135
Average number resident during the year	..	..	..	1,970	1,404	3,374

*Transfers.—28 males, 79 females; total, 107.

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 1909.

Mental Hospitals.	In Mental Hospitals on 1st January, 1909.			Admissions in 1909.									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	452	285	737	89	46	135	13	7	20	102	53	155(1)	554	338	892
Christchurch	324	279	603	63	43	106	17	6	23	80	49	129(2)	404	328	732
Dunedin (Seacliff)	450	313	763	79	54	133	31	17	48	110	71	181(3)	560	384	944
Hokitika	146	59	205	12	9	21		..		12	9	21	158	68	226
Nelson	91	61	152	11	0	11	2	51	53	13	51	64(4)	104	112	216
Porirua	355	303	658	86	55	141	12	50	62	98	105	203(5)	453	408	861
Wellington	153	96	249	19	21	40	5	7	12	24	28	52(6)	177	124	301
Ashburn Hall (private mental hospital)	26	21	47	4	9	13	4	1	5	8	10	18(7)	34	31	65
Totals	1,997	1,417	3,414	363	237	600	84	139	223	447	376	823(8)	2,444	1,793	4,237

Mental Hospitals.	Patients discharged and died.												In Mental Hospitals on 31st December, 1909.		
	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	52	32	84	2	0	2	42	17	59	96	49	145	458	289	747
Christchurch	39	27	66	8	0	8	20	11	31	67	38	105	337	290	627
Dunedin (Seacliff)	18	39	57	11	4	15	31	12	43	60	55	115	500	329	829
Hokitika	7	8	15	1	2	3	10	3	13	18	13	31	140	55	195
Nelson	4	0	4	0	2	2	3	5	8	7	7	14	97	105	202
Porirua	46	38	84	13	29	42	23	17	40	82	84	166	371	324	695
Wellington	11	19	30	4	47	51	7	3	10	22	69	91	155	55	210
Ashburn Hall (private mental hospital)	2	7	9	7	5	12		..		9	12	21	25	19	44
Totals	179	170	349	46	89	135	136	68	204	361	327	688	2,083	1,466	3,549

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	454	282	736	51·49	60·38	54·55	9·25	6·03	8·02	41·58	32·08	38·31
Christchurch	297	277	574	52·00	55·10	53·23	6·73	3·97	5·40	26·67	22·45	25·00
Dunedin (Seacliff)	460	313	773	19·78	59·09	36·31	6·74	3·83	5·56	34·07	18·18	27·39
Hokitika	141	53	194	58·33	88·89	71·43	7·09	5·66	6·70	83·33	33·33	61·90
Nelson	89	70	159	33·33	..	23·53	3·37	7·14	5·03	25·00	100·00	47·06
Porirua	350	303	653	46·94	48·72	47·73	6·57	5·61	6·13	23·47	21·79	22·73
Wellington	154	86	240	45·83	70·37	58·82	4·55	3·49	4·17	29·17	11·11	19·61
Ashburn Hall (private mental hospital)	25	20	45	33·33	70·00	56·25		..			..	
Totals	1,970	1,404	3,374	42·72	57·24	48·74	6·90	4·84	6·05	32·46	22·90	28·49

Transfers.—(1) 1 male. (2) 5 males. (3) 19 males, 5 females. (4) 1 male, 46 females. (5) 27 females. (6) 1 female. (7) 2 males.
(8) Total: 28 males, 79 females.

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.
Under 5 years ..	1	0	1	0	1	1	..			..			..			..			..			..			1	1	2
From 5 to 10 years	..			1	1	2	1	0	1	..			..			1	0	1	0	1	1	..			3	2	5
„ 10 „ 15 „	1	1	2	..			0	1	1	..			..			0	1	1	..			..			1	3	4
„ 15 „ 20 „	1	1	2	4	1	5	2	4	6	..			1	2	3	10	8	18	1	0	1	..			19	16	35
„ 20 „ 30 „	24	12	36	16	9	25	24	19	43	1	2	3	2	5	7	14	26	40	8	8	16	0	2	2	89	83	172
„ 30 „ 40 „	25	20	45	19	10	29	28	18	46	3	3	6	3	12	15	26	28	54	6	10	16	0	6	6	110	107	217
„ 40 „ 50 „	21	8	29	12	12	24	26	7	33	2	3	5	2	7	9	22	19	41	6	4	10	2	2	4	93	62	155
„ 50 „ 60 „	15	7	22	14	5	19	15	14	29	1	0	1	2	9	11	14	12	26	2	2	4	3	0	3	66	49	115
„ 60 „ 70 „	2	3	5	6	7	13	6	6	12	4	0	4	0	8	8	7	8	15	0	1	1	2	0	2	27	33	60
„ 70 „ 80 „	9	0	9	7	2	9	5	2	7	1	1	2	3	0	3	4	0	4	1	2	3	1	0	1	31	7	38
Upwards of 80 „	3	1	4	1	1	2	3	0	3	..			..			0	3	3	..			..			7	5	12
Unknown.. ..	..			..			..			..			0	8	8	..			..			..			0	8	8
Totals ..	102	53	155	80	49	129	110	71	181	12	9	21	13	51	64	98	105	203	24	28	52	8	10	18	447	376	823

Table IV.—Duration of Disorder on 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.
First Class (first attack, and within 3 mos. on admission)	51	23	74	40	18	58	28	22	50	10	2	12	6	0	6	53	40	93	15	15	30	1	7	8	204	127	331
Second Class (first attack, above 3 mos. and within 12 mos. on admission)	23	9	32	3	6	9	13	7	20	1	0	1	1	0	1	11	11	22	1	1	2	3	1	4	56	35	91
Third Class (not first attack, and within 12 mos. on admission)	9	5	14	20	13	33	19	13	32	1	5	6	4	5	9	23	36	59	5	7	12	1	1	2	82	85	167
Fourth Class (first attack or not, but of more than 12 mos. on admission)	11	11	22	15	12	27	50	29	79	0	2	2	2	46	48	11	18	29	3	5	8	3	1	4	95	124	219
Unknown	8	5	13	2	0	2	..			..			..			..			..			..			10	5	15
Totals ..	102	53	155	80	49	129	110	71	181	12	9	21	13	51	64	98	105	203	24	28	52	8	10	18	447	376	823

Table V.—Ages of Patients discharged "Recovered" and "Not recovered" during the Year 1909.

