

1926.  
NEW ZEALAND.

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# MENTAL HOSPITALS OF THE DOMINION

(REPORT ON) FOR 1925.

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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.

SIR,—

Wellington, 16th July, 1926.

I have the honour to submit to Your Excellency the report for the year 1925 of the Inspector General of Mental Defectives.

I have, &c.,

J. A. YOUNG,

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

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

SIR,—

Wellington, 30th June, 1926.

I have the honour to present my report for the year 1925, including also some remarks as to present or prospective requirements needed to bring the mental hospital premises and service of the Dominion up to an adequate standard of efficiency.

It was necessary to explain, in the introduction to last year's report, that owing to the Great War and its aftermath, and other factors, due progress had been retarded, and that a great deal of leeway would have to be made up before the mental hospitals could fairly be said to be satisfactory. I shall now make a summary recapitulation of last year's projects for overtaking arrears and breaking new ground; and I shall give under each heading an indication of what has been effected, and what still remains to be done in these connections.

## BROAD PURPOSES OF LAST YEAR'S PROPOSALS.

- (a.) To afford the fullest opportunities for persons in a state of nervous and mental instability to obtain early and reliable advice, so as to facilitate prompt recognition and suitable treatment in the incipient stages of mental breakdown.
- (b.) To ensure the provision and use of improved methods of handling and dealing with mental patients, prior to and at the time of committal as insane, and to do away with temporary lodgment in prison, pending decision.
- (c.) To ensure the provision and better use of facilities for classification, care, and treatment—especially in the case of the more recent, impressionable, sensitive, and curable patients.

## PRACTICAL UNDERTAKINGS.

1. *The establishment of out-patient clinics*, to be conducted at the general hospitals by two doctors—one drawn from the general hospital and one from the mental hospital: such clinics to be held weekly under the title "Clinic for nervous affections," without any implication of insanity, mental breakdown, or so-called "border-line" trouble.

This is already an assured success, especially in Wellington, where the proposal was at once welcomed by the authorities of the General Hospital, and very warmly espoused by Dr. MacDonald

Wilson, the Medical Superintendent. He said that he and his colleagues would also benefit by a weekly conference with a mental specialist, concerning such of their hospital inmates as might present mental problems. He frankly recognized and stated that the benefits would be mutual, and this prophecy is amply confirmed by the following letters from Dr. Wilson, and Dr. Tizard, the Medical Superintendent of the Wellington (Porirua) Mental Hospital.

Dr. Wilson writes :—

Wellington Hospital, 8th July, 1926.

Sir Truby King, Director of Department of Mental Hospitals, Wellington.

DEAR SIR,—

*Re Out-patients' Clinic in Wellington Hospital.*

I have much pleasure in forwarding the first annual report on the working of the out-patients' clinic connected with the General Hospital, and run in co-operation with a Medical Officer from your Department. The clinic has been held each Tuesday afternoon, and I much appreciate the fact that the Senior Medical Officer from Porirua has always made a point of attending himself and interviewing the patients and relatives. I am convinced the public have a high regard for the advice and treatment given as a result of this.

When the clinic was first started I informed the local practitioners by memorandum of the aims and objects of the clinic, and I think this has had the effect of keeping up a steady inquiry by patients, as every week some fresh patients or relatives come up to see the officer from your Department.

Speaking from the point of view of the Hospital, I find that as a rule there has been some one or more patients in the Hospital for whom the honorary physicians or honorary surgeons in charge of the cases have been only too anxious to have a consultation with the Medical Officer from the Mental Hospitals Department. Thus the organization of this clinic has been to the advantage of the General Hospital itself.

Again, knowing that we can now have a regular weekly consultation, it is very rare that we consider sending a patient to the Mental Hospital, no matter how obviously suitable the case, without first letting your Medical Officer see him at the General Hospital. By making a practice of this I find we have more co-operation from the relatives of patients, and there is no feeling of injury done to their relatives. Practitioners have made considerable use of the clinic, as they refer patients or relatives to see the Medical Officer, and I also note that the Pensions Department utilize his services too. I think the success of the first year augurs well for the future, and that this clinic will be the means of doing a great amount of good.

In conclusion, I have just to state how amicable have been the relationships between the staff of my hospital and the visiting Medical Officer from the Mental Hospital, especially Dr. Tizard, who has borne the brunt of the work.

I am, &c.,

D. MACDONALD WILSON,  
Medical Superintendent.

Dr. Tizard writes :—

Mental Hospital, Porirua, 6th July, 1926.

The Inspector-General of Mental Hospitals, Wellington.

SIR,—

*Re Weekly Clinic for Out-patients at the Wellington General Hospital.*

I submit the following short report on my attendance at the Wellington Hospital for the year 1925 :—

During the year a weekly clinic has been held, attended by out-patients suffering from any form of nervous or mental affection. These patients are seen, and advice and treatment are given, as a part of the service of the General Hospital, without any mental implication or reflection whatever. In addition, patients on probation from the Porirua Mental Hospital are seen, advised, and helped from time to time, thus keeping us in touch with them during their probationary period, and (if required) after their formal discharge. The Pensions Department also avails itself of our services in connection with advice and reports on returned soldiers; and this applies to other Government Departments. In-patients of the General Hospital are also seen in consultation with the Medical Superintendent or his deputy.

As a result of visiting the clinic, incipient mental or nervous cases often arrange for admission to the Porirua Mental Hospital as "voluntary boarders"—thus enabling us to get them under timely treatment with a reasonable prospect of early recovery. In this way they may avoid a complete breakdown, which in many cases would take place unless they had the present facilities and inducements for attending the clinic, and the advantage of consultation with doctors drawn from both services.

From time to time patients with recurrent insanity, who have been previously treated in a mental hospital, avail themselves of the clinic and ask to be readmitted for further care and treatment at the onset of a fresh attack. Some of these patients are naturally glad of the assured privilege of being looked after in the best quarters for which they happen to be fitted. In such cases the severity of the attack may be lessened and its duration cut short, thus avoiding the need for certification as insane, which must assuredly have followed had they not been dealt with in due time.

There can be no question regarding the great advantage of the weekly out-patient hospital clinics. They enable many persons with threatened or manifest nervous breakdown to obtain the right advice and information in the early stages who would otherwise let themselves drift, or be allowed by their relatives to drift, into a condition of incurability.

I have to thank Dr. Macdonald Wilson for his courtesy and interest, and for the assistance he always gives me during my visits to the Hospital. To Dr. Lynch, Bacteriologist at the General Hospital, I am also much indebted for his reports on the examination of pathological material submitted by us to him—thus enabling us to clear up any doubtful clinical diagnosis.

I have, &c.,

H. J. TIZARD,  
Medical Superintendent.

Dr. Wilson's keen personal interest in the successful establishment of the "out-patient clinic for nervous affections" was clearly shown by his sending a circular letter to all medical practitioners in Wellington, directly the preliminary arrangements had been made, giving them the necessary details and asking their help and support. Dr. Tizard assures me that the efficacy of this procedure is still manifested from time to time in letters brought by patients applying for advice, which refer back to Dr. Wilson's circular.

On hearing from Wellington about the Department's proposal for the establishment of the out-patient clinics, the Christchurch Hospital Board wrote expressing its desire to fall in with the suggestion. The following extract from the report of Dr. McKillop (Medical Superintendent of the Christchurch Mental Hospital) speaks for itself: "The provision of an 'out-patient clinic for nervous affections' at the General Hospital has given greatly increased facilities for the early treatment of nervous and mental disorders."

The Hospital Boards in the other leading centres received the proposals favourably, and all the out-patient clinics are doing good work; but these clinics cannot effect satisfactorily what is aimed at until the following further requirements (2, 3, and 4) have been fully established, as they will be for the most part, and ought to be completely, before the new year.

2. *The safeguarding of persons alleged to be of unsound mind from the indignity, distress, and humiliation of being treated as delinquents or criminals, and lodged in prison pending decision as to their sanity or insanity: further, in case of committal to a mental hospital, the ensuring of proper and humane lodgment, care, and treatment of the patient until taken charge of by the mental hospital authorities.*

In order to facilitate the provision and equipment of three or four rooms in each of the four main centres, the Government voted, last year, £500 for each of the General Hospitals concerned; but, unfortunately, no adequate hospital accommodation has yet been made available for use instead of police quarters; and, so long as this utterly wrong last-remaining link of association connecting insanity and criminality remains, all measures making for early recognition and prompt suitable treatment of incipient insanity will fail to win complete public confidence, and will prove more or less ineffective. No effort will be spared to bring about the necessary provisions in this direction without further delay.

3. *The provision of private-entry lodges for preliminary examination, away from the main mental hospitals of all new arrivals, so as to prevent their coming in sight of the institution or the inmates, unless it has been ascertained by immediate careful medical examination that the patient is at the moment unsuitable for curative treatment at a seaside or other sanatorium, or at some special cottage or small villa on the main estate, specially located and built with a view to privacy.*

Four attractive, homelike cottages for this special purpose (one for each of the four main mental hospitals) have been authorized. Three of these are under construction, and all will be completed within the year.

4. *Homelike sanatoria within the estate.* In addition to such residential cottages or small villas as may now exist on the main mental hospital estates, it is intended to erect simple, private, comfortable, homelike, and attractive small residences with full provisions for privacy, and capable of accommodating not more than a dozen patients each. These have been designed on a sanatorium basis, and will be located, wherever possible, at least several miles from the parent institution, so as to avoid any so-called "asylum association," and suggestive rather of a holiday resort, sanatorium, or convalescent home—not only in location, design, and structure, but also in surroundings and accessories, such as walks, plantations, and gardens, and, if bathing and boating be possible, the provision of suitable sheds, &c.

Four such sanatoria (one as an accessory to each main centre) have been authorized, and three are already under construction. All will be completed within the year, at a total cost of about £18,000, apart from furnishing and other equipment.

It need scarcely be pointed out how much each of the provisions described under sections 2, 3, and 4 will conduce, when completed, to the establishment of public confidence, and to increasing use of the "out-patient clinics for nervous affections" held weekly in Auckland, Wellington, Christchurch, and Dunedin. Full provisions in the same direction will be extended to the other mental hospitals as soon as the necessary arrangements can be made.

#### SUMMARY OF ADVANTAGES OF THE WEEKLY OUT-PATIENT CLINIC TO THE PATIENTS AND THEIR FRIENDS, AND TO THEIR PROFESSIONAL ADVISERS.

It may be pointed out that one of the most important advantages of the clinic to the public is the opportunity afforded of learning authoritatively at first hand—

- (a.) What kind of quarters and treatment happen to be available at the moment in the mental hospitals:
- (b.) What the doctors may feel it desirable to communicate in the particular case to the patient, or to relations or friends—*e.g.*, as to diagnosis, prospects of improvement or recovery, and the pros and cons of accommodation and care outside an institution, compared with the quarters and treatment immediately available in one of the mental hospitals, local or elsewhere, public or private:
- (c.) Frank advice as to the best course to pursue, taking everything into account, and giving precedence to the steps likely to afford the patient the best chance of recovery, rather than subordinating this to mere immediate saving of expense, or the desire of relations to prevent any member of the family becoming an inmate of a mental hospital, even as a voluntary boarder, lest this should be held to reflect on the family stability.

All doctors in attendance at the clinics will undoubtedly appreciate (especially when the whole scheme is in full working-order) the fact of being able to assure incipient or border-line patients with perfect confidence that they need have no anxiety as to the possibility of being confronted with any

painful or humiliating sights on their way to the institution; that they will find the approaches and surroundings attractive; that on arrival they will receive immediate professional care and attention at a private-entry cottage; that they will certainly be well lodged, well looked after, and treated with every care and consideration, according to their requirements—*e.g.*, rest in bed, or such occupation, recreation, associations, and treatment as may be deemed most conducive to their comfort and recovery.

#### OTHER NEW UNDERTAKINGS, ALTERATIONS, AND IMPROVEMENTS.

As was pointed out last year, extensive sanitary and other alterations and improvements—especially in the way of proper ventilation, larger and better-equipped laundry premises, improved kitchens and bakeries, and other such primary essentials—were necessary in order to bring our mental hospitals (designed and constructed for the most part from twenty to forty years ago, for half the present number of patients and less than a third of the present staffs) up to the standard of efficiency, economy, and sanitary suitability now recognized as essential for all such institutions. There comes a time when mere patching-up and makeshifts can no longer serve the requirements of large and constantly increasing institutions for the care and treatment of the insane; and that time has long passed in the Dominion. However, it is satisfactory to record that the following provisions have been made during the year, in addition to those already enumerated.

#### *Auckland.*

- (1.) Great improvements in the ventilation throughout the institution by means of shafts, electric fans, &c., and the necessary alterations to windows originally constructed with no provision for opening.
- (2.) Complete renovation of the kitchen at Oakleigh Hall (auxiliary building).
- (3.) Additions and alterations to bakehouse, which was previously in an unhygienic and unsafe condition.
- (4.) Completion of a new entirely detached male hospital.
- (5.) Extensive alterations and improvements to the Wolfe Home to increase its amenities and enable it to be used for its original purpose as a separate home for the admission of recent and recoverable cases.

#### *Porirua.*

- (1.) The subdivision of large dormitories, so as to ensure that no sleeping-room shall contain, if practicable, more than twenty patients, has been undertaken and will be completed in the course of the year. This also includes a scheme of ventilation giving ample air-supply, which can be regulated exactly according to what is best at different seasons and to meet daily changes in wind and temperature. Further, each patient is provided with a large, airy locker, alongside his bed, wherever possible, for clothing, &c. It is hoped to complete the various measures needed in these directions throughout the whole institution by early in 1927.

