

In the case of existing buildings, in addition to ordinary repairs and replacements, extensive alterations and improvements were made to the draught-horse stable and to the roof of G Ward. An extension of the water-pipe line at Omimi now takes it up to the spring which is the source of supply. This will eliminate any chance of contamination. Repairs and renovations were also undertaken at the Engineer's residence which, as a result of the moving ground, called for attention. All necessary outside painting has been completed, and similar work is in progress inside the buildings.

Work on the farm has been carried out on lines similar to those adopted last year. During the winter a considerable amount of work was done in fencing, and in grading and metalling roads. The liming and top-dressing of the grass-land is already showing good results. The making of butter at the institution was discontinued, and the surplus milk is now sent to the cheese-factory at Omimi. The winter and spring were very wet, but the crops, which are now mostly grown at "Cherry Farm," promise well. An increase in the area of root crops and of grass-land devoted to the production of hay and ensilage will enable the fattening of stock to be extended, and will make for economy in eliminating in some measure the purchase of fat stock in the saleyards.

The catches of fish show an increase over last year, but it is still necessary to go a considerable way off shore to obtain most of the varieties formerly found close to the coast.

For the amusement of the patients regular picture entertainments throughout the year and dances in the winter months have been held. In addition, concerts have been given by the Commercial Travellers' Association, the Dunedin Male Choir, and the Kaikorai Band. During the summer months regular picnics have taken place at Puketeraki and Karitane. The annual picnic and sports meeting held in the grounds was much enjoyed by the patients.

I have to express my thanks to Mr. Gallaway (District Inspector), Mr. Slater (Official Visitor), and Mr. Cumming (Patients' Friend) for their practical interest in the welfare of the patients and the institution. I also have to acknowledge the material assistance I have received in the loyalty and co-operation of the staff.

STATISTICAL.

The patients on the register at the end of the year numbered 5,673 (m. 3,147, f. 2,526), or 206 (m. 103, f. 103) more than at the beginning; and the daily average under treatment during the year was 5,395 (m. 3,022, f. 2,373), or 182 (m. 96, f. 86) more than in the previous year, while the total under care was 6,412. Patients belonging to the Native race numbered 81 (m. 42, f. 39) at the end of the year.

The admissions numbered 945 (m. 531, f. 414), or 2 less (m. 23 more and f. 25 less) than in the previous year. Of these, 163 had been previously under care, making the proportion of readmissions 17.25 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 6.74 (m. 7.42, f. 6.03) to 10,000, and of first admissions 5.58 (m. 6.17, f. 4.96), so that 1,482 persons in the general population contributed one patient, and 1,792 contributed a patient admitted for the first time.

The discharges (excluding transfers) numbered 390, or 7 more than in 1926. 105 (or 3 more) harmless unrecovered persons were returned to the care of friends, and 285 (m. 157, f. 128) recovered—4 more than last year, representing a percentage of 30.16 (m. 29.56, f. 30.91) on the total admitted. With voluntary boarders added the percentage rises to 36.60. Altogether, 45.79 per cent. of the inmates admitted were able to leave institutional care.

Of a total of 6,412 patients under care, 349 (m. 217, f. 132) died, or 6.47 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, 24.63; disease of the brain and nervous system group, 24.63; heart-disease, 12.60; tuberculosis, 6.19.

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	16.95	9.66	13.75
Congenital	11.67	12.07	11.85
Predisposed by previous attack	9.41	11.09	10.16
Critical periods	19.39	30.91	24.44
Child-bearing (puerperal, non-septic, and lactation) .. .. .	..	4.10	1.80
Mental stress	10.54	9.42	10.05
Physiological defect and error	2.82	6.04	4.23
Toxic, including	M.	F.	
Syphilis	7.72	0.72	16.74
Alcohol	7.53	2.41	
Traumatic .. .. .	..	0.56	0.31
Disorder of nervous system, including—	M.	F.	
Epilepsy	4.52	3.86	7.15
Other bodily affections .. .. .	..	..	0.18
No definite cause assigned .. .. .	..	..	4.59
	100.00	100.00	100.00