

1917.
NEW ZEALAND.

MENTAL HOSPITALS OF THE DOMINION

(REPORT ON) FOR 1916.

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

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

MY LORD,—

Wellington, 2nd June, 1917.

I have the honour to submit to Your Excellency the report of the Inspector-General of Mental Defectives for the year 1916.

I have, &c.,

G. W. RUSSELL,

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, 1st June, 1917.

I herewith present the report for the year ended 31st December, 1916.

A summary and analysis of the statistical tables in the appendix shows: The number of patients on the register at the beginning of the year was 4,200 (m., 2,448; f., 1,752); at the end 4,375 (m., 2,555; f., 1,820)—an increase of 175 (m., 107; f., 68). The total number under care during the year was 5,135 (m., 3,016; f., 2,119), being 144 (m., 147) more than in 1915; while the average number resident, 4,251 (m., 2,483; f., 1,768) was 157 (m., 92; f., 65) in excess.

The ratio of patients on the register to population, exclusive of Maoris, was 39·46 per 10,000 (m., 45·89; f., 32·97), or 1 patient in 253 (m., 218; f., 303); including Maoris—their number on the register is 38 only—the figures are 38·08 per 10,000 (m., 44·17; f., 31·90), or 1 in 263 (m., 226; f., 313).

The admissions (excluding transfers—m., 50; f., 6) numbered 879 (m., 518; f., 361); the male admissions were 68 higher than, and the female the same as, in the previous year. Among these admissions are included 18 immigrants (3 with a history of previous attacks) who had been here for less than a year.

Of the 879 cases admitted, one-sixth were of patients who had previously been treated to recovery in our institutions, leaving the number of first admissions 737 (m., 449; f., 288), an increase, compared with 1915, of 86 (m., 71; f., 15).

The ratio of admissions to population (excluding Maoris) was 7·80 per 10,000, and for first admissions 6·54; or, in other words, every 1,282 persons in the general population contri-

buted an admission, and every 1,529 a first admission. The previous decennial average was 7·42 and 6·07.

The total number of patients discharged (excluding transfers) was 415 (m., 202; f., 213), of which 331 (m., 160; f., 171) were discharged as recovered. The remaining 84 (m., 42; f., 42), though not recovered, were sufficiently well to be placed under the care of relatives or friends.

The percentage proportion of recoveries on admissions was 37·66 (m., 30·89; f., 47·37), as against 44·27 (m., 44·89; f., 43·21) in the previous year, and 39·78 (m., 37·29; f., 43·45) in the average for all years since 1876.

The deaths numbered 289 (m., 209; f., 80), giving a percentage of deaths on the average number resident of 6·80 (m., 8·42; f., 4·52), and on the total number (general register) under care during the year of 5·63 (m., 6·93; f., 3·77). The corresponding percentages for the previous year were 6·94 (m., 7·19; f., 6·58) and 5·79 (m., 6·01; f., 5·42) respectively.

Not included in the above analysis are 1 male resident at the beginning of the year who had been sent for observation under Magistrates' order, and 62 (m., 41; f., 21) so received during the year. Of that number, 20 (m., 13; f., 7) were formally committed, 7 (m., 3; f., 4) were under observation at the end of the year, and 36 (m., 26; f., 10) after a short period of observation and treatment no longer needed oversight in a mental hospital.

Also not included are the voluntary boarders, of which class 26 (m., 12; f., 14) were resident at the beginning of the year, and 48 (m., 18; f., 30) were admitted during the year. Of the total, 35 (m., 13; f., 22) were discharged, 1 male and 2 females died, and 9 boarders (m., 5; f., 4) were transferred to the register of patients, leaving 27 (m., 11; f., 16) resident at the end of the year.

It is necessary, owing to frequent misconceptions when returns of individual institutions are contrasted, to point out that comparisons of relatively small numbers are very misleading, because percentages which on the surface differ fairly widely are substantially equal as a test of care and treatment when due allowance is made for contributory factors. Take, for example, the factors influencing the returns of recoveries. It will have been noted above that Magistrates occasionally remand patients to a mental hospital for care, observation, and safe keeping, pending the determination of an application for a reception order. The distribution of these patients is irregular, as is also the distribution of voluntary boarders. Of the patients sent for observation, 36 were probably saved admission under reception orders by being placed promptly under suitable care and treatment pending that procedure, delayed at first when improvement became manifest, and finally abandoned as unnecessary. Of the voluntary boarders, 35 were discharged recovered or greatly improved. These two classes furnished a recovery-rate of, roughly, 60 per cent., which is not credited to the institutions concerned, because the statistical tables deal only with persons admitted under reception orders. There are other factors also which cannot be gleaned from statistics, but among those that can it will be noted that Table IV, which deals with the duration of disorder on admission, demonstrates an unequal distribution between the institutions of acute and chronic cases. Then, if Tables III and V be contrasted, it will be seen that the proportion of recoveries is much lower than that of admissions up to the age of 15; that thereafter the reverse is the case to the age of 30; that then the proportions more or less balance for the next three decades; and, lastly, that there is a decidedly higher proportion of admissions after the age of 60 than of recoveries after that age. With small numbers different years will show differences in detail, but broadly these proportions are not far from the truth; and it should be added that certain mental disorders of greater or lesser curability are associated with age-periods. Turning to the individual institutions, it will be found that the distribution of favourable and unfavourable ages is unequal. Other factors might be reviewed in this connection, but enough has been said to indicate that grand totals should be the measure of our efficiency.

Reference was made to the number of patients admitted who were over 60 years of age. There were 160, and in 118 of these the principal assigned cause of insanity (Table XV) was senility—premature in some, but in others the ordinary decay of old age impairing the mental faculties. A large number of these old people merely needed a little oversight and nursing, and might well have spent the evening of their days at home, provided some one were at hand to perform dutiful and kindly offices. I am not going to make any comment on filial ingratitude—one does not know the actual state of things in this cottage or that house, and maybe the aged mentally infirm parent is parted with sorrowfully—but I consider it necessary to point out that many such patients are sent to us from Old People's Homes and Benevolent Institutions, and that in some of the cases thence received we have noted on admission symptoms which were the prelude of the final dissolution. We take over the care of this class, as indeed we must; it cannot be provided for entirely by home care or entirely in institutions under Charitable Aid Boards; but a certain amount of common-sense should be exercised with regard to those that can and those that cannot be cared for properly outside mental hospitals. It is useless to plead, "If doctors certify, then our responsibility ends." Of course, doctors will certify, and very properly so, if the authorities at the Home state they have no facilities for dealing with the case, but the responsibility of such authorities does not end there, because such institutions should provide facilities for dealing with ordinary physiological senile decay. It is not right that such patients should be filling our infirmary beds. The matter of providing special accommodation is under consideration now; but before entering upon the expenditure and accepting the policy involved one would like to know whether the charitable-aid institutions cannot carry out the nursing, care, and supervision of the aged who are mentally infirm; and, if they cannot, I am of opinion that the Boards should pay this Department for the maintenance of patients transferred from these institutions.

The accommodation at the State institutions and the patients on the register at the end of the year were distributed as follows:—

	Accommodation.			Patients.		
	Males.	Females.	Total.	Males.	Females.	Totals.
Auckland	569	401	970	626	378	1,004
Christchurch	333	387	720	320	354	674
Dunedin (Seacliff and Waitati)	490	394	884	567	415	982
Hokitika	202	64	266	196	64	260
Nelson	101	117	218	82	108	190
Porirua	533	341	874	574	395	969
Tokanui	100	49	149	100	49	149
	2,328	1,753	4,081	2,465	1,763	4,228
Ashburn Hall .. ..	..	..	..	21	24	45
Absent on probation, &c. ..	..	..	..	69	33	102
				2,555	1,820	4,375

NOTE.—The number of single patients under the Act (*i.e.*, patients in private houses) is as yet too insignificant to include in the general statistics—1 male was in single care at the beginning of the year, 1 was added during the year, and 1 was transferred to a mental hospital.

These figures show an excess of patients over accommodation numbering 147 (m., 137; f., 10). For present purposes the female excess may be regarded as negligible, but the male excess means that among each group of dormitories, suitable for 200, 11 extra patients have had to be accommodated. In so stating the position it is necessary to point out that there cannot be an exactly even distribution of patients in different institutions in proportion to the available cubic space, and that the same applies to the different wards in which patients are classified in each institution. Not only in each institution but in each ward there should be a margin for contingencies. Since the date of this return there has been an increase of 40 in the number of patients, and the accommodation at the Wolfe Home, Auckland (48 beds), has been vacated for soldiers.

On the other hand, a new unit (50 beds) has been occupied at Tokanui by transfers from other institutions, and another unit for 53 patients should be ready in August or September. The male reception cottage (15 beds) at Seacliff is now in occupation, and the reception and hospital blocks at Porirua and Sunnyside are approaching completion, and these will accommodate 200 patients. Moreover, additions are being made to the infirmary ward at Auckland.

These buildings will meet urgent requirements—in fact, theoretically, give us an excess of accommodation; but, as they are strictly for classification, there will be times when there are vacant beds in some wards and extra beds in others.

This year's building programme is a further contribution to classification. Among the plans prepared is one giving effect to your wish to meet the representations of relatives who are willing to pay considerably more for patients in whom they are interested than our maximum of one guinea a week. Touching this maximum payment it should be pointed out that if allowance were made for interest on buildings our cost per head would exceed the maximum we are permitted to charge, and very much so in the case of patients needing any special observation or care. Doubtless present conditions accentuate the difference between the maximum payment and the cost of maintenance, but even in normal times, 3s. a day is inadequate to cover the cost of the majority of patients. The time has come to consider the revising of the maximum. To increase it would make no difference to those who cannot afford it, but persons who can afford to pay more adequately should be charged more according to their means up to the new maximum. Of course, this refers to the general body of the patients, and not to the few for whom it is proposed to provide special accommodation. In their case a minimum would be fixed and there would be no maximum, payment being dependent on the needs and circumstances of each case.

It should be pointed out that we receive contributions towards the maintenance of about one-third of the patients. The remaining two-thirds have either no estate or no relatives in a position to contribute.

The amount collected by the Receiver in 1916 was £47,820, or an average of £11 6s. 8½d. per head of the average number of inmates. This is our highest record, and a very creditable achievement. The average last year was £10 7s. 7½d.

