

SESSION II.  
1912.  
NEW ZEALAND.

# MENTAL HOSPITALS OF THE DOMINION

(REPORT ON) FOR 1911.

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

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The Hon. the MINISTER IN CHARGE OF DEPARTMENT FOR THE CARE OF MENTAL DEFECTIVES to HIS EXCELLENCY THE GOVERNOR.

MY LORD,—

Wellington, 31st July, 1912.

I have the honour to submit to Your Excellency the report of the Inspector-General of Mental Defectives for the year 1911.

I have the honour to be,

Your Lordship's most obedient servant,

R. HEATON RHODES,

Minister in Charge of Department for the Care of Mental Defectives.

The INSPECTOR-GENERAL to the Hon. the MINISTER IN CHARGE OF THE DEPARTMENT FOR THE CARE OF MENTAL DEFECTIVES.

SIR,—

Wellington, 29th June, 1912.

I have the honour to present, pursuant to section 78 of the Mental Defectives Act, 1911, the report for the year ended 31st December, 1911.

The number of patients under the control of this Department at the beginning of the year was 3,670 (males, 2,160; females, 1,510), and at the end 3,756 (m., 2,220; f., 1,536), an increase of 86 (m., 60; f., 26). The average increase during the former five years was 111.6, the figures for the most and least favourable years being 34 and 174 respectively. The total number under oversight, care, or control was 4,447 (m., 2,615; f., 1,832), as against 4,558 (m., 2,722; f., 1,836) in the previous year, a decrease of 111 (m., 107; f., 4), while the average number resident in our institutions during the year was 3,601 (m., 2,105; f., 1,496), against 3,473 (m., 2,028; f., 1,445) in 1910, or 128 more in the year under review.

*Distribution.*

Counting 129 (m., 90; f., 39) absent on leave as still resident in the mental hospital whence they left, the 3,756 patients on the register at the end of the year were distributed as follows:—

	Males.	Females.	Total.
Auckland ... ..	536	312	848
Christchurch ... ..	368	321	689
Dunedin (Seacliff and Orokonui) ... ..	546	344	890
Hokitika ... ..	122	54	176
Nelson ... ..	92	90	182
Porirua ... ..	531	397	928
Ashburn Hall (private mental hospital) ... ..	25	18	43
	2,220	1,536	3,756

Of those technically on leave, 55 men were resident at the Camp, near Dunedin, and 17 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., 27; f., 11).

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

Exclusive of Maoris ... .. 36.26 per 10,000, or 1 in 276

Inclusive of Maoris ... .. 34.93 " 1 in 286

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

Exclusive of Maoris ... .. 40.63 " 1 in 246

Inclusive of Maoris ... .. 39.21 " 1 in 255

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

Exclusive of Maoris ... .. 31.40 " 1 in 318

Inclusive of Maoris ... .. 30.17 " 1 in 331

Comparing these figures with those in the last report and taking the ratios therein as a standard, it will be noted that, whereas the increase in the male patients to the number of 60 was slightly in excess of the proportional increase of males in the general population, the addition of 26 female patients was slightly below the proportional increase of females in the general population, with the total result that the increase of mentally defective persons was proportional to the increase in the general population.

*Admissions.*

Exclusive of 12 patients (m., 7; f., 5) transferred from one institution to another, the admissions numbered 765 (m., 448; f., 317), as against 788 (m., 474; f., 314) in the previous year, a decrease of 23. Of the 765, those admitted for the first time numbered 648 (m., 386; f., 262), the remainder, 117

(m., 62; f., 55), representing patients who had been in one or other of the mental hospitals. To the first admissions 13 immigrants, who became insane within a year of landing here, contributed. Of this number, 2 were foreigners (both males); 7 men came from the United Kingdom, 2 of whom had had previous attacks of insanity; and 3 men, 2 of whom had had previous attacks of insanity, and 1 woman, came from the Commonwealth. In addition, 2 New-Zealanders, both of whom had had previous attacks of insanity, were admitted shortly after their return from residence abroad.

*Ratio of Admissions to Population.*

Excluding the Native race (12 male and 4 female patients) and all transfers, the proportion of admissions (whether first or not) and first admissions to the estimated general population at the end of the year stands respectively at 7.30 and 5.96 per 10,000; or, in other words, every 1,369 persons in the general population contributed an admission and every 1,678 a first admission.

Hereunder are tabulated the returns since 1901:—

Year.	Ratio to 10,000 of Population of		Number of Persons in Population contributing	
	Admissions.	First Admissions.	One Admission.	One First Admission.
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
1904 ... ..	6.55	5.42	1,526	1,844
1905 ... ..	6.76	5.59	1,478	1,786
Quinquennial average	6.68	5.47	1,496	1,828
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
1909 ... ..	7.15	5.76	1,398	1,737
1910 ... ..	7.70	6.23	1,299	1,604
Quinquennial average	7.22	5.83	1,384	1,714
Decennial average ...	6.97	5.66	1,434	1,765
1911 ... ..	7.30	5.96	1,369	1,678

As a measure of the increase of mental disease in relation to the increase in the population, this table provides a surer guide than the figures detailing the proportion of total insane to the total population. The first division in each section deals with insanity officially known as occurring during the year; the second separates from the first patients whose mental disorder, as far as the official register is concerned, was manifested for the first time. As one attack of insanity predisposes to another, the return of many patients after a period of freedom is not surprising. During the last thirty-six years 11,043 cases have been discharged, and 4,001 have been readmitted; thus death alone may be said to settle all doubts. The value, therefore, of the second columns, in which relapsed cases are eliminated, becomes apparent. Despite irregularities in individual years (*e.g.*, 1911 being more favourable than 1910), the general tendency, as demonstrated by the proportions at the quinquennia, indicates an increase of occurring insanity slightly in excess of the increase in the population. At this point Table III in the appendix should be consulted. It gives the ages of admissions and demonstrates that insanity is an adult disease, for the number of cases below the adolescent age is negligible if compared with the juvenile population.

Every person born in New Zealand passes through a period of immunity, during which, as one of the general population, he contributes his part in increasing the ratio of sane to insane. Every ship-load of immigrants landed here is mainly composed of adults whose youthhood diluted the statistical ratios of some other country. With the natural growth of our population there is also this enlargement by accretion; and this being so, it becomes evident that one cannot, upon a fractional increase in the ratio of insanity, build theories of impending degeneracy, nor can one compare our figures with those of other countries.

*Discharges and Deaths.*

Omitting transfers, where discharge from one institution is coincident with admission into another, the number of cases discharged from the mental hospitals was 376 (m., 190; f., 186), and the deaths numbered 303 (m., 198; f., 105). The total number under care during the year, deducting transfers, was 4,435 (m., 2,608; f., 1,827). Calculated on the same basis the figures for the previous year were 383, 283, and 4,336 respectively. Had last year's relation of discharges and deaths to the total number under care been maintained in 1911, there would have been nearly 16 additional discharges and 14 fewer deaths.

Of the patients discharged, 331 (m., 163; f., 168) were classed as recovered. In 1910 the number discharged as recovered was 327 (m., 182; f., 145). The percentage of recoveries calculated upon the

admissions was 43·27 (m., 36·38 ; f., 53·00), as against 41·50 (m., 38·40 ; f., 46·18) in the previous year. In the summary of total admissions since 1876 the percentage of recovery works out at 40·33 (m., 37·96 ; f., 43·85).

Other things being equal, the recovery-rate depends, obviously, upon the quality of the admissions. To arrive at this a prognosis is made in each case upon or shortly after admission, and the result of this scrutiny in 1911 was that of the 777 patients admitted, 307 were regarded as incurable. In the case of 299 the chance of recovery was looked upon as fairly good, equivalent, at any rate, to two-fifths in their favour, while for the remaining 171 the prospects, though not deemed to be good, were not distinctly bad. Expressed in proportions per cent., 38·48 represents the class with the better prognosis, taking the average of all the mental hospitals. There is a wide range of variation, explaining, without going more deeply into the matter, the difference in the recovery-rate in different institutions. In this particular year, the least promising of the admissions were those received at Seacliff, 13·47 per cent. only being returned in the more favourable section with regard to prognosis, and the most promising were admitted to Sunnyside, there being a good to moderately good prognosis in 54·92 per cent. At the beginning of the year, the cases of the 3,670 patients then resident were reviewed ; those deemed incurable were excluded, and the remainder, amounting to 397 patients, were classified according to prognosis. Those with a prospect of recovery, estimated at a 40-per-cent. chance, were placed in the higher class ; the remainder began at those just excluded from this class and ended with those just excluded from the incurables.

In the following table the patients at the beginning of the year and those received during the year are classified according to prognosis, and their after-history traced, as to whether they were discharged or died during the year, or, if left in residence, the duration of such residence at the end of the year :—

Showing as on 31st December, 1911, the Discharges, Deaths, and Length of Residence of those remaining, after the Exclusion of all Cases deemed incurable on 1st January, 1911, or on Admission in Cases admitted during the Year.	Of 3,670 Patients resident on 1st January, 1911.						Of 777 Patients admitted during 1911.						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.
	78	93	171	124	102	226	170	129	299	92	79	171	248	222	470	216	181	397	464	403	867
Discharged recovered .. ..	50	78	128	23	23	46	68	52	120	22	15	37	118	130	248	45	38	83	163	168	331
"  unrecovered .. ..	2	..	2	5	4	9	3	2	5	4	1	5	5	2	7	9	5	14	14	7	21
Died .. ..	1	1	2	6	2	8	4	4	8	7	8	15	5	5	10	13	10	23	18	15	33
Remaining, residence 1 month or less .. ..	..	..	..	..	..	..	15	9	24	8	9	17	15	9	24	8	9	17	23	18	41
Ditto 2 to 3 months .. ..	..	..	..	..	..	..	33	20	53	16	10	26	33	20	53	16	10	26	49	30	79
"  3 to 6 .. ..	..	..	..	..	..	..	21	19	40	10	11	21	21	19	40	10	11	21	31	30	61
"  6 to 9 .. ..	..	..	..	..	..	..	16	14	30	12	12	24	16	14	30	12	12	24	28	26	54
"  9 to 12 .. ..	..	..	..	..	..	..	10	11	21	15	13	28	10	11	21	15	13	28	25	24	49
"  over 12 .. ..	25	17	42	90	74	164	..	..	..	..	..	..	25	17	42	90	74	164	115	91	206
Total remaining .. ..	25	17	42	90	74	164	95	73	168	61	55	116	120	90	210	151	129	280	271	219	390

The general total of patients remaining in the 1910 table was 401 (m., 197 ; f., 204), and it will be seen that at the beginning of 1911, when the prognosis of all the patients was reconsidered, 9 women were rejected (very probably from the residue of Class B) as no longer curable ; but 5 men hitherto regarded as incurable, having shown signs of improvement, were promoted, making the total in Classes A and B—males, 202 ; females, 195.

Calculating on the patients resident, one can arrive at the proportion per cent. at a given date of those not incurable (Classes A and B) and of those in whom the chance of cure is fairly good (Class A). On the 1st January, 1911, the proportions were 10·82 and 4·66 per cent. respectively. On the 1st January, 1910, the proportions per cent. were 9·27 and 3·95 ; and on that date in 1909 they were 8·52 and 4·42 respectively. In giving a prognosis, allowance must necessarily be made for the personal equation ; but the increase in the proportion of recoverable patients recorded each new year would seem to imply a larger proportion of patients admitted at a more hopeful stage of their malady.

To appreciate the significance of the length of residence of those remaining when the year closed, turn to Table XI in the appendix, and it becomes clear that those admitted towards the end of the year have not had time to recover in the under-six-months period in which over 40 per cent. of all recoveries take place, and that hope need not by any means be abandoned in the case of those with longer residence.

The percentage of deaths on the average number resident was 8·41 (m., 9·41 ; f., 7·02) ; in 1910 the proportion was 8·15 (m., 9·17 ; f., 6·71). As the average number resident varies with the length of residence (e.g., those resident throughout the year contribute 1 to the average, those half the year 0·5, and so forth), as any one of all the persons resident in 1911 may have died, and as a number of those admitted are aged or suffer from debilitating diseases, and, with the supervision of acute exhausting insanity, die soon after admission (vide Table X in the appendix), the calculation of the percentage of deaths on the total number under care (less transfers) is more accurate than the general practice. Thus estimated, the proportion per cent. in 1911 was 6·83 (m., 7·59 ; f., 5·74), and in 1910 it was a fraction less, 6·53 (m., 7·27 ; f., 5·45).

Irrespective of the cause, an inquest is held on every death which takes place in an institution.

By far the largest number of deaths was due to senile decay—namely, 71—representing 23·76 per cent. of all the deaths. Apart from these, there were a number of deaths from other causes in which advancing years was a factor—42·9 per cent. of the patients who died were over sixty years of age. Further, as militating against both the recovery and death rates, it may be mentioned that about 18 per cent. of the patients admitted during the year were over that age. The percentage of deaths due to senile decay in 1910 was 21·91.

General paralysis stands next on the list, having contributed 31 to the total, representing 10·23 per cent., against 14·14 per cent. in the previous year. Next in order are the different manifestations of tuberculosis, contributing 29 deaths, or 9·57 per cent. of the whole. The percentage of deaths due to general paralysis and tuberculosis is considerably less than in the asylums in the Old Country.

Enteric fever contributed 10 deaths—9 at Porirua. The outbreak was thoroughly investigated, was commented upon in the last report, and is dealt with by Dr. Hassell in this.

There were 3 cases of suicide, and 4 deaths due to accident or violence in connection with which, upon investigation, members of the staff were exonerated from blame.

Three patients died while absent on probation.

#### *Causes of Insanity.*

Table XIII in the appendix gives these, as set forth in the admission certificates, which are often filled up by doctors who have never before seen the patient and have to rely on the statement of friends. It is not to be wondered at, therefore, that heredity does not rank as highly as one knows it must. Under the Mental Defectives Act, 1911, the applicant is required to make definite statements regarding the health of certain relatives with respect to insanity and allied neuroses, and the usual medical attendant is directed to be called as one of the certifiers: the presumption is that the information under this head will be more trustworthy. The proportions under the different headings when summarized, in spite of the shortcomings in the past system, are fairly constant. The summary for 1911 in proportions per cent. of all causes is given hereunder, and the totals contrasted with the two previous years:—

	Males.	Females.	Total, 1911.	1910.	1909.
Heredity .. .. .	13·30	17·81	15·17	10·15	14·46
Congenital mental deficiency .. .. .	5·76	12·50	8·56	8·63	8·75
Previous attack .. .. .	6·87	5·31	6·22	8·12	9·11
Critical periods .. .. .	21·29	25·31	22·96	20·18	14·22
Alcohol .. .. .	15·74	4·38	11·03	11·68	11·66
Toxic (syphilis, tuberculosis, &c.) .. .. .	4·66	1·56	3·37	4·95	4·49
Mental stress .. .. .	7·99	10·00	8·82	8·25	9·60
Diseases of nervous system .. .. .	7·32	6·25	6·87	5·08	5·47
Other diseases .. .. .	2·44	5·62	3·76	5·46	2·31
Puerperal state, &c. .. .. .	..	7·50	3·11	3·17	3·16
Physiological defect or error .. .. .	1·55	..	0·91	2·28	3·16
Traumatic .. .. .	3·99	0·31	2·47	1·52	1·58
Unknown .. .. .	9·09	3·45	6·75	10·53	12·03
	100·00	100·00	100·00	100·00	100·00

The subject of the causation of insanity and other forms of mental defect naturally suggests the question of how far it is possible to reduce the operation of these causes or enable the individual to pass through them unscathed.

