

1927.

NEW ZEALAND.

MENTAL HOSPITALS OF THE DOMINION

(REPORT ON) FOR 1926.

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

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

SIR,—

Wellington, 31st July, 1927.

I have the honour to submit to Your Excellency the report for the year 1926 of the Inspector-General of Mental Defectives.

I have, &c.,

J. A. YOUNG,

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

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, 1927.

I have the honour to submit my report for the year ended 31st December, 1926.

The number of patients under care in the Mental Hospitals during the year was 6,204; and there were 5,467 on the register at the end of the year, being an increase of 336, made up of 171 males and 165 females. The death-rate for 1926 has been about the average—viz., 324 out of a total of 6,006 patients, or 5·2 per cent.

The official figures for the year show a “recovery-rate” of 30 per cent. on the admissions; but no such figures can ever afford more than very rough approximations: they cannot be relied on as a definite basis either for statistical comparison with other countries, or even with the records of, say, the last half-century in New Zealand itself. So-called “recovery” from insanity is a relative term, and in equally good institutions the “recoveries” may be set down as 25 per cent. or 40 per cent., or more, on the admissions, according to the point of view of those reporting or compiling the figures. Thus, an optimist could estimate the present recovery-rate as say 40 per cent. if he were to incline to the view that the 42 per cent. discharged under the joint heading of “recovered and improved” could justifiably be classified, with few exceptions, as “recoveries.”

It is tempting to be optimistic, and to hope that an improvement which has enabled a patient to be discharged may prove progressive and permanent; but long experience shows that hitherto only from 25 to 30 per cent. of the general average of people who have been declared insane remain permanently outside or die outside a mental hospital. A further deduction from true and permanent recoveries might be made for those who manage to continue outside among their friends, but only in a state of permanently enfeebled mentality. However, it would be too exacting not to credit our mental hospitals with what would ordinarily be set down as “recovery.” It may be assumed that the 30 per cent. of recoveries recorded during the year for the Dominion is fairly satisfactory, and truly represents at least as high a standard of success as obtains in other comparable English-speaking countries. This does not mean that more need not and cannot be done for the insane in New Zealand, especially in the way of prevention, and of improved early care and treatment of incipient insanity; but it will be some years before the full effect of the recent improvements, which have been asked for and undertaken, can be brought to full fruition. All such changes and reforms demand time. The widespread popular prejudice against resorting to institutions for the care and treatment of persons suffering from mental breakdown, until they have become positively dangerous or unmanageable, cannot be overcome, in New Zealand or anywhere else, until the public has been brought to realize that early competent treatment in special institutions is more imperatively necessary in the case of incipient mental disease than in any other form of illness.

Weekly Conjoint Out-patient Clinics for Nervous Cases at the General Hospitals.

Nothing but good has come of the weekly "Out-patient Clinics for Nervous Affections" which we commenced some two years ago at and in conjunction with the main General Hospitals. As might have been expected, the benefit has proved to be proportionate to the encouragement and support given to this work by the respective Hospital Authorities at the four centres. The Mental Hospitals Department greatly appreciates the frank and friendly spirit of professional co-operation in which their representatives attending the clinics have been received and welcomed at the General Hospitals.

The following letters need no explanation :—

Auckland General Hospital, 26th May, 1927.

The Director-General of Mental Hospitals, Wellington.

DEAR SIR,—

A Psychiatric Clinic has been in operation for some time at the Auckland Hospital, and is proving of considerable service to the community.

In my last annual report I drew the attention of my Board to the good work that is being done.

It is now a matter of general knowledge that such a clinic is being held; and the service is taken advantage of not only by members of the medical profession, but by people who come of their own accord. Parents with mentally defective children are particularly anxious to obtain advice at this clinic.

In dealing with returned soldiers afflicted with various forms of psychic disorder the clinic is extremely useful, and is a means of keeping in touch with these sad cases, who require specially skilled and sympathetic direction.

As regards the Hospital, we find the advice of Dr. Prins (Medical Superintendent, Auckland Mental Hospital) a great help in the elucidation of some of the knotty problems associated with patients who may be mentally abnormal. Dr. Prins is, by his tact and sound judgment, doing us a great service, and there is no doubt that the Psychiatric Clinic is a potent factor for good.

Yours faithfully, C. E. MAGUIRE, Medical Superintendent.

Waikato Hospital Board,

Box 14, Hamilton, 20th May, 1927.

The Inspector-General, Mental Defectives, Wellington.

DEAR SIR,—

I am instructed to ask if your Department will consent to Dr. Macpherson, the Medical Superintendent of the Mental Hospital, Tokanui, consulting, when required, with the Board's Medical Superintendent on border-line cases, &c., at the Waikato Hospital.

Such an arrangement would be very much appreciated by Dr. Gower and his staff, and would materially strengthen their hands in dealing with doubtful mental cases.

The Board, of course, will undertake to pay the necessary travelling-expenses incurred.

Yours faithfully,

G. W. JOHNSON, Secretary.

Provision for Temporary Lodgment of Alleged Mental Patients in Special Quarters in General Hospitals, pending Examination and Decision.

It is to be regretted that, so far, nothing adequate has resulted from the efforts of the Department to ensure suitable provision in the General Hospitals for the temporary lodgment and accommodation of persons alleged to be insane, pending examination by the appointed judicial and medical authorities. This beneficent provision, it is earnestly hoped, will be made during the current year, along with radical improvement in the whole arrangements for dealing with patients prior to their admission to our mental hospitals, so as to prevent completely the unfortunate impression and suggestion of delinquency or criminality. It is, of course, obvious that persons suffering from mental impairment, or so-called "nervous breakdown," should be carefully screened from anything seeming to imply or suggest moral degeneracy or depravity.

In the above matter we have been assured of the sympathy and hearty co-operation of the Commissioner of Police. It has long been the official instruction that police officers occupied in escorting mental patients do not wear uniforms, and the use of police vans has been exceptional. However, it is now arranged that even where a patient is refractory or difficult to manage, the Mental Hospitals Department will meet the cost of conveyance by taxi, thus completely doing away with the use of police vans.

Degenerates and Sexual Offenders.

As my colleague Dr. Theodore Gray (Deputy Inspector-General) has been earnestly engaged for nearly a year making investigations at Home and abroad into the practical problems which concern not only the care and treatment of the insane, but which bear also on the best practical means of dealing with people on the border-land between insanity and mere degeneracy or delinquency, I am glad to insert here the following short summary which he has kindly written in response to my request for an interim report :—

Dr. Theodore Gray's Interim Summary Report.

"During my recent tour of the United States, Canada, Great Britain, and the Continent of Europe my inquiries were directed towards two main fields—the Problem of the Feeble-minded, and the Care and Treatment of the Insane.

"I am engaged in compiling a special report on these matters to the Hon. the Minister, but in the meantime I may briefly indicate some of the broad conclusions at which I have arrived.

"(a) Throughout the world there is no known method of successfully treating or curing insane people which is not already being practised in our own mental hospitals.

"I visited thirteen countries and almost one hundred institutions, and discussed this question with many leading alienists. I studied treatment in all its various phases and fashions, including hydro-therapy, so-called "occupational-therapy," and the use of electricity, ultra-violet rays,

röntgen rays, and drugs. Concerning the use of drugs, I may say at once that nothing struck me more forcibly throughout the whole course of my investigations, both in the New and Old Worlds, than the excessive resort to sedative and hypnotic drugs for inducing rest and sleep, where we in New Zealand have been in the habit not of repressing but of rather giving fair play to normal activities, and thus aiding nature to restore the normal balance and re-establish health of body and mind.

"I paid visits of inspection to every class of institution for the prevention of insanity, and for the care and treatment of the insane in all stages, including Behaviour Clinics, Psychopathic Hospitals and other such institutions; and, while one recognizes that most methods have something to recommend them, I am more convinced than ever that in New Zealand our main resources for treatment are to be found in full facilities for ensuring the primary essentials—namely, fresh air, sunshine, hydro-therapy in its broadest sense, suitable diet, exercise, recreation, rest, and sleep—everything, indeed, conducive to the establishment of active regular daily habits and the restoration of full enjoyment of the daytime—thus inclining the organism to the normal reaction of sound, refreshing sleep at night.

"(b) It would be utterly futile and impracticable to adopt slavishly and blindly any of the various systems of dealing with mental disease followed in other countries. No two countries are alike in detail, and each has of necessity evolved, in this as in other matters, more or less in accordance with its own geographical, climatic, social, racial, and economic circumstances.

"I have fully discussed with many of the leading alienists throughout the world the scheme outlined by yourself (as Inspector-General) in your reports for 1925 and 1926, and now being carried into effect, and they expressed general approval of the proposals as being on sound, progressive lines, and, in their opinion, admirably adapted to ensure the best results under our favourable New Zealand conditions.

"(c) It is imperatively necessary that some provision be made in connection with our General Hospitals—particularly in the main centres—for the immediate reception, detention, and, when necessary, the certification of mental cases in the early stages. In many countries large so-called "Psychopathic Hospitals" have been established in order to meet this need—as well as to avoid the need of resorting to certification, when safely avoidable, and to afford teaching facilities for students. However, on the whole, my impression of these places was not favourable. They are extremely expensive to erect and to administer; and in practically every instance their proper function, as hospitals designed to benefit the patients, appeared to me to have been almost lost sight of in the endeavour to facilitate the teaching of students. It was interesting to learn from the Directors of most of these Hospitals that they find themselves already faced with the question of 'stigma,' which by the very creation of these separate and specially named institutions (namely, 'Psychopathic Hospitals') they had hoped to avoid.

"I am satisfied that our requirements in this direction can be best met by the erection at the General Hospitals, in the main centres, of small detached blocks to accommodate, say, from six to twelve patients and staff. The smaller provision would certainly suffice in the meantime, and it would soon be seen what number of beds would be needed in each centre.

"Admission to these quarters should be by provisional order or voluntary request, and the Magistrate could visit, say, once or twice a week, or oftener, to certify when necessary. Personally, I should prefer, if practicable, to introduce the Canadian system—*i.e.*, certification by doctors, and no judicial intervention; but it is doubtful if public opinion has yet reached the stage to enable this to be done in New Zealand.

"(d) The 'Villa System' of mental hospitals, with its large measure of freedom to patients (on parole), and the abolition of all yards and enclosed spaces, is gradually being recognized as likely to afford the greatest comfort to patients, and to promote their contentment and well-being by facilitating proper classification, &c.

"A system of classification which has proved ideal in some respects is in vogue at Gheel in Belgium and at Lier in Norway. Here patients do not enter a mental hospital unless they become so acute as to be unmanageable. They reside in groups of twos and threes with families in the neighbourhood. I visited both Gheel and Lier and was greatly impressed with the obvious advantages both to the patients and the ratepayers; but the system is unsuited to our conditions here, and I feel that we must be content with the next best—*viz.*, the 'Villa System.'"

Comment on Dr. Gray's Interim Report.

It was fortunate indeed that Dr. Gray returned just in time to enable the above summary to be included in the present Annual Report. The mission with which he was sent out last August, by the Government, was to make a world-wide, practical investigation and research into what was being done elsewhere to cope with the growing manifestations of lack of control and breakdown (on mental, emotional, and moral planes) due to the increasing artificialities, stress, and complexities of modern life—manifestations of weakness and failure which embrace consideration not only of everything appertaining to the prevention and practical care and treatment of neurasthenia and insanity in general, but also the still more difficult problems inquired into and reported on in 1924 by the New Zealand "Committee of Inquiry into Mental Defectives and Sexual Offenders."

Dr. Gray's special qualifications for undertaking the highly responsible task with which he was entrusted when he set out were unquestionable, and this, of course, makes his present more matured opinions and conclusions peculiarly valuable. It would be out of place for me to anticipate, in any way, what he may have to say in his full report, especially that portion of his report which will deal with the problem of sexual offenders, and procreation of degenerates.

However, as the public is inclined to be impatient, and to demand instant action on the lines indicated in the report of the Committee on Sexual Offenders, I think it only right to state (as a member of the Committee in question) that we all realized the extreme desirability of competent personal investigation (at Home, abroad, and in America), so as to find out on the spot what had been the history and the actual practical results of laws made and carried into effect (especially in some of the American States) in the case of sexual offenders and degenerates of either sex—from the authorizing of compulsory segregation to sterilization. In the voluminous reports and other documents and books obtained from America by the Committee it was shown that some of the more active and enterprising States which had confidently made drastic laws had been obliged to repeal them for various reasons.

Most of the American authorities appeared to the Committee to have been losing their primary faith of late years in the advisability and practicability of extensively enforcing extreme measures—at least, until more knowledge on the subject was available.

The most authoritative English opinion was found to be generally in the same direction; but in New Zealand, on the other hand, popular opinion has rather inclined to the view that compulsory segregation and sterilization would prove a simple and beneficent panacea, and would practically wipe out in a few generations most forms of degeneracy, insanity, and criminality, the only steps necessary being the passing of a simple Act of Parliament, and the appointment, with full powers, of a special Court, presided over by a competent psychiatrist and a capable Judge!

The English tendency in all such matters has always been extremely cautious and conservative—probably too conservative—but it should be borne in mind that hasty legislation, authorizing compulsory mutilation or deprivation of liberty, without ample safeguards and clear warranty, would inevitably discredit and set back desirable and desired reforms, as has already occurred to some extent elsewhere.

Granted sufficient time for a competent Committee to be appointed to consider with Dr. Gray the local evidence which came before the previous Committee, together with the reports they received from outside; and granted also ample time and opportunity to reconsider the whole situation with Dr. Gray, in the light of his direct personal knowledge of the subject, to which so much has been added during the last year—granted all these advantages, the New Zealand Government would, I am confident, be in a far better position to deal satisfactorily with these profoundly difficult and almost insoluble problems than any other country in the world. This would be the natural result of wisely delaying definite action until fully informed and soundly and authoritatively advised.

I trust that this broad review of matters (with which you, as the Minister of the Department, are for the most part already quite familiar) will suffice to convey to your colleagues and to the whole community a fair idea of how Mental Hospital matters now stand; and also to give them some idea regarding the future prospects of the service—as concern the patients and their friends on the one hand, and the Mental Hospital staffs on the other.

As I shall presently be retiring from the Mental Hospital service of the Dominion, at the end of forty years from the time when I entered on my duties under the Department, I may say that it will be an unqualified satisfaction to myself that I shall hand over to a strong, straight, level-headed, and highly-qualified professional colleague in the prime of life, and one who, in spite of a full understanding of the complex problems and difficulties which lie ahead of him, is not daunted by them. Dr. Gray's four years' initial hospital training and experience at Home, supplemented by sixteen years of active, unremitting, and devoted work in New Zealand—and his recent investigations and experiences in America, at Home, and abroad—make him the ideal man to direct, administer, and control the Mental Hospital service of the Dominion. I trust that it may not be considered out of place for me to suggest, as a parting piece of advice, that, when appointed, Dr. Gray should be given the status and authority implied in the title Director-General—not merely Inspector-General, as heretofore. The extent and responsibility of the complex function of further evolving and completing the organization and successfully co-ordinating the work of a concern with a staff of between 1,150 and 1,200 persons, and about 5,500 patients, living in seven widely-separated main establishments (nine or ten in the near future, to say nothing of separate sub-branches) scattered over the face of a country nearly one thousand miles long, needs for its efficient management, a competent unified scheme of authoritative direction, administration, and control, so as to ensure to the Government that the Mental Hospitals Department of the Dominion shall be run, not only on the best and most humane professional lines, but also that the mere business aspect of a Department which already involves directly and indirectly an annual expenditure equivalent to over half a million sterling (£500,000), to say nothing of estates, buildings, and equipment, having a present value approximating two and a half millions sterling (£2,500,000) shall not be lost sight of.