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.	M.	F.	T.	M.	F.	T.
From 5 to 10 years	..			..			..			..			..			..			..			..		
„ 10 „ 15 „	..			..			..			..			..			..			..			..		
„ 15 „ 20 „	1	1	2	..			1	1	2	..			..			..			1	1	2	..		
„ 20 „ 30 „	9	7	16	..			8	5	13	1	0	1	8	12	20	2	2	4	2	4	6	..		
„ 30 „ 40 „	23	10	33	1	0	1	11	10	21	..			2	16	18	2	1	3	3	2	5	..		
„ 40 „ 50 „	8	9	17	..			8	4	12	3	0	3	3	5	8	2	0	2	0	1	1	1	2	3
„ 50 „ 60 „	10	5	15	..			9	3	12	3	0	3	2	4	6	..			1	1	2	..		
„ 60 „ 70 „	1	0	1	1	0	1	2	3	5	..			3	2	5	1	0	1	..			..		
„ 70 „ 80 „	..			..			0	1	1	..			..			2	0	2	1	0	1	..		
Upwards of 80 „	..			..			..			1	0	1	..			1	0	1	..			..		
Unknown	..			..			..			..			..			..			..			..		
Totals	52	32	84	2	0	2	39	27	66	8	0	8	18	39	57	11	4	15	7	8	15	1	2	3

Ages.	Nelson.						Porirua.						Wellington.						Ashburn Hall (Private M.H.).						Total.					
	Recovered.			Not recovered.			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.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
From 5 to 10 years ..	..			..			..			..			..			..			..			..			..			..		
„ 10 „ 15 „ ..	..			..			1	0	1	..			..			0	1	1	..			..			1	0	1	0	1	1
„ 15 „ 20 „ ..	..			0	1	1	6	2	8	..			0	1	1	1	3	4	..			..			8	5	13	2	5	7
„ 20 „ 30 „ ..	..			..			14	9	23	1	2	3	4	5	9	0	7	7	0	2	2	0	1	1	45	44	89	4	12	16
„ 30 „ 40 „ ..	..			0	1	1	12	7	19	4	6	10	2	8	10	1	14	15	1	2	3	2	2	4	54	55	109	10	24	34
„ 40 „ 50 „ ..	..			..			9	10	19	3	7	10	3	2	5	1	6	7	0	1	1	3	2	5	31	32	63	13	17	30
„ 50 „ 60 „ 3	0	3	..			3	7	10	4	9	13	2	1	3	0	11	11	1	1	2	1	0	1	31	22	53	8	20	28
„ 60 „ 70 „ ..	..			..			1	2	3	1	5	6	..			1	3	4	0	1	1	1	0	1	7	8	15	5	8	13
„ 70 „ 80 „ 1	0	1	..			0	1	1	..			0	2	2	0	2	2	..			..			2	4	6	2	2	4
Upwards of 80 „ ..	..			..			..			..			..			..			..			..			..			2	0	2
Unknown	..			..			..			..			..			..			..			..			..			..		
Totals ..	4	0	4	0	2	2	46	38	84	13	29	42	11	19	30	4	47	51	2	7	9	7	5	12	179	170	349	46	89	135

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	..			..			0	1	1	..			..			1	0	1	..			..			1	1	2
" 10 " 15 "	..			..			..			0	1	1	..			..			..			..			0	1	1
" 15 " 20 "	1	0	1	2	0	2	0	1	1	..			..			1	0	1	..			..			4	1	5
" 20 " 30 "	3	1	4	0	3	3	2	0	2	..			..			2	0	2	0	1	1	..			7	5	12
" 30 " 40 "	4	3	7	2	1	3	3	0	3	0	1	1	2	0	2	4	3	7	1	1	2	..			16	9	25
" 40 " 50 "	8	2	10	6	3	9	4	3	7	..			..			4	3	7	2	1	3	..			24	12	36
" 50 " 60 "	5	3	8	1	1	2	11	2	13	1	0	1	..			7	4	11	..			..			25	10	35
" 60 " 70 "	9	1	10	4	3	7	2	3	5	1	0	1	0	1	1	1	5	6	2	0	2	..			19	13	32
" 70 " 80 "	9	7	16	5	0	5	8	2	10	5	1	6	1	4	5	3	1	4	2	0	2	..			33	15	48
Upwards of 80 "	3	0	3	..			1	0	1	3	0	3	..			0	1	1	..			..			7	1	8
Unknown ..	..			..			..			..			..			..			..			..			..		
Totals ..	42	17	59	20	11	31	31	12	43	10	3	13	3	5	8	23	17	40	7	3	10	..			136	68	204

Table VII.—Condition as to Marriage.

—	Admissions.			Discharges.			Deaths.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Auckland—									
Single	59	15	74	33	12	45	14	5	19
Married	35	29	64	20	19	39	18	5	23
Widowed	8	9	17	1	1	2	10	7	17
Totals	102	53	155	54	32	86	42	17	59
Christchurch—									
Single	48	21	69	32	7	39	4	5	9
Married	28	18	46	13	19	32	12	4	16
Widowed	4	10	14	2	1	3	4	2	6
Totals	80	49	129	47	27	74	20	11	31
Dunedin (Seacliff)—									
Single	83	37	120	17	23	40	14	2	16
Married	20	28	48	12	16	28	12	7	19
Widowed	7	6	13	0	4	4	5	3	8
Totals	110	71	181	29	43	72	31	12	43
Hokitika—									
Single	7	2	9	4	5	9	7	1	8
Married	3	6	9	2	4	6	2	2	4
Widowed	2	1	3	2	1	3	1	0	1
Totals	12	9	21	8	10	18	10	3	13
Nelson—									
Single	6	23	29	2	1	3	1	1	2
Married	3	18	21	1	1	2	1	1	2
Widowed	4	4	8	1	0	1	1	3	4
Unknown	0	6	6	..			..		
Totals	13	51	64	4	2	6	3	5	8
Porirua—									
Single	61	43	104	42	25	67	18	8	26
Married	32	52	84	16	34	50	5	6	11
Widowed	5	10	15	1	8	9	0	3	3
Totals	98	105	203	59	67	126	23	17	40
Wellington—									
Single	18	10	28	11	31	42	4	1	5
Married	6	15	21	4	29	33	2	2	4
Widowed	0	3	3	0	6	6	1	0	1
Totals	24	28	52	15	66	81	7	3	10
Ashburn Hall—									
Single	6	6	12	6	6	12	..		
Married	2	4	6	3	5	8	..		
Widowed	..			0	1	1	..		
Totals	8	10	18	9	12	21	..		
Totals—									
Single	288	157	445	147	110	257	62	23	85
Married	129	170	299	71	127	198	52	27	79
Widowed	30	43	73	7	22	29	22	18	40
Unknown	0	6	6	..			..		
Totals	447	376	823	225	259	484	136	68	204