One may modify the stress of environment by a mode of life as natural as the circumstances of the everyday world will permit, a regimen which may be epitomized in the factors of fresh air, which, happily, cannot be carried to excess; of proper nourishment, a factor which begins its influence before birth; of exercise, which is not artificial and one-sided, but a healthy co-operation of muscle and brain; and of methods of mental development and subsequent employment adjusted to age and individual capacity. Needless to add, the general including the particular, that excesses of all kinds are excluded. The means are so obvious, so simple, that therein lies the despair of their accomplishment; it is the old story, had the bidding been to "do some great thing, wouldst thou not have done it?" There is no doubt that the operation of the factor of stress, which stands in inverse ratio to heredity, could be lessened, so that a degree of inherent mental instability, capable under less favourable circumstances of turning the balance, would for a generation be inoperative if we went to the statistical returns of insanity for our information. This would not lead to a utopia, but would reduce the margin of mental unsoundness directly due to the artificial and unphysiological conditions of modern civilization: there would always remain those so inherently unstable in mind that they would succumb to a much reduced ratio of stress, individuals who may be said to be predestined to insanity, and those who are mentally deficient at birth. To modify the environment is to consider the individual, to prevent the propagation of the unfit benefits the race; but the solution of that problem is still to be sought. The partial solutions suggested by the knowledge at our disposal are by no means simple; but to say, therefore, that it is impossible to stem the tide of social degeneracy, which has overwhelmed former civilizations, the superficial likeness notwithstanding, is to express a pessimism which is unjustified. No one can fail to observe the public interest which is being aroused on this subject, thanks largely to the work of the Eugenics Education Society, and once that interest is focussed and becomes a conviction a popular ideal will be created which will influence the selection of the parents of the succeeding generation much as religious and social distinctions do at present.

In the matter of negative eugenics we made a great advance in the Mental Defectives Act, 1911, which permits the segregation of the feeble-minded.

I have pointed out to you, Sir, in discussing the subject, that the difficulties and complexities of the problem of rendering sterile by surgical means persons likely to transmit mental defect to their offspring are very great. If legislation permitted the operation on persons about to be discharged from our institutions, it would perceptibly hinder the admission of patients who should be under skilled treatment from the onset of the malady, and would be relatively insignificant in its effect, for the number of those so discharged who under ordinary circumstances would have become parents would be small compared with the number of their relatives (and the relatives of patients unfit for discharge), many of whom, provided that the disorder were hereditary, would be as likely to transmit the instability to their offspring. I agree, however, that the matter is one requiring serious consideration, and that it would be wise to collect for investigation all the available evidence for and against.

#### *Special Oversight, Care, or Control.*

The number of patients actively treated with a view to recovery comes under this heading; but their case, having already been analysed, need not be reconsidered here. Their daily average was somewhere about 10 per cent., but if only the more hopeful were counted, about 4·5 per cent. All patients require, in different degrees and kind, the observation implied, but here we are dealing with those who differ from the average.

Patients who are actively dangerous or suicidal are placed under constant-observation notices issued by the Medical Officer. In order that the attendant may carry out his duties intelligently, the notice contains a statement of the reasons necessitating such observation. He has to read and sign this notice, and it has to be read and signed by each relieving attendant before he takes over the duty. Being confined in their application to patients from whom immediate harm is apprehended, the notices do not lose in force. The percentage proportion of patients under these notices was on the average 2·99 (m., 2·25; f., 3·98); the highest average was at Auckland 5·27 (m., 2·69; f., 9·61), and the lowest at Nelson (no males and 0·36 of the female population). The next highest to Auckland was at Seacliff, 3·81 (m., 3·60; f., 4·11). As these notices mainly relate to the actively suicidal, that class will not need separate enumeration.

With respect to the dangerous it is different. Many patients classed as dangerous are harmless in the simpler environment of an institution, and some are dangerous at intervals, requiring special observation during such time only, otherwise the constraint implied would tend to make the dangerous propensities more constant and pronounced. The average for the year classed as dangerous was 6·57 per cent. (m., 3·85; f., 10·39). The highest was at Seacliff, 9·29 (m., 1·80; f., 20·58), the next highest at Auckland, 8·32 (m., 5·49; f., 13·06), and the lowest at Hokitika, 1·70 (m., 1·59; f., 1·96).

It will be noticed that women largely preponderate. At individual institutions this is explained by transfers in the past, because it is obvious that dangerous patients are seldom transferred, and the balance is destroyed as between institutions; but the general average shows that women patients are relatively more dangerous than men. In the previous year the difference was a fraction greater. This is rather more than can be explained by periodicity of outbreaks or type of mental disorder, including the fact that epileptic women were relatively more numerous.

When one observes among male patients that the potentially dangerous after some months of well-regulated open-air work are classed among the harmless, it is borne in upon one that, however satisfying domestic duties may be to the normal woman, they have not the same power to subdue the disordered mind as active work in a garden or on a farm, work to which most women are unaccustomed. It is not easy to teach and interest a patient in unaccustomed labours, but the provision of outside work for women will be one of the features in the new mental hospital at Tokanui.

The proportion of epileptics was 7·46 per cent. (m., 6·90; f., 8·26). The majority of these patients require oversight and care, not only because they are liable, mostly without warning, to have seizures endangering life and limb, but because epileptic insanity is characterized by impulsive violence, making these patients the most difficult with which we have to deal in institutions, and when apparently recovered raise the most anxious problems with respect to discharge from care and control. It will be gathered that a proportion coincide with the former class. The Mental Defectives Act, 1911, permits epileptics to seek admission as voluntary patients, and also extends the admission under Magistrate's order of those less mentally deranged than implied by the definition of the term "lunatic." One may expect in the future under this heading a less formidable class to deal with, and in time, when the number warrants it, the establishment of an epileptic colony. Epilepsy is a disease which, in the vast majority of cases, commences before marriageable age, and when present is always present despite the objective manifestations being occasional only; and its inheritance is potent for evil. Judging by the number of epileptics who are married, neither this aspect, nor the mental stress and anxiety suffered by the healthy partner, the tragedy of such a union, seems to have impressed itself upon the public mind. Porirua and Seacliff had the largest proportion, 8·23 and 8·10 respectively, the next in order being Auckland with 7·94 per cent.

General paralytics requires special care throughout the varying phases of the malady to its fatal termination. The number of victims in this country is small, the proportion was 1·42 per cent. (m., 2·02; f., 0·58). In the previous year the proportion was practically identical, 1·45 per cent.

The daily percentage proportion of patient kept in bed from whatever cause—rest for mental state or physical enfeeblement, or sickness—amounted to 2·69 (m., 2·06; f., 3·58). Of the larger institutions, the highest average was in Auckland, 3·71 per cent., Porirua following with 3·15, and the lowest was at Seacliff, 1·31. While there is no attempt to keep the numbers down (there is no particular merit

in so doing, as rest for a time in bed is a recognized treatment for some phases of mental disorder) these low proportions indicate that the general health at all the institutions has been good. The proportion in the previous year was 3·04 (m., 2·21; f., 4·08).

The above includes those patients who are the particular care of the nursing staff, and it is satisfactory to note that the proportions of the various classes requiring special oversight, care, or control is substantially the same as in the previous year.

#### *Employment.*

Every patient who is physically able and can be trusted is encouraged to work according to his or her capacity. That work is not mainly a matter of supplying milk, vegetables, and other produce, of cooking the food, of washing and mending the clothing, and of keeping the institutions clean; it is mainly a form of treatment which engenders a feeling of contentment, most valuable to the administration, promotes the physical well-being of the workers and the cure of the curable. This aspect of the subject has already been touched on in the remarks upon dangerous patients, and one might safely supplement those remarks by stating that double the present staff would be insufficient to control the same number of idle patients, that the statutory maximum charge for maintenance would need to be increased, and that the discharges would drop very materially. Applications have been received for cancellation of maintenance charges on the ground that the patient is employed, hence these remarks. Of course, there is no idea of reducing employment; quite the contrary—one feels the necessity for expansion. I need but instance the case of the Auckland Mental Hospital, where, with an estate having an available area for farming considerably short of 200 acres, there were last year on an average over 320 male patients fit for employment.

The proportion of patients usefully employed averaged 64·65 per cent. (m., 69·74; f., 57·48).

#### *Accommodation.*

A start has at last been made at Tokanui. Recognizing that the permanent building would not be ready for some months, a very efficient building for 50 working-patients has been completed by day-labour. Also in progress are the cottages for married attendants. They are of the bungalow type, and have a living-room with a dining-alcove and a deep verandah, three bedrooms, a bathroom, kitchen, and offices, arranged to minimize labour and admit sunlight for some hours into each of the rooms except the kitchen. One of the cottages the Medical Superintendent, Dr. Crosby, will occupy until a house is built for him. These buildings are at the Te Puhi end of the estate, where there is ready access to the railway-station. By the time that the present site accommodates 300 patients, good roads will be constructed to the heart of the estate, and building operations will be transferred thither. Dr. Gribben was detached from the head office to direct the developmental works and superintend the erection of the building above referred to. All the land is good and easily worked, and the estate is exceptionally well watered. At Tokanui the Government possess a very valuable property.

I was bitterly disappointed at the abandonment at the eleventh hour of the intention to meet the overcrowding at Auckland by building on the reef-site. The matter has been very thoroughly gone into, and it was recognized with the large increase of population in the town and the North of Auckland district that the Mental Hospital must increase in size, also that the land on the main estate was taxed to its uttermost to provide an area for the working patients and the supply of produce for the institution. Dr. Beattie was positive that a large adjustment by transfer to Tokanui could not be a regular policy, though the transfer of a few might be, because his patients were chiefly drawn from the town and were frequently visited.

Looking ahead, therefore, the simplest solution lay in building on the Mental Hospital Reserve—a rocky site not suitable for farming-operations—wards for patients who do not work, leaving the main institution, and with it the Wolfe Bequest Hospital, for the accommodation of the active workers, for the infirm and sick, for the newly admitted and the convalescent, thus allowing a very fair classification to be carried out by certain alterations and readjustments in the main building. Plans were prepared for the accommodation of 250 patients, and tenders were eventually received for the erection of the first instalment to accommodate 150. Meantime, by permission of the Road Board concerned, we had made the uneven rocky connection between the main road and the reef-site (the Mental Hospital Endowment reserve), a practicable road for carting. Had the work been proceeded with we would at this date have been purchasing furnishings and making other preparations for the transfer of the patients, and the Auckland Mental Hospital would have the immediate prospect of spare accommodation and adequate means of classification in permanent buildings. But, to cut a long story short, an agitation, which proved successful, was got up against proceeding with the building, on the ground that the town would soon extend towards and encircle the area, and that land-values would drop; that the Town Council intended to immediately proceed with the erection of workers' homes on its reserve, and it was stated that the placing of a mental hospital or a branch of one within 30 chains of these buildings would render them unfit for their purpose, and would reduce the value of the reserve by 50 per cent.

I have to thank you, as Minister of Public Health, for having come to the rescue of the Department in this quandary, by placing at its disposal the quarantine buildings on Motuihi Island. Alterations are nearing completion, and by the time that this report is presented there should be no overcrowding at the Auckland Mental Hospital. This temporary expedient will give time to design and carry out permanent buildings. The levels of some sites on the present estate have been taken and the plans of these have just come to hand. The site for the women's building is well and suitably placed; but, having in view future extension, I do not consider any site on the present estate well adapted for buildings for male patients of the class for whom accommodation is needed,

At Porirua a ward with single-room accommodation for 40 patients and extra day-room accommodation is making satisfactory progress, and should be ready for occupation in spring. There is also in course of erection a two-story building for attendants.

At Sunnyside a building for 50 women is practically finished.

At Seacliff additions have been made for infirm male patients, and a large dormitory (suitable sleeping-accommodation having been provided to replace it) was converted into a day-room. The additions at Simla are occupied by an intermediate class between the working and the refractory patient. Extra sitting-room accommodation for patients and attendants has been completed at the Byres Building. At Waitati a building for 50 patients is about ready for occupation.

At Hokitika, additions and alterations have been completed, largely adding to the available accommodation.

The increase in the number of patients during 1911 was 86, but the average yearly increase for the three previous years was 143, and for the three before that 62.

The averages of recoveries and deaths during these triennial periods are sufficiently alike to be ignored, the natural increase in the population will not account for the rise, and therefore, unexpectedly, one was in the position of finding, instead of about 62 being added to the mental hospital population at the end of the year, a sudden jump to about 143. The difference between an advance of 62 to 143 per annum, and that advance not proving largely casual, is more than one had cause to expect and prepare for.

During this period of increasing residua one mental hospital was closed, adding largely to the difficulties of building with sufficient expedition to overtake the ordinary demand.

The present position is as follows: Excluding Auckland, because, though the excess is about to be wiped out, the accommodation provided at Motuihi is temporary only; and Tokanui, because the building now finished relieves Auckland, and the building in course of erection will take a little time to complete, excluding also the additions in hand at Porirua, because they will not be completed till spring, there will be before this is presented an excess of accommodation for males to the extent of 69 beds, but the accommodation for women is 32 short of the requirements, representing 2.72 per cent. of their number. Allowing for the increase in number of patients in the interval, when the buildings at Porirua and Tokanui are completed it is estimated that there will be an excess of accommodation for males of 88 beds and for females of 6 beds.

#### *New Works Section.*

The formation of a Works Section divided between the Department of Hospitals and this Department will expedite the getting-out of plans for future buildings.

With an experienced architectural draughtsman working in a special direction, undistracted by intercurrent work having a different bearing, one may reasonably expect the acquirement of a degree of facility in design and the standardizing of all fittings and as much of the furnishings as seems desirable. He would soon become familiar with the requirements of each institution and be in a position to modify the designs to suit these; also he would learn the modifications necessary for accommodating the different classes of patients.

When one considers the yearly increment of patients, it is sufficiently obvious that this Department alone will be able to guarantee that the Works Section will be kept busy; and even if the cost were not divided between the two Departments there can be no question that there will be a direct economy, as well as the indirect economy that will be effected by the proposal to standardize as many requirements as possible along the lines already introduced with respect to some fittings. This would allow of our carrying a moderate stock that would obviate delay, which otherwise is at times inevitable, and permit replacements being easily made by the artisan staff at the institutions.

#### *Farming Operations.*

Weather-conditions during the year were unequal; to begin with they were unfavourable, but towards the end of the season there was a recovery, especially in the north. This affected the price of feed, &c., but our results are satisfactory as shown hereunder in the statement of expenditure and receipts in connection with the farms at the mental hospitals:—

<i>Dr.</i>	£ s. d.	<i>Cr.</i>	£ s. d.
To Salaries and wages .. ..	2,556 19 6	By Cash sales of produce, &c. ..	5,444 1 9
Feed .. ..	3,432 9 11	Value of produce grown on farms and consumed in the mental hospitals..	12,201 16 11
Seeds, &c., manures .. ..	1,012 18 4		
Implements, harness, repairs, &c. ..	739 18 0		
Stock .. ..	486 15 0		
Rents, rates, &c. .. ..	806 2 5		
Fencing, roading, &c. .. ..	274 17 11		
Harvesting, threshing, &c. .. ..	71 14 2		
Railages .. ..	138 6 9		
Buildings .. ..	79 19 2		
Sundries.. ..	446 15 4		
Balance .. ..	7,649 2 2		
	£17,645 18 8		£17,645 18 8



The value of the produce consumed is shown at wholesale prices ruling in the particular district. Compared with the previous year, the cash sales decreased by £251 15s. 10d., and the value of produce consumed increased by £94 19s. 6d., a total decrease of £156 15s. 4d.; compared with 1909, the cash sales were less by £246 9s. 2d., and the value of produce consumed was greater by £664 2s. 3d., showing a total increase in 1911 of £417 13s. 1d.