In this connection I may point to the paramount practical importance of competent properly co-ordinated direction, supervision, and organization of farms and farming operations. Development along these lines should enable each of the institutions to provide full and varied supplies of the best fruit, vegetables, cereals, &c., and thus meet our main special dietetic requirement (referred to in Miss d'Auvergne's report)—namely, to feed mental patients principally on relatively bulky, attractive, and satisfying fresh fruit and vegetables, demanding proper mastication—and thus reduce the proportion of over-stimulating and exciting foodstuffs rich in meat-proteins. Indeed, there is a special reason for lessening the proportion of meat in Mental Hospitals' dietaries, on account of the tendency of a high-protein to incite and inflame sexual manifestations and lessen the power of control in general. This is the fundamental ground for the common practice of giving no meat to epileptics, and either cutting it out, or greatly reducing the meat allowance in the case of all acutely maniacal or specially excitable patients.

Sanatoria for the more Sensitive and Curable Patients.

The special neuropathic hospitals for care and treatment of incipient recent and recoverable cases, as projected, have been completed and occupied at Porirua and Hornby, and similar institutions at Auckland and Seacliff are ready for occupation.

Four of these homelike Sanatoria have been built and equipped. These are either situated in a separate district, some miles away from the main institution, and have no suggestion of association with it, either in name or locality, as is the case at Hornby (Canterbury) and Puketeraki (Otago); or, where this did not happen to be feasible, a similar sanatorium has been erected on the main Mental Hospital estate, but located as far as circumstances would permit from the parent institution. This is the case at Porirua, where an absolutely ideal site has been availed of, commanding the bay and the whole surrounding country, yet remote from the Mental Hospital and not within even a distant view of it. At Auckland it was impossible to locate the sanatorium far from the main buildings, but it is placed on the opposite side of the road. A quickly growing effective shelter-belt (purposely planted the previous year, and already about 6 ft. high) will entirely screen off the new buildings in the course of the next six months; and the undulating, well-laid-out and well-planted garden-grounds will soon be very attractive. As this sanatorium stands on relatively high ground, commanding an extensive view across five or six miles of picturesque, open country, backed by Mount Eden and the heights of the city, it supplies all that can be desired in the way of a temporary residence for the more sensitive and curable women patients.

Systematic adjustment and improvement of Diet to meet varying requirements in the different Mental Hospitals.

Under the above heading, in my first Annual Report (made nearly two years ago) occurs the following passage:—

“As great advances have been made of late in the science, practice, and economics of dietetics (especially as applied to feeding during infancy and early childhood, and the catering for armies and persons boarded in schools, sanatoria, hospitals, &c.), it is gradually coming to be recognized that trained experts will have to be appointed in order to supervise and direct the feeding of all hospital patients, whether the evidences of ill health manifest themselves mainly on the bodily or on the mental side. In either case—digestion and nutrition being always more or less impaired—suitable adjustment of food and feeding-habits must be provided for. With this in view a professional dietitian (Miss d’Auvergne) has been appointed by the Mental Hospitals Department to organize, supervise, and direct the feeding arrangements in all our mental hospitals, in conjunction with the Inspector-General and the local Medical Superintendents. This lady, after going through the three-years course in domestic science at Otago University, further qualified herself by taking a special practical course of training as a Hospital Dietitian at one of the most advanced centres in the world for practical and progressive dietetics—viz., Johns Hopkins University, Baltimore.

“It is recognized that, while the scale of food and feeding in the general and mental hospitals of the Dominion, and throughout the British Empire, is liberal—indeed, generally somewhat beyond what is desirable, especially in regard to meat—systematic scientific adjustments to meet the needs and tastes of individuals ought to be provided, as one of the most essential features of all curative treatment of those sick in body (“medical” or “surgical” cases) or sick in body and mind (so-called “mental” cases).”

Miss d’Auvergne took up her duties in September, 1925, and worked unremittingly for more than a year at the various Mental Hospitals in the Dominion. She lived with and among the staffs and patients, taking an intimate interest and part in the whole life of the institutions, and conducting her inquiries and investigations in a spirit which won for her everywhere the help and co-operation of all concerned. Miss d’Auvergne’s mission was a singularly delicate and difficult one; and had she not shown great broad-mindedness, tact, and consideration in dealing with the authorities and members of the staffs responsible for the catering, feeding, and allied domestic arrangements she would inevitably have evoked hostility and obstruction, instead of winning every one, as she did, to assist her in getting a thorough grasp of the local facts, figures, and practical results.

In her carefully-drawn-up report of some 500 pages foolscap, consisting largely of typed dietetic statistics, scientific calculations, comparative tabulations, &c., which form the basis of her deductions, suggestions, and practical recommendations, Miss d’Auvergne has left behind her a sound, permanent, exhaustive record which will enable her successors (if they will work harmoniously and progressively with the central and local authorities) to carry out in practice the improvements and advances which we know to be necessary, but which need more time, patience, money, and practical working-knowledge of the whole subject than any country can fairly be expected to command for this particular purpose as a moment’s notice.

This is neither the time nor the place to give more than a few condensed extracts from Miss d’Auvergne’s report. Her main task has been to gather and analyse facts and figures, and to submit her deductions and conclusions for others to carry into practical effect, as time and opportunity may make possible. Miss d’Auvergne left the Department to be married shortly after completing her report.

EXTRACTS FROM MISS D’AUVERGNE’S FINDINGS AS TO DIET IN THE VARIOUS MENTAL HOSPITALS OF THE DOMINION.

“*Calculations.*—The actual calculations show that in all our Mental Hospitals the dietary is slightly above the average requirement for life and health. . . .

“ The total food-requirement is well looked after, but the proportions of the foodstuffs used have not been judged so well. . . . Many people think that without meat in the diet they cannot keep healthy and fit, and this has caused a higher proportion of meat than is necessary or desirable to creep into the diet merely to satisfy the patients (and their friends). This, of course, brings the percentage of protein (flesh-forming material) above the requirement, and unbalances the diet.

“ It is not generally recognized that the percentage of protein in bread, and in porridge-and-milk is considerable, and that as these foodstuffs form a good proportion of the daily diet, the giving of too much meat will increase unduly the percentage of protein, and a high protein diet may, of course, cause ill health to the healthiest individual.

“ In most cases the classes of foodstuffs used are very sound, and only on rare occasions is a poor quality of food bought, though there have been a few instances of deterioration due to unnecessarily long storage.

“ In most of the Mental Hospitals the actual cooking is fair, but owing to the lack of equipment and some lack of management there tends to be undue delay in serving.

“ In most of the institutions I got the ‘ containers ’ restocked, or they are being replaced by better receptacles which will keep the food hot. I found that the type of conveyances also needed more attention, in cases where food had to be taken from one building to another, in order to deliver it in a satisfactory condition. Further, in the serving of the food from the containers to the tables too much time tended to be lost, and the food allowed to grow cold unnecessarily.

“ It seemed to me that where matters were not satisfactory in the above connections the fault lay not in the foodstuffs or in their cooking, but rather in the delay between the time when they were dished and their delivery and service in the wards.

The Actual Meals.—“ When one walked through the dining-halls in the various Mental Hospitals one was impressed by the largeness of the meals, and in very few cases could any one comment on the meals being too small.

“ To my knowledge there are few, if any, cases where patients are underfed ; and, as one passes through the institutions, the physical condition of the people strikes one as normal.

“ As a check on the patients losing weight (which might, of course, occur insensibly in any institution with a thousand patients) a book is kept, and every patient’s weight is recorded once a month. By this means no appreciable loss of weight can fail to be detected, and patients found to be going downhill are, of course, ordered special diet with a view to restoring normal health and condition.”

NOTES OF CONVERSATION BETWEEN THE INSPECTOR-GENERAL, DR. GRIBBEN (MEDICAL SUPERINTENDENT, SEACLIFF), AND MISS D’AUVERGNE (DIETITIAN).

Sir Truby King : I want to ask Miss d’Auvergne a few questions bearing on points in her report.

(a) *Re undue delay in the method of distributing the food in containers, and serving the meals from the containers to the tables.*

Miss d’Auvergne : I found the quickest service was at Christchurch and Waitati ; Auckland was least satisfactory ; but alterations were effected more or less in all the places in the direction of speeding up, special attention being directed to this in Auckland.

(b) *Re quantity of food.*

Sir Truby King : Can you recall any cases in which the quantity of food was too little ?

Miss d’Auvergne : No ; that practically never occurs. It might happen perhaps that on an occasion there would be a slight shortage, but this was very rare, and excess was the rule.

(c) *Re butter-supply.*

Sir Truby King : What do you feel as to the sufficiency or otherwise of the present ordinary butter-ration for chronic patients in the Mental Hospitals ?

Miss d’Auvergne : I consider 1½ oz. of butter a day (the present allowance) to be a sufficient average. (NOTE.—There is no such rationing-scale in the case of recent and recoverable patients.)

(d) *As to the recording of patients’ weights once a month.*

Sir Truby King : Did you find matters fairly satisfactory with regard to the weighings, recordings, and special diet ?

Miss d’Auvergne : Yes.

(e) *Re kitchens being old and out of date.*

Sir Truby King : You concluded that generally there ought to be better and more up-to-date kitchen equipments ?

Miss d’Auvergne : Yes, that is so for the most part ; but I do not advise any extreme changes meantime. Of course, the equipment should, as far as possible, be made uniform and efficient in the long run ; but it would not be wise to rush ahead too quickly, especially with the present kitchen staffs.

(f) *Re position of kitchen ranges, coppers, steamers, &c.*

Miss d’Auvergne : I have practically nothing to add to what I have said in my report.

(g) *As to employing cooks experienced in institutional cooking.*

Sir Truby King: You imply that we ought to have properly trained and experienced cooks for all the institutions, and not the type of woman who has merely drifted into cookery by chance, and has had no fundamental training or understanding of essentials and first principles?

Miss d'Auvergne: Yes.

Sir Truby King: Of course, you understand, and no doubt you would agree, that such advances can only be brought about gradually, and as opportunity offers, because we have very few competent professional cooks in this country.

Dr. Gribben: Yes, considering the shorter hours professional cooks are working in restaurants, &c., it is difficult to get them to accept and adapt themselves to our longer hours, especially in those institutions that are more isolated.

Sir Truby King: Do you agree with these remarks of Dr. Gribben and myself?

Miss d'Auvergne: Yes.

Sir Truby King: That is to say, that while we are all at one concerning the desirability of systematizing and improving the kitchen equipment, and cookery in our Mental Hospitals, and getting higher-grade cooks, there are insuperable difficulties in the meantime, in most cases at least, with regard to putting this into effect.

(h) *Re the need of constant skilled instruction, training, and supervision, so as to bring the dietary in Mental Hospitals, throughout the Dominion, up to a higher standard, and in order to establish and maintain better cooking facilities and means of delivering and serving meals.*

Sir Truby King: I understand that, judging from your own experience in the Department, you consider it would be necessary to have a skilled Dietitian going round the Mental Hospitals, and sojourning in the different institutions from time to time, as you have done yourself, so as to improve the standard and maintain it on a better and more systematic footing. You think this would be worth while, or more than worth while?

Miss d'Auvergne: More than worth while.

Alterations, Improvements, and Additions.

Besides the foregoing matters which form part of the general policy and programme laid down in my previous reports, it must be understood that at each of the Mental Hospitals numerous maintenance-works and improvements have been effected throughout the year. The main undertakings have been as follows:—

Auckland.

1. The provision of a Nurses' Home to accommodate sixty nurses. Modern ideas as to the care and treatment of the insane call for more individual attention than heretofore, particularly in regard to recent and recoverable cases, and this provision will not only enable us to accommodate an increased staff, but will make for all-round health, contentment, stability, good will, *esprit de corps*, and efficiency.
2. It is intended to appoint an additional Medical Officer, and a cottage has been provided for him.
3. Alterations have been made to a detached building in order to provide a special Hospital Ward for Males. This has been occupied during the greater part of the year, and is in charge of a trained general nurse who was previously a sister at the Wellington Hospital.

Tokanui.

It has been found that the very large estate of nearly 5,000 acres at Tokanui was too extensive to be worked effectively by the patients. As the Prisons Department required additional land for the neighbouring Waikeria Reformatory, we handed over to them 3,500 acres, retaining 1,200 acres—quite sufficient for all our requirements, present and prospective.

Porirua.

1. A considerable addition has been made to the water-storage reservoirs to cope with the increased accommodation.
2. The electric lighting of the recently erected detached villas had considerably overtaxed our power plant; but this difficulty has now been overcome by taking part of our supply from the Hutt Power Board.
3. In addition to the formation of several necessary roads upon the estate, a convenient new drive has been provided from the main highway to the new villas.
4. The purchase of new laundry machinery has eased the pressure to which this department has been subjected for a long time.

Christchurch.

1. A villa for male working patients is approaching completion at Templeton. This villa is situated on an entirely separate Mental Hospital property of 338 acres, seven miles from the main institution. The building, which will accommodate forty-eight patients, is of a type which has been designed as a standard, combining economy of design with the maximum provision of light and fresh air. It will be essentially suitable for chronic patients needing, most of all, a healthy, congenial open-air life, and capable of more or less useful occupation.

2. Alterations and additions to the farm buildings.

3. General painting and renovations have been carried out, and these have been effected largely by patients, working under the direction of attendants and artisans.

Nelson.

1. A new villa has been opened at Stoke Farm, enabling a much better degree of classification to be effected.
2. The laying-out of the grounds round the new villa and elsewhere has been excellently done by the younger patients under the direction of the Head Attendant.
3. A new sanitary block has been added to the main building.

Seacliff.

1. Very considerable improvements and repairs have been effected in the institution and farm buildings at Seacliff, and this applies also to the "Orokonui" (Waitati) and "Cherry Farm" (Waikouaiti) branch estates.
2. Increased water-storage has been installed at Seacliff.
3. A new motor-garage has been erected to house the institution motor-lorries.
4. Several alterations have been made to provide a site for the new stores, laundry and kitchen blocks, the plans of which are complete. A commencement should be made as soon as possible with these extensive and absolutely essential provisions; they were due, and would have been put in hand twelve years ago, but for the war.

Hokitika.