The farms in connection with the institutions have done well. The expenditure of £16,688 exceeds the value of our farm-produce consumed in the institutions by £44 only, and in addition £8,639 has been received in cash for sales, leaving a net profit of £8,595.

When this sum and the amount received for the maintenance of patients and other receipts, such as refunds for medical certificates, are deducted from the total cost per patient, the average net cost per patient during the year works out at £32 9s. 2½d.

Shortly after the outbreak of war the Department placed its services at the disposal of the Government, in order that advantage may be taken of the special knowledge and skill its officers possessed for the treatment of mental and allied nervous disorders due to the stress of military service. The offer was accepted, and towards the end of 1915 a start was made at Karitane, near Seacliff, where Dr. Truby King lent a seaside cottage. As numbers increased tents were provided for the overflow, and the little settlement was named Anzac House Hospital. It was arranged with the military authorities that as far as possible all soldiers for whom the special treatment was indicated would be sent there, but that where mental disorder was pronounced, in the first instance or during residence at Karitane, the patient should be admitted to a mental hospital as affording him the best chance of recovery, and in the interests of other soldier patients. Patients so received, with due regard to their condition and well-being, were to be kept apart as far as possible.

Quite recently the Wolfe Home, Auckland, has been added to our resources for North Island patients, Anzac House, Karitane, being reserved for those belonging to the South.

The following is a statement in tabular form of all patients treated under the above conditions:—

—	Admission.			Total.	Discharged.	Died.	Remaining.
	Direct.		From Anzac Hospital.				
	First.	Not First.					
Under reception order in mental hospital—							
1915 (from May)	1	..	..	1	..	..	1
1916	11	1	4	16	4	1	12
1917 (to 1st June)	14	..	..	14	3	1	22
Totals	26	1	4	31	7	2	22
Remanded by Magistrate to mental hospital for observation—							
1915 (from May)	1	..	..	1	1	..	..
1916	1	..	..	1	1	..	..
1917 (to 1st June)	1	..	..	1	..	..	1
Totals	3	..	..	3	2	..	1

—	Admission.		Placed under Reception Order.	Discharged.	Died.	Remaining.
	First.	Not First.				
Received as military patients not under Magistrate's order—						
1915 (from November) ..	2	..	..	2	..	..
1916	26	..	4	17	..	5
1917 (to 1st June)	16	..	..	10	..	11
Totals	44	..	4	29	..	11

The anxiety ever present with our Superintendents and the higher officials working under them has been intensified by the large number of experienced attendants who have volunteered for active service—the alacrity with which these attendants responded to the call is a sample of their quality. Their places have had to be filled with what offered. Though we secured a proportion of suitable men, the institutions are suffering from the depletion of our trained and experienced staffs and the substitution of temporary officers who have not had the necessary training and experience, and perhaps in a still greater degree the sense of discipline and responsibility, so necessary for the work.

Our sheet-anchor has been the senior staff. Its loyalty and devotion to duty has not been in any way affected by the knowledge of rights of appeal conferred by legislation. Whilst fully recognizing the desirability and necessity of safeguards for the protection of the average civil servant from injustice and petty tyranny, it must (I think) be recognized that the attempt to place all public officers on the same level in that behalf must lead to lack of control and weakness of discipline. The Superintendent of a great institution, having under him a large body of employees—of varying responsibility and more or less education—must have summary powers for disciplinary purposes that could never be safely applied to an ordinary clerical staff, the type which is largely distinctive of the Public Service. I strongly recommend this aspect to your consideration.

Inspections.

The thanks of the Department is due to the District Inspectors and Official Visitors, who have done useful work and presented valuable reports reflecting their interest in the patients. Mr. Smail, whose daily visits at Sunnyside are appreciated by both patients and staff, follows the excellent principle of assuming that he is a close friend or relative of each patient, whom he visits without emotion, but to whom he can extend sympathy, advice, and assistance when necessary. Mr. Cumming has been appointed to a similar office at Seacliff. Miss Maclean, Assistant Inspector, has paid visits to different institutions, and conducted examinations in nursing.

Hereunder are epitomized notes of my visits to the different institutions, which may be prefaced with the general statement that all patients were seen and given an opportunity to speak to me, and that they were adequately clothed and well fed and cared for.

Auckland.—Visited in February, November, 1916, and March, 1917. Dr. Gow, my Deputy, did relief duty at this hospital in January of this year to enable Dr. Beattie to have a holiday, and later we were able to get the services of Dr. Clayton, enabling Dr. Tizard to have a spell. Dr. Beattie in his annual report notes the large admission-rate, due to the increase of population in the north, filling all the recent additions. The admission of Waikato patients at Tokanui is under contemplation, as the main surplus at Auckland is not made up of patients who can be readily transferred thither. These and other difficulties notwithstanding, to the credit of the Medical Officers and senior staff, the year has been uneventful. Further progress has been made in the scheme of inside alterations, modernizing the main institution, chiefly in the kitchen. An addition to the male infirmary is now being carried out.

Sunnyside.—Visited in January, April, June, August, November, December, 1916, and May, 1917. Dr. Gribben was single-handed after Dr. Lee went to the front, but was relieved for a vacation by Dr. Jeffreys, from Nelson. More recently the services of Dr. Beale were secured. The main day-room, F ward, has been converted into a constant observation dormitory, and C ward attic dormitory has been closed because of insufficient escapes in case of fire. The installation of the Vigilant automatic fire-alarm will relieve the anxiety of the administration. The expediency of having a stand-by electrical plant has been mentioned, but for the main supply the stand-by, in my opinion, should not be provided by the consumer, and all the stand-by wanted for the Vigilant could be supplied from a few cells, the cost of which is negligible. The kitchen offices have been further improved by the new vegetable-room, and now the kitchen itself needs extensive alterations. The food inspected was of excellent quality and well cooked. The purchase of the Templeton Farm will add greatly to our resources.

Seacliff.—Visited in June, August, October, December, 1916, and May, 1917. Dr. Gray left for the front when Dr. McKillop, who had attained the rank of Major, returned invalided, and was able to replace him. The medical care of the institution at Waitati, seven miles south, and of Anzac House Hospital, Karitane, three miles north of Seacliff, is efficiently administered from that centre. The successful introduction of nurses in the male-reception cottage, library ward, and infirmary has afforded relief to the male staff, who have a number of difficult and dangerous cases to contend with. The general health of the patients was good. Here, as at Sunnyside and Hokitika, the improvement of the meat-supply following our purchasing our own stock and killing was very evident—we get the best. With Mr. Anderson's assistance, Dr. King, Mr. Miller, and I discussed various engineering matters requiring attention—*e.g.*, means to render the water-supply more adequate; central bathrooms, similar to those established some years ago and working successfully at Sunnyside; freezing-chambers for our produce, including fish, which we get in large quantities from our fishing-station at Karitane, and other matters, which, however, under present conditions must be deferred.

Hokitika.—Visited in August, 1916, and January and May, 1917. Mr. and Mrs. Downey, lay Superintendent and Matron of this Hospital, retired at the end of the year after long and faithful service, and the institution sustained a further loss in the death of Dr. Macandrew, its Visiting Medical Officer, who was respected and beloved by patients and staff. Mr. Sellers succeeded Mr. Downey, and Miss Williams was appointed Matron, and will take up her new duties as soon as she can be spared from Sunnyside. The health of the patients and staff has been good till quite recently, when an attendant was found to be suffering from enteric, and three other attendants contracted the malady. The first attendant died; the others are progressing favourably. A carrier has been discovered. No patients were affected. With this exception there was nothing calling for special report.

Nelson.—Visited January, 1916, and January, 1917. The new kitchen is now completed, and promises to be a successful start for a new order of things, for the old building has more than served its time. The next addition should be the reception cottage, and then the orderly rebuilding of the main institution ward by ward. Our drainage also should be led into the new sewer—at present it passes into the old sewage system now used chiefly for storm-water. The Richmond Home for Defective Boys, which was associated with Nelson Mental Hospital, has been handed over to the Education Department, and the boys who could not be educated have been transferred to a special ward at Nelson, where they are just as well off and are apart from the other patients. Looking to the future and the provision which will have to be made for this class, I would suggest that it be kept in mind when planning the new building scheme at Nelson. There is not a big admission-rate in this hospital, and a small institution will meet the requirements of the district for the mentally unsound—sufficient for the land area at our disposal. Nelson, therefore, and because of its beautiful climate, is the most suitable of our institutions for mentally deficient children.

Porirua.—Visited February, March, April, September, October, 1916, and January, February, March, April, 1917. Dr. Hassell, for the greater portion of the time, had this strenuous

charge with one assistant, Dr. Hodgson, but was able to change places with Dr. Crosby, of Tokanui, for a short spell, so that each had the benefit of different surroundings. Dr. Hodgson was anxious to get to the front, and this was arranged when Dr. Levinge, who had retired from the medical superintendency of Sunnyside twelve years ago, placed his services at the disposal of the Department in any capacity that would release a younger man for the war. Later Dr. Moore, who was in the Dominion for his health, came to Porirua as Second Assistant. The shortage of staff has been felt very keenly at times, but, happily, things have moved smoothly and the general health of the patients has been good. The reception and hospital block is nearing completion, and will be a notable addition to our resources. A start has been made to pipe the septic-tank effluent to the harbour.

Tokanui.—Visited in January, March, November, December, 1916, and January, March, 1917. The difficulty of replacing single by married men because of scarcity of married accommodation in the district is felt here as at Seacliff. Four additional cottages have been built on the estate, and the first temporary kitchen and staff rooms have been economically adapted to serve for married quarters. The permanent water-mains have replaced the temporary, the work being carried out largely by our own staff. The third unit was occupied in March, and the fourth is well on its way. Owing to labour difficulties the progress on the estate has not been as much as anticipated, but, on the other hand, it has been fairly satisfactory. A centrally placed milking-shed has been erected. Among the farm requirements is a slaughterhouse, which will enable us to provide our own meat from the estate. The health of the patients has been excellent.

Ashburn Hall.—Visited in June, August, December, 1916, and May, 1917. This private licensed institution fills a public want. There is no doubt that the comfort of the patients is considered, and that Dr. Will exercises a most kindly supervision.