I have in former reports indicated how local conditions affect individual results—for example, compact or scattered farm-lands, the area available for cropping, the extent to which it becomes necessary to employ paid labour, the cost of leasing land to supplement the resources, the cost of transport, &c. I need not therefore enlarge upon the subject now. The expenditure at the individual farms is given in the following table:—

	Mental Hospitals.						Total.
	Auckland.	Christchurch.	Seacliff.	Hokitika.	Nelson.	Porirua.	
	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
Salaries and wages ..	248 0 0	622 10 0	1,120 0 0	69 9 6	190 0 0	307 0 0	2,556 19 6
Feed ..	199 19 1	284 11 10	1,547 1 11	20 14 11	118 16 3	1,261 5 11	3,432 9 11
Seeds, &c., manures ..	245 8 8	94 1 9	354 0 6	18 16 9	50 4 3	250 6 5	1,012 18 4
Implements, harness, repairs, &c.	85 4 9	463 18 0	113 5 3	3 15 0	24 11 9	49 3 3	739 18 0
Stock ..	69 12 6	183 15 0	98 2 0	..	9 16 0	75 9 6	436 15 0
Rent, rates, &c. ..	..	427 6 6	378 15 11	..	..	..	806 2 5
Fencing, roading, &c. ..	13 3 1	67 7 11	125 15 5	..	..	68 11 6	274 17 11
Harvesting, threshing, &c. ..	..	18 17 3	32 14 5	..	16 7 6	3 15 0	71 14 2
Railage ..	10 5 3	0 19 3	124 5 3	..	2 17 0	..	138 6 9
Buildings ..	..	59 19 2	20 0 0	..	..	..	79 19 2
Sundries ..	41 17 7	125 12 10	250 15 6	1 16 0	10 10 6	16 2 11	446 15 4
Totals ..	913 10 11	2,448 19 6	4,164 16 2	114 12 2	423 3 3	2,031 14 6	9,996 16 6

In the following table is extended the statement of receipts:—

Mental Hospital.	Produce sold for Cash.	Value of Produce consumed.	Total.
	£ s. d.	£ s. d.	£ s. d.
Auckland ..	482 8 1	2,606 14 1	3,089 2 2
Christchurch ..	1,919 7 0	2,311 3 7	4,230 10 7
Seacliff ..	1,749 19 1	3,901 10 0	5,651 9 1
Hokitika ..	..	341 19 5	341 19 5
Nelson ..	201 8 8	775 9 3	976 17 11
Porirua ..	1,090 18 11	2,265 0 7	3,355 19 6
Total ..	5,444 1 9	12,201 16 11	17,645 18 8

The net profit on the working of each of the farms was as follows: Auckland, £2,175 11s. 3d.; Christchurch, £1,881 11s. 1d.; Seacliff, £1,486 12s. 11d.; Hokitika, £227 7s. 3d.; Nelson, £553 14s. 8d.; and Porirua, £1,324 5s.; making a total of £7,649 2s. 2d.

#### Financial Results.

The details of expenditure are given in Tables XX and XXI, and before summarizing these and making comparisons with the previous year there are two matters to which attention should be called—firstly, the fact that the expenditure in different institutions cannot be uniform, and secondly, the increased receipts for maintenance.

With respect to the first, there must be a divergence according to local circumstances; for example, Seacliff carries Waitati on its back, and the returns are accordingly weighted. Waitati, being an institution in the making, will necessarily cost more per head until the numbers provided for there largely increase. To this specific example may be added others with less limited application—variations in local prices, freight, climate (influencing fuel and clothing), water-supply, lighting, farming-conditions, repairs not charged to Public Works Consolidated Fund, and so forth. It will be noted how insignificant was the expenditure on alcoholic liquors, a matter of 3½d. a head.

Regarding the second matter, I advocated in the report presented in 1910 the centralizing of the assessment and collection of maintenance, on the ground that by the addition of a Clerk-Receiver and possibly an assistant clerk to the Head Office staff, we would stave off for a considerable period the necessity of providing extra clerical assistance at the larger mental hospitals. Mr. Wells, who had been clerk at Mount View, was appointed Receiver, and later Mr. Lindsay, junior clerk at Seacliff, was appointed his assistant. The office was soon organized, and the first complete year of the new system was 1911, when we had the largest recoveries for maintenance we have ever had, amounting to an average of £9 10s. 2½d. per head at a cost for collection amounting to 1.21 per cent. The amount received for maintenance in the previous year averaged £7 9s. 1½d. per head; the increase per head was therefore £2 1s. 1d. In the following table, the total gross and net cost per patient in 1911 and 1910 are compared

and show a decrease in 1911 of £1 10s. 8½d. on the net cost. Had the recoveries for maintenance stood at the same sum per head in 1910, there would have been an increase in the net cost per head amounting to 10s. 5½d. It will be evident that there has not been, through parsimony, any reduction in the standard of comfort when it is stated that in the institutions showing a decrease in net cost (Auckland, Seacliff, Porirua), the recoveries for maintenance were increased by £2 4s. 1d., £1 19s. 8½d., and £4 1s. 7½d. respectively. The increase in maintenance receipts has submerged the effect of the increase in salary of the nursing staff and the salary for the half-year and cost of passages of second assistant medical officers added to each of the larger institutions.

Mental Hospital.	1911.			1910.			1911.	1911.
	Total Cost per Patient.	Total Cost per Patient, less Receipts for Maintenance, Sales of Produce, &c.	Total Cost per Patient.	Total Cost per Patient, less Receipts for Maintenance, Sales of Produce, &c.	Decrease.	Increase.		
Auckland ...	£ 27 9 0	£ 18 14 9	£ 26 9 9	£ 19 15 7	£ 1 0 10			
Christchurch ...	36 8 11½	23 0 10½	34 17 6	22 15 7	...		0 5 3½	
Seacliff ...	41 8 2	27 6 1½	40 1 7½	27 14 6	0 8 4½		...	
Hokitika ...	29 1 7	23 13 0	25 15 2¾	22 6 2½	...		1 6 9½	
Nelson ...	30 17 1	23 14 8	29 7 3¼	23 10 3	...		0 4 5	
Porirua ...	32 18 8¾	20 15 3¼	33 3 10	25 5 8	4 10 4¾		...	
Averages ...	34 0 7¼	22 11 0½	33 9 0½	24 1 8¼	1 10 8¼		...	

In this table Head Office salaries and expenses (£2,711 3s. 2d.) and medical fees (£1,434 14s. 3d.) are omitted. Giving these value, the net annual cost per patient is £23 14s. 4¼d., as against £25 2s. 1¼d. for 1910, a decrease of £1 7s. 9d.

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 will be—

Average gross cost in mental hospitals ...	...	...	...	s. d.	£ s. d.
Proportion of Head Office salaries and expenses ...	...	...	15 3		34 0 7¼
Proportion of fees for medical certificates, &c. ...	...	...	8 0¾		
				—	1 3 3¾
Proportion of interest (averaged at 4 per cent.) on Public Works expenditure from July, 1877, to 31st March, 1912 ...	...	...	...	...	6 16 4¼
Proportion of interest (averaged at 4½ per cent.) for capital cost previous to above period ...	...	...	...	...	0 13 11¾
Gross cost ...	...	...	...	...	42 14 3
Less receipts for maintenance and sale of produce ...	...	...	...	...	11 9 6¾
Net cost ...	...	...	...	...	£31 4 8¼

In 1910 the full cost so reckoned was £42 3s. 3¼d., and the net £32 15s. 11½d.

#### The Staff.

The following scale of increases of salaries of attendants and nurses came into force on the 1st April, 1911:—

Attendants: First year (probationers), from £77 10s. to £80; second year (junior attendants), from £82 10s. to £85; third year (junior attendants), from £87 10s. to £90; fourth year (senior attendants), from £92 10s. to £95; fifth year (senior attendants), from £97 10s. to £100; sixth year (senior attendants), from £102 10s. to £105; first year (charge attendants), from £107 10s. to £110; second year (charge attendants), from £112 10s. to £115; third year (charge attendants), from £117 10s. to £120; fourth year (charge attendants), from £122 10s. to £125; fifth year (charge attendants), from £127 10s. to £130. Deputy head attendants and deputy charge attendants £2 10s. per annum more than their ordinary status, rising to a maximum of £140 per annum and £110 per annum respectively.

Nurses: First year (probationers), £45 (no increase); second year (junior nurses), £50 (no increase); third year (junior nurses), £55 (no increase); fourth year (senior nurses), £60 (no increase); fifth year (senior nurses), from £60 to £62 10s.; first year (charge nurses), £65 to £70; second year (charge nurses), £70 to £75; third year (charge nurses), £75 to £80. Deputy charge nurses £2 10s. per annum more than their ordinary status.

I have again to draw attention to the fact that the members of the staff in this Department labour under a disability with regard to amount of the pension due to them on superannuation in that their emoluments are excluded in estimating salary. Did we not provide board, lodging, washing, &c., in the case of the nursing staff, uniform, the cash part of the salary would need to be increased to permit individual provision to be made; it is reasonable, therefore, that for purposes of superannuation there

should be added to the salary an amount representing the estimated cost of the emoluments. As deductions would be made from the full amount there should be no actuarial objection. One can, however, understand such objection being made to lessening the retiring-age. I had contended for a reduction of five years on the score of the unfitness of many at present retiring ages for the active duties of their office, but your suggestion of a still further reduction in recognition of the nature of the work and to make the service attractive would indeed be appreciated, could a scheme be devised that would not imperil the fund, for example, by the payment of a higher premium for the first decade, a reduction for the second, and the ordinary premium thereafter.

The following nurses and attendants passed the senior examination: their names have been added to the Register of Mental Nurses:—Annie Armitage, Charles H. Bassett, John Bell, Thomas Y. Brown, Mary C. Erlandson, Emilio French, Lilian M. Grant, William Robert Gordon, Mary Horan, George W. E. King, Elsie Lindsay, William Marshall, Ethel McKerrow, Ethel M. McEachen, Marjorie Naylor, William Service Peters, Bernard W. Rawson, Arthur J. Ray, Mildred Alice Rudkin, Arthur George Rutter, Ethel Sharkey, Bertha Shaw, Samuel Smith, Elizabeth Stephen, Ethel Walker, Jane Ward.

#### *Visits of Inspection.*

The District Inspectors and Official Visitors have made numerous visits of inspection, and show an interest in their duties and a regard for the mentally defective which is most helpful. The Assistant Inspector has also made the usual round of inspections. During my visits patients desiring a special interview were accorded it, patients who had written to me on any matter were interviewed thereon, and many patients were brought particularly under my notice by the Medical Superintendent. In all these cases the circumstances were thoroughly gone into. They practically resolved themselves into a desire for liberty on the part of patients either manifestly unfitted for it or seeking it somewhat prematurely. In all the last-named cases the patients were open to reason. The reports of the Medical Superintendents addressed to me are appended hereto.

*Auckland Mental Hospital* I visited in March and June of 1911, and in January, February, April, and May of this year. The difficulties always attendant upon the management and administration of such an institution have been greatly increased by the large excess of patients over accommodation, especially on the male side. The delay in commencing the permanent buildings at Tokanui, to which it was intended to draft the excess, then less formidable, and later the abandonment at the last moment of the plan for building on the Mental Hospital Endowment site, on the reef, were calculated to make those working under difficulties despondent. Dr. Beattie especially, but also his Senior Assistant, Dr. Scott-Watson, his officers, and the tried members of the staff have passed through a period of stress and are to be congratulated, though the measure at present be temporary, on the immediate prospect of a return to normal conditions. The numbers of suicidal and dangerous, especially among women patients, have been above the average. The employment of patients is well considered, and as many as possible are encouraged to work. The workers represented among the men somewhat over 60, and among the women somewhat under 50 per cent. The returns from the farm and garden are highly creditable. On every occasion the food inspected was of a good quality and abundant. The bowling-green is a source of relaxation, and much enjoyed by the patients and staff. They play well and hold their own with local clubs. The value of such games in promoting good will between the patients and staff is very great. A patient remarked to me, "We are very keen; in the afternoon we play all we are worth, and in the evening talk over the shots and wish we'd had a second chance with some of them." There is a tennis-lawn in the Wolfe Bequest Hospital grounds. These grounds, well laid out, are fast losing the raw aspect of newness, and the little hospital serves a useful purpose and is much appreciated by the inmates. There is not sufficient flat land on the estate to serve for a cricket and football ground, which is a pity, because these games stimulate an *esprit de corps*, which is most valuable, and afford pleasure to numerous spectators. There has been a difficulty in filling vacancies in the junior staff, especially of nurses. Possibly working under difficulties has discouraged some, but there has been a shortage of applicants, and these, speaking generally, have not been up to the past standard. The trouble is not confined to institutional service, but is part of the shortage of female labour recognized to exist by manufacturers and, especially, by persons seeking domestic help. This last case has an important bearing on the question, because the wage of domestic servants has risen, and the town, with its picture-shows, has attractions compared with a disciplined service until familiarity proves its advantages, and the annual increments to salary carry the nurse from a figure which is relatively low to one far above what she could have risen to as a servant. Be the cause what it may, there is not among applicants the proportion of young women whom one immediately recognizes as the material of which devoted nurses are made. Possibly the high wage paid for domestic help is attracting a better class in that direction. Typewriting may also lessen the supply, and farmers' daughters, once a source from which we recruited, have become too valuable to the dairy farm or orchard to be spared.

*Sunnyside Mental Hospital* I visited in June, July, November, and December of 1911, and in April of this year. On one of these occasions I had to return before completing the inspection, but all that I saw then and on the other occasions, when I went in detail into matters, satisfied me that the institution is under competent management, and that the staff is working harmoniously. The number of patients usefully employed is high—practically all with the exception of those physically and mentally unfitted. A concrete reservoir has been erected with the assistance of patients' labour, and other works have been carried out. The farm is conveniently situated for patients to be employed under supervision, and there is a proportion, somewhat over the average who, though unfit to work outside, have adjusted themselves to certain minor duties, which, magnifying their importance, they execute with pride. This is an ideal existence for a patient unfit for discharge. The resources for the recreation of the

patients and staff are a special feature at Sunnyside—a good cricket and football field, tennis-courts and an excellent bowling-green. In the course of my visits I have seen all these games played, and observed the interest of the spectators in the doings of the home club. In common with other mental hospitals, there are the usual indoor entertainments and recreations; but here, through the good offices of Mr. Smail, the management of theatrical companies, picture-shows, &c., have been most generous in providing free seats for a number of patients—not the least critical and appreciative part of the audience. Many meals were inspected, and the food was never found otherwise than of good quality and in sufficient quantity. A noteworthy addition to the resources is the installation of a refrigerating plant—the cool-storage has proved a great boon. The gas-lighting of the institution is not sufficiently good, and at times has been positively dim. With the Lake Coleridge power scheme so soon expected to be practicable, no complete overhauling and replacement of the pipes, &c., was indicated, but temporary measures have been taken to improve the gas-supply. Likewise the matter of an additional boiler has been kept in abeyance, as it will probably be more economical and certainly more convenient to electrify the pumping and part of the other machinery when the power is available, and do away with the necessity for a third boiler. The health of the patients has been good, and the proportions of suicidal, dangerous, and epileptic patients were in each case below the average. I am pleased to record many spontaneous tributes indicating a degree of contentment which is commendable.

