

SESSION II.  
1921.  
NEW ZEALAND.

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# MENTAL HOSPITALS OF THE DOMINION

(REPORT ON) FOR 1920.

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

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

MY LORD,—

Wellington, 1st August, 1921.

I have the honour to submit to Your Excellency the report of the Inspector-General of  
Mental Defectives for the year 1920.

I have, &c.,

C. J. PARR,

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

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The INSPECTOR-GENERAL to the Hon. C. J. PARR, the Minister in Charge of the Department for  
the Care of Mental Defectives.

SIR,—

Wellington, 1st July, 1921.

I have the honour to present my report for the year ended 31st December, 1920.

The number of patients on the register at the beginning of the year was 4,648 (m., 2,667 ;  
f., 1,981) ; at the end, 4,754 (m., 2,717 ; f., 2,037), an increase of 106 (m., 50 ; f., 56).

The total number under care during the year was 5,521 (m., 3,122 ; f., 2,399), which is 92 (m., 7 ;  
f., 85) more than during 1919.

The daily average number resident was 4,654 (m., 2,674 ; f., 1,980), or 127 (m., 54 ; f., 73) higher  
than the average of the previous year.

The direct admissions numbered 873 (m., 455 ; f., 418), and included 11 immigrants who had  
been in the Dominion less than a year, and 12 New-Zealanders returned from abroad within the same  
period, of whom 3 were soldiers. Save in exceptional cases, it may be taken for granted that persons  
able to pass muster on landing, but exhibiting or developing mental disease within a more or less  
short period thereafter, were either labouring under insanity in a form not readily recognized or were  
predisposed to mental disorder when they arrived, and being so were in fact undesirable immigrants,  
though not coming within the legal definition of the excluded. In some countries our people under  
similar circumstances would be returned to their domicile, and I think that this is a matter in which  
the law should be made reciprocal.

Comparing the admission figures with those of 1919, it will be found that the males were 57 fewer  
and the females 47 more. It will be remembered that during the war period there was a reduction  
in admissions, which was relatively greater among women, and the present reversal is mainly a  
matter of the compensation to which statistics are subject in maintaining the average over a number  
of years.

Of the total admissions in 1920, a proportion (16·88 per cent.) had been previously under treatment  
at some time at some one of our institutions, and the remainder, 726 (m., 386 ; f., 340), were admitted  
for the first time, a decrease of 65 males and an increase of 47 females over the first admission of 1919.

The ratio of admissions to population (excluding Maoris) was 7·21 per 10,000, and of first admissions 5·98: that is to say, every 1,386 persons in the general population contributed one admission, and every 1,673 persons a first admission. This ratio of occurring insanity in the population is a much better guide to its incidence than figures based on the total number of mental-hospital patients.

The total discharges (excluding transfers) numbered 487 (m., 219; f., 268). Of these, 310 (m., 162; f., 148) were discharged as recovered, and 177 (m., 57; f., 120), though not recovered, were deemed to be sufficiently well to be returned to the care of relatives or friends. The proportion of recoveries calculated on the admissions was 35·51 per cent. (m., 35·63; f., 35·32). The deaths numbered 376 (m., 210; f., 166), giving a percentage on the average number resident of 8·08 (m., 7·85; f., 8·40) and on the total number of patients under care of 6·96 (m., 6·67; f., 6·72).

An increasing number of persons were received as voluntary boarders—93 altogether—and 7·5 per cent. only were ultimately admitted as patients. About 70 per cent. recovered without being formally committed as patients. If the voluntary boarders were included among patients in the statistics the recovery rate would approximate 40 per cent. The daily average number of voluntary boarders in the State institutions was 71, and the number in residence at the end of the year 86 (m., 32; f., 54).

Out of a total of 89 persons held on remand for brief periods for observation under Magistrate's direction, 36 only were ultimately committed as patients, and 1 remained on as a voluntary boarder. Of the remainder a proportion would undoubtedly have drifted into pronounced or more permanent insanity but for the treatment which was accorded during the brief period of observation, pending the determination of the application for a reception order.

These persons and the voluntary boarders who recovered as such, though a loss to mere statistics, which deal with cases under reception orders only, are a decided gain to the individual, and a strong argument for early treatment. At the request of the Hospitals Commission, I forwarded a statement on this subject to be incorporated in its report.

In the following table the patients in the different State institutions are divided, as on the 18th June, 1921, according to their mental state, broadly into the classes found in the interpretation of mentally defective, together with the available accommodation at that date, and the number of wards into which such accommodation is divided for purposes of classification.

Mental Hospital.	Mentally Defective Patients on Register as classified on 18th June, 1921.										Patients on Register.				Accommodation on 18th June, 1921.					
	Class I, Unsound Mind.		Class II, Mentally Infirm.		Class III, Idiots.		Class IV, Imbeciles.		Class V, Feeble-minded.		Class VI, Epileptics.		Absent on Probation.		Resident on 18th June, 1921.		Number of Wards.		Total.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Auckland ..	317	240	155	48	9	6	96	63	5	30	61	31	5	9	638	409	9	8	628	395
Christchurch ..	230	300	37	33	8	8	37	42	21	12	40	43	11	19	362	419	7	6	403	458
Dunedin (Seacliff and Waitati)	441	314	45	34	11	4	41	34	41	24	31	28	2	4	608	434	11	7	530	394
Hokitika ..	156	44	17	14	..	2	1	1	2	5	12	6	1	2	187	70	4	2	206	64
Nelson ..	26	35	38	36	11	7	13	10	6	8	11	8	..	..	105	104	2	3	78	115
Porirua ..	536	370	18	14	5	6	25	26	16	12	51	40	11	15	640	453	9	8	590	403
Tokanui ..	20	30	40	14	..	2	4	3	79	40	1	4	2	1	142	92	3	2	148	100
Totals ..	1,726	1,333	350	193	44	35	217	179	170	131	207	160	32	50	2,682	1,981	45	36	2,583	1,929

It will be seen that there is a shortage of accommodation amounting to 99 on the male and 52 on the women's side; but, as voluntary boarders have not been included in the table, nor the few persons at any one time under remand, the total accommodation will be short by nearly 100 more, or, in round figures, by about 250 in all.

By taking the figures near the date of writing rather than at the end of the year under review one arrives more closely to actual present conditions calling for remedy.

We are on the eve of a reform the necessity for which I have often drawn attention—namely, the segregation of the idiot and imbecile children in some institution apart from a mental hospital for adults. This has been rendered possible by your agreement with an arrangement made with the Education Department to take over the institution at Stoke near Nelson, and incorporate it with the Nelson Mental Hospital. I am looking forward before the end of the year to remove practically all patients under fifteen years of age to Nelson, and so providing, incidentally, for 112 patients (m., 64; f., 48) at the institutions from which the children will be transferred by the Education Department.

Meantime a male admission block is nearing completion at Tokanui; a three-story extension of Park House, Auckland, is progressing favourably; a unit for women at Waitati is well advanced; and a very excellent little reception-house for patients of both sexes is nearing completion at Nelson. Synchronously with these additions, some of the old buildings at Seacliff have been pulled down, and a like fate awaits the main institution at Hokitika. It was under consideration to abandon this institution when trains ran through the tunnel; but it will be a decidedly more economical arrangement to rebuild on the present site, replacing the present worn-out buildings in order of urgency. The scheme is now in hand. Certain buildings are also in progress which will not affect the dormitory accommodation, such as the large extension of two of the day-rooms at Sunnyside, the addition of a nurses' dining-room at Seacliff, and other similar extensions are projected to improve the amenities for the patients and staff.

In my capacity as a member of the Prisons Board it was my privilege to join in discussing the cases of certain prisoners who could not be classed as "mentally defective" in terms of the Act, and yet in

the causation of whose offence some mental disability entered. It was deemed that this was especially so in the case of many sexual offenders, and the Board passed a resolution suggesting that such persons should be placed under separate observation and receive any medical or surgical treatment indicated.

The Prisons Department have under consideration a separate institution for the class of cases discussed, and I would advocate building in connection therewith an annexe for certain criminal patients in our mental hospitals—persons needing not only medical but also strict custodial treatment. Some years ago, a building known as “Larnach’s Castle,” on the Otago Peninsula, was purchased for this purpose, and arrangements were under way for carrying-out the necessary adaptations when the scheme was abandoned in response to hostile local pressure.

For the most part, persons accommodated in such an institution will be held mainly during the pleasure of the Minister of Justice, having been “acquitted on the ground of insanity” by a jury. I would like to make some remarks regarding the proceedings under which this verdict is returned. Where there is no conflict in respect of facts and deductions there would be no difficulty—a rough-and-ready agreement would be come to, followed by an obvious verdict; but where doubt exists, the persons weighing the technical points should have some knowledge in regard to them and their value and bearing.

In marine cases the law does not consider that the judicial authority can decide upon technical questions, and it is assisted by Nautical Assessors; but in cases involving responsibility of mind, generally more obscure and needing more technical knowledge and trained insight, there is no independent alienist to advise the Court.

It is not possible for a subject, which has taken the witness years of study, to be imparted to persons hearing it for the first time in the short duration of a trial, and naturally they will be influenced as much by the demeanour of a witness testifying to the truth as he sees it as they would be by the demeanour of ordinary witnesses when estimating their credibility and the value of their evidence. I am scrupulously trying to avoid reference to a recent case, and am dealing with the general question. Under existing circumstances, if a prisoner is to get the benefit of an alienist’s opinion his counsel must draw upon our present or ex-medical officers, and so also must the Crown to meet the defence. As a rule there will be no material conflict; but, should there be, the jury has the grave responsibility of deciding to the best of its ability. I think it is essentially wrong that evidence of this nature should be made a matter of sides, each placing before its experts the history of the case and other factors, often differing, and that these expert witnesses should continue in separate camps, because one side or the other has had divulged to it matters which are at that stage confidential, a procedure which, whatever may be the facts, tends to produce on the mind of the jury an idea of partizanship. I am of opinion that when the defence of insanity is to be raised due notice should be given as early as possible, and the accused be placed under skilled observation; that a Board should be appointed to examine him and report to the Judge, who, if any matter seems to him to require further elucidation, may call for a report from the Board, with or without further examination on its part. The Board should consist of three, and the report be the majority report. All depositions should be placed before this Board, and should it report that the accused is responsible, the defence of insanity would be disallowed; if, on the other hand, the accused is reported to be *non compos mentis*, the trial could go far enough to establish that he committed the alleged act. This would do away with the subsequent-to-verdict examinations which are a fairly frequent feature at present.