It may be pointed out that an adequate supply of light and air is even more important than the actual cubic space per inmate, although the latter should never be allowed to go below a certain minimal standard. There is still a shortage of cubic space at Porirua, and some patients have to sleep in corridors, which is always objectionable. We hope to overcome deficiencies in this direction in all the mental hospitals at an early date.

- (2.) Improved classification has now been made possible by the completion of six new villas, each of which will be occupied by a different type of patient.

#### *Christchurch.*

- (1.) The erection of comfortable sleeping-quarters and recreation-room for single attendants.
- (2.) Additions and alterations to the laundry.
- (3.) Increased lavatory accommodation.
- (4.) Renovation and repainting of the corridors in the female division.

#### *Seacliff.*

- (1.) The old single rooms and dining-room in B ward have been replaced by a complete new structure of much improved design.
- (2.) The paths in the airing-courts have been asphalted, and the patients' tennis-court relaid.
- (3.) An extension to the workshops has been completed, affording better facilities for bootmaking and upholstering.
- (4.) All exteriors at Waitati have been painted.

#### *Tokanui.*

A block to be used for the reception of recent cases is in process of construction, and should be in early occupation.

#### *Nelson.*

A new "closed" villa designed for those male patients who cannot be granted parole has been completed. This will ensure a much greater degree of classification than has hitherto been possible.

#### *Hokitika.*

- (1.) The old gaol building has been finally demolished.
- (2.) The new Superintendent's house has been completed and is now in occupation.
- (3.) The old Superintendent's residence has been partially remodelled and rendered suitable for occupation by patients.

### ADDITIONAL PROVISIONS NEEDED IN THE NEAR FUTURE.

In my last year's report I made little or no reference to certain other highly desirable or necessary provisions in connection with the mental hospitals, not because they were unimportant, but simply because they were not so urgently needed as the foregoing, which I did ask for. It was useless to expect that the country would vote enough money in any one year to make good deficiencies mostly dating back five or ten years, and some of them for a quarter of a century. I now submit the following list of essentials which I hope can be undertaken at an early date and completed within, say, eighteen months of the present time:—

#### I. *Separation of Boy and Girl Patients from Adults, and Adequate Provision for their Classification, Care, Education, Training, and Treatment.*

Reference has been made in previous annual reports to the necessity for providing separate colonies for defective children, whose association with adult patients is recognized to be not only highly undesirable but indeed harmful to both child and adult, and in 1922 a small beginning was made in this direction in the Nelson District. The Department had at that time recently acquired the Stoke Farm Estate for the purpose of establishing a villa mental hospital to take the place of the Nelson institution; and, as part of the general policy, it was proposed that, as the transfers from Nelson to Stoke made the necessary accommodation available, Nelson Mental Hospital should be altered and adapted as a colony for juvenile defectives of both sexes.

On the transfer of the first party of male patients to Stoke, about four years ago, the auxiliary building at Nelson was remodelled, and the vacancies filled by boys from other institutions, and since that time the numbers resident have steadily increased until at present the accommodation is greatly overtaxed.

While the segregation of boys marked a distinct advance, it was recognized that this was merely preliminary to the establishment of a separate colony for boys and girls respectively, where adequate facilities would be available for classification, training, and treatment.

A certain number of mentally deficient children are capable of being taught to engage, under supervision, in simple manual occupations, and to acquire the habits of self-control and cleanliness; and while it is obviously to their disadvantage to be associated with adults, it is equally wrong to retain them in wards occupied mainly by degraded imbeciles and idiots who merely require custodial care and attention to their organic necessities.

In the emotion of the moment it is difficult for many parents to realize that the removal of a defective child to an institution is of benefit not only to the other members of the family but to the child, who is placed in an environment less complex and exacting than that outside, and in which he will never be made to realize his inferiority. From a eugenic point of view the early segregation of these cases is most desirable; but if we are to overcome the natural prejudice of the parents we must gain their confidence by showing them that everything possible is being done in the matters of classification, education, care, and treatment.

It is estimated that provision is needed for about two hundred children of both sexes, and with certain additions and alterations this can be afforded most suitably and economically at Nelson; but, of course, the further progress of this very essential reform depends upon the rate of development of the new villa Mental Hospital at Stoke Farm.

#### II. *Isolation Shelters for Patients Suffering from Phthisis.*

We estimate that there are from eighty to a hundred mental patients in our institutions suffering from active infective pulmonary tuberculosis. These patients ought to be treated apart from the rest of the inmates—

- (1.) On general grounds, applying to all institutions where human beings live in enforced proximity to one another:
- (2.) On grounds which apply specially to mental hospitals, because—
  - (a) The insane as a class cannot be induced to observe the habits and precautions needed to minimize the risk of spreading the disease by careless coughing, spitting, &c.;
  - (b) The depressed vitality (bodily and mental) of the insane, especially the recent and curable young melancholics, makes them peculiarly liable to contract tuberculosis.

The minimal total cost of the necessary isolation shelters and other accommodation needed for eighty to a hundred patients would be from £5,000 to £6,000.

#### III. *Separate Quarters for the Lodgment and Treatment of Epileptic Mental Patients.*

With the single exception of Otago, nothing whatever has been attempted in this direction; and even in Otago the provision made is inadequate for males and non-existent for women. Wherever a fair trial has been made it is universally recognized by competent authorities that facilities for separation and classification of epileptics prove an equal boon to the ordinary chronic population of mental hospitals and for the epileptics themselves. Each of these classes is more or less repugnant and objectionable to the other class. The sight of violent epileptic fits is startling and distressing to many of the ordinary patients; and, on the other hand, the vagaries and humiliating or displeasing manifestations of many of the ordinary patients may be equally annoying to the epileptics. It might be assumed, *a priori*, that the epileptics would be specially distressed by seeing their fellow-unfortunates contorted by convulsions; but in reality this very rarely proves to be the case—assuming, of course, that reasonable care is exercised in the classification of the epileptics themselves.

In general, nothing is more surprising and pathetic than the kindness and devotion shown by epileptics to their fellow-sufferers. Realizing that they are associated with fellow-beings who are the victims of the same malady, they tend to form intimate friendships, and to show great sympathy, care, and attention to one another, attending their associates in their fits, and proving helpful in every way.

Before separate provision was made at Waitati for epileptics (who were at first drafted from Seacliff Mental Hospital, but afterwards sent direct to Waitati on arrival), I myself was rather inclined to think that the claims made by the advocates of separation had been somewhat exaggerated, but personal experience proved quite the other way. There can be no doubt whatever that provision for the separation suggested is more than merely desirable—it ought to be regarded as absolutely necessary. Such provision for further classification of the insane would add little or nothing to the ultimate cost of our mental hospitals.

#### IV. *A Separate Institution for so-called "Criminal Lunatics" to serve the whole Dominion.*

This has long been recognized as fundamentally necessary. Indeed, some twenty-one years ago a property was specially purchased for this purpose, and considerable expenditure was actually incurred in preliminary work. Unfortunately, the general suitability of the premises and property was questionable, and when there was added to this the adverse pressure almost invariably raised by inhabitants of the surrounding district when any proposal is made to establish a hospital for mental patients in any new locality, the project was abandoned, and nothing further has been attempted since. Not unnaturally, local anxiety is specially liable to arise if proposals are made to establish quarters for so-called "criminal lunatics"—but who might more properly be described as persons who in a state of irresponsibility and insanity (which may prove to be either curable and temporary or incurable and permanent) have committed some dangerous and unjustifiable act, such as assault, homicide, or arson. The satisfactory solution of this extremely difficult problem is not simplified by the fact that the more remote the locality selected from a centre of population, the more anxious the surrounding community is liable to become on account of their relative isolation and distance from protection by the police, which they are apt to assume might become necessary.

The community has no idea that the so-called "criminal lunatic" is often not at all a violent or dangerous person if provided with suitable environment and necessary care, occupation, and treatment; and it rarely, if ever, occurs to them that the patient may recover—as, for instance, in the case of a mother who kills her child owing to sepsis and puerperal fever, or other temporary aberration caused by microbic poisoning. (This may serve to illustrate the point, though, of course, such a patient would not be sent to the type of institution under consideration.) On the other hand, every mental hospital has a small proportion of highly undesirable patients among its ordinary inmates who are quite as difficult to deal with as the more dangerous of the so-called "criminal lunatic" class. We feel very strongly that an institution is needed for dealing with all refractory "certified criminal lunatics," and also with any other specially difficult or refractory patients, especially chronics who have not been so certified. It would simplify and facilitate matters if a suitable institution were provided not bearing the objectionable, opprobrious, and alarming name, "criminal lunatic asylum."

It cannot be too strongly emphasized that, as matters now stand, every mental hospital in the Dominion has to undertake the care of and keep indefinitely some specially difficult, troublesome, dangerous, and refractory patients, without suitable provisions for their classification, care, or treatment. The results are doubly unfortunate: these patients themselves have a much more trying and restricted environment than would otherwise be necessary, and some of them are a source of serious trial and anxiety to their harmless fellow-patients. Further, the risks incidental to the escape of dangerous, irresponsible persons in connection with every one of our existing mental hospitals is far greater than would be the risks in connection with one centrally-situated properly-designed institution, suitably equipped for the special purpose of dealing with difficult and dangerous refractory types—of whom there are not more than about a hundred representatives in the whole of our mental hospitals. Both on humane grounds and as an economic measure, proper provision ought to be made for these patients without further delay.

#### V. *Nurses' Homes, suitable Staff Sitting-rooms, and other such Amenities are greatly needed.*

Admirable provision in this direction has been made at Christchurch, especially in the form of the nurses' spacious and well-furnished sitting-room; but in a number of the other mental hospitals the nurses' quarters are utterly inadequate. This is an unfair and very serious defect, because without proper staff quarters many people who would make good nurses or attendants are naturally prevented from applying.

#### VI. *Accommodation for Married Attendants and Artisans within Reasonable Distance of the Mental Hospital.*

The only instance in which this is a matter of urgency is at Seacliff. Some forty members of the Seacliff staff (mostly attendants) are now living at distances of from three to twenty-four miles from the institution. This is not only a serious inconvenience and handicap for themselves and their families, but it is an even more serious question for the Mental Hospital as such. In any grave emergency, such as fire, it would obviously be impossible to mobilize rapidly the number of men needed to cope effectively with the situation. Further, the lack of housing-accommodation in the district necessitates special concessions to the employees concerned, and consequent dissatisfaction of married men in other mental hospitals.

Judging from long practical experience as to the pros and cons of providing Government cottages and deducting rental from salary, as compared with promoting private ownership, I am strongly in favour of some scheme whereby married attendants could be enabled to acquire freehold property—say, under the State Advances Act.

Having given an account of the present policy of the Mental Hospitals Department, and summarized what has been done of late, what it is proposed to do, and what we should like to be enabled to effect in the near future, it may be asked whether if all these various measures were duly carried out, through the instrumentality of the Mental Hospitals Department, acting in conjunction with the Health Department and the General Hospitals—granted all these things, can we be quite sure that there will ensue, as a matter of cause and effect, a great lessening of the incidence of actual insanity throughout New Zealand, and a great increase in true and permanent recovery—not mere temporary improvement and discharge?

Before answering these questions, I may point out that (apart from the figures given in the report of each mental hospital) I am purposely making no reference whatever in my report to statistics of insanity for the past year, because the admission-rate and the so-called “recovery-rate” vary little from year to year, and such variations as the figures may seem to show in actual or prospective recoveries are of little or no value either for direct comparison within the Dominion or for contrast with other countries.

The statistics of mental hospitals are generally of little value for comparative purposes, because everything depends on what basis is adopted for reporting patients on discharge as “recovered,” “relieved,” or “unrecovered.” All of us are inclined to hope for the best when setting down and classifying the year’s figures; and the result is that the recovery-rate may be given as 50 per cent. of the admissions where 25 per cent. or 30 per cent. would be nearer the mark if due account were taken of the probabilities of relapse and readmission. Not infrequently the same patient is classified over and over again as a “recovery,” and, of course, a hundred such incurable patients admitted and discharged during the year would to that extent give the institution 100-per-cent. recovery rate. All one need say, or would be justified in saying, about our results and statistics is that they appear to be fairly up to the average for the white population of the British Empire. However, the aspiration everywhere is to do better in the future; and taking everything into account there need be no doubt that there will be a gradual and steady improvement in this country when full justice is done along the lines set forth in this report. That is our answer to the question asked at the beginning of this section; but something more needs to be said.

It does not lie within the power of any Government or State Department to ensure the health and safety of the community, whether the problem be considered from the standpoint of body, mind, or morals. The main function of the State, so far as health and sanity are concerned, is to deal wisely with the present and do its best to safeguard the future of the race; and much can be effected in these directions by sound, far-seeing legislation, and by making the necessary material and economic provisions. But, granted all such sensible prevision and provision by the State, the stability, health, and sanity of the population of every country must always rest mainly with the people themselves—primarily with the home and parents, and the training, rearing, and education of the children on sound lines, whatever part the State may play in school education. The following is an extract from my annual report on the Seacliff Mental Hospital made sixteen years ago (1910):—

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

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

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

“The clear conclusions bearing on the above, which are set forth in Professor Lugaro’s remarkable and authoritative book (‘Modern Problems in Psychiatry,’ University Press, 1909) appear as hopeful as they are convincing. After dwelling on the widespread havoc wrought in the brains of children by parental alcoholism and syphilis—generally regarded as the leading scourges of the nervous system—Professor Lugaro says: ‘The infections which arise in the first years of life, and especially the inflammations of the gastro-intestinal tract—the result of unsuitable alimentation during the lactational period—are the most important factors in determining the majority of cerebropathies, and in this way a crowd of idiots, imbeciles, and epileptics is produced, who encumber asylums and are an enormous drain on the internal economy of the country, as also on public charity. All measures directed towards favouring natural maternal feeding, and providing the poor with the means for

carrying out artificial feeding according to the most rational methods, form the best means of prophylaxis against the infantile cerebropathies. In the most civilized nations . . . . . the movement in favour of the use of prophylactic means is very strong and steadily growing. In fact, a notable reduction in the infantile mortality has been effected, and along with this a diminution in the number of the deformed, and of children physically and mentally weak from earliest infancy.'”