*Seacliff Mental Hospital* I visited in January, November, and December, including in the inspection the auxiliary institutions at Waitati and the Camp. At the last-named the patients are technically on probation under the care of Mr. Boys, Attendant in Charge, and are visited by Dr. Allen, of Dunedin, at one time Assistant Medical Officer at Seacliff. The patients at the Camp were all well and expressed themselves as being contented. At Waitati, Dr. Crosby was in charge pending his transfer to Tokanui (whither he is now about to proceed). I discussed with the District Engineer a scheme for the reclamation of Orokonui Bay, and I believe that his suggestions will, at little cost, add some valuable land to the farm. I also fixed the site for a building for 50 patients, now nearly completed. This estate will provide a valuable outlet for extensions for the South Island to meet the increasing number of patients. At Waitati there is a cottage for the best-conducted epileptics, who are employed in developing the estate. I also visited the fishing-station at Puketeraki, the advantage of which to the institution is great, both from a hygienic and economic point of view. There is certainly a tendency in this country to excess of meat in the dietary, and the opportunity afforded of replacing a part by fish is better for the well-being of all concerned. It is also profitable. I went into the figures in December and ascertained that fish diets at Seacliff, since the beginning of the year, had replaced meat diets to the value of £1,040. Fish has also been supplied from the station, fresh or smoked, to other mental hospitals—to Sunnyside, Porirua, Nelson, and Hokitika—to the value of about £500, which, if charged for, would have reduced the maintenance cost at Seacliff by nearly 12s. per patient and added slightly to the relative cost in the other institutions. This, of course, only affects the analysis comparing institutions: the item is given due value in the general cost per head. Also, about £1,000 worth of fish has been given to hospitals and charitable institutions, and relieved by so-much the burden of the tax- and rate-payer.

In discussing food-values with Dr. King, he put the case for the sea-harvest very cogently. There was no sowing, no impoverishing of the land; there was the liberating of a large quantity of land-products for export, replacing these for home consumption by a healthy and less costly diet. Given a sufficient demand and facility for transport, fisheries would add perceptibly to the general revenue, and the large quantities of fish dealt with would allow of the by-products being utilized profitably. It will be economical to add a refrigerating plant at Seacliff, especially for the cold-storage of fish. At present for railage and cold-storage at Port Chalmers we pay nearly £300, a debit which could certainly be reduced a third had we a plant of our own.

I also visited the married attendants' settlement, a co-operative scheme creditable to all concerned. The cottages are models, comfortable, airy, lying well to the sun, the type varying according to requirements, and each standing on its own section. They were erected at an incredibly low figure because let as one contract, and the house allowance granted to married men contributes to pay interest and deferred payment, making the men owners. Those who have left the service have sold their interest at a profit to the incomers. One cannot expect others to emulate Dr. King in overdrawing his bank account to advance money for the undertaking at interest less than paid by himself; but I am convinced if married attendants at other institutions cared to co-operate on the same lines, getting money from the Advances to Settlers Department, they would find themselves better off—that is, if the frank expressions of appreciation I heard at Seacliff from attendants and their wives mean anything.

For some time past there has been a shrinkage in the water-supply, and it is therefore satisfactory to know that progress is being made with the work of bringing in a new supply. During dry weather the greatest vigilance has been exercised; the operations of the laundry had to be reduced, necessitating a large amount of washing being taken to town, a procedure both inconvenient and costly.

I was glad to learn from Dr. King the opinion he has of his staff. There had been, when I was there in December some misunderstanding about attendance at lectures, and he and I interviewed a number of attendants on the matter. We pointed out that as there were only twelve lectures in the year at which attendance was obligatory (unless under special exemption) and that as about six only, under ordinary circumstances, would be delivered in what would be ordinarily the off time of half the class, the matter shrank to a question of six hours in the year; that in making this small sacrifice they were qualifying along with their fellows in Great Britain and elsewhere to enter for an examination which improved their status, and in this Dominion had the immediate effect of a rise in salary. Until such time as the number exempted by reason of having passed the examination is so large that the remainder can be spared to attend a lecture at an hour more convenient not only to themselves, but

to the Medical Officer, such lectures cannot be delivered during working-hours without placing an unjustifiable restriction on the patients. It was evident to me that the men were sincere in their statement that they had misunderstood the position, and I was pleased to learn from incidental remarks that they appreciated what had been done for their welfare in this and other directions.

The cottage on the women's side for recent and recoverable patients is pleasant and homelike, and continues to fulfil a useful function. A site has been selected for a similar cottage for men. Quite a small building would meet the requirements, supplementing the classification now being carried out in the library ward. At my last visit additions and alterations were being carried out at "Simla" and the "Byres Building," and the workmen were about to transfer No. 2 dormitory into a day-room. Since then the work has been completed. The Nurses' Home requires the addition of fifteen rooms: these would liberate in the institution single-room accommodation for patients.

The women have for exercise a large area enclosed by a ha-ha. It is the best airing-court I have ever seen, spacious and free from the sentiment of confinement, commanding a beautiful view, and safe.

The men's exercise-park has been added to, and, though not having the levels to enable the fence to be hidden, a clever compromise has been effected by sinking the fence in the direction of the best view: there is a lookout over and between plantations upon ocean and headland. As many as a third of the male patients had a large amount of liberty, but among the other two-thirds there are some who cannot be trusted to walk and work over the estate, and for them the improvements carried out in the exercise-park will be a great boon. Two cricket matches were played during the visits, affording much interest to the players and onlookers. Tennis is also played. Mr. Galloway, the District Inspector, pointed out the desirability of a bowling-green, a suggestion with which I cordially agree. A site has been selected in the vicinity of the library ward.

The general health of the patients was good. The quality of admissions has not been favourable to recovery. At the time of my last visit all but 51 patients were regarded as incurable, and in 7 of these only was the favourable prognosis made without hesitation.

On looking over the case-books I saw evidence of the thorough and conscientious way in which Dr. Tizard did his work. During the years that he had been here as Assistant Medical Officer he enjoyed the confidence and respect of those among whom he worked, and his appointment as Medical Superintendent at Ashburn Hall is a distinct loss to Seacliff. He is succeeded by Dr. Jeffreys, transferred from Porirua, as Senior Assistant, and Dr. Ross, lately Assistant Medical Officer at the Aberdeen Royal Asylum, has been added to the staff. The need having arisen for a second Assistant Medical Officer at the larger mental hospitals a selection was made at Home, and the Department was fortunate in securing the services of Dr. Ross.

I record with regret the retiral of Miss Beswick on pension; it was impending at my last visit, when one could not but observe that she felt greatly severing her connection with the institution and the work which had become a part of her inner life. She is succeeded by Miss McDougall, who was matron at Mount View.

*Hokitika Mental Hospital* was visited in July. The history of this institution is uneventful, which is a good history. Everything moves quietly, and very few of the patients require special care or observation. A number are aged and infirm, 14 being over ninety years of age. All able to do anything are usefully employed. Every part of the institution was scrupulously clean. The meals inspected were of good quality and abundant. Having laid on the water-supply, the workers turned their attention to transforming the old prison, completely altering its character and affording greatly increased accommodation to relieve the pressure at other institutions, immediate and with an eye to the future, for at this institution the tendency is rather to a reduction of numbers. Sixty male patients have been transferred to fill vacancies. Many of the buildings are old, and neither in design nor detail conform to what one expects in a mental hospital, but serve very well for the mentally infirm class of patient, of whom there is a disproportionate number. The buildings are well situated on a plateau, and open on an enclosed garden airing-court with an uninterrupted view of the ocean. To Mr. Downey and his staff credit is due for the kindly relations which exist between them and the patients. No complaints were made, and a number of the inmates expressed themselves as contented.

*Nelson Mental Hospital* I inspected in February and November. On each occasion I visited the Richmond Home, and found all the children in good health and receiving the same parental care as heretofore from Mr. and Mrs. Buttle and the staff. The Home is visited regularly by Dr. Mackay. The children spend most of the day in the open air, the weather is generally good and permits of meals even being taken outside. Some of the boys can do a little work, but the majority are too deficient to train for any useful end. The small area of the estate makes it unsuited for an important institution for the mentally deficient below the standard dealt with by the Education Department. Such being the case, that class will have to be provided for at Tokanui and the Home at Richmond ultimately abandoned. We have planted an orchard and otherwise improved the land, so that when the time comes to part with the property the Government, while feeling that the place has served a useful purpose, will be in a position to dispose of it at a profit.

I found the patients at the Mental Hospital well clad and fed and free from complaint, and the staff working harmoniously—it is a small institution with a good deal of the happy family about it, which is a tribute to Dr. Mackay's management. The proportion of patients requiring special care was small, well below the average for suicidal, dangerous, or epileptic, but, as sometimes happens where numbers are small and a few make a difference, above the average for general paralytics. During the year one patient committed suicide by mechanically obstructing respiration by swallowing the corner of his blanket, a most unusual procedure and quite unlooked-for in the particular case. With this exception the daily round was uneventful. The number of patients of each sex doing useful work

was above the average, representing over 70 per cent. of the inmates. The numbers are practically stationary, the admissions more or less balancing the deaths and discharges, and the accommodation is equal to the needs of the district. Some improvements are necessary to the kitchen offices, attendants' mess-room and male bathroom, with consequential alterations to the drainage. The work was not as urgent as the need for extra accommodation elsewhere on which one necessarily concentrated, but should be put in hand soon. The institution was clean and orderly, the grounds and gardens are well kept, and good work is done on the farm.

*Porirua Mental Hospital* I visited in February, April, June, August, September, and October of 1911, and March and June this year. Dr. Hassell's complete and concise report on the year's work at Porirua traverses all matters in my notes of visits, except the special interviews of patients, which have been dealt with in a general note. I would like to add my tribute to his on the skill and devotion of the members of the staff who nursed the sick during the enteric-fever epidemic, and my sense of the loss of Attendant K. Bolton; also my thanks to Dr. Frengley and Mr. Hurley, of the Health Department, for their careful investigations which led to the discovery of the carriers and the stamping-out of the epidemic. Among the patients admitted during the year was an attendant who had been retired on superannuation owing to ill health. It is rarely that a member of the staff becomes a patient: they are selected, and the neurotic does not pass beyond the probation stage. In the particular case the attendant was suffering from an organic disease of the spinal cord—the direct cause of his mental disorder—which was not in any way related to his occupation.

The number of patients under special observation was just about the average, and that the duty was carried out conscientiously there can be no doubt, as among these patients, ever alert to injure themselves or others, nothing untoward happened. The unfortunate tragedies detailed by Dr. Hassell were of the unexpected order that the exercise of reasonable care cannot guard against. The proportion of dangerous patients was below the average. A large proportion of the patients is usefully employed. The patients are well fed and look well cared-for. The works carried out and in progress are mentioned in Dr. Hassell's report. The need for a high-pressure filter, such as he would like to see installed, we discussed at your recent visit, when the matter met with your approval.

The usual provision is made for the recreation of the patients and staff. The Association football team achieved the distinction of being second on the list for the senior championship for the year.

Those who judge the appearance of the institution from a passing train lose the beauty of the plantations and gardens hidden by an intervening ridge to the south. From the windows and exercise-grounds to the north the patients look over the cricket and football field to a fine panoramic view of the harbour.

Dr. Jeffreys who had done good work here was transferred to Seacliff as Senior Assistant, and Dr. McKillop, lately Senior Assistant Medical Officer at the Inverness District Asylum, and Dr. Gray, lately Assistant Medical Officer at the Aberdeen District Asylum, Kingseat, entered upon their duties at Porirua. The Department has been fortunate in securing the services of these gentlemen.

*Ashburn Hall Licensed Mental Hospital* I visited in January, November, and December. On each occasion all the patients were conversed with, no one made any complaint, and many spontaneously expressed themselves as being comfortable and well cared for. All parts of the institution were scrupulously clean, and in the wards where the best-conducted patients reside the bed- and living-rooms are tastefully furnished, and the meals are served as they would be in a good-class boardinghouse. Provision is made for the employment and recreation of the patients. Dr. Alexander lives on the estate, occupying the position of consulting physician, and Dr. Tizard, who was for some years Assistant Medical Officer at Seacliff, and before that for some years at the Colney Hatch Asylum under the London County Council, is now the Medical Superintendent. The proprietors of this institution were fortunate to secure his services. It was with great regret that I learned that Mrs. Milne had, on account of ill health, been obliged to retire. Her successor is Miss Guffie, who, having been one of the first to pass the examination for mental nurses, proceeded to the Wellington Hospital, where she was trained in general nursing, and passed the State examination. She has a very difficult place to fill, following Mrs. Milne, whose exceptional qualifications and tact made her invaluable and beloved by the patients. Miss Guffie assisted Mrs. Milne for some years. The average number of patients at this institution is 43 (m., 24; f., 19), and 8 (f.) voluntary boarders.

*Conclusion.*—The strain of the past year has been very great, but with the continuance of a vigorous building policy there is well in sight the time when our troubles will be over; but building must never cease. Each year will provide its increments to the population, and, experience having shown how irregular these increments are, something will need to be done in advance of estimates. Had the buildings designed for the reef-site in Auckland been carried out, we would not now be considering present, but future requirements. I must express my indebtedness to the head office staff for its loyal and willing co-operation and assistance.

I have, &c.,

FRANK HAY.

## MEDICAL SUPERINTENDENTS' REPORTS.

### AUCKLAND MENTAL HOSPITAL.

SIR,—

I have the honour to forward you my report for the year 1911.

On account of the increasing number of admissions extending over a series of years, there has been considerable overcrowding, thereby rendering the administration work difficult. I trust that the overcrowding will soon be remedied, so as to enable us to effect a good system of classification and thus increase the comfort and happiness of our patients and conduce to their more rapid recovery.

Our admission-rate continues to increase. Our discharge-rate remains more or less constant—males, 34.1 per cent.; females, 50.5 per cent.; or an average of 40.5 per cent. The total death-rate was 9.01 per cent.—males, 8.7 per cent.; females, 9.1 per cent. Of the total deaths 63.01 per cent. were due to senile decay (20), phthisis (13), epilepsy (7), and general paralysis (6). Phthisis caused the death of 12 male patients and of only 1 female. Towards the end of the year a few typhoid cases arose. These seemed to me clearly traceable to a nurse who became infected, undoubtedly outside of the Hospital.

Dr. Watson was appointed Senior Assistant Medical Officer in September, and for the short period of the year after his appointment his work was to be commended.

There have been a good many resignations amongst the female staff, principally probationers, but with the increased salaries, shorter hours, and longer holidays now prevailing for both males and females it is to be hoped that there will soon be a better condition of things in this respect. The older members of the staff have been of the greatest assistance to me in carrying out the administration of the Hospital under difficult circumstances.

The *Herald* proprietors (for gratuitous papers), Miss Fleming, of Onehunga (for a weekly cab for the use of patients), Mr. McPherson, and others, merit the thanks of the Department. To the Deputy Inspector and the Official Visitors I am personally indebted for their interest in the patients, and for the sympathy and support accorded to myself.

I have, &c.,

The Inspector-General, Mental Hospitals, Wellington.

R. M. BEATTIE.

### PORIRUA MENTAL HOSPITAL.

SIR,—

I have the honour to submit the following report on this Mental Hospital for the year 1911.

At the beginning of the year we had 897 patients on our register, and at the close 928 (531 males and 397 females), including 12 men and 23 women absent on trial. There were 244 admitted, including 2 patients transferred from other mental hospitals. 197 patients were admitted for the first time—an increase of 7 per cent. on the previous year. Of the 131 discharged, 115 were discharged recovered. In proportion to the number admitted, the recovery-rate was therefore a little over 47 per cent.