In conclusion, but not as a formality, I have to thank the Head Office staff for work done without an eye turned to the clock, the staffs of our institutions for surmounting the many difficulties with which they have been beset, and yourself for your active support.

I have, &c.,
FRANK HAY.

MEDICAL SUPERINTENDENTS' REPORTS.

AUCKLAND MENTAL HOSPITAL.

DR. R. M. BEATTIE reports:—

During the year ending 31st December, 1916, we had 1,216 patients under treatment. Of these, 268 were admitted during the year, and of that number 170 were males. At the end of the year 1,010 remained on our books.

Our population continues to grow at a greater rate than our accommodation. It should be borne in mind that the progress of the Auckland Province is greater, and is likely to continue greater, than that of any other province in our Dominion. It becomes necessary, therefore, to anticipate an increase of patients proportionate to the increase in population, and to make provision for their accommodation. At the present time, notwithstanding our recent additions, we are overcrowded, and if we are to look forward to a disproportionate increase due to the war we will have to surmount some difficulties. Considering, however, the large number of returned soldiers and the small number admitted to our mental hospital—8 in all—there is no present reason to assume that the present incidence will be materially affected. Of those soldiers returned who have come under my treatment I am bound to say that influences other than the war have been the predisposing and most probably the exciting causes of their affliction. Several of my ex-patients have gone to the front, and we must at least expect some of them to return mentally afflicted and become a permanent burden upon the country.

Our recovery and death rates were about normal. In both cases the females compared favourably with the males. The male recoveries amounted to 31.17 per cent. and the female to 56.12 per cent., whilst the male death-rate was 9.75 per cent. and the female 5.66 per cent. This must be attributed largely to the character of the cases admitted. The relative proportion of males who were senile, alcoholic, or syphilitic was decidedly larger.

The amount of physical illness during the year was small, probably not more than that amongst an equal number of the general population. Several cases of typhoid occurred, but fortunately without any fatal results. It is to be hoped that the incidence of this disease will be reduced in future owing to the fact that we have now a complete drainage system linked up with the city sewerage.

Our staff is, especially on the female side, as satisfactory as one can expect under present conditions. I cannot say that I have had a more devoted female staff than I have at present, but the frequent changes imply inexperience and anxiety.

I have to accord to Dr. Tizard and the senior officers my sincere thanks for their sympathy and help. To the District Inspector and the Official Visitors I am indebted for their interest in the Hospital and in myself, and for the consideration which they have always shown to me personally. The *Herald* proprietors, Miss Fleming, and Mr. Macpherson are, as usual, entitled to our thanks and the thanks of the Department.

SUNNYSIDE MENTAL HOSPITAL.

Dr. St. L. H. GRIBBEN reports :—

At the beginning of the year 1916 there were 702 patients on the register, of whom 348 were males and 354 females. During the year there were admitted 73 males and 71 females, and at the end of the year there were remaining 692 patients, a decrease of 10 for the year. There were 51 deaths, giving a death-rate of 7·4 per cent. on the average number resident. There were 63 recoveries (23 males, 40 females), giving a rate of 43·7 per cent. on the admissions.

The health of the patients was on the whole good. In view of the long-continued epidemic of scarlet fever in Christchurch it was deemed advisable to keep the institution closed to visitors for some months, and this precaution fortunately kept us clear of the infection.

The building of the receiving-block is being carried on, but conditions incidental to the war make progress slow.

The whole kitchen system urgently requires reorganization, and the laundry also in its present state is unable to cope with the work, but the arrangement of having part of the washing done outside will make it possible to carry on till a time more opportune for undertaking additions.

The substitution of steam by electric power which is being gradually carried out will effect a considerable economy in the expenditure of coal.

The installation of the "Vigilant" fire-alarm system will fill a much-needed requirement, but in this connection the failure of the Lake Coleridge electric supply which has occurred at different times for varying periods will render some sort of stand-by plant necessary if complete efficiency is to be attained.

The purchasing of stock and having it killed at the public abattoir, a practice which has now been in vogue for a complete year, has proved from every point of view an unqualified success. Not only is the quality of the meat much better and the amount consumed lessened, but the price, including all charges, for both mutton and beef during the past twelve months has averaged 4½d. per pound. In view of our results I feel justified in recommending the adoption of this system at any public institution where it is practicable.

The committal of senile cases from Old People's Homes the moment they become restless or require some extra attention is becoming more and more frequent, and, apart from the embarrassment which the admission of such numbers of these cases causes us, I am convinced that it would be more economical for them to be given a little more attention at the various homes provided for them.

The usual amusements have been supplied to the patients, and in this matter I wish especially to thank the Hayward's Picture Enterprises (Limited) for their monthly picture entertainment, which is highly appreciated and eagerly looked forward to by the patients.

The absence of an Assistant Medical Officer during the year has naturally necessitated the saddling of the officers and senior members of the staff with greater responsibility, and I cannot speak too highly of the loyalty and enthusiasm displayed in circumstances which were rendered still more difficult by the numerous changes in the staff attributable directly and indirectly to the war. I have to express my gratitude to those ladies who supplied periodicals for the amusement of the patients during the year.

SEACLIFF MENTAL HOSPITAL.

Dr. F. TRUBY KING reports :—

At the beginning of the year there were 975 patients (573 males, 402 females) in the institution. Exclusive of transfers from other institutions, 191 patients were admitted (inclusive of "voluntary boarders"), and 80 were discharged relieved or recovered, being 42 per cent. on the admissions and readmissions combined, or over 48 per cent. on the patients admitted for the first time.

During the year 17 voluntary boarders were admitted, and 15 were discharged relieved or recovered.

The general health of the patients has been good. There were 72 deaths, being 6 per cent. of the total number under treatment. The majority of the deaths were among patients between sixty and ninety years of age, and nine of the younger adults died of general paralysis.

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

Our most urgent structural needs for the next twelve months in connection with patients will be improved bathing facilities, suitable accommodation for tubercular patients, and further accommodation for women patients.

The most pressing need for the staff is the erection of a number of cottages for married male attendants. Owing to all the single attendants volunteering for military service, the male staff now consists almost entirely of married men. Even before the war the accommodation available in the neighbourhood was much short of our requirements, but now we have some 25 married men who reside at a distance. This is a very serious and growing evil, and I trust it will be met as far as possible during the year.

Another outcome of the war is the provision needed for returned soldiers suffering from neurasthenia, due to wounds, shell-shock, &c. To meet this class of nervous prostration, which does not come within the scope of a mental hospital, but calls for a healthy life in the open air in pleasant surroundings, with facilities for sea-bathing, boating, &c., we have a well-equipped seaside cottage at Karitane, besides a number of tents and a large marquee. This Convalescent Home,

admirably managed by Mr. and Mrs. Quill, is highly appreciated by the men. The results have been most encouraging, rapid improvement taking place in most cases, resulting generally in recovery and discharge. The best spirit prevails.

The farm and garden returns for the year have been exceptionally good; and the undertaking of our meat-supply by the farm-manager, Mr. Sutherland, continues to be a great success, both from the pecuniary point of view and as regards the quality of the meat supplied.

Though the fishing-season has been a comparatively poor one, the institution has been kept well supplied through our fishing-station at Karitane and stocks in the freezer.

The Orokonui Branch Mental Hospital and the Camp Auxiliary on the Peninsula have been well conducted by their respective staffs.

We were very sorry to lose Dr. Gray in the middle of the year, owing to his taking up military duty and leaving for the front. Since then I have had every assistance from my colleagues Drs. McKillop and McPherson.

Religious services have been held by various denominations throughout the year.

Our thanks are due to the Otago Daily Times and Witness Company and to the Evening Star Company for newspapers supplied free, and also to other donors and entertainers who have contributed to the amenities of our institutions.

PORIRUA MENTAL HOSPITAL

Dr. Gray Hassell reports:—

The statistical tables for the year 1916 show the following totals: The number of patients under care, 1,180; average number resident, 947; admissions, 241; discharges, 135; and deaths, 54. A comparison of the statistics with those of the previous year (1915) indicates that the incidence of insanity in the part of the Dominion served by this Mental Hospital has declined. The actual number of admissions has declined by 10, but the decrease by 55 in the number discharged, and by 16 in the number of deaths, and the transfer between this and other mental hospitals account for the increment of patients on our register from 936 at the beginning to 982 at the end of the year.

The general health of the patients has been good. There has been little sickness in the wards, and I am glad to say no cases of typhoid. The death-rate for a mental hospital was particularly low, being only 5·7 per cent. of the average number in residence.

Owing no doubt to war conditions we have had much the same difficulty as in 1915 in maintaining the staff of attendants and nurses at the required strength. This was particularly the case in regard to the nurses, and our shortage was often from 15 to 20 per cent. below our proper number. I fear we shall have difficulty in obtaining the additional nurses required for the new auxiliary building, which I expect will soon be complete and ready for occupation.

Dr. Hodgson was on duty throughout the year, and for seven months was the only Assistant Medical Officer. Dr. O. J. Reid left at the end of March to join the Army Medical Service, and Dr. McKillop, having returned invalided from the front, started duty on the 1st June, but was transferred to Seacliff at the end of July.

I have to gratefully acknowledge the good and conscientious work done by the senior officers of the various departments of the institution.

APPENDIX.

TABLE I.—SHOWING THE ADMISSIONS, READMISSIONS, DISCHARGES, AND DEATHS IN MENTAL HOSPITALS DURING THE YEAR 1916.

	M.			F.			T.			
	M.	F.	T.	M.	F.	T.	M.	F.	T.	
In mental hospitals, 1st January, 1916	2,448	1,752	4,200							
Admitted for the first time	449	288	737	}	568	367	935			
Readmitted	69	73	142							
Transfers	50	6	56							
Total under care during the year	3,016	2,119	5,135							
Discharged and died—										
Recovered	160	171	331							
Relieved	35	34	69							
Not improved	57	14	71							
Died	209	80	289					461	299	760
Remaining in mental hospitals, 31st December, 1916	2,555	1,820	4,375							
Increase over 31st December, 1915	107	68	175							
Average number resident during the year	2,483	1,768	4,251							

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 1916.