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 and Wales	134	79	213	99	94	193	97	58	155	30	15	45	21	21	42	128	77	205	45	16	61	7	2	9	561	362	923
Scotland ..	34	9	43	37	20	57	104	65	169	13	3	16	7	5	12	36	25	61	10	3	13	7	3	10	248	133	381
Ireland ..	58	59	117	47	54	101	92	64	156	39	15	54	15	23	38	56	62	118	23	3	26	1	0	1	331	280	611
New Zealand ..	147	115	262	117	101	218	153	119	272	40	20	60	44	48	92	104	140	244	59	25	84	10	13	23	674	581	1255
Australian States	23	8	31	13	8	21	17	16	33	2	2	4	2	4	6	13	6	19	6	0	6	0	1	1	76	45	121
France ..	2	0	2	1	0	1		..			..			..		1	0	1		..			..		4	0	4
Germany ..	4	3	7	3	1	4	7	1	8	3	0	3	2	0	2	7	4	11	0	3	3		..		26	12	38
Austria ..	10	0	10	1	0	1		..			..			..		0	1	1		..			..		11	1	12
Norway ..	0	1	1	3	0	3	6	1	7		..		0	2	2	1	1	2	1	1	2		..		11	6	17
Sweden ..	8	1	9	1	0	1	4	0	4	4	0	4	1	0	1	4	2	6	3	0	3		..		25	3	28
Denmark ..	3	1	4	2	1	3	0	2	2		..		2	0	2	2	0	2	1	0	1		..		10	4	14
Italy ..	1	0	1	2	0	2	1	0	1	2	0	2	1	1	2	3	0	3	1	0	1		..		11	1	12
China ..	1	0	1	2	0	2	12	0	12	4	0	4		..		2	0	2		..			..		21	0	21
Maoris ..	16	9	25	1	1	2		..			..			..		6	3	9	1	1	2		..		24	14	38
Other countries ..	17	4	21	8	10	18	7	3	10	2	0	2	2	1	3	8	3	11	5	3	8		..		49	24	73
Unknown ..		..			..			..		1	0	1		..			..			..			..		1	0	1
Totals ..	458	289	747	337	290	627	500	329	829	140	55	195	97	105	202	371	324	695	155	55	210	25	19	44	2083	1466	3549

Table IX.—Ages of Patients on 31st December, 1909.

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	0	1	0	1	1		..			..			..			..			..			..		1	1	2
5 „ 10 „ ..	1	1	2	2	2	4	0	1	1		..			..		1	0	1	0	1	1		..		4	5	9
10 „ 15 „ ..	1	1	2	1	1	2		..		2	0	2	3	0	3	0	3	3		..			..		7	5	12
15 „ 20 „ ..	7	2	9	11	7	18	3	8	11	0	1	1	8	3	11	12	15	27	3	3	6		..		44	39	83
20 „ 30 „ ..	38	23	61	48	36	84	60	40	100	8	7	15	15	8	23	32	40	72	20	5	25	3	1	4	224	160	384
30 „ 40 „ ..	115	69	184	68	52	120	92	74	166	20	11	31	8	24	32	85	60	145	44	13	57	2	4	6	434	307	741
40 „ 50 „ ..	111	67	178	66	67	133	110	68	178	29	5	34	16	17	33	95	81	176	26	14	40	1	4	5	454	323	777
50 „ 60 „ ..	97	59	156	59	57	116	105	61	166	25	8	33	18	18	36	75	67	142	39	10	49	7	6	13	425	286	711
60 „ 70 „ ..	50	37	87	44	44	88	90	52	142	30	14	44	21	15	36	53	40	93	18	7	25	6	3	9	312	212	524
70 „ 80 „ ..	27	23	50	33	20	53	33	22	55	15	5	20	7	2	9	14	15	29	4	1	5	5	1	6	138	89	227
Upwards of 80 ..	6	4	10	5	3	8	7	3	10		..		1	2	3	4	3	7	1	1	2	1	0	1	25	16	41
Unknown ..	4	3	7		..			..		11	4	15	0	16	16		..			..			..		15	23	38
Totals ..	458	289	747	337	290	627	500	329	829	140	55	195	97	105	202	371	324	695	155	55	210	25	19	44	2083	1466	3549

Table X.—Length of Residence of Patients who died during 1909.

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 ..	4	0	4	4	3	7	3	1	4		..			..		1	1	2	1	0	1		..		13	5	18
From 1 to 3 months ..	7	3	10	1	0	1	2	0	2	0	1	1		..		3	2	5		..			..		13	6	19
„ 3 „ 6 „ ..	2	2	4	1	0	1	7	0	7		..			..		3	2	5	1	1	2		..		14	5	19
„ 6 „ 9 „ ..	3	0	3	1	0	1	1	0	1		..			..		1	0	1		..			..		6	0	6
„ 9 „ 12 „ ..	2	1	3	4	1	5	2	1	3	0	1	1		..			..			..			..		8	4	12
„ 1 „ 2 years ..	5	2	7	3	3	6	2	3	5	2	1	3	0	1	1	4	2	6	0	1	1		..		16	13	29
„ 2 „ 3 „ ..	4	2	6	2	0	2	2	1	3	2	0	2	2	0	2	2	0	2	1	0	1		..		15	3	18
„ 3 „ 5 „ ..	4	3	7	1	0	1	1	0	1		..		1	2	3	3	1	4	1	1	2		..		11	7	18
„ 5 „ 7 „ ..	1	1	2	0	1	1	4	0	4	5	0	5		..		0	2	2		..			..		10	4	14
„ 7 „ 10 „ ..	2	0	2		..		2	1	3		..			..		2	0	2		..			..		6	1	7
„ 10 „ 12 „ ..		..		1	0	1	2	0	2		..			..		0	1	1		..			..		3	1	4
„ 12 „ 15 „ ..	0	1	1	1	2	3	0	1	1	1	0	1		..		2	1	3	2	0	2		..		6	5	11
Over 15 years ..	8	2	10	1	1	2	3	4	7		..		0	2	2	2	5	7		..			..		14	14	28
Died while absent on trial		..			..			..			..			..			..		1	0	1	..			1	0	1
Totals ..	42	17	59	20	11	31	31	12	43	10	3	13	3	5	8	23	17	40	7	3	10	..			136	68	204

TABLE XI.—LENGTH of RESIDENCE of PATIENTS DISCHARGED "RECOVERED" during 1909.

