1913.

NEW ZEALAND.

MENTAL HOSPITALS OF THE DOMINION

(REPORT ON) FOR 1912.

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

CONTENTS.

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

MY LORD,— Wellington, 15th September, 1913.

I have the honour to submit to Your Excellency the report of the Inspector-General of Mental Defectives for the year 1912. I have, &c.,

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, 1913.

I have the honour to present, pursuant to section 78 of the Mental Defectives Act, 1911, the report for the year ended 31st December, 1912.

The number of patients under the control of this Department at the beginning of the year was 3,756 (males, 2,220; females, 1,536), and at the end 3,913 (m. 2,273; f., 1,640), an increase of 157 (m., 53; f., 104). The average increase during the former five years was 110, the figures for the most and least favourable years being 34 and 174 respectively. The total number under oversight, care, or control was 4,743 (m., 2,813; f., 1,930), as against 4,447 (m., 2,615; f., 1,832) in the previous year, an increase of 296 (m., 198; f., 98), while the average number resident in our institutions during the year was 3,697 (m., 2,146; f., 1,551), against 3,601 (m., 2,105; f., 1,496) in 1911, or 96 more in the year under review.

Distribution.

Counting 171 (m., 135; f., 36) absent on leave as still resident in the mental hospital whence they left, the 3,913 patients on the register at the end of the year were distributed as follows:—

	Males.	Females.	Total.
Auckland	500	345	845
Christchurch	375	342	717
Dunedin (Seacliff and Waitati)	545	370	915
Hokitika	180	51	231
Nelson	94	94	188
Porirua	488	420	908
Tokanui	64	...	64
Ashburn Hall (private mental hospital)	27	18	45
	2,273	1,640	3,913

Of those technically on leave, 50 men were resident at the Camp, near Dunedin, 56 on Motuihi Island, 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 42 only (m., 30; f., 12).

The proportion of total mentally defective to the total population was,—
Exclusive of Maoris ... ... 36·77 per 10,000, or 1 in 272
Inclusive of Maoris ... ... 35·49 „ 1 in 282

The proportion of mentally defective males to the male population,—
Exclusive of Maoris ... ... 40·55 per 10,000 or 1 in 247
Inclusive of Maoris ... ... 39·21 „ 1 in 255

The proportion of mentally defective females to the female population,—
Exclusive of Maoris ... ... 32·60 per 10,000 or 1 in 307
Inclusive of Maoris ... ... 31·37 „ 1 in 319

Comparing these figures with those in the last report, and taking the ratios therein as a standard, there were, exclusive of Maoris, on the register at the end of the year 55 more patients than would be justified by the natural increase of population. Curiously enough, the increase was limited to women patients, who were 60 in excess of the proportional increase in population, while the men were 5 fewer than anticipated.

In England and Wales the number of notified insane persons on the 1st January, 1911, stood to the estimated population in the proportion of 1 to 275, or 36·4 per 10,000.

Admissions.

Exclusive of 148 patients (m., 135; f., 13) transferred from one institution to another, the admissions numbered 839 (m., 458; f., 381), as against 765 (m., 448; f., 317) in the previous year, an increase of 74. Of the 839, those admitted for the first time numbered 694 (m., 402; f., 292), the remainder 145 (m., 56; f., 89), representing patients who had been in one or other of the mental hospitals. To the first admissions 14 immigrants, who became insane within a year of landing here, contributed. Of this number, 3 men and 4 women came from the United Kingdom, of whom 1 man and 1 woman had had previous attacks of insanity, and 2 men came from the Commonwealth. In addition, 4 New-Zealanders (2 men and 2 women), of whom 1 man and 1 woman had had previous attacks of insanity, were admitted shortly after their return from residence abroad. One man was admitted from Rarotonga.

Ratio of Admissions to Population.

Excluding the Native race (12 male and 5 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 7·91 and 6·52 per 10,000; or, in other words, every 1,264 persons in the general population contributed an admission, and every 1,535 a first admission.

Year.	Ratio to 10,000 of Population of		Number of Persons in Population contributing	
	Admissions.	First Admissions.	One Admission.	One First Admission.
Quinquennial average, 1902–1906 ...	6·86	5·59	1,459	1,788
Quinquennial average, 1907–1911 ...	7·33	5·93	1,364	1,688
Decennial average, 1902–1911 ...	7·11	5·77	1,407	1,733
1912	7·91	6·52	1,264	1,535

As a measure of the increase of patients under the Act in relation to the increase in the population, this table is more accurate than figures detailing the proportion of total mentally defective to the population. The first division in each section deals with all patients placed on the register during the periods; the second separates from the first patients whose names were placed on the register 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, but an increase in the ratio of first admissions is of more serious import. During the last thirty-seven years there has been 1 readmission among every 4·64 admissions, or 1 relapse of a patient discharged recovered or return of 1 discharged unrecovered for every 2·69 discharges—that is, cases discharged, not persons, for persons labouring under the recurrent forms of disorder will have been discharged and readmitted more than once. The general tendency, as demonstrated by the proportions at the quinquennia, indicates an increase of occurring insanity in excess of the increase in the population.

It should be remembered, however, that our population is materially augmented by ready-made adults, persons no longer immune by age, who have during their period of immunity diluted, so to speak, the statistics of some other country. It should also be pointed out that the Mental Defectives Act, 1911, spreads its net wider than the Lunatics Act, and even during the year under review the difference is appreciable in the larger admission rate of persons mentally infirm through age or the decay of their faculties.

In this connection the following excerpt from the Official Year-book for 1912 is interesting: "The declining proportions at the earlier ages 0–19 years may be ascribed to a falling birth-rate, while the increase at the higher ages is due to the advanced age of the then mostly adult immigrants introduced during the early stages of settlement. These form the greater proportion of the groups sixty years and over, numbering 70,741 persons in 1911, of whom only 3,862 were New-Zealand-born. The latter element in the population is assuming larger proportions each year, while the influence of the numbers recruited from abroad on the age constitution is gradually waning."

The last paragraph is hopeful as indicating an approach to a relatively more normal distribution of the population at different ages.

With regard to our admissions, we are actually dealing with small numbers to which the addition of a few from any cause, such as an influx of adults and the advancing age of earlier settlers, makes a material difference.

In England and Wales during 1910, every 10,000 of the general population contributed 5 first admissions and 6·04 total admissions.

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 402 (m., 212; f., 190), and the deaths numbered 280 (m., 193; f., 87). The total number under care during the year, deducting transfers, was 4,595 (m., 2,678; f., 1,917). The corresponding figures for the previous year were 376, 303,

and 4,435 respectively. Had the previous year's relation of discharges and deaths to the total number under care been maintained in 1912, there would have been 17 fewer discharges and 32 more deaths.

Of the patients discharged, 325 (m., 184; f., 141) were classed as recovered. In 1911 the number discharged as recovered was 331 (m., 163; f., 168). The percentage of recoveries calculated upon admissions was 38·74 (m., 40·17; f., 37·01), as against 43·27 (m., 36·38; f., 53·00) in the previous year. In the summary of total admissions since 1876 the percentage of recovery works out at 39·96 (m., 37·61; f., 43·46.)

In England and Wales (exclusive of idiot establishments) the rate for 1910 was 34·31, and the average for the ten years ending 1910 was 36·49 per cent.

A lower recovery-rate was anticipated under the new Act on account of a larger proportion of mentally deficient and mentally infirm admissions, on account of a certain proportion of persons coming as voluntary boarders and recovering as such, instead of as patients, and because previously when a patient was discharged on probation it was often taken for granted that he had recovered; but under the new Act such persons have to be regarded as unrecovered unless there is medical evidence of recovery at the end of the probationary period. This last factor will in time make a material difference, but the procedure is a very proper one. To demonstrate this, one has merely to reflect upon legal complications which could arise if, judging by the convalescent condition of a patient when leaving, he were as a matter of course discharged as recovered at the end of the probationary period. Unfortunately, people get careless about sending reports after they have left the institution, and their recovery is lost to statistics. Bearing this out is the fact that, excluding the incurable, 71 patients were discharged as unrecovered during the year under review, as against 21 in the previous year when the Act was not in force. Probably more than one-half of that number actually recovered and would previously have been returned as recovered, but if only a half were, the recovery rate would have been higher than in 1911.

For some years a prognosis has been made upon the admission of each patient, and at the end of the year the case of every patient is reviewed and his further detention depends upon the granting of a certificate that it is necessary for his own good or in the public interest. Incidental to this review is a reconsideration of the prognosis. The first stage is to set aside those whose malady is definitely incurable, and then to separate from the remainder the more hopeful cases.

The results for 1912 are shown in the table hereunder :—

Showing as on 31st December, 1912, the Discharges, Deaths, and Length of Residence of those remaining, after the Exclusion of all Cases deemed incurable on 1st January, 1912, or on Admission in Cases admitted during the Year.	Of 3,756 Patients resident on 1st January, 1912.						Of 987 Patients admitted during 1912.						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.
	103	71	174	110	105	215	161	166	327	103	103	206	264	237	501	213	208	421	477	445	922
Discharged recovered	65	35	100	14	14	28	95	83	178	11	10	21	160	118	278	25	24	49	185	142	327
,, unrecovered	3	17	20	15	13	28	..	11	11	7	5	12	3	28	31	22	18	40	25	46	71
Died	1	3	4	4	4	8	3	4	7	4	1	5	4	7	11	8	5	13	12	12	24
Remaining, residence 1 month or less	..	..	..	..	..	..	3	6	9	9	10	19	3	6	9	9	10	19	12	16	28
Ditto, over 1 and under 3 months ..	..	..	..	..	..	..	19	15	34	11	17	28	19	15	34	11	17	28	30	32	62
,, 3 to 6 months	..	..	..	..	..	..	15	19	34	22	21	43	15	19	34	22	21	43	37	40	77
,, 6 to 9 ,, ...	..	..	..	..	..	..	15	19	34	16	16	32	15	19	34	16	16	32	31	35	66
,, 9 to 12 ,, ...	..	..	..	..	..	..	8	8	16	15	16	31	8	8	16	15	16	31	23	24	47
,, over 12 ,, ...	34	16	50	77	74	151	3	1	4	8	7	15	37	17	54	85	81	166	122	98	220
Total remaining	34	16	50	77	74	151	63	68	131	81	87	168	97	84	181	158	161	319	255	245	500

Classes A and B being respectively the more and the less hopeful of the patients resident at the beginning of the year, and C and D of the admissions during the year. The column in which A and C are combined gives the history of the more hopeful cases, and that in which B and D are combined the history of the less hopeful.

A proportion of those classed as remaining may have passed or may pass in due course from the more to the less favourable column, or may pass out of this table; but it will be apparent on consulting Table XI in the appendix that patients admitted towards the second half of the year have not yet had time to recover.

Transfers are not excluded from this return—it will be observed that there are, under the columns dealing with admissions, 19 patients remaining whose residence is over twelve months. These patients are obviously in the discharged unrecovered list of one hospital and the admission list of another. As a rule, however, the transfers are not among the curable, and as there were as many as 145 during the year under review, they interfere with figures giving the percentage proportion of the admissions deemed to be curable. Making allowance for this, the percentage is not materially different from that of last year. Of the patients on the register at the beginning of the year, 89·4 per cent. were incurable, and in 4·74 per cent. the prognosis was favourable. There is nothing unusual about these proportions when it is remembered that the incurable are mainly those patients who remain in residence year in and year out.

Class A is made up of those left over from A and C of the previous year, a total of 205, but when the prognosis was reviewed 31 (m., 17 ; f., 14) were rejected from inclusion in this class. Similarly, B is made up of those left over from B and D, a total of 277, to which a proportion of the above 31 should be added. In this section there was a considerable rejection, especially from the residue of the former Class B, in which was included a large proportion of patients given the benefit of a very liberally interpreted doubt.

In Class A the percentage of recoveries was 57·5 (m., 63·1 ; f., 49·3) and in Class C 54·4 (m., 59 ; f., 50), making the rate for the more favourable classes 55·4 (m., 60·6 ; f., 49·8). But, as stated above, some of the " unrecovered " may possibly have recovered when on probation and have failed to forward certificates, and there has not yet been time for all to recover in whose case the prognosis of the malady was favourable. That this is a very important factor is evident when the recovery rate of Class A, the brought-forwards of the previous year, is taken into consideration. The systematic recording of the prognosis of each case has not been in operation a sufficient number of years to enable generalizations of any value to be made, but the trend of the figures points to about an 80-per-cent. chance of recovery where the prognosis has been more favourable.

The percentage of deaths calculated on the average number resident was 7·57 (m., 8·99 ; f., 5·61), in 1911 the proportion was 8·41 (m., 9·41 ; f., 7·02) ; calculated on the total number under care (less transfers) the proportion per cent. in 1912 was 6·09 (m., 7·20 ; f., 4·54), and in the previous year 6·83 (m., 7·59 ; f., 5·74).

In England and Wales the percentage, in 1910, calculated on the daily average number resident, was the lowest on record 9·26 (m., 10·56 ; f., 8·14).

A Coroner's inquest is held in every case of death in an institution, irrespective of the cause. Analysing Table XII in the appendix, one finds that 46·76 per cent. of those who died were over sixty years of age, and in 22·86 per cent. senile decay was the cause of death. Death resulted from diseases of the nervous system in 29·64 per cent., general paralysis contributing 11.78 per cent. (15·54 per cent. of the male deaths). Consumption and other forms of tuberculosis contributed 10 per cent. None of the remaining causes accounted for a sufficient number of deaths to make its proportion per cent. of any value, but it should be mentioned that six deaths were due to enteric—four at Auckland and two at Porirua—and that one patient was suffocated during an epileptic fit. There was no case of suicide.

In England and Wales during 1910 the percentage of deaths due to general paralysis of the insane was 17·24 (for males 26·52) and to tuberculosis 16·20.

Causes of Insanity.

The following is a summary for 1912 of proportions per cent. contrasted with the three previous years :—

	Males.	Females.	Total, 1912.	Total, 1911.	Total, 1910.
Heredity	13·16	17·18	14·97	15·17	10·15
Congenital mental deficiency ..	6·58	6·60	6·59	8·56	8·63
Previous attack	8·55	13·20	10·66	6·22	8·12
Critical periods	21·27	22·69	21·92	22·96	20·18
Alcohol	17·98	5·02	12·09	11·03	11·68
Toxic (syphilis, tuberculosis, &c.)	7·46	2·12	5·03	3·37	4·95
Mental stress	4·83	11·35	7·78	8·82	8·25
Diseases of nervous system ..	5·26	1·85	3·71	6·87	5·08
Other diseases	2·85	6·55	4·55	3·76	5·46
Puerperal state, &c.	..	9·50	4·31	3·11	3·17
Physiological defect or error ..	1·54	0·25	0·96	0·91	2·28
Traumatic	1·75	0·25	1·08	2·47	1·52
Unknown	8·77	3·44	6·35	6·75	10·53
	100·00	100·00	100·00	100·00	100·00

The varying number classified as unknown will for purposes of comparison vary the percentage proportion ascribed to each cause in the above table, but it will be noted that this number is diminishing. Allowing for this factor, it will be seen that the proportions ascribed to heredity, to the critical periods, and to alcohol are fairly constant.