I have before dwelt on the therapeutic value of work in the gardens, orchards, and farms, with the sense of spaciousness and freedom which they convey. Apart from this important aspect, it must be acknowledged that the day’s work of individual patients is not great, but its aggregate over a number of years has made our estates very beautiful, and the land more productive and an increasingly valuable asset. The estates vary in size, in the nature of soil, in the fields being near or scattered, and neighbouring the buildings or otherwise—factors which influence working-expenses, including salaries. Then, at some institution it is necessary to lease land, and the rent is a charge against the receipts. Farm horses and labour are employed for general cartage, for which the farm account is not credited. This has pressed rather heavily on Tokanui, where so much carting has to be done. That institution is in the early stages of developing a milking-herd, and in this respect is at a disadvantage compared to the institutions where we possess herds of high repute costing no more to feed.

The general result of the year’s operations is satisfactory, for our farms, as shown in the following statement of expenditure and revenue, yielded a credit balance of £13,000

<i>Expenditure.</i>			<i>Receipts</i>		
	£	s. d.		£	s. d.
Salaries and wages .. .. .	9,235	2 3	Cash sales .. .. .	15,216	14 8
Feed .. .. .	6,122	0 1	Produce consumed .. .. .	25,154	0 7
Seeds, manures, &c. .. .. .	2,951	2 2			
Implements, repairs, &c. .. .. .	1,359	11 1			
Stock .. .. .	3,308	14 8			
Rents, rates, &c. .. .. .	1,897	0 11			
Fencing, roading, &c. .. .. .	574	5 10			
Harvesting, &c. .. .. .	642	1 4			
Railages .. .. .	192	4 3			
Buildings .. .. .	91	9 6			
Sundries .. .. .	964	7 9			
Balance .. .. .	13,032	15 5			
	<u>£40,370</u>	<u>15 3</u>		<u>£40,370</u>	<u>15 3</u>

In Table XVIII is a statement of the average cost of each patient per annum given in detail. It will be seen the gross average was £75 2s. 5½d., a sum which exceeds the cost of the previous year by £13

6s. 3¼d. The repayments for maintenance were the highest on record, averaging £20 12s. 4¼d. per patient, or £5 6s. 8¼d. in excess of 1919. Altogether £96,521 17s. 2d. was collected in repayments of the maintenance of patients, and I wish to congratulate Mr. Wells, the receiver, on the result. This branch was transferred to the Head Office and placed under him in 1910. That year the sum collected was £25,632, an average of £7 7s. 7¼d. per head. This year's revenue together with other credits reduces the average increase of expenditure to £7 15s. 5d. I mentioned in my last report that our stores of bedding and clothing had run down during the war period and were being gradually replenished, so as the added expenditure should not be thrown on any one year. This year's contribution accounts for £1 4s. of the average excess, while provisions are responsible for £2, and fuel and light for nearly £1; but the main factor is the rise in salaries. From the 1st April, 1920, the new cost-of-living bonus was incorporated in the salaries, and this item was further augmented by a number of vacancies being filled. Altogether, this item is responsible for an average of rather more than £6 per head in excess of the previous year. Certain factors operating for the time being in one institution and not in another account for individual differences, such as the wages of a number of temporary hands being charged to salary at Sunnyside, and a lot of the developmental work at Tokanui being charged to the farm.

The special institution at Hornby will soon be ready for occupation. Enlarging and adapting it has taken much longer than anticipated. It will be used at first exclusively for women patients able to afford it, whose condition is such that they will not disturb the general harmony and well-being of others. When furnished and ready to receive patients, I trust, sir, that you will formally open this institution, which marks a new departure.

The staff has reached its normal ratio, and there are long waiting-lists for possible vacancies. Thus, after a long time, we have arrived at the stage where we can make a selection. The present probation period of one year should be extended to three to enable the Department to retain as senior attendants and nurses those only who are temperamentally fitted for the work and give promise of capacity to fill higher offices in the future. On the whole, the work of the nursing staff has been satisfactory.

At the beginning of the year Dr. Truby King, C.M.G., left us on being appointed Director of Child Welfare. For thirty-two years he has filled the position of Medical Superintendent at Seacliff with conspicuous ability in every department, and his originality, his scientific and general knowledge, and untiring energy have left their mark on the institution, its inmates and beautiful surroundings. It was at Seacliff, in studying nutrition in all its phases, from the treatment of crops and animals on the farm to the dietary of the patients, that he was led many years ago, after arriving at certain fundamentals, to take up the matter of the care and feeding of infants, in which he has now attained world-wide celebrity. The Department always encouraged him in this work, firmly believing, apart from other benefits, that infants naturally and properly reared would in the years to come have a lesser tendency to develop insanity, and in this faith we parted with him willingly. He was succeeded at Seacliff by Dr. McKillop, Medical Superintendent at Nelson, who before he filled senior posts with us was Senior Assistant at the Inverness District Asylum. Dr. Gray, Senior Assistant at Seacliff, who has been with us for a number of years, and was previously Assistant at Kingseat Asylum, Aberdeenshire, succeeded Dr. McKillop at Nelson.

A large number of our medical officers served with the Expeditionary Forces, and in their absence Mr. Sellers, who had attained the age for retiring, kindly consented to remain on at Hokitika as lay Superintendent. Of his long and faithful service I wish to record my thanks and appreciation. With much to be done he had the difficult job of marking time, knowing that the future of the institution was to be left to his successor. Dr. Buchanan, who went to Waitati on his return to us after the war, was appointed as Medical Superintendent at Hokitika.

Last year I expressed my thanks to Mr. Souter, who, after retiring from the position of Chief Clerk at the Head Office, returned voluntarily after Mr. Russell's lamented death till a successor was appointed. In due course Mr. Holder, Chief Clerk at Porirua, was appointed, to my great satisfaction, as his training for the position was unique. Mr. Riach, who was lent to the Defence Department after his return from active service, because of his knowledge of stores and administration, returned to us at this juncture, succeeding Mr. Holder as Chief Clerk at Porirua.

Mrs. McLaren was transferred from Tokanui on appointment as Matron to Seacliff; and Miss Martin, from Seacliff, was appointed Matron at Tokanui.

The institutions are subject to frequent inspections when all matters connected with the care and comfort of the patients are gone into. Private interviews are granted to any patient making the request, and, should the occasion warrant it, any complaint is thoroughly investigated.

In addition to inspections carried out from the Head Office, to each institution is attached a District Inspector or Inspectors, and Official Visitors, who are well-known persons in the locality and take up these duties as a labour of love for the well-being of the patients. To these ladies and gentlemen once more I record my gratitude for their kindly interest in the patients, and for many helpful suggestions. Hereunder I shall add their names to the brief note of my visits to the institutions under their oversight.

*Auckland.*—Messrs. E. C. Blomfield and F. W. Wake, District Inspectors; Mr. John Alexander, Mrs. A. E. Armitage, and Mrs. Von Sturmer, Official Visitors. In addition to other Head Office visitations, I inspected this Hospital in May and December, and in March of this year, seeing all the patients and according a number of interviews where patients wished to see me, or about whom I had corresponded, or cases Dr. Beattie brought up for discussion. Dr. Beattie's solicitude for the patients under his care is freely acknowledged by those capable of appreciation. I was glad to find the Wolfe Home once more in occupation, and when the buildings now in progress are completed the women's side will be very convenient and attractive. The food was wholesome, ample, and of good

quality. The item of provisions in the tables does not include about £3,400 worth of vegetables fruit, and milk supplied from the farm.

*Christchurch.*—Mr. H. D. Acland, District Inspector; Miss Colborne-Veel, Official Visitor; Mr. D. Souter, Patient's Friend. I inspected this Hospital frequently, and am glad to be in a position to report that the treatment, care, and comfort of the patients is very satisfactory. All who know Mr. Souter and his sterling worth will be pleased to know that he is very often in and out of the wards, and that he has the confidence of the patients. I heard of numbers going to theatrical performances, passes to which had very generously been presented to Mr. Souter for the benefit of the patients. The Reception Ward is a great addition to the resources of the Hospital: one of the patients remarked to me, "This is a well-appointed women's club." In addition to the works mentioned elsewhere, the laundry has been extended and a cottage is in course of erection, for the Head Attendant.

*Seacliff.*—Mr. J. M. Gallaway, District Inspector; Miss E. M. Monson and Mr. Slater, Official Visitors. Mr. Cumming continues to do excellent and useful work as Patients' Friend. Visited by me in January, March, and October, 1920, and in February, 1921. The accommodation is being taxed, and we will be pleased to get this somewhat relieved when the building in progress at Waitati is completed. The chief need, as mentioned in my last report, is the reorganization of the kitchen arrangements, placing the cooking operations outside the building at the back, and utilizing the present kitchen for a central bathroom. A start has been made in clearing out some of the older buildings which have become obsolete. Funds may be lacking to carry out the schemes in hand, but not the energy of Dr. McKillop, and I trust before long that he will be placed in a position to advance with the programme which we have discussed. It is always a pleasure to visit this Hospital and observe the consideration shown for the well-being of the patients.

*Hokitika.*—Hon. H. L. Michel, M.L.C., District Inspector; Miss Reynolds and Mr. Arthur Clifton, Official Visitors. Visited in June, October, and December, 1920, and in March, 1921. I have mentioned the needs of this institution in former reports, and elsewhere in this. After careful consideration, I advocated its continuance by rebuilding and replacement of obsolete parts in order of urgency. I believe we can do very valuable work on the estate in experimental forestry. The general health of the patients was good. The staff keep the place scrupulously clean. Mr. Sellers's retirement, to which I have referred elsewhere, and Dr. Buchanan's appointment as Medical Superintendent, mark an epoch in the history of this old establishment; it is to be regretted that it is synchronous with a difficulty in getting money for public works.