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	1	0	1	1	0	1	1	1	2	1	0	1	..	..	..	7	3	10	2	3	5	..	..	..	13	7	20
From 1 to 3 months ..	14	4	18	9	1	10	7	7	14	..	..	..	1	0	1	9	9	18	4	2	6	1	3	4	45	26	71
„ 3 „ 6 „ ..	11	10	21	8	6	14	2	9	11	2	1	3	1	0	1	10	9	19	2	5	7	..	..	..	36	40	76
„ 6 „ 9 „ ..	11	4	15	4	6	10	2	9	11	2	0	2	2	0	2	4	4	8	1	3	4	0	1	1	26	27	53
„ 9 „ 12 „ ..	2	6	8	9	6	15	1	6	7	0	3	3	..		..	6	3	9	0	3	3	0	1	1	18	28	46
„ 1 „ 2 years ..	10	7	17	6	3	9	4	5	9	1	4	5	..		..	7	7	14	1	1	2	1	1	2	30	28	58
„ 2 „ 3 „	1	1	2	1	3	4	1	1	2	1	0	1	..		..	2	1	3	1	0	1	..		..	7	6	13
„ 3 „ 5 „	1	0	1	1	1	2	0	1	1	..		..	..		..	1	0	1	..		..	..		..	3	2	5
„ 5 „ 7 „	1	0	1	0	1	1	..		..	..		..	..		..	0	1	1	0	2	2	..		..	1	4	5
„ 7 „ 10 „	..			..			..		..	..		..	..		..	..		..	..		..	..		..	..		..
„ 10 „ 12 „	..			..			..		..	..		..	..		..	..		..	..		..	..		..	..		..
„ 12 „ 15 „	..			..			..		..	..		..	..		..	0	1	1	..		..	..		..	0	1	1
Over 15 years	..			..			..		..	..		..	..		..	..		..	..		..	0	1	1	0	1	1
Totals	52	32	84	39	27	66	18	39	57	7	8	15	4	0	4	46	38	84	11	19	30	2	7	9	179	170	349

TABLE XII.—CAUSES of DEATH.

Causes.	Auckland.		Christchurch.		Dunedin (Seacliff).		Hokitika.		Nelson.		Porirua.		Wellington.		Ashburn Hall (Private M.H.).		Total.		
GROUP 1.—GENERAL DISEASES.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	T.
Influenza	1	0	..		..		..		..		..		..		..		1	0	1
Enteric fever	0	1	..		..		..		..		..		..		..		0	1	1
Pneumonia, lobar	1	0	1	1	0	1	..		..		1	3	..		..		3	5	8
„ broncho	..		..		..		0	1	..		..		..		..		0	1	1
Tuberculosis :—																			
Of lung (phthisis)	6	2	0	3	4	2	0	1	..		4	2	1	0	..		15	10	25
Tubercle of other organs ..	1	0	..		..		..		..		..		..		..		1	0	1
General	..		0	1	..		..		..		..		..		..		0	1	1
Carcinoma	1	1	..		1	0	..		..		1	0	..		..		3	1	4
Anæmia, pernicious	..		..		1	0	..		..		..		..		..		1	0	1
Diabetes mellitus	..		0	1	0	1	..		..		..		..		..		0	2	2
GROUP II.—DISEASES OF NERVOUS SYSTEM.																			
Meningitis, cerebral (not tuberculous)	1	0	..		..		..		..		..		..		..		1	0	1
Softening of brain	0	1	..		..		1	1	..		..		..		..		1	2	3
Organic disease of brain (not otherwise defined)	3	3	1	0	4	2	..		..		5	0	0	2	..		13	7	20
General paralysis of insane ..	6	1	5	1	8	0	..		..		4	2	..		..		23	4	27
Mania, exhaustion from ..	..		1	0	..		..		..		..		..		..		1	0	1
Melancholia, exhaustion from ..	1	0	..		..		..		..		..		..		..		1	0	1
Epilepsy	3	2	1	1	2	1	..		..		2	0	..		..		8	4	12
Locomotor ataxy	1	0	..		..		..		..		..		1	0	..		2	0	2
Other diseases of nervous system	..		..		..		1	0	..		..		..		..		1	0	1
GROUP III.—DISEASES OF HEART.																			
Valvular disease, endocarditis (not infective)	3	2	1	1	2	1	2	0	..		0	1	2	0	..		10	5	15
Fatty (and fibroid) degeneration of heart	..		..		1	1	..		..		..		..		..		1	1	2
Rupture of heart	..		1	0	..		..		..		..		..		..		1	0	1
Syncope, heart disease (not specified)	2	0	1	1	1	1	1	0	1	0	0	2	1	0	..		7	4	11
GROUP IV.—DISEASES OF BLOOD-VESSELS.																			
Cerebral hæmorrhage, thrombosis, embolism	..		1	0	1	0	..		..		..		0	1	..		2	1	3
Apoplexy, hemiplegia	3	0	..		2	0	..		0	1	..		..		..		5	1	6
Senile gangrene	..		1	0	..		..		..		..		..		..		1	0	1
GROUP V.—DISEASES OF RESPIRATORY ORGANS.																			
Bronchitis	..		..		..		..		..		1	0	..		..		1	0	1

TABLE XII.—CAUSES of DEATH—*continued.*

Causes.	Auckland.	Christchurch.	Dunedin (Seacliff).	Hokitika.	Nelson.	Porirua.	Wellington.	Ashburn Hall (Private M.H.).	Total.
GROUP VI.—DISEASES OF DIGESTIVE SYSTEM.									
Diseases of stomach (not malignant)	..	..	..	..	1 0	1 0	..	..	2 0 2
Enteritis (not epidemic) ..	..	..	..	..	..	0 1	..	..	0 1 1
Intestinal obstruction	..	1 0	..	..	..	..	..	..	1 0 1
Peritonitis (not tuberculous) ..	..	..	..	..	..	0 1	..	..	0 1 1
GROUP VII.—DISEASES OF LYMPHATIC SYSTEM AND DUCTLESS GLANDS.									
Graves' disease	..	..	..	..	..	0 1	..	..	0 1 1
GROUP VIII.—DISEASES OF URINARY SYSTEM.									
Chronic Bright's disease, albuminuria	0 1	..	0 1	..	..	..	..	..	0 2 2
Prostate, disease of	..	..	1 0	..	..	..	..	..	1 0 1
Urethra, stricture of	..	..	1 0	..	..	..	..	..	1 0 1
GROUP IX. — CONDITIONS NOT SPECIFIED.									
Debility	..	0 1	..	1 0	..	..	..	..	1 1 2
Old age (senile decay)	9 3	5 0	2 1	4 0	1 4	4 4	1 0	..	26 12 38
Died while absent on probation ..	..	..	..	..	..	..	1 0	..	1 0 1
Totals	42 17	20 11	31 12	10 3	3 5	23 17	7 3	..	136 68 204

TABLE XIII.—PRINCIPAL ASSIGNED CAUSES of INSANITY.