With regard to the last of these, it should be stated that first symptoms are sometimes mistaken for causes ; nevertheless, indulgence where there is mental instability acts and reacts, and establishes a vicious circle, and at times, even where instability is not readily recognized, alcohol is a potent factor in the causation of insanity. One has merely to observe a person in a state of intoxication to realize that alcohol brought into direct contact with the higher nerve-centres has produced a condition of affairs which, were it prolonged instead of being temporary, would unhesitatingly be classed as insanity ; one has merely to observe this, without any knowledge of degenerative processes set up in the brain and other tissues by repeated poisonous doses, to infer that a proportion of such persons is destined to be mentally defective more or less permanently. In the year under review, the number of such victims admitted was 101 (m., 82 ; f., 19), and though some of them may have been so unstable as to have succumbed to a less destructive exciting cause, there is no doubt that the total represents a large proportion of preventable insanity.

The returns with respect to heredity do not, and never do, represent its total incidence. One may hold that the stress alleged as the cause was of itself insufficient to disorder a stable brain, but can enter only what is acknowledged, and one may observe nervous peculiarities among visiting relatives, pointing to common inheritance ; but the knowledge cannot always be used in compiling statistics,

either because these persons have shared the same faulty environment, or the characteristics may have descended from a branch unrelated to the patient. We have, however, examples of heredity being denied in cases where there are other members of the family already in one or other of the mental hospitals, and it is clear that the percentage above is too small.

One cannot leave this subject without calling attention to the burden of misery and cost which present-day humanitarianism is piling up for the future. That civilization should leave the destiny of the unfit to a ruthless struggle for existence is unthinkable. We are not going back to the laws of Lycurgus, but forward, even if it be from the Koran, wherein it is written, "Give not unto those who are weak of understanding the substance which God hath appointed you to preserve for them; but maintain them thereout, and clothe them, and speak kindly unto them." The truest kindness is to reduce as far as in our power lies the number of unfit persons brought into being without proceeding to drastic remedies, which are all very well when considered academically, but which would in application defeat their object. In former reports I have dealt with different solutions of this problem, and have pointed out their difficulties and dangers, and need not now repeat the arguments.

One strongly feels that the real need is for education in these matters, a slow process, but one which in the end is more likely to effect its purpose, and it should always be remembered that legislative hindrances to marriage, often suggested, do not settle the question of procreation. Undoubtedly, a material and lasting good would result if legislation could be framed to include a section of feeble-minded women, who do not come within the definition in the Mental Defectives Act, among persons to be segregated and rationally provided for.

Our Act can include those alone in whom there is a recognizable degree of mental deficiency, necessitating their being placed under oversight, care, or control; but there are others who, among those with whom they habitually associate, would hardly be regarded as feeble-minded, and, having a blunting of the moral sense and a decided pliancy under temptation, are a manifest danger in the community, and should be placed out of harm's way until they become harmless. By the courtesy of the Education Department I am supplied with the following information:—

"There are many cases of feeble-minded or morally degenerate single women who give birth to children the paternity of whom they are utterly unable to establish. To quote instances, one in Dunedin has six children of different men; another in the Waikato is the mother of eight, nearly all, if not all, of whom have inherited her mental deficiency, some in a marked degree; in South Canterbury are two sisters, one with three and the other with two illegitimate children. All these cases came into our hands [Education Department], as the mothers were again about to be confined. Further, there is a family in the Wellington District of whom nearly all are feeble-minded or otherwise degenerate, and the known outlay of public funds in their behalf is £2,000, not counting two adults who are chargeable and probably will be to the end of their lives, one in a refuge, and one in a mental hospital."

With respect to the critical periods, there is no avoiding them, but in our relation towards them they furnish an example of what gradual public enlightenment is doing in the way of prophylaxis. Though not included in the list as a critical period, it should be borne in mind that proper nourishment in infancy and a permitting of the mind to naturally expand and not to force or excite the developing brain is the foundation of the *mens sana in corpore sano*. Apart from mental deficiency showing itself at this period, there are special neuroses, such as convulsions, night terrors, stammering, &c., which are the danger-signals of neurotic inheritance, indicating the necessity for careful upbringing. In the period of puberty, insanity is comparatively rare, but neurotic inheritance early shows itself in sleep-walking, St Vitus's dance, and later in epilepsy and hysteria. There is great disturbance in the recording brain during this period of unusual growth which, especially in the predisposed, finds a morbid outlet if not directed into a healthy channel. To force the brain now is to injure the life-history of the individual, and it may be of the offspring, in the case of women who are not rendered barren. It would appear sometimes that persons with an insane or strong neurotic inheritance cannot, if circumstances are unfavourable, complete their developmental intention, and the commencement of mental disease shows itself in puberty and adolescence. To be solitary and self-contained at this period is a distinct evil.

Even a casual observer must appreciate a marked difference, mental and physical, between a boy or girl at puberty and the adolescent; and it goes without saying that the mental accommodation for so profound a change means stress, and a stress which has to be combated with open-air exercise, regular habits and good nourishment, or it may prove too great.

In "Morals and Brain," one of the "New Tracts for the Times," Sir Thomas Clouston issues this warning to adolescents: "By far the largest number of the men and women who become dipsomaniacs . . . . are persons under twenty-five years of age. It is therefore of especial importance that the age of adolescence should be studied and guarded, and prevention applied in regard to drink. The intense desire of this period of life to obtain pleasure in some way or other, its irresponsibility, its impulsiveness, and the fact that it is during this age that many weaknesses and hysterical conditions prevail, are all strong arguments for especially looking after our adolescents. Even the good points of adolescence are sometimes its dangers."

The next critical period is that of the climacteric. Here again there are outward and visible signs, both mental and physical, of the unaccustomed stimuli of alterations taking place, and the resulting stress has contributed its quota.

With respect to old age, it should be remembered that man is not built like the "one-horse shay," and that life does not run an even course, and thus towards the end of the journey some parts are worn out more than others. There are changes in the vascular system, and chemical and structural changes in the brain, which are part and parcel of senility. Heredity is particularly difficult to trace, and presumably is not very marked or it would have made its presence felt before. On the other hand, it

is a factor; but the discovery of the fact that nature does not forgive is often left to this critical period. Few who are observant could not quote instances of illusage of the brain with apparent impunity earlier in life leading to a mental breakdown when that organ commenced to share in the general decay; indeed, in many cases the condition is one of presenility. The proportion of patients admitted suffering from senile insanity is relatively large.

Weekly Reports.

The receipt of weekly reports from each mental hospital, the same being a copy of the entries into the Weekly Report Book, has been commented upon before as being very useful in permitting the institution of comparisons as well as in bringing out the total and proportional number of patients needing special oversight, care, or control of any reason, the number employed usefully, and thereby contributing to their well-being and comfort, the nature of the employment, and so forth. Hereunder, the figures for the weeks during the year, collected from these reports, are represented under some of the chief headings in proportions per cent. of the total. The heading "Under constant observation" includes so very few beyond the suicidal that, though shown separately in the reports, they may be taken as coinciding for all practical purposes. Employment is one of the chief methods of treatment, and this and other methods, more or less general in application, are obviously excluded in the heading "Under special treatment," which embraces what the term implies, whether the disorder be mental or physical. The general totals give the proportions for the Dominion, and any marked individual variations depend mainly upon the nature of the admissions and the effect of past transfers. The regular recording of these numbers furnish data for classification.

Mental Hospital at	Under Constant Observation Notice.			Epileptics.			General Paralytics.		
	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.
Auckland	3·94	6·65	5·00	6·85	10·61	8·33	2·42	0·33	1·60
Christchurch	1·74	0·82	1·30	6·89	6·10	6·52	0·74	0·50	0·63
Dunedin (Seacliff and Orokonui)	3·69	4·05	3·82	7·72	9·20	8·33	2·34	0·16	1·44
Hokitika	0·02	1·12	0·29	7·62	4·56	6·89	0·11	..	0·08
Nelson	0·16	0·10	0·13	8·70	5·65	7·12	..	..	..
Porirua	1·98	2·99	2·42	8·91	8·20	8·60	1·72	0·76	1·30
Tokanui	..	..	..	..	..	..	..	..	..
Ashburn Hall	0·29	1·44	0·77	8·08	5·47	7·00	1·10	..	1·07
Total for all institutions	2·58	3·29	2·88	7·68	8·19	7·90	1·69	0·40	1·14

Mental Hospital at	Dangerous.			Employed.			Under Special Treatment.		
	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.
Auckland	7·16	8·88	7·83	61·17	45·20	54·93	2·02	1·28	1·73
Christchurch	2·10	7·95	4·93	87·02	82·89	85·03	1·59	6·16	3·80
Dunedin (Seacliff and Orokonui)	1·53	20·05	9·19	76·01	50·96	65·65	1·91	1·95	1·93
Hokitika	2·79	2·12	1·62	55·45	39·67	51·70	1·45	2·24	1·63
Nelson	3·48	4·80	4·14	71·25	68·21	69·67	2·76	4·37	3·60
Porirua	3·62	5·61	4·48	66·65	46·13	57·68	1·40	1·38	1·60
Tokanui	..	..	..	100·00	..	100·00	..	..	..
Ashburn Hall	5·66	2·47	4·33	82·43	69·61	76·67	10·44	18·59	13·83
Total for all institutions	3·65	9·91	6·30	70·59	56·22	64·52	1·86	3·03	2·36

Accommodation.

The question of providing accommodation for the yearly increment of patients, the excess of admissions over discharges and deaths, is a very serious one, by no means confined to this country, and it has to be answered by expenditure. Not to take examples nearer home, the returns received last year from England and Wales show that the cost of buildings, not including sites, for the country, district, and county-borough asylums exceeded twenty-two millions; that twelve millions of this sum was spent in carrying the original designs of these institutions to a completion, including some recent huge establishments; and the balance, ten millions odd, has been spent upon additions (partly on alterations), and yet in more than forty institutions there are patients in excess of accommodation.

In this country the General Government undertakes the oversight, care, and control of the mentally defective, and the responsibility is great, one which cannot in the nature of things be evaded, and cannot be carried out without great cost to the taxpayer.

There has been some discussion recently on the burden of the general hospitals. What would that burden be if the patients who did not recover were not discharged? So regarded, the full significance of the accumulation of the mentally defective and the necessity to house and maintain them impresses itself upon the imagination. It is a grievous burden in a developing country, but one I venture to believe a humanitarian people will willingly bear. Nothing is wanted in the way of extravagance, but we do want sufficient floor-space per individual, and sufficient sunlight and fresh air—given these, comfort can be added at a negligible cost. Our older buildings did not look ahead sufficiently, and their design may be described as a band marked out at intervals into wards like a foot rule in inches. In course of time these buildings became filled, sometimes one ward more than another. They could not con-

veniently be added to, there was no elasticity in the size of the wards, and the characteristics of patients varied from time to time. The inadequacy of the original designs had to be met by adding separate buildings, some connected to the main building, some quite disconnected. These buildings, though lacking architectural features, are simpler and better in design. Some are built in wood, and these are all single-story where patients are accommodated. The fire risk has been greatly reduced by doing away with the ordinary horizontal ceiling which forms the floor of a tunnel in which fire travels, and by having brick cut-offs at intervals. One naturally prefers solid structures, but rather than wait for funds that the additional first cost would entail, and for the time taken in building, it would be better to build a proportion of the requirements as above in detached blocks. We should aim at being a year ahead of requirements, or at the very least six months, plus a margin for classification.

The distributing of the patients at the closing of Mount View was equal to nearly a two-year surplus, and then the abandoning of the " reef site " buildings, when everything was prepared to be gone on with, was another set-back, diverting energies to trying to catch up to mere accommodation when one's anxiety was to get surplus accommodation for a proper classification.

The new Act has a procedure for the admission of minors, and it was hoped that we would be able to divide with the Education Department the duty of looking after the mentally deficient. Mrs. Cunnington, Official Visitor at Christchurch, has often drawn attention to young people of this class being in the ordinary wards, and so far we have only been able to provide for a mere handful of boys at Richmond. The estate there is too small to allow of extension, and Tokanui was chosen for the place to erect buildings, but the urgency of fulfilling the demand for ordinary accommodation has forced a postponement. Separate blocks will be necessary for juveniles and for adults of each sex, with subdivisions, and later separate buildings for further classification. I would point out in this connection that the orchard has been extended at Richmond, and the property has increased in value. Its sale would partly provide funds for this desirable object.

I sincerely trust that the building programme will be proceeded with without hindrance, and that one may look forward to carrying out in the near future the classification and treatment of patients on approved lines, and I am glad to know that the Department has your entire sympathy in this matter.

The first of the permanent buildings at Tokanui is now completed, capable of providing comfortable accommodation for fifty patients and quarters for the staff, also a general kitchen and laundry. A boiler-house and buildings for the electric-lighting plant are in progress. A reservoir is to be placed on a hill near by to get water under pressure. Two, or may be three, further buildings, each for fifty patients, can now be gone on with as one job; and, to reduce the delay and expense of carting, a working-party has been improving about two miles of the road from the Te Mawhai Railway-station, situate about a mile and a half from our first buildings.

Part of the initial scheme to expedite buildings and development and effect economy of administration was a light rail or tramway, the route of which was surveyed from the railway-station to the centre of the estate, but the work was deferred at the time—I trust not indefinitely.

Work is at last to begin which will remedy the overcrowding in Auckland. There is to be a brick block for seventy-five females and one for 100 male patients. The plans are designed to give ample accommodation for this number and to secure ease in working and facilitate observation. Ventilation has been considered, and the free admission of sunlight into every room. Into these buildings will be drafted the more turbulent patients, leaving the main building free of this class, and allowing certain structural alterations to be carried out to improve their lighting, comfort, and ventilation. When completed—and this should be at the earliest possible—the institution will be free from the difficulties of administration with which it has been handicapped. Even then, considering the growth of population in the town and northern district, it will soon be necessary to transfer to Tokanui suitable patients, especially those drawn from Waikato, and later to admit them to Tokanui direct.

With respect to the " reef," the mental hospital reserve which, owing to an agitation, we were not permitted to use in the manner best suited for our purpose—namely, by building upon—it should be sold and the proceeds applied for the permanent benefit of the institution. If the data furnished at the time of the value of neighbouring land and the depreciation which would follow if we built upon the site may be taken as a guide, the sale should furnish a good round sum, and enable us to purchase some neighbouring estate on which we could build for male workers.

At Porirua the additions on the male side have proved a great boon, and additional accommodation must be proceeded with for female patients. The convalescent cottage, run on the open-door system, could be put to other use, and a larger building of the same character substituted for it. Negotiations are pending for the purchase of a property capable of adaptation; but, should these prove unsuccessful, a site on the estate should be selected and building proceeded with.

At Sunnyside the new building for women was used as an isolation hospital during an epidemic of scarlet fever, which was introduced by a visitor to one of the patients. This building will prove a notable addition to our resources, being sunny, airy, and comfortable. The axis of the main institution is approximately east and west, with pavilions running to the south, an elementary error in institutional designing, and one very difficult to remedy, because the addition of pavilions to the north would intercept the sun streaming across corridors into rooms with a southern aspect, and make matters worse. It has been decided to build a separate reception block and hospital to be placed under the direction of a trained nurse, as in the case of the Wolfe Hospital in Auckland. As a desirable feature for a reception-house is a distinct entrance from that for the main institution. This has been secured by the purchase of land running in a line from the centre of the institution to Martin's Road. A roadway through this entrance will lead direct to the boiler-house, and will permit the closing of the present circuitous route for carting coal. The wiring of the institution for electric light is in progress, and when the Lake Coleridge power is available it will be utilized for lighting, pumping, and, to a limited extent, for heating.