*Nelson.*—Mr. C. R. Fell, District Inspector; Mr. Thomas Edwards, Official Visitor. Visited in August and October. Found the patients comfortable and free from complaint. The poultry-farm has been brought up to date. The tennis-court and bowling-green are now in good order. I have indicated elsewhere that Dr. Gray entered upon his duties here shortly before the necessity for changes which will have to be carried out when incorporating the Stoke institution with this Hospital, and, having discussed these matters with him and learnt his views, I feel great confidence in having him on the spot during the period of transition.

*Porirua.*—Mr. Martin Chapman, K.C., District Inspector; Messrs. Edwin Arnold, F. Brady, and R. W. Bothamley, Official Visitors. The resignation of Mrs. Grace Neill in June, 1920, is regretted by all who were brought in contact with her. This Hospital was visited frequently. The taxing of accommodation is increasing the difficulties of administration, which are being counteracted by loyal co-operation of the staff, so that patients might not feel the inconvenience. The patients are much in the open air, and their general content is pronounced. Here, as at Seacliff, the kitchen arrangements need complete reorganization, being too restricted for present needs. The most attractive scheme involves the placing of the boiler-house and engineer's department elsewhere, and utilizing the accommodation vacated for a kitchen, with consequential alterations where the present kitchen is. This involves too great an expenditure to be proceeded with forthwith, despite the present necessity. The near advent of the Mangahao electric scheme, however, makes the project more hopeful, as a large section of the engineer's department is given over to supplying our electric light. The purchase of the land hitherto leased by us will be of great advantage to our farm and to the amenities of the institution, once our tenure of it is secure. The reception-house continues to fulfil most satisfactorily its important function.

*Tokanui.*—Colonel H. R. Ryder and Mr. H. G. Wynyard, Official Visitors. Visited in May and December, 1920, and in March 1921. Arrangements have been made to develop a large tract of the estate. Dr. Macpherson, who is resident as Assistant Medical Officer under the supervision of Dr. Gribben, whose services (as I have before stated) are lent to the Waikeria Reformatory, both take an active interest in the treatment, well-being, and recreation of the patients, and one was met by many spontaneous expressions of content. The main desideratum is the connection with the Te Awamutu water-supply. Later we must take advantage of the hydro-electric supply which is about to be introduced in the district. The male admission block, now that materials have come to hand, should be completed and occupied before the end of the year.

*Ashburn Hall.*—Visited in January and March, 1920, and in February, 1921. This licensed Mental Hospital continues to fulfil a most useful function, and to do it well. This is a home-like retreat in beautiful surroundings, and its administration is personal and kindly.

In conclusion, I wish to thank you for your support, and for the knowledge that with ample funds at your disposal many matters which we have discussed would be speeding to fulfilment. I have to express my obligation to the Medical Superintendents and their staffs for another year's work well done. From my helpers in the Head Office I have had hearty and loyal co-operation, lightening the burden of work and responsibility.

I have, &c.,

Hon. C. J. Parr, C.M.G.

FRANK HAY.

## MEDICAL SUPERINTENDENT'S REPORTS.

### AUCKLAND MENTAL HOSPITAL.

DR. BEATTIE reports :—

I have much pleasure in forwarding my report for 1920.

During the year we had 1,280 patients under care, with an average number resident of 1,018. Of these several were soldier patients, some of whom were patients on more than one occasion before enlistment, and some of whom have developed insanity apart altogether from war conditions.

The recovery-rate was only 31·25 per cent.—the lowest in my experience. I anticipate a compensatory increase during the coming year.

The death-rate was 11·98 per cent. The chief causes of the 122 deaths were—senile decay, 25 ; chronic brain disease, 30 ; general paralysis, 10 ; and epilepsy, 8.

Notwithstanding the apparently high death-rate, the general health of the patients was surprisingly good. We had no epidemics or obviously preventable diseases.

The general work of the Hospital and the farm, where so many patients are usefully and hopefully employed, has progressed with reasonable success.

The staff is becoming more stabilized, especially on the male side, and with the very greatly improved conditions of employment I hope to be able to secure a full staff who will consider the welfare of the patients their dominant interest.

I am pleased to find that the new wing on the female side has at least been commenced.

I still consider myself very fortunate in being able to secure a lady doctor for the women patients. Although, so far, they have not been prepared to accept office for more than twelve months, I exist in the hope that a permanent lady assistant will ultimately be found. Both Dr. Mary Wilson and Dr. Grace Stevenson have been distinct acquisitions. Their services have been greatly appreciated by both patients and visitors. I trust the Department will make the appointment of lady assistants to the different mental hospitals compulsory. Their loyalty and fidelity to duty are beyond dispute.

I have again to thank the Inspectors and Official Visitors, the *New Zealand Herald*, Mrs. Fleming, the city bands, the city and suburban bowling clubs, and others for assistance to myself, and especially for their consideration for the welfare of our patients.

### TOKANUI MENTAL HOSPITAL.

DR. GRIBBEN reports :—

I have the honour to forward you my report on this institution for the year 1920.

On the first day of the year we had on our register 201 patients, made up of 151 males and 50 females. During the year there were added 5 males and 52 females transferred from other institutions, also 1 male and 1 female came into residence as voluntary boarders. During the period under review 10 male patients were discharged, and 1 male and 1 female died. Also 1 male and 5 female patients were transferred, so that the number on our register at the close of the year was a total of 240 (145 males and 95 females).

The new wing was opened in September with a draft of 50 female patients transferred from Porirua. The general health of the patients has been excellent ; one female patient died of hæmorrhage from ulceration of the stomach.

In the way of amusements and relaxation we have had during the cool weather fortnightly dances, as well as occasional concerts and mixed entertainments, and our thanks are due to Mr. Batson, of Te Awamutu, who has organized these latter. A tennis-court for the use of patients and staff has been laid out, and a bowling-green is in course of construction. Divine services are held fortnightly.

In conjunction with the Wharepapa Road Board, who are supplying Mount Eden metal while we are providing labour and river-shingle top-dressing, the road is being made from Te Mawhai Station.

Our water-supply has been a source of great anxiety. Owing to increased consumption, and the fact that the well is yielding a lessened amount, it is becoming more and more difficult to supply the needs of the institution, and we find it quite impossible to have an adequate reserve in case of fire.

Work on the farm has gone on fairly well, although with the class of patient here, and the absence of admissions to help matters, the amount of paid farm labour which it is necessary to employ is greater than it should be. However, when the proposal to hand over the working of the greater part of the estate to the Prisons Department is carried into effect this disability should be considerably lessened.

I have to thank the staff for their loyal co-operation in the work of the institution.

### PORIRUA MENTAL HOSPITAL.

DR. JEFFREYS reports :—

At the beginning of the year there were 1,060 patients (598 males and 462 females) in this institution. Exclusive of transfers from other institutions, there were 245 admissions (127 males and 118 females), and of these 39 (14 males and 15 females) were readmissions. On the 31st

December there were 1,102 patients (647 males, 455 females) remaining in the institution. The average number resident during the year was 1,086 (619 males, 467 females). Fifty-three patients were discharged recovered, so the recovery-rate was only 21·6 of the number admitted. This is, no doubt, partly due to the fact that a great many of those admitted were incurable, and that a certain number of those on probation failed to report themselves, and had to be recorded as "discharged unrecovered" in accordance with the Act; but a good many of those admitted towards the latter part of the year are convalescent, and will be discharged some time during the coming year, and I fully anticipate that our recovery-rate will be considerably higher in 1921. During the year 28 voluntary boarders (15 males and 13 females) were admitted, and at present there are 8 males and 14 females remaining. It is satisfactory to note that those who have once been here as voluntary boarders are always ready to come back when they fear a return of their trouble. Seventy-seven patients died. The chief causes of death were—senile decay, 17; and general paralysis, 15.

The general health of the patients has been satisfactory, but there have been several cases of typhoid fever on the female side, with one death. I have little doubt that this outbreak has been due to a carrier, but so far we have not been successful in discovering who it is.

The shortage in the nursing staff on the female side has been very acute during the year, and this has entailed considerable hardship on the responsible officers and, in fact, on all the staff.

In September 50 female patients were transferred to Tokanui. This considerably relieved the congestion, but if the present rate of admission continues these numbers will be made up in the course of a few months, and something more will have been done to relieve the congestion.

It is to be hoped that your suggestion to utilize the present engine-room block for kitchen, sculleries, &c., will be carried out in the near future; we could then provide a suitable mess-room and recreation-room for the male attendants in the upstairs portion. This will, of course, involve the reorganization of the whole of the steam plant, which is quite inadequate for present requirements. The engine originally built for a sawmill is totally unsuitable for electric-lighting work, and was in fact condemned years ago. It is now practically worn out, and is a constant source of worry and anxiety to the engine-room staff. This work must be regarded as one of urgent necessity. Although the initial expenditure must of necessity be heavy, a new and up-to-date plant will result in a material reduction in running-costs.

I regret to record the death of Mrs. Schoch, who was an Official Visitor for many years, and always took such an interest in the patients. Mr. Arnold, now a veteran, still manages to visit the institution from time to time, and shows as keen an interest in the welfare of patients as when I first knew him fifteen years ago. Mr. Bothamley has already shown himself to be a most conscientious Official Visitor, and I desire to record my appreciation of his assistance.

The religious services have been well attended, and both the Anglican and Roman Catholic clergy visit the patients regularly.

I much regretted losing the able assistance of my colleague Dr. Macpherson, who was transferred to Tokanui, but was fortunate in securing the services of Dr. Monaghan and later Dr. Blair. I have to thank Dr. Prins and other officers for their assistance.

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#### SUNNYSIDE MENTAL HOSPITAL.

DR. CROSBY reports:—

I have the honour to forward the following statistics in connection with the Christchurch Mental Hospital for the year 1920, during the latter eight months of which I was here.

At the beginning of the year the number of patients on our books was 780, and at the end the number had risen to 788. The latter included 41 of those who had been allowed out on trial. The number of admissions for 1920 was 161, of which there were 63 men and 66 women admitted for the first time. The remainder of the admissions were either those who had suffered relapses or who had been transferred here from other institutions. The most prominent predisposing causes of insanity amongst the 161 admitted during the year 1920 were senility, heredity, ill health, and war-strain. As it is usual to find a low death-rate in one year followed by a high rate in the next, so it proved to be the case in 1920. Of the 75 deaths that took place, 32 were due to senile decay; general paralysis of the insane, tuberculosis, and chest troubles were the chief cause of the balance. The total number of patients under care during the year was 941, the average number resident being 752.