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

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

Every year, with its added quota of knowledge and personal experience, goes to deepen and confirm these convictions; and it is some satisfaction to know that in the meantime New Zealand has done something towards engaging the attention of the public and enlisting their sympathies in the right direction. It may suffice to mention, in this connection, the earnest combined efforts now made by the Health Department and the Plunket Society to induce all mothers to avail themselves of the full facilities offered for practical help, education, and training in the safeguarding of mother and child from the onset of pregnancy to actual childbirth—so-called “ante-natal care.” The education of the whole community in the essentials for mental health and fitness, and the prevention of insanity, ought to be regarded in the same light as education in the essentials for bodily health and the prevention of disease in general. The public ought to be brought to realize the inestimable value of nervous and mental stability, and the cruel and costly handicap of instability and insanity; but these things will never be adequately appreciated until the present absurd and grotesque notions as to the causes, onset, and nature of insanity, and the characteristics and treatment of the insane, are cleared away. The sooner the public understands that mental disease is for the most part a symptom and expression of bodily disease the better.

Fortunately my colleague, Dr. Theodore Gray (now Deputy Inspector-General of the Department), made an excellent start in the right direction when he gave a popular lantern lecture in Wellington some four years ago entitled “Mental Hospitals, Ancient and Modern.” It is our intention to follow this up with further illustrated lectures throughout the Dominion, in which we shall try to impart what we feel can be conveyed interestingly and with benefit to all concerned—*i.e.*, actually or potentially, directly or indirectly, almost every one in the community. Sound common-sense, simple reliable advice and instruction is what is most needed in order to enlist the sympathy, help, and intelligent co-operation of the public, so that they may help us to get in touch with people threatened with nervous or mental breakdown at an early stage, and advise them and their friends as to the best course to pursue—whether that happens to involve admission to a sanatorium or mental hospital, or simply some change of locality or environment, or in the course of life and habits.

F. TRUBY KING, Inspector-General.

## MEDICAL SUPERINTENDENTS' REPORTS.

### AUCKLAND MENTAL HOSPITAL.

DR. PRINS reports :—

I have the honour to present my report for the year ending 31st December, 1925.

During the year we have had 1,325 patients under care, with an average of 1,068 resident. Our admissions totalled 236, of whom 203 entered the institution for the first time. We have discharged recovered 109 patients, or 47 per cent. calculated upon the number of admissions.

We had 71 deaths during the year, the principal cause being senile decay.

The general health of the patients has been good, and there has been little zymotic disease.

Very considerable structural alterations have been carried out during the year with the view of improving the amenities of the patients and effecting the desiderata outlined in your general report for last year.

The ventilation throughout the building has been greatly increased by means of ventilating-shafts, electric fans, &c., and the necessary alterations to windows originally constructed so as not to open.

The Wolfe Home has now reassumed the function designed for it by its donor—*i.e.*, to be a reception home for suitable cases who would thereby be saved from entrance to the main building and association with the less amenable types of patients. Numerous repairs and alterations have been effected in the Home to render it more comfortable and less institution-like, such as the removal of barred windows, and the substitution of windows similar to those found in ordinary homes and capable of being thrown widely open.

A good admission dormitory has been instituted, so that those requiring night observation and attention could enjoy those benefits without the stringent precautions necessary when such cases are admitted to single rooms.



The auxiliary building—renamed Oakleigh Hall—is now a parole villa, and its 150 male patients are looked after by nurses. The result has once more demonstrated the high desirability of employing nurses wherever possible, retaining attendants almost solely for attending to the patients in relation to their outdoor occupation and activities.

The kitchen in this part of the institution has been entirely remodelled and brought to the necessary state of efficiency.

The new male-patient hospital has been completed, and will be under the charge of a trained sister.

Extensive repainting of the interiors in light pleasing shades has been carried out in various parts of the institution, and this work will be completed during the ensuing year.

Lectures in anatomy, physiology, and nursing have been delivered to the staff by the Medical Officers and Matron, and several nurses and attendants have qualified by examination for State registration.

Our thanks are due to numerous friends for interest and assistance rendered during the year. We have had numerous concert parties in the institution, and the local bowling clubs have kindly arranged home-and-home matches.

We wish to gratefully acknowledge the most useful gift of a billiard-table from our Official Visitor, Mr. John Alexander, and also a gramophone and record-case from Mrs. Alexander.

Mr. Blomfield (Deputy Inspector) and Mr. Alexander have shown a most sympathetic and practical interest in the institution, and on numerous occasions have been of the greatest assistance to me.

I am fortunate in my staff, both male and female, and have to thank all my officers for their unflinching loyalty throughout the year.

#### TOKANUI MENTAL HOSPITAL.

DR. MACPHERSON reports :—

With respect to Tokanui Mental Hospital, I have to report that on the 31st December, 1924, there were on the register of the institution 270 inmates, made up of 164 male and 106 female patients. During the year 1925 13 males and 11 females were admitted, and 44 males were transferred to Tokanui; 5 males and 6 females were discharged or transferred, and 6 males and 6 females died; thus leaving on the 31st December, 1925, 315 patients on the register—viz., 210 males and 105 females.

The year was uneventful; the bodily health of the inmates was good. Five deaths were due to senile decay.

As far as was possible, recreation and distraction were provided for the inmates by means of dances, concerts, and community singing, and my thanks are due to Mr. Battson and the musical people of Te Awamutu for their kind assistance in the matter of providing such amusement. Religious services have been conducted thrice monthly by Anglican, Presbyterian, and Methodist clergymen.

On the farm, operations have been restricted to the necessary cultivation and the task of keeping down the growth of fern and noxious weeds. In this respect we have been sadly hampered by the scarcity of workers. The condition of the country in the vicinity of No. 2 camp has been vastly improved by the workers resident there, and a similar establishment, somewhere near No. 1 camp, on the lower side of the estate, could deal effectively with that part of it which cannot be worked from the central institution.

The new female reception block is nearing completion, and will accommodate twenty-three patients, and should be ready for occupation early in the new year.

The installation of our new water-supply from the Te Awamutu main seems to “hang fire.” The concrete pipes seem to be incapable of withstanding the high pressure, thus causing excessive leakages.

Dr. Gribben returned from leave towards the end of the year, and was shortly afterwards transferred to Seacliff.

My thanks are due to the Official Visitor, Mr. Brabyn, for the interest he has taken in all things pertaining to the patients' welfare, also to the entire staff for their harmonious and hearty co-operation in the necessary activities of the institution throughout the year.

#### PORIRUA MENTAL HOSPITAL.

DR. TIZARD reports :—

I have the honour to forward my report on the Porirua Mental Hospital for the year 1925, to which I was appointed Superintendent in May.

At the beginning of 1925 there were 1,194 patients in the Hospital. At the end of the year the number was 1,261—viz., 684 males and 577 females—inclusive of 23 males and 35 females absent on probation, and 2 males on escape, thus showing an increase of 67.

The total number under care during the year was 1,479 (809 males and 670 females), the average number weekly resident being 1,169 (648 males and 521 females). Voluntary boarders are not included in these figures, of whom there were 79 (35 males and 44 females) under treatment during the year: of this number 7 were committed as ordinary patients (5 males and 2 females) and 30 were discharged. Of those admitted on urgency request there were 9 (2 males and 7 females). Of 125 patients discharged, 85 were discharged recovered, 20 not improved, and 20 transferred to other mental hospitals. The deaths during the year were 93 (52 males and 41 females), senility, circulatory disease, general paralysis, and phthisis being the chief causal factors.

During the year two villas have been opened for the accommodation of female patients, thus enabling us to improve our classification. These villas are now occupied by a quiet type of chronic patient in one, and congenitally defective children in the other, thus enabling us to withdraw these

children from the environment of the adults. A house is under construction for the Medical Superintendent, the house formerly occupied by him, and now called "Vailima," having been opened as an admission unit for women of a suitable type—thus in many cases avoiding their admission to the main building. It also serves as a home for suitable convalescent patients. The cottage is self-contained, and in every way similar to a private house, and the open-air sleeping-veranda is much appreciated by those sleeping there. The surroundings of this cottage are very beautiful, the outlook on the gardens being superb; in addition, croquet and tennis lawns provide recreation. Relatives of the inmates express their appreciation of this home, many of them saying "they are better off than in their own home."

Three new villas for male patients are under construction, and will, I trust, be ready for occupation in a few months, thereby giving us increased facilities for further classification on the male side. The new hospital ward for male patients is nearing completion, and when occupied will give us the needed accommodation for the sick and for those requiring rest treatment. The hospital ward now in use, when evacuated, will be used as an observation ward for special cases.

F. Ward requires to be extended, or an additional ward added, in order to meet our future requirements.

These additional buildings, whilst greatly relieving our overcrowding, will not completely do so on the female side, but will do so on the male side, when the additional villas are occupied. But, in view of our admission rate, which is greater than in any other mental hospital in the Dominion, more buildings, or the transfer of patients to other institutions, will become necessary in the near future.

The kitchen in the main building requires to be extended and remodelled in order to bring it up to our requirements, as also does the store, where space is so limited as to render efficient administration a matter of great difficulty. The main dining-hall used by male patients, and also as a recreation-hall, is far too small for our present wants, and its extension is an urgent necessity. The reorganization of the steam plant is also an urgent requirement. At present it is loaded to its full capacity, thus rendering efficient lighting of the new male villas, when in occupation, an anxious problem.

The piggeries, on account of their proximity to the new male and female villas, require moving to a more suitable site.

Of 684 male patients, 390, or 57 per cent., are usefully occupied on the farm, garden, and excavation works, &c., from which occupations they derive much benefit physically and mentally.

During the year weekly visits have been paid to the Wellington General Hospital, where advice and treatment is given to those attending as out-patients, and in-patients are seen in consultation with the Medical Officers of the Hospital. Patients on probation are also seen there, thus avoiding their return to the Mental Hospital when seeking their discharge.

The weekly pictures and dances give, as in the past, much pleasure to those who are able to attend. My thanks are due to the Red Cross Society, the Victoria College Social Service Club, and concert parties for the good work they do in cheering and brightening the lives of the inmates. To Mr. Prosser I express my thanks and appreciation in granting free passes, thus permitting patients to attend the pictures in the village. My thanks are also due to ministers of religion who conduct services and visit the patients, and also to the Official Visitors, Mrs. Fraser and Mr. Bothamley, for their interest in the patients and Hospital. I further tender my thanks to my colleagues, Drs. Blair, Cox, and Morton, and to the Matron and Head attendant and staff, for their loyal support in carrying out the work of the Hospital.

#### NELSON MENTAL HOSPITAL.

DR. JEFFREYS reports:—

During the year there were 381 patients under care (258 males and 123 females), and the average number resident was 348 (236 males and 112 females). Of the 30 patients admitted for the first time, 11, or nearly 37 per cent., were imbecile boys under the age of fifteen. The death-rate was only 4.31 per cent. of the average number resident—a remarkable low rate, particularly considering the number of feeble imbecile children under our care.

In his annual report of two years ago my predecessor referred to the fact that the irrecoverable male imbeciles from all over the Dominion are admitted to this institution, and that there were 64 residents at "El Nido"—the boys' villa—"and enlargement will have to be considered in the near future." At the present time we have 77 boys at "El Nido," which is becoming very congested, and there is pressing necessity for further accommodation. The degree of mental defect of these children varies from fairly high-grade imbecility to every phase of idiocy; yet, owing to the lack of suitable accommodation, proper classification is practically impossible. The only solution of the difficulty is to erect villas for female patients at Stoke, and use the main wards at Nelson for the ever-increasing number of imbeciles.

I am glad to know that a washing-machine is to be installed in the laundry; this will improve matters; but I am thankful to hear that there is a prospect of a new laundry being erected at Stoke, and trust that this will be regarded as a matter of utmost urgency and gone on with as soon as possible.

The new villa at Stoke is practically finished and should soon be ready for occupation, and the classification of patients will then be on a still more satisfactory basis.

Exclusive of the boys, quite a number of whom are being taught to be useful, 74 per cent. of the male patients at Nelson and Stoke are usefully employed, and 73 per cent. of these are on parole—a very highly satisfactory state of things, which reflects great credit on the staff.

Mr. Ellwood took up his duties as Head Attendant on the 7th July, and has already justified his appointment by his quick grasp of the new system at Stoke, and by the gratifying enthusiasm with

which he has entered into the work. By the judicious use of tact and firmness he has got patients who had never occupied themselves in any useful way before to become interested in some form of light employment, thus making their lot a happier one.

I desire to place on record my appreciation of the valued assistance given by Miss E. Paterson, B.Sc., Dietitian, in drawing up a dietary scale for the imbecile boys at "El Nido"; for the more liberal and varied diet has had most gratifying results, particularly on the very feeble children.

I was pleased to find on my return to Nelson that the public continue to show a practical interest in the institution. There have been numerous concerts given to the patients at Nelson and Stoke during the year, and most generous donations were made to the Christmas-tree and amusement fund.

I regret losing the services of Dr. Hunter, who has lately been transferred to Porirua, and I take the opportunity of thanking him for his loyal and able assistance, and the other officers and staff for the help they have given in carrying on the work of the institution.

