The number of deaths from tuberculosis is probably unduly large, and demands not only a careful investigation as to the cause but also some form of treatment other than that now adopted. It is very easy to suggest that a sanatorium for tuberculous cases should be erected in connection with each mental hospital, but it is not so easy to know how they are to be administered. In my experience in this Mental Hospital, the prospects of a sanatorium being a curative agency are nil. Patients, especially Maori patients, are either admitted in a more or less advanced stage of the disease or else the disease develops in those patients who for long have been hopelessly insane. In both cases the disease is incurable. We rarely have more than one male and one female afflicted at the same time, and if these patients were isolated in a separate pavilion it would require not less than four nurses and three male attendants to each female and male patient respectively. The difficulty, too, of getting suitable nurses to remain isolated during the greater part of each day with one tuberculous patient is almost insuperable. The intense monotony of the work would only be varied by the occasional maniacal outbursts of, say, a Maori woman whom, even in her infirm condition, several nurses could not control. It is useless to further detail difficulties here. Theoretically the idea is a good one; practically it is almost impossible, excepting at a cost with which the results would not be in any way commensurate. Consideration for the other patients is a strong factor in favour of the sanatorium, but I think their interests could be conserved in some simpler way; and I am bound to say that after frequent careful investigation I have failed to find that any case of tuberculosis has arisen from any pre-existing case in this institution.

Since my return, I have endeavoured to conduct the Hospital without the use of mechanical restraint. I am convinced already that the welfare of the patients and the discipline of the Hospital are both thereby prejudicially affected. The absence-of-restraint system which I saw in some of the Home asylums appeared to me brutal, and I shall not under any circumstances whatever adopt it.

A good deal is being done here to further classify our patients and to render their sad existence, both indoors and outdoors, brighter and more comfortable. During the coming year a great deal more will be done, and, although I do not anticipate any appreciable increase in the recovery-rate in consequence, it is encouraging to know that something is being done to alleviate the sufferings and ameliorate the general condition of the more than 90 per cent. of our patients who are doomed to a life almost bereft of reason and to know no home but the asylum which the State provides.

The reception-house, which, I understand, is soon to be erected, ought to materially aid us in dealing with early cases, and would do so if the objections to and difficulties associated with early committal could be removed.

Our recovery-rate for the year was 40 per cent., calculated upon the admissions and exclusive of the forty transfers, thirty-nine of whom are incurable.

In conclusion, I desire to thank the Department for the holiday granted to me last year. I desire, also, to thank Dr. McKelvey, the Assistant Medical Officer, for his loyalty and support.

I have, &c.,

The Inspector-General of Mental Hospitals, Wellington. R. M. Beattie.

CHRISTCHURCH MENTAL HOSPITAL.

Sir,—

I have the honour to submit to you the annual report on this Hospital for the year ending the 31st December, 1905.

When I took duty here in March there were on the books a total of 293 males and 246 females, which was an increase of 2 females since the previous December. During the year there have been admitted for the first time 44 males and 35 females, while there were 7 males and 9 females readmitted. In the same time there have been discharged a total of 62, of whom 47 were males and 15 females. Of this number 7 males were transfers to Waitati Epileptic Colony.

A feature of the discharges has been the large number sent out on trial, most of whom served their term of probation satisfactorily and have now returned to private life. In this connection I must thank Dr. Levinge for relieving me of three patients whom I did not feel justified in discharging forthwith, and yet had no friends whom I could get to take them on trial. Dr. Levinge put them on his farm on a weekly wage, and they there did their period of probation under the trained supervision of Mr. Parlane, who was formerly farm-manager here.

This system, in my opinion, contains the germ of what might grow into a most useful after-care association, and I would suggest that it would be a good idea if we could get a list of names of ex-attendants who have begun farming for themselves, or are managers of farms, who would undertake to take patients on probation for a period to be named by the Medical Superintendent of the hospital granting the leave. An inspector could be appointed in each centre who would make a personal visit to satisfy the authorities that the homes provided were suitable and that the patients were being well treated and suitable wages being given.

Some scheme for getting rid of old people who require careful looking after, but who are suffering from senility with its accompanying mental weakness, is urgently required. These people are sent in from the charitable-aid institutions, and I find that it is almost impossible to send them out again, as their friends are either unable or unwilling to take care of them and the Homes will not take them, so that they have to remain here, an incubus on the Hospital and an unfair cause of a large death-rate.

The percentage of recoveries on admissions is 72·54 for males and 34 for females. One gratifying feature is that the total admissions this year has fallen from 106 to 95.

There were 29 deaths during the year—21 males and 8 females—giving a percentage on average number resident of 7·5 for males and 3·18 for females, or a mean death-rate of 5·36.