There was an unusually heavy mortality-rate. The number of deaths was 82, which amounts to a ratio of 9.35 per cent. of 887, the average number in residence. Included among the causes of death were 9 from typhoid fever, 10 from senile decay, and 10 from general paralysis.

In my previous report I referred to the outbreak of typhoid fever. The epidemic commenced early in the autumn, fifteen cases becoming affected in March, seven in April, eight in May, one early in June, and one in September. The epidemic was therefore practically confined to the three autumn months. I have already informed you how the patients affected were not resident in any particular part of the buildings—cases kept developing sometimes here and sometimes there, both in the male and female wards. I have also informed you of the steps taken to discover the cause of the trouble, and how the officers of the Public Health Department aided in the investigations. After eliminating every other probable cause of infection, Dr. Frengley, the Medical Officer of Health, was of opinion that the trouble was due to the presence in the Hospital of one or more "typhoid-carriers" who had infected the others, and this theory was put to the test. A list was made of all those who were known or suspected to have had typhoid previously, and their condition investigated. The Public Health Bacteriologist found that the serum of one of the female patients gave a positive "carrier reaction" as did the serum of a man who had had typhoid fever many years ago. This patient was employed in our bakery, and handled much of the bread used throughout the institution. It is therefore not surprising that the incidence of the epidemic should have been so erratic in its distribution. A short time ago those who had suffered in the recent epidemic were submitted to examination, and it was found that one male and one female patient responded to the "carrier reaction." Precautions have been taken against further infection from these patients. When one comes to review the cases of typhoid it is remarkable how many were senile, weak, or otherwise of low resistive power when attacked by the fever, and it is surprising that the mortality was not even greater than it was. Of the nine deaths due to the epidemic, four were suffering from general paralysis of the insane, and three were confirmed epileptics whose prospect of longevity was in any case poor.

The nurses and attendants who nursed the typhoid cases deserve great credit for the care and devotion they displayed in the discharge of their duties. Unfortunately, one of the nurses and three of the attendants contracted the disease, and one of the latter, Attendant K. Boulton, died from com-

plications which supervened. The loss of this young and promising attendant was much felt by the whole staff and by the patients, among whom he was deservedly popular.

I regret to have to record two deaths from suicide. One was the case of a man whose mind was permanently enfeebled, but was industrious and well-behaved. The other case was that of a man who had been admitted suffering from melancholia, the immediate result of alcoholism, but who was apparently convalescent. In neither case had any change of mental state been noticed, and no suspicion of a suicidal tendency was entertained. A still more distressing tragedy was the death of one patient by the hands of another, who made a homicidal attack on the victim during the night. Probably the attack was prompted by some fleeting delusion, but this was difficult to determine, as all the patients associated in the dormitory were too demented to give any account of what had transpired. The unfortunate man who was killed was an epileptic and hopelessly demented.

During the year under review something was done to improve the water-supply, and a large auxiliary reservoir was formed on the south branch of the stream to supplement the main reservoir on the north branch, which for some time has proved inadequate for our requirements. When the new auxiliary reservoir is properly connected up with the water-main I am hopeful that we shall have plenty of water in reserve to meet all demands even in a dry season. The water-catchment area consists of about 80 acres of native bush, which is securely fenced in, and 200 or 300 acres of rough hill country over which the stock (sheep and cattle) have been grazing. In the interests of good water-supply the sheep have been disposed of, and the cattle kept off this ground as much as possible, while part of it, about 30 acres abutting on the lower part of the stream above the main reservoir, has been securely fenced in and partly planted with young forest-trees. The result has been excellent: the entire exclusion of stock from this area has been followed by a rich growth of grass and other vegetation, which forms a good filtration medium, and prevents the rapid evaporation of water from the surface of the ground in summer-time when water is most needed. I am satisfied that it would be wise to similarly isolate the whole of the grazing-ground included in the water-catchment. Even with the carrying-out of this improvement, I am of opinion that the water, especially in flood-time, will still require filtration. In this connection I may say that from time to time cases of hydatids have occurred among patients of long residence in the Hospital, and I have no doubt that the ova of this disease have reached the institution through the water-supply. To eliminate this and other risks I strongly recommend that some form of filtration, such as the high-pressure filters manufactured by Messrs. Mather and Platt, and used with success at Feilding and elsewhere, should be installed here.

On account of the continual increase in the number of patients, some embarrassment has been felt from the deficiency of accommodation, especially on the male side of the Hospital. I was therefore gratified when it was decided to build an extensive addition to the male auxiliary. In this new ward, besides two new day-rooms, there will be forty single bedrooms, which are very much required for patients who by reason of their mental state or faulty conduct are unfit to be associated with others in dormitories. As a further addition, semi-detached quarters for twenty attendants are being built. Good progress is being made with the work, and I am hopeful that the whole will be completed and ready for occupation some time in the coming spring.

A commodious carpenters' workshop to replace one which was altogether too small has been constructed by our own staff assisted by patients.

The production from the farm, garden, &c., for the year 1911 has been satisfactory. The value of milk, cream, and butter consumed on the premises has been about £1,100, of eggs and poultry £500, of vegetable £500, and fruit £100. Besides this, the cash sales of pigs have amounted to £449, of cattle £191, and of eggs and poultry £217. The whole return from the estate comes to upwards of £3,000 in value. As against this on the debit side about £2,000 is shown, but this sum includes the salary of the Farm-manager and the wages of two others doing farm-work. It also includes one item of £628 for feed, largely used by the farm horses, which are mostly engaged in carting on the road. 2,520 tons of coal and other goods have been carted by us from the railway-station to the institution. There is no doubt that the area of suitable farm land which we have is insufficient. The greater part of the estate (which consists of about 900 acres) is exceptionally rough, precipitous country, and is of no great value for farming purposes. After deducting the space occupied by buildings, grounds, gardens, and plantations, as well as the intersecting gullies throughout the home-paddocks, we have not more than 125 acres of agricultural land, and even this is not of the best quality. I was therefore very pleased when we acquired the leasehold (for a term of years) of 80 acres of Native land adjoining our northern boundary. Quite 75 per cent. of this leasehold is cropping-land, and will make a valuable addition to the farm. I strongly recommend that the farm-area should still further be increased if opportunity offers.

The quality of our Ayrshire herd has greatly improved of late years, and the Farm-manager, Mr. Carter, is entitled to credit for the care and judgment he has displayed in this important matter. The reputation of our cattle now stands high among dairy-farmers in the North Island, and the demand for our young stock at very remunerative prices is greater than we can supply. Last season the North Island Association of Ayrshire Breeders held their annual competition at the Carterton Agricultural Show, and there we were successful in carrying off a gold medal and championship with one of our Ayrshire bulls, as well as securing five first and several other prizes in the various classes exhibited. We were still more successful in the Palmerston North Metropolitan Show.

The only important change in the Hospital staff took place in October, when Dr. Jeffreys, was promoted to the Seacliff Mental Hospital as Senior Assistant Medical Officer, after several years good service here. Dr. McKillop and Dr. Gray were then appointed Senior and Junior Medical Officers respectively. Both of them have had training and experience in mental hospitals of high reputation in Scotland. I was very pleased when the Hon. the Minister in charge decided on the appointment of a Second Assistant at this institution. The large number of patients under care and treatment made the increase of the medical staff a question of urgency.



The officers in all departments of the Mental Hospital, as well as their subordinates, have carried out their several duties loyally and conscientiously. The welfare of patients has been the first consideration. The useful occupation of as many patients as can be induced to work has been insisted on, while both indoor and outdoor amusements have not been neglected.

I very much regret the loss sustained by the death of Mr. F. H. Fraser, who had for many years been Deputy Inspector, and who always took a keen interest in this Mental Hospital.

The Inspector-General, Mental Hospitals, Wellington.

I have, &c.,

GRAY HASSELL.

### SUNNYSIDE MENTAL HOSPITAL.

SIR,—

I have the honour to forward you herewith my annual report of this Mental Hospital, along with the statistics, for the year 1911.

The total number of patients under treatment was 801, and the average number of patients was 661.44. The number remaining on the last day of the year was 689, as compared with 679 at the corresponding date of last year.

There were 97 patients admitted for the first time, 20 readmissions, and 5 transfers from other institutions. This is the lowest admission since 1908, but I cannot find that it is due to any specific cause, and if we strike the average between the admissions of this year and last we find it conforms to the normal of previous years. There were 56 recoveries, which gives a recovery-rate of 45.9 on the total admissions, which corresponds very closely with the 46.5 of last year.

There were 53 deaths, making an average of 8.1 on the average number resident, of whom 9 were general paralytics, and 25 were over sixty years of age.

As you will notice from the above figures, the total increase for the year was only 10, but I fear that, with the incoming of the new Mental Defectives Act, the increase in the coming year will be much greater, as the Act has widened greatly the possibilities of certification, and we must be prepared to deal with larger numbers in the near future. I have noticed already that we are getting patients committed to our care—namely, higher-grade imbeciles and epileptics—who would formerly not have been committed, and these most rightly must be provided for. It is bound to be a strain for the present, but the segregation of those types who have the power of transmission of their mental defects is sure in the future to have beneficial effects on the race. During the past few weeks the hereditary history of several of the patients has been appalling. Two sisters were admitted in one day, one of whose brothers died here, and two others committed suicide. Another woman was admitted who had been in a mental hospital before, after child-birth. Her father is a patient at present, and her mother has also been a patient here. A man was admitted recently whose mother is at present an inmate here and whose cousin has just been admitted, and then we hear by a side-wind of the intermarriage of another relation with the son of another patient here.

The new addition on the female side is progressing rapidly, and will afford accommodation for 50 patients, but this will provide only for the present and near future, and further extensions or liberal transfers will soon be a necessity. The provision in the new Act for voluntary patients should also be provided for, so as to encourage those who feel a breakdown coming on to seek for that rest and care which might be the means of tiding them over their trouble and so avert a total collapse. The same remarks as to extension or transfer apply equally to the male division.

I am pleased to say that with our own labour we have completed our new reservoir, and now we have an unlimited supply of water.

The extra boiler I asked for last year has not yet been supplied; but you have my special report on the installation of electricity, and I trust that one of the schemes suggested will be proceeded with as soon as possible. We should get greater efficiency with a marked economy and a greater sense of security.

The farm has furnished handsome returns, and I am pleased that the Government so favourably recognized our efforts here by granting us the money for the importation of new stock, which should prove a valuable aid to the improving of the dairy stock of the Dominion. I should like it to be understood by the farming community that this is really not a grant, but a return out of the profits from the sale of stock.

The usual fortnightly dances, cricket, football, and bowling matches have been carried on during the year, affording recreation both to the patients and staff, whilst frequent visits to the theatres and other places of amusement in town have been possible owing to the generosity of many kind hearts.

A serious matter at present is the scarcity of female attendants. The conditions of the service seem quite satisfactory, as we have very few changes among the older members of the staff, whose reason for leaving in most cases is for the commendable purpose of getting married. The difficulty of replacing them seems due to the general scarcity of female labour in the Dominion, and also probably from a preconceived idea that conditions in a mental hospital are bound to be disagreeable and irksome. That this idea is not founded on fact may be proved by the fact that our nurses when once settled stay so well with us.

During the year we lost the valuable services of Dr. Scannel, but his place is being worthily filled by Dr. Ramsbottom, to whom and to all the other members of the staff I have to tender my heartfelt thanks for their loyal support, which means so much in the harmonious working of the institution.

I have, &c.,

W. BAXTER GOW, M.D.,

Medical Superintendent.

The Inspector-General, Mental Hospitals, Wellington.

## SEACLIFF MENTAL HOSPITAL.

SIR,—

I have the honour to submit the following report on the Seacliff Mental Hospital for the year 1911.

The year opened with 880 patients, and at the close there were 890. During the year there were 141 patients admitted, of whom 3 were transfers from other mental hospitals, 26 were recurrent cases who had been previously under treatment in the institution, and 112 were admitted for the first time. There were 67 patients discharged, relieved, or recovered, or approximately half the admission-rate.

The physical health of the patients has been good, and there has been no serious casualty or accident during the year. 59 patients died, being 5·7 of the average number resident.

The main feature of the work of the year has been the provision of extra sitting-room space in connection with the main building and the Simla and farm annexes. These works are approaching completion, and, when finished, will add greatly to the comfort of the institution. When these improvements have been supplemented by a long-contemplated comfortable cottage in the garden for about ten of the more sane and sensitive male patients (on similar lines to our cottage for women) the male side of the Hospital will be satisfactorily equipped. The advantage of the special cottage for women has been very great; no feature of the institution has been more heartily appreciated by patients and their friends. The number of applications for voluntary admission is one among many evidences of this. With regard to increased general accommodation, our special need at the present time is further provision for female patients and nurses.

Work in the garden and on the estate generally has been actively carried out on the usual lines, and has afforded healthy occupation for most of the male patients capable of doing anything. A Maori-head swamp of several acres, which was thoroughly under-drained last year, is turning out so well that there is the fair prospect of this and some similar ground about to be developed affording a sufficient supply of ordinary vegetables for the whole institution. These improvements will result in considerable economy as to space under intensive cultivation, and as to the labour needed for ensuring the very large quantity of vegetables which are required, besides giving us a higher class of product.

The farm results have been highly satisfactory, and the supply of fish from the station at Karitane has much exceeded our needs, though the present season has so far proved relatively unsatisfactory for every one engaged in fishing.

The work of the past twelve months at the Waitati Branch Mental Hospital has been very satisfactory, and one is struck by the general contentment of the patients. The large annexe now under construction will make the institution much more useful, and will considerably lessen the necessarily high rate of maintenance at a small detached establishment.

The Camp Auxiliary at the Peninsula is excellently managed, and the year's work has been highly satisfactory.

Regular religious services have been held by 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, and also to other donors who have kindly contributed to the amenities of our hospitals.

During the year the service has sustained a very great loss in the leaving of my colleague, Dr. Tizard, and the Matron, Miss Beswick. This is not the place in which to express my appreciation of what the Mental Hospital service owes to either of these officers, but the least I can do is to place on record the fact that I have felt it a great privilege to be associated with them, and that the public service is much poorer by their retirement.

I have to thank my colleagues Dr. Crosby, Dr. Allan, Dr. Jeffreys, and Dr. Ross, and the other officers and members of the staff, for their hearty co-operation.

The Inspector-General, Mental Hospitals, Wellington.

I have, &c.,

F. TRUBY KING.

## APPENDIX.

TABLE I.—SHOWING THE ADMISSIONS, READMISSIONS, DISCHARGES, AND DEATHS IN MENTAL HOSPITALS DURING THE YEAR 1911.

	M.			F.			T.			
	M.	F.	T.	M.	F.	T.	M.	F.	T.	
In mental hospitals, 1st January, 1911	2,160	1,510	3,670							
Admitted for the first time	386	262	648	}	455	322	777			
Readmitted	62	55	117							
Transfers..	7	5	12							
Total under care during the year	2,615	1,832	4,447							
Discharged and died—										
Recovered	163	168	331							
Relieved	23	16	39							
Not improved	11	7	18							
Died	198	105	303					395	296	691
Remaining in mental hospitals, 31st December, 1911	2,220	1,536	3,756							
Increase over 31st December, 1910	60	26	86							
Average number resident during the year	2,105	1,496	3,601							

TABLE II.—ADMISSIONS, DISCHARGES, AND DEATHS, WITH THE MEAN ANNUAL MORTALITY AND PROPORTION OF RECOVERIES, ETC., PER CENT. ON THE ADMISSIONS, ETC., DURING THE YEAR 1911.