#### HOKITIKA MENTAL HOSPITAL.

DR. BUCHANAN reports :—

I beg to report as under for the year ending 1925 :—

At the beginning of the year there were 236 patients on the register; at the end of the year there remained 159 males and 62 females, making a total of 221. Admissions during the year amounted to 9. Of this number 2 were previously voluntary boarders. Discharges numbered 9, and deaths 15. Four died from general diseases, 6 from diseases of the circulatory system, and 5 from old age.

The general health of the patients has been good.

Dr. Whitton took charge of the Hospital on the 27th May, 1925, and relinquished his post on the 28th January, 1926. I returned to the Superintendency on the 14th February, 1926. It will be recognized under the circumstances that it is impossible for me to furnish a comprehensive report.

The outstanding works during 1925 have been the completion of "Te Maire," an up-to-date ward that houses 38 male patients, and the demolition of the old gaol portion of the Hospital.

#### CHRISTCHURCH MENTAL HOSPITAL.

DR. MCKILLOP reports :—

I have the honour to forward my report of the year 1925.

On the 1st January there were 822 patients on the register. During the year we had 152 admissions (74 males, 78 females); 72 patients were discharged, and 5 transferred to other institutions. The total number of committed cases under care was 974 (inclusive of 8 males and 17 females absent on probation), and 835 remained on the 31st December. Seventy voluntary boarders received treatment during the year, 33 being discharged recovered, several were committed as ordinary patients, and 22 remain for further treatment. Thirty-six patients were remanded for observation by the Magistrate, 19 were committed, 3 admitted as voluntary boarders, and 16 discharged uncertifiable.

The general health of the patients has been satisfactory. There were 62 deaths, the principal causes being senile decay (16) and general paralysis (9).

The work of upkeep and repair has continued to receive careful attention from the artisan staff, and among the important works which have been engaged in, in addition to the constant and daily work inevitable in any institution of this size, are the following: Construction of attendants' quarters; lavatories for A and D Wards; alterations and additions to laundry; painting of female corridors. A working squad of painters has been organized under an experienced attendant. All the airing-court fences, the exterior of North House and Annexe Ward have been renovated. Exceptionally good work has been done, and they will be kept fully occupied during the ensuing year.

The farm and gardens continue to afford healthy occupation for a great number of patients. Much has been done in the way of development, both at Sunnyside and at Templeton. A new stable is urgently required, and the fences on both farms are in need of immediate attention.

The overcrowding on the male side has been relieved to a certain extent by the completion of the Attendants' Home. The hospital ward at the female reception-house is in occupation in charge of a fully qualified nurse.

I am pleased to note that a neuropathic hospital is shortly to be erected at Hornby. The erection of this institution will mark a decided advance in the treatment of nervous cases in this district. At the present time, chiefly for economical reasons, early cases of mental trouble are for the most part segregated in large institutions. This is a thoroughly bad system, as it means that the recoverable cases are to a very large extent mixed with the chronic incurables. The mere proximity of a maniacal or excited patient is a constant source of irritation to the exaggerated sensibilities of the sufferer from mental depression.

The provision of an "out-patient clinic for nervous affections" at the General Hospital has given greatly increased facilities for the early treatment of nervous and mental disorders.

I have to place on record the keen interest taken by the staff in the course of lectures, and the desire to qualify themselves further by obtaining the certificate which entitles them to a place on the Register of Mental Nurses. It is pleasing to state that twenty-three members of the staff passed the Senior Examination in December last.

To Mr. Acland, District Inspector, to the Official Visitors (Mrs. Williams and Mr. Hanna), to Mr. Souter, Patients' Friend, I tender my sincere thanks for their regular visits, and to their attention to our inmates. I have also to thank the clergy of different denominations for their services. I desire to record my thanks to the Medical Officers for their valuable help, to Mr. Thomas and office staff, the Matron, Head Attendants, and other heads of departments for their loyal and efficient assistance, and the staff as a whole for the satisfactory manner in which its work has been performed.

## SEACLIFF MENTAL HOSPITAL.

DR. GRIBBEN reports :—

I beg to forward a report on this institution for the year 1925.

At the beginning of the year there were 1,128 patients on the register (632 males, 496 females), and at its close 1,130 (623 males, 507 females). The admissions during the year numbered 146 (76 males, 70 females). Ninety-one patients were discharged, comprising 47 males, 44 females. Of voluntary boarders 24 were admitted, and 14 (some from the previous year) were discharged. One male voluntary boarder died, and one female had eventually to be formally committed. One case (female) was admitted on remand for observation. Fifty-three patients died during the year (38 males, 15 females).

The average weekly number of patients resident during the year was 1,090 (610 males, 480 females). The total number of voluntary boarders under treatment during the year was 51 (27 males, 24 females).

Numerous alterations and additions to buildings were carried out during the year. The replacing of single rooms and the provision of a new dining-room for male patients in B ward were completed. The restoration of the fence in the female park, begun in the previous year, was finished. Further work in asphaltting the paths round the buildings was engaged in, and the tennis-court in front of the building was relaid. An extension to the existing workshops was made, affording new provision for the work of bootmaking and upholstering. A new storage battery was provided, and proved a decided improvement on the old battery, which was practically worn out. A steam-pipe from the main boilers to the laundry was also installed, whilst the supply of water to the main boilers was augmented by the erection of a concrete tank. An extra hydrant was provided in the main recreation-hall to ensure adequate protection from fire during cinematograph entertainments.

The painting of buildings at Waitati was almost completed, and has made a considerable improvement in the appearance of the place. Installation of electric light at Waitati is in process of being carried out.

Extensive additions and alterations to the kitchen and the bakery constitute a matter of urgency. Further provision in the laundry, especially in the direction of drying-presses, is also a matter of immediate necessity. Additional accommodation is required in the Nurses' Home.

Four sections of freehold land, approximating 118 acres, were acquired, as well as 230 acres at Cherry Farm. At the latter, turnips and potatoes were sown, and the homestead was utilized for the accommodation of patients to help in the working of the property.

A shelter-belt has been planted to screen the section at Puketeraki, where the seaside sanatorium is to be built.

The returns from the fishing-station at Karitane show a considerable decrease as compared with previous years, and better management will have to be arranged for.

Farming operations have been carried on, and have provided a healthy occupation for the patients. A number of the farm buildings are in need of repair and partial renovation.

A weekly cinematograph entertainment was provided; this is always much appreciated by the patients. During the winter months a weekly dance was also held. The Christmas-tree entertainment was this year replaced by an outdoor sports picnic held on the cricket field and proved very successful. Religious services of different denominations were regularly held.

Mr. Gallaway (District Inspector), and Mr. Slater (Official Visitor), and Mr. Cumming (Patients' Friend) continued their interest and regularly visited the institution.

The thanks of the institution are due to the proprietors of the *Otago Daily Times*, who sent two hundred copies of the Christmas number of the *Otago Witness* for distribution among the patients. We also thank all those who have at different times sent books and periodicals. Mention should also be made of the Commercial Travellers' Entertainers, who provided a concert that was much enjoyed by the patients.

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### STATISTICAL.

The patients on the register at the end of the year numbered 5,257 (m. 2,921, f. 2,336), or 126 (m. 48, f. 78) more than at the beginning; and the daily average under treatment during the year was 5,033 (m. 2,830, f. 2,203) or 79 (m. 22, f. 57) more than in the previous year, while the total under care was 6,006. Patients belonging to the Native race numbered 77 (m. 40, f. 37), at the end of the year.

The admissions numbered 875 (m. 445, f. 430), or 52 more (m. 1 less and f. 53 more) than in the previous year. Of these 123 (including 3 Maoris) had been previously under care, making the proportion of readmissions 14.06 per cent., and 752 patients (including 13 Maoris) were admitted for the first time.

The ratio to population of all admissions (exclusive of Maoris) was 6.46 (m. 6.41, f. 6.51) to 10,000, and of first admissions 5.55 (m. 5.52, f. 5.59), so that 1,548 persons in the general population contributed one patient, and 1,799 contributed a patient admitted for the first time.

The discharges (excluding transfers) numbered 425, or 53 more than in 1924. 106 (or 14 more) harmless unrecovered persons were returned to the care of friends, and 319 (m. 144, f. 175) recovered—39 more than last year, representing a percentage of 35.31 (m. 32.36, f. 40.70) on the total admitted. With voluntary boarders added the percentage rises to 42.21. Altogether 52.34 per cent. of the inmates admitted were able to leave institutional care.

Of a total of 6,006 patients under care, 324 (m. 201, f. 123) died, or 6.44 per cent. on the average number resident. An inquest is held in the case of every death, whatever the cause. The causes are detailed in Table XII, and the following is the percentage of causes mainly contributing: Senile decay, 25.61; disease of the brain and nervous system group, 31.17; heart-disease, 14.81; tuberculosis, 8.02.

In Table XIII the principal causes assigned for the mental breakdown in the admissions are stated; but as a matter of fact they are merely approximations, and these, with the small numbers

with which we have to deal, show such divergencies from year to year that the proportion assigned to any one cause in any one year cannot be assumed to be our average incidence. Causation is always complex, and the most potent factor is the individual. Hereunder the assigned causations in the table referred to are grouped and shown in their relative proportions:—

	Males.	Females.	Total.
Heredity.. .. .	13.03	16.28	14.63
Congenital .. .. .	14.15	9.07	11.66
Predisposed by previous attack .. .. .	8.54	11.62	10.05
Critical periods .. .. .	22.25	30.00	26.05
Child-bearing (puerperal, non-septic, and lactation) .. .. .	..	5.35	2.63
Mental stress .. .. .	8.76	6.74	7.77
Physiological defect and error .. .. .	2.92	3.95	3.45
Toxic, including—	M.	F.	T.
Syphilis .. .. .	8.94	0.69	4.91
Alcohol .. .. .	8.27	3.02	5.91
Traumatic .. .. .	..	..	1.12
Disorder of nervous system, including—	M.	F.	T.
Epilepsy .. .. .	4.49	6.05	5.27
Other bodily affections .. .. .	..	..	0.90
No definite cause assigned .. .. .	..	..	4.27
	100.00	100.00	100.00

#### VOLUNTARY BOARDERS.

Year.	First Admission.			Not First Admission.			Total Admissions.			Transferred to Register of Patients.			Died.			Discharged.			Remaining on 31st December.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1912 .. .. .	6	17	23	0	0	0	6	17	23	1	3	4	0	0	0	4	3	7	1	11	12
1913 .. .. .	18	19	37	0	2	2	18	21	39	2	5	7	0	1	1	12	12	24	5	14	19
1914 .. .. .	17	19	36	3	2	5	20	21	41	7	5	12	1	1	2	11	15	26	6	14	20
1915 .. .. .	15	17	32	1	2	3	16	19	35	3	4	7	0	1	1	8	14	22	11	14	25
1916 .. .. .	13	23	36	5	8	13	18	31	49	4	4	8	1	2	3	14	14	28	10	15	25
1917 .. .. .	14	21	35	1	13	14	15	34	49	6	6	12	0	1	1	10	23	33	9	19	28
1918 .. .. .	23	38	61	5	11	16	28	49	77	1	4	5	2	2	4	15	30	45	19	32	51
1919 .. .. .	31	39	70	5	19	24	36	58	94	3	3	6	0	2	2	26	42	68	26	43	69
1920 .. .. .	26	38	64	16	12	28	42	50	92	3	4	7	1	2	3	33	33	66	31	54	85
1921 .. .. .	39	39	78	11	15	26	50	54	104	2	3	5	5	1	6	38	41	79	36	63	99
1922 .. .. .	47	38	85	10	16	26	57	54	111	6	5	11	4	4	8	40	48	88	43	60	103
1923 .. .. .	44	50	94	15	21	36	59	71	130	3	6	9	3	3	6	47	47	94	49	75	124
1924 .. .. .	38	44	82	16	20	36	54	64	118	4	8	12	6	3	9	39	48	87	54	80	134
1925 .. .. .	64	59	123	15	34	49	79	93	172	10	15	25	6	3	9	60	63	123	57	92	149

It will be noted that there were 172 voluntary admissions in the year under review, that 123 were discharged, and that 25 boarders, representing 8.17 per cent. of the total under care, had to be transferred to the register of patients (having shown mental disorder in degree sufficiently pronounced and sustained to render it improper for them to be continued as voluntary boarders), while the proportion of deaths was 2.94 per cent. The column devoted to "Not First Admissions" records readmissions on a return of illness in those previously treated to recovery as voluntary boarders. The figures above are an indication of public confidence and of good work being done. The average daily number of voluntary boarders in 1925 was 151 (m., 64; f., 87).

#### MENTAL NURSES.

In December the usual examination was held for the registration of mental nurses, when the following passed:—

- Auckland: First Grade—Percy Lawrence Ghent, Huia Stanley Jackson; Second Grade—Mary Fawcett.
- Tokanui: First Grade—Nina Ngrita Taylor; Second Grade—Ella Moorhouse, Edna Stella Pearson, Laura Isabel Turkington.
- Porirua: First Grade—Walter Jones; Second Grade—Bella Finlayson, Archibald Greig, Annie Cullen Wardrop.
- Nelson: First Grade—Enid Olive Nock, Myra Jane Ritchie; Second Grade—Emma Elizabeth Goodman, Dorothy Violet Stebbings.
- Hokitika: Second Grade—Mary Mizpah Veronica Parker.
- Christchurch: First Grade—Edith Mary Chapman, Alexander Donald Falconer, Eva Foster, Neil McKay, Kenneth Munro; Second Grade—William Bond, William Campbell, Hester Edith Church, Mona Estelle Ellyett, Alfred Ernest Farrow, Albert Gwyn Freear, Robert Hunt, Martin Hugh Kelly, Katherine Agnes McGuire, Walter Samuel Mizen, Leslie Francis Odell, Robert Purdie, Daniel Reardon, Robert Samson, William Spencer, Agnes Alicia Suttie, Maria Ellen Wadsworth.
- Seacliff: First Grade—Ivy Edith Dyas, Mavis Ellen Kenward, Janet Cooke Smith; Second Grade—Violet Auld, Agnes Greta Baker, William George Hooper, Margaret Nehoff, Henry James Philp.