Causes.	Auckland.	Christchurch.	Dunedin (Seacliff).	Hokitika.	Nelson.	Porirua.	Wellington.	Ashburn Hall (Private M. H.).	Total.
	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F. T.
Heredity	20 11	8 6	14 14	2 1	1 2	14 13	3 1	2 7	64 55 119
Congenital mental deficiency	11 3	6 6	14 9	..	1 9	4 2	4 3	..	40 32 72
Previous attack	3 0	9 3	6 6	..	..	14 28	1 5	..	33 42 75
Puberty and adolescence ..	3 0	8 2	0 1	..	..	3 6	3 0	..	17 9 26
Climacteric	0 5	3 8	0 3	..	..	0 2	0 3	..	3 21 24
Senility	9 4	12 8	6 5	1 1	3 0	8 7	1 2	..	40 27 67
Pregnancy	0 2	..	..	..	..	..	..	..	0 2 2
Puerperal state	0 5	..	0 2	0 1	..	0 11	..	..	0 19 19
Lactation	..	..	0 1	..	..	0 2	0 2	..	0 5 5
Sudden mental stress ..	0 1	..	1 6	1 1	..	..	0 1	..	2 9 11
Prolonged mental stress ..	7 8	2 4	14 8	..	3 4	8 9	1 0	..	35 33 68
Privation	..	..	..	1 0	..	2 1	..	..	3 1 4
Over-exertion (physical) ..	..	..	..	..	..	1 1	..	..	1 1 2
Masturbation	2 0	..	2 0	..	..	3 1	..	..	7 1 8
Sexual excess	1 0	3 0	2 3	..	1 0	..	2 0	..	9 3 12
Toxic :—									
Alcohol	20 2	15 3	21 2	1 0	4 4	16 2	3 3	..	80 16 96
Tuberculosis	..	..	0 1	..	..	..	..	..	0 1 1
Influenza	..	..	0 1	..	..	0 3	..	..	0 4 4
Other specific fevers ..	1 0	..	0 1	..	..	1 1	..	..	2 2 4
Syphilis	4 1	1 0	7 1	..	..	6 1	2 1	2 0	22 4 26
Other Toxins	..	..	..	..	..	..	..	0 2	0 2 2
Injuries	5 0	1 0	2 0	..	..	2 1	..	..	10 1 11
Sunstroke	..	..	..	..	0 1	1 0	..	..	1 1 2
Lesions of the brain ..	1 0	1 1	4 1	..	..	..	..	..	6 2 8
Disease of the ear ..	..	..	1 0	..	..	0 1	..	..	1 1 2
Epilepsy	6 3	1 2	4 0	2 0	0 4	6 5	0 1	..	19 15 34
Other defined neuroses ..	..	..	..	..	..	..	0 1	..	0 1 1
Graves' disease	0 2	0 1	..	..	..	0 2	0 1	..	0 6 6
Cardia-vascular degeneration	..	..	..	..	..	..	..	2 0	2 0 2
Valvular heart disease ..	..	..	0 1	..	..	..	..	..	0 1 1
General ill health ..	2 2	1 1	..	..	..	..	1 3	..	4 6 10
No factor ascertained, history defective	7 4	9 4	12 5	4 5	0 27	9 6	3 1	2 1	46 53 99
Totals	102 53	80 49	110 71	12 9	13 51	98 105	24 28	8 10	447 376 823

TABLE XIV.—FORMER OCCUPATION of PATIENTS.

Occupation.	Auckland.	Christchurch.	Dunedin (Seacliff).	Hokitika.	Nelson.	Porirua.	Wellington.	Ashburn Hall (Private Mental Hospital).	Total.
MALES.									
Army pensioner	1	..	..	..	..	..	..	..	1
Blacksmiths	..	1	..	1	..	..	..	..	2
Billiard-markers	..	1	..	..	..	1	..	..	2
Boardinghouse-keepers	..	1	..	..	..	..	..	1	2
Bookbinder	1	..	..	..	..	..	..	..	1
Bootmakers	1	1	2	..	..	..	..	..	4
Bottler	..	..	1	..	..	..	..	..	1
Bottle-washer	..	1	..	..	..	..	..	..	1
Builder	1	..	..	..	..	..	..	..	1
Bushmen	1	..	..	1	1	..	..	..	3
Butchers	..	..	..	..	..	2	1	..	3
Cab-drivers	..	..	..	..	..	2	..	..	2
Cabinetmaker	1	..	..	..	..	..	..	..	1
Carpenters	..	1	3	..	1	3	2	..	10
Carters	..	1	1	..	..	2	..	..	4
Clerks and accountants	6	2	3	..	..	2	..	1	14
Commercial travellers	1	1	1	..	..	..	..	..	3
Compositor	..	..	..	1	..	..	..	..	1
Contractor	1	..	..	..	..	..	..	..	1
Cooks	..	..	1	..	..	2	..	..	3
Cooper	..	1	..	..	..	..	..	..	1
Creamery manager	1	..	..	..	..	..	..	..	1
Dentists	..	..	..	..	..	1	1	..	2
Dentists' assistants	..	1	1	..	..	..	..	..	2
Drapers	1	..	..	..	..	1	..	..	2
Engine-drivers	1	..	1	..	..	1	..	..	3
Engineers	..	..	2	..	..	..	..	..	2
Expressman	..	..	1	..	..	..	..	..	1
Factory hand	..	..	1	..	..	..	..	..	1
Farmers	8	8	15	..	..	10	5	4	50
Farm hands	2	..	5	..	..	5	..	..	12
Flax-merchant	..	1	..	..	..	..	..	..	1
Flaxmillers	1	..	..	..	..	1	..	..	2
Fisherman	..	..	..	..	..	1	..	..	1
Gardeners	2	2	3	..	..	1	..	..	8
Grocers	1	3	1	..	..	..	..	..	5
Groom	..	..	..	..	..	1	..	..	1
Gum-diggers	9	..	..	..	..	..	..	..	9
Hairdresser	..	..	..	..	..	..	1	..	1
Horse-trainers	1	..	..	..	..	1	..	..	2
Hotelkeepers	1	..	..	..	..	1	..	..	2
Jockey	..	1	..	..	..	..	..	..	1
Journalists	..	1	1	..	..	..	..	..	2
Labourers	29	32	39	6	6	35	9	..	156
Lighthouse-keeper	..	..	..	..	..	..	1	..	1
Lithographer	..	..	..	..	..	1	..	..	1
Lumper	..	1	..	..	..	..	..	..	1
Machinist	..	..	..	..	..	..	1	..	1
Meat-inspector	..	..	..	..	..	..	1	..	1
Meat-preserver	..	1	..	..	..	..	..	..	1
Mechanic	1	..	..	..	..	..	..	..	1
Medical practitioner	1	..	..	..	..	..	..	..	1
Messenger	..	..	..	..	1	..	..	..	1
Miller	1	..	..	..	..	..	..	..	1
Miners	4	1	4	3	..	1	..	..	13
Musician	..	..	..	..	..	1	..	..	1
Newspaper-seller	..	1	..	..	..	..	..	..	1
Night-watchman	1	..	..	..	..	..	..	..	1
No occupation	9	3	5	..	1	7	..	..	25
Orchardist	1	..	..	..	..	..	..	..	1
Painters	1	..	2	..	..	2	..	..	5
Photographer	..	1	..	..	..	..	..	..	1
Plasterers	..	..	2	..	..	..	..	..	2
Ploughman	..	..	1	..	..	..	..	..	1
Plumbers	..	1	1	..	..	1	..	..	3
Picture-framer	..	..	..	..	..	..	1	..	1
Prospectors	..	..	..	1	..	..	..	..	1
Rabbiters	..	1	4	..	..	..	..	..	5
Railway guards	..	1	1	..	..	..	..	..	2
Ranger	1	..	..	..	..	..	..	..	1
Retired banker	..	..	..	..	..	..	..	1	1
Roadman	..	..	..	..	..	1	..	..	1
Sailors	1	1	..	..	1	..	..	..	3
Sawmillers	..	..	..	..	1	1	..	..	2
School-boys	1	..	2	..	..	..	1	..	4
Schoolmasters	1	2	1	..	..	..	..	..	4
Settler	..	..	..	..	..	1	..	..	1
Shearer	..	..	..	..	..	1	..	..	1
Shepherds	1	1	1	..	..	1	..	1	5
Shipwright	..	..	..	..	..	1	..	..	1
Solicitor	1	..	..	..	..	..	..	..	1
Stableman	1	..	..	..	..	..	..	..	1
Steward	..	..	..	..	..	1	..	..	1
Stonemasons	..	1	1	..	..	..	..	..	2
Storekeepers	1	..	1	..	..	1	..	..	3
Storemen	1	..	..	..	..	1	..	..	2
Surfaceman	..	..	1	..	..	..	..	..	1
Tailors	1	..	..	..	..	1	..	..	2
Tanner	..	1	..	..	..	..	..	..	1
Telegraphist	1	..	..	..	..	..	..	..	1
Tinsmith	1	..	..	..	..	..	..	..	1
Tram-conductor	..	1	..	..	..	..	..	..	1
Veterinarian	..	..	..	..	1	..	..	..	1
Watchmaker	..	1	..	..	..	..	..	..	1
Wood-carvers	..	1	..	..	..	2	..	..	3
Totals	102	80	110	12	13	98	24	8	447
FEMALES.									
Artist	1	..	..	..	..	..	..	..	1
Barmaid	1	..	..	..	..	..	..	..	1
Clerk	..	..	..	..	..	1	..	..	1
Cook	..	..	..	..	1	..	..	..	1
Domestic duties	49	43	58	9	30	88	21	9	307
Dressmakers	1	1	1	..	2	..	..	1	6
Governess	..	..	..	..	..	..	1	..	1
Laundress	..	..	..	..	..	..	1	..	1
Machinist	..	..	..	..	..	1	..	..	1
Music-teacher	..	..	..	..	..	..	1	..	1
No occupation	1	2	4	..	..	6	3	..	16
Nurses	..	..	4	..	..	1	..	..	5
Photographer's assistant	..	1	..	..	..	..	..	..	1
Restaurant-keeper	..	..	..	..	..	1	..	..	1
Tailoress	..	..	..	..	..	1	..	..	1
Teachers	..	..	3	..	..	6	..	..	9
Unknown	..	..	..	..	17	..	..	..	17
Vagrants	..	2	1	..	1	..	1	..	5
Totals	53	49	71	9	51	105	28	10	376