At Seacliff the exercise-enclosure for male patients has been enlarged and improved, and an additional one has been started to separate patients whose manners are more objectionable. On the women's side, a second exercise-ground has been marked off in connection with a new building for disturbed cases. This building will be erected in two parts, the sleeping-accommodation first, into part of which will be emptied a large dormitory, and the dormitory will be converted into a day-room, as was done on the male side so successfully. Thereafter a day-room should be added to the new building, which will then become self-contained for 50 patients. The reception-cottage for suitable women patients has worked excellently, and the time has arrived to build one at some distance from the main building for 10 men, and free the library ward. A beautiful site has been chosen, and the sketch-plan made. There have been unforeseen delays in getting in the new water-supply, the contract should have been completed about a year ago.

At Waitati should be added another building for about 70 patients.

At Nelson some structural alterations are necessary, and a new kitchen.

At Hokitika additional accommodation for attendants has been provided.

Farming Operations.

It is always satisfactory to have our farms assisting to maintain the patients; but still more satisfactory is the knowledge of the large number employed in this primitive and best of occupations. It was genuine insight on the part of the author which brought Candide, after direful adventures, to peace and contentment in the cultivation of his garden.

During the year under review the farms have been most successful, as may be noted in the following summary of expenditure and receipts:—

Dr.	£ s. d.	*Cr.*	£ s. d.
To Salaries and wages	3,242 18 2	By Cash sales of produce, &c.	6,173 0 8
Feed	2,823 17 11	Value of produce grown on farms and consumed in the mental hospitals..	14,071 11 10
Seeds, &c., manures	868 14 3		
Implements, harness, repairs, &c. ..	419 11 6		
Stock	499 15 3		
Rents, rates, &c.	977 18 5		
Fencing, roading, &c.	177 17 10		
Harvesting, threshing, &c.	169 12 7		
Railages	113 5 6		
Buildings	35 17 2		
Sundries..	398 3 4		
Balance	10,517 0 7		
	£20,244 12 6		£20,244 12 6

The value of the produce consumed is shown at wholesale prices ruling in the district. Compared with the previous year the cash sales were £728 18s. 11d. better, and the value of produce consumed increased by £1,869 14s. 11d., a total increase of £2,598 13s. 10d. The expenditure on individual farms is shown hereunder:—

	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	250 0 0	510 0 0	1,791 19 8	97 18 6	195 0 0	398 0 0	3,242 18 2
Feed	197 19 11	303 18 3	1,009 3 6	28 16 6	54 12 3	1,229 7 6	2,823 17 11
Seeds, &c., manures.. ..	138 0 6	135 8 5	316 5 10	26 4 6	31 9 4	221 5 8	868 14 3
Implements, harness, repairs, &c.	38 17 3	60 17 1	244 3 2	12 3 0	21 19 0	41 12 0	419 11 6
Stock	99 6 0	105 17 0	130 2 9	32 10 0	22 14 0	109 5 6	499 15 3
Rent, rates, &c. ..	..	431 11 3	300 3 2	..	..	246 4 0	977 18 5
Fencing, roading, &c. ..	1 9 0	100 17 7	18 14 3	..	9 1 8	47 15 4	177 17 10
Harvesting, threshing, &c. ..	..	43 0 0	101 9 11	..	25 2 8	..	169 12 7
Railage	1 13 0	..	103 19 6	..	1 7 6	6 5 6	113 5 6
Buildings	..	35 17 2	..	..	..	..	35 17 2
Sundries	37 19 6	158 12 5	191 10 6	..	3 15 11	6 5 0	398 3 4
Totals	765 5 2	1,885 19 2	4,207 12 3	197 12 6	365 2 4	2,306 0 6	9,727 11 11

The statement of receipts is extended in the following table:—

Mental Hospital.	Produce sold for Cash.	Value of Produce consumed.	Total.
	£ s. d.	£ s. d.	£ s. d.
Auckland	1,029 15 2	2,687 0 0	3,716 15 2
Christchurch	1,832 19 10	3,285 13 2	5,118 13 0
Seacliff	2,012 16 4	4,513 12 2	6,526 8 6
Hokitika	...	332 15 6	332 15 6
Nelson	250 9 7	925 2 4	1,175 11 11
Porirua	1,046 19 9	2,327 8 8	3,374 8 5
Total	6,173 0 8	14,071 11 10	20,244 12 6

The net profit on the working of each of the farms was as follows: Auckland, £2,951 10s.; Christchurch, £3,232 13s. 10d.; Seacliff, £2,318 16s. 3d.; Hokitika, £135 3s.; Nelson, £810 9s. 11d.; Porirua, £1,068 7s. 11d.: making a total of £10,517 0s. 7d.

The return for Tokanui, where new country is being brought into cultivation, is omitted; but the pioneering is highly praiseworthy. The opinion that we possessed a fine estate did not need the confirmation it has received by results of the work in progress. It was a wise measure to secure this property, well situated in regard to the future, at a time when a sufficient area could be purchased at a reasonable figure, in view of the increasing number to provide for and the upward tendency in the price of meat, butter, and other produce.

Financial Results.

The details of expenditure are given in Tables XX and XXI. Before summarizing these and making comparisons with the previous year, it should be borne in mind that there cannot be uniformity of expenditure in different institutions any more than in the case of thrifty families in different localities. I have previously dealt with this matter showing the influence of local and other conditions, but the difference between one year and another calls for further analysis. The returns for maintenance have been highly satisfactory and reflect credit on the zeal and tact Mr. Wells has brought to bear in his duties. In the course of the year certain circumstances made us expect that we would not reach the former year's average of £9 10s. 2½d. per head, hitherto our highest record, but this was passed by 1s. 5¾d.

In the following table the gross and net cost per patient is given for 1911 and 1912, and shows an increase in the net cost of £2 15s. 7¾d.

Mental Hospital.	1912.		1911.		1912.	1912.
	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.
	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
Auckland ...	28 19 6¾	19 4 5¼	27 9 0	18 14 9	...	0 9 8¼
Christchurch ...	40 1 11½	27 8 6¼	36 8 11½	23 0 10½	...	4 7 7¾
Seacliff ...	43 8 0	28 16 2¼	41 8 2	27 6 1½	...	1 10 1
Hokitika ...	29 19 0	25 16 2	29 1 7	23 13 0	...	2 3 2
Nelson ...	33 16 3¼	25 11 0½	30 17 1	23 14 8	...	1 16 4½
Porirua ...	37 11 3	25 19 8	32 18 8¾	20 15 3¼	...	5 4 4¾
Averages ...	36 17 9	25 6 8¼	34 0 7¼	22 11 0½	...	2 15 7¾

In the general total the difference is made up principally by the increase in salaries and staff, £1 7s. 9¼d., and cost of provisions, £1 0s. 8d.; the lesser items being bedding and clothing, 4s. 11¾d.; fuel and light, 4s. 5¼d.; buildings and repairs, 2s. 3d.; and necessaries, incidental and miscellaneous, 1s. 6¼d.; making a total of £3 1s. 7½d. additional: but the returns from maintenance, sales of produce, &c., were 1s. 6d. higher, the farms cost 4s. 4¾d. less, and the expenditure per head on wines, spirits, &c., dropped from 3¾d. to 2¾d., making a total of 5s. 11¾d., which deducted from the above leaves £2 15s. 7¾d.

Treated in detail, the increase in salaries is due to three-fourths of 1911 against the whole of 1912 participating in an increase authorized. Also, the additional leave granted has necessitated the engagement of extra nurses and attendants, and deputy charges have received an increment of £2 10s.

The increase in provisions coincides more or less with the rise in prices, especially in the chief centres. It is not quite so large at Seacliff, where the hospital fishing-station reduces the meat-bill.

The "bedding and clothing" items maintain natural fluctuations; the item "fuel, light, water, and cleaning," has gone up consequent on a rise in the price of coal; and that of "necessaries, incidental and miscellaneous," has risen most at Porirua, some not-repeating charges having been included—*e.g.*, a year's rent for Maori land, and the cost of importing assistant Medical Officers.

The difference in the cost of patients at the Camp is explained by an increase of £200-odd for salaries of attendants, including house allowance, advance in the prices of beef (½d.), mutton (¾d.), bread (½d. per loaf) and other provisions, and the use of more coal consequent on not being able to get advantageously a supply of firewood.

In the tabulated summary above the first five items in Table XX are omitted, a sum of £4,244 2s. 11d. Including this the net annual cost per patient is £26 10s. 1½d., as against £23 14s. 4½d. for 1911, an increase of £2 15s. 9½d.

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—

	s.	d.	£	s.	d.
Average gross cost in mental hospitals		...	36	17	9
Proportion of Head Office salaries and expenses	16	4½			
Proportion of fees for medical certificates, &c.	7	0¾			
			1	3	5¼
Proportion of interest (averaged at 4 per cent.) on Public Works expenditure from July, 1877, to 31st March, 1913		...	7	4	1¼
Proportion of interest (averaged at 4½ per cent.) for capital cost previous to above period		...	0	13	8¾
Gross cost		...	45	19	0¼
Less receipts for maintenance and sale of produce		...	11	11	0¾
Net cost			£34	7	11½

In 1911 the full cost so reckoned was £42 14s. 3d., and the net £31 4s. 8¼d.

The Staff.

Before making any remarks on the discipline and control of the staff, I will take the opportunity of expressing my opinion that the large majority are of a class that any Department may well be proud of, loyal, conscientious, humane, clean-living, and performing their duties to the best of their ability. We employ nearly six hundred people, and it is obvious that in that number there will be, from time to time, persons who manage to pass muster but are unsuited for the occupation. In past years when the control was local the discipline was consequently better; and, be it understood, that discipline does not mean regimentation and sinking of individuality, but a prompt execution of orders, strict obedience, alertness, and the performing of duties without fear or favour. Now and again a mistake may have been made in dispensing with the services of an employee upon evidence which perhaps justified little more than grave suspicion; but an officer in charge of any institution very soon estimates the calibre of his staff, and it may be taken for granted that he will do all he can to retain the services of those he finds trustworthy, and, if any error occurred, such as stated above hypothetically, it would not have been in a case of a person who was otherwise entirely satisfactory. I do not say that such mistakes were made, but they were alleged, and I would therefore point out that any hardship inflicted would have been almost nominal, as the labour-market would soon absorb any such individual. But what I do say is that it is far better to make an occasional mistake in the interests of the patients than to retain on the staff members in whom implicit confidence cannot be placed. It is common knowledge that cases of employees whose services were dispensed with were made grounds for attack on the officer in charge and on the Department, and that Boards of Appeal were asked for in order to reinstate such persons. To good attendants and nurses a Board of Appeal was meaningless—they were never likely to be brought face to face with it; but to the careless or incompetent or persons temperamentally unfitted for the work, who could keep themselves from glaringly offending it would have been a protection, as it was calculated to increase the difficulties of dispensing with their services. It was pointed out that such Boards, suitable enough in some spheres, were not at all desirable when one was dealing with the oversight, care, and control of the irresponsible, but though the Boards were staved off, the position was forced, and an injury was done in that practically all dismissals became subject to review. Under these circumstances, it became difficult to club together a number of minor offences, because there would be a tendency to judge a case on the last upon which action was taken; and also carelessness in small matters, or a domineering tone of voice, could not be taken for an indication of conduct which made further service undesirable, because an officer in charge could not risk an employee whom he considered unsuitable being replaced after suspension. The general tendency of thus taking the power of dismissal from the Superintendents, except, practically, in cases of actual ill treatment, was to lower the discipline, and the mere fact that cases were subject to review made it more difficult to get evidence from fellow-employees. This tended to belittle the authority of the Superintendents, and to counteract this to some extent the probationary period was raised to a year, which provision has been preserved in the Public Service Act, 1912. This period permits a good deal of weeding-out before permanent appointment. But that is not sufficient; some of the weeding-out has to be done subsequently, and it is to that subsequent weeding-out that trouble is due, for the reasons above stated.

An incident which occurred towards the end of last year, and the new Public Service Act, under which our employees cease to be monthly servants and may appeal to a Board, impelled me to make the above remarks, and I trust that I have made it clear that we have a good case for differential treatment. The incident referred to was the ill treatment of a patient by an attendant. The evidence was sufficient for our purposes, and the man was dismissed. We thought the evidence was sufficient for a prosecution, but the man was acquitted. Our knowledge of them allowed us to give proper value to the evidence of patients, and I am confident that our action was right, but if one is to regard the jury as a Board of Appeal that man would be returned to the service.

In the Civil Service Act, 1886, our staff were three-monthly servants, but the Act was amended in the following year, making them monthly servants. Doubtless the same difficulties presented themselves then as at present. In most services it is not inconvenient to give three months' notice, but in this Department, when one does not wish to retain the services of an officer, he should be off the

premises as soon as possible. Say that the fault is carelessness: is he likely to be more careful when he is putting in three months on notice? Should one for three months have the anxiety of this man on the staff? Of course, it may be urged that he can be given three months' pay in lieu of notice, but this would be an encouragement to men who were indifferent as to the service, and waiting an opportunity to get something outside, to commit some minor offences to be given notice, and a quarter of a year's pay for nothing.

At a conference with the Superintendents of the larger institutions at the beginning of this month these questions were considered, and there was but one opinion expressed, and that without qualification—namely, that in a service in which the necessity for discipline, as above defined, was paramount, local authority should be strengthened, and that the tenure of office of attendants and nurses should revert to the amending Act of 1887.

In concluding this subject I would emphasize the statement made in the preface, to the effect that the large majority of the staff are excellent public servants whose position and prospects would not be influenced by any system under which they worked; but that those entrusted with the anxiety of administration, which the care of the irresponsible entails, feel that in justice to the patients they should have power to deal personally and promptly—that is, effectively—with the few who show a tendency to be "slack," lest a worse thing betide.

That is the case for differential treatment; and now, in another matter—namely, the position of the staff with respect to superannuation—I would reiterate the plea for at least equality of treatment. It has been pointed out that the income of nearly all members of the staff is made up of partly cash and partly allowances in the nature of salary. In the case of nurses and attendants, these allowances could not be obtained for anything approaching £30 per annum, but in fixing the amount at that figure no grounds were left for the possible assertion that value for the money was not being given. Taking out the value of food, the proportion for water, light, fuel, &c., and for the laundry, the total is £30, not counting furnished apartments for the unmarried, or £20 house allowance for married men, uniforms, and ordinary medical attendance in the institution in case of sickness. It is quite evident therefore that £30 should be added to the salary of nurses and attendants for purposes of superannuation, and then deducted. And so through the other ranks, the allowances in each case being in the nature of salary. If, for argument's sake, we suppose the allowances discontinued and the staff having to provide for themselves, £50 at least would need to be added to the amounts now paid to the nurses and attendants. These facts are beyond dispute, and I therefore fail to appreciate the grounds upon which the staff is not permitted to count the value of allowances when their salary is estimated for purposes of superannuation.

Should this be conceded, as a matter of justice, it would be well to consider at the same time, as a concession on account of the nature of the work, the possibility of an earlier retiring-age, a subject touched upon in the last report.

The following nurses and attendants passed the Senior Examination, and their names have been added t the Register of Mental Nurses: Annie Blackie, Louisa Jervis Creswell, David Dickey, William Harrison Ellwood, Hannah Feeney, Jean Grant, Helena Ada Hamel, John Howie, Michael Hyland, James Patrick Kavanagh, Ida Kenward, May Lewis, Mary McTavish, Mary Josephine Martin, Arthur John Oatley, John Joseph Patterson, Jeanie Stevenson, Margaret Wilkie.

