

Causation group—proportions per cent.,—				Male.	Female.	Total.
Hereditary and congenital	...	...	...	19.71	27.89	23.01
Epochal	...	...	...	15.00	16.31	15.56
Alcoholism and drug habit	...	...	...	21.76	4.72	14.83
Previous attacks	...	...	...	11.18	14.16	12.39
Mental stress	...	...	...	6.18	6.87	6.45
Epilepsy	...	...	...	5.29	5.58	5.41
Other assigned causes	...	...	...	20.88	24.47	22.35

Under Special Care.—It has been my practice in visiting the mental hospitals to obtain a return of patients labouring under epilepsy and general paralysis, and of those who were deemed to be suicidal and dangerous. As the last class is often found among the others, especially among epileptics, and as the desire is to get at the actual number of individuals, only those dangerous patients were enumerated who did not belong to the other classes. The result shows the aggregate under the above headings to be 13.56 per cent. (m., 12.56; f., 15.03) of the number resident. The object of this return is to estimate the extent of the special care which has to be exercised by the staff and to estimate the accommodation necessary for proper classification in any future buildings. Owing to the variation of types one cannot implicitly accept the precedent of other countries. Supplementing the above and for the like purpose a return was made of the number of patients requiring treatment to re-establish the habit of attending to the calls of nature at a fit time and place, and the number in which such treatment failed to produce the result desired. This work is a very fair test of the proficiency of a night staff, and in my opinion, even allowing for the accumulation of senile cases, there is room for improvement.

The complete return is as follows:—

Of patients resident—proportion per cent.,—				Male.	Female.	Total.
Epileptics	...	...	...	5.91	7.78	6.67
General paralytics	...	...	...	1.57	0.23	1.02
Suicidal	...	...	...	1.98	4.65	3.07
Dangerous (not included above)	...	...	...	3.08	2.36	2.79
Liable to be wet and dirty	...	...	...	11.60	18.66	14.53
Actually wet and dirty	...	...	...	4.02	3.66	3.87

Accommodation.—The accommodation in the mental hospitals is being considerably taxed. The average number resident during the year was 3,136 (m., 1,851; f., 1,285), whereas accommodation giving the cubic space we desire was only adequate for 3,105 (m., 1,875; f., 1,230)—that is to say, on an average taken over all the mental hospitals, though there were vacancies for twenty-four men, fifty-five women had to put up with inadequate make-shift accommodation. One is dealing with averages, and it is obvious that there were times when the pressure was more felt—especially was such the case towards the end of the year. The admission-rates of the different hospitals cannot be artificially controlled, and therefore the pressure is felt unequally—now acute here, now there; and an attempt to equipoise has to be made by transfer. Hence the 100 patients transferred during the year. Building is now proceeding to try to keep pace with bare needs, but this is another thing from actual requirements. It is obvious that not only should each mental hospital have vacant accommodation, but each department of a mental hospital should have vacant beds, otherwise any attempt at proper classification is foredoomed. However, it is only right to state that the Superintendents have used the space at their disposal to the best advantage.

It is due to you, sir, to express my gratification at the readiness with which you approved of the scheme for another mental hospital, to be developed on sound principles, and situated where best the pressure on other institutions may be relieved.

I believe the most suitable site within our means will soon be selected; but the requirements are so complex, and the decision so momentous, that anything in the way of haste is to be deprecated. The site must possess natural features contributing to future economy in management, and the estate must be sufficiently large for a mental hospital made up of detached buildings, therefore capable of very considerable extension, and to have, apart from the mental hospital, space for other institutions or “colonies” which may be placed hereafter under the control of this Department.

The Staff.—It gives me pleasure to be able to indorse the testimony of the Superintendents upon the harmonious working of the hospital staffs.

Miss Sims resigned the office of Matron of Mount View at the end of the year, and was succeeded by Nurse McDougall, who for over thirteen years had served faithfully and well at Seaclyff.

For members of the nursing staff the year should be memorable, because those who fulfilled the conditions had the privilege of being enrolled on the Register of Mental Nurses. It is expected that this will prove a lever to raise their status and a stimulus to intellectual interest in their calling. Last year I expressed a hope that the general hospitals would take selected registered nurses from the mental hospitals for two years' training, who should then be allowed to sit for examination to register as general nurses, their three years' or more training at the mental hospital being accepted as equivalent to one year's training at a general hospital. I am pleased to say that a number of hospitals have offered to co-operate, and one nurse (having been given two years' leave) has already entered upon her new duties in anticipation of the necessary amendment to Nurses Registration Act. On being registered within the period, and thereupon returning to the mental-hospital service, she will not lose seniority. This will be the general rule, and it is hoped that in time there will be a number of doubly registered nurses in the service to supply our future Matrons and responsible charges.