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.	M.	F.	T.
1876 ..	221	117	338	129	79	208	17	8	25	6	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	123	57	180	20	9	9	7	2	9	42	21	63	581	291	872	541	277	818	49·20	50·80	49·72	7·76	7·58	7·70
1878 ..	247	131	378	121	68	189	14	14	28	3	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	112	76	188	15	13	28	8	3	11	55	16	71	695	361	1,056	666	337	1,003	45·16	50·33	47·11	8·25	4·74	7·07
1880 ..	229	149	378	100	67	167	36	25	61	5	2	7	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	93	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	49	32	81	5	7	12	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	102	78	180	13	20	33	10	9	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	89	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	102	73	22	95	981	542	1,523	965	528	1,493	32·31	47·50	37·66	7·56	4·16	6·36
1886 ..	207	165	372	99	60	159	11	17	28	12	8	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	103	78	181	34	17	51	..	..	..	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	116	92	208	31	28	59	2	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	93	53	146	31	30	61	3	1	4	70	30	100	1,074	687	1,761	1,046½	660½	1,707	40·43	32 92	37·34	6·69	4·54	5·86
1890 ..	230	160	390	98	88	186	23	17	40	12	5	17	76	35	111	1,095	702	1,797	1,078	685	1,763	42·61	55·00	47·69	7·05	5·11	6·29
1891 ..	234	201	435	88	74	162	33	24	57	14	30	44	79	41	120	1,115	734	1,849	1,089¾	699½	1,789¼	37·61	36·82	37·24	7·25	5·86	6·71
1892 ..	231	158	389	89	76	165	21	17	38	8	2	10	74	34	108	1,154	763	1,917	1,125	714¾	1,839¾	38·53	48·10	42·42	6·58	4·76	5·87
1893 ..	281	179	460	101	89	190	17	12	29	9	9	18	78	23	101	1,229	810	2,039	1,172	758	1,930	35·94	49·72	41·30	6·66	3·03	5·23
1894 ..	320	256	576	107	76	183	15	11	26	55	84	139	64	35	99	1,308	860	2,168	1,241	812	2,053	39·63	45·18	41·03	5·16	4·31	4·82
1895 ..	379	302	681	105	77	182	24	19	43	128	139	267	101	42	143	1,329	885	2,214	1,313	849	2,162	41·27	46·66	43·40	7·69	4·94	6·61
1896 ..	296	170	466	104	70	174	25	16	41	20	12	32	86	32	118	1,390	925	2,315	1,347	882	2,229	37·41	44·02	39·82	6·38	3·63	5·29
1897 ..	300	244	544	102	73	175	26	32	58	17	31	48	105	43	148	1,440	990	2,430	1,411	944	2,355	35·92	37·82	36·69	7·44	4·55	6·28
1898 ..	355	258	613	114	110	224	13	23	36	104	47	151	88	60	148	1,472	1,008	2,480	1,438	973	2,411	44·88	51·89	48 07	6·12	6·17	6·14
1899 ..	264	247	511	88	99	187	15	25	40	7	42	49	114	43	157	1,512	1,045	2,557	1,487	1,004	2,491	32·31	44·33	37·58	7·67	4·28	6·30
1900 ..	335	263	598	103	96	199	39	10	49	25	65	90	99	46	145	1,581	1,091	2,672	1,534	1,049	2,583	30·74	36·50	33·27	6·45	4·38	5·61
1901 ..	373	224	597	125	104	229	40	17	57	33	3	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	135	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	7·18	4·94	6·28
1903 ..	454	237	691	144	101	245	41	25	66	84	12	96	129	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	24	13	37	9	2	11	120	70	190	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	44	147	67	214	1,836	1,276	3,112	1,796	1,232	3,028	41·39	48·21	44·19	8·18	5·44	7·07
1906 ..	401	277	678	157	126	283	28	22	50	6	14	20	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
1907 ..	421	279	700	160	139	299	31	19	50	53	32	85	168	64	232	1,909	1,331	3,240	1,851	1,285	3,136	44·29	57·68	49·67	9·08	4·98	7·39
1908 ..	434	325	759	180	146	326	9	13	22	9	6	15	148	74	222	1,997	1,417	3,414	1,894	1,346	3,240	42·25	45·91	43·82	7·81	5·50	6·85
1909 ..	447	376	823	179	170	349	17	22	39	29	67	96	136	68	204	2,083	1,466	3,549	1,970	1,404	3,374	42·72	57·24	48·74	6·90	4·84	6·05
	10,234	6,919	17,153	3,955	3,025	6,980	851	647	1,498	815	717	1,532	3,012	1,318	4,330	..	..	..	..	..	..	..	..	..	..	..	..