At the end of the probationary period the candidates are given a Junior Examination, the passing of which admits them to the rank of junior nurse or attendant. This examination is on elementary anatomy and physiology, and upon their duties, with special relation to first aid. After three years' service they are admitted to the Senior Examination, on passing of which they are ranked as senior nurses and attendants. This examination is mainly practical in its bearing, and consists of written answers to a paper and two orals, one on their work generally, as well as some questions on anatomy and physiology, and one upon nursing. The standard of the test may be judged by the paper answered by the successful candidates named above.

MENTAL NURSES EXAMINATION.

A. (Of the three divisions of A, the candidate must not attempt to answer more than two.)
   (1.) If charge of a ward, what course of conduct would you adopt with regard to a patient who in your opinion might need to be placed "in seclusion"? Supposing that the patient is secluded, what would you be required to carefully note and report upon?
   (2.) If the duty were yours, in what order would you place the patients preparatory to marching them to the dining-hall, and what principles would guide you in classifying them at the table according to seats they should occupy? The patients being properly placed and dinner served, upon what matters must you exercise supervision during the course of the meal?
   (3.) What course are you advised to adopt in dealing with—(*a*) Violent patients, (*b*) patients labouring under delusions?

B. If placed under circumstances in which you had to rely absolutely upon yourself to administer "first aid," what would you do for a patient who had suddenly become unconscious? (In answering this question, enumerate the various conditions to which such loss of consciousness may be due, state how you would tell one from another, and then proceed to the appropriate first-aid treatment in each case.)

C. Selecting a patient you have or have had under your care, whose case you consider interesting, and heading your answer with his (or her) name, write a detailed description of the facts you have gleaned from observation, conversation, and inquiry regarding the patient's bodily and mental state, so that one who has not seen the patient may be able to form a fairly accurate estimate of his (or her) condition.

D. (Of the five divisions of D, the candidate must not attempt to answer more than four.)
   (1.) When bathing a patient you have to observe if a hernia is present: state what you would look for, and where. Supposing a patient has a hernia which is being treated without operation, state briefly what would be your duties in the management of this patient. What special danger is to be apprehended in such cases, and what symptoms give you warning of this?
   (2.) What is a bed-sore? What classes of patients are liable to bed-sores? What precautions would you take to prevent bed-sores?

(3.) If one of your patients were suffering from consumption (*Phthisis pulmonalis*), state in detail what precautions you would take to prevent the disease spreading.
(4.) A country doctor says to you, believing that you are a thoroughly competent nurse, "I do not wish to prescribe sleeping-draughts until you have given more rational forms of treatment and management a fair trial; the patient is robust enough, but is practically sleepless": what may he reasonably expect you to do?
(5.) You have been told that if those supervising a cunning or an impulsive patient become careless he may manage to poison himself in spite of being confined in a mental hospital: enumerate what harmful substances he may obtain and what methods he may employ.

Visits of Inspection.

In addition to visits paid by myself, by Dr. Gribben, and Miss Maclean from the Head Office, the District Inspectors and Official Visitors are in direct touch with the institutions. I have to express my indebtedness for many suggestions received from the ladies and gentlemen occupying these honorary positions, and for the work they have carried out.

In addition it is intended to appoint persons in the capacity of patients' friends, at any rate in the larger institutions, whose duty it will be to spend the day in the wards, help the patients with advice in their troubles, to read to them, assist them when necessary with their correspondence, join them in their recreations, and encourage them in their occupations, while taking no part in their oversight or control. The office will need to be a stipendiary one, as it will occupy the working-day of the persons appointed, but I venture to believe, given persons of the necessary education and special capacity, that the expenditure will be insignificant when compared with the manifest advantages.

Auckland.—Visited January, February, April, May, November, and December, and in June this year. The work here is being done under great difficulties. The Motuihi Island patients seem to enjoy the change, and the building when vacated will be much better fitted for its original purpose than when we entered into possession. The relief afforded is for well-conducted patients, and our want is for accommodation for the turbulent and others under special observation, for whom nothing material can be done until the new buildings are ready.

Sunnyside.—Visited April, July, September and November, and February, April, May, and June this year. The epidemic of scarlatina referred to elsewhere was a serious impediment to the work of the institution, apart from the delay it caused in getting the new female ward into occupation, as this was used as an isolation hospital. Dr. Gow brought to my notice the zeal with which Dr. Ramsbottom performed his duties and the necessity for a second Assistant Medical Officer. With this I concurred, and arranged for the necessary accommodation for this officer being gone on with. The institution is over full, and land has been purchased to erect a hospital and reception block with access from Martin's Road. Some relief can be given by transfer, but one cannot transfer cases requiring special observation, and buildings will be required for extra accommodation of this class.

Seacliff.—Visited July and November, and February and June of this year. During Dr. King's absence on special duty, Dr. Jefferys' work as Acting-Superintendent has to be commended. The chief need here is relief for the female refractory patients. This is urgent, and I have dealt with what is necessary elsewhere. Some of the wards were beginning to look dingy, and have been painted with great advantage. The attendants should have a separate dining-room—a site for this was selected. The nursing staff examination results at this institution were very satisfactory. The Camp and Waitati were in the usual good order.

Hokitika.—Visited July and October, and April of this year, and everything found highly satisfactory. The buildings are, some of them, old, but the best is being made of them.

Nelson.—Visited in July, and in June of this year. Things are quite satisfactory at this institution. The kitchen, as stated elsewhere, requires to be removed from its present position. The Richmond Home continues to do good work in a very small way.

Porirua.—Visited in March, June, and December, and January, February, and March of this year. The pinch is being felt in accommodation for women, otherwise things are satisfactory. The proposed admission and convalescent ward will be a boom.

Tokanui.—Visited frequently. The work being done here is highly creditable to Dr. Crosby and the staff under him.

Ashburn Hall.—Visited July and November, and February and June of this year. Everything found in good order, and the administration most praiseworthy.

Voluntary Boarders, &c.

The total number of voluntary boarders admitted during the year was 23 (m., 7; f., 16). Of these, 3 were discharged as recovered, 1 as relieved, and 2 as not improved, and 5 were transferred to the register of patients, leaving at the end of the year 12 (m., 1; f., 11) in residence.

The provision for single patients under the Act was taken advantage of in one case, and three notifications have been received under section 122. The provision for minors was employed in two cases. When our buildings are what they should be one may expect a large number of voluntary admissions.

In conclusion, I can but repeat what I said last year—that is, emphasize the necessity for building in advance, as 150, more or less, will be added to our patients yearly, and this increment will, of course, grow with the growth of population.

I have, &c.,
FRANK HAY.

MEDICAL SUPERINTENDENT'S REPORTS.

AUCKLAND MENTAL HOSPITAL.

SIR,—

I have the honour to report as follows for the year ending 31st December, 1912.

Our statistics reveal nothing unusual. There were 123 males and 105 female patients admitted during the year. Of the males 36 were described as labourers and 15 as farmers. The other classes contributed only units. Of the females 94 were said to be engaged in domestic duties.

Of the males admitted 39·02 per cent. were discharged recovered, and of the females 40·9 per cent.

The death-rate was 9·57 per cent.—males 10·68 per cent. and females 7·76 per cent. Of the 81 deaths 16 were due to senile decay, 12 to tuberculosis, 9 to general paralysis, and 4 to typhoid fever. There has been no evidence to show that the typhoid has arisen within the precincts of the institution by reason of any drainage or other defect. The evidence points strongly to the fact that the disease has been conveyed from the outside and has been spread by contact before the first case was reported or recognized.

My views upon the hospital in general are sufficiently well known to enable me to dispense this year with any comments that I might otherwise feel disposed to make.

I have to thank the Official Visitors, the various city banks, and others for the kind assistance I have received.

I have, &c.,

The Inspector-General, Mental Hospitals, Wellington. R. M. BEATTIE.

SUNNYSIDE MENTAL HOSPITAL.

SIR,—

I have the honour to forward you herewith, along with the statistics, my annual report for the year ending 31st December, 1912.

The average number resident during the year was 686·23, being an increase over last year of 24·79. This increase is due to the high admission-rate, there being an increase of 49 over that of last year.

There were 83 recoveries, giving a recovery-rate of 48·5 on the admissions, which is a little better than last year.

There was 1 death less than last year—52 as compared with 53. Of the patients who died, 27 were over sixty years of age. The death-rate calculated on the average number resident was 7·7.

The new Mental Defectives Act came into force during the year, and has proved a benefit in many ways, but particularly in the provision for voluntary boarders. Several patients have availed themselves of the ease and absence of publicity which it provides. It is especially beneficial to those who have recurring attacks and who know the treatment they require, but formerly have shrunk from the formalities involved in gaining admission. Now a *bona fide* case can gain admission with practically less trouble than is required for admission to a general hospital.

The addition to the accommodation on the female side was finished, and was merely waiting for bedsteads to be occupied by between fifty and sixty patients. This would have been a welcome relief to the congested state of the dormitories, but fortunately the delay proved a blessing. An outbreak of scarlet fever occurred, and we used the new ward as an isolation hospital. In all there have been twenty-six cases, without any deaths.

In eradicating any infectious disease one must first trace the cause, and this is particularly difficult among patients such as ours, who are many of them too demented to make complaints. For about six weeks we kept on getting new cases and still could not trace it, until one day a nurse overheard a conversation between two visitors in the visiting-room. It was to the effect that one of them had been at Bottle Lake Hospital with scarlet fever. On comparing dates we found that she had been visiting her mother here the day before being sent to the Fever Hospital. The lesson to be drawn is that visitors should be particularly careful as to their state of health and as to their contacts before visiting any institution where large numbers of people are congregated.

During the whole time of the outbreak all the patients' chests were examined every morning, and every suspicious case put aside for medical examination. Dr. Ramsbottom personally saw every male patient bathed once a week, and the Matron did the same on the female side. No new case appeared for seventy days, and then we cleaned the ward and had it disinfected. About nine days afterwards another case was discovered, and he, along with a suspect, was sent with an attendant in charge to an isolated cottage on the new property recently acquired by the Government. This was done by permission of the Health Department.

I regret to have to record the first case of suicide which has occurred during my tenure of office. The patient had twice attempted suicide in the gaol and then was sent here. After four months he was still under special supervision, but broke away from the special gang, jumped the fence, and put his head in front of the wheel of a passing dray. The horse stopped before the wheel passed over his head, but he had been dragged and his skull was fractured. He died two days afterwards. An inquest was held and full inquiries made. The conclusion come to was that no blame was attachable to the attendant, as, owing to the quickness of the affair, he had no chance of restraining the patient. However, I have given instructions that those under special supervision should not be allowed to walk beside the fence bounding the roadway.

In view of the near approach of the Lake Coleridge electric supply scheme, we have made a start in wiring the institution. Part has been done by contract, and now we are installing with day labour under the supervision of our own engineer. All the residences, the Medical Officer's quarters, Matron's rooms, female annexe and corridors are wired and lit from our own small plant. Besides this we still

have power to light one ward, and we hope to have it wired soon. When this is done we intend to go on with the complete wiring of the Hospital to be ready for the turning-on of the power from Lake Coleridge. Up to the present we show a great reduction in the cost of lighting, and the efficiency of the light is incomparable.

The returns from the farm and garden reflect great credit on the farm-manager and the staff. The sum of £1,832 13s. 10d. was received for cash sales, whilst the value of produce consumed in the institution, calculated at wholesale prices, was £3,285 13s. 2d. We found a ready sale for our young stock, and now eagerly await our importations from England, which have been delayed through foot-and-mouth disease there.

Our numbers are steadily increasing, and extra accommodation on the male side is required. The provision of a Nurses' Home and quarters for attendants would greatly add to the efficiency and comfort of the institution, and such provision would free a number of single rooms which are more suitable for the treatment of patients.

I have again to thank those whose kindly hearts have prompted them to afford recreation to the patients, by granting free entrance to places of amusement, giving of concerts, gifts for the Christmas tree, and many other acts of kindness.

Sports and games have been carried on as usual, and our sports club has gained honourable places in open competition with the town and district.

I feel that the size of the institution now warrants me in asserting that the time is now ripe for the appointment of a second Assistant Medical Officer.

I wish to put on record my hearty appreciation of the work of Dr. Ramsbottom, the officers, and the staff generally, during the year under review. I have, &c.,

W. Baxter Gow, M.D.,

The Inspector-General, Mental Hospitals, Wellington. Medical Superintendent.

SEACLIFF MENTAL HOSPITAL.

Sir,—

I have the honour to submit the following report on the Seacliff Mental Hospital for the year 1912.

At the beginning of the year there were 890 patients, and at the close 915—the increase of 25 being due to an unusually low death-rate on the female side, causing an increase of 26 in the number of women left in the institution, while there was actually a decrease of 1 in the number of men. Total deaths were 56, being at the rate of 5·35 per cent., calculated on the total number of patients under care during the year. The divergence of the incidence of deaths, though purely accidental, is striking; the average percentage on the male side for this particular year being 7·1, while on the female side it is only 2·6. Among the men, 23 of the deaths (being rather more than half the total) occurred in patients between sixty and ninety years of age—viz., 11 between sixty and seventy, 8 between seventy and eighty, and 4 between eighty and ninety—the essential factor being senile decay.

The general health has been good, and there has been no serious accident or casualty during the year.

In regard to the working of the institution, the main features calling for improvement have been insufficient accommodation in certain directions and a marked shortage of nurses. The latter has not been merely local, but a resultant of the general shortage which has obtained throughout the Dominion in regard to all classes of nurses and domestic helps. The defect is being remedied by the engaging of a number of women selected in England by our late Matron, Miss Beswick.

The accommodation and comfort of the institution has been greatly improved by large additions made to the Simla annexe; the provision of a large day-room in the main building for the more troublesome male patients; and the making of a bright, sunny airing-court, with bedrooms and sitting-room opening out on to it, for weak and infirm male patients. A similar quarter is needed for the women, but the most pressing requirement on their side is the provision of a large day-room similar to the one that has been prepared for the men, and a large extension of sleeping-accommodation. Besides this, the somewhat rapid increase in the number of women which happens to have occurred makes it very necessary that an additional park and airing-space should be provided without delay. All these matters are being attended to, the designs being ready and the work about to be put in hand.

Another most important addition which will be gone on with during the year is the provision of a pleasant cottage for the more sensitive and curable male patients, on the lines of the cottage we have long had for women. This will be erected on the beautiful and commanding site prepared for it in the garden.

Another most important addition, which I trust the authorities will be able to carry out during this year, is the erection of a suitable separate dining-room for the male members of the staff, who have hitherto had to dine in the main hall—a most unsuitable arrangement.

The fact that the male population has been temporarily stationary has enabled us to practically get fairly abreast of the requirements with the exception of the cottage I have just referred to; and the fact that we shall have further accommodation available for another fifty men at Waitati during the year is very satisfactory. Extensions of enclosed airing-space for male patients now under way will greatly improve matters in the way of classifying patients who tend to give annoyance to one another.

The returns of the farm and garden throughout the year have been highly satisfactory, and the only material shortage we have suffered as compared with previous years has been in the fish-supply. However, this has been due to no fault on the part of Mr. Thompson, who has charge of the fishing-station, and who has shown himself throughout capable, resourceful, and zealous. The fishing-season has been the worst experienced for many years for all those engaged in the work on our coast. However, what we have lacked in quantity has been made up to some extent in the quality of the fish supplied. By adding trawling to his other operations, the fisherman was able to supply us in one

month with no less than 3,046 lb. of choice fish, mainly flounders and soles. While the falling-off in the supply of large fish is to be regarded as temporary and accidental, there is no question that the continuous working of a number of steam trawlers along the coast is driving the main supplies of fish further afield, and our experience coincides with that of all the line fishermen in the neighbourhood. Every year bait becomes more difficult to secure, and the boats have to go further and further from the shore-line to secure reasonable catches. Five or ten years ago nearly all the fishing was done at only a mile or so from the shore; now it is common for fishermen to go out from ten to fifteen miles in pursuit of kingfish, groper, and barracouta.