Extensive improvements have been effected at Hokitika in the course of the last few years; and alterations made to an existing ward during 1926 have made it possible to vacate completely the prison building which formed a part of the old institution.

GENERAL.

As foreshadowed in my report for 1924, it is intended that the Auckland institution shall be removed into a country district, where the erection of a new and up-to-date villa mental hospital will afford the patients many advantages now denied them by reason of the close settlement crowding in around the present premises at Mount Albert.

The first step towards the removal has been taken by the purchase of an ideal estate of over 600 acres near Drury. Plans are now being prepared for a building to accommodate the pioneer working patients who will do all preliminary work of fencing, scrub-cutting, &c., and complete the drainage of about 150 acres of rich, deep, raupo swamp land, with a view to intensive cultivation as vegetable-gardens, &c. No more convenient or suitable property could have been secured in the whole Auckland Province. It fulfils all the requirements, and only needs proper development. This property, with over a square mile of undulating land, specially good for farming, gardening, fruit-growing, and plantation, commands charming and very extensive views in every direction. To the northward, an arm of the Manukau runs into the property, and will afford full facilities for bathing, boating, and the use of a motor-launch which can be availed of for plying to and from Onehunga wharf and for fishing or other pleasure outings.

INCREASE OF MEDICAL STAFF.

In connection with the establishment of clinics at the General Hospitals, the erection of private entry-lodges and the opening of the new sanatoria or neuropathic hospitals, &c., it has been decided to increase substantially our medical staff, in order that full effect may be given to these advances without delay.

It is, of course, of the utmost importance to the patient that decision as to treatment and the class of accommodation most suited to his or her particular case should be arrived at in consultation, before the patient approaches the institution proper, in the hope that admission to the main central hospital may not be found necessary. The evaluation of symptoms and the analysis of each case in its initial stages needs very considerable knowledge and experience, and advantage was taken of Dr. Gray's presence in Britain to select suitable medical officers, with this requirement specially in view.

From a list of eighty-five applicants Dr. Gray selected Drs. Waters, Hayes, and Childs, and they will join our staff in the course of the year.

Besides holding the Diploma in Psychological Medicine, each of these doctors has had considerable psychiatric experience, particularly in regard to the treatment of incipient mental disorders along lines which are on trial elsewhere. Two of them have held important positions at the well-known Maudsley Hospital, London, and Dr. Gray is satisfied that each of them is exceptionally well qualified to assist in the fuller adaptation of our Department to meet advancing requirements indicated in the present report.

In conclusion, I desire to express to the members of the head office staff my great appreciation of their unfailing helpfulness, loyalty, and devotion to duty throughout the year; and the same applies to the whole of the professional, clerical, and general staff of the Department. Further, I cannot speak too highly of the valuable assistance we have received from the honorary Deputy Inspectors and Official Visitors, and the welcome help given all over the Dominion by the clergy, and by private voluntary visitors, entertainers, and donors.

F. TRUBY KING, Inspector-General.

MEDICAL SUPERINTENDENTS' REPORTS.

AUCKLAND MENTAL HOSPITAL.

Dr. PRINS reports :—

I have the honour to present to you my annual report for the year ending 31st December, 1926.

During the year there have been 1,296 patients under care, with an average of 1,075 resident. The new cases numbered 202, of whom 139 were admitted for the first time. The discharges numbered 68. The admissions were fewer than last year, which can probably be accounted for by Tokanui taking part of our district, and the fewer number of discharges is largely accounted for by a much larger number than last year leaving the Hospital on probation. The deaths numbered 80, senile decay and heart-disease being the principal causes. Sixty-four voluntary boarders were treated, 35 being new admissions, while 22 were discharged and one died, leaving 41 in residence. In no case was it found necessary to resort to certification for further detention.

The ventilation of the wards has been completed throughout with very marked benefit.

The new male hospital ward has been opened, and is meeting a great want. It is bright and airy, and the almost total absence of restraint has caused the patients—mostly new admissions—to react, so that the amount of trouble and anxiety due to a patient breaking his parole has been most gratifyingly small.

The airing-court in Male 3 Ward has been enlarged and asphalted. This has greatly improved the general appearance, and has added to the comfort of the patients. The airing-courts and parks have been provided with bubble fountains.

The Wolfe Home continues to be used as an admission ward for every possible female case. The croquet-lawn and tennis-courts are much used in the summer, and the evening concert parties are much appreciated.

A new departure has been made in allowing suitable cases to go out in small parties unattended, thus avoiding the morbid curiosity of the general public. This has been most successful, and has made a real pleasure of what was formerly an unpleasant duty. The same principle has also been extended successfully to the other parts of the building.

Another change has been made in dividing Park House into two wards. The improvement is noticeable, and the new day-room, in furniture and appearance, compares more than favourably with any there is in the Hospital.

A new washing-machine and extractor will shortly be installed in the laundry, and electrically-driven machinery has been introduced.

A painting gang has been formed, and has done remarkably well both inside the building and out.

The new unit for nervous disease is nearly completed, except for the main sewerage connections.

It was a great disappointment that the Entertainment Hall was found to be unsuitable for the installation of a cinematograph.

During the winter lectures were given to the nurses and attendants, and there were the usual dances, entertainments, visits by bands, &c.

Parties of patients also attended various picture-theatres and entertainments in the city, seats being kindly provided by the various managers concerned.

The bowlers have been as enthusiastic as ever, home and away matches being played.

The Rotary Club has given many gifts of all kinds, and also was responsible for the annual Christmas tree, a memorable evening resulting.

Mesdames Arthur D., R. M., F. W., Joseph, and John M. Wilson, and Mrs. John Alexander each generously donated the sum of £25 to a fund from which six gramophones were purchased, and the balance is being held to help necessitous cases on discharge, a most useful and necessary adjunct to our work.

Church services have been held, and regular visits paid by Rev. D. Macpherson, Rev. E. C. Budd, and Father Holbrook, while on the 26th December the Archbishop of New Zealand visited, and preached at the afternoon service.

A weekly clinic at the Public Hospital has been started, and an increasing number of patients and their friends are attending. Cases are also seen in the Hospital wards, and I have to thank the Hospital Board and Dr. Maguire for their interest and co-operation.

During the year the Auckland Clinical Society held one of their regular meetings at the Hospital. Cases were demonstrated by our medical staff, and the exhibition of patients' work arranged by the Matron created much interest.

During the coming year it is intended to repaint the whole building, an internal telephone system will be installed, and a very necessary Nurses' Home will be built.

I am indebted to Messrs. Blomfield and Alexander for their help and advice on numerous occasions, and to Mrs. Armitage, Mrs. Von Sturmer, Miss Jackson, and Sister Hannah, who have also visited regularly.

In conclusion, I have to thank all my staff for their help and co-operation.

TOKANUI MENTAL HOSPITAL.

Dr. MACPHERSON reports:—

I have the honour to forward my report on the Tokanui Mental Hospital for the year ending 31st December, 1926.

On the 1st January, 1926, there were 315 patients (210 males and 105 females) on the register. In addition to 18 transfers, the admissions during the year numbered 47 (30 males and 17 females). The total number of patients under care was 380 (244 males and 136 females). Nine male and 5 female patients were discharged recovered; two males were discharged relieved; and two males and one female were discharged not improved. Two male and 2 female patients were transferred to other institutions. Deaths during the year totalled 20 (16 males and 4 females), so that there remained on the register at the close of the year 337 patients (213 males and 124 females).

During the year 7 male and 11 female voluntary boarders were under treatment. Four males and 4 females were discharged, and 1 male and 1 female patient died, thus leaving under care on the 31st December, 1926, 2 males and 6 females.

Of the 20 deaths occurring during the year, 4 were due to lobar pneumonia and 3 to senility. The incidence of typhoid fever during the latter part of the year suggested the presence of a carrier. The cases, two in number, occurred on the female side, and steps were taken to locate the carrier, but without avail. The general health of the inmates has, on the whole, been good. The Frank Hay Ward was opened for the reception of patients at the beginning of the year, and its comfortable and homelike surroundings make it very suitable for the reception of recent as well as convalescing patients. Extensive decorative work has been carried out during the year. The whole of the outside of the institution, excepting the two latest units, has been painted, and the interior woodwork cleaned and painted or stained. Owing to the increase in the number of the female nursing staff it was found necessary to provide a separate dining-room, and this was managed by utilizing the old storeroom. This gives the staff a sitting-room as well as a dining-room, and greatly adds to their comfort. I am hoping that the erection of the mortuary will be put in hand shortly, as the present arrangement is neither satisfactory nor, indeed, sanitary. A commodious fruit and vegetable store is in course of erection, and will prove of great benefit to the institution in remedying the past lack of storage facilities.

Recreation for our inmates has been provided by occasional concerts and dances during the winter months, and I have again to express my thanks to Mr. Battson, of Te Awamutu, for the kindly interest he has taken in the matter of promoting entertainments for our patients; also to Mrs Wood, of Te Awamutu, for parcels of magazines and sweets.

All arrangements and alterations necessary for the installation of the cinematograph here have been completed, but the apparatus has not yet come to hand. During the year we lost the services of Mr. Brabyn, our Official Visitor, and shall miss his kindly interest in the welfare of the institution. I have to acknowledge the loyalty and steady co-operation of the responsible officers during the year.

In conclusion, I should record that from the 1st April to the 30th September of last year the institution was controlled by Dr. R. M. Beattie.

 PORIRUA MENTAL HOSPITAL.

Dr. TIZARD reports:—

I have the honour to present my report on the Porirua Mental Hospital for the year ending 31st December, 1926.

On the 1st January there were 1,261 patients in the Hospital. At the end of the year the number was 1,322—viz., 723 males and 599 females, inclusive of 27 males and 44 females absent on probation—thus showing an increase of 61 (39 males and 22 females). The total number under care during the year was 1,539 (829 males and 710 females), the average weekly number resident being 1,232 (684 males and 548 females). Ninety-one (35 males and 56 females) voluntary boarders were under treatment during the year: of this number 3 females were committed as ordinary patients, and 30 were discharged (8 males and 22 females). Of those admitted on remand—13 (8 males and 5 females)—2 males and 2 females were committed as ordinary patients, and 1 male and 1 female were admitted as voluntary boarders. Of those admitted on urgency request, there were 11 (6 males and 5 females): of this number 9 were committed as ordinary patients. Of 131 discharged, 99 were discharged recovered, 14 not improved, and 18 transferred to other Mental Hospitals. The deaths during the year were 86 (48 males and 38 females), general paralysis, phthisis, circulatory disease, and senility being the principal causes.

During the year three villas have been opened to accommodate male patients. Of these two contain mostly workers, and all of them are parole patients, who greatly appreciate their liberty within the estate. The remaining villa contains a type of more or less helpless patient. One of these villas is under the management of female nurses, and their work is much appreciated by the inmates. The addition of these villas has greatly improved our classification of male patients. The convalescent home, "Vailima," still continues to fulfil a long-felt want for convalescent and, by direct admission, for suitable female patients, who, as well as friends and relatives, have been laudatory in expressing their opinions of the home and its beautiful garden and walks. A similar home for male patients is under construction, and will be opened shortly. This home will be under the supervision of female nurses, and occupies a site commanding a magnificent outlook on the surrounding country. The Admission Cottage will shortly be available, thus enabling us to examine new admissions there instead of their being brought directly to the main building.

The new male and female hospital wards have been opened during the year, thus giving us accommodation and facilities to treat the sick on the same lines as a General Public Hospital.

In view of the increase in the number of our admissions on the female side, the question of accommodation is again becoming an urgent problem; on the male side this is not a pressing matter. Wards F and D on the female side require either extending or additional wards built; the same applies to Ward 3 on the male side.

I must again draw attention to the kitchen in the main building, which requires to be extended and remodelled in order to bring it up to our requirements, as also does the male dining-room, also used as a recreation-hall, which is inadequate and far too small to accommodate the number of patients attending the dances, cinema, &c. The necessity for transferring the piggeries from its proximity to the male and female villas to a site further distant still remains.

Our lighting plant will shortly be relieved for a time by the installation of power from the Mangahao supply, thus allowing us to light the additional buildings adequately.

The present lack of accommodation in the store is an urgent matter, the space being far too limited for our requirements, as, in addition to the space required for our own use, we are the distributing centre for stores to other Mental Hospitals. The majority of the male patients are still usefully occupied in assisting in the many activities and work being carried out on the estate, deriving much benefit from such employment.

The attendance by the public requiring advice and treatment at Wellington Public Hospital is increasing, and incipient mental and nervous patients are induced to come early under treatment, and in-patients are seen in consultation with Hospital staff.

The weekly entertainments still continue to be much appreciated by the patients, and my sincere thanks are given to those who by their thoughtfulness and kind attention to the amusements help to lighten the lives of those less fortunate than themselves. Amongst the many who frequently give their services are the Red Cross Society, the Victoria College Social Service Club, and various other clubs and bands. Mr. Prosser also has our thanks for the free passes he gives for patients attending the cinema pictures in the village.

I also have to thank the ministers of religion for the services they render to the patients, and the Official Visitors (Mrs. Fraser, Mrs. McVicar, and Messrs. Bothamley and Bradey) for their continued interest in the welfare of the patients and Hospital. My thanks are also due to my colleagues (Drs. Blair, Hunter, and Cox) and to the staff generally for their loyal support and assistance in carrying out the work of the Hospital.

NELSON MENTAL HOSPITAL.

Dr. JEFFREYS reports :—

I have the honour to forward my report for the year 1926.

On the 1st January there were 357 patients on the register, and at the end of the year there remained 389 (males 269, females 120). The total number under care during the year was 406 (280 males and 126 females), and the average number resident was 368. There were 49 admitted during the year, and of these no fewer than 23 were imbecile boys under the age of fifteen, the youngest being only two years of age. There were 11 voluntary boarders under treatment during the year, and of these 2 were discharged and 2 died, leaving 7 remaining at the end of the year. Two males and 5 females were discharged as recovered, and 1 male as not improved; and 9 patients died. The death-rate was again remarkably low, being only 2.47 per cent. of the average number resident.

The general health of the patients has been good. There were four cases of diphtheria among the female staff at Nelson, and one patient, an imbecile boy at "El Nido," was also infected. As these nurses had all been on duty at "El Nido," nasal and throat swabs were taken from all the patients of this ward, and two of the boys were found to be carriers. These two were sent to the Public Hospital for isolation and treatment, and there have been no other cases since.

Owing to the number of imbecile boys who have been admitted to "El Nido" from all parts of the Dominion during the year, this ward is far too full, and until the new villas are erected at Stoke it will be impossible to avoid the overcrowding, for, although all the bigger boys have been sent out to Stoke to make room for the new-comers, it is obviously inadvisable to send any of the smaller ones, as they could not at present be separated from the adults, for owing to lack of accommodation the classification at Stoke is still far from perfect.

The new villa at Stoke has been opened and is in charge of female nurses, and the men greatly appreciate the comfort and homelike surroundings.

An up-to-date washing-machine has been installed in the old laundry at Nelson and is a great boon, but a new laundry is urgently required, for with the number of defective children we have here the washing is out of proportion to the size of the institution, and it is almost impossible to cope with the work in our small out-of-date laundry.