## APPENDIX.

TABLE I.—SHOWING THE ADMISSIONS, READMISSIONS, DISCHARGES, AND DEATHS IN MENTAL HOSPITALS DURING THE YEAR 1925.

	M.			F.			T.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
In mental hospitals, 1st January, 1925 .. .. .	2,873	2,258	5,131						
Admitted for the first time .. .. .	382	370	752	}	445	430	875		
Readmitted .. .. .	63	60	123						
Total under care during the year .. .. .	3,318	2,688	6,006						
Discharged and died—									
Recovered .. .. .	144	175	319						
Relieved .. .. .	29	37	66						
Not improved .. .. .	23	17	40						
Died .. .. .	201	123	324						
(Not including transfers—Males 61, females 4.)					397	352	749		
Remaining in mental hospitals, 31st December, 1925.. .. .	2,921	2,336	5,257						
Increase over 31st December, 1924 .. .. .	48	78	126						
Average number resident during the year .. .. .	2,830	2,203	5,033						

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 1925.

Mental Hospitals.	In Mental Hospitals on 1st January, 1925.			Admissions in 1925.									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 .. .. .	619	470	1,089	108	95	203	14	15	29	(4	0	4)	741	580	1,321
Christchurch .. .. .	366	456	822	60	68	128	11	8	19	(3	2	5)	337	532	969
Dunedin (Seacliff) .. .. .	632	496	1,128	65	57	122	9	11	20	(2	2	4)	706	564	1,270
Hokitika .. .. .	172	64	236	4	3	7	1	1	2	..	..	..	177	68	245
Nelson .. .. .	237	111	348	19	11	30	1	1	2	(1	0	1)	257	123	380
Porirua .. .. .	666	528	1,194	113	118	231	24	24	48	(6	0	6)	803	670	1,473
Tokanui .. .. .	164	106	270	11	11	22	2	0	2	(44	0	44)	177	117	294
Ashburn Hall (private mental hospital)	17	27	44	2	7	9	1	0	1	(1	0	1)	20	34	54
Totals .. .. .	2,873	2,258	5,131	382	370	752	63	60	123	(61	4	65)	3,318	2,688	6,006

  

Mental Hospitals.	Patients discharged, transferred, and died.												In Mental Hospitals on 31st December, 1925.					
	Discharged recovered.			Discharged not recovered.			Transferred.			Died.			Total discharged, transferred, and died.					
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Auckland .. .. .	44	65	100	12	9	21	29	1	30	42	29	71	127	104	231	618	476	1,094
Christchurch .. .. .	21	29	50	8	14	22	3	2	5	36	26	62	68	71	139	372	463	835
Dunedin (Seacliff) .. .. .	24	27	51	19	17	36	4	0	4	38	15	53	85	59	144	623	507	1,130
Hokitika .. .. .	4	2	6	2	1	3	..	..	..	12	3	15	18	6	24	159	62	221
Nelson .. .. .	2	1	3	1	2	3	3	0	3	13	2	15	19	5	24	239	118	357
Porirua .. .. .	45	40	85	9	11	20	19	1	20	52	41	93	125	93	218	684	577	1,261
Tokanui .. .. .	2	6	8	1	0	1	2	0	2	6	6	12	11	12	23	210	105	315
Ashburn Hall (private mental hospital)	2	5	7	..	..	..	1	0	1	2	1	3	5	6	11	16	28	44
Totals .. .. .	144	175	319	52	54	106	61	4	65	201	123	324	458	356	814	2,921	2,336	5,257

  

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.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Auckland .. .. .	609	459	1,068	36.06	59.09	46.98	6.89	6.31	6.64
Christchurch .. .. .	359	442	801	29.57	38.15	34.01	10.02	5.88	7.74
Dunedin (Seacliff) .. .. .	610	480	1,090	32.43	39.70	35.91	6.22	3.01	4.86
Hokitika .. .. .	164	60	224	80.00	50.00	66.66	7.31	5.00	6.60
Nelson .. .. .	236	112	348	10.00	8.11	9.37	5.50	1.69	4.31
Porirua .. .. .	648	521	1,169	32.84	28.16	30.47	8.02	7.87	7.95
Tokanui .. .. .	188	101	289	15.38	54.54	33.33	3.19	5.94	4.15
Ashburn Hall (private mental hospital)	16	28	44	66.66	71.42	70.00	12.50	3.57	6.81
Totals .. .. .	2,830	2,203	5,033	32.36	40.70	35.31	7.10	5.58	6.44

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	0	3 3	0	2 2	0	2 2	6	0 6	0	2 2	0	1 1	0	2 2	0	3 3
From 5 to 10 years	1	3 4	2	0 2	4	7 11	1	1 2	4	1 5	0	4 4	0	1 1	0	4 4	7	11 18
" 10 " 15 "	2	2 4	6	2 8	7	14 21	1	1 2	1	3 4	1	7 8	1	1 2	1	6 7	9	12 21
" 15 " 20 "	12	7 19	11	15 26	14	9 23	1	1 2	1	3 4	30	26 34	1	1 2	0	3 3	34	44 78
" 20 " 30 "	23	14 37	14	13 27	21	14 35	1	1 2	1	1 2	27	27 54	5	2 7	0	2 2	87	92 179
" 30 " 40 "	22	27 49	10	19 29	7	16 23	1	0 1	2	3 5	32	16 48	2	0 2	2	1 3	84	82 166
" 40 " 50 "	21	19 40	10	14 24	7	8 15	1	2 3	2	3 5	16	13 29	2	1 3	0	0 0	77	74 151
" 50 " 60 "	11	13 24	4	4 8	7	7 14	1	0 1	1	1 2	13	9 22	1	0 1	1	1 2	49	54 103
" 60 " 70 "	12	14 26	7	2 9	9	4 13	1	0 1	1	1 2	9	1 10	1	0 1	1	1 2	38	35 73
" 70 " 80 "	11	5 16	2	1 3	5	1 6	0	0 0	0	0 0	0	0 0	0	0 0	0	0 0	38	13 51
" 80 " 90 "	4	3 7	2	1 3	5	1 6	0	0 0	0	0 0	0	0 0	0	0 0	0	0 0	11	5 16
" 90 " 100 "	0	0 0	0	0 0	0	0 0	0	0 0	0	0 0	0	0 0	0	0 0	0	0 0	1	0 1
" 100 " 105 "	0	0 0	0	0 0	0	0 0	0	0 0	0	0 0	0	0 0	0	0 0	0	0 0	0	0 0
Unknown	3	2 5	5	3 8	2	2 4	0	0 0	1	0 1	1	0 1	0	0 0	0	0 0	10	5 15
Transfers	4	0 4	3	2 5	0	0 0	0	0 0	1	0 1	6	0 6	44	0 44	1	0 1	61	4 65
Totals	126	110 236	74	78 152	76	70 146	5	4 9	21	12 33	143	142 285	57	11 68	4	7 11	506	434 940

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 three months on admission)	62	55 117	29	24 53	26	27 53	1	1 2	4	3 7	94	66 160	10	6 16	1	4 5	227	186 413
Second class (first attack above three months and within twelve months on admission)	8	10 18	7	8 15	11	7 18	2	1 3	1	2 3	7	10 17	1	0 1	1	0 1	38	38 76
Third class (not first attack and within twelve months on admission)	20	15 35	14	16 30	10	13 23	0	1 1	3	2 5	17	46 63	0	0 0	1	0 1	65	93 158
Fourth class (first attack or not, but of more than twelve months on admission)	22	21 43	21	28 49	27	21 48	2	1 3	12	5 17	19	20 39	2	5 7	0	3 3	105	104 209
Unknown	10	9 19	3	2 5	2	2 4	0	0 0	1	0 1	6	0 6	44	0 44	1	0 1	10	9 19
Transfers	4	0 4	0	0 0	0	0 0	0	0 0	0	0 0	0	0 0	0	0 0	0	0 0	61	4 65
Totals	126	110 236	74	78 152	76	70 146	5	4 9	21	12 33	143	142 285	57	11 68	4	7 11	506	434 940





TABLE VII.—CONDITION AS TO MARRIAGE.

	Admissions.			Discharges.			Deaths.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
<b>AUCKLAND—</b>									
Single ..	67	45	112	29	24	53	25	8	33
Divorced ..	2	4	6	..	..	..	1	0	1
Married ..	36	44	80	19	38	57	11	16	27
Widowed ..	8	16	24	4	12	16	2	5	7
Unknown ..	9	1	10	4	0	4	3	0	3
Transfers ..	4	0	4	29	1	30	..	..	..
Totals ..	126	110	236	85	75	160	42	29	71
<b>CHRISTCHURCH—</b>									
Single ..	41	39	80	15	20	35	13	10	23
Divorced ..	2	1	3	..	..	..	..	..	..
Married ..	23	27	50	14	19	33	17	11	28
Widowed ..	3	9	12	0	4	4	5	5	10
Unknown ..	2	0	2	..	..	..	1	0	1
Transfers ..	3	2	5	3	2	5	..	..	..
Totals ..	74	78	152	32	45	77	36	26	62
<b>DUNEDIN (SEACLIFF)—</b>									
Single ..	40	40	80	27	22	49	17	5	22
Married ..	29	19	48	14	17	31	19	6	25
Widowed ..	5	9	14	2	5	7	2	4	6
Unknown ..	..	..	..	..	..	..	..	..	..
Transfers ..	2	2	4	4	0	4	..	..	..
Totals ..	76	70	146	47	44	91	38	15	53
<b>HOKITIKA—</b>									
Single ..	2	3	5	4	0	4	8	1	9
Married ..	2	1	3	2	2	4	..	..	..
Widowed ..	..	..	..	0	1	1	2	2	4
Unknown ..	1	0	1	..	..	..	2	0	2
Transfers ..	..	..	..	..	..	..	..	..	..
Totals ..	5	4	9	6	3	9	12	3	15
<b>NELSON—</b>									
Single ..	18	6	24	3	3	6	11	1	12
Married ..	1	5	6	..	..	..	2	1	3
Widowed ..	1	1	2	..	..	..	..	..	..
Unknown ..	..	..	..	..	..	..	..	..	..
Transfers ..	1	0	1	3	0	3	..	..	..
Totals ..	21	12	33	6	3	9	13	2	15
<b>PORIRUA—</b>									
Single ..	83	71	154	28	16	44	34	15	49
Married ..	47	56	103	24	34	58	15	13	28
Widowed ..	7	15	22	2	1	3	3	13	16
Unknown ..	..	..	..	..	..	..	..	..	..
Transfers ..	6	0	6	19	1	20	..	..	..
Totals ..	143	142	285	73	52	125	52	41	93
<b>TOKANUI—</b>									
Single ..	6	7	13	1	2	3	4	3	7
Married ..	4	4	8	2	4	6	1	3	4
Widowed ..	3	0	3	..	..	..	1	0	1
Unknown ..	..	..	..	..	..	..	..	..	..
Transfers ..	44	0	44	2	0	2	..	..	..
Totals ..	57	11	68	5	6	11	6	6	12
<b>ASHBURN HALL—</b>									
Single ..	1	4	5	1	4	5	1	0	1
Married ..	2	2	4	1	1	2	0	1	1
Widowed ..	0	1	1	..	..	..	1	0	1
Unknown ..	..	..	..	..	..	..	..	..	..
Transfers ..	1	0	1	1	0	1	..	..	..
Totals ..	4	7	11	3	5	8	2	1	3
<b>TOTALS—</b>									
Single ..	258	215	473	108	91	199	113	43	156
Divorced ..	4	5	9	..	..	..	1	0	1
Married ..	144	158	302	76	115	191	65	51	116
Widowed ..	27	51	78	8	23	31	16	29	45
Unknown ..	12	1	13	4	0	4	6	0	6
Transfers ..	61	4	65	61	4	65	..	..	..
Totals ..	506	434	940	257	233	490	201	123	324

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 ..	115	84	199	73	102	175	93	58	151	29	8	37	15	11	26	144	82	236	44	15	59	4	2	6	517	362	879
Scotland ..	30	15	45	24	17	41	75	57	132	6	4	10	13	5	18	39	22	61	13	4	17	2	1	3	202	125	327
Ireland ..	44	37	81	26	29	55	49	42	91	24	9	33	10	3	13	48	49	97	15	14	29	..	..	..	216	183	399
New Zealand ..	296	277	573	223	291	514	365	322	687	70	37	107	149	54	203	381	357	718	109	69	178	10	23	33	1,583	1,430	3,013
Australian States ..	42	22	64	12	12	24	20	24	44	12	2	14	9	6	15	30	23	53	9	2	11	0	2	2	134	93	227
France ..	..	..	..	..	..	..	..	..	..	1	0	1	1	0	1	..	..	..	2	0	2	..	..	..	4	0	4
Germany ..	6	1	7	2	2	4	1	1	2	1	0	1	1	0	1	6	8	14	2	0	2	..	..	..	19	12	31
Austria ..	24	1	25	1	2	3	1	0	1	..	..	..	2	0	2	0	1	1	3	0	3	..	..	..	31	4	35
Norway ..	3	1	4	1	0	1	4	0	4	1	0	1	3	1	4	3	1	4	2	0	2	..	..	..	14	2	16
Sweden ..	4	1	5	3	0	3	3	0	3	3	0	3	2	0	2	3	1	4	2	0	2	..	..	..	18	2	20
Denmark ..	2	0	2	2	1	3	2	1	3	3	0	3	1	0	1	3	3	6	1	0	1	..	..	..	11	5	16
Italy ..	4	0	4	..	..	..	..	..	..	3	0	3	1	0	1	3	2	5	1	0	1	..	..	..	12	2	14
China ..	2	0	2	1	0	1	8	0	8	3	0	3	..	..	..	1	0	1	3	2	5	..	..	..	15	0	15
Maois ..	18	20	38	0	1	1	2	0	2	1	0	1	5	2	7	12	14	26	2	0	2	..	..	..	40	37	77
Other countries ..	21	10	30	4	6	10	0	2	2	5	2	7	1	0	1	16	6	22	7	1	8	..	..	..	54	27	81
Unknown ..	7	7	14	..	..	..	..	..	..	..	..	..	29	37	66	15	8	23	..	..	..	..	..	..	51	52	103
Totals ..	618	476	1,094	372	463	835	623	507	1,130	159	62	221	239	118	357	684	577	1,261	210	105	315	16	28	44	2,921	2,336	5,257

TABLE IX.—AGES OF PATIENTS ON 31ST DECEMBER, 1935.