Owing to the general dampness of the year and the wetness of the ground there has been little chance of giving patients the amount of open-air recreation that is desirable.

The work of the year at the Waitati Branch Mental Hospital has been very satisfactory, but it will be necessary to push on the development of the institution rather than further extend the Seacliff buildings in future.

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

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.

Owing to my being temporarily transferred to the Public Health Department, I have been away from Seacliff half the year, but everything has gone on perfectly satisfactorily, and without any hitch whatever during my absence. I have to express my appreciation of the way in which Dr. Jeffreys, who has been in charge, and the various members of the staff at Seacliff carried on the varied work of the institution, and the same applies to my colleague, Dr. Ross, at Waitati, and to the staff at the Camp Annexe.

I have, &c.,

F. Truby King,

The Inspector-General, Mental Hospitals, Wellington. Medical Superintendent.

PORIRUA MENTAL HOSPITAL.

Sir,—

I have the honour to submit the following report on this Mental Hospital for the year 1912:—

At the beginning of the year there were 928 patients on the register (531 males and 397 females), and at the close 908 (488 males and 420 females), of whom 8 males and 24 females were absent on trial. The reduction in the number of male patients was brought about by the transfer of 60 men to the Hokitika Mental Hospital in June, and of 15 to the Tokanui Mental Hospital in July. By these transfers the overcrowding of male patients was greatly relieved. On the female side of the institution some relief must also be devised, as the number resident is considerably in excess of the accommodation provided, and the position tends to become worse.

There were 204 patients admitted for the first time, an increase of 7 as compared with the previous year; but the number readmitted (33) was 12 less than in 1911.

Of the 118 cases discharged the returns show 76 as recovered, 40 relieved, and 2 not improved. Under the Mental Defectives Act (which came into force in April of the year under review) any patient away on probation who does not return has to be discharged as relieved unless he submits a medical certificate vouching for his recovery or presents himself for examination at the mental hospital when the period of trial terminates. Although this regulation has always been explained to those responsible they very rarely comply with it. As long as a patient's discharge is granted they seem quite indifferent as to whether his recovery is recorded or not. Of the 41 patients who were discharged at the expiration of the period of trial, 31 were in good mental health when they left the institution, and these, I think, should reasonably be added to those entered up as recovered. With this addition our recoveries would number 107, which in proportion to the number admitted makes a recovery-rate of 44·4 per cent., as compared with 47 per cent. the previous year.

The number of deaths was 65, making a mortality-rate of 7·45 per cent. on 885, which was the average number resident. Included in the causes of death were 11 cases of general paralysis, 14 of senile decay, and 2 of typhoid fever. These last occurred early in the year, when we had 4 cases which may be regarded as an aftermath of the 1911 epidemic. Fortunately no further recrudescence of the disease appeared during the year 1912.

The new additions to the auxiliary building for male patients were not quite completed by the end of the year, but have since then been furnished and occupied. Now we are in the fortunate position of having sufficient accommodation on the male side of the institution. In connection with this auxiliary we are busy constructing a commodious airing-court, which will be chiefly used by the old and feeble-minded and demented unemployable patients, of whom a certain number are housed there.

Some years ago I recommended the building of a Nurses' Home, which is still more urgently needed now. The present accommodation for nurses is very unsatisfactory. Many of them occupy rooms which were designed for the use of patients, and other rooms which might quite well be converted into patient's bedrooms. If this were done there would be sleeping-accommodation for fully forty more female patients, and under present conditions this is an important consideration.

No difficulty of any consequence has been experienced by me in the administration of the hospital, and this is due to the loyal co-operation of the staff. There have been few changes in the higher grades of officials. Dr. Gray, the Junior Medical Officer, was promoted to the position of Senior Medical Officer at Auckland Mental Hospital, and Dr. Simpson, late Senior Assistant at Inverness Asylum, took his place here. To both of these officers, and to Dr. McKillop, the Senior Medical Officer, I am indebted for valuable assistance.

I have, &c.,

Gray Hassell,

The Inspector-General, Mental Hospitals, Wellington. Medical Superintendent.

APPENDIX.

TABLE I.—SHOWING THE ADMISSIONS, READMISSIONS, DISCHARGES, AND DEATHS IN MENTAL HOSPITALS DURING THE YEAR 1912.

	M.	F.	T.	M.	F.	T.
In mental hospitals, 1st January, 1912	..	..	..	2,220	1,536	3,756
Admitted for the first time	402	292	694			
Readmitted	56	89	145	593	394	987
Transfers	135	13	148			
Total under care during the year	..	..	..	2,813	1,930	4,743
Discharged and died—						
Recovered	184	141	325			
Relieved	17	44	61			
Not improved	146	18	164			
Died	193	87	280			
				540	290	830
Remaining in mental hospitals, 31st December, 1912	..	..	..	2,273	1,640	3,913
Increase over 31st December, 1911	..	..	..	53	104	157
Average number resident during the year	..	..	..	2,146	1,551	3,697

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 1912.

Mental Hospitals.	In Mental Hospitals on 1st January, 1912.			Admissions in 1912.									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	536	312	848	109	73	182	14	32	46	123	105	228	659	417	1,076
Christchurch	368	321	689	66	64	130	16	25	41	82	89	171	450	410	860
Dunedin (Seacliff)	546	344	890	70	51	121	16	19	35	86	70	156	632	414	1,046
Hokitika	122	54	176	17	6	23	60	..	60	77	6	83	199	60	259
Nelson	92	90	182	9	9	18	3	3	6	12	12	24	104	102	206
Porirua	531	397	928	125	79	204	16	21	37	141	100	241	672	497	1,169
Tokanui	..	..	..	..	..	..	65	..	65	65	..	65	65	..	65
Ashburn Hall (private mental hospital)	25	18	43	6	10	16	1	2	3	7	12	19	32	30	62
Totals	2,220	1,536	3,756	402	292	694	191	102	293	593	394	987	2,813	1,930	4,743

Mental Hospitals.	Patients discharged and died.												In Mental Hospitals on 31st December, 1912.		
	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	48	43	91	55	4	59	56	25	81	159	72	231	500	345	845
Christchurch	40	43	83	3	5	8	32	20	52	75	68	143	375	342	717
Dunedin (Seacliff)	29	25	54	13	8	21	45	11	56	87	44	131	545	370	915
Hokitika	3	3	6	..	2	2	16	4	20	19	9	28	180	51	231
Nelson	7	4	11	..	2	2	3	2	5	10	8	18	94	94	188
Porirua	55	21	76	88	32	120	41	24	65	184	77	261	488	420	908
Tokanui	..	..	..	1	..	1	..	..	..	1	..	1	64	..	64
Ashburn Hall (private mental hospital)	2	2	4	3	9	12	..	1	1	5	12	17	27	18	45
Totals	184	141	325	163	62	225	193	87	280	540	290	830	2,273	1,640	3,913

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	501	322	823	39·02	41·75	40·27	11·18	7·71	9·84	45·53	24·27	35·84
Christchurch	355	331	686	50·63	50·00	50·03	9·01	6·04	7·58	40·51	23·26	31·52
Dunedin (Seacliff)	504	357	861	35·37	38·46	36·73	8·93	3·08	6·50	54·88	16·92	38·09
Hokitika	151	47	198	17·65	50·00	26·09	10·60	8·51	10·10	94·12	66·67	86·96
Nelson	81	88	170	58·33	33·33	45·83	3·70	2·27	2·94	25·00	16·67	20·83
Porirua	498	387	885	39·57	21·43	32·07	8·23	6·20	7·34	29·50	24·49	27·43
Tokanui*	30	..	30	..	..	..	..	..	..	..	..	..
Ashburn Hall (private mental hospital)	26	19	44	33·33	18·18	23·53	..	5·26	2·27	..	9·09	5·88
Totals	2,146	1,551	3,697	40·17	37·01	38·74	8·99	5·61	7·57	42·14	22·83	33·37

*Tokanui Mental Hospital was opened towards the end of July. The average number of patients resident there for the remainder of the year is equal to 30 males resident during the whole of the year.

Table III.—Ages of Admissions.

Ages.	Auckland.			Christchurch.			Dunedin (Seacliff).			Hokitika.			Nelson.			Porirua.			Tokanui.			Ashburn Hall (Private Mental Hospital).			Total.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 5 years	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
From 5 to 10 years	0	2	2	1	1	2	..	..	..	..	..	..	1	0	1	1	1	2	..	..	..	..	..	..	3	4	7
„ 10 „ 15 „	..	..	..	..	..	..	0	1	1	..	..	..	..	..	..	2	2	4	..	..	..	..	..	..	2	3	5
„ 15 „ 20 „	3	6	9	2	3	5	2	3	5	..	..	..	2	2	4	3	2	5	..	..	..	1	1	2	13	17	30
„ 20 „ 30 „	22	24	46	19	27	46	14	14	28	1	0	1	3	1	4	35	23	58	..	..	..	0	2	2	94	91	185
„ 30 „ 40 „	28	26	54	18	24	42	19	13	32	3	2	5	2	2	4	37	24	61	..	..	..	2	5	7	109	96	205
„ 40 „ 50 „	25	21	46	10	16	26	9	16	25	3	1	4	0	1	1	24	24	48	..	..	..	1	2	3	72	81	153
„ 50 „ 60 „	20	12	32	9	8	17	15	7	22	1	0	1	2	1	3	15	12	27	..	..	..	1	1	2	63	41	104
„ 60 „ 70 „	11	6	17	10	5	15	8	6	14	3	1	4	1	2	3	10	7	17	..	..	..	..	..	..	43	27	70
„ 70 „ 80 „	11	5	16	9	2	11	10	2	12	3	2	5	1	3	4	10	3	13	..	..	..	1	0	1	45	17	62
„ 80 „ 90 „	..	..	..	1	0	1	4	3	7	3	0	3	..	..	..	2	0	2	..	..	..	..	..	..	10	3	13
„ 90 „ 100 „	..	..	..	..	..	..	1	0	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	0	1
„ 100 „ 105 „	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Unknown	3	1	4	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	3	1	4
Transfers	0	2	2	3	3	6	4	5	9	60	0	60	..	..	..	2	2	4	65	0	65	1	1	2	135	13	148
Totals	123	105	228	82	89	171	86	70	156	77	6	83	12	12	24	141	100	241	65	0	65	7	12	19	593	394	987

Table IV.—Duration of Disorder on Admission.

—	Auckland.			Christchurch.			Dunedin (Seacliff).			Hokitika.			Nelson.			Porirua.			Tokanui.			Ashburn Hall (Private Mental Hospital).			Total.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
First Class (first attack, and within 3 months on admission)	97	54	151	44	37	81	35	33	68	10	3	13	2	3	5	96	54	150	..	..	..	3	6	9	287	190	477
Second Class (first attack, above 3 months and within 12 months on admission)	8	9	17	10	8	18	17	8	25	4	1	5	3	3	6	10	8	18	..	..	..	0	3	3	52	40	92
Third Class (not first attack, and within 12 months on admission)	11	25	36	13	28	41	8	12	20	2	0	2	5	4	9	21	25	46	..	..	..	..	..	..	60	94	154
Fourth Class (first attack or not, but of more than 12 months on admission)	7	15	22	12	13	25	22	12	34	1	2	3	2	2	4	12	11	23	..	..	..	3	2	5	59	57	116
Unknown	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Transfers	0	2	2	3	3	6	4	5	9	60	0	60	..	..	..	2	2	4	65	0	65	1	1	2	135	13	148
Totals	123	105	228	82	89	171	86	70	156	77	6	83	12	12	24	141	100	241	65	0	65	7	12	19	593	394	987

Table V.—Ages of Patients discharged "Recovered" and "Not Recovered" during the Year 1912.

Ages.	Auckland.						Christchurch.						Dunedin (Seacliff).						Hokitika.					
	Recovered.			Not recovered.			Recovered.			Not recovered.			Recovered.			Not recovered.			Recovered.			Not recovered.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
From 5 to 10 years ..	..			..			..			0	1	1	..			..			..			..		
„ 10 „ 15 „ ..	0	1	1	..			..			..			..	0	1	1			..			..		
„ 15 „ 20 „ ..	1	3	4	1	0	1	3	5	8	0	1	1	1	0	1	3	1	4	..			..		
„ 20 „ 30 „ ..	14	6	20	0	1	1	10	13	23	1	0	1	6	7	13	3	0	3	0	1	1	0	2	2
„ 30 „ 40 „ ..	11	17	28	1	0	1	11	12	23	0	2	2	8	9	17	1	0	1	3	2	5	..		
„ 40 „ 50 „ ..	8	8	16	0	2	2	9	6	15	1	0	1	4	4	8	0	4	4	..			..		
„ 50 „ 60 „ ..	9	4	13	1	0	1	5	3	8	1	0	1	4	3	7	2	1	3	..			..		
„ 60 „ 70 „ ..	3	2	5		..		2	4	6	0	1	1	5	1	6	4	1	5	..			..		
„ 70 „ 80 „ ..	2	2	4	1	0	1	..			..			1	0	1	..			..			..		
„ 80 „ 90 „ ..	..			..			..			..			0	1	1	..			..			..		
Unknown	..			..			..			..			..			..			..			..		
Transfers	..			51	1	52	..			..			..			..			..			..		
Totals	48	43	91	55	4	59	40	43	83	3	5	8	29	25	54	13	8	21	3	3	6	0	2	2

Ages.	Nelson.				Porirua.				Tokanui.				Ashburn Hall (Private Mental Hospital).				Total.					
	Recovered.			Not recovered.	Recovered.			Not recovered.	Recovered.			Not recovered.	Recovered.			Not recovered.	Recovered.			Not recovered.		
	M.	F.	T.	M. F. T.	M.	F.	T.	M. F. T.	M.	F.	T.	M. F. T.	M.	F.	T.	M. F. T.	M.	F.	T.	M.	F.	T.
From 5 to 10 years ..	..			..	..			..	..			..	..			..		..		0	1	1
„ 10 „ 15 „ ..	..			..	..			..	..			..	..			..	0	1	1	0	1	1
„ 15 „ 20 „ ..	1	0	1	..	3	1	4	..	..			..	..			0 1 1	9	9	18	5	5	10
„ 20 „ 30 „ ..	2	0	2	..	12	9	21	2 7 9	..			..	1	0	1	0 1 1	45	36	81	6	11	17
„ 30 „ 40 „ ..	3	2	5	..	18	5	23	4 9 13	..			..	1	1	2	1 2 3	55	48	103	7	13	20
„ 40 „ 50 „ ..	0	1	1	..	10	3	13	0 6 6	..			..	..			1 3 4	31	22	53	2	15	17
„ 50 „ 60 „ ..	0	1	1	..	8	1	9	0 5 5	..	1	0	1	..			0 2 2	26	12	38	5	8	13
„ 60 „ 70 „ ..	1	0	1	..	3	1	4	2 2 4	..			..	..			..	14	8	22	6	4	10
„ 70 „ 80 „ ..	..			0 1 1	0	1	1	1 0 1	..			..	..			1 0 1	3	3	6	3	1	4
„ 80 „ 90 „ ..	..			..	1	0	1	1 0 1	..			..	..			..	1	1	2	1	0	1
Unknown	..			..	..			..	..			..	..			..	..			..		
Transfers	..			0 1 1	..			77 1 78	..			..	0	1	1	..	0	1	1	128	3	131
Totals	7	4	11	0 2 2	55	21	76	88 32 120	..	1	0	1	2	2	4	3 9 12	184	141	325	163	62	225

Table VI.—Ages of Patients who died.