The water-supply at Stoke is far from satisfactory, and, although it will no doubt be improved by the relaying of the pipe-line from the reservoir, the question of making use of the excellent supply in Poorman's Valley will shortly have to be considered.

A new lavatory block has been erected at the main building at Stoke, and is a great improvement.

A large proportion of the men at Stoke and Nelson are usefully employed, and the majority of these enjoy the privileges of full parole.

In addition to the weekly dance through the winter months, numerous concert parties have visited Stoke and Nelson throughout the year, and lately a number of inmates from both institutions have been taken into Nelson once a week to the pictures. These amusements are very much looked forward to by the patients.

The Christmas-tree festivities this year were held in the grounds at Nelson, which was beautifully illuminated by vari-coloured electric lights, and the proceedings were enlivened by the Nelson Regimental Band, which was in attendance. The innovation was thoroughly appreciated by the patients, and by the visitors who had generously contributed towards the entertainment.

I desire to express my thanks to the ministers of religion who conduct services, and to Mrs. Scantlebury and Mr. Gould, Official Visitors, for their interest in the patients; also to Dr. Hay and the other officers and staff for their loyal assistance throughout the year.

HOKITIKA MENTAL HOSPITAL.

Dr. BUCHANAN reports:—

At the beginning of the year there were 221 patients on the register; at the end of the year there remained 159 males and 67 females, making up a total of 226. Admissions numbered 27 ordinary patients. Discharges were 9, and deaths 13.

The general health of the patients has been good.

The programme of reconstruction commenced five years ago at this Hospital is now showing definite results. In place of the old and rambling buildings huddled up against each other, there is now to be seen a specimen of the villa system of housing mental patients. The wards are self-contained, and, on the whole, set well apart from each other. No villa houses more than forty patients, the average number being about thirty.

The breaking-down of all yard-enclosures and the consequent opening up of pleasing vistas undoubtedly engages the attention of even some of the most enfeebled minds, and diverts many of the patients from brooding over their fancied wrongs.

This is reflected in the fact that assaults among patients are fewer than formerly, and that there is a lessened necessity for us to resort to methods of restraint.

It is interesting to note that the majority of our patients were transferred here from the Porirua and Christchurch Mental Hospitals about ten years ago, and it is quite certain that the patients transferred were by no means of the best-behaved type.

Though much work has been achieved in the modernizing of this institution, there is yet much to be accomplished before anything like completion is reached.

Our wants are still great. The most pressing requirements are:—

1. Erection of a new ward on the site of "Moana." Because of its relative isolation, this is the situation *par excellence* for a ward to house the most refractory of the female patients. At present "Moana" houses thirteen patients and four nurses. The opinion of the Public Works Department is that the ward will not economically stand alteration because of its age. I suggest that a new building on this site should be capable of housing thirty patients and contain ten single rooms. This would allow us to destroy a block of ten single rooms (a dingy and unsightly relic of the past) which abuts directly on to the new female-reception unit. We have of necessity to use these rooms for the most noisy and violent patients, and their propinquity to newly admitted patients is most unsatisfactory.

2. A system of fire-alarms. At present the only means of alarm is to ring a bell situated at the most central part of the institution. The wards, which are all wooden, are now discrete and spread out over an extensive area, and there might consequently be an undue delay before fire-fighters could be summoned to one of the more distant wards. I would suggest that an intercommunicating telephone system be installed. This would meet the case, and also be useful in the event of other emergencies which of necessity must arise from time to time in the different wards.

3. Increased accommodation for nurses. Nurses perforce are using rooms that should be available for patients. There is, in general, an all-round lack of suitable accommodation for nurses.

4. A water-supply independent of the borough water-supply. Not only is the latter supply expensive, but it is the expressed opinion of some of the members of the Borough Council that it is in a precarious state owing to the bad condition of the mains. The Borough Council charges us 1s. 3d. per 1,000 gallons. About two years ago I had a well sunk on our own grounds, which gave us good potable water in sufficient quantity for our needs. The Westland Hospital, which lies adjacent to us, procures its water from a well on their property similar to that which we have already sunk on our own ground. They pump more water than is necessary for their requirements. The Hospital Board have suggested that they should sell us their surplus water at 5d. per 1,000 gallons. They guarantee a daily supply of 5,000 gallons. If we accepted this offer we would have to build an elevated reservoir. Would it not be better in that case to pump our own water into it?

5. A recreation-hall. The lack of a hall suitable for Church services, cinematograph entertainments, wireless and other concerts, and dances is much felt, and results in an inadequate amount of entertainment for the patients.

6. The construction of farm buildings on a new site. The Public Works Building Overseer when asked to value the present buildings expressed the opinion that the stable buildings, barn, dairy, and pigsties, were valueless because of their great age and state of disrepair. The present buildings are an eyesore, and are situated too close to "Te Maire."

Below I give a summary of new work accomplished during the year: Erection of Setton Ward, which houses twenty-seven patients (the greater part of this building was constructed from suitable portions of old F Ward moved to the new site); building of a new large bathroom, a scullery, and the installation of a hot-water supply at "Aorangi"; building of a bathroom,

lavatory, and installation of hot-water supply at "Egmont"; building of a garage at Medical Superintendent's residence; demolition of the old gaol; demolition of old A Ward; erection of a large coal and store shed from suitable portions of old A Ward; reclamation of over 8 acres swamp ground; addition of about $\frac{3}{4}$ acre to the kitchen garden; increase to the recreation-ground, and fencing the whole area for the purpose of grazing sheep; laying out new fowl-runs; roadmaking and laying out of grounds in front of the institution formerly occupied by old wards; making of new airing-court at "Aorangi."

The annual picnic, an event always looked forward to by the patients, took place at Kokatahi. The outing proved a great success and was handsomely contributed to by many of the townsfolk.

I would especially like to record my appreciation of the many concerts given to us by the Hokitika Band. They are always a great source of pleasure.

I have had good, helpful, and loyal service from all my staff.

CHRISTCHURCH MENTAL HOSPITAL.

Dr. McKILLOP reports :—

I have the honour to present my report for the year 1926.

On the 1st January there were 835 patients on the register (372 males and 463 females.) The admissions during the year were 192 (90 males and 102 females). Eighty-seven patients were discharged, and 3 transferred to other institutions. The total number of committed patients was 1,027, and 870 remained at the end of the year. Sixty voluntary boarders received treatment, and 32 (14 males and 18 females) were discharged recovered during the year.

The general health of the patients has been very satisfactory. There were 67 deaths (30 men and 37 women), a large proportion of the deaths being due to senile decay.

The Neuropathic Hospital for men at Hornby is now occupied. The value of this new building, and of the Lodge, Hornby (for females) cannot be overestimated, and is already reflected in the increased recovery-rate. I am pleased to note that a modern farm colony, with accommodation for forty-eight men, is in course of erection at Templeton. This will relieve to a very great extent the overcrowding at Sunnyside, and will permit of a much better classification.

The painting squad, organized eighteen months ago, has been kept fully occupied, and has done exceptionally good work. The farm buildings have been renovated, and most of the exterior of the institution. During the coming year it is intended to make considerable alterations that will help to brighten the interior of the building and add greatly to the comfort of the inmates.

I am pleased to record a most successful year on the farm. Much has been done in the way of fencing and development generally, and the labour and money expended has been well repaid.

I have again to express my indebtedness to Professor Hercus, of the Otago Medical School, for the great assistance he has given in research work, more particularly in goitre and general paralysis.

Weekly visits have been paid to the Christchurch Hospital, where out-patients may obtain advice and treatment, and in-patients are seen in consultation with the Hospital staff.

The patients' recreation has been arranged on the usual lines. The weekly dances and cinematograph entertainments were well attended. Through the kindness of the Rotary Club and other friends of the institution, radio equipment has been installed in the main building: four loud-speakers have been installed, and it is hoped that before long a loud-speaker will be available for each ward. I have to tender thanks to Canon Revell for his great efforts in bringing this scheme to a realization.

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 for their untiring attention to our inmates. I further tender my thanks to my colleagues, Drs. Russell and Hart, and to Mr. Thomas and office staff, to the Matrons and Head Attendants, for their loyal and efficient assistance, and to 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 submit my report for the year ended 31st December, 1926.

At the beginning of the year there were 1,130 patients on the register (623 males and 507 females), and at the end of the year 1,132 (617 and 515 females.) The admissions numbered 165 (83 males and 82 females.) Eighty-seven patients were discharged comprising 43 males and 44 females. Of voluntary boarders 35 remained from the previous year, and 27 were admitted. Twenty-one voluntary boarders were discharged, 2 committed as ordinary patients, and 2 died. Two patients (1 male and one female) were admitted on remand for observation. Seventy-six patients died during the year (46 males and 30 females). The average weekly number of patients resident during the year was 1,108 (615 males and 493 females).

During the year 17 patients escaped and all were replaced.

The health of the patients on the whole has been good. An epidemic of measles went through the institution, but fortunately most of the cases were of a mild type, and in the few instances in which more serious manifestations were present complete recovery took place. Three female patients and one male sustained fractures. Of the females one (an epileptic) broke her arm in a fall, another met with a fracture of the leg by jumping off the roof in an attempt to escape, while a third, aged seventy-six, sustained a fracture of the leg. The male patient (an epileptic) fractured the base of his skull as a result of a fall.

The building programme included additions in the shape of seven single rooms and a bathroom to D Ward, together with a general overhaul of the ward, including improvement in ventilation facilities, a new verandah, and general painting of the building. The new Admission Cottage is approaching completion, whilst work at the seaside sanatorium at Puketeraki has advanced to the stage where the roof is being put on. Additional lavatory accommodation has been provided on the male side. The sleeping-accommodation at Waitati has been increased by cutting off part of the large day-room of No. 2 Ward and using it as a dormitory, and by fitting up a small temporary building adjacent to this ward for a similar purpose. At Waitati also electric light has been installed, and this has proved a great boon, in addition to ensuring greater safety, especially in the old wooden buildings. To revert again to Seacliff, new concrete tanks have increased the water-storage for domestic and emergency purposes. There have also been the usual repairs to buildings, which have occupied attention.

On the farm also there has been considerable activity in the matter of new buildings, and renovations and repairs. New buildings include a detached boiling-down house at the slaughterhouse, where an addition was also made in the shape of a well-ventilated room in which to hang mutton. An ample water-supply has also been installed. An implement-shed, which was badly needed, was erected, whilst other new buildings included a brooder-house, a poultry house and runs, a hack-stable and farm-stores at the main byres. In addition extensive repairs were made at the main and Simla byres, and similar operations are to be carried out in connection with the piggeries and the draught-horse stable. A painting party is at work, and it is hoped that by the end of the summer all necessary outside painting on the estate will have been completed. So far as farming operations are concerned, the season in early spring was somewhat adverse, but it has improved and at the moment promises to be an average one. The unfavourable spring weather was more noticeable in its effect on the crops at Cherry Farm, but these have improved in a remarkable manner as a result of the better weather recently experienced.

The introduction of the practice of co-operation, whereby the wants of one Mental Hospital are supplied, when possible, by another institution in the Department, is a line of policy which should be productive of excellent results.

Work at the fishing-station has been carried on, but it has now become necessary to go further off the coast for supplies of fish.

Regular religious services have been held by the clergy of the different denominations.

The amusement of the patients has received attention, and in addition to the ordinary seasonal games a successful picnic and sports meeting was held. There have been regular dances and picture entertainments, whilst a large number of patients visited the New Zealand and South Seas Exhibition held at Dunedin. We have also had visits from the Pipe and Tramway Bands and the Commercial Travellers' Male Choir, all of which were much appreciated.

The thanks of the Department is also due to the manager of the *Otago Witness*, for free copies of the Christmas Number.

Mr. Gallaway (District Inspector), Mr. Slater (Official Visitor), and Mr. Cumming (Patients' Friend), have paid regular visits to the institution.

In conclusion, I wish to tender my thanks to members of the staff for their co-operation in carrying out the work of the year.

STATISTICAL.

The patients on the register at the end of the year numbered 5,467 (m. 3,044, f. 2,423), or 210 (m. 123, f. 87) more than at the beginning; and the daily average under treatment during the year was 5,213 (m. 2,926, f. 2,287), or 180 (m. 96, f. 84) more than in the previous year, while the total under care was 6,204. Patients belonging to the Native race numbered 72 (m. 40, f. 32) at the end of the year.

The admissions numbered 947 (m. 508, f. 439), or 72 (m. 63, f. 9) more than in the previous year. Of these, 165 had been previously under care, making the proportion of readmissions 14·06 per cent., and 782 patients (including 15 Maoris) were admitted for the first time.

The ratio to population of all admissions (exclusive of Maoris) was 6·88 (m. 7·25, f. 6·50) to 10,000, and of first admissions 5·67 (m. 6·05, f. 5·27), so that 1,452 persons in the general population contributed one patient, and 1,764 contributed a patient admitted for the first time.

The discharges (excluding transfers) numbered 383, or 42 less than in 1925. 102 (or 4 less) harmless unrecovered persons were returned to the care of friends, and 281 (m. 136, f. 145) recovered—38 less than last year, representing a percentage of 29·67 (m. 26·18, f. 30·75) on the total admitted. With voluntary boarders added the percentage rises to 35·87. Altogether, 44·98 per cent. of the inmates admitted were able to leave institutional care.

Of a total of 6,204 patients under care, 354 (m. 207, f. 147) died, or 6·77 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	15.02	13.21	14.18
Congenital	12.25	7.97	10.26
Predisposed by previous attack	10.47	18.22	14.18
Critical periods	18.77	28.92	23.49
Child-bearing (puerperal, non-septic, and lactation) .. .. .	..	5.01	2.32
Mental stress	8.69	11.61	10.05
Physiological defect and error	4.54	4.55	4.55
Toxic, including—	M.	F.	T.
Syphilis	7.11	0.91	4.23
Alcohol	7.11	1.36	4.44
Traumatic	0.98	..	0.52
Disorder of nervous system, including—	M.	F.	T.
Epilepsy	5.13	3.64	4.44
Other bodily affections	2.02	0.49	0.77
No definite cause assigned	4.74	1.82	3.81
	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
1926	71	60	131	11	29	40	82	89	171	10	11	21	7	2	9	49	71	120	73	97	170

It will be noted that there were 171 voluntary admissions in the year under review, that 120 were discharged, and that 21 boarders, representing 6.56 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 on average number resident was 5.92 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 1926 was 152 (m. 61, f. 91).

MENTAL NURSES.

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

Auckland: First Grade—Edward Barraclough, Douglas Henry Kirkland, Oliver Nicklinson, Margaret Reid; Second Grade—William Wallace Adams, Robina Blair, Daisy Ethel Parker, Henry Edmund Shaw.

Tokanui: First Grade—Paul Helwig; Second Grade—Robert Bourke, Edward Croasdale, Alastair Henry Kinghorn.