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	..	..	..	1	2	3	..	..	..	7	0	7	0	1	1	0	..	..	..	..	..	..	..	..
" 5 " 10 " ..	1	3	4	0	7	7	1	2	3	..	..	..	21	3	24	0	7	7	0	..	1	..	..	..	..	..	..
" 10 " 15 " ..	3	6	9	5	4	9	2	6	8	..	..	..	37	4	41	0	16	16	3	..	..	..	..	..	..	..	..
" 15 " 20 " ..	12	11	23	8	7	15	19	10	29	2	2	4	20	2	22	9	10	19	3	1	4	..	..	..	..	..	..
" 20 " 30 " ..	77	47	124	38	31	69	76	40	116	6	1	7	25	15	40	84	71	155	12	8	20	1	2	3	319	215	534
" 30 " 40 " ..	98	99	197	59	58	117	94	89	183	25	6	31	26	15	41	141	119	260	34	17	51	2	4	6	479	407	886
" 40 " 50 " ..	163	99	262	95	130	225	159	112	271	47	17	64	29	18	47	182	139	321	60	27	87	2	4	6	727	546	1,273
" 50 " 60 " ..	112	101	213	69	105	174	113	121	234	43	21	64	34	27	61	130	93	223	57	22	79	2	8	10	560	498	1,058
" 60 " 70 " ..	94	54	148	46	72	118	80	76	156	15	5	20	26	21	47	83	71	154	29	19	48	8	5	13	381	323	704
" 70 " 80 " ..	33	29	62	35	32	67	57	39	96	10	4	14	11	6	17	43	36	79	9	9	18	1	3	4	199	158	357
" 80 " 90 " ..	13	8	21	11	13	24	14	8	22	5	4	9	1	4	5	9	12	21	1	1	2	0	2	2	54	52	106
Upwards of 90 years ..	..	..	..	1	0	1	1	0	1	..	..	..	1	0	1	1	1	2	..	..	..	..	..	..	..	..	..
Unknown ..	22	18	40	5	4	9	7	4	11	6	2	8	1	3	4	2	1	3	5	0	5	..	..	..	48	32	80
Totals ..	618	476	1,094	372	463	835	623	507	1,130	159	62	221	239	118	357	684	577	1,261	210	105	315	16	28	44	2,921	2,336	5,257

TABLE X.—LENGTH OF RESIDENCE OF PATIENTS WHO DIED DURING 1925.

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 ..	4	3	7	2	3	5	3	1	4	..	..	..	1	0	1	2	4	6	..	..	..	0	1	1	13	13	26
From 1 to 3 months ..	6	1	7	3	1	4	1	3	4	..	..	1	0	1	1	2	7	5	12	..	..	..	..	..	..	..	31
" 3 " 6 " ..	5	1	6	5	0	5	0	1	1	0	2	1	0	1	1	2	5	5	10	..	..	..	..	..	..	..	25
" 6 " 9 " ..	4	1	5	4	0	4	4	0	4	..	..	1	0	1	..	..	..	..	..	..	..	..	..	..	..	..	21
" 9 " 12 " ..	2	1	3	1	0	1	2	1	3	1	0	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	11
" 1 " 2 years ..	2	7	9	4	1	5	8	1	9	1	0	1	2	0	2	9	2	11	..	..	..	..	..	..	..	..	38
" 2 " 3 " ..	2	2	4	0	2	2	5	0	5	1	0	1	1	0	1	4	2	6	..	..	..	1	0	1	..	..	20
" 3 " 5 " ..	3	0	3	3	8	11	1	1	2	1	0	1	2	0	3	3	9	12	..	..	..	..	..	..	..	..	32
" 5 " 7 " ..	2	1	3	4	1	5	2	2	4	1	0	1	0	1	..	..	..	..	..	..	..	..	..	..	..	..	21
" 7 " 10 " ..	1	2	3	2	1	3	2	1	3	0	1	1	0	1	1	0	2	0	..	..	..	..	..	..	..	..	12
" 10 " 12 " ..	2	1	3	1	0	1	1	0	1	1	0	1	0	1	1	0	2	0	..	..	..	..	..	..	..	..	9
" 12 " 15 " ..	4	1	5	1	3	4	1	0	1	3	0	3	1	0	1	2	1	3	..	..	..	..	..	..	..	..	17
Over 15 years ..	5	8	13	6	6	12	8	4	12	3	0	3	1	2	3	3	5	8	..	..	..	1	0	1	..	..	57
Died while absent on trial ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	4
Totals ..	42	29	71	36	26	62	38	15	53	12	3	15	13	2	15	52	41	93	6	6	12	2	1	3	201	123	324

TABLE XI.—LENGTH OF RESIDENCE OF PATIENTS DISCHARGED "RECOVERED" DURING 1925.

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 ..	7	3	10	1	1	2	8	6	14	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	27
From 1 to 3 months ..	11	22	33	0	10	10	4	5	9	1	0	1	1	0	1	10	4	14	1	1	2	2	1	3	29	43	72	
" 3 " 6 " ..	14	13	27	5	6	11	2	3	5	..	..	..	1	0	1	12	13	25	0	2	2	0	2	2	34	39	73	
" 6 " 9 " ..	7	9	16	6	1	7	3	3	6	1	0	1	1	1	2	4	7	11	0	2	2	0	1	1	21	23	44	
" 9 " 12 " ..	0	5	5	2	1	3	1	5	6	0	1	1	1	1	2	2	6	8	1	0	1	0	1	1	7	19	26	
" 1 " 2 years ..	3	6	9	6	5	11	5	1	6	2	0	2	..	..	..	6	5	11	0	1	1	0	1	1	22	19	41	
" 2 " 3 " ..	0	2	2	6	5	11	0	2	2	0	1	1	..	..	..	3	3	6	..	..	..	..	..	..	..	..	11	
" 3 " 5 " ..	1	5	6	0	1	1	0	1	1	1	1	1	..	..	..	3	1	4	..	..	..	..	..	..	..	..	8	
" 5 " 7 " ..	..	..	..	1	1	2	1	1	1	2	..	..	..	..	..	3	1	4	..	..	..	..	..	..	..	..	12	
" 7 " 10 " ..	1	0	1	0	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	8	
" 10 " 12 " ..	..	..	..	0	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	
" 12 " 15 " ..	..	..	..	0	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	
Over 15 years ..	..	..	..	0	1	1	..	..	..	..	..	..	..	..	..	1	0	1	..	..	..	..	..	..	..	..	1	
Totals ..	44	65	109	21	29	50	24	27	51	4	6	15	2	1	3	45	40	85	2	6	8	2	5	7	144	175	319	

TABLE XII.—CAUSES OF DEATH.

Causes.	Auckland.		Christchurch.		Dunedin (Seaciff).		Hokitika.		Nelson.		Portus.		Tokanui.		Ashburn 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 .. .. .	1	0	1	0	..	..	..	..	1	0	..	..	..	..	..	..	..	3	0
Of lungs .. .. .	4	4	3	2	..	..	..	..	1	0	2	6	1	0	..	..	..	11	12
Diabetes .. .. .	..	..	..	..	2	0	1	0	..	..	0	1	..	..	..	..	..	3	1
Typhoid fever .. .. .	..	..	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	1	1
Cancer .. .. .	3	1	1	0	1	0	..	..	..	..	2	1	..	..	..	..	..	7	2
Grave's disease .. .. .	..	..	1	0	..	..	..	..	..	..	..	..	..	..	..	..	..	1	0
Addison's disease .. .. .	..	..	0	1	..	..	..	..	..	..	..	..	..	..	..	..	..	0	1
Toxæmia .. .. .	..	..	..	..	..	..	..	..	..	..	0	2	..	..	..	..	..	0	2
Pyæmia .. .. .	1	0	..	..	..	..	..	..	..	..	1	0	..	..	..	..	..	2	0
<b>II. DISEASES OF THE NERVOUS SYSTEM.</b>																			
Melancholia, exhaustion from ..	1	0	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	2	1
Mania, exhaustion from ..	0	3	1	3	3	1	..	..	..	..	0	3	..	..	..	..	..	4	10
General paralysis of insane ..	2	0	8	1	5	1	..	..	1	0	10	1	..	..	..	..	..	26	3
Organic brain-disease ..	5	1	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	6	2
Epilepsy .. .. .	4	5	5	4	3	0	..	..	2	0	6	4	..	..	..	..	..	20	13
Hemiplegia .. .. .	0	2	..	..	..	..	1	0	..	..	..	..	..	..	..	..	..	1	2
Cerebral hæmorrhage .. .. .	1	0	0	2	3	0	0	1	0	1	1	1	..	..	..	..	..	5	5
Cerebral syphilis .. .. .	..	..	..	..	..	..	..	..	..	..	1	0	..	..	..	..	..	1	0
<b>III. DISEASES OF THE RESPIRATORY SYSTEM.</b>																			
Pneumonia .. .. .	3	0	2	1	1	0	1	0	..	..	2	2	..	..	1	0	..	10	3
Pneumonia (lobar) .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	0	2	..	..	..	0	2
Bronchitis .. .. .	..	..	..	..	..	..	..	..	..	..	1	1	0	1	..	..	..	1	2
Pleurisy .. .. .	0	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	0	2
<b>IV. DISEASES OF THE CIRCULATORY SYSTEM.</b>																			
Heart-disease .. .. .	0	2	1	1	1	1	2	0	1	0	5	7	..	..	0	1	..	10	12
Valvular disease of the heart ..	0	2	1	2	6	6	..	..	2	0	..	..	..	..	..	..	..	9	10
Myocarditis .. .. .	..	..	0	1	..	..	..	..	..	..	2	1	..	..	..	..	..	2	2
Arterio-sclerosis .. .. .	1	0	0	1	..	..	1	0	..	..	..	..	..	..	..	..	..	2	1
<b>V. DISEASES OF THE DIGESTIVE SYSTEM.</b>																			
Enteritis .. .. .	1	0	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	0
Intestinal obstruction .. .. .	1	0	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	0
Gastritis .. .. .	..	..	..	..	..	..	..	..	..	..	0	1	..	..	..	..	..	0	1
Cirrhosis of liver .. .. .	..	..	..	..	1	0	..	..	..	..	..	..	..	..	..	..	..	1	0
Rupture of liver .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	1	0	..	..	..	1	0
Dilatation of stomach .. .. .	..	..	..	..	..	..	..	..	1	0	..	..	..	..	..	..	..	1	0
<b>VI. DISEASES OF THE GENITOURINARY SYSTEM.</b>																			
Nephritis .. .. .	1	0	..	..	..	..	1	0	1	0	0	2	..	..	..	..	..	3	2
Uræmia .. .. .	..	..	..	..	..	..	..	..	1	0	..	..	..	..	..	..	..	1	0
<b>VII. DISEASES OF THE SKIN.</b>																			
Gangrene .. .. .	2	0	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	0
<b>VIII. OLD AGE.</b>																			
Senile decay .. .. .	11	5	11	5	10	4	4	1	1	1	17	7	3	2	1	0	..	58	25
<b>IX. DISEASE OF INFANT.</b>																			
Congenital debility .. .. .	..	..	..	..	..	..	..	..	1	0	..	..	..	..	..	..	..	1	0
<b>X. DIED WHILE ON TRIAL</b>																			
.. .. .	..	..	..	..	..	..	..	..	..	..	2	1	0	1	..	..	..	2	2
<b>XI. EXTERNAL CAUSES.</b>																			
Asphyxia .. .. .	0	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	0	1
Drowning (accident) .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	1	0	..	..	..	1	0
Suicide .. .. .	0	1	0	1	1	1	..	..	..	..	..	..	..	..	..	..	..	1	3
Totals .. .. .	42	29	36	26	38	15	12	3	13	2	52	41	6	6	2	1	..	201	123

TABLE XIII.—PRINCIPAL ASSIGNED CAUSES OF INSANITY.