Ages.	Auckland.			Christchurch.			Dunedin (Seacliff).			Hokitika.			Nelson.			Porirua.			Tokanui.			Ashburn Hall (Private M.H.).			Total.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
From 5 to 10 years		..			..			..			..			..			..			..			..			..	
„ 10 „ 15 „	1	0	1		..			..			..			..			..			..			..		1	0	1
„ 15 „ 20 „	1	1	2	1	1	2		..			..			..		1	0	1		..			..		3	2	5
„ 20 „ 30 „	3	3	6	3	0	3		..		1	0	1	1	0	1	5	3	8		..			..		13	6	19
„ 30 „ 40 „	13	11	24	3	2	5	5	2	7		..			..		5	5	10		..			..		26	20	46
„ 40 „ 50 „	11	1	12	3	2	5	8	2	10	1	0	1	1	0	1	9	5	14		..			..		33	10	43
„ 50 „ 60 „	6	2	8	6	4	10	9	0	9	2	0	2		..		3	2	5		..			..		26	8	34
„ 60 „ 70 „	9	3	12	6	5	11	11	3	14	3	3	6	0	1	1	9	3	12		..			..		38	18	56
„ 70 „ 80 „	12	4	16	9	5	14	8	3	11	5	1	6	1	1	2	8	5	13		..			..		43	19	62
„ 80 „ 90 „		..			..		4	1	5	4	0	4		..		1	1	2		..		0	1	1	9	3	12
Unknown		..		1	1	2		..			..			..			..			..			..		1	1	2
Totals	56	25	81	32	20	52	45	11	56	16	4	20	3	2	5	41	24	65		..		0	1	1	193	87	280

TABLE VII.—CONDITION AS TO MARRIAGE.

—	Admissions.			Discharges.			Deaths.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
AUCKLAND—									
Single	71	38	109	27	15	42	27	10	37
Married	46	58	104	23	28	51	24	9	33
Widowed	6	7	13	2	3	5	5	6	11
Unknown		..			..			..	
Transfers	0	2	2	51	1	52		..	
Totals	123	105	228	103	47	150	56	25	81
CHRISTCHURCH—									
Single	51	43	94	25	25	50	18	7	25
Married	22	33	55	17	18	35	10	9	19
Widowed	6	10	16	1	5	6	3	4	7
Unknown		..			..		1	0	1
Transfers	3	3	6		..			..	
Totals	82	89	171	43	48	91	32	20	52
DUNEDIN (Seacliff)—									
Single	46	30	76	27	16	43	23	5	28
Married	24	30	54	10	15	25	19	5	24
Widowed	12	5	17	4	2	6	3	1	4
Unknown		..			..			..	
Transfers	4	5	9	1	0	1		..	
Totals	86	70	156	42	33	75	45	11	56
HOKITIKA—									
Single	11	2	13	2	3	5	11	0	11
Married	5	2	7	1	2	3	3	1	4
Widowed	1	2	3		..		2	3	5
Unknown		..			..			..	
Transfers	60	0	60		..			..	
Totals	77	6	83	3	5	8	16	4	20
NELSON—									
Single	8	6	14	5	1	6	1	1	2
Married	4	1	5	2	2	4	1	0	1
Widowed	0	5	5	0	2	2	1	1	2
Unknown		..			..			..	
Transfers		..		0	1	1		..	
Totals	12	12	24	7	6	13	3	2	5
PORIRUA—									
Single	80	31	111	40	18	58	15	10	25
Married	41	55	96	22	32	54	21	10	31
Widowed	18	12	30	4	2	6	5	4	9
Unknown		..			..			..	
Transfers	2	2	4	77	1	78		..	
Totals	141	100	241	143	53	196	41	24	65
TOKANUI—									
Transfers	65	0	65	1	0	1		..	
Totals	65	0	65	1	0	1		..	
ASHBURN HALL—									
Single	3	7	10	2	6	8		..	
Married	2	4	6	3	4	7	0	1	1
Widowed	1	0	1		..			..	
Unknown		..			..			..	
Transfers	1	1	2	0	1	1		..	
Totals	7	12	19	5	11	16	0	1	1
TOTALS—									
Single	270	157	427	128	84	212	95	33	128
Married	144	183	327	78	101	179	78	35	113
Widowed	44	41	85	11	14	25	19	19	38
Unknown		..			..		1	0	1
Transfers	135	13	148	130	4	134		..	
Totals	593	394	987	347	203	550	193	87	280

Table VIII.—Native Countries.

Countries.	Auckland.			Christchurch.			Dunedin (Seacliff).			Hokitika.			Nelson.			Porirua.			Tokanui.			Ashburn Hall (Private M.H.).			Total.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
England and Wales	129	94	223	113	101	214	110	64	174	39	16	55	13	22	35	164	101	265	19	0	19	5	2	7	592	400	992
Scotland	30	17	47	29	19	48	104	68	172	13	5	18	4	6	10	36	30	66	2	0	2	7	2	9	225	147	372
Ireland	64	58	122	54	61	115	89	58	147	45	11	56	14	18	32	60	63	123	9	0	9	1	0	1	336	269	605
New Zealand	168	143	311	142	138	280	188	148	336	52	16	68	56	39	95	177	197	374	24	0	24	12	13	25	819	694	1513
Australian States	26	13	39	10	8	18	17	24	41	6	3	9	1	3	4	21	8	29	1	0	1	0	1	1	82	60	142
France	2	0	2	0	1	1	..	..	..	..	..	..	..	..	..	1	0	1	..	..	..	..	..	..	3	1	4
Germany	4	2	6	4	2	6	8	1	9	6	0	6	1	0	1	7	6	13	..	..	..	1	0	1	31	11	42
Austria	11	0	11	1	2	3	1	0	1	..	..	..	1	0	1	0	1	1	4	0	4	..	..	..	18	3	21
Norway	0	1	1	2	0	2	6	1	7	1	0	1	0	2	2	1	0	1	1	0	1	..	..	..	11	4	15
Sweden	7	1	8	2	0	2	3	0	3	6	0	6	3	0	3	5	2	7	1	0	1	..	..	..	27	3	30
Denmark	2	0	2	2	1	3	1	2	3	..	..	..	..	..	..	3	0	3	1	0	1	..	..	..	9	3	12
Italy	3	1	4	4	0	4	1	0	1	4	0	4	0	1	1	3	0	3	..	..	..	..	..	..	15	2	17
China	2	0	2	2	0	2	9	0	9	5	0	5	..	..	..	2	0	2	..	..	..	..	..	..	20	0	20
Maoris	18	5	23	1	1	2	..	..	..	1	0	1	1	0	1	8	6	14	1	0	1	..	..	..	30	12	42
Other countries	20	4	24	9	8	17	8	4	12	2	0	2	0	3	3	0	6	6	1	0	1	1	0	1	41	25	66
Unknown	14	6	20	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	14	6	20
Totals	500	345	845	375	342	717	545	370	915	180	51	231	94	94	188	488	420	908	64	0	64	27	18	45	2273	1640	3913

Table IX.—Ages of Patients on 31st December, 1912.

Ages.	Auckland.			Christchurch.			Dunedin (Seacliff).			Hokitika.			Nelson.			Porirua.			Tokanui.			Ashburn Hall (Private M.H.).			Total.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T	M.	F.	T.
From 1 to 5 years	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
„ 5 „ 10 „	2	2	4	1	3	4	..	..	..	..	..	..	6	1	7	1	5	6	..	..	..	..	..	..	10	11	21
„ 10 „ 15 „	1	1	2	1	1	2	1	1	2	..	..	..	3	1	4	2	5	7	..	..	..	..	..	..	8	9	17
„ 15 „ 20 „	10	5	15	5	5	10	5	13	18	2	0	2	9	2	11	13	16	29	..	..	..	1	0	1	45	41	86
„ 20 „ 30 „	58	37	95	48	44	92	68	44	112	8	4	12	14	5	19	68	71	139	7	0	7	4	1	5	275	206	481
„ 30 „ 40 „	95	61	156	85	71	156	115	83	198	36	8	44	10	14	24	122	77	199	18	0	18	2	4	6	483	318	801
„ 40 „ 50 „	122	101	223	75	83	158	113	87	200	41	9	50	10	26	36	110	104	214	16	0	16	4	5	9	491	415	906
„ 50 „ 60 „	103	67	170	71	68	139	101	59	160	30	7	37	16	18	34	89	88	177	10	0	10	5	5	10	425	312	737
„ 60 „ 70 „	59	43	102	47	36	83	77	45	122	25	10	35	13	12	25	64	37	101	8	0	8	6	2	8	299	185	484
„ 70 „ 80 „	39	22	61	37	28	65	54	31	85	21	9	30	10	9	19	17	16	33	1	0	1	5	1	6	184	116	300
„ 80 „ 90 „	5	4	9	5	3	8	11	7	18	4	1	5	3	0	3	2	1	3	..	..	..	..	..	..	30	16	46
„ 90 „ 100 „	6	2	8	..	..	..	..	..	..	..	..	..	0	6	6	..	..	..	..	..	..	..	..	..	6	8	14
Unknown	..	..	..	..	..	..	..	..	..	13	3	16	..	..	..	..	..	..	4	0	4	..	..	..	17	3	20
Totals	500	345	845	375	342	717	545	370	915	180	51	231	94	94	188	488	420	908	64	0	64	27	18	45	2273	1640	3913

Table X.—Length of Residence of Patients who died during 1912.

Length of Residence.	Auckland.			Christchurch.			Dunedin (Seacliff).			Hokitika.			Nelson.			Porirua.			Tokanui.			Ashburn Hall (Private M.H.).			Total.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 1 month	5	2	7	6	0	6	2	1	3	1	0	1		..		6	3	9		..			..		20	6	26
From 1 to 3 months	7	2	9	7	1	8	6	1	7	2	0	2		..		7	3	10		..			..		29	7	36
„ 3 „ 6 „	4	3	7	2	1	3	2	0	2	2	0	2	1	0	1	5	1	6		..			..		16	5	21
„ 6 „ 9 „	2	3	5	1	1	2	2	0	2	0	1	1		..		2	0	2		..			..		7	5	12
„ 9 „ 12 „	5	0	5	1	1	2	3	1	4	0	1	1		..		2	1	3		..			..		11	4	15
„ 1 „ 2 years	12	5	17	1	1	2	3	2	5	4	1	5		..		3	2	5		..		0	1	1	23	12	35
„ 2 „ 3 „	3	1	4	3	4	7	6	0	6		..			..		3	4	7		..			..		15	9	24
„ 3 „ 5 „	5	3	8	2	2	4	4	1	5	1	0	1		..		5	1	6		..			..		17	7	24
„ 5 „ 7 „	5	0	5	1	2	3	1	2	3	2	0	2		..		1	0	1		..			..		10	4	14
„ 7 „ 10 „	1	2	3	2	1	3	3	1	4		..		1	1	2	4	1	5		..			..		11	6	17
„ 10 „ 12 „	1	0	1	0	2	2	2	1	3		..			..			..			..			..		3	3	6
„ 12 „ 15 „	1	1	2	0	1	1	2	0	2	1	0	1	1	0	1	1	3	4		..			..		6	5	11
Over 15 years	5	3	8	6	3	9	8	1	9	3	1	4	0	1	1	2	5	7		..			..		24	14	38
Died while absent on trial		..			..		1	0	1		..			..			..			..			..		1	0	1
Totals	56	25	81	32	20	52	45	11	56	16	4	20	3	2	5	41	24	65		..		0	1	1	193	87	280

Table XI.—Length of Residence of Patients discharged "Recovered" during 1912.

Length of Residence.	Auckland.			Christchurch.			Dunedin (Seacliff).			Hokitika.			Nelson.			Porirua.			Tokanui.			Ashburn Hall (Private M.H.).			Total.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 1 month	3	2	5	2	0	2	2	3	5		..			..		10	3	13		..			..		17	8	25
From 1 to 3 months	11	9	20	9	14	23	12	5	17	1	0	1	1	1	2	19	0	19		..		1	2	3	54	31	85
„ 3 „ 6 „	14	16	30	5	8	13	5	11	16	2	0	2	2	0	2	8	8	16		..		1	0	1	37	43	80
„ 6 „ 9 „	6	2	8	9	8	17	5	5	10		..		2	3	5	5	5	10		..			..		27	23	50
„ 9 „ 12 „	4	4	8	3	5	8	2	0	2		..		1	0	1	2	1	3		..			..		12	10	22
„ 1 „ 2 years	9	5	14	5	0	5	1	1	2	0	3	3		..		7	3	10		..			..		22	12	34
„ 2 „ 3 „	1	2	3	3	3	6	2	0	2		..		1	0	1	1	0	1		..			..		8	5	13
„ 3 „ 5 „	0	3	3	4	2	6		..			..			..		1	0	1		..			..		5	5	10
„ 5 „ 7 „		..			..			..			..			..		2	0	2		..			..		2	0	2
„ 7 „ 10 „		..		0	1	1		..			..			..		0	1	1		..			..		0	2	2
„ 10 „ 12 „		..			..			..			..			..			..			..			..			..	
„ 12 „ 15 „		..			..			..			..			..			..			..			..			..	
Over 15 years		..		0	2	2		..			..			..			..			..			..		0	2	2
Totals	48	43	91	40	43	83	29	25	54	3	3	6	7	4	11	55	21	76		..		2	2	4	184	141	325

TABLE XII.—CAUSES OF DEATH.