Porirua: Second Grade—Arthur Barstow, James Brown, Stanley Bertram Brown, Andrew Gibb, Carl Otto Hasse, Elsie Storeys Hodgens, Harold Jarvis, Peter Andrew Lambert, Frederick John Oliver, Alexander Smith, Annie Cullen Wardrop, Julia Wallace.

Nelson: Second Grade—Gladys Lilian Allport, Olive Hannah Bell, Naomi Mary Brown, Ida Emily Eyles, William Gourlay Gorman.

Hokitika: First Grade—Wreford Jack Carter, William Henderson, Mary Jane Rosevear; Second Grade—Imelda Agnes Mary Martini, Ernest Edward Oliver.

Christchurch: First Grade—George Bell Browning, James Callaghan, Ngaio Madeline Carter, Alexander Park Craig, Victor Hugh Drain, Myrtle Evelyn Ferguson, Florence Isabel Hodges, Arthur Sylvester Preston, Bessie Watson, John Edward Willis; Second Grade—Charles Edward Davies, John William Hartley, Thomas Arthur Turnbull, William Welton.

Seacliff: First Grade—Doris Alice Guild, Clorine Gladys Smith, Mary Isabella Westwood; Second Grade—Henry Dickson, Annie Hyde, Olga Law, Arthur Little, Williamena Frances Lobb, Malcolm McDougall, Bridgie O'Connor, William Simmons, James Hyslop Wilson.

APPENDIX.

TABLE I.—SHOWING THE ADMISSIONS, READMISSIONS, DISCHARGES, AND DEATHS IN MENTAL HOSPITALS DURING THE YEAR 1926.

	M.			F.			T.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
In mental hospitals, 1st January, 1926	2,921	2,336	5,257						
Admitted for the first time	425	357	782	}	508	439	947		
Readmitted	83	82	165						
Total under care during the year	3,429	2,775	6,204						
Discharged and died—									
Recovered	136	145	281						
Relieved	27	35	62						
Not improved	15	25	40						
Died	207	147	354						
(Not including transfers—Males 20, females 22.)	385	352	737						
Remaining in mental hospitals, 31st December, 1926	3,044	2,423	5,467						
Increase over 31st December, 1925	123	87	210						
Average number resident during the year	2,926	2,287	5,213						

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 1926.

Mental Hospitals.	In Mental Hospitals on 1st January, 1926.			Admissions in 1926.									Total Number of Patients under Care.		
	M.	F.	T.	Admitted for the First Time.			Not First Admission.			Transfers.			M.	F.	T.
Auckland	618	476	1,094	84	55	139	32	25	57	(3	3	6)	737	559	1,296
Christchurch	372	463	835	80	85	165	7	16	23	(3	1	4)	462	565	1,027
Dunedin (Seacliff)	623	507	1,130	64	61	125	14	19	33	(5	2	7)	706	589	1,295
Hokitika	159	62	221	9	12	21	4	2	6	(	..	)	172	76	248
Nelson	239	118	357	33	6	39	4	2	6	(4	0	4)	280	126	406
Porirua	684	577	1,261	124	115	239	20	16	36	(1	2	3)	829	710	1,539
Tokanui	210	105	315	28	15	43	2	2	4	(4	14	18)	244	136	380
Ashburn Hall (private mental hospital)	16	28	44	3	8	11	..	..	..	(	..	)	19	36	55
Totals	2,921	2,336	5,257	425	357	782	83	82	165	(20	22	42)	3,449	2,797	6,246

Mental Hospitals.	Patients discharged, transferred, and died.												In Mental Hospitals on 31st December, 1926.					
	Discharged recovered.			Discharged not recovered.			Transferred.			Died.			Total discharged, transferred, and died.			M.	F.	T.
Auckland	28	19	47	5	12	17	(2	2	4)	50	30	80	85	63	148	652	496	1,148
Christchurch	24	42	64	10	13	23	(3	0	3)	30	37	67	65	92	157	397	473	870
Dunedin (Seacliff)	20	23	43	18	20	38	(5	1	6)	46	30	76	89	74	163	617	515	1,132
Hokitika	2	1	3	1	3	4	(2	0	2)	8	5	13	13	9	22	159	67	226
Nelson	2	5	7	1	0	1	..	..	..	8	1	9	11	6	17	269	120	389
Porirua	52	47	99	3	11	14	(3	15	18)	48	38	86	106	111	217	723	599	1,322
Tokanui	9	5	14	4	1	5	(2	2	4)	16	4	20	31	12	43	213	124	337
Ashburn Hall (private mental hospital)	1	3	4	..	..	..	(3	2	5)	1	2	3	5	7	12	14	29	43
Totals	136	145	281	42	60	102	(20	22	42)	207	147	354	405	374	779	3,044	2,423	5,467

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	614	461	1,075	24.14	23.45	23.96	8.14	6.51	7.44
Christchurch	380	460	840	25.28	41.58	34.04	7.89	8.04	7.97
Dunedin (Seacliff)	615	493	1,108	25.63	28.75	26.21	7.48	6.08	6.86
Hokitika	155	62	217	15.39	7.14	11.11	5.16	8.06	6.00
Nelson	251	117	368	5.40	62.50	15.55	3.18	0.85	2.45
Porirua	684	548	1,232	36.11	35.88	36.00	7.01	6.50	6.17
Tokanui	212	118	330	30.00	29.82	29.78	7.54	3.39	6.06
Ashburn Hall (private mental hospital)	15	28	43	33.33	37.50	36.36	6.66	7.14	7.00
Totals	2,926	2,287	5,213	26.18	30.75	29.67	6.06	6.42	6.77

TABLE III.—AGES OF ADMISSIONS.

Ages.	Auckland.		Christchurch.		Dunedin (Seaciff).		Hokitika.		Nelson.		Porirua.		Tokanui.		Ashburn Hall (Private Mental Hospital).		Total.	
	M.	F. T.	M.	F. T.	M.	F. T.	M.	F. F.	M.	F. T.	M.	F. T.	M.	F. T.	M.	F. T.		
Under 5 years ..	0	1 1	0	5 5	1	0 1	..	..	7	0 7	0	1 1	..	..	..	..	7	2 9
From 5 to 10 years ..	1	1 2	3	1 4	4	0 4	..	..	8	0 8	..	..	..	..	..	..	10	6 16
" 10 " 15 "	1	2 3	6	6 12	5	1 6	..	..	5	0 5	1	5 6	..	..	..	..	17	9 26
" 15 " 20 "	9	3 12	5	1 6	15	4 19	1	0 1	..	..	12	10 22	..	..	..	..	36	20 56
" 20 " 30 "	18	10 28	25	12 37	17	18 35	1	2 3	3	0 3	28	14 42	..	..	1	0 1	96	45 141
" 30 " 40 "	13	17 30	13	26 39	10	20 30	1	2 3	4	0 4	30	24 56	..	..	0	0 3	80	97 177
" 40 " 50 "	22	19 41	9	17 26	11	11 22	3	4 7	1	2 3	24	25 49	..	..	2	0 2	65	77 142
" 50 " 60 "	15	14 29	9	15 24	11	11 22	1	0 1	1	3 4	11	6 17	..	..	0	0 3	54	47 101
" 60 " 70 "	17	5 22	10	11 21	4	4 8	0	1 1	2	2 4	5	6 11	..	..	..	..	41	20 61
" 70 " 80 "	14	3 17	11	4 15	0	0 4	0	2 2	1	0 1	1	1 2	..	..	..	..	6	15 21
" 80 " 90 "	3	4 7	1	3 4	0	0 4	..	..	..	..	0	1 1	..	..	..	..	1	2 3
Upwards of 90 "	1	0 1	0	1 1	..	..	..	..	..	..	0	2 2	..	..	..	..	3	3 6
Unknown ..	2	1 3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	20	22 42
Transfers ..	3	3 6	3	1 4	5	2 7	..	..	4	0 4	1	2 3	..	..	..	..	528	461 989
Totals ..	119	83 202	90	102 192	83	82 165	13	14 27	41	8 49	145	133 278	34	31 65	3	8 11	528	461 989

TABLE IV.—DURATION OF DISORDER ON ADMISSION.

	Auckland.		Christchurch.		Dunedin (Seaciff).		Hokitika.		Nelson.		Porirua.		Tokanui.		Ashburn Hall (Private Mental Hospital).		Total.	
	M.	F. T.	M.	F. T.	M.	F. T.	M.	F. F.	M.	F. T.	M.	F. T.	M.	F. T.	M.	F. T.		
First class (first attack and within 3 months on admission)	36	19 55	43	39 82	25	29 54	5	7 12	7	3 10	77	74 151	15	5 20	1	4 5	209	180 389
Second class (first attack above 3 months and within 12 months on admission)	8	7 15	9	9 18	5	5 10	1	1 2	4	2 6	17	19 36	0	3 3	..	..	44	46 90
Third class (not first attack, and within 12 months on admission)	38	26 64	17	29 46	21	23 44	5	3 8	6	2 8	16	11 27	7	3 10	1	3 4	111	100 211
Fourth class (first attack or not, but of more than 12 months on admission)	18	18 36	18	24 42	27	23 50	2	3 5	20	1 21	34	27 61	8	6 14	1	1 2	128	103 231
Unknown ..	16	10 26	..	..	..	..	..	..	..	..	..	..	..	..	..	..	16	10 26
Transfers ..	3	3 6	3	1 4	5	2 7	..	..	4	0 4	1	2 3	4	14 18	..	..	20	22 42
Totals ..	119	83 202	90	102 192	83	82 165	13	14 27	41	8 49	145	133 278	34	31 65	3	8 11	528	461 989

TABLE V.—AGES OF PATIENTS DISCHARGED "RECOVERED" AND "NOT RECOVERED" DURING THE YEAR 1926.

Ages.	Auckland.		Christchurch.		Dunedin (Seacliff).		Hokitika.		Nelson.		Portra.		Tokanui.		Ashburn Hall (Private M.H.).		Total.	
	Re-covered.	Not re-covered.	Re-covered.	Not re-covered.	Re-covered.	Not re-covered.	Re-covered.	Not re-covered.	Re-covered.	Not re-covered.	Re-covered.	Not re-covered.	Re-covered.	Not re-covered.	Re-covered.	Not re-covered.	Re-covered.	Not re-covered.
Under 5 years
From 5 to 10 years	0 1 1	0 1 1	1 3 4	2 0 2	0 1 1	3 2 2	5 0 1	1 1 1	0 1 1	0 1 1	0 1 1	0 1 1	0 1 1	0 1 1	0 1 1	0 1 1	0 1 1	0 1 1
" 10 " 15 "	3 2 5	1 2 3	6 9 15	2 1 3	6 4 2	6 4 2	6 4 2	6 4 2	12 10 22	0 2 2	3 3 6	1 0 1	1 1 2	3 1 0	13 6 7	9 7 16	31 26 57	6 3 9
" 15 " 20 "	8 5 13	0 4 4	13 17	1 2 3	3 4 7	4 4 8	1 0 1	..	18 9 27	1 3 4	2 2 4	2 0 2	0 1 1	36 34 70	8 13 21	30 37 67	3 9 12	
" 20 " 30 "	8 6 14	3 0 3	5 9 14	..	5 14 0	8 8 1	0 1 1	..	9 12 21	..	1 1 0	1 0 1	..	30 21 43	5 10 15	22 21 43	3 9 12	
" 30 " 40 "	3 3 6	0 2 2	4 5 9	1 1 1	5 10 4	1 5 1	0 1 1	..	8 6 14	0 1 1	1 1 0	0 1 1	..	5 13 18	4 10 14	6 2 8	4 4 8	
" 40 " 50 "	2 1 3	0 2 2	3 3 3	0 3 3	4 5 3	1 4 2	0 1 1	..	2 3 5	1 2 3	..	2 0 2	..	2 0 2	..	2 0 2	..	
" 50 " 60 "	1 0 1	..	2 0 2	2 4 2	..	2 2 2	..	..	1 2 3	..	..	..	..	..	..	..	..
" 60 " 70 "	2 0 2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
" 70 " 80 "	1 1 2	2 2 4	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
" 80 " 90 "	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Upwards of 90 "	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Unknown	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Transfers	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Totals	28 19 47	7 14 21	22 42 64	13 13 26	20 23 43	23 21 44	2 1 3	3 3 6	2 5 7	1 0 1	32 47 99	6 26 32	9 14 16	6 3 9	1 3 4	3 2 5	136 145 281	62 82 144

TABLE VI.—AGES OF PATIENTS WHO DIED.

Ages.	Auckland.		Christchurch.		Dunedin (Seacliff).		Hokitika.		Nelson.		Portra.		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. F.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	
From 5 to 10 years	0 1 1	1 1 1	0 1 1	1 1 1	0 1 1	1 1 1	..	..	2 0 2	..	..	..	..	..	..	..	..
" 10 " 15 "	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
" 15 " 20 "	0 1 1	1 1 1	0 2 2	2 2 2	1 0 1	1 1 1	..	..	..	..	..	..	..	..	..	..	..
" 20 " 30 "	5 1 6	3 3 3	0 2 4	6 6 11	4 4 4	4 4 4	..	..	..	..	..	..	..	..	..	..	..
" 30 " 40 "	0 3 3	7 8 9	2 4 6	5 6 11	4 4 4	4 4 4	..	..	..	..	..	..	..	..	..	..	..
" 40 " 50 "	8 9 17	6 4 10	6 4 10	11 6 17	3 6 9	3 6 9	..	..	..	..	..	..	..	..	..	..	..
" 50 " 60 "	12 2 14	7 8 15	7 8 15	13 8 21	5 7 12	5 7 12	..	..	..	..	..	..	..	..	..	..	..
" 60 " 70 "	12 5 17	7 9 16	7 9 16	13 8 21	5 7 12	5 7 12	..	..	..	..	..	..	..	..	..	..	..
" 70 " 80 "	3 4 7	2 3 5	2 3 5	5 7 12	1 3 4	1 3 4	..	..	..	..	..	..	..	..	..	..	..
" 80 " 90 "	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
" 90 " 100 "	3 0 3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Unknown	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Totals	50 30 80	30 37 67	46 30 76	8 5 13	8 1 9	48 38 86	16 4 20	1 2 3	207 147 354									

TABLE VII.—CONDITION AS TO MARRIAGE.