Causes.	Auckland.		Christchurch.		Dunedin (Seacliff).		Hokitika.		Nelson.		Porirua.		Tokanui.		Ashburn Hall (P.M.H.).		Total.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Heredity .. ..	16	2	9	22	4	8	0	2	6	2	22	31	1	2	0	1	58	70
Congenital .. ..	21	8	9	9	9	9	2	0	7	1	13	10	2	2	..	..	63	39
Previous attack ..	5	6	14	14	12	11	..	..	..	..	7	19	..	..	..	..	38	50
Puberty or adolescence ..	13	10	8	1	8	6	0	1	..	..	9	1	1	1	..	..	39	20
Climacteric .. ..	0	23	0	7	0	9	..	..	0	1	0	20	..	..	0	1	0	61
Senility .. ..	19	19	9	6	16	12	..	..	..	..	15	10	1	0	0	1	60	48
Lactation .. ..	..	..	..	..	..	..	..	..	..	..	0	5	..	..	..	..	0	5
Pregnancy .. ..	0	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	0	1
Puerperal .. ..	0	4	0	3	0	1	..	..	..	..	0	8	0	1	..	..	0	17
Mental stress—																		
Sudden .. ..	0	2	..	..	4	1	..	..	..	..	0	3	0	1	..	..	4	7
Prolonged .. ..	2	4	6	3	2	2	1	0	1	2	20	8	1	0	2	3	35	22
Solitude .. ..	..	..	0	1	..	..	..	..	..	..	..	..	..	..	..	..	0	1
Alcohol .. ..	9	5	6	3	5	3	..	..	1	1	15	1	1	0	..	..	37	13
Syphilis .. ..	8	1	4	0	5	2	..	..	1	0	20	0	2	0	..	..	40	3
Drug habit .. ..	0	1	..	..	2	0	..	..	..	..	1	0	..	..	..	..	3	1
Post-operative .. ..	0	5	..	..	..	..	..	..	..	..	1	1	..	..	..	..	1	6
Traumatic .. ..	1	0	1	0	..	..	..	..	3	1	0	1	..	..	..	..	5	2
Epilepsy .. ..	5	4	5	6	5	4	1	0	..	..	4	9	0	3	..	..	20	26
Arterio-sclerosis ..	1	0	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	0
Debility .. ..	..	..	..	..	..	..	1	1	..	..	..	..	..	..	..	..	1	1
Cancer .. ..	..	..	..	..	..	..	..	..	..	..	1	0	..	..	..	..	1	0
Phthisis .. ..	..	..	..	..	..	..	..	..	..	..	1	0	..	..	..	..	1	0
Ill health .. ..	6	2	0	1	..	..	..	..	0	1	3	6	2	0	..	..	11	10
Toxic .. ..	1	0	..	..	..	..	..	..	..	..	0	1	..	..	..	..	1	1
Meningitis .. ..	..	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..	1	1
Cerebral hæmorrhage ..	..	..	..	..	2	0	..	..	0	1	0	1	..	..	1	0	3	2
Organic brain-disease ..	..	..	..	..	..	..	..	..	..	..	2	2	..	..	..	..	2	2
Overwork .. ..	1	0	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	0
Grave's disease .. ..	..	..	..	..	..	..	..	..	0	1	..	..	..	..	..	..	0	1
Bright's disease .. ..	..	..	..	..	..	..	..	..	..	..	0	1	..	..	..	..	0	1
Unknown .. ..	14	13	..	..	..	..	..	..	..	..	3	4	2	1	0	1	19	19
Transfers .. ..	4	0	3	2	2	2	..	..	1	0	6	0	44	0	1	0	61	4
Totals .. ..	126	110	74	78	76	70	5	4	21	12	143	142	57	11	4	7	506	434

TABLE XIV.—FORMER OCCUPATIONS OF PATIENTS.

Occupations.	Auckland.	Christchurch.	Dunedin (Seacliff).	Hokitika.	Nelson.	Porirua.	Tokanui.	Ashburn Hall (P.M.H.)	Total.	Occupations.	Auckland.	Christchurch.	Dunedin (Seacliff).	Hokitika.	Nelson.	Porirua.	Tokanui.	Ashburn Hall (P.M.H.)	Total.
	MALES.																		
Accountants ..	1	2	1	..	1	2	..	..	7	Hairdressers ..	1	..	1	..	..	..	..	..	2
Apprentice ..	..	..	1	..	..	..	..	..	1	Hotelkeeper ..	..	1	..	..	..	..	..	..	1
Architect ..	..	1	..	..	..	..	..	..	1	Indent agent ..	..	..	..	..	..	..	..	..	1
Artist ..	1	..	..	..	..	..	..	..	1	Ironmongers ..	1	1	..	..	..	..	..	..	2
Baker ..	1	..	..	..	..	..	..	..	1	Labourers ..	33	22	24	..	3	50	3	..	135
Blacksmiths ..	..	1	..	..	..	1	..	..	2	Land agents ..	..	1	1	..	..	..	..	..	2
Boatbuilder ..	..	..	1	..	..	..	..	..	1	Laundryman ..	..	..	1	..	..	..	..	..	1
Boilermaker ..	..	..	..	..	..	1	..	..	1	Leadlight-worker ..	..	..	..	..	1	..	..	..	1
Bootmakers ..	1	2	1	..	..	..	..	..	4	Machinist ..	..	..	1	..	..	..	..	..	1
Bricklayers ..	2	..	..	..	..	1	..	..	3	Meat-grader ..	..	..	..	..	1	..	..	..	1
Bushman ..	..	..	..	..	..	1	..	..	1	Mercer ..	..	..	..	..	1	..	..	..	1
Butchers ..	..	1	..	..	..	1	1	..	3	Messengers ..	..	..	..	..	2	..	..	..	2
Canvasser ..	..	..	1	..	..	..	..	..	1	Miners ..	1	..	1	1	..	..	..	..	3
Caretakers ..	1	..	..	..	..	1	..	..	2	Motor mechanics ..	1	2	..	..	..	..	..	..	3
Carpenters ..	1	..	1	..	..	4	1	..	7	Moulder ..	..	..	1	..	..	..	..	..	1
Cheesemaker ..	..	..	..	..	..	1	..	..	1	Musician ..	1	..	..	..	..	..	..	..	1
Chemist ..	..	..	..	1	..	..	..	..	1	Painters ..	3	2	..	..	3	..	..	..	8
Civil servant ..	..	..	..	..	..	..	1	..	1	Pensioners ..	1	1	3	..	..	..	..	..	5
Civil engineer ..	..	..	..	..	..	1	..	..	1	Piano-tuner ..	1	..	..	..	..	..	..	..	1
Clergymen ..	1	..	..	..	..	1	..	..	2	Planter ..	1	..	..	..	..	..	..	..	1
Clerks ..	2	4	2	..	..	6	..	..	14	Plasterers ..	..	..	1	..	..	1	..	..	2
Commercial traveller ..	..	..	1	..	..	..	..	..	1	Porter ..	..	..	..	..	..	..	1	..	1
Company-manager ..	..	..	..	..	..	1	..	..	1	Prisoners ..	3	..	..	..	..	..	2	..	5
Confectioner ..	..	..	..	..	..	1	..	..	1	Salesmen ..	..	..	1	..	1	..	..	..	2
Contractors ..	1	..	..	..	..	1	..	..	2	Sawmiller ..	..	..	..	1	..	..	..	..	1
Cooks ..	1	1	..	..	..	1	..	..	3	Schoolmasters ..	..	2	2	..	..	..	..	..	4
Draper ..	..	..	1	..	..	..	..	..	1	Seamen ..	3	1	2	..	..	1	..	..	7
Drivers ..	..	..	..	..	..	2	..	..	2	Shearer ..	..	..	..	..	1	..	..	..	1
Electricians ..	2	..	..	..	..	1	..	..	3	Shipwright ..	1	..	..	..	..	..	..	..	1
Engineers ..	1	..	1	..	..	2	..	..	4	Stewards ..	1	..	..	..	2	..	..	..	3
Engine-driver ..	..	..	..	..	..	1	..	..	1	Storekeepers ..	1	..	1	..	..	..	..	..	2
Factory employee ..	..	1	..	..	..	..	..	..	1	Students ..	1	3	1	1	..	1	..	..	7
Farmers ..	21	10	2	1	1	12	2	3	52	Tailors ..	..	..	..	..	2	..	..	..	2
Farm hands ..	..	..	..	..	2	12	1	..	15	Tea-merchants ..	..	..	..	..	2	..	..	..	2
Fellmonger ..	..	..	..	..	..	1	..	..	1	Telegraphist ..	..	..	..	..	1	..	..	..	1
Firemen ..	2	..	..	..	..	1	..	..	3	Timber-worker ..	1	..	..	..	..	..	..	..	1
Fisherman ..	1	..	..	..	..	..	..	..	1	Tinsmiths ..	..	..	..	..	1	..	..	..	1
Fitter ..	..	..	1	..	..	..	..	..	1	Wheelwright ..	..	1	..	..	..	..	..	..	1
French-polisher ..	1	..	..	..	..	..	..	..	1	Wine-merchant ..	1	..	..	..	..	..	..	..	1
Fruiterers ..	..	..	..	..	1	1	..	..	2	No occupation ..	19	8	19	..	10	6	1	..	63
Garage-proprietor ..	..	..	..	..	..	1	..	..	1	Unknown ..	..	1	..	..	..	..	..	..	1
Gardeners ..	3	1	..	..	1	..	..	..	7	Transfers ..	4	3	2	..	1	6	44	1	61
Grocer ..	..	1	..	..	..	..	..	..	1	Totals ..	126	74	76	5	21	143	57	4	506
Gum-diggers ..	2	..	..	..	..	..	..	..	2										
FEMALES.																			
Artist ..	..	1	..	..	..	..	..	..	1	Missionary ..	1	..	..	..	..	..	..	..	1
Civil servant ..	..	..	..	..	..	1	..	..	1	Nurses ..	1	1	..	..	1	..	..	..	3
Clerks ..	..	1	1	..	..	..	..	..	2	School-teachers ..	1	2	1	..	1	1	..	..	6
Confectioner ..	1	..	..	..	..	..	..	..	1	Shop-assistants ..	1	..	..	..	2	..	..	..	3
Domestic duties ..	85	51	59	4	10	120	7	7	343	Students ..	1	2	..	..	1	..	..	..	4
Dressmakers ..	..	..	..	..	..	1	..	..	1	Tailoress ..	1	..	..	..	..	..	..	..	1
Factory employees ..	..	..	2	..	..	..	..	..	2	Waitresses ..	2	..	1	..	1	..	..	..	4
Farmer ..	1	..	..	..	..	..	..	..	1	No occupation ..	13	18	2	..	2	14	3	..	52
Grocer ..	..	..	1	..	..	..	..	..	1	Transfers ..	..	2	2	..	..	..	..	..	4
Milliners ..	2	..	..	..	..	..	..	..	2	Totals ..	110	78	70	4	12	142	11	7	434
Mill-worker ..	..	..	1	..	..	..	..	..	1										

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

Table with columns: Year, Admitted (M, F, T), Recovered (M, F, T), Discharged (M, F, T), Not Improved (M, F, T), Died (M, F, T), Remaining 31st Dec (M, F, T), Average Numbers resident (M, F, T), Percentage of Recoveries on Admissions (F, T, M), Percentage of Deaths on Average Numbers resident (F, T, M).

Excluding transfers between institutions—1,456 males, 997 females.

TABLE XVI.—SHOWING THE ADMISSIONS, DISCHARGES, AND DEATHS FROM 1ST JANUARY, 1876, TO 31ST DECEMBER, 1925 (EXCLUDING TRANSFERS).

	M.	F.	T.
In hospitals, 31st December, 1875 .. .. .	482	254	736
Admissions .. .. .	16,993	12,183	29,176
	<u>17,475</u>	<u>12,437</u>	<u>29,912</u>
Discharged—	M.	F.	T.
Recovered .. .. .	6,691	5,523	12,214
Relieved .. .. .	1,240	1,113	2,353
Not improved .. .. .	335	234	569
Died .. .. .	6,288	3,231	9,519
	<u>14,554</u>	<u>10,101</u>	<u>24,655</u>
Remaining on 31st December, 1925 .. .. .	2,921	2,336	5,257

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

	Males.	Females.	Both Sexes.
Recovered .. .. .	38.29	44.40	40.83
Relieved .. .. .	7.09	8.95	7.86
Not improved .. .. .	1.91	1.88	1.90
Died .. .. .	35.98	25.98	31.82
Remaining .. .. .	16.73	18.89	17.09
	<u>100.00</u>	<u>100.00</u>	<u>100.00</u>



TABLE XVIII.—EXPENDITURE FOR YEAR ENDED 31ST MARCH, 1926.