A good deal of illness was experienced throughout the year, more particularly in the female division. An outbreak of influenza at the beginning of winter was followed by cases of measles among the patients and nurses, continuing until well on into summer. The shortage of nurses during this time was much felt, so that the fact of the ordinary routine of the institution being kept going with fair efficiency reflects considerable credit on the Matron and nursing staff.

On arriving here in May, 1920, I found the ward stock and patients' clothing in the male division to be in good order and sufficient quantity. In the female division this was not the case: therefore a considerable expenditure had to be incurred, which will be reflected by a rise in the maintenance rate for 1920. The interior of the main institution showed the great difficulty experienced during the war in getting ordinary repairs effected. Practically the whole of the male division requires replastering and repainting. On returning to Sunnyside after an absence of sixteen years one noted with interest the progress and expansion that has taken place in that time, and one cordially acknowledges the wisdom of one's predecessors in this connection. Possibly the most vivid contrast to other days is to be found in the electric lighting of the institution. When one compares the dim illumination of former times with the brilliant flood of light obtainable now, one realizes how valuable an asset

electricity can be in institutional management. Our resident engineer informs me that the electrical cost for current supplied by the Public Works Department for the year 1920 was £440, and that the average hourly cost spread over the year worked out at 12·05d. per hour.

During the latter part of the year some progress was made with the No. 2 day-room extension, as well as with an addition to the laundry. The laundry is not now able to cope with the amount of work sent to it, two more washing-machines, a hydro-extractor, and another mangle being urgently needed. It would lessen the amount of laundry-work, and bring a welcome relief to both patients and nurses, if the defective children who now share the accommodation set apart for cases of senility among the women could be treated elsewhere, as I believe it is proposed to do.

Farm-work, holding out as it does the best means of curative treatment for those capable of being employed at it, has gone on as heretofore, and the farm returns compare favourably with those of former years. I hope it may be soon possible to build new stables, which are greatly needed, and to complete the drainage system from the cow-byres—another very urgent matter. The farm at Templeton is responding conspicuously to the careful treatment and cultivation it has received from the farm-manager since its purchase some four years ago. This property will prove a most useful and valuable asset to Sunnyside in the near future.

Turning to the social life of the institution, I have merely to remark that this has gone on without interruption. Ministers of all denominations have been assiduous in holding religious services. The usual institutional recreations have been varied by the visits of several concert parties from the town, and, when possible, small parties of patients have been enabled to attend the theatre performances.

Coincident with the spirit of restlessness that was in evidence among the general population when the war-strain relaxed, mental nursing—the most difficult of all branches of nursing—proved uncongenial to many junior members of the staff, and resignations were frequent. By the senior members, however—men and women of experience, and with interest and enthusiasm for their work—the institution has been well served. To them, and to the office staff, I have to offer my sincere thanks for their consistent help. I also wish to record my hearty thanks to Drs. Lee and Beale for their ready co-operation in the work of the Mental Hospital.

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#### SEACLIFF MENTAL HOSPITAL.

DR. TRUBY KING reports :—

At the beginning of 1920 the patients numbered 1,077—namely, males 633, females 444. There were admitted during the year 153 patients—namely, males 81, females 72. The recovery-rate calculated on the admissions was 52 per cent. The deaths during the year were 60, or less than 6 per cent. of the average number resident.

The general health of the patients has been good and the recovery-rate satisfactory, in spite of overcrowding, and the fact of the increasing number of the patients and the staff year by year has made the original central provisions for cooking, bathing, and laundry-work more and more inadequate. That no more makeshift alterations can meet the requirements has long been recognized, and the limit has been passed where mere patchwork will suffice. It would be a waste of money to incur further expenditure on the present kitchen and bathrooms, as such. The central kitchen and bakery ought to be converted into bathrooms, and entirely new buildings and improved equipment ought to be provided in order to cope properly with the food and cooking needed for over a thousand persons.

I feel bound to emphasize the urgent needs at Seacliff in the direction indicated. That the works referred to are urgent necessities has of course been fully recognized by the central authority; however, the exigencies of war-time and its aftermath do not make the existing position any more tolerable, though they may make it almost impossible to deal adequately with the matter at the present time. All one can do is to reiterate what is needed, and to point out that special provisions for tubercular patients are also overdue.

The Orokonui Branch Mental Hospital at Waitati is doing good work, but suffers from the prevailing shortage of funds.

To my professional colleagues and the staff I wish to convey my hearty appreciation of loyal and devoted service. Their great personal kindness and helpfulness to myself and family make leaving Seacliff at the end of thirty-two years' residence both easy and difficult.

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## APPENDIX.

TABLE I.—SHOWING THE ADMISSIONS, READMISSIONS, DISCHARGES, AND DEATHS IN MENTAL HOSPITALS DURING THE YEAR 1920.

	M.			F.			T.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
In mental hospitals, 1st January, 1920 .. .. .	2,667	1,981	4,648						
Admitted for the first time .. .. .	383	343	726						
Readmitted .. .. .	72	75	147						
Total under care during the year .. .. .	3,122	2,399	5,521						
Discharged and died—									
Recovered .. .. .	162	148	310						
Relieved .. .. .	27	37	64						
Not improved .. .. .	6	11	17						
Died .. .. .	210	166	376						
(Not including transfers—Males, 24; females, 72.)	405	362	767						
Remaining in mental hospitals, 31st December, 1920 .. .. .	2,717	2,037	4,754						
Increase over 31st December, 1919 .. .. .	50	56	106						
Average number resident during the year .. .. .	2,674	1,980	4,654						

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 1920.

Mental Hospitals.	In Mental Hospitals on 1st January, 1920.			Admissions in 1920.									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 .. .. .	599	409	1,008	126	96	222	22	22	44	3	3	6	750	530	1,280
Christchurch .. .. .	368	412	780	63	66	129	11	12	23	3	6	9	445	496	941
Dunedin (Seacliff) .. .. .	633	444	1,077	62	59	121	14	13	27	5	0	5	714	516	1,230
Hokitika .. .. .	198	75	273	15	10	25	..	..	..	0	1	1	213	86	299
Nelson .. .. .	100	105	205	8	12	20	1	3	4	3	1	4	112	121	233
Porirua .. .. .	598	462	1,060	103	93	196	24	25	49	5	6	11	730	586	1,316
Tokanui .. .. .	151	50	201	..	..	..	..	..	..	5	52	57	156	102	258
Ashburn Hall (private mental hospital)	20	24	44	6	7	13	..	..	..	0	3	3	26	34	60
Totals .. .. .	2,667	1,981	4,648	383	343	726	72	75	147	24	72	96	3,146	2,471	5,617

  

Mental Hospitals.	Patients discharged and died.									In Mental Hospitals on 31st December, 1920.					
	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 .. .. .	46	39	85	5	13	18	63	59	122	114	111	225	636	419	1,055
Christchurch .. .. .	28	31	59	12	7	19	43	32	75	83	70	153	362	426	788
Dunedin (Seacliff) .. .. .	42	38	80	18	17	35	36	24	60	96	79	175	618	437	1,055
Hokitika .. .. .	7	5	12	2	0	2	13	8	21	22	13	35	191	73	264
Nelson .. .. .	6	1	7	0	3	3	7	10	17	13	14	27	99	107	206
Porirua .. .. .	24	29	53	12	72	84	47	30	77	83	131	214	647	455	1,102
Tokanui .. .. .	7	1	8	4	5	9	0	1	1	11	7	18	145	95	240
Ashburn Hall (private mental hospital)	2	4	6	4	3	7	1	2	3	7	9	16	19	25	44
Totals .. .. .	162	148	310	57	120	177	210	166	376	429	434	863	2,717	2,037	4,754

  

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 Total under Care.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Auckland .. .. .	612	406	1,018	31.08	33.05	31.95	10.30	14.53	11.98	8.40	11.13	9.53
Christchurch .. .. .	350	403	753	37.84	39.77	38.81	12.29	7.94	9.96	9.66	6.45	7.97
Dunedin (Seacliff) .. .. .	633	439	1,072	55.26	52.77	54.05	5.69	5.49	5.59	5.04	4.65	4.88
Hokitika .. .. .	194	70	264	46.66	50.00	48.00	6.70	11.43	7.95	6.10	9.30	7.02
Nelson .. .. .	98	105	203	66.66	6.66	29.17	7.14	9.52	8.37	6.25	8.26	7.30
Porirua .. .. .	619	467	1,086	18.89	24.58	21.63	7.59	7.28	7.09	6.44	5.12	5.85
Tokanui .. .. .	149	65	214	..	..	..	0.00	1.54	0.47	0.00	1.00	0.39
Ashburn Hall (private mental hospital)	19	25	44	33.33	50.00	42.86	5.26	8.00	6.82	3.85	5.88	5.00
Totals .. .. .	2,674	1,980	4,654	35.63	35.32	35.51	7.85	8.40	8.08	6.67	6.72	6.69

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	4 4	0	1 1	..	..	0	1 1	2	0 2	..	..	..	..	2	6 8
From 5 to 10 years ..	4	2 6	0	1 1	2	1 3	..	..	2	0 2	4	2 6	..	..	..	..	10	6 16
" 10 " 15 " ..	2	2 4	0	1 1	1	1 2	..	..	2	0 2	4	0 1	..	..	..	..	5	5 10
" 15 " 20 " ..	1	3 4	1	5 6	4	6 10	..	..	0	1 1	6	7 13	..	..	..	..	12	22 34
" 20 " 30 " ..	26	23 49	11	15 26	18	7 25	0	2 2	3	1 4	23	24 47	..	..	0	1 1	81	73 154
" 30 " 40 " ..	32	26 58	13	20 33	18	20 38	1	3 4	0	4 4	30	30 60	..	..	1	0 1	95	103 198
" 40 " 50 " ..	22	22 44	18	18 36	9	13 22	2	3 5	2	3 5	31	23 54	..	..	3	3 6	87	85 172
" 50 " 60 " ..	18	13 31	5	4 9	10	13 23	2	0 2	2	1 3	13	13 26	..	..	1	1 2	51	45 96
" 60 " 70 " ..	19	13 32	8	1 9	5	4 9	1	1 2	0	2 2	9	6 15	..	..	1	2 3	43	29 72
" 70 " 80 " ..	13	5 18	11	6 17	6	4 10	4	1 5	0	2 2	8	7 15	..	..	..	..	42	25 67
" 80 " 90 " ..	3	1 4	3	1 4	3	2 5	4	0 4	..	..	0	5 5	..	..	..	..	13	9 22
" 90 " 100 " ..	1	0 1	..	..	..	..	1	0 1	..	..	1	0 1	..	..	..	..	3	0 3
Unknown ..	7	8 15	4	2 6	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Transfers ..	3	3 6	3	6 9	5	0 5	0	1 1	3	1 4	5	6 11	5	52 57	0	3 3	24	72 96
Totals ..	151	121 272	77	84 161	81	72 153	15	11 26	12	16 28	132	124 256	5	52 57	6	10 16	479	490 969