Mental Hospitals.	In Mental Hospitals on 1st January, 1916.			Admissions in 1916.									Total Number of Patients under Care.		
				Admitted for the First Time.			Not First Admission.			Transfers.					
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Auckland	584	364	948	144	79	223	22	17	39	4	2	6	754	462	1,216
Christchurch	348	354	702	61	52	113	9	18	27	3	1	4	421	425	846
Dunedin (Seacliff)	573	402	975	88	61	149	12	13	25	7	2	9	680	478	1,158
Hokitika	181	67	248	11	7	18	..	..	..	20	0	20	212	74	286
Nelson	102	108	210	9	16	25	3	2	5	2	0	2	116	126	242
Porirua	550	386	936	129	66	195	23	23	46	2	1	3	704	476	1,180
Tokanui	91	50	141	..	..	..	..	..	..	11	..	11	102	50	152
Ashburn Hall (private mental hospital)	19	21	40	7	7	14	..	..	..	1	..	1	27	28	55
Totals	2,448	1,752	4,200	449	288	737	69	73	142	50	6	56	3,016	2,119	5,135
Mental Hospitals.	Patients discharged and died.												In Mental Hospitals on 31st December, 1916.		
	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	55	57	112	11	3	14	59	21	80	125	81	206	629	381	1,010
Christchurch	23	40	63	33	7	40	32	19	51	88	66	154	333	359	692
Dunedin (Seacliff)	24	30	54	12	6	18	52	20	72	88	56	144	592	422	1,014
Hokitika	2	2	4	1	4	5	13	1	14	16	7	23	196	67	263
Nelson	7	3	10	..	..	..	10	3	13	17	6	23	99	120	219
Porirua	49	39	88	30	26	56	40	14	54	119	79	198	585	397	982
Tokanui .. .. .	..	..	..	2	0	2	0	1	1	2	1	3	100	49	149
Ashburn Hall (private mental hospital)	..	..	..	3	2	5	3	1	4	6	3	9	21	25	46
Totals	160	171	331	92	48	140	209	80	289	461	299	760	2,555	1,820	4,375
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	605	371	976	33.13	59.37	42.75	9.75	5.66	8.20	35.54	21.87	30.53		
Christchurch	334	355	689	32.86	57.14	45.00	9.58	5.35	7.40	45.71	27.14	36.43			
Dunedin (Seacliff)	591	414	1,005	24.00	40.54	31.03	8.80	4.83	7.16	52.00	27.03	41.38			
Hokitika	183	62	245	18.18	28.57	22.22	7.10	1.61	5.71	118.18	14.29	77.77			
Nelson	84	107	191	58.33	16.67	33.33	11.90	2.80	6.80	83.33	16.67	43.33			
Porirua	563	384	947	32.24	43.82	36.51	7.10	3.65	5.70	26.32	15.73	22.41			
Tokanui	100	49	149	..	..	..	0.00	2.04	0.67	..	..	..
Ashburn Hall (private mental hospital)	23	26	49	..	..	..	13.04	3.85	8.16	42.86	14.29	28.57			
Totals	2,483	1,768	4,251	30.89	47.37	37.66	8.42	4.52	6.80	40.35	22.16	32.88			

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 ..	0	1	1	2	1	3	0	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
From 5 to 10 years ..	1	0	1	1	0	1	2	0	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
" 10 " 15 " ..	1	4	5	1	0	1	5	4	4	2	0	2	2	0	2	1	2	3	2	0	2	..	..	..	..	..	..
" 15 " 20 " ..	6	3	9	5	4	9	17	15	32	7	3	10	30	20	50	7	3	10	30	20	50	0	2	2	2	2	2
" 20 " 30 " ..	24	21	45	13	13	26	21	17	38	13	13	26	43	25	68	21	17	38	53	27	80	1	1	2	1	1	2
" 30 " 40 " ..	43	25	68	21	17	38	20	17	37	3	3	6	20	17	37	1	2	3	24	18	42	2	3	5	2	3	5
" 40 " 50 " ..	32	16	48	12	14	26	18	9	14	0	1	1	10	5	15	4	3	7	19	7	26	0	1	1	2	0	2
" 50 " 60 " ..	18	9	27	5	5	9	10	5	15	0	1	1	10	5	15	9	9	18	9	9	18	2	0	2	2	0	2
" 60 " 70 " ..	24	10	34	4	5	9	11	2	13	2	1	3	11	2	13	5	1	6	5	1	6	2	0	2	2	0	2
" 70 " 80 " ..	13	6	19	6	6	12	11	2	13	2	1	3	11	2	13	5	1	6	5	1	6	2	0	2	2	0	2
" 80 " 90 " ..	4	1	5	1	1	2	2	1	3	3	0	3	2	1	3	2	1	3	2	1	3	2	0	2	2	0	2
" 90 " 100 " ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
" 100 " 105 " ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Unknown ..	..	..	..	..	..	..	5	2	7	..	..	..	5	2	7	..	..	..	..	..	..	..	..	..	..	..	..
Transfers ..	4	2	6	3	1	4	7	2	9	20	0	20	2	0	2	2	1	3	2	1	3	11	0	11	1	0	1
Not insane ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Totals ..	170	98	268	73	71	144	107	76	183	31	7	38	14	8	32	154	90	244	11	0	11	8	7	15	568	367	935

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)	95	50	145	34	33	67	41	24	65	8	4	12	3	8	11	101	48	149	..	..	..	5	4	9	287	171	458
Second Class (first attack above 3 months and within 12 months on admission)	24	18	42	6	3	9	24	12	36	1	0	1	1	3	4	7	3	10	..	..	..	..	..	..	63	39	102
Third Class (not first attack, and within 12 months on admission)	25	17	42	12	25	37	5	20	25	2	2	4	5	2	7	30	29	59	..	..	..	..	..	..	79	95	174
Fourth Class (first attack or not, but of more than 12 months on admission)	20	9	29	17	9	26	30	18	48	0	1	1	3	5	8	14	9	23	..	..	..	2	3	5	86	54	140
Unknown	1	0	1	1	0	1
Transfers ..	4	2	6	3	1	4	7	2	9	20	0	20	2	0	2	2	1	3	..	..	..	1	0	1	50	6	56
Not insane ..	2	2	4	2	2	4
Totals ..	170	98	268	73	71	144	107	76	183	31	7	38	14	8	32	154	90	244	11	0	11	8	7	15	568	367	935	

TABLE V.—AGES OF PATIENTS DISCHARGED "RECOVERED" AND "NOT RECOVERED" DURING THE YEAR 1916.

Ages.	Auckland.		Christchurch.		Dunedin (Seacliff).		Hokitika.		Nelson.		Porirua.		Tokanni.		Ashburn Hall (Private M.H.).		Total.	
	Re-covered.	Not re-covered.	Re-covered.	Not re-covered.	Re-covered.	Not re-covered.	Re-covered.	Not re-covered.	Re-covered.	Not re-covered.	Re-covered.	Not re-covered.	Re-covered.	Not re-covered.	Re-covered.	Not re-covered.	Re-covered.	Not re-covered.
	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	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.	M. F. T.	M. F. T.	M. F. T.
From 5 to 10 years	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
" 10 " 15 "	0 1 1	1 0 1	6 0 6	1 0 1	7 11 18	3 2 5	1 0 1	0 1 1	0 1 1	0 1 1	0 1 1	1 1 1	0 1 1	0 1 1	0 1 1	0 1 1	0 1 1	0 1 1
" 15 " 20 "	..	..	6 9 15	..	5 8 13	6 2 8	..	..	..	..	..	..	..	..	..	..	..	..
" 20 " 30 "	..	..	6 11 17	1 1 2	5 7 12	2 3 0	2 2 1	0 1 1	0 1 1	0 1 1	0 1 1	0 1 1	0 1 1	0 1 1	0 1 1	0 1 1	0 1 1	0 1 1
" 30 " 40 "	..	..	3 11 14	1 1 2	3 2 5	1 0 1	..	..	..	..	..	..	..	..	..	..	..	..
" 40 " 50 "	..	..	1 4 5	..	2 1 3	1 0 1	..	..	..	..	..	..	..	..	..	..	..	..
" 50 " 60 "	..	..	1 5 6	1 0 1	0 1 1	0 1 1	..	..	..	..	..	..	..	..	..	..	..	..
" 60 " 70 "	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
" 70 " 80 "	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
" 80 " 90 "	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Unknown	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Transfers	7 0 7	..	28 5 33	..	2 0 2	..	..	..	..	..	..	..	..	..	..	..	..	..
Not insane	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Totals	55 57 112	11 3 14	23 40 63	33 7 40	24 30 54	12 6 18	2 2 4	1 4 5	7 3 10	..	..	..	..	..	..	..	..	..

TABLE VI.—AGES OF PATIENTS WHO DIED.

Ages.	Auckland.		Christchurch.		Dunedin (Seacliff).		Hokitika.		Nelson.		Porirua.		Tokanni.		Ashburn Hall (Private M.H.).		Total.	
	Re-covered.	Not re-covered.	Re-covered.	Not re-covered.	Re-covered.	Not re-covered.	Re-covered.	Not re-covered.	Re-covered.	Not re-covered.	Re-covered.	Not re-covered.	Re-covered.	Not re-covered.	Re-covered.	Not re-covered.	Re-covered.	Not re-covered.
	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	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.	M. F. T.	M. F. T.	M. F. T.
From 5 to 10 years
" 10 " 15 "	2 0 2	..	1 0 1	..	..	..	..	..	..	..	..	..	..	..	..	..
" 15 " 20 "	1 0 1	..	..	..	..	..	..	..	..	..	..	..	..	..
" 20 " 30 "	5 1 6	..	3 3 1	4 1 4	..	..	..	..	..	..	..	..	..	..	..	..
" 30 " 40 "	8 3 11	..	3 2 5	5 1 5	..	..	..	..	..	..	..	..	..	..	..	..
" 40 " 50 "	5 6 11	..	7 1 8	4 1 5	..	..	..	..	..	..	..	..	..	..	..	..
" 50 " 60 "	11 4 15	..	3 3 4	10 1 11	..	..	..	..	..	..	..	..	..	..	..	..
" 60 " 70 "	12 3 15	..	5 3 8	9 6 15	..	..	..	..	..	..	..	..	..	..	..	..
" 70 " 80 "	12 2 14	..	8 3 11	14 3 17	..	..	..	..	..	..	..	..	..	..	..	..
" 80 " 90 "	4 1 5	..	3 6 9	3 3 6	..	..	..	..	..	..	..	..	..	..	..	..
" 90 " 100 "	0 1 1	..	1 1 2	..	..	..	..	..	..	..	..	..	..	..	..	..
While on trial
Unknown
Totals	59 21 80	..	32 19 51	52 20 72	13 1 14	10 3 13	40 14 54	0 1 1	3 1 4	209 80 289						

TABLE VII.—CONDITION AS TO MARRIAGE.