	Admissions.			Discharges.			Deaths.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
AUCKLAND—									
Single	58	33	91	10	11	21	21	11	32
Married	41	34	75	14	13	27	18	11	29
Widowed	10	13	23	4	7	11	5	8	13
Unknown	7	0	7	5	0	5	6	0	6
Transfers	3	3	6	2	2	4	..	..	..
Totals	119	83	202	35	33	68	50	30	80
CHRISTCHURCH—									
Single	52	50	102	18	29	47	16	20	36
Married	28	38	66	13	24	37	11	5	16
Widowed	6	13	19	1	2	3	3	12	15
Unknown	1	0	1	..	..	..	..	..	..
Transfers	3	1	4	3	0	3	..	..	..
Totals	90	102	192	35	55	90	30	37	67
DUNEDIN (SEACLIFF)—									
Single	51	32	83	27	20	47	28	11	39
Married	25	32	57	10	19	29	12	14	26
Widowed	2	16	18	1	4	5	6	5	11
Unknown .. .. .	..	..	..	..	..	..	..	..	..
Transfers	5	2	7	5	1	6	..	..	..
Totals	83	82	165	43	44	87	46	30	76
HOKITIKA—									
Single	10	3	13	1	1	2	6	1	7
Married	2	7	9	2	1	3	2	1	3
Widowed	1	4	5	0	2	2	0	2	2
Unknown .. .. .	..	..	..	..	..	..	0	1	1
Transfers .. .. .	..	..	..	2	0	2	..	..	..
Totals	13	14	27	5	4	9	8	5	13
NELSON—									
Single	28	3	31	2	1	3	6	0	6
Married	6	4	10	1	3	4	..	..	..
Widowed	3	1	4	0	1	1	2	1	3
Unknown .. .. .	..	..	..	..	..	..	..	..	..
Transfers	4	0	4	..	..	..	..	..	..
Totals	41	8	49	3	5	8	8	1	9
PORIRUA—									
Single	79	72	151	14	27	41	20	12	32
Married	57	45	102	39	24	63	23	14	37
Widowed	8	14	22	2	7	9	5	12	19
Unknown .. .. .	..	..	..	..	..	..	..	..	..
Transfers	1	2	3	3	15	18	..	..	..
Totals	145	133	278	58	73	131	48	38	86
TOKANUI—									
Single	17	8	25	8	3	11	9	0	9
Married	13	8	21	4	3	7	7	2	9
Widowed	0	1	1	1	0	1	0	2	2
Unknown .. .. .	..	..	..	..	..	..	..	..	..
Transfers	4	14	18	2	2	4	..	..	..
Totals	34	31	65	15	8	23	16	4	20
ASHBURN HALL—									
Single	2	3	5	1	2	3	1	1	2
Married	1	2	3	..	..	..	..	..	..
Widowed	0	3	3	0	1	1	0	1	1
Unknown .. .. .	..	..	..	..	..	..	..	..	..
Transfers .. .. .	..	..	..	3	2	5	..	..	..
Totals	3	8	11	4	5	9	1	2	3
TOTALS—									
Single	297	204	501	81	94	175	..	..	..
Married	173	170	343	83	87	170	..	..	..
Widowed	30	65	95	9	24	33	..	..	..
Unknown	8	0	8	5	0	5	..	..	..
Transfers	20	22	42	20	22	42	..	..	..
Totals	528	461	989	198	227	425	207	147	354

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	120	83	203	70	92	162	84	57	141	29	9	38	14	13	27	160	90	250	45	14	59	4	3	7	526	361	887
Scotland	31	17	48	23	17	40	62	52	114	6	2	8	13	5	18	42	25	67	12	4	16	2	2	4	191	124	315
Ireland	47	38	85	28	32	60	54	43	97	24	9	33	10	3	13	47	57	104	14	16	30	..	..	..	224	198	422
New Zealand	311	295	606	241	302	543	370	332	702	68	43	111	179	54	233	391	369	760	112	84	196	8	22	30	1,680	1,501	3,181
Australian States	40	25	65	20	16	36	18	24	42	11	3	14	10	6	16	34	27	61	9	3	12	0	2	2	142	106	248
France	1	0	1	..	..	..	..	..	..	1	0	1	1	0	1	..	..	..	2	0	2	..	..	..	5	0	5
Germany	6	1	7	2	2	4	2	0	2	1	0	1	1	0	1	6	5	11	2	1	3	..	..	..	20	9	29
Austria	27	1	28	0	2	2	1	0	1	..	..	..	2	0	2	0	1	1	3	0	3	..	..	..	33	4	37
Norway	4	0	4	0	1	1	3	0	3	2	0	2	..	..	..	3	0	3	1	0	1	..	..	..	13	1	14
Sweden	3	1	4	4	0	4	4	0	4	3	0	3	2	0	2	3	1	4	3	1	4	..	..	..	19	2	21
Denmark	2	0	2	2	1	3	2	1	3	..	..	..	1	0	1	5	2	7	1	0	1	..	..	..	13	4	17
Italy	3	1	4	..	..	..	..	..	..	5	0	5	1	0	1	3	2	5	1	0	1	..	..	..	13	3	16
China	2	0	2	1	0	1	5	0	5	3	0	3	..	..	..	1	0	1	1	0	1	..	..	..	13	0	13
Maoris	19	19	38	..	..	..	..	..	..	1	0	1	5	2	7	13	11	24	2	0	2	..	..	..	40	32	72
Other countries	22	8	30	6	7	13	12	6	18	5	1	6	1	0	1	15	9	24	8	2	10	..	..	..	69	33	102
Unknown	14	7	21	0	1	1	..	..	..	..	..	..	29	37	66	..	..	..	8	2	10	..	..	..	43	45	88
Totals...	652	496	1,148	397	473	870	617	515	1,132	159	67	226	269	120	389	723	599	1,322	213	124	337	14	29	43	3,044	2,423	5,467

TABLE IX.—AGES OF PATIENTS ON 31ST DECEMBER, 1926.

Ages.	Auckland.			Christchurch.			Dunedin (Sea-cliff).			Hokitika.			Nelson.			Porirua.			Tokanui.			Ashburn Hall (Private M.H.).			Total.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
From 1 to 5 years	0	1	1	0	2	2	1	0	1	..	..	..	14	0	14	0	1	1	..	..	..	..	..	..	..	..	..
" 5 " 10 "	2	3	5	10	13	13	4	4	8	..	..	..	25	3	28	0	6	6	..	..	..	..	..	..	..	..	..
" 10 " 15 "	3	5	8	10	3	13	4	4	8	..	..	..	47	4	51	0	19	19	..	..	..	..	..	..	..	..	..
" 15 " 20 "	19	10	29	11	10	21	15	6	21	2	1	3	22	2	24	17	15	32	2	2	4	..	..	..	..	..	..
" 20 " 30 "	85	48	133	55	43	98	76	40	116	5	3	8	27	14	41	98	59	157	6	1	7	..	..	..	..	..	..
" 30 " 40 "	96	96	192	72	62	134	92	92	184	28	9	37	31	16	47	143	123	366	26	21	47	..	..	..	..	..	..
" 40 " 50 "	153	118	270	98	136	234	156	118	274	46	18	64	30	17	47	198	140	338	58	29	87	1	1	2	489	420	909
" 50 " 60 "	127	107	234	61	102	163	119	121	240	43	23	66	33	27	60	141	120	261	65	28	93	2	6	8	741	582	1,323
" 60 " 70 "	98	57	155	49	68	117	78	89	167	16	4	20	25	22	47	76	68	144	28	20	48	7	11	18	591	534	1,125
" 70 " 80 "	41	30	71	34	23	57	57	35	92	9	5	14	12	8	20	41	34	75	8	11	19	1	3	4	377	339	716
" 80 " 90 "	12	9	21	6	10	16	12	9	20	4	3	7	1	4	5	8	14	22	3	1	4	1	1	2	203	149	352
Upwards of 90 "	..	..	..	1	1	2	2	0	2	..	..	..	1	0	1	1	0	1	..	..	..	..	..	..	..	..	..
Unknown	16	12	28	..	..	..	5	1	6	6	1	7	1	3	4	..	..	..	4	0	4	..	..	..	..	..	..
Totals...	652	496	1,148	397	473	870	617	515	1,132	159	67	226	269	120	389	723	599	1,322	213	124	337	14	29	43	3,044	2,423	5,467

TABLE X.—LENGTH OF RESIDENCE OF PATIENTS WHO DIED DURING 1926.

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 ..	6	0	6	2	4	6	3	0	3	1	1	2	2	0	2	2	6	8	0	2	2	2	2	1	1	2	16	13	29	
From 1 to 3 months ..	5	1	6	5	8	13	1	6	7	1	1	2	1	0	1	2	3	10	7	3	0	2	0	2	2	0	2	22	19	41
" 3 " 6 " ..	7	4	10	3	3	0	3	4	2	1	0	1	5	3	8	5	3	8	4	2	6	4	1	..	..	..	19	9	28
" 6 " 9 " ..	2	0	2	..	..	..	1	1	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	15	9	24
" 9 " 12 " ..	5	7	12	0	4	4	1	1	2	1	1	2	1	0	1	2	3	4	1	4	3	7	4	2	0	1	16	16	32	
" 12 " 15 " ..	1	2	3	3	3	6	3	5	2	0	1	1	5	1	0	1	4	5	9	2	7	10	2	0	2	2	17	9	26	
" 2 " 3 " ..	2	2	4	2	2	4	4	2	6	0	1	1	4	1	0	1	1	1	4	4	6	4	5	9	9	13	13	12	25	
" 3 " 5 " ..	3	3	5	2	2	4	1	3	4	..	..	..	4	1	0	1	2	1	3	4	5	9	2	0	1	8	5	13	
" 5 " 7 " ..	1	2	3	0	1	1	4	1	5	..	..	..	5	2	7	2	0	2	2	1	0	1	1	0	1	4	6	10	
" 7 " 10 " ..	0	1	1	0	5	5	..	..	..	2	1	3	..	..	..	..	..	..	..	..	..	..	..	..	..	9	8	17	
" 10 " 12 " ..	1	1	2	0	2	2	5	2	7	3	1	4	3	1	1	1	2	3	8	2	10	8	2	10	8	9	8	17		
" 12 " 15 " ..	10	2	12	8	5	13	11	9	20	3	1	4	0	1	1	1	4	11	7	4	11	1	0	1	1	47	24	71		
Over 15 years ..	1	1	2	..	..	..	1	0	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	4	4	8	
Died while absent on trial ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	5
Totals ..	50	30	80	30	37	67	46	30	76	8	5	13	8	1	9	48	38	86	16	4	20	1	2	3	207	147	354

TABLE XI.—LENGTH OF RESIDENCE OF PATIENTS DISCHARGED "RECOVERED" DURING 1926.

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 ..	1	0	1	8	12	20	2	0	2	2	0	2	5	2	7	1	1	2	3	0	3	1	1	2	3	0	3	9	3	12
From 1 to 3 months ..	6	4	10	8	14	22	3	5	8	2	4	6	11	11	22	0	1	1	11	13	26	0	1	1	3	4	7	32	34	66
" 3 " 6 " ..	3	4	7	2	2	4	2	3	5	2	4	4	6	13	13	3	4	7	13	13	26	3	4	7	3	4	7	34	42	76
" 6 " 9 " ..	2	0	2	3	3	6	3	0	3	3	6	3	5	6	4	10	6	11	6	4	10	2	0	2	2	0	2	13	13	26
" 9 " 12 " ..	3	3	6	0	4	4	5	7	12	2	1	3	6	6	12	5	6	11	6	6	12	0	1	1	1	1	1	15	11	26
" 12 " 15 " ..	..	..	..	0	4	4	1	0	1	1	0	1	1	1	1	1	2	4	2	2	4	..	..	..	..	..	..	16	21	37
" 15 " 18 " ..	3	1	4	0	1	1	1	0	1	1	0	1	4	1	5	2	2	4	1	4	5	..	..	..	..	..	8	5	13	
" 18 " 21 " ..	0	2	2	0	3	3	0	1	1	0	1	1	1	0	1	1	1	1	0	1	1	..	..	..	..	..	0	7	7	
" 21 " 24 " ..	..	..	..	0	2	2	1	1	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	4	5	
" 24 " 27 " ..	1	0	1	1	0	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	1	3	
Over 15 years ..	1	0	1	..	..	..	1	0	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	0	2	
Totals ..	28	19	47	22	42	64	20	23	43	2	1	3	2	5	7	52	47	99	9	5	14	1	3	4	136	145	281	..	..	..

TABLE XII.—CAUSES OF DEATH.

Causes.	Auckland.		Christchurch.		Dunedin (Seacliff).		Hokitika.		Nelson.		Porirua.		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.
I. GENERAL DISEASES.																		
Tuberculosis—																		
General .. .. .	..	..	..	..	..	..	..	..	1	0	..	..	..	..	..	..	..	..
Of lungs	4	2	1	0	4	0	..	..	..	..	4	9	..	..	..	..	13	11
Cerebral syphilis .. .. .	..	..	0	1	..	..	..	..	..	..	..	..	..	..	..	..	0	1
Cancer	1	0	2	2	0	2	2	0	..	..	2	4	..	..	..	..	7	8
Grave's disease	0	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	0	1
Lymphadenoma .. .. .	..	..	0	1	..	..	..	..	..	..	..	..	..	..	..	..	0	1
Lymphatic leucæmia .. .. .	..	..	1	0	..	..	..	..	..	..	..	..	..	..	..	..	1	0
Pyæmia	1	0	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	0
Dysentery	3	3	..	..	..	..	..	..	..	..	1	0	0	1	..	..	4	4
Pernicious Anæmia .. .. .	..	..	..	..	..	..	..	..	..	..	0	1	..	..	..	..	0	1
II. DISEASES OF THE NERVOUS SYSTEM.																		
Melancholia, exhaustion from .. .. .	..	..	1	4	1	2	..	..	..	..	0	3	..	..	..	..	2	9
Mania, exhaustion from	1	1	0	1	1	2	..	..	..	..	1	1	..	..	..	..	3	5
General paralysis of insane	4	0	5	1	5	0	..	..	1	0	15	0	1	0	..	..	31	1
Dementia, paralytic .. .. .	..	..	..	..	..	..	..	..	..	..	1	0	..	..	..	..	1	0
Organic brain-disease	0	1	..	..	3	1	..	..	..	..	..	..	..	..	..	..	3	2
Epilepsy	2	1	3	3	3	2	2	0	1	0	3	1	..	..	..	..	14	7
Hemiplegia	0	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	0	1
Cerebral hæmorrhage	4	4	3	1	1	0	..	..	..	..	0	1	2	0	..	..	10	6
Cerebral tumour .. .. .	..	..	..	..	..	..	..	..	..	..	1	0	..	..	..	..	1	0
III. DISEASES OF THE RESPIRATORY SYSTEM.																		
Pneumonia	2	0	0	1	2	0	..	..	2	0	3	1	..	..	..	..	9	2
Pneumonia (lobar) .. .. .	..	..	1	1	..	..	..	..	..	..	..	..	4	0	..	..	5	1
Pulmonary congestion .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	1	0	..	..	1	0
Chronic Asthma .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	1	0	..	..	1	0
Bronchitis .. .. .	..	..	2	0	..	..	..	..	..	..	1	1	..	..	1	1	4	2
IV. DISEASES OF THE CIRCULATORY SYSTEM.																		
Heart-disease	9	4	..	..	5	2	..	..	..	..	6	6	1	1	..	..	21	13
Valvular disease of the heart .. .. .	..	..	1	0	6	2	0	1	..	..	..	..	..	..	..	..	7	3
Endocarditis .. .. .	..	..	0	1	..	..	..	..	..	..	..	..	..	..	..	..	0	1
Arterio-sclerosis	1	0	1	3	..	..	..	..	..	..	2	1	..	..	..	..	4	4
Myocarditis .. .. .	..	..	0	3	..	..	..	..	..	..	..	..	..	..	..	..	0	3
Thrombosis .. .. .	..	..	0	1	..	..	..	..	0	1	1	1	..	..	..	..	1	3
V. DISEASES OF THE DIGESTIVE SYSTEM.																		
Enteritis	1	1	1	1	..	..	..	..	..	..	..	..	..	..	..	..	2	2
Diarrhœa	0	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	0	1
Colitis .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	0	1	0	1
VI. DISEASES OF THE GENITO-URINARY SYSTEM.																		
Pyonephrosis	1	0	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	0
Nephritis .. .. .	..	..	..	..	..	..	..	..	..	..	1	1	1	0	..	..	2	1
VII. DISEASES OF THE SKIN.																		
Gangrene .. .. .	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	1	1
VIII. DISEASES OF THE BONES.																		
Osteoma of pelvis .. .. .	..	..	..	..	..	..	..	..	1	0	..	..	..	..	..	..	1	0
IX. OLD AGE.																		
Senile decay	14	9	7	11	15	17	3	3	2	0	5	6	4	2	..	..	50	48
X. ILL-DEFINED CAUSES.																		
Coma .. .. .	..	..	..	..	..	..	0	1	..	..	..	..	..	..	..	..	0	1
Cachexia .. .. .	..	..	..	..	..	..	1	0	..	..	..	..	..	..	..	..	1	0
XI. DIED WHILE ON LEAVE																		
Totals	50	30	30	37	46	30	8	5	8	1	48	38	16	4	1	2	207	147