Mental Hospitals.	In Mental Hospitals on 1st January, 1911.			Admissions in 1911.									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 ..	492	298	790	120	75	195	15	10	25	185	85	220	627	383	1,010
Christchurch ..	362	317	679	55	42	97	19	6	25	74	48	122 <sup>(1)</sup>	436	365	801
Dunedin (Seacliff) ..	542	338	880	66	46	112	11	18	29	77	64	141 <sup>(2)</sup>	619	402	1,021
Hokitika ..	135	57	192	10	4	14	..	..	..	10	4	14	145	61	206
Nelson ..	93	97	190	12	8	20	1	..	1	13	8	21	106	105	211
Porirua ..	513	384	897	118	81	199	21	24	45	139	105	244 <sup>(3)</sup>	652	489	1,141
Ashburn Hall (private mental hospital)	23	19	42	5	6	11	2	2	4	7	8	15 <sup>(4)</sup>	30	27	57
Totals ..	2,160	1,510	3,670	386	262	648	69	60	129	455	322	777 <sup>(5)</sup>	2,615	1,832	4,447

  

Mental Hospitals.	Patients discharged and died.									In Mental Hospitals on 31st December, 1911.					
	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 ..	44	43	87	2	..	2	45	28	73	91	71	162	536	312	848
Christchurch ..	28	26	54	2	3	5	38	15	53	68	44	112	368	321	689
Dunedin (Seacliff) ..	21	29	50	14	8	22	38	21	59	73	58	131	546	344	890
Hokitika ..	7	1	8	1	0	1	15	6	21	23	7	30	122	54	176
Nelson ..	2	9	11	2	2	4	10	4	14	14	15	29	92	90	182
Porirua ..	61	54	115	8	8	16	52	30	82	121	92	213	531	397	928
Ashburn Hall (private mental hospital)	..	6	6	5	2	7	..	1	1	5	9	14	25	18	43
Totals ..	163	168	331	34	23	57	198	105	303	395	296	691	2,220	1,536	3,756

  

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 ..	514	306	820	32.59	50.59	39.55	8.75	9.15	8.90	33.33	32.94	33.18
Christchurch ..	348	314	662	39.44	56.52	46.15	10.92	4.78	8.01	53.52	32.61	45.30
Dunedin (Seacliff) ..	499	340	839	23.00	46.03	36.23	7.62	6.17	7.03	50.67	33.33	42.75
Hokitika ..	126	51	177	70.00	25.00	57.14	11.90	11.76	11.86	150.00	150.00	150.00
Nelson ..	81	92	173	15.38	112.50	52.38	12.35	4.35	8.09	76.92	50.00	66.66
Porirua ..	513	374	887	44.20	51.92	47.52	10.14	8.02	9.24	37.68	28.84	33.88
Ashburn Hall (private mental hospital)	24	19	43	..	85.71	46.15	..	5.26	2.33	..	14.29	7.69
Totals ..	2,105	1,496	3,601	36.33	53.00	43.27	9.41	7.02	8.41	44.20	33.12	39.61

Transfers.—(1) 3 males, 2 females. (2) 2 males, 1 female. (3) 1 male, 1 female. (4) 1 male, 1 female. (5) 7 males, 5 females.

TABLE III.—AGES OF ADMISSIONS.

Ages.	Auckland.			Christchurch.			Dunedin (Seacliff).			Hokitika.			Nelson.			Porirua.			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.
From 1 to 5 years .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
" 5 " 10 " .. .. .	1	0	1	..	..	..	..	..	..	..	..	..	2	0	2	0	1	1	..	..	..	3	1	4
" 10 " 15 " .. .. .	2	1	3	..	..	..	0	2	2	..	..	..	1	0	1	2	2	4	..	..	..	5	5	10
" 15 " 20 " .. .. .	6	4	10	1	3	4	5	6	11	..	..	..	1	0	1	8	4	12	..	..	..	21	17	38
" 20 " 30 " .. .. .	26	13	39	20	10	30	7	10	17	2	1	3	1	1	2	30	29	59	3	1	4	89	65	154
" 30 " 40 " .. .. .	29	22	51	19	9	28	15	14	29	1	1	2	2	4	6	39	25	64	1	2	3	106	77	183
" 40 " 50 " .. .. .	21	23	44	12	8	20	15	15	30	2	0	2	2	2	4	29	17	46	1	2	3	82	67	149
" 50 " 60 " .. .. .	17	6	23	10	6	16	11	9	20	1	1	2	1	1	2	12	12	24	0	2	2	52	37	89
" 60 " 70 " .. .. .	13	7	20	2	3	5	13	4	17	1	1	2	..	..	8	11	19	1	0	1	38	26	64	
" 70 " 80 " .. .. .	19	7	26	4	6	10	6	3	9	1	0	1	3	0	3	10	3	13	..	..	..	43	19	62
" 80 " 90 " .. .. .	0	2	2	3	0	3	3	0	3	2	0	2	..	..	..	..	..	..	..	..	..	8	2	10
" 90 " 100 " .. .. .	..	..	..	0	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	0	1	1
Unknown .. .. .	1	0	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	0	1
Transfers .. .. .	..	..	..	3	2	5	2	1	3	..	..	..	..	..	1	1	2	1	1	2	..	7	5	12
Totals .. .. .	135	85	220	74	48	122	77	64	141	10	4	14	13	8	21	139	105	244	7	8	15	455	322	777

TABLE IV.—DURATION OF DISORDER ON ADMISSION.

—	Auckland.			Christchurch.			Dunedin (Seacliff).			Hokitika.			Nelson.			Porirua.			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.
First Class (first attack, and within 3 months on admission)	91	51	142	29	22	51	36	21	57	4	2	6	5	7	12	79	48	127	3	5	8	247	156	403
Second Class (first attack, above 3 months and within 12 months on admission)	15	10	25	12	6	18	12	9	21	3	2	5	0	1	1	20	11	31	0	1	1	62	40	102
Third Class (not first attack, and within 12 months on admission)	16	7	23	14	4	18	13	17	30	2	0	2	2	0	2	21	29	50	1	1	2	69	58	127
Fourth Class (first attack or not, but of more than 12 months on admission)	13	17	30	16	14	30	14	16	30	1	0	1	6	0	6	18	16	34	2	0	2	70	63	133
Unknown .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Transfers .. .. .	..	..	..	3	2	5	2	1	3	..	..	..	..	..	..	1	1	2	1	1	2	7	5	12
Totals .. .. .	135	85	220	74	48	122	77	64	141	10	4	14	13	8	21	139	105	244	7	8	15	455	322	777

TABLE V.—AGES OF PATIENTS DISCHARGED "RECOVERED" AND "NOT RECOVERED" DURING THE YEAR 1911.

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.												
From 5 to 10 years .. .. .	..	..	..	..	..	..	..	..	..	..	..	..												
" 10 " 15 " .. .. .	0	1	1	..	..	..	..	..	..	..	..	..												
" 15 " 20 " .. .. .	1	1	2	..	..	..	..	..	..	..	..	..												
" 20 " 30 " .. .. .	9	14	23	1	0	1	6	13	19	1	1	2												
" 30 " 40 " .. .. .	15	15	30	1	0	1	8	3	11	..	..	..												
" 40 " 50 " .. .. .	11	8	19	..	..	..	7	5	12	..	..	..												
" 50 " 60 " .. .. .	5	2	7	..	..	..	3	1	4	0	1	1												
" 60 " 70 " .. .. .	0	1	1	..	..	..	1	3	4	2	1	3												
" 70 " 80 " .. .. .	3	1	4	..	..	..	0	1	1	0	1	1												
" 80 " 90 " .. .. .	..	..	..	..	..	..	1	0	1	..	..	..												
" 90 " 100 " .. .. .	..	..	..	..	..	..	..	..	..	..	..	..												
Unknown .. .. .	..	..	..	..	..	..	..	..	..	..	..	..												
Totals .. .. .	44	43	87	2	0	2	28	26	54	2	3	5	21	29	50	14	8	22	7	1	8	1	0	1

Ages.	Nelson.		Porirua.		Ashburn Hall (Private M.H.).		Total.																	
	Recovered.		Not recovered.		Recovered.		Not recovered.																	
	M.	F.	M.	F.	M.	F.	M.	F.																
From 5 to 10 years .. .. .	..	..	..	..	..	..	..	..																
" 10 " 15 " .. .. .	..	1	0	1	..	..	0	2																
" 15 " 20 " .. .. .	..	..	..	..	..	..	11	1																
" 20 " 30 " .. .. .	0	1	1	2	15	16	31	4																
" 30 " 40 " .. .. .	0	3	3	..	23	22	45	2																
" 40 " 50 " .. .. .	1	3	4	..	8	8	16	0																
" 50 " 60 " .. .. .	1	1	2	..	6	6	12	0																
" 60 " 70 " .. .. .	..	..	..	..	1	2	3	1																
" 70 " 80 " .. .. .	0	1	1	..	2	0	2	..																
" 80 " 90 " .. .. .	..	0	1	1	..	..	..	1																
" 90 " 100 " .. .. .	..	..	..	..	..	..	..	..																
Unknown .. .. .	..	..	..	..	..	..	..	..																
Totals .. .. .	2	9	11	2	2	4	61	54	115	8	8	16	0	6	6	5	2	7	163	168	331	34	23	57

TABLE VI.—AGES OF THE PATIENTS WHO DIED.

Ages.	Auckland.			Christchurch.			Dunedin (Seacliff).			Hokitika.			Nelson.			Porirua.			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.
From 5 to 10 years ..	1	0	1	..	..	..	1	0	1	..	..	..	..	..	..	..	..	..	..	..	2	0	2	
" 10 " 15 ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	2	..	..	1	1	2	
" 15 " 20 ..	..	..	..	1	0	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	0	1	
" 20 " 30 ..	3	2	5	3	1	4	3	2	5	0	2	2	..	..	6	5	11	..	..	..	15	12	27	
" 30 " 40 ..	11	4	15	8	1	9	3	4	7	2	1	3	..	..	8	3	11	..	..	..	32	13	45	
" 40 " 50 ..	10	5	15	3	3	6	0	3	3	..	..	..	3	0	3	13	4	17	..	..	29	15	44	
" 50 " 60 ..	7	4	11	8	0	8	11	2	13	1	1	2	1	1	2	11	4	15	0	1	1	39	13	52
" 60 " 70 ..	5	3	8	9	4	13	7	5	12	6	1	7	..	..	5	9	14	..	..	..	32	22	54	
" 70 " 80 ..	6	7	13	4	5	9	9	3	12	6	1	7	5	3	8	8	2	10	..	..	38	21	59	
" 80 " 90 ..	2	3	5	1	1	2	4	2	6	..	..	..	1	0	1	0	2	2	..	..	8	8	16	
" 90 " 100 ..	..	..	..	1	0	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	0	1	
" 100 " 105 ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
Unknown ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
Totals ..	45	28	73	38	15	53	38	21	59	15	6	21	10	4	14	52	30	82	0	1	1	198	105	303

TABLE VII.—CONDITION AS TO MARRIAGE.

	Admissions.			Discharges.			Deaths.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
<b>AUCKLAND—</b>									
Single ..	83	33	116	26	18	44	26	6	32
Married ..	38	32	70	18	22	40	13	14	27
Widowed ..	14	20	34	2	3	5	6	8	14
Totals ..	135	85	220	46	43	89	45	28	73
<b>CHRISTCHURCH—</b>									
Single ..	45	22	67	17	14	31	24	3	27
Married ..	24	16	40	12	12	24	12	5	17
Widowed ..	2	8	10	1	3	4	2	7	9
Transfers ..	3	2	5	..	..	..	..	..	..
Totals ..	74	48	122	30	29	59	38	15	53
<b>DUNEDIN (Seacliff)—</b>									
Single ..	42	27	69	25	13	38	18	7	25
Married ..	28	29	57	7	18	25	14	10	24
Widowed ..	5	7	12	3	6	9	6	4	10
Transfers ..	2	1	3	..	..	..	..	..	..
Totals ..	77	64	141	35	37	72	38	21	59
<b>HOKITIKA—</b>									
Single ..	6	0	6	5	1	6	11	2	13
Married ..	2	3	5	3	0	3	2	3	5
Widowed ..	2	1	3	..	..	..	2	1	3
Totals ..	10	4	14	8	1	9	15	6	21
<b>NELSON—</b>									
Single ..	8	2	10	3	3	6	7	1	8
Married ..	4	5	9	1	6	7	2	2	4
Widowed ..	1	1	2	0	2	2	1	0	1
Unknown ..	..	..	..	..	..	..	0	1	1
Totals ..	13	8	21	4	11	15	10	4	14
<b>PORIRUA—</b>									
Single ..	78	39	117	43	22	65	27	11	38
Married ..	49	55	104	25	36	61	19	11	30
Widowed ..	11	10	21	1	4	5	6	8	14
Transfers ..	1	1	2	..	..	..	..	..	..
Totals ..	139	105	244	69	62	131	52	30	82
<b>ASHBURN HALL—</b>									
Single ..	3	1	4	2	3	5	..	..	..
Married ..	3	6	9	3	4	7	0	1	1
Widowed ..	..	..	..	0	1	1	..	..	..
Transfers ..	1	1	2	..	..	..	..	..	..
Totals ..	7	8	15	5	8	13	0	1	1
<b>TOTALS—</b>									
Single ..	265	124	389	121	74	195	113	30	143
Married ..	148	146	294	69	98	167	62	46	108
Widowed ..	35	47	82	7	19	26	23	28	51
Unknown ..	..	..	..	..	..	..	0	1	1
Transfers ..	7	5	12	..	..	..	..	..	..
Totals ..	455	322	777	197	191	388	198	105	303

TABLE VIII.—NATIVE COUNTRIES.

Countries.	Auckland.			Christchurch.			Dunedin (Seacliff).			Hokitika.			Nelson.			Porirua.			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.
England and Wales	133	81	214	107	101	208	114	59	173	25	14	39	13	23	36	170	98	268	6	1	7	568	377	945
Scotland	37	16	53	32	20	52	110	68	178	8	6	14	4	6	10	39	28	67	7	4	11	237	148	385
Ireland	71	62	133	51	57	108	92	60	152	33	13	46	15	18	33	71	60	131	1	0	1	334	270	604
New Zealand	188	129	317	137	121	258	172	129	301	38	19	57	52	37	89	184	186	370	11	12	23	782	633	1415
Australian States	26	8	34	12	7	19	19	20	39	3	2	5	1	1	2	20	7	27	0	1	1	81	46	127
France	3	0	3	1	1	2	..	..	..	..	..	..	..	..	..	1	0	1	..	..	..	5	1	6
Germany	4	2	6	4	1	5	8	1	9	3	0	3	2	0	2	9	6	15	..	..	..	30	10	40
Austria	14	0	14	1	2	3	..	..	..	..	..	..	1	0	1	0	1	1	..	..	..	16	3	19
Norway	1	0	1	2	0	2	6	1	7	..	..	..	0	2	2	2	0	2	..	..	..	11	3	14
Sweden	6	1	7	3	0	3	3	0	3	3	0	3	3	0	3	6	2	8	..	..	..	24	3	27
Denmark	3	0	3	3	1	4	1	2	3	..	..	..	..	..	4	0	4	..	..	..	11	3	14	
Italy	3	0	3	4	0	4	1	0	1	3	0	3	0	1	1	4	0	4	..	..	..	15	1	16
China	1	0	1	2	0	2	13	0	13	5	0	5	..	..	2	0	2	..	..	..	23	0	23	
Maoris	17	6	23	1	2	3	..	..	..	..	..	..	1	0	1	8	3	11	..	..	..	27	11	38
Other countries	29	7	36	8	8	16	7	4	11	1	0	1	0	2	2	11	6	17	..	..	..	56	27	83
Unknown	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Totals	536	312	848	368	321	689	546	344	890	122	54	176	92	90	182	531	397	928	25	18	43	2220	1536	3756

TABLE IX.—AGES OF PATIENTS ON 31ST DECEMBER, 1911.