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	72 169	35	26 61	35	46 81	10	8 18	3	4 7	66	59 125	..	..	6	4 10	252	219 471
Second Class (first attack above 3 months and within 12 months on admission)	7	7 14	9	7 16	16	5 21	3	0 3	..	..	8	1 9	..	..	..	..	43	20 63
Third Class (not first attack, and within 12 months on admission)	2	0 2	15	16 31	14	10 24	1	1 2	2	4 6	31	31 62	..	..	0	1 1	65	63 128
Fourth Class (first attack or not, but of more than 12 months on admission)	42	39 81	15	27 42	11	11 22	1	1 2	4	7 11	22	27 49	..	..	0	2 2	95	114 209
Unknown ..	..	..	0	2 2	..	..	..	..	..	..	..	..	..	..	..	..	0	2 2
Transfers ..	3	3 6	3	6 9	5	0 5	0	1 1	3	1 4	5	6 11	5	52 57	0	3 3	24	72 96
Totals ..	151	121 272	77	84 161	81	72 153	15	11 26	12	16 28	132	124 256	5	52 57	6	10 16	479	490 969

TABLE V.—AGES OF PATIENTS DISCHARGED "RECOVERED" AND "NOT RECOVERED" DURING THE YEAR 1920.

Ages.	Auckland.		Christchurch.		Dunedin (Seacliff).		Hokitika.		Nelson.		Porirua.		Tokanui.		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.
Under 5 years	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
From 5 to 10 years	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
" 15 "	0 3 3	1 0 1	3 2 5	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	0 1 1	0 1 1	0 1 1	0 1 1
" 20 "	11 4 15	1 8 6	14 2 2	4 1 1	4 1 1	4 1 1	4 1 1	4 1 1	4 1 1	4 1 1	4 1 1	4 1 1	4 1 1	4 1 1	4 1 1	4 1 1	4 1 1	4 1 1
" 30 "	10 10 20	0 4 4	9 6 15	2 3 5	7 10 17	1 2 1	2 3 3	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
" 40 "	7 12 19	0 3 3	4 13 17	1 0 1	9 7 16	2 2 4	2 2 4	2 0 2	2 0 2	2 0 2	2 0 2	2 0 2	2 0 2	2 0 2	2 0 2	2 0 2	2 0 2	2 0 2
" 50 "	5 5 10	0 2 2	1 2 3	1 0 1	10 8 18	1 3 4	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 0 1
" 60 "	9 2 11	0 2 2	2 4 6	3 2 5	2 4 6	3 2 5	2 0 2	2 0 2	2 0 2	2 0 2	2 0 2	2 0 2	2 0 2	2 0 2	2 0 2	2 0 2	2 0 2	2 0 2
" 70 "	2 1 3	0 1 1	1 0 1	1 0 1	1 1 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 0 1	1 0 1
" 80 "	2 0 2	0 1 1	1 0 1	0 1 1	..	..	..	..	..	..	..	..	..	..	..	..	..	..
" 90 "	0 2 2	2 0 2	1 0 1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
" 100 "	..	3 3 6	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Unknown Transfers	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Totals	46 39 85	5 13 18	28 31 59	12 7 19	42 38 80	18 17 35	7 5 12	2 0 2	6 1 7	0 3 3	24 29 53	12 7 8	4 5 9	2 4 6	3 7 16	148 310	57 120	177

TABLE VI.—AGES OF PATIENTS WHO DIED.

Ages.	Auckland.		Christchurch.		Dunedin (Seacliff).		Hokitika.		Nelson.		Porirua.		Tokanui.		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	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
" 15 "	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
" 20 "	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
" 30 "	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
" 40 "	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
" 50 "	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
" 60 "	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
" 70 "	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
" 80 "	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
" 90 "	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
" 100 "	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Unknown	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Totals	63 59 122	43 32 75	36 24 60	13 8 21	47 30 77	0 1 1	7 10 17	7 10 17	47 30 77	0 1 1	1 2 3	1 2 3	210 166 376					

TABLE VII.—CONDITION AS TO MARRIAGE.

					Admissions.			Discharges.			Deaths.		
					M.	F.	T.	M.	F.	T.	M.	F.	T.
<b>AUCKLAND—</b>													
Single ..	..	..	..	..	92	44	137	30	24	54	34	31	65
Married ..	..	..	..	..	43	59	102	17	22	39	17	19	36
Widowed ..	..	..	..	..	13	15	28	1	3	4	12	9	21
Unknown ..	..	..	..	..	..	..	..	..	..	..	..	..	..
Transfers ..	..	..	..	..	3	3	6	3	3	6	..	..	..
Totals ..	..	..	..	..	151	121	272	51	52	103	63	59	122
<b>CHRISTCHURCH—</b>													
Single ..	..	..	..	..	39	44	83	26	16	42	17	14	31
Married ..	..	..	..	..	30	26	56	8	16	24	21	13	34
Widowed ..	..	..	..	..	2	7	9	1	4	5	5	5	10
Unknown ..	..	..	..	..	3	1	4	..	..	..	..	..	..
Transfers ..	..	..	..	..	3	6	9	5	2	7	..	..	..
Totals ..	..	..	..	..	77	84	161	40	38	78	43	32	75
<b>DUNEDIN (Seacliff)—</b>													
Single ..	..	..	..	..	43	37	80	33	23	56	20	6	26
Married ..	..	..	..	..	25	26	51	18	23	41	14	11	25
Widowed ..	..	..	..	..	7	9	16	2	5	7	2	7	9
Unknown ..	..	..	..	..	1	0	1	..	..	..	..	..	..
Transfers ..	..	..	..	..	5	0	5	7	4	11	..	..	..
Totals ..	..	..	..	..	81	72	153	60	55	115	36	24	60
<b>HOKITIKA—</b>													
Single ..	..	..	..	..	10	1	11	5	2	7	13	3	16
Married ..	..	..	..	..	5	7	12	3	3	6	0	3	3
Widowed ..	..	..	..	..	0	2	2	1	0	1	0	2	2
Unknown ..	..	..	..	..	..	..	..	..	..	..	..	..	..
Transfers ..	..	..	..	..	0	1	1	..	..	..	..	..	..
Totals ..	..	..	..	..	15	11	26	9	5	14	13	8	21
<b>NELSON—</b>													
Single ..	..	..	..	..	6	5	11	2	3	5	4	4	8
Married ..	..	..	..	..	3	8	11	4	1	5	3	4	7
Widowed ..	..	..	..	..	0	2	2	..	..	..	0	2	2
Unknown ..	..	..	..	..	..	..	..	..	..	..	..	..	..
Transfers ..	..	..	..	..	3	1	4	..	..	..	..	..	..
Totals ..	..	..	..	..	12	16	28	6	4	10	7	10	17
<b>PŌIRUA—</b>													
Single ..	..	..	..	..	82	56	138	22	17	39	23	10	33
Married ..	..	..	..	..	36	40	76	8	25	33	20	13	33
Widowed ..	..	..	..	..	9	22	31	1	3	4	4	7	11
Unknown ..	..	..	..	..	..	..	..	..	..	..	..	..	..
Transfers ..	..	..	..	..	5	6	11	5	56	61	..	..	..
Totals ..	..	..	..	..	132	124	256	36	101	137	47	30	77
<b>TOKANUI—</b>													
Single ..	..	..	..	..	..	..	..	8	0	8	..	..	..
Married ..	..	..	..	..	..	..	..	2	1	3	0	1	1
Widowed ..	..	..	..	..	..	..	..	..	..	..	..	..	..
Unknown ..	..	..	..	..	..	..	..	..	..	..	..	..	..
Transfers ..	..	..	..	..	5	52	57	1	5	6	..	..	..
Totals ..	..	..	..	..	5	52	57	11	6	17	0	1	1
<b>ASHBURN HALL—</b>													
Single ..	..	..	..	..	2	2	4	1	0	1	1	1	2
Married ..	..	..	..	..	4	4	8	2	5	7	..	..	..
Widowed ..	..	..	..	..	0	1	1	..	..	..	0	1	1
Unknown ..	..	..	..	..	..	..	..	..	..	..	..	..	..
Transfers ..	..	..	..	..	0	3	3	3	2	5	..	..	..
Totals ..	..	..	..	..	6	10	16	6	7	13	1	2	3
<b>TOTALS—</b>													
Single ..	..	..	..	..	274	189	463	127	85	212	112	69	181
Married ..	..	..	..	..	146	170	316	62	96	158	75	64	139
Widowed ..	..	..	..	..	31	58	89	6	15	21	23	33	56
Unknown ..	..	..	..	..	4	1	5	..	..	..	..	..	..
Transfers ..	..	..	..	..	24	72	96	24	72	96	..	..	..
Totals ..	..	..	..	..	479	490	969	219	268	487	210	166	376

TABLE VIII.—NATIVE COUNTRIES.