	M.	F.	T.
In mental hospitals, 1st January, 1876	482	254	736
In mental hospitals, 1st January, 1910	2,083	1,466	3,549

TABLE XVI. — SHOWING the ADMISSIONS, READMISSIONS, DISCHARGES, and DEATHS from the 1st January, 1876, to the 31st December, 1909.

	M.	F.	T.	M.	F.	T.
Persons admitted during period from 1st January, 1876, to 31st December, 1909	8,332	5,299	13,631			
Readmissions	1,902	1,620	3,522			
Total cases admitted		..		10,234	6,919	17,153
Discharged cases—						
Recovered	3,955	3,025	6,980			
Relieved	851	647	1,498			
Not improved	815	717	1,532			
Died	3,012	1,318	4,330			
Total cases discharged and died since January, 1876		..		8,633	5,707	14,340
Remaining, 1st January, 1876		..		482	254	736
Remaining, 1st January, 1910		..		2,083	1,466	3,549

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

——	Males.	Females.	Both Sexes.
Recovered	38·65	43·71	40·69
Relieved	8·32	9·35	8·73
Not improved	7·96	10·37	8·94
Died	29·43	19·05	25·24
Remaining	15·64	17·52	16·40
	100·00	100·00	100·00

TABLE XVIII.—EXPENDITURE, out of Public Works Fund, on MENTAL HOSPITAL BUILDINGS, &c., during the Financial Year ended 31st March, 1910, and LIABILITIES at that Date.

Mental Hospitals.	Net Expenditure for Year ended 31st March, 1910.	Liabilities on 31st March, 1910.
	£ s. d.	£ s. d.
Auckland	1,523 10 2	4 1 5
Reception-house at Auckland	1,788 8 0	4,381 0 0
Wellington	..	..
Porirua	10,347 13 10	3,314 6 10
Christchurch	1,133 4 5	..
Seacliff	2,796 17 9	..
Waitati	..	..
Dunedin (The Camp)	..	..
Nelson	1,992 6 1	..
Hokitika	256 7 0	..
Totals	19,838 7 3	7,699 8 3

TABLE XIX.—TOTAL EXPENDITURE, out of Public Works Fund, for BUILDINGS and EQUIPMENT at each MENTAL HOSPITAL from 1st July, 1877, to 31st March, 1910.

Mental Hospitals.	1877–1902.	1902–3.	1903–4.	1904–5.	1905–6.
	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
Auckland	94,909 9 4	698 6 1	1,284 4 1	2,413 12 5	5,600 7 3
Reception-house at Auckland ..	..	..	..	..	..
Wellington	26,633 5 0	1,468 10 2	532 1 10	235 5 9	..
Wellington (Porirua)	103,108 7 0	2,144 19 1	6,377 15 0	5,387 11 3	2,602 14 6
Christchurch	103,529 13 2	155 11 1	4,238 4 11	3,266 1 7	1,944 4 6
Seacliff	132,110 0 9	4,973 0 1	1,360 17 0	3,229 0 10	1,434 3 6
Waitati	..	..	..	..	..
Dunedin (The Camp)	..	..	..	..	3,014 3 6
Napier	147 0 0	..	..	..	..
Hokitika	1,284 16 7	238 17 2	874 11 8	890 16 2	156 11 5
Richmond	..	..	..	..	989 4 8
Nelson	13,870 9 7	487 6 7	1,144 5 8	526 19 10	493 17 3
Totals	475,593 1 5	10,166 10 3	15,812 0 2	15,949 7 10	16,235 6 7

Mental Hospitals.	1906–7.	1907–8.	1908–9.	1909–10.	Total Net Expenditure, 1st July, 1877, to 31st March, 1910.
	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
Auckland	527 17 3	253 7 10	1,318 8 9	1,523 10 2	108,529 3 2
Reception-house at Auckland ..	4 10 0	462 10 0	61 16 0	1,788 8 0	2,317 4 0
Wellington	482 0 9	198 2 1	106 10 0	..	29,655 15 7
Wellington (Porirua)	1,175 12 2	2,369 14 10	2,246 13 5	10,347 13 10	135,761 1 1
Christchurch	1,962 6 5	2,018 2 7	4,143 14 11	1,133 4 5	122,393 3 7
Seacliff	1,997 4 5	1,313 17 6	5,598 4 8	2,796 17 9	154,813 6 6
Waitati	320 10 2	252 4 10	86 18 10	..	659 13 10
Dunedin (The Camp)	899 7 11	918 18 8	58 16 9	..	4,891 6 10
Napier	..	..	..	..	147 0 0
Hokitika	19 7 0	..	..	256 7 0	3,721 7 0
Richmond	107 14 7	..	..	..	1,096 19 3
Nelson	552 8 11	200 0 0	1,675 0 0	1,992 6 1	20,942 13 11
Totals	8,048 19 7	7,986 18 4	15,296 3 4	19,838 7 3	584,926 14 9

Table XX.—Showing the Expenditure for the Year 1910.