	Auckland.		Christchurch.		Dunedin (Seaciff and Waitaki).		Hokitika.		Nelson.		Porirua.		Tokanui.		Head Office.		Totals.	
	£	s. d.	£	s. d.	£	s. d.	£	s. d.	£	s. d.	£	s. d.	£	s. d.	£	s. d.	£	s. d.
Salaries ..	30,439	1 10	35,068	10 9	48,097	2 5	13,666	8 10	14,990	6 3	40,287	6 2	14,409	5 0	5,715	0 3	202,673	1 6
Official Visitors ..	48	6 0	23	2 0	37	16 0	10	10 0	11	8 7	8	15 11	6	3 5	1	1 0	120	15 0
Advertising, photographs, books, &c. ..	63	15 7	23	14 11	22	7 10	10	14 2	11	8 7	7	13 0	6	3 5	26	18 7	173	19 0
Bacteriological research ..	4	10 0	2	6 6	0	2 6	19	9 4	1	2 6	7	13 0	3	10	..	..	35	3 10
Bedding and clothing ..	6,578	10 9	5,008	0 4	5,026	4 8	801	1 4	1,440	3 9	4,537	19 9	1,812	17 9	..	..	25,204	18 4
Buildings, including additions, &c. ..	1,594	5 3	894	18 4	2,043	5 4	441	10 4	85	11 1	694	7 0	617	3 10	..	..	6,371	1 2
Compassionate allowance, widow late Dr. W. B. Gow ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	425	0 0	425	0 0
Compensation in respect to pigs ..	101	2 4	153	0 2	58	16 8	46	0 7	119	2 1	154	4 9	23	2 8	..	..	655	9 3
Dental services ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	998	19 0
Developmental work, &c. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	16,354	17 2
Farms, maintenance of ..	1,420	5 2	1,923	8 3	4,638	6 5	299	4 9	1,463	17 3	1,202	5 4	5,407	10 0	..	..	1,043	3 2
Fencing, draining, and roading ..	129	11 3	221	10 4	320	13 0	3	11 4	120	19 2	90	7 1	156	10 11	..	..	1,394	3 5
Freight, cartage, and transport charges ..	28	17 0	61	5 3	483	7 4	72	4 11	190	12 2	418	12 11	138	11 4	..	..	26,012	18 0
Fuel, light, power, cleaning, and water ..	5,410	11 2	5,170	19 3	6,620	16 1	793	3 0	1,882	14 2	4,487	2 8	1,647	11 8	..	..	302	15 1
Funerals, expenses of ..	81	18 1	54	0 0	15	0 0	4	10 0	21	15 0	91	2 6	34	9 6	..	..	2,206	11 9
Furniture and furnishings ..	575	5 11	264	15 10	731	9 0	138	19 4	92	12 6	203	16 5	199	12 9	..	..	244	9 8
Gardens and shrubberies, expenses of ..	10	0 8	95	10 7	68	15 2	14	6 4	18	17 7	29	6 7	7	12 9	..	..	4,652	13 10
Laundry ..	391	12 8	491	3 4	1,930	2 3	968	2 7	233	12 3	340	5 10	297	14 10	..	..	1,097	17 7
Law-costs ..	..	..	..	..	0	10 6	..	..	4	3 6	..	..	..	..	..	..	6	0 0
Machinery, repairs, and stores ..	104	5 9	222	12 4	230	12 5	9	16 4	22	15 2	326	10 3	181	5 4	..	..	2,161	10 0
Maintenance fees overpaid, refund of ..	6	0 0	..	..	..	..	..	..	..	..	..	..	..	..	..	..	537	19 11
Medical fees for certificates, &c. ..	515	6 0	428	2 6	363	17 6	27	18 6	72	4 0	694	1 0	60	0 6	..	..	2,263	15 9
Motor-vehicles, maintenance of ..	8	2 8	58	19 0	168	19 4	33	10 6	103	0 9	120	12 7	44	15 1	..	..	27	11 0
Motor-vehicles, purchase of ..	667	6 0	..	..	159	3 9	..	..	636	8 10	161	19 6	638	17 8	..	..	2,710	13 1
Nursing staff—	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	223	10 1
Engagement of ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Uniforms, purchase of ..	249	2 6	364	14 1	1,134	14 9	156	18 2	144	16 8	496	14 11	163	12 0	..	..	685	6 9
Office equipment ..	45	5 8	29	2 4	19	3 6	19	14 5	19	19 11	29	16 6	18	2 6	..	..	200	0 0
Patients, expenses connected with—	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	8,159	1 0
Gratuities ..	122	10 8	26	2 5	323	2 5	46	2 8	90	5 1	68	18 7	8	4 11	..	..	296	16 6
"Patients' Friends" ..	..	..	100	0 0	100	0 0	361	10 0	491	17 5	1,947	1 10	433	4 1	..	..	620	15 9
Recreation ..	1,268	8 1	1,297	1 9	2,359	17 10	22	13 0	9	8 11	78	11 2	34	3 4	..	..	1,130	6 7
Transfer ..	30	0 1	116	14 4	5	5 8	19	13 3	26	5 5	93	5 9	30	10 4	198	1 7	79,104	10 4
Postage, telegrams, &c. ..	70	16 8	69	6 8	112	16 1	19	13 3	88	8 8	188	13 9	64	6 5	159	0 5	2,118	6 6
Printing and stationery ..	163	0 6	188	19 7	223	17 10	53	19 5	5,229	4 11	15,776	1 0	2,800	12 3	..	..	4,557	4 5
Rations ..	16,770	3 6	12,889	15 3	20,911	15 9	4,726	17 8	376	19 0	1,122	13 4	273	19 1	..	..	1,397	8 3
Rents and rates ..	..	..	1,958	5 11	160	0 7	201	18 7	..	..	..	..	..	..	..	..	69	15 11
Stores ..	752	14 3	580	13 4	1,248	6 10	99	2 8	84	4 1	299	10 5	25	13 4	..	..	546	7 7
Surgery and dispensary—	284	2 2	329	19 3	274	16 4	27	4 0	..	..	..	..	..	..	..	..	748	16 0
Drugs and instruments ..	28	4 0	7	19 11	6	8 9	1	8 6	..	..	..	..	..	..	..	..	328	6 6
Wines, spirits, ale, and porter ..	20	11 1	70	17 3	124	8 3	22	0 1	36	16 7	147	3 11	68	11 5	55	19 0	1,445	15 5
Telephone services, &c. ..	180	5 3	28	10 2	114	5 10	28	14 8	208	5 5	160	14 3	28	0 5	..	..	187	3 6
Transfer and removal expenses ..	24	18 11	90	2 6	21	13 2	7	19 2	136	0 6	43	4 10	67	18 7	..	..	86	8 6
Travelling-allowances ..	129	19 11	232	15 9	305	1 8	28	10 11	43	19 1	85	19 11	112	8 11	..	..	60	5 8
Travelling-expenses ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Treatment and maintenance in general hospitals—	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Patients ..	30	18 0	39	3 6	27	4 0	..	..	..	..	63	16 0	26	2 0	..	..	..	..
Staff ..	29	17 0	2	7 0	15	0 0	33	15 0	5	9 6	..	..	..	..	..	..	..	..
Contingencies, including unforeseen expenditure ..	3	10 6	36	16 5	1	0 0	1	10 0	..	..	14	12 9	2	16 0	..	..	..	..
Total expenditure ..	68,383	2 10	68,625	7 1	98,506	7 5	23,193	10 4	28,503	15 11	74,944	16 9	30,847	10 3	7,459	4 4	400,463	14 11
Credits ..	20,962	8 10	25,729	3 0	29,053	3 3	2,636	1 9	12,866	18 3	29,689	13 6	7,319	3 3	2	14 0	128,259	5 10
Net expenditure ..	47,420	14 0	42,896	4 1	69,453	4 2	20,557	8 7	15,636	17 8	45,255	3 3	23,528	7 0	7,456	10 4	272,204	9 1

TABLE XVIII.—SHOWING DETAILS OF CREDITS.

Credits.	Auckland.		Christchurch.		Dunedin (Seacliff and Waitau).		Hokitika.		Nelson.		Porirua.		Tokanui.		Head Office.		Totals.	
	£	s. d.	£	s. d.	£	s. d.	£	s. d.	£	s. d.	£	s. d.	£	s. d.	£	s. d.	£	s. d.
Receipts for maintenance	19,003	16 0	20,216	12 9	23,671	7 1	1,874	11 1	10,564	9 5	26,179	8 9	4,165	16 11	105,676	2 0		
Receipts for farm	567	9 6	2,544	12 0	1,851	12 11	184	3 7	1,664	15 1	1,614	10 10	2,005	10 2	11,032	14 1		
Miscellaneous	1,391	3 4	2,907	18 3	3,530	3 3	577	7 1	637	13 9	1,895	13 11	547	16 2	11,550	9 9		
Totals	20,962	8 10	25,729	3 0	29,053	3 3	2,636	1 9	12,866	18 3	29,689	13 6	7,319	3 3	128,259	5 10		

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

Mental Hospital.	Average Number resident.	Salaries.		Bedding and Clothing.		Buildings and Repairs.		Farm.		Fuel, Light, Water, and Cleaning.		Provisions.		Surgery and Dispensary.		Wines, Spirits, Ale, and Porter.		Necessaries, Incidentals, and Miscellaneous.		Total Cost per Patient.		Repayments for Maintenance.		Other Payments.		Net Cost per Patient.		Net Cost previous Year.		Decrease in 1925-26.		Increase in 1925-26.	
		£	s. d.	£	s. d.	£	s. d.	£	s. d.	£	s. d.	£	s. d.	£	s. d.	£	s. d.	£	s. d.	£	s. d.	£	s. d.	£	s. d.	£	s. d.	£	s. d.	£	s. d.		
Auckland	1,087	28	0 11½	6	1 11½	1	9 4	1	6 1½	4	19 6½	15	8 6½	0	5 2½	0	0 6½	5	6 10	62	18 1½	17	9 8	1	16 0½	43	12 5	33	8 0	10	4 5		
Christchurch	834	42	1 6½	6	0 1½	1	1 5½	2	6 1½	6	4 0	15	9 1½	0	7 11	0	2 1½	8	15 3½	82	5 8½	24	4 9½	6	12 2½	51	8 8	46	17 7	4	1 1		
Dunedin (Seacliff)	1,129	42	12 8½	4	9 0½	1	1 17 1	4	2 2	5	17 3½	18	10 5½	0	4 10½	0	1 1½	9	11 3½	87	5 0½	20	19 4	4	15 4	61	10 4½	56	2 11½	5	7 4½		
Hokitika	221	61	17 8½	3	12 6	1	19 11½	1	7 1	3	11 9½	21	7 9½	0	8 11½	0	1 ½	3	0 ½	104	8 11½	8	9 7½	3	3 8	92	10 4½	83	7 3½	1	1 ½		
Nelson	338	44	7 10	4	5 2½	0	5 1	4	0 8½	5	11 4½	15	9 5	0	4 11½	0	0 4	10	2 0	84	6 7½	31	5 1½	6	16 3	46	5 3	47	6 4	1	1 1		
Porirua	1,220	33	0 5½	3	14 4½	0	11 4½	1	6 9½	3	13 4½	12	18 7½	0	4 11	0	0 4	5	18 4½	61	8 7½	21	9 2	2	17 6½	37	1 10½	40	10 2½	3	8 3½		
Tokanui	308	46	15 8	5	17 8½	2	0 1	20	16 0	5	6 11½	9	1 10½	0	1 8	0	0 5	10	2 8½	100	3 1	13	10 6	10	4 9½	76	7 9½	62	14 3½	14	6 5½		
Head Office (Wellington)	..	1	3 8½	..	..	..	..	..	..	..	..	..	..	..	..	..	..	0	6 0	1	9 8½	..	..	..	..	1	9 8½	..	..	..	..		
Averages	5,137	39	7 10½	4	18 1	1	4 9½	3	9 0½	5	1 3½	15	7 9½	0	5 5½	0	0 3½	8	8 5½	78	3 0½	20	11 5½	4	7 11	53	3 8	49	10 4	..	..	3	13 4

TABLE XX.—EXPENDITURE, OUT OF PUBLIC WORKS FUND, ON MENTAL HOSPITAL BUILDINGS, ETC., DURING THE FINANCIAL YEAR ENDED 31ST MARCH, 1926, AND LIABILITIES AT THAT DATE.

	Mental Hospitals.		Net Expenditure for Year ended 31st March, 1926.		Liabilities on 31st March, 1926.	
	£	s. d.	£	s. d.	£	s. d.
Auckland	..	..	2,073	1	..	..
Christchurch (Sunnyside)	..	..	2,901	227	..	..
Hokitika	..	..	5,034	44	..	..
Nelson	..	..	1,182	20	..	..
Porirua	..	..	38,213	230	..	..
Seacliff	..	..	4,767	..	..	..
Stoke	..	..	12,568	561	..	..
Tokanui	..	..	8,097	111	..	..
Total	..	..	77,835	1,204	..	..

TABLE XXI.—TOTAL EXPENDITURE, OUT OF PUBLIC WORKS FUND, FOR BUILDINGS AND EQUIPMENT AT EACH MENTAL HOSPITAL FROM 1ST JULY, 1877, TO 31ST MARCH, 1926.

Mental Hospitals.	1877-1917.	1917-18.	1918-19.	1919-20.	1920-21.	1921-22.	1922-23.	1923-24.	1924-25.	1925-26.	Total Net Expenditure, 1st July, 1877, to 31st March, 1926.
	£	£	£	£	£	£	£	£	£	£	£
Auckland	144,424	1,048	1,171	543	8,040	9,013	777	5,188	2,393	2,073	174,670
Reception-house at Auckland	5,059	..	..	..	..	..	..	..	..	..	5,059
Christchurch (Sunnyside)	173,959	7,647	1,238	2,490	5,139	3,494	2,245	1,497	6,272	2,901	206,882
Dunedin (The Camp)	4,891	..	..	..	..	..	..	..	..	..	4,891
Hokitika	3,727	..	..	..	..	..	..	..	..	..	43,763
Hornby	..	..	..	7,370	..	2,682	122	..	..	..	11,102
Motuhi Island	561	..	..	..	..	..	..	..	..	..	561
Napier	147	..	..	..	..	..	..	..	..	..	147
Nelson	25,310	535	200	208	3,496	3,316	1,929	1,429	2,389	1,182	39,994
Richmond	1,097	..	..	..	..	..	..	..	..	..	1,097
Seacliff	180,067	597	966	2,069	40	3,359	1,602	1,246	3,016	4,767	197,759
Stoke	61,936	6,188	8,105	4,111	5,381	9,774	515	2,743	3,095	12,568	18,260
Tokanui	8,349	88	498	848	3,620	3,217	848	194	..	..	122,926
Waitati	29,641	..	..	..	..	..	..	..	..	..	17,662
Wellington	192,938	10,399	2,462	638	724	5,969	688	2,578	18,374	38,213	29,641
Wellington (Porirua)	..	..	..	..	..	..	..	..	..	..	272,983
Totals	832,106	26,502	14,640	18,277	27,368	41,833	13,852	26,541	68,438	77,835	1,147,397

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