Countries.	Auckland.			Christchurch.			Dunedin (Seacliff).			Hokitika.			Nelson.			Porirua.			Tokanni.			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 ..	130	62	192	80	106	186	104	53	157	36	13	49	2	6	8	149	89	238	31	14	45	4	5	9	536	348	884
Scotland ..	24	15	39	23	17	40	92	66	158	13	5	18	1	4	5	48	21	69	6	2	8	3	1	4	210	131	341
Ireland ..	61	34	95	39	38	77	64	42	106	41	12	53	3	2	5	64	55	119	10	17	27	..	..	..	282	200	482
New Zealand ..	252	243	495	191	239	430	297	245	542	60	39	99	61	48	109	304	247	551	76	57	133	11	17	28	1,252	1,135	2,387
Australian States ..	36	16	52	13	11	24	24	24	48	13	2	15	1	3	4	35	19	54	9	2	11	1	2	3	132	79	211
France ..	2	0	2	..	..	..	..	..	..	..	..	..	1	0	1	3	0	3	..	..	..	..	..	..	6	0	6
Germany ..	5	2	7	1	3	4	6	1	7	5	1	6	1	..	1	6	6	12	1	0	1	..	..	..	24	13	37
Austria ..	19	2	21	1	2	3	1	0	1	1	..	..	1	0	1	0	1	1	1	0	1	..	..	..	23	5	28
Norway ..	2	0	2	..	..	..	3	0	3	1	0	1	0	1	1	4	1	5	..	..	..	..	..	..	10	2	12
Sweden ..	4	1	5	3	0	3	4	0	4	5	0	5	1	0	1	3	1	4	..	..	..	..	..	..	20	2	22
Denmark ..	1	0	1	2	1	3	2	1	3	6	0	6	1	..	..	5	2	7	1	0	1	..	..	..	11	4	15
Italy ..	4	0	4	..	..	..	1	0	1	6	0	6	..	..	..	2	0	2	1	0	1	..	..	..	14	0	14
China ..	2	0	2	1	0	1	10	0	10	5	0	5	3	2	5	8	9	17	1	0	1	..	..	..	19	0	19
Maoris ..	24	18	42	0	1	1	2	0	2	2	0	2	1	0	1	15	4	19	8	3	11	..	..	..	38	30	68
Other countries ..	24	6	30	4	5	9	3	3	6	2	0	2	1	0	1	..	..	..	..	..	..	..	..	..	57	21	78
Unknown ..	46	20	66	4	3	7	5	2	7	4	1	5	24	41	65	..	..	..	..	..	..	..	..	..	83	67	150
Totals ..	636	419	1,055	362	426	788	618	437	1,055	191	73	264	99	107	206	647	455	1,102	145	95	240	19	25	44	2,717	2,037	4,754

TABLE IX.—AGES OF PATIENTS ON 31ST DECEMBER, 1920.

Ages.	Auckland.			Christchurch.			Dunedin (Seacliff).			Hokitika.			Nelson.			Porirua.			Tokanni.			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 ..	6	3	9	0	4	4	0	1	1	..	..	..	2	1	3	5	4	9	..	..	..	..	..	..	7	10	17
" 5 " 10 ..	4	4	8	3	3	6	10	2	6	..	..	..	3	1	4	5	5	10	..	..	..	..	..	..	20	15	35
" 10 " 15 ..	6	5	11	8	8	16	10	8	18	0	1	1	6	0	6	14	13	27	..	..	..	..	..	..	37	23	60
" 15 " 20 ..	73	46	119	28	36	64	55	32	87	1	0	1	11	6	17	66	48	114	0	2	2	..	..	..	102	77	179
" 20 " 30 ..	122	78	200	81	89	170	144	77	221	41	12	53	14	12	26	137	87	224	6	2	8	..	..	..	320	213	533
" 30 " 40 ..	153	109	262	87	106	193	154	122	276	38	22	60	16	21	37	116	97	213	31	21	52	2	3	5	594	396	990
" 40 " 50 ..	130	86	216	63	88	151	92	98	190	39	14	53	18	26	44	93	61	154	40	24	64	10	8	18	695	508	1,113
" 50 " 60 ..	74	55	129	57	52	109	91	52	143	28	6	34	9	15	24	41	27	68	29	15	50	3	5	8	474	402	876
" 60 " 70 ..	33	16	49	22	27	49	39	32	71	20	8	28	4	10	14	8	7	15	21	15	36	2	1	3	324	227	551
" 70 " 80 ..	5	1	6	8	9	17	17	10	27	5	4	9	..	..	..	0	1	1	8	2	10	1	1	2	136	103	239
" 80 " 90 ..	1	0	1	..	..	..	3	0	3	1	0	1	4	7	11	..	..	..	..	..	..	..	..	..	5	0	5
Upwards of 90 years ..	29	16	45	2	1	3	..	..	..	9	4	13	4	7	11	3	1	4	10	8	18	..	..	..	57	37	94
Totals ..	636	419	1,055	362	426	788	618	437	1,055	191	73	264	99	107	206	647	455	1,102	145	95	240	19	25	44	2,717	2,037	4,754

TABLE X.—LENGTH OF RESIDENCE OF PATIENTS WHO DIED DURING 1920.

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 ..	14	7	21	5	4	9	2	1	3	2	0	2	0	2	2	2	4	7	11	0	1	1	0	1	0	1	1	1	25	21	46
From 1 to 3 months ..	2	7	9	8	2	10	2	1	3	2	0	2	1	1	2	1	3	7	3	10	7	3	10	0	1	1	1	22	15	37	
" 3 " 6 " ..	9	6	15	3	1	4	3	0	3	1	0	1	1	0	1	2	2	7	2	9	7	2	9	..	..	..	24	9	33		
" 6 " 9 " ..	5	7	12	5	0	5	2	2	4	1	0	1	1	0	1	3	4	7	4	11	7	4	11	..	..	..	15	10	25		
" 9 " 12 " ..	3	0	3	0	0	0	0	2	2	0	1	1	..	..	..	5	2	7	7	7	..	..	..	..	..	..	10	7	17		
" 1 " 2 years ..	4	9	13	5	3	6	2	3	5	..	..	..	..	..	..	6	2	7	6	6	..	..	..	..	..	..	17	17	34		
" 2 " 3 " ..	1	3	4	3	3	6	0	1	1	1	2	3	1	0	1	4	0	4	4	4	..	..	..	..	..	..	5	11	16		
" 3 " 5 " ..	5	4	9	5	5	10	7	3	10	1	2	3	..	..	..	6	0	6	6	6	..	..	..	..	..	..	23	14	37		
" 5 " 7 " ..	5	0	5	0	4	4	3	2	5	2	1	3	1	0	1	6	0	6	6	6	..	..	..	..	..	..	13	5	18		
" 7 " 10 " ..	2	2	4	1	2	3	3	2	5	1	1	2	..	..	..	4	0	4	4	4	..	..	..	..	..	..	9	9	18		
" 10 " 12 " ..	3	1	4	0	2	2	4	2	6	1	1	2	1	1	2	0	2	2	2	2	0	1	1	0	1	1	8	9	17		
" 12 " 15 " ..	4	5	9	0	2	2	10	7	17	..	..	..	..	..	..	1	1	1	1	1	1	1	2	2	4	6	6	8	14		
Over 15 years ..	6	8	14	7	6	13	10	7	17	5	3	8	0	3	3	2	4	4	6	6	..	..	..	..	..	..	..	30	31	61	
Died while absent on trial ..	..	..	..	1	0	1	1	0	1	..	..	..	1	0	1	..	..	..	..	..	..	..	..	..	..	..	..	3	0	3	
Totals ..	63	59	122	43	32	75	36	24	60	13	8	21	7	10	17	47	30	77	47	30	77	0	1	1	1	2	3	210	166	376	

TABLE XI.—LENGTH OF RESIDENCE OF PATIENTS DISCHARGED "RECOVERED" DURING 1920.

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	3	6	1	0	1	9	8	17	1	0	1	1	1	2	1	5	6	1	5	6	..	..	..	..	..	..	6	8	14
From 1 to 3 months ..	21	11	30	14	4	18	5	10	15	2	1	3	1	1	2	12	8	20	2	1	3	2	1	3	0	1	1	59	31	90
" 3 " 6 " ..	6	11	17	0	7	7	8	5	13	..	..	..	1	0	1	2	2	4	4	4	4	1	1	1	0	1	1	17	32	49
" 6 " 9 " ..	8	8	16	4	7	11	6	2	8	1	1	2	1	0	1	1	7	8	5	7	8	2	0	1	1	1	1	23	29	52
" 9 " 12 " ..	4	2	6	2	3	5	6	2	8	1	1	2	..	..	..	2	5	7	7	7	2	0	2	2	0	2	17	13	30	
" 1 " 2 years ..	2	4	6	5	6	11	9	7	16	..	..	..	2	0	2	2	1	3	3	3	3	1	0	1	1	0	1	21	18	39
" 2 " 3 " ..	2	1	3	0	1	1	1	1	2	2	3	5	..	..	..	3	0	3	3	3	1	0	1	..	..	..	8	7	15	
" 3 " 5 " ..	..	1	1	1	2	3	2	2	4	1	0	1	..	..	..	1	1	2	..	..	..	..	..	..	..	..	6	5	11	
" 5 " 7 " ..	..	..	..	0	1	1	1	2	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	4	5	
" 7 " 10 " ..	..	..	..	1	0	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	0	1	
" 10 " 12 " ..	..	..	..	..	..	..	..	..	..	..	..	..	1	0	1	..	..	..	..	..	..	..	..	..	..	..	1	0	1	
" 12 " 15 " ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	0	1	
Over 15 years ..	..	..	..	..	..	..	1	1	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	2	
Totals ..	46	39	85	28	31	59	42	38	80	7	5	12	6	1	7	24	29	53	24	29	53	7	1	8	2	4	6	162	148	310

TABLE XII.—CAUSES OF DEATH.