Ages.	Auckland.			Christchurch.			Dunedin (Seacliff).			Hokitika.			Nelson.			Porirua.			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.
Under 5 years	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
From—	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
5 to 10 years	2	1	3	0	3	3	..	..	..	5	1	6	1	4	5	..	..	..	..	..	..	8	9	17
10 " 15 "	5	1	6	1	1	2	0	1	1	1	0	1	4	1	5	2	4	6	..	..	..	13	8	21
15 " 20 "	12	7	19	6	7	13	4	10	14	1	0	1	8	0	8	14	15	29	..	..	..	45	39	84
20 " 30 "	56	25	81	47	28	75	64	38	102	5	6	11	14	5	19	73	64	137	5	0	5	264	166	430
30 " 40 "	124	77	201	75	64	139	110	76	186	18	10	28	11	16	27	130	68	198	2	2	4	470	313	783
40 " 50 "	123	82	205	79	74	153	117	78	195	25	7	32	10	24	34	121	100	221	4	7	11	479	372	851
50 " 60 "	112	59	171	72	67	139	103	59	162	20	7	27	15	18	33	94	85	179	4	6	10	420	301	721
60 " 70 "	54	35	89	45	43	88	84	44	128	22	12	34	15	12	27	68	36	104	4	2	6	292	184	476
70 " 80 "	39	20	59	38	30	68	54	32	86	16	8	24	6	4	10	25	20	45	6	0	6	184	114	298
80 " 90 "	5	3	8	5	4	9	10	6	16	4	0	4	4	1	5	3	0	3	0	1	1	31	15	46
90 " 100 "	..	..	..	..	..	..	..	..	..	10	4	14	..	..	..	0	1	1	..	..	..	10	5	15
100 " 105 "	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Unknown	4	2	6	..	..	..	..	..	..	..	..	..	0	8	8	..	..	..	..	..	..	4	10	14
Transfers	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Totals	536	312	848	368	321	689	546	344	890	122	54	176	92	90	182	531	397	928	25	18	43	2220	1536	3756

TABLE X.—LENGTH OF RESIDENCE OF PATIENTS WHO DIED DURING 1911.

Length of Residence.	Auckland.			Christchurch.			Dunedin (Seacliff).			Hokitika.			Nelson.			Porirua.			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.
Under 1 month	2	2	4	3	3	6	5	1	6	..	..	..	8	8	16	..	..	..	..	..	..	18	14	32
From 1 to 3 months	5	3	8	3	0	3	3	3	6	..	..	..	9	5	14	..	..	..	..	..	..	20	11	31
" 3 " 6 "	8	1	9	2	3	5	4	0	4	1	0	1	0	4	4	0	4	4	0	1	1	15	9	24
" 6 " 9 "	2	2	4	2	0	2	1	0	1	1	0	1	2	0	2	2	1	3	..	..	..	10	3	13
" 9 " 12 "	2	2	4	5	0	5	1	0	1	1	2	3	..	..	..	6	1	7	..	..	..	15	5	20
" 1 " 2 years	7	3	10	7	2	9	9	2	11	..	..	..	2	1	3	7	2	9	..	..	..	32	10	42
" 2 " 3 "	3	2	5	1	1	2	2	3	5	1	0	1	2	2	4	4	1	5	..	..	..	13	9	22
" 3 " 5 "	3	1	4	6	1	7	2	0	2	2	2	4	..	..	..	6	0	6	..	..	..	19	4	23
" 5 " 7 "	4	3	7	1	1	2	0	2	2	1	0	1	1	0	1	3	3	6	..	..	..	10	9	19
" 7 " 10 "	3	3	6	2	0	2	3	4	7	3	1	4	..	..	..	1	2	3	..	..	..	12	10	22
" 10 " 12 "	2	1	3	..	..	..	..	..	..	..	..	..	..	..	..	1	0	1	..	..	..	3	1	4
" 12 " 15 "	..	..	..	..	..	..	1	0	1	1	0	1	..	..	..	0	1	1	..	..	..	2	1	3
Over 15 years	3	4	7	6	4	10	7	6	13	4	1	5	2	1	3	5	2	7	..	..	..	27	18	45
Died while absent on trial	1	1	2	..	..	..	..	..	..	..	..	..	1	0	1	..	..	..	..	..	..	2	1	3
Totals	45	28	73	38	15	53	38	21	59	15	6	21	10	4	14	52	30	82	0	1	1	198	105	303

TABLE XI.—LENGTH OF RESIDENCE OF PATIENTS DISCHARGED “RECOVERED” DURING 1911.

Length of Residence.	Auckland.	Christchurch.	Dunedin (Seacliff).	Hokitika.	Nelson.	Porirua.	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.	
Under 1 month	..	..	..	..	..	7 1 8	..	7 1 8	
From 1 to 3 months	..	4 8 12	5 1 6	6 8 14	..	20 2 22	0 2 2	35 21 56	
" 3 " 6 "	..	12 7 19	5 6 11	6 9 15	1 0 1	0 4 4	15 11 26	39 39 78	
" 6 " 9 "	..	11 9 20	4 3 7	4 5 9	..	..	5 13 18	24 31 55	
" 9 " 12 "	..	7 9 16	5 8 13	1 0 1	2 0 2	1 0 1	6 10 16	22 27 49	
" 1 " 2 years..	..	5 5 10	1 6 7	3 5 8	3 1 4	0 3 3	6 11 17	18 31 49	
" 2 " 3 "	..	1 4 5	4 1 5	0 2 2	..	0 1 1	0 2 2	5 10 15	
" 3 " 5 "	..	1 1 2	3 0 3	1 0 1	..	1 1 2	1 2 3	7 4 11	
" 5 " 7 "	..	..	1 0 1	..	..	..	0 1 1	1 1 2	
" 7 " 10 "	..	1 0 1	..	..	1 0 1	..	1 1 2	3 1 4	
" 10 " 12 "	..	1 0 1	..	..	..	..	..	1 0 1	
" 12 " 15 "	..	..	..	..	..	0 1 1	..	0 1 1	
Over 15 years	..	1 0 1	0 1 1	..	..	..	..	1 1 2	
Totals ..	..	44 43 87	28 26 54	21 29 50	7 1 8	2 9 11	61 54 115	0 6 6	163 168 331

TABLE XII.—CAUSES OF DEATH.

Causes.	Auckland.	Christchurch.	Dunedin (Seacliff).	Hokitika.	Nelson.	Porirua.	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.
GROUP I.—GENERAL DISEASES.								
Carcinoma	..	1 0	2 4	0 1	..	2 1	..	5 6 11
Enteric fever	..	..	0 1	..	..	7 2	..	7 3 10
Erysipelas	..	..	..	..	..	1 0	..	1 0 1
Pyæmia	..	0 2	..	..	..	0 1	..	0 3 3
Miliary tuberculosis	..	2 0	1 0	..	..	1 0	..	4 0 4
Diabetes mellitus	..	1 0	..	..	..	..	..	1 0 1
Osteo-arthritis	..	..	0 1	..	..	..	0 1	0 2 2
Exhaustion from diarrhoea	..	..	..	1 0	..	..	..	1 0 1
Influenza	0 1	..	..	..	..	..	..	0 1 1
GROUP II.—DISEASES OF NERVOUS SYSTEM.								
Brain, organic disease of	1 4	0 2	5 1	1 0	..	2 0	..	9 7 16
" syphilitic disease	1 0	..	..	..	..	1 0	..	2 0 2
" Softening of	..	..	1 0	1 0	..	..	..	2 0 2
Epilepsy	2 6	2 0	0 2	1 1	..	2 2	..	7 11 18
Locomotor ataxia	..	..	..	..	..	1 0	..	1 0 1
General paralysis	6 0	8 1	3 0	1 0	2 0	9 1	..	29 2 31
Mania, exhaustion from	..	..	1 0	..	..	1 2	..	2 2 4
Melancholia, exhaustion from	2 1	2 0	..	..	..	0 1	..	4 2 6
Cerebral abscess	1 0	..	..	..	..	..	..	1 0 1
Meningitis	..	1 0	..	..	..	..	..	1 0 1
GROUP III.—DISEASES OF HEART.								
Dilatation	..	..	..	..	0 2	..	..	0 2 2
Valvular, disease of	2 1	0 2	1 3	2 1	..	1 3	..	6 10 16
Syncope	3 0	3 2	2 0	1 2	..	..	..	9 4 13
Fatty degeneration	..	..	1 1	..	..	..	..	1 1 2
Acute endocarditis	..	..	..	..	..	0 1	..	0 1 1
Rupture of heart	..	..	..	..	..	1 1	..	1 1 2
GROUP IV.—DISEASES OF BLOOD-VESSELS.								
Apoplexy	..	..	..	..	..	4 4	..	4 4 8
Cerebral hæmorrhage	1 0	..	1 0	..	..	1 0	..	3 0 3
Senile gangrene	..	..	0 1	..	..	1 0	..	1 1 2
Embolism	..	..	..	..	..	0 1	..	0 1 1
Rupture of superior vena cava	0 1	..	..	..	..	..	..	0 1 1
GROUP V.—DISEASES OF RESPIRATORY SYSTEM.								
Phthisis pulmonalis	12 1	2 0	3 2	..	..	2 3	..	19 6 25
Pneumonia (lobar)	1 0	..	4 1	2 0	..	1 1	..	8 2 10
Septic pneumonia	..	0 1	..	..	..	..	..	0 1 1
Empyæma	..	..	..	..	..	1 0	..	1 0 1

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

Causes.	Auckland.	Christchurch.	Dunedin (Seacliff).	Hokitika.	Nelson.	Porirua.	Ashburn Hall (Private M.H.).	Total.		
	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	T.	
GROUP VI.—DISEASES OF DIGESTIVE SYSTEM.										
Gastric ulcer .. .. .	..	..	1 0	..	..	..	..	1 0	1	
Gastritis .. .. .	..	..	..	..	..	1 0	..	1 0	1	
Colitis .. .. .	..	1 0	1 1	..	..	..	..	2 1	3	
Peritonitis .. .. .	..	..	..	..	..	1 0	..	1 0	1	
GROUP VII.—DISEASES OF URINARY SYSTEM.										
Chronic nephritis .. ..	2 0	..	..	..	..	2 1	..	4 1	5	
GROUP VIII.—ACCIDENT OR VIOLENCE.										
Suicide (mechanically obstructing respiration)	..	..	..	..	1 0	..	..	1 0	1	
Suicide by hanging .. ..	..	..	..	..	..	2 0	..	2 0	2	
Shock from injury to larynx and chest (killed by patient)	..	..	..	..	..	1 0	..	1 0	1	
Asphyxia (choking by meat)	..	..	..	..	..	1 0	..	1 0	1	
Injury to brain from fractured skull	1 0	..	..	..	..	..	..	1 0	1	
GROUP IX.—CONDITIONS NOT SPECIFIED.										
Senile decay .. .. .	10 12	12 4	10 3	2 0	6 2	5 5	..	45 26	71	
Premature senility .. ..	..	1 0	..	..	..	..	..	1 0	1	
Post-operative hæmorrhage	..	..	0 1	..	..	..	..	1 0	1	
Debility .. .. .	..	..	..	3 1	..	..	..	3 1	4	
Puerpura hæmorrhagica	..	0 1	..	..	..	..	..	0 1	1	
Suffocation from pressure or recurrent laryngeal nerve	..	1 0	..	..	..	..	..	1 0	1	
Died while on probation	0 1	1 0	..	..	1 0	..	..	2 1	3	
Totals .. .. .	45 28	38 15	38 21	15 6	10 4	52 30	0 1	198 105	303	

TABLE XIII.—PRINCIPAL ASSIGNED CAUSES OF INSANITY.

Causes.	Auckland.	Christchurch.	Dunedin (Seacliff).	Hokitika.	Nelson.	Porirua.	Ashburn Hall (Private M.H.).	Total.		
	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	T.	
Heredity .. .. .	15 13	17 13	21 12	..	..	4 17	3 2	60 57	117	
Congenital mental deficiency	1 5	8 5	3 5	..	5 0	9 25	..	26 40	66	
Previous attack .. .. .	16 8	5 5	1 0	..	..	9 4	..	31 17	48	
Puberty and adolescence ..	5 4	4 3	3 1	..	1 0	13 4	1 0	27 12	39	
Climacteric .. .. .	0 8	0 3	0 7	..	..	0 12	0 1	0 31	31	
Senility .. .. .	23 13	11 10	15 7	4 0	3 0	13 8	..	69 38	107	
Pregnancy .. .. .	..	..	..	..	0 1	0 1	..	0 2	2	
Puerperal state .. .. .	0 1	0 2	0 5	..	0 3	0 6	0 1	0 18	18	
Lactation .. .. .	..	0 1	0 1	..	..	0 2	..	0 4	4	
Sudden mental stress .. ..	..	1 0	..	..	..	..	..	1 0	1	
Prolonged mental stress ..	5 15	5 1	6 7	0 1	1 1	16 6	..	33 31	64	
Privation .. .. .	..	1 0	1 0	..	..	..	..	2 0	2	
Masturbation .. .. .	4 0	..	..	1 0	..	..	..	5 0	5	
Toxic :—										
Alcohol .. .. .	32 4	10 1	5 1	1 1	2 1	20 5	1 1	71 14	85	
Tuberculosis .. .. .	..	..	0 1	..	..	..	..	0 1	1	
Influenza .. .. .	..	..	..	..	..	1 0	..	1 0	1	
Syphilis .. .. .	10 0	4 0	6 0	..	..	..	..	20 0	20	
Other toxins .. .. .	0 2	..	..	..	..	0 2	..	0 4	4	
Injuries .. .. .	2 0	5 0	2 0	..	..	8 0	..	17 0	17	
Sunstroke .. .. .	..	..	..	..	..	1 1	..	1 1	2	
Lesions of the brain .. .. .	..	0 1	..	..	1 0	..	..	1 1	2	
Disease of the ear .. .. .	..	0 2	..	..	..	..	..	0 2	2	
Epilepsy .. .. .	7 3	1 0	4 6	..	0 1	7 5	..	19 15	34	
Other defined neuroses .. ..	..	..	0 1	0 1	..	3 0	..	3 2	5	
Graves' disease .. .. .	..	..	0 1	..	..	..	..	0 1	1	
Cardio-vascular degeneration	0 2	..	2 1	..	..	4 0	0 1	6 4	10	
General ill health .. .. .	3 5	0 1	2 7	..	..	..	..	5 13	18	
No factor ascertained, history defective	9 2	2 0	4 0	4 1	0 1	21 6	1 1	41 11	52	
Religious excitement .. ..	..	..	..	..	..	0 1	..	0 1	1	
General paralysis .. .. .	..	..	..	..	..	10 0	..	10 0	10	
Solitary life .. .. .	2 0	..	..	..	..	..	..	2 0	2	
Not insane .. .. .	1 0	..	..	..	..	..	..	1 0	1	
Transfers .. .. .	..	..	2 1	..	..	..	1 1	3 2	5	
Totals .. .. .	135 85	74 48	77 64	10 4	13 8	139 105	7 8	455 322	777	