					Admissions.			Discharges.			Deaths.		
					M.	F.	T.	M.	F.	T.	M.	F.	T.
AUCKLAND—					92	40	132	25	21	46	28	5	33
Single ..	..	..	..	..	63	48	111	30	35	65	28	13	41
Married ..	..	..	..	..	11	8	19	4	4	8	3	3	6
Widowed ..	..	..	..	..	..	..	..	..	..	..	..	..	..
Unknown ..	..	..	..	..	4	2	6	7	0	7	..	..	..
Transfers ..	..	..	..	..					
Totals ..	..	..	..	..	170	98	268	66	60	126	59	21	80
CHRISTCHURCH—					46	25	71	20	13	33	14	5	19
Single ..	..	..	..	..	21	38	59	8	23	31	16	9	25
Married ..	..	..	..	..	3	7	10	0	6	6	1	5	6
Widowed ..	..	..	..	..	..	..	..	..	..	..	..	..	..
Unknown ..	..	..	..	..	3	1	4	28	5	33	1	0	1
Transfers ..	..	..	..	..					
Totals ..	..	..	..	..	73	71	144	56	47	103	32	19	51
DUNEDIN (Seachiff)—					61	35	96	21	14	35	32	4	36
Single ..	..	..	..	..	36	31	67	8	20	28	16	10	26
Married ..	..	..	..	..	3	8	11	2	2	4	4	6	10
Widowed ..	..	..	..	..	..	..	..	..	..	..	..	..	..
Unknown ..	..	..	..	..	7	2	9	5	0	5	..	..	..
Transfers ..	..	..	..	..					
Totals ..	..	..	..	..	107	76	183	36	36	72	52	20	72
HOKITIKA—					6	3	9	1	1	2	10	0	10
Single ..	..	..	..	..	5	2	7	2	3	5	1	1	2
Married ..	..	..	..	..	0	2	2	0	2	2	2	0	2
Widowed ..	..	..	..	..	..	..	..	..	..	..	..	..	..
Unknown ..	..	..	..	..	20	0	20	..	..	..	..	..	..
Transfers ..	..	..	..	..					
Totals ..	..	..	..	..	31	7	38	3	6	9	13	1	14
NELSON—					9	4	13	4	0	4	10	2	12
Single ..	..	..	..	..	2	12	14	3	3	6	0	1	1
Married ..	..	..	..	..	1	2	3	..	..	..	..	..	..
Widowed ..	..	..	..	..	..	..	..	..	..	..	..	..	..
Unknown ..	..	..	..	..	2	0	2	..	..	..	..	..	..
Transfers ..	..	..	..	..					
Totals ..	..	..	..	..	14	18	32	7	3	10	10	3	13
PORIRUA—					96	35	131	46	23	69	20	7	27
Single ..	..	..	..	..	50	41	91	26	33	59	17	4	21
Married ..	..	..	..	..	6	13	19	0	7	7	3	3	6
Widowed ..	..	..	..	..	..	..	..	..	..	..	..	..	..
Unknown ..	..	..	..	..	2	1	3	7	2	9	..	..	..
Transfers ..	..	..	..	..					
Totals ..	..	..	..	..	154	90	244	79	65	144	40	14	54
TOKANUI—					..	..	..	2	0	2	0	1	1
Single ..	..	..	..	..	..	..	..	..	..	..	..	..	..
Married ..	..	..	..	..	..	..	..	..	..	..	..	..	..
Widowed ..	..	..	..	..	11	0	11	..	..	..	..	..	..
Unknown ..	..	..	..	..					
Transfers ..	..	..	..	..					
Totals ..	..	..	..	..	11	0	11	2	0	2	0	1	1
ASHBURN HALL (private mental hospital)—					1	3	4	..	..	..	..	..	..
Single ..	..	..	..	..	4	3	7	1	2	3	3	0	3
Married ..	..	..	..	..	2	1	3	..	..	..	0	1	1
Widowed ..	..	..	..	..	..	..	..	..	..	..	..	..	..
Unknown ..	..	..	..	..	1	0	1	2	0	2	..	..	..
Transfers ..	..	..	..	..					
Totals ..	..	..	..	..	8	7	15	3	2	5	3	1	4
TOTALS—					311	145	456	117	72	189	114	23	137
Single ..	..	..	..	..	181	175	356	80	119	199	81	39	120
Married ..	..	..	..	..	26	41	67	6	21	27	13	18	31
Widowed ..	..	..	..	..	..	..	..	..	..	..	..	..	..
Unknown ..	..	..	..	..	50	6	56	49	7	56	1	0	1
Transfers ..	..	..	..	..					
Totals ..	..	..	..	..	568	367	935	252	219	471	209	80	289

TABLE VIII.—NATIVE COUNTRIES.

Countries.	Auckland.			Christchurch.			Dunedin (Sea-cliff).			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	158	83	241	85	92	177	98	62	160	36	16	52	12	18	30	163	86	249	25	7	32	4	7	11	581	371	952
Scotland	31	16	47	19	20	39	97	70	167	13	6	19	2	3	5	53	23	76	3	0	3	4	7	11	223	140	363
Ireland	79	48	127	45	48	93	85	58	143	48	12	60	14	21	35	64	55	119	14	7	21	5	2	7	349	249	598
New Zealand	230	188	418	154	174	328	250	204	454	61	26	87	46	50	96	220	194	414	46	35	81	11	14	25	1018	885	1903
Australian States	32	2	44	12	12	24	19	18	37	11	5	16	1	2	4	35	15	50	2	0	2	0	2	2	112	66	178
France	2	0	2	..	..	..	..	..	..	..	..	..	..	..	..	1	0	1	..	..	..	..	..	..	5	2	7
Germany	5	3	8	3	1	4	9	1	10	6	0	6	1	0	1	8	7	15	1	0	1	..	..	..	33	12	45
Austria	17	1	18	0	1	1	1	0	1	..	..	..	1	0	1	0	1	1	4	0	4	..	..	..	23	3	26
Norway	2	0	2	..	..	..	4	1	5	1	0	1	..	..	..	1	0	1	1	0	1	..	..	..	9	1	10
Sweden	7	2	9	3	0	3	3	0	3	6	0	6	..	..	..	6	3	9	1	0	1	..	..	..	26	5	31
Denmark	2	1	3	2	1	3	2	1	3	..	..	..	1	0	1	6	0	6	1	0	1	..	..	..	14	3	17
Italy	5	0	5	2	0	2	1	0	1	6	0	6	..	..	..	5	0	5	..	..	..	..	..	..	19	0	19
China	1	0	1	2	0	2	13	0	13	5	0	5	..	..	..	2	0	2	..	..	..	..	..	..	23	0	23
Maoris	11	11	22	0	1	1	1	0	1	3	0	3	2	1	3	7	3	10	1	0	1	1	0	1	22	16	38
Other countries	23	5	28	4	7	11	9	7	16	3	0	3	17	23	40	14	10	24	1	0	1	1	0	1	72	52	124
Unknown	24	11	35	2	2	4	..	..	..	0	2	2	..	..	..	..	..	..	..	..	..	..	..	..	26	15	41
Totals	629	381	1,010	333	359	692	592	422	1,014	196	67	263	99	120	219	585	397	982	100	49	149	21	25	46	2555	1820	4375

TABLE IX.—AGES OF PATIENTS ON 31ST DECEMBER, 1916.

Ages.	Auckland.			Christchurch.			Dunedin (Sea-cliff).			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	0	1	1	0	2	2	..	..	..	3	1	4	0	1	1	..	..	..	..	..	..	0	4	4
" 5 " 10 "	2	1	3	1	0	1	..	..	..	..	..	..	2	1	3	..	..	..	..	..	..	8	3	11
" 10 " 15 "	2	4	6	3	5	8	..	..	..	12	3	15	7	10	17	..	..	..	..	..	..	28	28	56
" 15 " 20 "	3	9	12	4	7	11	..	..	..	7	2	9	11	8	19	..	..	..	..	..	..	34	31	65
" 20 " 30 "	32	32	64	64	48	112	10	4	14	9	10	19	94	50	144	5	6	11	2	1	3	285	194	479
" 30 " 40 "	85	78	163	135	77	212	38	8	46	18	19	37	148	99	247	21	7	28	1	4	5	590	362	952
" 40 " 50 "	158	100	258	136	101	237	42	15	57	16	20	36	123	88	211	27	16	43	8	10	18	576	418	994
" 50 " 60 "	53	76	129	99	90	189	37	11	48	14	27	41	103	76	179	25	10	35	8	10	18	456	384	840
" 60 " 70 "	46	45	91	82	51	133	35	14	49	12	20	32	67	43	110	9	10	19	6	4	10	327	234	561
" 70 " 80 "	31	33	64	57	30	87	22	9	31	5	3	8	23	19	42	3	0	3	0	3	3	170	114	284
Upwards of 80 years	5	4	9	11	11	22	2	0	2	2	1	3	7	2	9	..	..	..	3	0	3	40	23	63
Unknown	1	1	2	..	..	..	10	6	16	1	14	15	..	..	..	10	0	10	..	..	..	41	25	66
Totals	629	381	1,010	333	359	692	592	422	1,014	196	67	263	99	120	219	585	397	982	100	49	149	21	25	46	2555	1820	4375

TABLE X.—LENGTH OF RESIDENCE OF PATIENTS WHO DIED DURING 1916.