Causes.	Auckland.		Christchurch.		Dunedin (Seacliff).		Hokitika.		Nelson.		Portra.		Tokanui.		Abburn Hall (Private Mental Hospital).		Total.		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
<b>I. GENERAL DISEASES.</b>																			
Tuberculosis—																			
General .. .. .	7	5	0	4	..	..	1	0	..	..	..	..	..	..	..	..	..	8	0
Of peritoneum .. .. .	0	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	0	1
Of lungs .. .. .	..	..	1	4	8	1	..	..	0	3	5	4	..	..	..	..	..	14	12
Septicæmia .. .. .	0	1	..	..	1	0	1	0	..	..	1	0	..	..	..	..	..	3	1
Influenza .. .. .	..	..	..	..	..	..	1	0	1	0	..	..	..	..	..	..	..	2	0
Carcinoma .. .. .	1	0	..	..	1	1	1	1	..	..	..	..	..	..	..	..	..	3	2
Diabetes .. .. .	2	0	..	..	..	..	0	1	1	0	0	1	..	..	..	..	..	3	2
Asthenia .. .. .	0	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	0	1
<b>II. DISEASES OF THE NERVOUS SYSTEM.</b>																			
Mania, exhaustion from ..	1	1	..	..	1	2	..	..	0	1	0	1	..	..	..	..	..	2	5
Melancholia, exhaustion from ..	0	2	3	1	0	2	..	..	1	0	0	2	..	..	..	..	..	4	7
General paralysis of insane ..	8	2	4	2	5	1	..	..	..	..	15	0	..	..	1	0	..	33	5
Organic brain disease .. .. .	9	21	4	0	0	1	..	..	..	..	..	..	..	..	..	..	..	13	22
Cerebral hæmorrhage .. .. .	0	1	1	2	1	0	..	..	..	..	..	..	..	..	0	1	..	2	4
Cerebral softening .. .. .	..	..	..	..	..	..	..	..	..	..	0	1	..	..	0	1	..	0	2
Epilepsy .. .. .	3	5	1	2	..	..	..	..	..	..	3	2	..	..	..	..	..	7	9
Apoplexy .. .. .	1	0	..	..	..	..	..	..	..	..	0	3	..	..	..	..	..	1	3
<b>III. DISEASES OF THE RESPIRATORY SYSTEM.</b>																			
Broncho-pneumonia .. .. .	..	..	..	..	..	..	1	0	..	..	..	..	..	..	..	..	..	1	0
Lobar-pneumonia .. .. .	..	..	0	2	..	..	..	..	..	..	1	2	..	..	..	..	..	1	4
Pneumonia .. .. .	1	1	1	0	..	..	2	0	0	1	5	1	..	..	..	..	..	9	3
Pleurisy .. .. .	1	0	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	0
Bronchial asthma .. .. .	..	..	..	..	..	..	..	..	1	0	..	..	..	..	..	..	..	1	0
Bronchitis .. .. .	2	0	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	0
Goitre .. .. .	0	1	..	..	..	..	..	..	..	..	0	1	..	..	..	..	..	0	2
Œdema of lungs .. .. .	1	0	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	0
<b>IV. DISEASES OF THE CIRCULATORY SYSTEM.</b>																			
Valvular disease of the heart ..	2	8	1	3	7	3	2	1	1	1	2	2	..	..	..	..	..	15	18
Heart-failure .. .. .	..	..	1	1	2	0	1	3	..	..	..	..	..	..	..	..	..	4	4
Arterio-sclerosis .. .. .	..	..	..	..	..	..	..	..	..	..	2	2	..	..	..	..	..	2	2
Gangrene .. .. .	..	..	..	..	..	..	..	..	..	..	0	1	..	..	..	..	..	0	1
Hæmorrhage from ulcerated stomach ..	..	..	..	..	..	..	..	..	..	..	..	..	0	1	..	..	..	0	1
<b>V. DISEASES OF THE DIGESTIVE SYSTEM.</b>																			
Acute enteritis .. .. .	..	..	..	..	1	1	..	..	..	..	1	0	..	..	..	..	..	2	1
Volvulus .. .. .	..	..	..	..	1	0	..	..	..	..	..	..	..	..	..	..	..	1	0
Intestinal obstruction .. .. .	..	..	..	..	..	..	..	..	1	0	..	..	..	..	..	..	..	1	0
Acute retro-pharyngeal abscess ..	0	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	0	1
Exhaustion from dysentery .. .. .	..	..	..	..	..	..	..	..	..	..	1	0	..	..	..	..	..	1	0
Peritonitis .. .. .	1	0	..	..	1	0	1	0	..	..	1	0	..	..	..	..	..	4	0
Gastritis .. .. .	..	..	..	..	..	..	1	0	..	..	..	..	..	..	..	..	..	1	0
<b>VI. DISEASES OF THE GENITO-URINARY SYSTEM.</b>																			
Chronic nephritis .. .. .	5	0	0	1	..	..	1	0	..	..	0	1	..	..	..	..	..	6	2
<b>VII. OLD AGE.</b>																			
Senile decay .. .. .	18	7	23	9	6	11	0	2	0	4	10	6	..	..	..	..	..	57	39
<b>VIII. EXTERNAL CAUSES.</b>																			
Suicide .. .. .	..	..	1	0	0	1	..	..	..	..	..	..	..	..	..	..	..	1	1
Accident .. .. .	..	..	1	0	1	0	..	..	..	..	..	..	..	..	..	..	..	2	0
<b>IX. DIED WHILE ON TRIAL.</b>																			
.. .. .	0	1	1	1	..	..	..	..	1	0	..	..	..	..	..	..	..	2	2
Total .. .. .	63	59	43	32	36	24	13	8	7	10	47	30	0	1	1	2	210	166	

TABLE XIII.—PRINCIPAL ASSIGNED CAUSES OF INSANITY.

Causes.	Auckland.		Christchurch.		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 .. .. .	17	9	3	7	7	14	1	3	1	1	8	8	..	..	1	4	38	46
Congenital .. .. .	25	10	4	15	8	5	..	..	3	3	25	17	..	..	..	..	65	50
Previous attack .. .. .	11	22	12	15	13	10	..	..	0	1	12	26	..	..	..	..	48	74
Puberty and adolescence .. .. .	..	..	4	4	3	3	..	..	..	..	4	2	..	..	..	..	11	9
Climacteric .. .. .	0	4	0	9	0	15	..	..	0	2	0	13	..	..	..	..	0	43
Senility .. .. .	21	11	18	8	13	12	8	1	0	2	11	12	..	..	0	3	71	49
Seduction .. .. .	..	..	0	1	..	..	..	..	..	..	..	..	..	..	..	..	0	1
Puerperal .. .. .	0	11	0	2	0	3	..	..	0	1	0	4	..	..	..	..	0	21
Lactation .. .. .	..	..	..	..	..	..	..	..	..	..	0	1	..	..	..	..	0	1
Mental stress—																		
Sudden .. .. .	..	..	..	..	1	1	..	..	..	..	0	1	..	..	1	0	2	2
Prolonged .. .. .	13	23	15	2	16	2	1	0	0	1	11	4	..	..	..	..	56	32
Shell-shock .. .. .	2	0	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	0
Solitude .. .. .	3	0	..	..	..	..	1	1	..	..	1	0	..	..	..	..	5	1
Sexual excess .. .. .	1	0	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	0
Alcohol .. .. .	19	7	8	1	9	1	3	0	2	0	7	5	..	..	2	0	50	14
Drug habit .. .. .	..	..	0	1	..	..	..	..	..	..	0	1	..	..	..	..	0	2
Syphilis .. .. .	7	0	2	0	2	0	..	..	1	0	17	0	..	..	..	..	29	0
Toxæmia .. .. .	..	..	..	..	..	..	..	..	..	..	0	1	..	..	..	..	0	1
Traumatic .. .. .	5	0	2	0	..	..	..	..	1	0	2	0	..	..	..	..	10	0
Post operative .. .. .	0	6	..	..	..	..	..	..	..	..	..	..	..	..	..	..	0	6
Organic brain-disease .. .. .	..	..	..	..	..	..	..	..	..	..	0	2	..	..	..	..	0	2
Epilepsy .. .. .	1	5	1	6	3	5	..	..	0	1	4	2	..	..	..	..	9	19
Arterio-sclerosis .. .. .	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..	1	1
Meningitis .. .. .	..	..	..	..	..	..	..	..	..	..	0	1	..	..	..	..	0	1
Graves' disease .. .. .	0	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	0	1
Diabetes .. .. .	1	0	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	0
Phthisis .. .. .	2	0	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	0
Ill health .. .. .	2	1	5	7	..	..	0	1	..	..	3	5	..	..	..	..	10	14
Typhoid .. .. .	1	0	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	0
Influenza .. .. .	6	1	..	..	..	..	..	..	1	1	0	1	..	..	..	..	7	3
Cerebral hæmorrhage .. .. .	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1
Overwork .. .. .	0	2	..	..	..	..	..	..	..	..	..	..	..	..	2	0	2	2
Religion .. .. .	1	0	..	..	..	..	0	1	..	..	..	..	..	..	..	..	1	1
Blindness .. .. .	..	..	..	..	..	..	..	..	..	..	1	0	..	..	..	..	1	0
Unknown .. .. .	9	3	..	..	1	1	1	3	0	2	20	11	..	..	..	..	31	20
Not insane .. .. .	0	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	0	1
Transfers .. .. .	3	3	3	6	5	0	0	1	3	1	5	6	5	52	0	3	24	72
Totals .. .. .	151	121	77	84	81	72	15	11	12	16	132	124	5	52	6	10	479	490



TABLE XIV.—FORMER OCCUPATIONS OF PATIENTS.