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.
1876	221	117	338	79	17	208	129	8	25	48	519	264	783	491	257	748	54.53	66.01	57.56	8.21	3.58	6.70
1877	250	112	362	57	20	180	133	9	29	63	581	291	872	541	277	818	49.20	50.80	49.72	7.76	7.58	7.70
1878	247	131	378	68	14	188	121	14	28	51	638	319	957	601	307	904	48.98	51.90	50.00	8.48	5.61	7.52
1879	248	151	399	112	15	188	112	13	28	61	695	361	1,056	666	337	1,003	45.16	50.33	47.11	8.25	4.74	7.07
1880	229	149	378	67	36	167	100	5	61	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	41	186	112	36	77	69	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	102	32	81	88	892	483	1,375	860	475	1,335	40.00	46.98	42.75	7.55	3.78	6.21
1883	255	166	421	78	13	180	102	20	38	65	958	514	1,452	911	497	1,408	37.39	50.32	42.45	7.46	4.82	6.53
1884	238	153	391	89	17	166	106	18	26	68	981	542	1,523	965	528	1,493	32.31	47.50	37.66	7.56	4.16	6.36
1885	294	160	454	95	10	171	105	5	15	73	958	604	1,618	984	559	1,543	47.82	36.26	42.74	5.79	3.39	4.91
1886	207	165	372	99	11	159	99	17	28	76	1,009	604	1,618	984	559	1,543	47.82	36.26	42.74	5.79	3.39	4.91
1887	255	161	416	78	181	34	103	17	51	101	1,053	648	1,696	1,034	618	1,647	53.95	63.01	43.61	7.56	4.05	6.16
1888	215	146	361	92	208	31	116	28	59	104	1,041	640	1,681	1,045	641	1,686	53.95	63.01	43.61	7.56	4.05	6.16
1889	230	161	391	93	30	146	93	30	61	100	1,074	687	1,761	1,046	660	1,707	40.43	32.92	37.34	6.69	5.54	5.86
1890	230	160	390	88	186	23	103	12	59	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	88	14	57	120	1,115	734	1,849	1,083	693	1,789	37.61	36.82	37.24	7.25	5.86	6.71
1892	231	158	389	76	165	21	103	8	38	108	1,154	763	1,917	1,125	714	1,839	38.53	48.10	42.42	6.58	5.87	5.72
1893	281	179	460	101	89	190	101	12	29	139	1,229	810	2,039	1,172	758	1,930	35.94	49.72	41.30	6.66	3.38	5.23
1894	320	256	576	107	76	183	107	11	26	143	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	24	182	105	19	43	188	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	70	174	25	104	16	41	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	26	175	102	32	53	143	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	114	47	36	151	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	88	25	40	148	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	103	25	49	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	234	597	125	104	229	125	33	57	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	135	15	41	173	1,715	1,133	2,848	1,671	1,114	2,785	38.35	51.56	43.01	7.13	4.94	6.28
1903	454	237	691	144	101	245	144	12	66	184	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	157	13	37	190	1,801	1,237	3,038	1,780	1,198	3,028	44.18	44.17	45.34	6.74	5.44	7.07
1905	399	280	679	149	121	270	149	22	50	214	1,836	1,276	3,112	1,796	1,232	3,028	41.39	48.21	44.19	8.18	6.71	7.48
1906	401	277	678	157	126	283	157	14	20	146	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	160	19	50	168	1,909	1,331	3,240	1,851	1,285	3,136	44.29	57.68	49.67	9.08	7.39	7.89
1908	434	325	759	180	146	326	180	9	22	148	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	179	22	39	204	2,053	1,465	3,548	1,970	1,404	3,374	42.72	57.24	48.74	6.90	4.84	6.0
1910	639	371	1,010	182	145	327	182	55	59	283	2,160	1,510	3,670	2,028	1,445	3,473	38.40	46.18	41.50	9.17	6.71	8.15
1911	455	332	777	163	168	331	163	11	39	105	2,220	1,536	3,756	2,105	1,496	3,601	36.38	53.00	43.27	9.41	7.02	8.41
	11,328	7,612	18,940	4,300	3,338	7,638	4,300	692	1,596	990	780	1,770	3,396	1,520	4,916	..	..	..	..	..	..	..

In mental hospitals, 1st January, 1876 M. 482 F. 254 T. 736  
 In mental hospitals, 1st January, 1912 M. 2,220 F. 1,536 T. 3,756

TABLE XVI.—SHOWING THE ADMISSIONS, READMISSIONS, DISCHARGES, AND DEATHS FROM THE 1ST JANUARY, 1876, TO THE 31ST DECEMBER, 1911.

Persons admitted during period from 1st January, 1876, to 31st December, 1911	M.	F.	T.	M.	F.	T.
	9,127	5,812	14,939			
Readmissions .. .. .	2,201	1,800	4,001			
<b>Total cases admitted</b> .. .. .				11,328	7,612	18,940
<b>Discharged cases—</b>						
Recovered .. .. .	4,800	3,338	7,638			
Relieved .. .. .	904	692	1,596			
Not improved .. .. .	990	780	1,770			
Died .. .. .	3,396	1,520	4,916			
<b>Total cases discharged and died since January, 1876</b>				9,590	6,330	15,920
Remaining, 1st January, 1876 .. .. .				482	254	736
Remaining, 1st January, 1912 .. .. .				2,220	1,536	3,756

TABLE XVII.—SUMMARY OF TOTAL ADMISSIONS: PERCENTAGE OF CASES SINCE THE YEAR 1876.

	Males.	Females.	Both Sexes.
Recovered .. .. .	37·96	43·85	40·33
Relieved .. .. .	7·98	9·09	8·43
Not improved .. .. .	8·74	10·25	9·34
Died .. .. .	29·98	19·97	25·96
Remaining .. .. .	15·34	16·84	15·94
	100·00	100·00	100·00

TABLE XVIII.—EXPENDITURE, OUT OF PUBLIC WORKS FUND, ON MENTAL HOSPITAL BUILDINGS, ETC., DURING THE FINANCIAL YEAR ENDED 31ST MARCH, 1912, AND LIABILITIES AT THAT DATE.

Mental Hospitals.	Net Expenditure for Year ended 31st March, 1912.	Liabilities on 31st March, 1912.
	£ s. d.	£ s. d.
Auckland .. .. .	105 8 9	6 16 9
Reception-house at Auckland .. .. .	105 5 7	.. .. .
Tokanui .. .. .	4,303 1 1	13,232 8 5
Porirua .. .. .	1,762 5 6	222 1 0
Christchurch .. .. .	411 13 3	116 5 11
Seacliff .. .. .	1,479 9 2	5,277 10 4
Waitati .. .. .	442 1 9	.. .. .
Nelson .. .. .	200 0 0	.. .. .
<b>Totals</b> .. .. .	<b>8,809 5 1</b>	<b>18,855 2 5</b>

TABLE XIX.—TOTAL EXPENDITURE, OUT OF PUBLIC WORKS FUND, FOR BUILDINGS AND EQUIPMENT AT EACH MENTAL HOSPITAL FROM 1ST JULY, 1877, TO 31ST MARCH, 1912.

Mental Hospitals.	1877-1904.			1903-4.			1904-5.			1905-6.			1906-7.		
	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.
Auckland .. ..	96,891	19	6	1,284	4	1	2,413	12	5	5,600	7	3	527	17	3
Reception-house at Auckland .. ..	..	..	..	..	..	..	..	..	..	..	..	..	4	10	0
Wellington .. ..	28,633	17	0	532	1	10	235	5	9	..	..	..	482	0	9
Wellington (Porirua) .. ..	111,631	1	1	6,377	15	0	5,387	11	3	2,602	14	6	1,175	12	2
Christchurch .. ..	107,923	9	2	4,238	4	11	3,266	1	7	1,944	4	6	1,962	6	5
Seacliff .. ..	138,443	17	10	1,360	17	0	3,229	0	10	1,434	3	6	1,997	4	5
Waitati .. ..	..	..	..	..	..	..	..	..	..	..	..	..	320	10	2
Dunedin (The Camp) .. ..	..	..	..	..	..	..	..	..	..	3,014	3	6	899	7	11
Napier .. ..	147	0	0	..	..	..	..	..	..	..	..	..	..	..	..
Hokitika .. ..	2,398	5	5	874	11	8	890	16	2	156	11	5	19	7	0
Richmond .. ..	..	..	..	..	..	..	..	..	..	989	4	8	107	14	7
Nelson .. ..	15,502	1	10	1,144	5	8	526	19	10	493	17	3	552	8	11
Totals .. ..	501,571	11	10	15,312	0	2	15,949	7	10	16,235	6	7	8,048	19	7

  

Mental Hospitals.	1907-8.			1908-9.			1909-10.			1910-11.			1911-12.			Total Net Expenditure, 1st July, 1877, to 31st March, 1912.		
	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.
Auckland .. ..	253	7	10	1,318	8	9	1,523	10	2	462	17	2	105	8	9	109,097	9	1
Reception-house at Auckland .. ..	462	10	0	61	16	0	1,788	8	0	2,531	6	5	105	5	7	4,953	16	0
Tokanui .. ..	..	..	..	..	..	..	..	..	..	165	16	8	4,303	1	1	4,468	17	9
Wellington .. ..	198	2	1	106	10	0	..	..	..	..	..	..	..	..	29,655	15	7	
Wellington (Porirua) .. ..	2,369	14	10	2,246	13	5	10,347	13	10	8,121	7	0	1,762	5	6	145,644	13	7
Christchurch .. ..	2,018	2	7	4,143	14	11	1,133	4	5	1,062	14	10	411	13	3	123,865	11	8
Seacliff .. ..	1,313	17	6	5,598	4	8	2,796	17	9	4	4	7	1,479	9	2	156,297	0	3
Waitati .. ..	252	4	10	86	18	10	..	..	..	..	..	442	1	9	1,101	15	7	
Dunedin (The Camp) .. ..	918	18	8	58	16	9	..	..	..	..	..	..	..	..	4,891	6	10	
Napier .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	147	0	0	
Hokitika .. ..	..	..	..	..	..	..	256	7	0	5	14	4	..	..	3,727	1	4	
Richmond .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1,096	19	3	
Nelson .. ..	200	0	0	1,675	0	0	1,992	6	1	352	16	7	200	0	0	21,495	10	6
Totals .. ..	7,986	18	4	15,296	3	4	19,838	7	3	12,706	17	7	8,809	5	1	606,442	17	5

TABLE XX.—SHOWING THE EXPENDITURE FOR THE YEAR 1911.

Items.	Auckland.	Christchurch.	Dunedin (Seacliff).	Hokitika.	Nelson.	Porirua.	Total.
	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
Inspector-General*	..	..	..	..	..	..	986 6 6
Assistant Inspector*	..	..	..	..	..	..	491 13 4
Clerks*	..	..	..	..	..	..	888 15 0
Medical fees*	..	..	..	..	..	..	1,434 14 3
Contingencies*	..	..	..	..	..	..	334 8 4
Official Visitors	..	..	..	..	..	..	86 2 0
Superintendents	25 4 0	4 4 0	18 18 0	12 12 0	333 12 0	25 4 0	3,103 12 0
Assistant Medical Officers	637 10 0	637 10 0	637 10 0	220 0 0	394 1 10	637 10 0	1,776 8 4
Visiting Medical Officers	308 7 10	218 9 3	667 9 5	188 0 0	41 13 2	322 2 3	41 13 2
Clerks	225 10 2	327 10 0	267 5 11	..	..	..	1,142 8 4
Matrons	206 3 4	132 10 0	158 6 8	85 8 4	108 15 0	132 10 0	823 13 4
Attendants and servants	6,967 19 8	7,419 14 11	11,280 5 9	1,935 0 3	1,826 16 6	10,717 15 3	40,147 12 4
Rations	6,430 0 3	5,278 18 5	6,500 4 3	1,723 10 4	1,516 4 11	7,080 9 0	28,529 7 2
Fuel, light, water, and cleaning	1,733 16 9	2,719 3 8	2,763 12 10	1,80 16 5	322 3 7	2,131 17 1	9,751 10 4
Bedding and clothing	2,505 4 0	1,982 3 11	2,304 0 0	278 0 9	279 10 10	1,668 15 3	9,017 14 9
Surgery and dispensary	77 17 2	86 13 4	276 17 7	21 19 8	33 19 4	181 11 3	678 18 4
Wines, spirits, ale, and porter	15 0 9	5 14 0	7 19 9	0 8 8	3 12 0	20 8 4	53 3 6
Farm	668 8 5	1,521 14 10	3,139 15 4	44 11 6	232 16 3	1,793 9 8	7,400 16 0
Buildings and repairs	316 1 1	774 16 4	1,445 17 9	42 9 3	..	1,088 9 8	3,667 14 1
Necessaries, incidental, and miscellaneous	2,392 14 9	3,019 11 1	5,273 18 0	514 10 9	639 3 7	3,020 19 0	14,860 17 2
Totals	22,509 18 2	24,128 13 9	34,742 1 3	5,147 7 11	5,338 7 2	29,215 2 7	125,227 8 3
Repayments, sale of produce, &c.	7,144 3 8	8,873 19 1	11,832 5 2	960 17 4	1,231 18 10	10,796 18 9	40,840 2 10
Actual cost	15,365 14 6	15,254 14 8	22,909 16 1	4,186 10 7	4,106 8 4	18,418 3 10	84,387 5 5

\* Not included in Table XXI.

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

	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 previous Year.	Increase in 1911.	Decrease in 1911.	Total.
	£ 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.
Mental Hospital.	7 16 2	10 4 10	3 1 1½	2 2 3½	0 1 10½	0 0 4½	0 16 3½	0 7 8½	2 18 4	27 9 0	8 0 5½	18 14 9	19 15 7	1 0 10	..	..
Auckland	7 19 6	13 4 0½	2 19 10½	4 2 2	0 2 7½	0 0 2½	2 5 11½	3 4 4½	4 11 2½	36 8 11½	9 17 3	23 0 10½	22 15 7	0 8 4½	..	..
Christchurch	7 14 11½	15 10 7½	2 14 11	3 5 10½	0 6 7	0 0 2½	3 14 10½	1 14 5½	6 5 8½	41 8 2	11 7 3½	30 0 10½	27 6 1½	..	..	..
Dunedin (Seacliff)	9 14 9	13 15 9½	1 11 5	0 9 1½	0 2 5½	0 0 0½	0 5 0½	4 9 1½	2 18 1½	29 1 7	4 16 10½	24 4 8½	23 13 0	..	..	..
Hokitika	8 15 3½	13 7 1½	1 12 3½	1 17 3	0 3 11	0 0 5	1 6 10½	..	3 13 10½	30 17 1	5 11 6	25 5 7	23 10 3	..	..	..
Nelson	7 19 8	13 15 8½	1 17 7½	2 8 1	0 4 1	0 0 5½	2 0 5½	1 4 6½	3 8 1½	32 18 8½	10 11 3½	22 7 5½	25 5 8	4 10 4½	..	..
Porirua	8 0 4½	13 4 10½	2 10 8½	2 14 9½	0 3 9½	0 0 3½	2 1 7 1	4 3 6½	4 3 6½	34 0 7½	9 10 2½	24 10 5	24 1 8½	1 10 8½	..	..
Averages	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..

TABLE XXIIA.

Including first five items in Table XX	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..

TABLE XXIB.

Richmond Home for Feeble-minded Patients on probation at The Camp	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
14 13 11	39 5 1½	4 1 1	2 13 1	..	..	..	2 16 8½	0 17 6½	5 9 8	69 17 1½	..	..	57 2 6	54 3 3½	..	2 19 2½
10 13 1½	21 1 1½	1 11 9½	2 15 4	0 3 8½	..	..	1 14 2 0	2 4½	4 16 5	42 18 0½	..	..	42 15 2½	41 6 1	..	1 9 1½

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