Length of Residence.	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.
Under 1 month	5	0	7	1	1	1	1	0	1	1	1	2	7	2	1	0	22	4
From 1 to 5 months	10	2	3	1	4	1	5	0	1	1	1	2	5	0	0	1	25	5
" 3 " 6 "	12	1	1	0	1	4	3	0	1	..	..	..	2	0	0	..	16	3
" 6 " 9 "	8	2	1	1	2	4	0	1	..	..	..	1	1	1	2	..	12	5
" 9 " 12 "	1	1	5	3	8	5	0	5	..	..	..	4	3	7	..	..	11	6
" 1 " 2 years	3	1	4	0	1	4	1	1	..	..	..	9	2	11	1	1	19	8
" 2 " 3 "	2	2	4	4	0	3	2	5	1	0	1	3	3	1	4	..	14	6
" 3 " 5 "	1	2	3	1	2	5	1	6	2	1	3	1	0	1	..	13	6	
" 5 " 7 "	4	2	0	1	1	5	2	7	0	1	1	0	1	1	..	10	7	
" 7 " 10 "	1	2	3	2	3	6	0	6	1	1	2	1	0	1	..	6	3	
" 10 " 12 "	2	1	3	2	0	1	2	3	..	..	..	1	0	1	..	5	3	
" 12 " 15 "	7	3	10	6	6	1	1	2	5	0	5	1	4	5	..	30	19	
Over 15 years	2	1	3	..	..	8	6	14	3	0	3	..	..	..	..	4	1	
Died while absent on trial	..	..	..	..	..	1	0	1	1	0	1	..	..	..	..	..	..
Totals	59	21	80	32	19	52	20	72	13	1	14	40	14	54	0	1	209	80

XI.—LENGTH TABLE OF RESIDENCE OF PATIENTS DISCHARGED "RECOVERED" DURING 1916.

Length of Residence.	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.
Under 1 month	3	5	1	0	1	0	1	1	1	1	1	9	5	14	13	11	24	24
From 1 to 3 months	11	16	5	14	19	11	9	20	..	..	16	5	21	..	..	44	44
" 3 " 6 "	20	13	8	9	17	4	8	12	1	1	4	12	16	..	..	37	43
" 6 " 9 "	11	7	18	5	12	5	3	8	2	0	6	6	12	..	..	29	24
" 9 " 12 "	2	3	5	1	6	4	2	6	2	0	1	3	4	..	..	10	14
" 1 " 2 years	5	8	13	1	4	0	4	4	2	1	7	5	12	..	..	15	21
" 2 " 3 "	3	4	7	2	1	0	2	2	..	..	3	0	3	..	..	8	7
" 3 " 5 "	0	1	1	0	1	0	1	1	0	1	2	2	4	..	..	2	4
" 5 " 7 "	..	..	..	..	..	0	1	1	..	..	0	1	1	..	..	0	3
" 7 " 10 "	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	0
" 10 " 12 "	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	3	3
" 12 " 15 "	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Over 15 years	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Totals	55	57	112	23	40	24	30	54	7	3	10	49	39	88	160	171

TABLE XII.—CAUSES OF DEATH.

Causes.	Auckland.	Christchurch.	Dunedin (Seacliff).	Hokitika.	Nelson.	Porirua.	Tokanui.	Asburn Hall (Private Mental Hospital).	Total.
I. GENERAL DISEASES.									
Tuberculosis—	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.
General .. .. .	.. .. .	1 0	.. .. .	.. .. .	.. .. .	0 1	.. .. .	.. .. .	1 1
Of bowels	1 0	.. .. .	0 1	.. .. .	.. .. .	.. .. .	.. .. .	.. .. .	1 1
Of peritoneum .. .. .	.. .. .	1 0	.. .. .	1 0	.. .. .	.. .. .	.. .. .	.. .. .	2 0
Of lungs	3 5	1 0	3 2	.. .. .	0 1	7 4	.. .. .	.. .. .	14 12
Pyæmia .. .. .	.. .. .	1 0	.. .. .	.. .. .	.. .. .	.. .. .	.. .. .	.. .. .	1 0
Carcinoma .. .. .	.. .. .	.. .. .	4 2	.. .. .	.. .. .	1 0	0 1	.. .. .	5 3
Anæmia, pernicious .. .. .	.. .. .	.. .. .	1 0	.. .. .	.. .. .	1 0	.. .. .	.. .. .	2 0
Diabetes .. .. .	.. .. .	.. .. .	.. .. .	.. .. .	.. .. .	1 0	.. .. .	.. .. .	1 0
Scarlet Fever .. .. .	.. .. .	.. .. .	.. .. .	.. .. .	1 1	.. .. .	.. .. .	.. .. .	1 1
II. DISEASES OF THE NERVOUS SYSTEM.									
Mania, exhaustion from .. .. .	.. .. .	2 2	.. .. .	.. .. .	.. .. .	.. .. .	.. .. .	.. .. .	2 2
Melancholia, exhaustion from .. .. .	.. .. .	.. .. .	2 1	.. .. .	.. .. .	.. .. .	.. .. .	.. .. .	2 1
General paralysis of insane	5 2	4 0	8 1	1 0	.. .. .	11 1	.. .. .	.. .. .	29 4
Organic brain-disease	14 5	3 3	6 0	2 0	.. .. .	.. .. .	.. .. .	.. .. .	25 8
Cerebral hæmorrhage (apoplexy)	4 0	.. .. .	4 0	.. .. .	1 0	3 2	.. .. .	2 0	14 2
Meningeal (apoplexy) .. .. .	.. .. .	.. .. .	.. .. .	.. .. .	.. .. .	1 0	.. .. .	.. .. .	1 0
Epilepsy	2 0	1 1	2 1	1 1	1 0	1 1	.. .. .	.. .. .	8 4
Meningitis	1 0	.. .. .	.. .. .	.. .. .	.. .. .	.. .. .	.. .. .	.. .. .	1 0
Progressive muscular atrophy .. .. .	.. .. .	.. .. .	.. .. .	.. .. .	1 0	.. .. .	.. .. .	.. .. .	1 0
III. DISEASES OF THE RESPIRATORY SYSTEM.									
Broncho-pneumonia .. .. .	.. .. .	.. .. .	.. .. .	1 0	1 0	.. .. .	.. .. .	.. .. .	2 0
Pneumonia	1 0	2 0	2 2	.. .. .	3 0	2 0	.. .. .	.. .. .	10 2
Edema of lung .. .. .	.. .. .	.. .. .	.. .. .	.. .. .	.. .. .	1 0	.. .. .	.. .. .	1 0
Bronchitis .. .. .	.. .. .	.. .. .	.. .. .	.. .. .	.. .. .	1 0	.. .. .	.. .. .	1 0
Pleurisy .. .. .	.. .. .	.. .. .	1 0	.. .. .	.. .. .	1 0	.. .. .	.. .. .	2 0
IV. DISEASES OF THE CIRCULATORY SYSTEM.									
Valvular disease of heart .. .. .	.. .. .	1 1	2 1	.. .. .	.. .. .	1 1	.. .. .	0 1	4 4
Myocardial disease .. .. .	.. .. .	.. .. .	2 0	.. .. .	.. .. .	.. .. .	.. .. .	.. .. .	2 0
Fatty degeneration of heart .. .. .	.. .. .	.. .. .	.. .. .	.. .. .	.. .. .	1 0	.. .. .	.. .. .	1 0
Congenital .. .. .	.. .. .	.. .. .	.. .. .	.. .. .	1 0	.. .. .	.. .. .	.. .. .	1 0
Heart-failure	5 2	.. .. .	.. .. .	3 0	.. .. .	.. .. .	.. .. .	.. .. .	8 2
V. DISEASES OF THE DIGESTIVE SYSTEM.									
Biliary lithiasis .. .. .	.. .. .	.. .. .	.. .. .	.. .. .	.. .. .	0 1	.. .. .	.. .. .	0 1
Diarrhoea .. .. .	.. .. .	.. .. .	.. .. .	1 0	.. .. .	.. .. .	.. .. .	.. .. .	1 0
Intestinal obstruction .. .. .	.. .. .	1 0	.. .. .	.. .. .	.. .. .	.. .. .	.. .. .	.. .. .	1 0
VI. DISEASES OF THE GENITO-URINARY SYSTEM.									
Nephritis, chronic	0 2	0 1	.. .. .	.. .. .	.. .. .	.. .. .	.. .. .	.. .. .	0 3
VII. DISEASES OF SKIN AND OF THE CELLULAR TISSUE.									
Gangrene	1 0	.. .. .	.. .. .	.. .. .	1 0	.. .. .	.. .. .	.. .. .	2 0
VIII. OLD AGE.									
Senility	19 4	12 11	15 9	3 0	0 1	6 3	.. .. .	1 0	56 28
IX. EXTERNAL CAUSES.									
Drowning (probably suicide)	1 0	.. .. .	.. .. .	.. .. .	.. .. .	.. .. .	.. .. .	.. .. .	1 0
Asphyxia from epileptic fit .. .. .	.. .. .	2 0	.. .. .	.. .. .	.. .. .	1 0	.. .. .	.. .. .	3 0
Died while absent on trial	2 1	.. .. .	.. .. .	.. .. .	.. .. .	.. .. .	.. .. .	.. .. .	2 1
	59 21	32 19	52 20	13 1	10 3	40 14	0 1	3 1	209 80