TABLE XIII.—PRINCIPAL ASSIGNED CAUSES OF INSANITY

Causes.	Auckland.		Christchurch.		Dunedin (Seacliff).		Hokitika.		Nelson.		Porirua.		Tokanni.		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	15	10	19	12	9	11	3	2	10	0	15	20	5	3	..	..	76	58
Congenital	18	8	8	13	17	5	0	3	11	2	4	1	4	3	..	..	62	35
Previous attack	4	9	9	25	18	26	..	..	..	..	20	19	2	1	..	..	53	80
Puberty or adolescence	14	9	11	5	..	..	..	..	..	..	9	9	..	..	..	..	34	23
Climacteric	0	3	0	9	0	13	0	3	..	..	0	22	0	1	..	..	0	51
Senility	19	10	17	14	10	10	1	3	3	4	6	10	5	0	0	2	61	53
Lactation .. .. .	..	..	0	2	..	..	..	..	..	..	0	5	0	1	..	..	0	8
Puerperal	0	3	0	5	0	3	..	..	..	..	0	3	..	..	..	..	0	14
Mental stress—																		
Sudden .. .. .	..	..	..	..	2	1	..	..	..	..	0	3	..	..	..	..	2	4
Prolonged	9	7	5	8	6	8	2	2	1	0	16	17	2	4	1	1	42	47
Alcohol	4	0	9	1	4	1	3	0	2	0	12	4	2	0	..	..	36	6
Syphilis	11	1	4	1	3	0	..	..	2	0	14	2	2	0	..	..	36	4
Drug habit .. .. .	..	..	..	..	1	0	..	..	..	..	1	1	..	..	..	..	2	1
Isolation .. .. .	..	..	..	..	..	..	..	..	1	0	..	..	..	..	..	..	1	0
Post-operative .. .. .	..	..	0	1	..	..	..	..	..	..	0	1	0	1	..	..	0	3
Traumatic .. .. .	..	..	..	..	..	..	..	..	..	..	2	0	3	0	..	..	5	0
Overwork .. .. .	..	..	1	0	..	..	..	..	..	..	..	..	..	..	1	1	2	1
Epilepsy	5	3	2	3	7	2	1	0	..	..	9	6	2	2	..	..	26	16
Arterio-sclerosis	7	2	0	1	..	..	..	..	1	0	1	0	..	..	..	..	9	3
Encephalitis	1	0	..	..	..	..	..	..	1	0	1	0	..	..	..	..	3	0
Influenza .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	0	1	0	1
Ill health	5	7	..	..	..	..	..	..	1	0	15	6	1	0	..	..	22	13
Toxic	3	2	..	..	..	..	..	..	..	..	0	1	..	..	..	..	3	3
Cerebral tumour .. .. .	..	..	..	..	1	0	..	..	..	..	..	..	..	..	..	..	1	0
Cerebral haemorrhage .. .. .	..	..	1	0	..	..	..	..	..	..	..	..	..	..	..	..	1	0
Hemiplegia .. .. .	..	..	1	0	..	..	..	..	..	..	..	..	..	..	..	..	1	0
Organic brain-disease	1	2	..	..	..	..	..	..	..	..	2	0	..	..	..	..	3	2
Heart-disease	0	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	0	2
Grave's disease	0	1	..	..	..	..	..	..	..	..	..	..	..	..	1	0	1	1
Neurasthenia .. .. .	..	..	..	..	..	..	1	0	..	..	..	..	..	..	..	..	1	0
Infantile paralysis .. .. .	..	..	..	..	..	..	..	..	1	0	0	1	..	..	..	..	1	1
Insomnia .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	0	1	0	1
Unknown	0	1	0	1	..	..	2	1	3	2	17	0	2	1	0	2	24	8
Transfers	3	3	3	1	5	2	..	..	4	0	1	2	4	14	..	..	20	22
Totals	119	83	90	102	83	82	13	14	41	8	145	133	34	31	3	8	528	461

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	1	..	..	..	..	..	..	2	Medical practitioners .. .. .	..	..	1	..	1	1	..	..	3
Apprentice	1	..	..	..	..	..	..	..	1	Messenger .. .. .	..	..	..	..	1	..	..	..	1
Artist .. .. .	..	..	..	..	..	1	..	..	1	Mill hand	1	..	..	..	..	..	..	..	1
Billiard-marker .. .. .	..	..	..	..	..	1	..	..	1	Miners	2	2	1	2	1	1	..	..	9
Bakers	1	..	..	..	..	1	..	..	2	Motor-drivers	1	..	1	..	1	2	..	..	5
Blacksmiths .. .. .	..	2	1	..	..	2	..	..	5	Orchardists	1	1	..	..	..	..	1	..	3
Bookkeeper	1	..	..	..	..	..	..	..	1	Overseers .. .. .	..	..	..	..	1	1	..	..	2
Boilermaker .. .. .	..	1	..	..	..	..	..	..	1	Musician	1	..	..	..	..	..	..	..	1
Bootmakers	1	1	2	..	..	..	..	..	4	Painters	3	2	..	..	..	..	..	..	5
Brassfinisher .. .. .	..	1	..	..	..	..	..	..	1	Pensioners	2	..	..	..	1	..	..	..	3
Bushman .. .. .	..	..	..	..	..	..	1	..	1	Piano-tuner	1	..	..	..	..	..	..	..	1
Butchers .. .. .	..	1	1	..	..	2	..	..	4	Plumbers	1	..	..	..	1	..	..	..	2
Carriers	2	..	..	..	..	..	..	..	2	Porters	2	..	..	..	..	..	..	..	2
Carpenters	2	1	..	..	..	5	..	..	8	Printer .. .. .	..	..	..	..	1	..	..	..	1
Civil servants	2	..	..	..	..	3	1	1	7	Prisoners	2	..	..	..	2	..	..	..	4
Clerks .. .. .	..	2	3	..	..	4	..	..	9	Rabbitier	1	..	..	..	..	..	..	..	1
Compositors .. .. .	..	..	..	..	..	3	..	..	3	Railway employees .. .. .	..	..	..	..	2	..	..	..	2
Contractor .. .. .	..	1	..	..	..	..	..	..	1	Saddler .. .. .	..	..	..	..	1	..	..	..	1
Cooks .. .. .	..	..	1	..	..	3	..	..	4	Sailmakers	1	..	..	..	1	..	..	..	2
Drapers .. .. .	..	2	..	..	..	2	..	..	4	Sawmiller .. .. .	..	..	1	..	..	..	..	..	1
Driver	1	..	..	..	..	..	..	..	1	School-teachers .. .. .	..	2	..	..	1	2	..	..	5
Electrician .. .. .	..	..	..	..	1	..	..	..	1	Seamen	1	2	..	..	3	..	..	..	6
Engineer	1	..	..	..	..	..	..	..	1	Shepherd .. .. .	..	1	..	..	..	..	..	..	1
Engine-driver .. .. .	..	1	..	..	..	..	..	..	1	Showman	1	..	..	..	..	..	..	..	1
Factory employees	1	..	..	..	..	1	..	..	1	Stationers .. .. .	..	1	1	..	..	..	..	..	2
Farmers	12	3	6	1	2	24	9	1	58	Stevadore .. .. .	..	..	..	..	1	..	..	..	1
Farm hands .. .. .	..	9	..	2	1	..	4	..	16	Storekeepers .. .. .	..	2	2	..	..	..	..	..	4
Flax-mill hand .. .. .	..	..	..	..	..	1	..	..	1	Storemen	1	1	..	1	1	..	..	..	4
Fireman .. .. .	..	..	..	..	..	1	..	..	1	Students .. .. .	..	..	2	..	..	..	1	..	3
Fitters .. .. .	..	..	..	..	..	2	..	..	2	Tailor .. .. .	..	..	1	..	..	..	..	..	1
Furniture-dealer	1	..	..	..	..	..	..	..	1	Tanner .. .. .	..	1	..	..	..	..	..	..	1
Fruiterer .. .. .	..	1	..	..	..	..	..	..	1	Telegraphists .. .. .	..	2	..	..	..	..	..	..	2
Gardeners	2	4	..	..	..	2	1	..	9	Tilemaker .. .. .	..	..	..	..	1	..	..	..	1
Grocers	1	..	..	..	..	1	..	..	2	Tram-conductor .. .. .	..	..	..	..	..	..	1	..	1
Gum-diggers	3	..	..	..	..	..	..	..	3	Traveller .. .. .	..	1	..	..	..	..	..	..	1
Horse-trainer .. .. .	..	..	1	..	..	..	..	..	1	Warehouseman	1	..	..	..	..	..	..	..	1
Hotelkeeper .. .. .	..	..	..	..	1	..	..	..	1	Watchmakers .. .. .	..	..	..	..	2	..	..	..	2
Importers	2	..	..	..	..	..	..	..	2	Wood-turner .. .. .	..	..	..	1	..	..	..	..	1
Insurance agents	1	1	..	..	..	..	..	..	2	No occupation	29	8	20	..	22	14	6	..	99
Jeweller .. .. .	..	1	..	..	..	..	..	..	1	Unknown	4	..	..	..	..	..	..	..	4
Labourers	23	26	33	7	4	45	5	..	143	Transfers	3	3	5	..	4	1	4	..	20
Land agent .. .. .	..	..	..	..	..	1	..	..	1	Totals	119	90	83	13	41	145	34	3	528
Laboratory assistant .. .. .	..	2	1	..	..	..	..	..	1										
Machinists	1	2	..	..	..	..	..	..	3										
FEMALES.																			
Bookbinder	1	..	..	..	..	..	..	..	1	School-teachers	1	2	3	..	1	2	..	1	10
Caretaker	1	..	..	..	..	..	..	..	1	Student .. .. .	..	..	..	..	..	..	1	..	1
Clerks .. .. .	..	2	..	..	..	..	..	..	2	Tailoress .. .. .	..	..	..	..	1	..	..	..	1
Domestic duties	58	71	55	12	7	117	15	4	339	Typists	3	..	1	..	..	..	..	..	4
Dress makers .. .. .	..	..	1	..	..	2	..	..	3	Waitress .. .. .	..	..	1	..	..	..	..	..	1
Factory employee .. .. .	..	..	1	..	..	..	..	..	1	No occupation	14	24	17	..	7	1	..	..	63
Masseuse .. .. .	..	..	1	..	..	..	..	..	1	Unknown	1	..	..	..	..	..	..	..	1
Music-teachers .. .. .	..	1	..	..	..	..	..	..	1	Transfers	3	1	2	..	..	2	14	..	22
Nurses .. .. .	..	..	..	..	..	1	1	..	2										
Pensioners .. .. .	..	1	..	2	..	1	..	..	4										
Prisoners	1	..	..	..	..	1	..	..	2										
											Totals								
											83	102	82	14	8	133	31	8	461

TABLE XVI.—SHOWING THE ADMISSIONS, DISCHARGES, AND DEATHS FROM 1ST JANUARY 1876, TO 31ST DECEMBER, 1926 (EXCLUDING TRANSFERS).

	M.	F.	T.
In hospitals, 31st December, 1875	482	254	736
Admissions	17,501	12,622	30,123
	<u>17,983</u>	<u>12,876</u>	<u>30,859</u>
Discharged—			
Recovered	6,827	5,668	12,495
Relieved	1,267	1,148	2,415
Not improved	350	259	609
Died	6,495	3,378	9,873
	<u>14,939</u>	<u>10,453</u>	<u>25,392</u>
Remaining on 31st December, 1926	<u>3,044</u>	<u>2,423</u>	<u>5,467</u>

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

	Males.	Females.	Both Sexes.
Recovered	38-02	44-01	40-49
Relieved	7-04	8-92	7-82
Not improved	1-94	2-01	1-97
Died	36-10	26-31	31-99
Remaining	16-90	18-75	17-73
	<u>100-00</u>	<u>100-00</u>	<u>100-00</u>

TABLE XVIII.—EXPENDITURE FOR YEAR ENDED 31ST MARCH, 1927.