Causes.	Auckland.		Christchurch.		Dunedin (Seacliff).		Hokitika.		Nelson.		Porirua.		Tokanui.		Ashburn Hall (Private M.H.).		Total	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
GROUP I.—GENERAL.																		
Tuberculosis	1	1	..		..		..		..		..		..		..		1	1
Typhoid fever	1	3	..		..		..		..		0	2	..		..		1	5
Carcinoma	..		..		3	0	1	1	..		2	2	..		..		6	3
Diabetes mellitus	..		..		1	0	..		..		..		..		..		1	0
Septicæmia	..		..		2	0	..		..		0	1	..		..		2	1
Marasmus	..		..		..		1	0	..		..		..		..		1	0
Convulsions	..		..		..		1	0	..		..		..		..		1	0
Lardaceous disease	..		..		..		..		..		1	0	..		..		1	0
Delirium tremens	..		1	0	..		..		..		..		..		..		1	0
GROUP II.—NERVOUS SYSTEM.																		
Organic brain disease	4	4	2	0	1	0	..		..		1	0	..		..		8	4
General paralysis	9	0	3	1	8	0	1	0	..		9	2	..		..		30	3
Exhaustion from mania	5	0	7	2	..		1	0	1	0	1	2	..		..		15	4
Exhaustion from melancholia	2	0	..		..		..		..		..		..		..		2	0
Epilepsy	4	2	1	0	3	1	..		..		4	1	..		..		12	4
Chronic myelitis	0	1	..		..		..		..		..		..		..		0	1
GROUP III.—DISEASES OF CIRCULATORY SYSTEM.																		
Syncope	1	0	..		..		2	0	1	2	..		..		..		4	2
Valvular disease	2	2	1	3	6	2	..		..		2	1	..		..		11	8
Cardiac degeneration	1	1	2	1	..		1	0	..		0	2	..		..		4	4
GROUP IV.—DISEASES OF BLOOD-VESSELS.																		
Cerebral anæmia	0	1	..		..		..		..		..		..		..		0	1
Apoplexy	1	0	0	1	1	0	..		..		1	0	..		..		3	1
Thrombosis	..		..		..		..		..		1	1	..		..		1	1
Gangrene	..		..		1	0	..		..		0	1	..		..		1	1
GROUP V.—RESPIRATORY SYSTEM.																		
Acute bronchitis	2	1	..		..		..		..		..		..		..		2	1
Chronic bronchitis	..		2	0	..		1	1	..		..		..		..		3	1
Gangrene of lung	..		..		..		..		1	0	..		..		..		1	0
Pneumonia (lobar)	2	1	0	1	3	1	2	1	..		1	2	..		..		8	6
Phthisis pulmonalis	6	4	1	1	2	3	..		..		5	4	..		..		14	12
Thoracic abscess	1	0	..		..		..		..		..		..		..		1	0
GROUP VI.—DIGESTIVE SYSTEM.																		
Gastric ulcer	..		0	1	1	0	..		..		..		..		..		1	1
Gastro-enteritis	1	0	..		0	1	..		..		..		..		..		1	1
Colitis	1	0	0	2	..		..		..		..		..		..		1	2
Exhaustion from diarrhœa	..		1	0	..		1	0	..		..		..		..		2	0
Intestinal obstruction	..		..		1	0	..		..		..		..		..		1	0
GROUP VII.																		
Pyonephritis	..		0	1	..		..		..		..		..		..		0	1
Chronic nephritis	..		..		1	0	..		..		0	1	..		..		1	1
Uræmia	..		..		..		1	0	..		..		..		..		1	0
GROUP VIII.																		
Shock following operation for epithelioma of lip	..		..		1	0	..		..		..		..		..		1	0
Suffocation during epileptic fit	..		..		..		..		..		1	0	..		..		1	0
GROUP IX.																		
Senile decay	12	4	10	6	10	3	3	1	..		12	2	..		0	1	47	17
Rupture of gall-bladder	..		1	0	..		..		..		..		..		..		1	0
Totals	56	25	32	20	45	11	16	4	3	2	41	24	..		0	1	193	87

TABLE XIII.—PRINCIPAL ASSIGNED CAUSES OF INSANITY.

Causes.	Auckland.		Christchurch.		Dunedin (Seacliff).		Hokitika.		Nelson.		Porirua.		Tokanui.		Ashburn Hall (Private M. H.).		Total.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Heredity	7	6	16	22	14	13	0	2	1	1	21	14	..		1	7	60	65
Congenital mental deficiency ..	7	7	7	8	3	2	1	0	2	2	10	5	..		0	1	30	25
Previous attacks	5	10	9	13	5	5	..		1	1	19	21	..		..		39	50
Puberty and adolescence ..	4	12	5	2	0	3	..		1	0	9	1	..		..		19	18
Climacteric	0	13	0	4	0	6	..		..		0	11	..		..		0	34
Senility	20	8	16	6	17	6	5	2	0	2	19	10	..		1	0	78	34
Pregnancy	0	1	0	2	..		..		..		0	1	..		..		0	4
Puerperal state	0	8	0	5	0	5	0	1	..		0	10	..		..		0	29
Lactation	0	2	..		..		..		..		0	1	..		..		0	3
Sudden mental stress	..		..		1	3	..		..		1	0	..		..		2	3
Prolonged mental stress ..	1	3	3	13	6	7	3	0	2	2	3	4	..		1	1	19	30
Masturbation	..		4	0	..		..		1	0	..		..		..		5	0
Toxic—																		
Alcohol	29	5	12	4	10	1	3	0	2	1	25	8	..		1	0	82	19
Tuberculosis	..		..		0	1	..		..		1	0	..		..		1	1
Influenza	..		..		0	2	..		..		..		..		..		0	2
Syphilis	8	1	3	0	12	1	1	0	..		7	2	..		1	0	32	4
Other diseases	1	5	..		1	4	1	1	0	1	5	3	..		..		8	14
Traumatic	2	0	..		2	0	1	0	..		2	0	..		..		7	0
Epilepsy	1	0	..		1	1	2	0	2	0	11	5	..		..		17	6
Sexual excess	2	1	..		..		..		..		..		..		..		2	1
Occultism	0	1	..		..		..		..		..		..		..		0	1
Love affair	0	1	..		..		..		..		..		..		..		0	1
Ill health	8	13	0	2	1	5	..		..		2	0	..		..		11	20
Solitary life	..		1	2	3	0	..		..		..		..		..		4	2
No factor ascertained, history defective	26	5	3	3	6	0	..		0	2	4	1	..		1	2	40	13
Not insane	2	1	..		..		..		..		0	1	..		..		2	2
Transfers	0	2	3	3	4	5	60	0	..		2	2	65	0	1	1	135	13
Totals	123	105	82	89	86	70	77	6	12	12	141	100	65	0	7	12	593	394

TABLE XIV.—FORMER OCCUPATION OF PATIENTS.

Occupations.	Auckland.	Christchurch.	Dunedin (Seacliff).	Hokitika.	Nelson.	Porirua.	Tokanui.	Ashburn Hall (Private Mental Hospital).	Total.	Occupations.	Auckland.	Christchurch.	Dunedin (Seacliff).	Hokitika.	Nelson.	Porirua.	Tokanui.	Ashburn Hall (Private Mental Hospital).	Total.
MALES.																			
Aboriginal Natives	6	..	..	..	..	1	..	..	7	Leadlight-maker	..	..	..	..	..	1	..	..	1
Artist	..	1	..	..	..	..	..	..	1	Lighthouse-keeper	1	..	..	..	..	..	..	..	1
Bakers	..	..	1	..	..	1	..	..	2	Master mariners	1	..	..	..	..	1	..	..	2
Barbers	..	..	..	1	..	1	..	..	2	Meat Inspector	..	..	..	..	..	1	..	..	1
Blacksmiths	..	1	1	..	..	2	..	..	4	Meat-preserver	..	1	..	..	..	..	..	..	1
Boilermaker	..	..	..	..	..	1	..	..	1	Merchants	1	..	..	..	..	..	..	3	4
Bootmakers	2	..	4	..	..	3	..	..	9	Messenger	..	1	..	..	..	..	..	..	1
Bricklayers	..	1	1	..	..	..	..	..	2	Mill hand	..	..	1	..	..	..	..	..	1
Bushman	1	..	..	..	..	..	..	..	1	Miners	8	..	8	7	1	..	..	..	24
Butchers	..	..	..	1	..	1	..	..	2	Moulder	1	..	..	..	..	..	..	..	1
Cabinetmaker	1	..	..	..	..	..	..	..	1	Musician	..	..	1	..	..	..	..	..	1
Canvassers	1	..	1	..	..	2	..	..	4	No occupation	4	4	3	..	1	7	..	..	19
Carpenters	2	1	2	1	..	5	..	..	11	Old-age pensioners	..	..	1	..	..	2	..	..	3
Carter	1	..	..	..	..	..	..	..	1	Painters	..	..	..	..	..	2	..	..	2
Chaffeurs	1	..	..	..	..	1	..	..	2	Photographer	..	1	..	..	..	..	..	..	1
Civil engineer	..	..	1	..	..	..	..	..	1	Physician	..	..	..	..	1	..	..	..	1
Clerks	2	1	2	..	..	5	..	..	10	Piano-tuners	1	1	..	..	..	..	..	..	2
Cloth-finisher	..	..	..	..	..	1	..	..	1	Plumber	1	..	..	..	..	..	..	..	1
Coachbuilder	..	1	..	..	..	..	..	..	1	Porter	..	..	..	..	..	1	..	..	1
Commercial travellers	..	1	..	..	..	2	..	..	3	Postmaster	..	1	..	..	..	..	..	..	1
Commission agent	..	..	1	..	..	..	..	..	1	Priest in Holy Orders	..	..	1	..	..	..	..	..	1
Confectioner	..	..	..	..	..	1	..	..	1	Printers	2	1	1	..	..	1	..	..	5
Contractor	..	..	..	..	..	1	..	..	1	Publicans	..	2	..	..	..	..	..	..	2
Cooks	2	1	2	..	..	2	..	..	7	Rabbiters	1	1	1	..	..	..	..	..	3
Cordialmaker	..	..	..	..	..	1	..	..	1	Retired salesman	..	..	..	..	..	..	..	1	1
Dairyman	..	..	..	1	..	..	..	..	1	Schoolboys	..	..	..	..	..	2	..	..	2
Dentists	..	..	1	..	1	1	..	..	3	Seamen	..	4	2	..	..	2	..	..	8
Drapers	..	1	1	..	..	..	..	..	2	Second-hand dealer	1	..	..	..	..	..	..	..	1
Draughtsman	1	..	..	..	..	..	..	..	1	Settlers	3	..	..	..	..	1	..	..	4
Drivers	..	..	..	..	..	2	..	..	2	Shepherds	..	..	2	..	..	1	..	..	3
Dyer	1	..	..	..	..	..	..	..	1	Shipwrights	1	..	1	..	..	..	..	..	2
Engineers	1	3	1	..	..	..	..	..	5	Signalman	..	1	..	..	..	..	..	..	1
Ex-Postmaster	..	..	1	..	..	..	..	..	1	Solicitor	1	..	..	..	..	..	..	..	1
Farmers	15	5	4	..	4	9	..	2	39	Stable-keeper	1	..	..	..	..	..	..	..	1
Farm hands	2	1	4	..	..	4	..	..	11	Steward	1	..	..	..	..	..	..	..	1
Farrier	..	..	..	1	..	..	..	..	1	Stokers	2	..	2	..	..	..	..	..	4
Fishmonger	..	1	..	..	..	..	..	..	1	Storekeepers	..	1	..	1	..	..	..	..	2
Fitters	1	..	..	..	..	1	..	..	2	Storemen	1	..	..	..	..	1	..	..	2
Fruiterer	..	1	..	..	..	..	..	..	1	Tailors	2	1	1	..	..	..	..	..	4
Ganger	..	..	..	..	..	1	..	..	1	Telegraphists	2	..	..	..	..	..	..	..	2
Gardeners	2	1	2	..	..	2	..	..	7	Tramway employee	..	..	1	..	..	..	..	..	1
Gum-diggers	6	..	..	..	..	..	..	..	6	Transfers	..	3	4	60	..	2	65	1	135
Hawker	..	..	1	..	..	..	..	..	1	Warehouseman	..	1	..	..	..	..	..	..	1
Kitchen hand	1	..	..	..	..	..	..	..	1										
Labourers	38	37	25	4	4	65	..	..	173	Totals	123	82	86	77	12	141	65	7	593
FEMALES.																			
Aboriginal Natives	3	..	..	..	..	2	..	..	5	Old-age Pensioner	..	..	1	..	..	..	..	..	1
Barmaid	..	..	..	..	..	1	..	..	1	Postmistress	..	..	..	..	..	..	..	1	1
Charwoman	..	..	..	..	1	..	..	..	1	Schoolgirls	..	..	1	..	..	..	..	1	2
Cook	..	..	..	..	..	1	..	..	1	Shopwoman	..	1	..	..	..	..	..	..	1
Domestic duties	94	37	56	3	5	82	..	4	281	Sister of Mercy	..	..	..	1	..	..	..	..	1
Dressmakers	2	1	1	1	..	2	..	..	7	Tailoresses	..	2	..	..	..	..	..	..	2
Hair specialist	..	1	..	..	..	..	..	..	1	Teachers	..	1	1	..	..	..	..	..	2
Housewives	..	28	..	1	1	..	..	2	32	Transfers	2	3	5	..	..	2	..	1	13
Milliner	1	..	..	..	..	..	..	..	1	Typistes	..	2	..	..	..	..	..	..	2
Music-teacher	..	..	2	..	..	..	..	..	2										
No occupation	3	11	3	..	5	10	..	3	35	Totals	105	89	70	6	12	100	..	12	394
Nurses	..	2	..	..	..	..	..	..	2										

TABLE XV.—SHOWING THE ADMISSIONS, DISCHARGES, AND DEATHS, WITH THE MEAN ANNUAL MORTALITY AND PROPORTION OF RECOVERIES PER CENT. OF THE ADMISSIONS FOR EACH YEAR SINCE 1ST JANUARY, 1876.