Items.	Auckland.	Christchurch.	Dunedin (Seacliff).	Hokitika.	Nelson.	Porirua.	Wellington.	Total.
	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
Inspector-General*	..	..	..	..	..	..	..	949 6 4
Assistant Inspector*	..	..	..	..	..	..	..	50 0 0
Clerks*	..	..	..	..	..	..	..	480 0 0
Medical fees*	..	..	..	..	..	..	..	1,318 12 6
Contingencies*	..	..	..	..	..	..	..	184 7 6
Official Visitors	25 4 0	8 8 0	25 4 0	12 12 0	..	25 4 0	..	96 12 0
Superintendents	600 0 0	750 7 6	600 0 0	215 0 0	215 0 0	600 0 0	600 0 0	3,580 7 6
Assistant Medical Officers	300 0 0	282 18 4	637 10 0	..	..	257 9 2	25 0 0	1,502 17 6
Visiting Medical Officers	..	..	..	190 15 0	217 0 7	..	..	407 15 7
Clerks	274 11 8	409 10 7	396 17 9	..	..	309 3 4	160 0 0	1,550 3 4
Matrons	160 0 0	110 0 0	150 0 0	85 0 0	100 0 0	115 0 0	100 0 0	820 0 0
Attendants and servants	6,315 13 11	6,236 13 11	10,499 2 5	1,858 10 10	1,642 8 2	7,799 11 0	3,346 3 1	37,698 3 4
Rations	5,271 12 6	4,722 2 4	5,877 12 6	1,838 6 2	1,347 11 1	5,042 2 2	2,884 10 3	26,983 17 0
Fuel, light, water, and cleaning	1,525 12 5	2,456 14 9	2,483 11 0	47 4 1	303 7 3	1,535 16 11	854 2 10	9,206 9 3
Bedding and clothing	1,670 3 4	2,286 13 0	2,777 6 0	275 0 9	167 9 6	1,730 3 9	554 9 11	9,461 6 3
Surgery and dispensary	73 7 2	91 13 0	301 17 8	0 3 6	17 16 4	120 0 3	43 14 5	648 12 4
Wines, spirits, ale, and porter	6 0 0	15 18 0	15 8 7	2 5 6	0 18 0	11 8 4	5 12 0	55 10 5
Farm	498 7 4	1,422 5 4	2,927 17 6	51 17 6	160 0 2	1,347 6 0	331 13 6	6,739 7 4
Buildings and repairs	203 3 0	828 15 4	1,845 15 7	14 7 6	2 17 11	895 0 11	75 3 1	3,865 3 4
Necessaries, incidental, and miscellaneous	2,064 11 1	2,271 14 7	4,085 17 9	495 1 6	630 13 8	2,394 14 11	835 15 0	12,778 8 6
Totals	18,988 6 5	21,891 14 8	32,624 0 9	5,086 4 4	4,805 2 8	22,183 0 9	9,816 4 1	118,377 0 0
Repayments, sale of produce, &c.	5,962 2 3	8,623 7 6	10,097 8 0	528 6 0	1,182 14 0	5,799 9 9	2,829 11 7	35,022 19 1
Actual cost	13,026 4 2	13,268 7 2	22,526 12 9	4,557 18 4	3,622 8 8	16,383 11 0	6,986 12 6	83,354 0 11

* Not included in Table XXI.

Table XXI.—Average Cost of each Patient per Annum.

Mental Hospital.	Provisions.	Salaries.	Bedding and Clothing.	Fuel, Light, Water, and Cleaning.	Surgery and Dispensary.	Wines, Spirits, Ale, and Porter.	Farm.	Buildings and Repairs.	Necessaries, Incidental, and Miscellaneous.	Total Cost per Patient.	Repayments for Maintenance.	Total Cost per Head, less Repayments for Maintenance.	Total Cost per Head, less Receipts of all kinds.	Total Cost per Head, less Receipts of all kinds previous Year.	Decrease in 1909.	Increase in 1909.
	£ 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.	£ s. d.	£ s. d.
Auckland	7 3 3	10 8 6¾	2 5 4½	2 1 5½	0 1 11¾	0 0 2	0 13 6¾	0 5 6¼	2 16 1¼	25 15 11¾	7 3 9	18 12 2¾	17 13 11½	19 11 9	1 17 9½	..
Christchurch	8 4 6½	13 11 8½	3 19 8	4 5 7¼	0 3 2¼	0 0 5¾	2 9 6¾	1 8 10½	3 19 1¾	38 2 9¼	11 18 10¾	26 3 10½	23 2 3¾	26 17 6¼	3 15 2½	..
Dunedin (Seacliff)	7 12 1	15 18 5½	3 11 10¼	3 4 3	0 7 9¾	0 0 4¾	3 15 9	2 7 9¼	5 5 8½	42 4 1	9 16 4¼	32 7 8¾	29 2 10	30 1 1¾	0 18 3¾	..
Hokitika	9 9 6¼	12 3 6	1 8 4¼	0 4 10¼	0 0 0¾	0 0 2¾	0 5 4½	0 1 5¾	2 11 0¾	26 4 4¼	2 6 8¼	23 17 8	23 9 10¾	23 14 0½	0 4 1¾	..
Nelson	8 9 6	13 13 6¼	1 1 0¾	1 18 2	0 2 2¾	0 0 1¼	1 0 1¾	0 0 4¼	3 19 4	30 4 5	6 3 1¾	24 1 3¼	22 15 7¾	24 9 2¾	1 13 7	..
Porirua	7 14 5	13 18 11	2 13 0	2 7 0½	0 3 8	0 0 4¼	2 1 3¼	1 7 5	3 13 4	33 19 5	6 16 9¾	27 2 7¼	25 1 9½	25 10 10½	0 9 1	..
Wellington	12 0 4½	17 12 7¼	2 6 2½	3 11 2	0 3 7¾	0 0 5¾	1 7 7¾	0 6 3	3 9 7¾	40 18 0¼	10 15 4¼	30 2 8	29 2 2¾	29 8 6¼	0 6 3½	..
Averages	8 2 1½	13 14 3⅓	2 16 10	2 15 3¾	0 3 10¾	0 0 4	2 0 5¾	1 3 2¾	3 16 9¼	34 13 3¼	8 9 6¼	26 3 9	24 2 10¼	25 12 7¼	1 9 9	..

Table XXIa.

Including first five items in Table XX	..	..	..	..	..	..	..	..	..	35 11 2¼	..	..	25 0 9¼	26 10 8⅓	1 9 11¼	..

Table XXIb.

Richmond Home for Feeble-minded ...	13 4 7½	38 9 10¾	2 11 10¾	2 12 0	..	..	5 10 7	1 11 9¾	4 13 11¼	68 14 9	9 17 6¾	58 17 2¼	56 19 3	60 11 11½	3 12 8½	..
Patients on probation at The Camp	13 0 1½	17 9 10¼	1 3 5½	1 7 5	0 2 6¼	..	1 2 1	..	5 9 11¾	39 15 5¼	..	..	39 15 5¼	56 18 4½	27 2 11¼	..

Approximate Cost of Paper.—Preparation, not given; printing (1,650 copies), £26 15s.

By Authority: John Mackay, Government Printer, Wellington.—1910.

Price 9d.