TABLE XIV.—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.		
1876	221	117	338	17	8	25	12	12	264	788	491	257	748	54.53	66.01	57.56	8.21	3.58	6.70	
1877	250	112	362	20	9	29	9	9	291	872	541	277	818	49.20	50.80	49.72	7.76	7.58	7.70	
1878	247	131	378	14	14	28	6	6	319	957	601	303	904	48.98	51.90	50.00	8.48	5.61	7.52	
1879	248	151	399	15	13	28	3	3	361	1,056	666	337	1,003	45.16	50.33	47.11	8.25	4.74	7.07	
1880	229	149	378	10	6	16	7	7	396	1,125	708	371	1,074	49.66	44.96	44.17	7.68	5.39	6.89	
1881	232	127	359	9	8	17	9	9	406	1,175	747	388	1,135	40.08	51.10	44.01	6.29	3.60	5.55	
1882	267	152	419	32	1	33	12	12	442	1,269	796	421	1,217	35.58	38.81	36.75	4.51	6.49	6.21	
1883	255	166	421	10	9	19	10	9	483	1,375	860	475	1,335	40.00	46.98	42.75	7.55	3.78	6.21	
1884	238	133	391	17	9	26	18	12	938	1,452	911	497	1,408	37.39	47.50	37.66	7.56	4.82	6.53	
1885	294	160	454	10	5	15	15	7	542	1,523	965	538	1,493	32.81	47.50	37.66	7.46	4.16	6.36	
1886	207	165	372	11	17	28	8	8	604	1,613	984	559	1,543	47.82	36.36	42.74	5.79	3.39	4.91	
1887	255	161	416	17	5	22	20	20	604	1,696	1,034	613	1,647	40.39	48.75	43.61	7.15	4.40	6.18	
1888	215	146	361	28	2	30	4	4	640	1,681	1,045	641	1,686	53.95	63.01	57.62	7.56	4.05	6.16	
1889	230	161	391	31	3	34	1	1	687	1,761	1,046	660	1,707	42.61	55.00	47.69	6.69	4.54	5.86	
1890	280	160	390	38	17	55	17	17	702	1,797	1,078	685	1,763	49.62	47.34	47.34	7.05	5.11	6.29	
1891	234	201	435	33	24	57	14	10	734	1,849	1,089	694	1,839	37.61	36.82	37.24	7.25	5.86	6.71	
1892	231	158	389	39	8	47	10	10	763	1,917	1,125	714	1,900	38.53	48.10	42.42	6.58	4.76	5.87	
1893	281	179	460	17	12	29	9	9	810	2,089	1,172	738	1,930	35.94	49.72	41.30	6.66	3.03	5.23	
1894	320	256	576	15	11	26	55	18	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	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	25	129	20	12	925	2,315	1,347	892	2,229	37.41	44.02	39.82	6.38	3.63	5.29	
1897	300	244	544	26	32	58	17	31	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	48	1,045	2,557	1,487	973	2,411	44.88	51.89	48.07	6.12	6.17	6.14	
1899	264	247	511	88	99	187	15	25	1,119	2,672	1,534	1,004	2,491	32.31	44.33	37.58	7.67	4.28	6.30	
1900	335	263	598	103	96	199	40	25	1,091	2,672	1,534	1,049	2,583	30.74	36.50	33.27	6.45	4.88	5.61	
1901	373	234	597	125	104	229	40	49	1,045	2,557	1,487	1,004	2,491	32.31	44.33	37.58	7.67	4.28	6.30	
1902	352	192	544	135	99	234	26	15	1,119	2,672	1,534	1,049	2,583	30.74	36.50	33.27	6.45	4.88	5.61	
1903	454	237	691	144	101	245	41	25	1,091	2,672	1,534	1,049	2,583	30.74	36.50	33.27	6.45	4.88	5.61	
1904	340	240	580	157	106	263	24	13	1,045	2,557	1,487	1,004	2,491	32.31	44.33	37.58	7.67	4.28	6.30	
1905	399	260	679	149	131	270	45	32	1,119	2,672	1,534	1,049	2,583	30.74	36.50	33.27	6.45	4.88	5.61	
1906	401	277	678	157	126	283	28	22	1,091	2,672	1,534	1,049	2,583	30.74	36.50	33.27	6.45	4.88	5.61	
1907	421	279	700	160	139	299	31	19	1,091	2,672	1,534	1,049	2,583	30.74	36.50	33.27	6.45	4.88	5.61	
1908	434	325	759	180	146	326	9	6	1,091	2,672	1,534	1,049	2,583	30.74	36.50	33.27	6.45	4.88	5.61	
1909	447	376	823	179	170	349	17	22	1,091	2,672	1,534	1,049	2,583	30.74	36.50	33.27	6.45	4.88	5.61	
1910	639	371	1,010	182	145	327	30	29	1,091	2,672	1,534	1,049	2,583	30.74	36.50	33.27	6.45	4.88	5.61	
1911	455	322	777	163	168	331	23	16	1,091	2,672	1,534	1,049	2,583	30.74	36.50	33.27	6.45	4.88	5.61	
1912	593	394	987	184	141	325	17	44	1,091	2,672	1,534	1,049	2,583	30.74	36.50	33.27	6.45	4.88	5.61	
1913	543	349	892	175	162	337	35	48	1,091	2,672	1,534	1,049	2,583	30.74	36.50	33.27	6.45	4.88	5.61	
1914	526	366	892	207	162	369	27	29	1,091	2,672	1,534	1,049	2,583	30.74	36.50	33.27	6.45	4.88	5.61	
1915	461	419	880	202	157	359	26	34	1,091	2,672	1,534	1,049	2,583	30.74	36.50	33.27	6.45	4.88	5.61	
1916	568	367	935	171	171	342	35	69	1,091	2,672	1,534	1,049	2,583	30.74	36.50	33.27	6.45	4.88	5.61	
	114,019	9,507	123,526	5,228	4,131	9,359	1,044	881	1,925	1,315	931	2,246	4,359	1,998	6,357

In mental hospitals, 1st January, 1876
In mental hospitals, 1st January, 1917

M. 482
F. 2,555
T. 1,820
4,375

TABLE XV.—PRINCIPAL ASSIGNED CAUSES OF INSANITY.

Causes.	Auckland.		Christ-church.		Dunedin (Seacliff).		Hokitika.		Nelson.		Porirua.		Tokanui.		Ashburn Hall.		Totals.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Heredity	16	21	2	2	18	16	0	2	2	4	2	14	..	..	1	4	41	63
Congenital	35	9	12	7	11	7	1	0	4	0	10	5	..	..	..	..	73	28
Previous attack	10	5	7	16	9	19	..	..	1	2	3	2	..	..	..	..	30	44
Puberty and adolescence	3	5	5	5	9	1	..	..	0	1	16	6	..	..	..	..	33	18
Climacteric	0	4	0	1	0	10	..	..	0	2	0	8	..	..	0	1	0	26
Senility	30	10	9	11	16	4	5	2	1	4	14	9	..	..	3	0	78	40
Pregnancy .. .. .	..	..	0	1	..	..	..	..	..	..	0	1	..	..	..	..	0	2
Puerperal state	0	4	..	..	0	6	..	..	0	3	..	..	..	..	..	..	0	13
Lactation	0	3	0	1	..	..	..	..	..	..	0	1	..	..	..	..	0	5
Mental stress, sudden	0	1	1	0	2	0	..	..	..	..	..	..	..	..	1	0	4	1
" prolonged	15	9	3	1	8	6	0	2	..	..	9	4	..	..	0	2	35	24
Privation .. .. .	..	..	..	..	..	..	..	..	..	..	1	0	..	..	..	..	1	0
Solitude	2	1	1	2	..	..	..	..	0	1	..	..	..	..	..	..	3	4
Sexual excess	0	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	0	1
Alcohol	17	5	3	1	14	0	2	1	4	0	23	4	..	..	..	..	63	11
Drug habit .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Syphilis	10	1	5	0	7	1	..	..	0	1	17	1	..	..	1	0	40	4
Toxæmia	1	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	2
Traumatic	4	2	..	..	1	0	1	0	..	..	1	0	..	..	..	..	7	2
Organic brain-disease .. .. .	..	..	..	..	0	1	1	0	..	..	..	..	..	..	..	..	1	1
Epilepsy	7	3	2	6	5	3	..	..	..	..	2	2	..	..	1	0	17	14
Apoplexy	4	0	..	..	..	..	..	..	..	..	2	0	..	..	..	..	6	0
Arterio-sclerosis	2	1	..	..	..	..	..	..	..	..	3	1	..	..	..	..	5	2
Sunstroke	1	0	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	0
Chorea	0	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	0	1
Cancer .. .. .	..	..	..	..	..	..	..	..	..	..	0	1	..	..	..	..	0	1
Cardiac disease .. .. .	..	..	..	..	..	..	..	..	..	..	1	0	..	..	..	..	1	0
Grave's disease .. .. .	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..	1	1
Phthisis .. .. .	..	..	..	..	..	..	..	..	..	..	2	0	..	..	..	..	2	0
Ill health	2	3	5	5	..	..	..	..	..	..	1	0	..	..	..	..	8	8
Unknown	5	3	15	11	..	..	1	0	..	..	44	29	..	..	..	..	65	43
Not insane	2	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	2
Transfers	4	2	3	1	7	2	20	0	2	0	2	1	11	0	1	0	50	6
Totals	170	98	73	71	107	76	31	7	14	18	154	90	11	0	8	7	568	367

TABLE XVI.—SHOWING THE ADMISSIONS, READMISSIONS, DISCHARGES, AND DEATHS FROM THE 1ST JANUARY, 1876, TO THE 31ST DECEMBER, 1916.

Persons admitted during period from 1st January, 1876, to 31st December, 1916	M. F. T.			M. F. T.
	M.	F.	T.	
Readmissions	2,829	2,282	5,111	..
Total cases admitted .. .. .	..	..	..	14,019
Discharged cases—	..	..	..	9,507
Recovered	5,228	4,131	9,359	23,526
Relieved	1,044	881	1,925	..
Not improved	1,315	931	2,246	..
Died	4,359	1,998	6,357	..
Total cases discharged and died since January, 1876 .. .. .	..	..	..	11,945
Remaining, 1st January, 1876 .. .. .	..	..	..	482
Remaining, 1st January, 1917 .. .. .	..	..	..	2,555

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

	Males.	Females.	Both Sexes.
Recovered	37.29	43.45	39.78
Relieved	7.45	9.27	8.18
Not improved	9.38	9.79	9.55
Died	31.09	21.02	27.02
Remaining	14.79	16.47	15.47
	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, 1917, AND LIABILITIES AT THAT DATE.

Mental Hospitals.	Net Expenditure for Year ended 31st March, 1917.	Liabilities on 31st March, 1917.
Auckland	£ 76	£ ..
Tokanui ..	5,639	175
Porirua ..	11,722	739
Christchurch	24,346	3,200
Seacliff ..	997	140
Waitati ..	24	..
Nelson ..	1,798	295
Totals ..	44,602	4,549

TABLE XIX.—TOTAL EXPENDITURE, OUT OF PUBLIC WORKS FUND, FOR BUILDINGS AND EQUIPMENT AT EACH MENTAL HOSPITAL FROM 1ST JULY, 1877, TO 31ST MARCH, 1917.