	Auckland.			Christchurch.			Dunedin (Seacliff and Waitati).			Hokitika.			Nelson.			Portra.			Tokanui.			Head Office.			Totals.		
	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.
Salaries ..	30,807	13	7	35,608	13	8	49,445	15	10	13,686	19	0	16,142	3	5	43,114	8	10	15,682	17	6	7,086	4	10	211,574	16	8
Official visitors ..	52	0	0	25	4	0	23	2	0	10	10	0	16	16	5	16	6	5	0	0	0	0	0	0	128	2	5
Advertising, photographs, books, &c. . .	2	14	9	7	5	10	19	8	0	4	11	0	5	17	0	3	6	0	0	0	0	18	7	5	61	14	6
Bacteriological research ..	5	5	0	1	3	0	0	15	0	1	1	0	1	0	0	16	2	6	1	11	6	0	0	27	4	0	
Bedding and clothing ..	5,568	14	7	5,088	18	5	6,793	11	8	811	0	4	1,657	16	7	7,964	18	3	1,331	4	0	0	0	29,216	3	10	
Buildings, including additions, &c. . .	1,393	5	10	1,055	13	10	3,048	16	6	202	19	8	57	2	10	7,976	3	2	524	17	0	0	0	7,258	19	8	
Dental services ..	10	3	0	98	17	7	97	4	4	33	12	6	6	6	1	109	19	3	0	12	6	0	0	356	15	3	
Developmental work ..	817	17	4	2,286	11	1	4,025	1	11	552	10	10	1,299	18	11	1,954	7	11	1,648	5	9	0	0	1,648	5	9	
Farms, maintenance of ..	50	7	5	241	14	10	758	18	0	23	7	4	39	2	2	295	18	1	2,830	16	0	0	0	13,767	4	0	
Fencing, draining, and roading ..	48	7	4	93	8	6	391	7	6	70	19	10	121	15	6	155	17	5	248	2	7	0	0	1,717	10	5	
Freight, cartage, and transport charges ..	4,966	0	2	5,085	13	0	5,048	15	1	1,040	6	8	2,188	1	4	5,415	19	5	1,526	10	3	0	0	989	5	1	
Fuel, light, power, cleaning, and water ..	75	16	6	70	0	0	45	0	0	14	12	10	28	0	0	77	10	0	109	18	6	0	0	25,271	5	11	
Furnerals, expenses of ..	737	19	8	318	3	8	279	10	8	42	9	7	62	3	2	587	1	11	120	5	4	0	0	2,147	14	0	
Furniture and furnishings ..	13	14	0	196	0	11	43	12	7	17	10	6	33	5	7	73	5	3	79	6	6	0	0	456	15	4	
Gardens and shrubberies, expenses of ..	433	8	8	561	9	8	2,600	18	2	1,066	10	3	200	8	8	390	0	9	191	15	3	0	0	5,444	11	5	
Laundry ..	63	10	3	325	7	3	299	15	9	6	18	8	38	11	8	229	6	10	94	9	8	0	0	1,058	0	1	
Machinery, repairs, and stores ..	487	4	6	444	3	8	378	5	0	49	3	0	60	1	6	643	1	7	107	12	0	2	2	40	4	0	
Maintenance fees overpaid, refund of ..	11	17	1	23	10	11	196	13	7	53	11	10	118	2	0	78	14	2	100	1	0	0	0	2,171	13	3	
Medical fees for certificates, &c. . .	0	0	0	703	8	0	607	8	0	529	9	6	13	14	0	94	14	0	174	14	0	0	0	582	10	7	
Motor-vehicles, maintenance of ..	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2,123	7	6	
Motor-vehicles, purchase of ..	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	
Nursing staff—																											
Engagement of ..	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	40	0	0
Uniforms, purchase of ..	385	2	0	431	6	9	235	19	7	122	10	10	122	12	11	520	16	6	3	12	0	0	0	0	1,955	4	11
Office equipment ..	10	0	5	22	6	6	0	12	0	0	2	6	0	14	6	3	18	5	6	18	1	10	2	0	54	14	5
Patients, expenses connected with—																											
Gratuities ..	118	14	8	1	8	6	339	7	1	46	2	8	90	5	0	87	12	11	12	16	7	0	0	0	696	7	5
"Patients' Friends" ..	0	0	0	100	0	0	100	0	0	0	0	0	7	4	0	29	4	0	3	12	0	0	0	0	200	0	0
Recreation ..	970	9	3	1,418	16	3	1,834	16	1	295	4	3	476	16	9	1,232	18	10	438	10	5	0	11	1	6,668	2	11
Transfer ..	11	4	2	6	10	6	39	0	1	0	0	0	8	6	6	77	4	1	20	18	8	0	0	163	4	0	
Postages, telegrams, &c. . .	66	3	1	89	13	11	100	11	6	19	6	9	29	4	5	120	16	6	34	8	3	199	6	5	659	10	10
Printing and stationery ..	202	5	8	268	3	2	266	19	11	79	8	8	88	5	1	241	18	4	73	19	11	140	11	10	1,361	12	7
Rations ..	15,929	13	4	12,832	2	5	17,779	6	2	4,105	8	2	5,396	7	2	16,416	5	1	2,951	0	9	0	0	0	75,410	3	1
Rents and rates ..	891	12	4	1,964	19	7	219	17	7	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2,184	17	2
Stores ..	0	0	0	921	15	2	1,136	1	3	164	8	10	295	10	5	1,003	7	6	213	5	0	0	0	0	4,626	0	6
Surgery and dispensary—																											
Drugs and instruments ..	218	8	3	343	5	4	305	3	8	37	3	0	113	1	2	443	17	10	54	18	9	0	0	1,515	18	0	
Wines, spirits, ales, and porter ..	7	15	0	15	19	10	6	8	8	6	13	6	2	12	6	31	17	8	0	0	0	0	0	0	71	7	2
Telephone services, &c. . .	43	1	8	126	5	4	164	10	8	18	6	11	54	16	0	81	16	5	56	4	9	74	12	11	619	14	8
Transfer and removal expenses ..	70	19	11	7	8	5	16	2	0	11	2	0	0	0	0	0	0	0	5	9	0	35	1	7	146	2	11
Travelling-allowances ..	6	13	10	117	14	9	90	10	9	39	2	6	80	7	8	3	15	0	20	5	2	377	11	7	736	1	3
Travelling-expenses ..	88	11	9	76	14	10	330	13	7	57	13	10	44	0	0	92	8	6	58	4	6	366	19	2	1,115	6	2
Treatment and maintenance in general hospitals—																											
Patients ..	98	5	6	3	16	6	93	13	8	18	0	0	57	1	6	137	15	0	11	13	0	0	0	420	5	2	
Staff ..	1	3	6	7	7	0	7	1	0	0	0	0	47	3	6	6	19	0	11	16	3	0	0	81	10	3	
Contingencies, including unforeseen expenditure	1	8	8	9	9	8	42	18	5	1	12	6	1	15	0	1	0	0	0	16	8	7	15	6	66	16	5
Grant in lieu of leave ..	0	0	0	0	0	0	65	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	65	0	0
Total expenditure ..	64,668	2	8	71,040	16	3	97,278	13	3	23,240	11	3	29,049	10	6	82,731	10	5	28,992	10	8	8,319	6	4	405,321	1	4
Credits ..	22,569	13	5	23,482	11	7	31,101	1	0	3,118	18	5	9,198	10	3	29,222	19	8	11,501	4	0	0	0	0	130,194	18	4
Net expenditure ..	42,098	9	3	47,558	4	8	66,177	12	3	20,121	12	10	19,851	0	3	53,508	10	9	17,491	6	8	8,319	6	4	275,126	3	0

TABLE XVIII.A.—SHOWING DETAILS OF CREDITS

	Credits.			Auckland.			Christchurch.			Dunedin.			Hokitika.			Nelson.			Porirua.			Tokanui.			Totals.		
	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.
Receipts for maintenance	21,214	6	6	18,689	14	0	25,038	16	10	2,455	12	3	6,972	8	5	26,513	6	9	5,706	19	11	106,591	4	8
Receipts for farms	657	4	3	2,540	15	11	2,359	10	3	108	8	0	1,465	11	1	1,195	6	1	5,135	7	5	13,462	3	0
Miscellaneous	698	2	8	2,252	1	8	3,702	13	11	554	18	0	760	10	9	1,514	6	10	658	16	8	10,141	10	8
Totals	22,569	13	5	23,482	11	7	31,101	1	0	3,118	18	5	9,198	10	3	29,222	19	8	11,501	4	0	130,194	18	4

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

Mental Hospital.	Average Number resident.	Salaries.	Bedding and Clothing.	Buildings and Repairs.	Farms.	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 Receipts.	Net Cost per Patient.	Net Cost previous Year.	Decrease in 1926-27.	Increase in 1926-27.
												£	s.	d.						£	s.	d.
Auckland	1,117	27 12 6½	4 19 8½	£ s. d. 1 4 11½	£ s. d. 0 14 7½	£ s. d. 4 8 11	£ s. d. 14 5 2½	£ s. d. 0 3 11	£ s. d. 0 0 1½	£ s. d. 4 7 10	£ s. d. 57 17 10½	£ s. d. 18 19 10	£ s. d. 1 4 3½	£ s. d. 37 13 9½	£ s. d. 43 12 5	£ s. d. 5 18 7½	£ s. d. 3 13 5½	£ s. d. 0 1 3½	
Christchurch	863	41 8 1½	5 17 11½	£ s. d. 1 4 5½	£ s. d. 2 12 11½	£ s. d. 5 17 10½	£ s. d. 14 17 4½	£ s. d. 0 7 11½	£ s. d. 0 0 4½	£ s. d. 9 19 3½	£ s. d. 82 6 4½	£ s. d. 21 13 1½	£ s. d. 5 11 1	£ s. d. 55 2 1½	£ s. d. 51 8 8	£ s. d. 3 13 4½	£ s. d. 3 13 5½	£ s. d. 0 1 3½	
Dunedin (Seacliff)	1,144	43 6 7½	5 18 11½	£ s. d. 2 13 3½	£ s. d. 3 10 4½	£ s. d. 4 8 3	£ s. d. 15 10 10	£ s. d. 0 5 4	£ s. d. 0 0 1½	£ s. d. 9 6 11	£ s. d. 85 0 8	£ s. d. 21 17 9	£ s. d. 5 5 11½	£ s. d. 57 16 11½	£ s. d. 61 10 4½	£ s. d. 2 5 9½	£ s. d. 2 5 9½	£ s. d. 0 1 3½	
Hokitika	223	61 8 5½	3 12 8½	£ s. d. 0 18 2½	£ s. d. 2 9 6½	£ s. d. 4 13 3½	£ s. d. 18 8 2½	£ s. d. 0 3 4	£ s. d. 0 0 7	£ s. d. 12 9 11½	£ s. d. 104 4 4	£ s. d. 11 0 2½	£ s. d. 2 19 6	£ s. d. 90 4 7½	£ s. d. 92 10 4½	£ s. d. 2 5 9½	£ s. d. 2 5 9½	£ s. d. 0 1 3½	
Nelson	374	43 3 2½	4 8 8	£ s. d. 0 18 2½	£ s. d. 3 9 6	£ s. d. 5 17 0	£ s. d. 14 8 7	£ s. d. 0 6 10	£ s. d. 0 0 6	£ s. d. 5 17 3	£ s. d. 77 13 5½	£ s. d. 18 12 10½	£ s. d. 5 19 0½	£ s. d. 53 1 6½	£ s. d. 46 5 3	£ s. d. 4 1 4 5½	£ s. d. 6 16 3½	£ s. d. 4 2 6	
Porirua	1,298	33 4 7	6 2 9½	£ s. d. 0 15 0½	£ s. d. 1 10 1½	£ s. d. 4 1 11	£ s. d. 12 14 5	£ s. d. 0 6 10	£ s. d. 0 0 6	£ s. d. 4 18 7	£ s. d. 63 14 9	£ s. d. 20 8 6½	£ s. d. 2 1 9	£ s. d. 41 4 5½	£ s. d. 37 1 10½	£ s. d. 25 7 11	£ s. d. 4 2 6	£ s. d. 0 1 3½	
Tokanui	343	45 14 5½	3 17 7½	£ s. d. 1 10 6½	£ s. d. 13 1 2	£ s. d. 4 9 0½	£ s. d. 8 12 1	£ s. d. 0 3 2½	£ s. d. 7 2 4½	£ s. d. 84 10 6	£ s. d. 1 11 0	£ s. d. 16 12 9½	£ s. d. 16 17 10	£ s. d. 50 19 10½	£ s. d. 76 7 9½	£ s. d. 25 7 11	£ s. d. 0 1 3½	£ s. d. 0 1 3½	
Head Office (Wellington)	..	1 6 5	..	..	..	..	..	..	..	£ s. d. 0 4 7	£ s. d. 1 11 0	£ s. d. ..	£ s. d. 1 11 0	£ s. d. 1 9 8½	£ s. d. 1 11 0	£ s. d. 1 9 8½	£ s. d. 0 1 3½	
Totals	5,362	39 10 4½	5 9 0	£ s. d. 1 7 1	£ s. d. 2 11 4	£ s. d. 4 14 3	£ s. d. 14 1 3	£ s. d. 0 5 8	£ s. d. 0 0 3½	£ s. d. 7 12 7	£ s. d. 75 11 10	£ s. d. 19 17 7	£ s. d. 4 8 0½	£ s. d. 51 6 2½	£ s. d. 53 3 8	£ s. d. 1 17 5½	£ s. d. 1 17 5½	£ s. d. ..	

TABLE XX.—EXPENDITURE, OUT OF PUBLIC WORKS FUND, ON MENTAL HOSPITAL BUILDINGS, ETC., DURING THE FINANCIAL YEAR ENDED 31ST MARCH, 1927, AND LIABILITIES AT THAT DATE.

Mental Hospitals.	Net Expenditure for Year ended 31st March, 1927.	Liabilities on 31st March, 1927.
	£	£
Auckland	19,988	1,799
Christchurch (Sunnyside)	7,229	246
Hokitika	1,745	75
Nelson	805	..
Porirua	16,004	687
Seacliff	17,888	679
Stoke	2,691	138
Tokanui	1,658	45
Waitati	637	..
Total	68,635	3,669

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.	1877-1918.	1918-19.	1919-20.	1920-21.	1921-22.	1922-23.	1923-24.	1924-25.	1925-26.	1926-27.	Total Net Expenditure, 1st July, 1877, to 31st March, 1927.
	£	£	£	£	£	£	£	£	£	£	£
Auckland	145,472	1,171	543	8,040	9,013	777	5,188	2,393	2,073	19,988	194,658
Reception-house at Auckland	5,059	..	..	..	..	..	..	..	..	..	5,059
Christchurch (Sunnyside)	181,606	1,238	2,490	5,139	3,494	2,245	1,497	6,272	2,901	7,229	214,111
Dunedin (The Camp)	4,891	..	..	..	..	..	..	..	..	..	4,891
Hokitika	3,727	..	..	..	..	4,789	10,216	16,013	8,034	1,745	45,508
Hornby	..	..	7,370	928	2,682	122	..	..	..	..	11,102
Motuhi Island	561	..	..	..	..	..	..	..	..	..	561
Napier	147	..	..	..	..	..	..	..	..	..	147
Nelson	25,845	200	208	3,496	3,316	1,929	1,429	2,389	1,182	805	40,799
Richmond	1,097	..	..	..	..	..	..	..	..	..	1,097
Seacliff	180,664	966	2,069	40	3,389	1,602	1,246	3,016	4,767	17,888	215,649
Stoke	68,124	..	..	..	..	337	1,450	3,095	12,568	2,691	20,951
Tokanui	8,437	8,105	4,111	5,381	9,774	515	2,743	16,076	8,097	1,658	124,584
Waitati	29,641	498	848	3,620	3,217	848	194	..	..	637	18,299
Wellington	203,337	2,462	638	724	5,969	688	2,578	18,374	38,213	16,004	29,641
Wellington (Porirua)	..	..	..	..	..	..	..	..	..	..	288,987
Totals	858,608	14,640	18,277	27,368	41,839	13,852	26,541	68,438	77,835	68,635	1,216,034

Approximate Cost of Paper.—Preparation, not given; printing (675 copies), £47 15s.

By Authority: W. A. G. SKINNER Government Printer, Wellington.—1927.

Price 9d.]