Occupations.	Auckland.	Christchurch.	Dunedin (Seacliff).	Hokitika.	Nelson.	Porirua.	Tokenui.	Ashburn Hall (Private Mental Hospital).	Total.	Occupations.	Auckland.	Christchurch.	Dunedin (Seacliff).	Hokitika.	Nelson.	Porirua.	Tokenui.	Ashburn Hall (Private Mental Hospital).	Total.
	MALES.																		
Accountants ..			1						1	Labourers ..	35	19	18	2	3	38			115
Architects ..									1	Maoris ..	7					2			9
Bakers ..									1	Merchants ..		1							1
Barmen ..									1	Miners ..	2	1	1	9		2			15
Bricklayers ..	1								2	Minors ..	6								6
Boatbuilders ..	1								1	Old-age pensioners ..	3		3			1			7
Bootmakers ..		1	1			2		1	5	Packers ..	1					1			2
Brassfinishers ..			1						1	Painters ..	6	4	3			1			14
Bushmen ..	3					2			5	Picture-theatre employees ..	1								1
Butchers ..			1						1	Plasterers ..		2							2
Cabinetmakers ..									1	Ploughmen ..		1							1
Carpenters ..	3	4		1	1	4			13	Plumbers ..	1								1
Carters ..	1	1				3			5	Porters ..	2	1							3
Chauffeurs ..									1	Printers ..						1			1
Civil servants ..									2	Prisoners ..	3								3
Clerks ..		2	1			3			6	Railway employees ..		1							1
Clergymen ..	1								2	Rangers ..						1			1
Coachbuilders ..									1	Riveters ..						1			1
Commercial travellers ..	2								2	Saddlers ..			1						1
Commission agents ..		1							1	Sailors ..						1			1
Consul (German) ..	1								1	Salesmen ..	1	1				1			3
Contractors ..	1								1	Scholars ..	1			1					2
Drainlayers ..	1								1	Schoolmasters ..						1			1
Drapers ..	2								2	Settlers ..	1								1
Drivers ..	2								2	Shepherds ..		1							1
Dry-cleaners ..	1								1	Shipwrights ..			2						2
Engineers ..	4	1				1		1	7	Soldiers ..	5	6	13			2			26
Engine-drivers ..				1					1	Solicitors ..	1								1
Factory hands ..	1								1	Station-managers ..						1			1
Farmers ..	19	8	11	1	1	22		3	65	Stewards ..						1			1
Farm labourers ..	1	1		1	1	7			11	Stock agents ..	1								1
Firemen ..	1					2			3	Storekeepers ..	1								1
Fishermen ..			1						1	Storemen ..			1						1
Flax-cutters ..	1								1	Surveyors ..	1								1
Flax-millers ..						1			1	Tailors ..		1	1			1			3
Furniture-dealers ..		1							1	Tram-conductors ..	1								1
Gardeners ..	6	3	3			1			13	Wheelwrights ..	1								1
Gum-diggers ..	3								3	Wool-classers ..		1							1
Hawkers ..	1					1			2	No occupation ..	10	7	10		2	12			41
Horse-trainers ..		2							2	Transfers ..	3	3	5		3	5	5		24
Inmates of special schools ..			3						3	Totals ..	151	77	81	15	12	132	5	6	479
Ironworkers ..			1						1										
Jockeys ..	1								1										
FEMALES.																			
Accountants ..									1	Nurses ..	2	2	1						5
Barmaids ..	1	1							2	Prisoners ..	1	2							3
Children ..	5		1						6	Saleswomen ..		1	1						2
Clerks ..	1					1			2	School-teachers ..		2		1		1			4
Dental mechanics ..		1							1	Tailoresses ..		1							1
Domestic duties ..	97	50	55	9	11	102		5	329	Waitresses ..	1	1							2
Dressmakers ..		1	1			2		1	5	No occupation ..	2	16	12		1	5			36
Hotelkeepers ..			1						1	Transfers ..	3	6		1	1	6	52	3	72
Inmates of special schools ..					3				3	Totals ..	121	84	72	11	16	124	52	10	490
Laundresses ..						2			2										
Maoris ..	8					5			13										

TABLE XV.—EXPENDITURE, OUT OF PUBLIC WORKS FUND, ON MENTAL HOSPITAL BUILDINGS, ETC., DURING THE FINANCIAL YEAR ENDED 31ST MARCH, 1921, AND LIABILITIES AT THAT DATE.

Mental Hospitals.	Net Expenditure for Year ended 31st March, 1921.		Liabilities on 31st March, 1921.	
	£		£	
Auckland ..	8,040		1,088	
Tokenui ..	5,381		456	
Porirua ..	724			
Christchurch (Sunnyside) ..	5,199			
Hornby ..	928			
Seacliff ..	40			
Waitati ..	3,620		3,650	
Nelson ..	3,496			
Totals ..	27,368		5,194	

TABLE XVI.—TOTAL EXPENDITURE, OUT OF PUBLIC WORKS FUND, FOR BUILDINGS AND EQUIPMENT AT EACH MENTAL HOSPITAL FROM 1ST JULY, 1877, TO 31ST MARCH, 1921.

Mental Hospitals.	1877-1912.	1912-13.	1913-14.	1914-15.	1915-16.	1916-17.	1917-18.	1918-19.	1919-20.	1920-21.	Total Net Expenditure 1st July, 1877, to 31st March, 1921.
	£	£	£	£	£	£	£	£	£	£	£
Auckland .. .. .	109,097	135	8,908	23,434	2,774	76	1,048	1,171	543	8,040	155,236
Reception-house at Auckland .. .. .	4,954	105	561	..	..	..	..	..	..	..	5,059
Motuhi Island .. .. .	..	..	8,874	10,379	10,640	5,639	6,188	8,105	4,111	5,381	85,731
Tokanui .. .. .	4,469	21,935	..	..	Cr. 15	..	..	..	..	..	29,641
Wellington .. .. .	29,656	9,550	1,951	6,552	17,518	11,722	10,399	2,462	638	794	207,161
Wellington (Porirua) .. .. .	145,645	4,867	616	5,107	15,157	24,346	7,647	1,238	2,490	5,139	190,473
Christchurch (Sunnyside) .. .. .	123,866	..	..	..	..	..	..	..	7,370	928	8,298
Hornby .. .. .	156,297	5,382	3,257	7,418	6,721	997	597	966	2,069	40	188,739
Seacliff .. .. .	1,102	4,007	1,634	911	671	24	88	498	848	3,620	13,403
Waitati .. .. .	4,891	..	..	..	..	..	..	..	..	..	4,891
Dunedin (The Camp) .. .. .	147	..	..	..	..	..	..	..	..	..	147
Napier .. .. .	3,727	..	..	..	..	..	..	..	..	..	3,727
Hokitika .. .. .	1,097	..	..	..	..	..	..	..	..	..	1,097
Richmond .. .. .	21,495	200	200	200	1,417	1,798	535	200	208	3,496	29,749
Nelson .. .. .	..	..	..	..	..	..	..	..	..	..	..
Totals .. .. .	606,443	46,181	26,001	53,996	54,883	44,602	26,502	14,640	18,277	27,368	918,893

TABLE XVII.—SHOWING THE EXPENDITURE FOR THE YEAR 1920.

Items.	Auckland.	Christchurch.	Dunedin (Seacliff).	Hokitika.	Nelson.	Portraua.	Tokanui.	Total.
	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
Inspector-General*	..	..	..	..	..	..	..	1,137 10 0
Deputy Inspector-General and Assistant Inspector*	..	..	..	..	..	..	..	1,133 6 8
Clerks*	..	..	..	..	..	..	..	2,708 1 4
Medical Fees*	..	..	..	..	..	..	..	1,272 9 8
Contingencies*	..	..	..	..	..	..	..	2,156 1 9
Official Visitors	50 8 0	14 14 0	50 8 0	12 12 0	..	18 18 0	..	147 0 0
Superintendent	734 11 8	1,025 0 0	980 9 1	260 0 0	824 6 8	1,104 3 4	583 6 8	5,511 17 5
Assistant Medical Officers	1,095 11 2	1,187 10 0	1,018 5 1	..	..	1,094 1 8	..	4,395 7 11
Visiting Medical Officers	..	..	..	..	3 16 9	..	..	228 16 9
Clerks	834 16 6	857 4 2	637 6 6	..	203 3 11	729 17 7	84 3 4	3,366 12 0
Matrons	147 14 2	405 12 4	243 6 8	170 0 0	191 1 0	240 0 0	216 13 4	1,614 7 6
Attendants and servants	19,173 1 0	29,518 17 6	39,646 8 11	6,835 10 8	6,887 5 2	29,025 16 7	10,816 5 8	141,903 5 6
Rations	15,905 14 5	14,798 14 3	18,478 4 10	4,805 19 9	3,316 3 6	17,730 12 3	2,571 15 5	77,907 4 5
Fuel, light, water, and cleaning	3,321 4 6	5,640 17 10	5,399 18 1	162 4 1	902 9 5	4,945 7 5	1,262 3 10	21,634 5 2
Bedding and clothing	6,585 10 1	9,140 16 1	8,233 16 1	902 11 10	1,239 1 0	6,670 7 2	1,348 8 5	34,120 10 8
Surgery and dispensary	233 10 8	447 11 4	694 4 5	46 5 11	65 3 10	287 19 6	81 15 6	1,856 11 2
Wines, spirits, ale, and porter	20 11 4	40 18 5	10 16 6	1 12 0	5 10 0	13 16 6	..	93 4 9
Farm	952 7 10	3,177 17 4	4,162 7 6	58 8 4	910 16 4	3,539 7 10	5,726 19 0	18,528 4 2
Buildings and repairs	742 8 8	1,520 1 4	1,764 0 6	91 0 2	735 8 6	943 1 0	700 15 6	6,496 15 8
Necessaries, incidental, and miscellaneous	3,025 6 2	8,193 17 8	11,940 5 5	397 15 10	1,021 0 6	7,389 19 11	2,180 12 11	34,148 18 5
Totals	52,822 16 2	75,969 12 3	93,279 17 7	13,969 0 7	16,305 6 7	73,733 8 9	25,572 19 7	360,060 10 11
Repayments, sale of produce, &c	21,267 13 6	26,151 18 1	31,956 16 2	3,983 2 2	4,744 11 8	29,530 18 8	5,303 18 11	122,938 19 2
Net cost	31,554 2 8	49,817 14 2	61,323 1 5	9,985 18 5	11,560 14 11	44,203 10 1	20,269 0 8	237,121 11 9

\* Not included in Table XVIII.

TABLE XVIIA.—SHOWING DETAILS OF CREDITS.

Credits.	Auckland.	Christchurch.	Dunedin (Seacliff).	Hokitika.	Nelson.	Portraua.	Tokanui.	Total.
	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
Receipts for maintenance	19,041 16 11	17,676 16 11	25,287 3 2	3,479 18 8	3,842 19 1	24,682 8 9	2,510 13 8	96,551 17 2
For sales of stock, produce, &c.	1,762 3 8	7,784 12 8	5,812 5 7	495 10 7	876 16 5	4,210 16 10	2,674 15 5	23,617 1 2
Other receipts	463 12 11	690 8 6	837 7 5	7 12 11	24 16 2	637 13 1	118 9 10	2,800 0 10
Totals	21,267 13 6	26,151 18 1	31,956 16 2	3,983 2 2	4,744 11 8	29,530 18 8	5,303 18 11	122,938 19 2