Mental Hospitals.	1877-1908.	1908-9.	1909-10.	1910-11.	1911-12.	1912-13.	1913-14.	1914-15.	1915-16.	1916-1917.	Total Net Expenditure, 1st July, 1877, to 31st March, 1917.
Auckland	£ 105,687	£ 1,318	£ 1,524	£ 468	£ 105	£ 135	£ 8,908	£ 23,434	£ 2,774	£ 76	£ 144,424
Reception-house at Auckland	468	62	1,788	2,531	105	105	..	..	..	..	5,039
Motuhi Island ..	..	..	..	166	..	..	561	..	..	..	561
Tokanui ..	..	..	..	..	4,303	21,935	8,874	10,379	10,640	5,639	61,936
Wellington	29,549	107	..	..	..	..	..	..	..	..	29,656
Wellington (Porirua)	128,167	2,247	10,348	8,121	1,762	9,550	1,951	6,552	17,518	11,722	192,938
Christchurch	117,114	4,144	1,133	1,063	412	4,867	616	5,107	15,157	24,346	173,959
Seacliff ..	146,418	5,598	2,797	4	1,480	5,382	3,257	7,413	6,721	997	180,067
Waitati ..	..	87	..	..	442	4,007	1,634	911	671	24	8,349
Dunedin (The Camp)	4,832	59	..	..	..	..	..	..	..	..	4,891
Napier ..	147	..	..	..	..	..	..	..	..	..	147
Hokitike	3,465	..	256	6	..	..	..	..	..	..	3,727
Richmond	1,097	..	..	..	..	..	..	..	..	..	1,097
Nelson ..	17,275	1,675	1,992	353	200	200	200	200	1,417	1,798	25,310
Totals ..	549,792	15,297	19,888	12,707	8,809	46,181	26,001	53,996	54,898	44,602	892,121

TABLE XX.—SHOWING THE EXPENDITURE FOR THE YEAR 1916.

Items.	Auckland.	Christchurch.	Dunedin (Seacliff).	Hokitika.	Nelson.	Porirua.	Tokanui.	Total.
Inspector-General ..	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
Deputy Inspector-General and Assistant Inspector*	..	..	..	..	..	..	..	1,000 0 0
Clerks*	..	..	..	..	..	..	..	750 0 0
Medical fees*	..	..	..	..	..	..	..	1,198 2 11
Contingencies*	..	..	..	..	..	..	..	1,270 17 4
Official Visitors ..	25 4 0	15 15 0	25 4 0	12 12 0	..	42 0 0	..	120 15 0
Superintendents ..	700 0 0	700 0 0	700 0 0	260 0 0	475 0 0	700 0 0	700 0 0	4,235 0 0
Assistant Medical Officers ..	372 18 1	..	764 18 1	286 11 6	16 10 10	463 15 3	..	1,618 2 3
Visiting Medical Officers ..	..	..	..	..	..	..	..	286 11 6
Clerks ..	362 10 0	476 11 6	529 2 6	100 0 0	118 4 3	461 18 1	..	1,948 6 4
Matrons ..	145 8 4	255 7 3	196 7 3	3,557 6 3	128 15 0	157 10 0	..	983 7 10
Attendants and servants ..	10,585 0 2	11,844 6 3	19,120 17 9	3,480 6 6	3,380 9 11	14,720 18 1	4,126 13 10	67,335 12 3
Rations ..	12,055 4 5	9,975 14 8	11,186 4 11	3,480 6 6	2,465 3 11	11,291 10 6	2,697 10 9	53,151 15 8
Fuel, light, water, and cleaning ..	2,116 16 6	3,172 16 5	3,011 6 2	88 7 1	455 16 3	2,777 16 6	466 8 10	12,089 7 9
Bedding and clothing ..	2,879 16 4	3,742 2 9	3,368 3 8	292 10 0	447 10 5	3,605 4 9	608 8 4	14,943 16 3
Surgery and dispensary ..	125 6 8	169 11 6	335 7 4	35 11 7	55 19 9	264 2 4	20 15 10	1,006 15 0
Wines, spirits, ale, and porter ..	6 5 0	10 7 0	2 10 0	2 11 0	..	7 17 0	..	29 10 0
Farm ..	544 19 8	1,665 2 5	3,200 9 2	70 3 8	254 9 8	2,625 7 7	1,366 5 1	9,726 17 3
Buildings and repairs ..	453 0 8	790 13 3	2,294 10 11	73 10 0	591 11 5	589 4 4	295 9 4	5,087 19 11
Necessaries, incidental, and miscellaneous ..	2,742 18 9	4,673 19 2	6,844 10 2	438 12 2	825 4 3	3,682 14 0	1,157 9 11	20,365 8 5
Totals ..	33,115 8 7	37,492 7 2	51,579 11 11	8,698 1 9	9,214 15 8	41,389 18 5	11,439 1 11	197,663 2 8
Repayments, sale of produce, &c. ..	11,391 3 4	12,221 5 2	16,670 3 8	1,962 10 4	2,221 13 0	14,252 17 10	2,025 9 3	60,745 2 7
Actual cost ..	21,724 5 3	25,271 2 0	34,909 8 3	6,735 11 5	6,993 2 8	27,137 0 7	9,413 12 8	136,918 0 1

Approximate Cost of Paper.—Preparation, not given; printing (800 copies), £18.

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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 Receipts of all kinds previous Year.	Total Cost per Head, less Receipts of all kinds.	Decrease in 1916.	Increase in 1916.
Auckland ..	12 6 3 1	12 9 0 1/2	2 18 10 1/2	£ s. d. 2 3 3	£ s. d. 0 2 6 3/4	£ s. d. 0 0 1 1/2	£ s. d. 0 11 1 1/2	£ s. d. 0 9 3	£ s. d. 2 16 0 1/2	£ s. d. 33 16 6 1/2	£ s. d. 23 8 0 1/2	£ s. d. 22 3 9 1/2	£ s. d. 21 5 9 1/2	£ s. d. ..	£ s. d. 0 18 0 1/2
Christchurch ..	14 9 1 3 1/2	19 5 3 1/2	3 6 5 1/2	£ s. d. 4 11 11 1/2	£ s. d. 0 4 11	£ s. d. 0 0 3 1/2	£ s. d. 2 3 1 1/2	£ s. d. 1 2 11	£ s. d. 6 15 5 1/2	£ s. d. 54 6 8 1/2	£ s. d. 41 12 11 1/2	£ s. d. 36 12 6	£ s. d. 33 2 7 1/2	£ s. d. ..	£ s. d. 3 9 10 1/2
Dunedin (Seacliff) ..	11 0 7 1/2	21 0 10	3 6 5 1/2	£ s. d. 2 19 4 1/2	£ s. d. 0 6 7 1/2	£ s. d. 0 0 0 1/2	£ s. d. 3 3 1 1/2	£ s. d. 2 5 3	£ s. d. 5 0 5 1/2	£ s. d. 50 17 4 1/2	£ s. d. 39 3 4 1/2	£ s. d. 34 8 6 1/2	£ s. d. 33 12 0 1/2	£ s. d. ..	£ s. d. 0 16 5 1/2
Hokitika ..	14 4 1 1/2	17 4 2 1/2	1 3 10 1/2	£ s. d. 0 7 2 1/2	£ s. d. 0 2 10 1/2	£ s. d. 0 0 2 1/2	£ s. d. 0 5 8 1/2	£ s. d. 0 6 0	£ s. d. 1 15 9 1/2	£ s. d. 35 10 0 1/2	£ s. d. 28 13 11 1/2	£ s. d. 27 9 10	£ s. d. 27 6 11	£ s. d. ..	£ s. d. 0 2 11
Nelson ..	12 15 5 1/2	21 6 10	2 6 4 1/2	£ s. d. 2 18 7 1/2	£ s. d. 0 5 9 1/2	£ s. d. 0 0 2	£ s. d. 1 6 4 1/2	£ s. d. 0 12 5 1/2	£ s. d. 3 17 8 1/2	£ s. d. 47 14 10 1/2	£ s. d. 37 3 1	£ s. d. 36 4 8	£ s. d. 35 17 6 1/2	£ s. d. ..	£ s. d. 0 7 1 1/2
Porirua ..	11 18 2 1/2	17 9 1	3 16 0 1/2	£ s. d. 2 18 7 1/2	£ s. d. 0 5 6 1/2	£ s. d. 0 0 2	£ s. d. 2 15 4 1/2	£ s. d. 0 12 5 1/2	£ s. d. 3 17 8 1/2	£ s. d. 43 13 2 1/2	£ s. d. 30 6 1 1/2	£ s. d. 28 12 6 1/2	£ s. d. 26 18 8	£ s. d. ..	£ s. d. 1 13 10 1/2
Tokanui ..	18 2 1	32 7 10 1/2	4 1 8	£ s. d. 3 2 7 1/2	£ s. d. 0 2 9 1/2	£ s. d. 0 0 2 9 1/2	£ s. d. 9 3 4 1/2	£ s. d. 1 19 8	£ s. d. 7 15 4 1/2	£ s. d. 76 15 5 1/2	£ s. d. 72 11 3 1/2	£ s. d. 63 3 7	£ s. d. 84 16 3 1/2	£ s. d. 21 12 8 1/2	£ s. d. ..
Averages ..	12 12 0 1/2	18 2 10 1/2	3 10 10 1/2	£ s. d. 2 17 4	£ s. d. 0 4 9 1/2	£ s. d. 0 0 1 1/2	£ s. d. 2 6 1 1/2	£ s. d. 1 4 1 1/2	£ s. d. 4 16 6 1/2	£ s. d. 45 14 9 1/2	£ s. d. 34 8 0 1/2	£ s. d. 31 6 9 1/2	£ s. d. 30 1 0	£ s. d. ..	£ s. d. 1 5 9 1/2

* Not included in Table XXI.

TABLE XXIA.

Including first five items in Table XX	46 17 2 1/2	32 9 2 1/2	1 5 7 1/2
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TABLE XXIB.

Richmond Home for Feeble-minded Patients on probation at The Camp	13 5 9 1/2	37 7 7 1/2	..	3 8 0	2 9 11 1/2	..	12 10 3 1/2	69 1 7 11 17 0 1/2	57 4 6 1/2	54 8 4	54 9 3 1/2	0 0 11 1/2	..
	17 1 8 1/2	32 1 4	2 10 10 1/2	2 13 2 1/2	0 8 5 1/2	..	2 10 2	0 16 1 1/2	7 0 7	65 2 5 1/2	..	65 2 5 1/2	64 11 5 1/2	..	0 11 0 1/2