Year.	Admitted.			Discharged.									Died.			Remaining 31st December in each Year.			Average Numbers resident.			Percentage of Recoveries on Admissions.			Percentage of Deaths on Average Numbers resident.		
				Recovered.			Relieved.			Not Improved.																	
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1876 ..	221	117	338	129	79	208	17	8	25	6	6	12	36	12	48	519	264	783	491	257	748	54·53	66·01	57·56	8·21	3·58	6·70
1877 ..	250	112	362	123	57	180	20	9	29	7	2	9	42	21	63	581	291	872	541	277	818	49·20	50·80	49·72	7·76	7·58	7·70
1878 ..	247	131	378	121	68	189	14	14	28	3	3	6	51	17	68	638	319	957	601	303	904	48·98	51·90	50·00	8·48	5·61	7·52
1879 ..	248	151	399	112	76	188	15	13	28	8	3	11	55	16	71	695	361	1,056	666	337	1,003	45·16	50·33	47·11	8·25	4·74	7·07
1880 ..	229	149	378	100	67	167	36	25	61	5	2	7	54	20	74	729	396	1,125	703	371	1,074	43·66	44·96	44·17	7·68	5·39	6·89
1881 ..	232	127	359	93	65	158	41	36	77	8	1	9	49	14	63	769	406	1,175	747	388	1,135	40·08	51·10	44·01	6·29	3·60	5·55
1882 ..	267	152	419	95	59	154	49	32	81	5	7	12	60	19	79	827	442	1,269	796	421	1,217	35·58	38·81	36·75	7·53	4·51	6·49
1883 ..	255	166	421	102	78	180	13	20	33	10	9	19	65	18	83	892	483	1,375	860	475	1,335	40·00	46·98	42·75	7·55	3·78	6·21
1884 ..	238	153	391	89	77	166	17	9	26	18	12	30	68	24	92	938	514	1,452	911	497	1,408	37·39	50·32	42·45	7·46	4·82	6·53
1885 ..	294	160	454	95	76	171	10	5	15	73	29	102	73	22	95	981	542	1,523	965	528	1,493	32·31	47·50	37·66	7·56	4·16	6·36
1886 ..	207	165	372	99	60	159	11	17	28	12	8	20	57	19	76	1,009	604	1,613	984	559	1,543	47·82	36·36	42·74	5·79	3·39	4·91
1887 ..	255	161	416	103	78	181	34	17	51	..	..	..	74	27	101	1,053	643	1,696	1,034	613	1,647	40·39	48·75	43·61	7·15	4·40	6·13
1888 ..	215	146	361	116	92	208	31	28	59	2	2	4	78	26	104	1,041	640	1,681	1,045	641	1,686	53·95	63·01	57·62	7·56	4·05	6·16
1889 ..	230	161	391	93	53	146	31	30	61	3	1	4	70	30	100	1,074	687	1,761	1,046½	660½	1,707	40·43	32 92	37·34	6·69	4·54	5·86
1890 ..	230	160	390	98	88	186	23	17	40	12	5	17	76	35	111	1,095	702	1,797	1,078	685	1,763	42·61	55·00	47·69	7·05	5·11	6·29
1891 ..	234	201	435	88	74	162	33	24	57	14	30	44	79	41	120	1,115	734	1,849	1,089¾	699½	1,789¼	37·61	36·82	37·24	7·25	5·86	6·71
1892 ..	231	158	389	89	76	165	21	17	38	8	2	10	74	34	108	1,154	763	1,917	1,125	714¾	1,839¾	38·53	48·10	42·42	6·58	4·76	5·87
1893 ..	281	179	460	101	89	190	17	12	29	9	9	18	78	23	101	1,229	810	2,039	1,172	758	1,930	35·94	49·72	41·30	6·66	3·03	5·23
1894 ..	320	256	576	107	76	183	15	11	26	55	84	139	64	35	99	1,308	860	2,168	1,241	812	2,053	39·63	45·18	41·03	5·16	4·31	4·82
1895 ..	379	302	681	105	77	182	24	19	43	128	139	267	101	42	143	1,339	885	2,214	1,313	849	2,162	41·27	46·66	43·40	7·69	4·94	6·61
1896 ..	296	170	466	104	70	174	25	16	41	20	12	32	86	32	118	1,390	925	2,315	1,347	882	2,229	37·41	44·02	39·82	6·38	3·63	5·29
1897 ..	300	244	544	102	73	175	26	32	58	17	31	48	105	43	148	1,440	990	2,430	1,411	944	2,355	35·92	37·82	36·69	7·44	4·55	6·28
1898 ..	355	258	613	114	110	224	13	23	36	104	47	151	88	60	148	1,472	1,008	2,480	1,438	973	2,411	44·88	51·89	48·07	6·12	6·17	6·14
1899 ..	264	247	511	88	99	187	15	25	40	7	42	49	114	43	157	1,512	1,045	2,557	1,487	1,004	2,491	32·31	44 33	37·58	7·67	4·28	6·30
1900 ..	335	263	598	103	96	199	39	10	49	25	65	90	99	46	145	1,581	1,091	2,672	1,534	1,049	2,583	30·74	36 50	33·27	6·45	4·38	5·61
1901 ..	373	224	597	125	104	229	40	17	57	33	3	36	102	72	174	1,654	1,119	2,773	1,622	1,094	2,716	39·06	46·64	42·17	6·29	6·58	6·41
1902 ..	352	192	544	135	99	234	26	15	41	10	9	19	120	55	175	1,715	1,133	2,848	1,671	1,114	2,785	38 35	51·56	43·01	7·18	4·94	6·28
1903 ..	454	237	691	144	101	245	41	25	66	84	12	96	129	44	173	1,771	1,188	2,959	1,741	1,160	2,901	40·56	44·69	42·17	7·41	3·79	5·96
1904 ..	340	240	580	157	106	263	24	13	37	9	2	11	120	70	190	1,801	1,237	3,038	1,780	1,198	2,978	46·18	44·17	45·34	6·74	5·84	6·38
1905 ..	399	280	679	149	121	270	45	32	77	23	21	44	147	67	214	1,836	1,276	3,112	1,796	1,232	3,028	41·39	48·21	44·19	8·18	5·44	7·07
1906 ..	401	277	678	157	126	283	28	22	50	6	14	20	146	85	231	1,900	1,306	3,206	1,823	1,265	3,088	39 75	47·73	42·94	8·01	6·71	7·48
1907 ..	421	279	700	160	139	299	31	19	50	53	32	85	168	64	232	1,909	1,331	3,240	1,851	1,285	3,136	44·29	57·68	49·67	9·08	4·98	7·39
1908 ..	434	325	759	180	146	326	9	13	22	9	6	15	148	74	222	1,997	1,417	3,414	1,894	1,346	3,240	42·25	45·91	43·82	7·81	5·50	6·85
1909 ..	447	376	823	179	170	349	17	22	39	29	68	97	136	68	204	2,083	1,465	3,548	1,970	1,404	3,374	42·72	57·24	48·74	6·90	4·84	6·00
1910 ..	639	371	1,010	182	145	327	30	29	59	164	55	219	186	97	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	322	777	163	168	331	23	16	39	11	7	18	198	105	303	2,220	1,536	3,756	2,105	1,496	3,601	36·38	53·00	43·27	9·41	7·02	8·41
1912 ..	593	394	987	184	141	325	17	44	61	146	18	164	193	87	280	2,273	1,640	3,913	2,146	1,551	3,697	40·17	37·01	38·74	8·99	5·61	7·57
	11,921	8,006	19,927	4,484	3,479	7,963	921	736	1,657	1,136	798	1,934	3,589	1,607	5,196	..	..	..	..	..	..	..	..	..	..	..	..

	M.	F.	T.
In mental hospitals, 1st January, 1876	482	254	736
In mental hospitals, 1st January, 1913	2,273	1,640	3,913

TABLE XVI. — SHOWING THE ADMISSIONS, READMISSIONS, DISCHARGES, AND DEATHS FROM THE 1ST JANUARY, 1876, TO THE 31ST DECEMBER, 1912.

	M.	F.	T.	M.	F.	T.
Persons admitted during period from 1st January, 1876, to 31st December, 1912	9,529	6,104	15,633			
Readmissions	2,392	1,902	4,294			
Total cases admitted				11,921	8,006	19,927
Discharged cases—						
Recovered	4,484	3,479	7,963			
Relieved	921	736	1,657			
Not improved	1,136	798	1,934			
Died	3,589	1,607	5,196			
Total cases discharged and died since January, 1876				10,130	6,620	16,750
Remaining, 1st January, 1876				482	254	736
Remaining, 1st January, 1913				2,273	1,640	3,913

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

——	Males.	Females.	Both Sexes.
Recovered	37·61	43·46	39·96
Relieved	7·73	9·19	8·31
Not improved	9·53	9·97	9·71
Died	30·11	20·07	26·08
Remaining	15·02	17·31	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, 1913, AND LIABILITIES AT THAT DATE.

Mental Hospitals.	Net Expenditure for Year ended 31st March, 1913.	Liabilities on 31st March, 1913.
	£ s. d.	£ s. d.
Auckland	135 3 8	187 10 0
Reception-house at Auckland	104 16 9	..
Tokanui	21,935 2 8	2,562 15 8
Porirua	9,550 5 9	254 12 7
Christchurch	4,866 10 7	150 0 0
Seacliff	5,381 18 10	2,788 12 6
Waitati	4,007 6 4	402 3 1
Nelson	200 0 0	..
Totals	46,181 4 7	6,345 13 10

TABLE XIX.—TOTAL EXPENDITURE, OUT OF PUBLIC WORKS FUND, FOR BUILDINGS AND EQUIPMENT AT EACH MENTAL HOSPITAL FROM 1ST JULY, 1877, TO 31ST MARCH, 1913.

Mental Hospitals.	1877–1905.	1904–5.	1905–6.	1906–7.	1907–8.
	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
Auckland	98,176 3 7	2,413 12 5	5,600 7 3	527 17 3	253 7 10
Reception-house at Auckland ..	..	..	..	4 10 0	462 10 0
Wellington	29,165 18 10	235 5 9	..	482 0 9	198 2 1
Wellington (Porirua)	118,008 16 1	5,387 11 3	2,602 14 6	1,175 12 2	2,369 14 10
Christchurch	112,161 14 1	3,266 1 7	1,944 4 6	1,962 6 5	2,018 2 7
Seacliff	139,804 14 10	3,229 0 10	1,434 3 6	1,997 4 5	1,313 17 6
Waitati	..	..	..	320 10 2	252 4 10
Dunedin (The Camp)	..	..	3,014 3 6	899 7 11	918 18 8
Napier	147 0 0	..	..	..	..
Hokitika	3,272 17 1	890 16 2	156 11 5	19 7 0	..
Richmond	..	..	989 4 8	107 14 7	..
Nelson	16,646 7 6	526 19 10	493 17 3	552 8 11	200 0 0
Totals	517,383 12 0	15,949 7 10	16,235 6 7	8,048 19 7	7,986 18 4

Mental Hospitals.	1908–9.	1909–10.	1910–11.	1911–12.	1912–13.	Total Net Expenditure, 1st July, 1877, to 31st March, 1913.
	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
Auckland	1,318 8 9	1,523 10 2	462 17 2	105 8 9	135 3 8	109,232 12 9
Reception-house at Auckland	61 16 0	1,788 8 0	2,531 6 5	105 5 7	104 16 9	5,058 12 9
Tokanui	..	..	165 16 8	4,303 1 1	21,935 2 8	26,404 0 5
Wellington	106 10 0	..	..	..	..	29,655 15 7
Wellington (Porirua) ..	2,246 13 5	10,347 13 10	8,121 7 0	1,762 5 6	9,550 5 9	155,194 19 4
Christchurch	4,143 14 11	1,133 4 5	1,062 14 10	411 13 3	4,866 10 7	128,732 2 3
Seacliff	5,598 4 8	2,796 17 9	4 4 7	1,479 9 2	5,381 18 10	161,678 19 1
Waitati	86 18 10	..	..	442 1 9	4,007 6 4	5,109 1 11
Dunedin (The Camp) ..	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	1,675 0 0	1,992 6 1	352 16 7	200 0 0	200 0 0	21,495 10 6
Totals	15,296 3 4	19,838 7 3	12,706 17 7	8,809 5 1	46,181 4 7	652,624 2 0

Table XX.—Showing the Expenditure for the Year 1912.

Items.	Auckland.	Christchurch.	Dunedin (Seacliff).	Hokitika.	Nelson.	Porirua.	Tokanui.	Total.
	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
Inspector-General*	..	..	..	..	..	..	..	1,000 0 0
Deputy Inspector-General and Assistant Inspector* ..	..	..	..	..	..	..	..	564 4 8
Clerks*	..	..	..	..	..	..	..	936 7 4
Medical fees*	..	..	..	..	..	..	..	1,279 9 7
Contingencies*	..	..	..	..	..	..	..	464 1 4
Official Visitors	25 4 0	7 7 0	29 8 0	12 12 0	4 4 0	25 4 0	..	103 19 0
Superintendents	650 0 0	650 0 0	330 4 10	222 10 0	400 0 0	650 0 0	996 5 11	3,899 0 9
Assistant Medical Officers	537 1 4	304 12 9	946 0 9	190 16 8	..	548 14 6	..	2,527 6 0
Visiting Medical Officers	..	..	..	..	..	..	..	..
Clerks	248 15 0	327 6 3	360 16 8	..	..	325 0 0	..	1,261 17 11
Matrons	235 0 0	135 0 0	146 5 0	90 0 0	113 15 0	135 0 0	..	855 0 0
Attendants and servants	7,601 12 3	8,973 11 3	12,353 13 8	2,319 4 3	2,079 9 1	12,037 12 3	..	45,365 2 9
Rations	7,430 .3 1	6,370 1 5	7,386 10 10	2,028 6 1	1,569 0 6	8,013 8 9	570 17 0	33,368 7 8
Fuel, light, water, and cleaning	1,898 5 5	3,248 16 3	2,603 5 8	105 5 1	464 13 10	2,412 17 2	69 0 9	10,802 4 2
Bedding and clothing	2,052 7 3	2,257 12 9	2,945 13 11	344 16 0	374 14 11	2,107 18 6	358 18 10	10,442 2 2
Surgery and dispensary	111 1 0	140 19 4	272 13 2	19 15 0	15 12 0	131 19 6	29 10 9	721 10 9
Wines, spirits, ale, and porter	18 0 0	5 14 0	4 14 10	1 18 0	..	11 4 0	..	41 10 10
Farm	503 19 11	825 11 9	3,167 10 6	90 3 6	160 11 8	1,988 2 8	1,411 18 10	8,147 18 10
Buildings and repairs	292 10 3	749 13 2	2,060 3 8	..	0 12 5	1,038 9 5	610 1 7	4,751 10 6
Necessaries, incidental, and miscellaneous	2,245 2 6	3,511 8 0	4,760 10 8	504 15 9	565 12 8	3,817 12 4	1,069 17 0	16,474 18 11
Totals	23,849 2 0	27,507 13 11	37,367 12 2	5,930 2 4	5,748 6 1	33,243 3 1	5,116 10 8	143,006 13 2
Repayments, sale of produce, &c.	8,029 13 10	8,692 14 11	12,561 14 7	920 2 9	1,404 8 3	10,247 16 0	9 7 0	41,865 17 4
Actual cost	15,819 8 2	18,814 19 0	24,805 17 7	5,009 19 7	4,343 17 10	22,995 7 1	5,107 3 8	101,140 15 10

* Not included in Table XXI.

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

Mental Hospital.	Provisions.	Salaries.	Bedding and Clothing.	Light, Fuel, Water, and Cleaning.	Surgery and Dispensary.	Wines, Spirits, Ale, and Porter.	Farm.	Buildings and Repairs.	Necessaries, Incidental, and Miscellaneous.	Total Cost per Patient.	Repayments for Maintenance.	Total Cost per Head, less Repayments for Maintenance.	Total Cost per Head, less Receipts of all kinds.	Total Cost per Head, less Receipts of all kinds previous Year.	Decrease in 1912.	Increase in 1912.
	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
Auckland	9 0 6¾	11 5 11¼	2 9 10½	2 6 1½	0 2 8½	0 0 5½	0 12 3	0 7 1¼	2 14 6¾	28 19 6¾	8 11 11¼	20 7 7½	19 4 5¼	18 14 9	..	0 9 8¼
Christchurch ..	9 5 8½	15 3 1¾	3 5 9¾	4 14 8¾	0 4 1¼	0 0 2	1 4 0¾	1 1 10¼	5 2 4½	40 1 11½	10 1 2	30 0 9½	27 8 6¼	23 0 10½	..	4 7 7¾
Dunedin (Seacliff) ..	8 11 7	16 9 0¾	3 8 5	3 0 5¾	0 6 4	0 0 1½	3 13 7	2 7 10¼	5 10 7	43 8 0	11 5 2	32 2 10	28 16 2½	27 6 1½	..	1 10 1
Hokitika	10 4 10½	14 6 4½	1 14 10	0 10 7½	0 2 0	0 0 2¼	0 9 1¼	..	2 11 0	29 19 0	4 3 7	25 15 5	25 16 2	23 13 0	..	2 3 2
Nelson	9 4 7	15 5 7	2 4 1	2 14 8	0 1 10	..	0 18 10¾	0 0 1	3 6 6½	33 16 3¼	6 19 0½	26 17 2¾	25 11 0½	23 14 8	..	1 16 4½
Porirua	9 1 1¼	15 10 1	2 7 7¾	2 14 6¼	0 2 11¾	0 0 3	2 4 11	1 3 5½	4 6 3½	37 11 3	10 4 6	27 6 9	25 19 8	20 15 3¼	..	5 4 4¾
Averages ..	9 1 0½	14 12 8	2 15 8	2 19 3	0 3 9¾	0 0 2¾	1 17 2¼	1 2 10¼	4 5 0½	36 17 9	9 11 8¼	27 6 0¾	25 6 8¼	22 11 0½	..	2 15 7¾

Table XXIa.

Including first five items in Table XX	..	..	..	..	..	..	..	..	..	38 1 2¼	..	..	26 10 1½	23 14 4¼	..	2 15 9¼

Table XXIb.

Richmond Home for Feeble-minded	14 11 2½	40 1 3¼	0 18 0	3 10 6¾	..	..	2 12 2½	1 15 0¼	6 6 5¾	69 14 9	..	..	59 5 2¾	57 2 6	..	2 2 8¾
Patients on probation at The Camp	12 16 9¼	26 17 9½	1 7 9	3 10 7½	0 1 7¼	..	1 8 5¾	0 4 6½	5 11 7	51 19 1⅜	..	..	51 19 1¾	42 15 2⅝	..	9 3 11
Patients on probation at Motuihi	8 13 5¼	9 5 10½	..	1 12 2¼	..	..	..	0 2 1	3 17 8¼	23 11 3¼	..	..	23 11 3¼	..	..	..

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