

1909.  
NEW ZEALAND.

# MENTAL HOSPITALS OF THE DOMINION

(REPORT ON) FOR 1908.

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

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The Hon. the MINISTER IN CHARGE OF MENTAL HOSPITALS to His Excellency the GOVERNOR.  
MY LORD,—

Wellington, 30th September, 1909.

I have the honour to submit to Your Excellency the report of the Inspector-General of Mental Hospitals on the mental hospitals of the Dominion for the year 1908.

I have the honour to be,

Your Lordship's most obedient servant,

GEO. FOWLDS,

Minister in Charge of Mental Hospitals.

The INSPECTOR-GENERAL to the Hon. the MINISTER IN CHARGE OF MENTAL HOSPITALS.

SIR,—

Wellington, 1st July, 1909.

I have the honour to present the statutory report on the mental hospitals of the Dominion for the year ended 31st December, 1908.

The number of patients on the register at the commencement of the year was 3,240 (males, 1,909 ; females, 1,331), and at the end 3,414 (m., 1,997 ; f., 1,417), an increase of 174 (m., 88 ; f., 86). This is the largest increment we have had in any one year, and followed on one of the smallest—namely, 34 (m., 9 ; f., 25). The average annual increments for the three last quinquennials were, during 1893–97, 102 (m., 57 ; f., 45), with an average admission-rate of 547 (m., 315 ; f., 230) ; during 1898–1902, 84 (m., 55 ; f., 29), with an admission-rate of 573 (m., 336 ; f., 237) ; and during 1903–7, 78 (m., 39 ; f., 39), with an admission-rate of 665 (m., 403 ; f., 262).

It will be observed that the residua show a tendency to decrease, notwithstanding the natural advance in the number of the admissions, and this accentuates the unusual position occupied by the figures for the year under review. The unenviable distinction is explained by the large admission-rate, and not, it will be seen, by there having been relatively fewer deaths and discharges.

*Distribution.*—Counting 103 (m., 75 ; f., 28) absent on leave as still resident in the mental hospital whence they left, the 3,414 patients on the register at the end of the year were distributed as follows :—

	Males.	Females.	Total.
Auckland ... ..	452	285	737
Christchurch ... ..	324	279	603
Dunedin (Seacliff) ... ..	450	313	763
Hokitika ... ..	146	59	205
Nelson ... ..	91	61	152
Porirua ... ..	355	303	658
Wellington ... ..	153	96	249
Ashburn Hall (private mental hospital) ... ..	26	21	47
	<u>1,997</u>	<u>1,417</u>	<u>3,414</u>

Of these technically on leave, 39 men were resident at the Camp, near Dunedin, and 18 boys at the Home for Feeble-minded at Richmond.

*Ratio to Population.*—The following calculations show the ratio of the patients on the register at the end of the year to the estimated general population both exclusive and inclusive of the Native race. The differentiation is necessary, because, in proportion to the Native population, the small number of Maoris on the register—namely, 39 (m., 28 ; f., 11)—would make the return unfairly favourable—

The proportion of the total insane to the total population was,—

Exclusive of Maoris ... ..	35·13 per 10,000, or 1 in 285
Inclusive of Maoris ... ..	33·86 " 1 in 295

The proportion of the male insane to the male population,—

Exclusive of Maoris ... ..	38·58 " 1 in 259
Inclusive of Maoris ... ..	37·27 " 1 in 268

The proportion of the female insane to the female population,—

Exclusive of Maoris ... ..	31·22 " 1 in 320
Inclusive of Maoris ... ..	29·99 " 1 in 333

As may have been expected from the large increment to the mental hospital population at the end of the year, the ratio has risen, the advance being 0·33 per 10,000 for males and 1·03 for females.

*Admissions.*—The number of patients admitted to the mental hospitals during 1908, exclusive of 8 men and 7 women who were merely transferred from one hospital to another, was 744 (m., 426 ; f., 318), a truly phenomenal advance on the previous year when the admissions less transfers numbered 600. Of the 744 admissions, 134 had been previously resident in one of our mental hospitals, all but 14 returning to the hospital whence they were last discharged, and 610 were admitted for the first time.





This tendency to recurrence is one of the anxieties surrounding the question of discharge. While some patients make an apparently complete and lasting recovery, and some relapse after a long period of sanity, some, who remain well in an institution sufficiently long to justify their discharge, to claim it as a right, soon relapse when exposed to the influences of the larger world. During the past year we have been fortunate in the recoveries being to all appearance more stable, and in the relapsed cases of former years having been returned without any untoward event resulting from their insane conduct. Though naturally gratifying, it must be allowed that this is not a matter of skill but of good fortune.

The following is this year's return of the immigrants who became insane within one year of landing on our shores (the totals for 1906 and 1907 were 31 and 21 respectively):—

Native of				No History of Previous Attack.	History of Previous Attack.	Total.
United Kingdom	..	..	..	6	2	8
Commonwealth	..	..	..	5	1	6
Other parts of Empire	..	..	..	1	..	1
Foreign countries	..	..	..	4	..	4
Total	..	..	..	16	3	19

*Ratio of Admissions to Population.*—Excluding the Native race (11 male patients) and all transfers, the proportion of admissions and first admissions to the estimated general population stands respectively at 7·63 and 6·24 per 10,000, or, in other words, every 1,311 persons in the general population contributed an admission and every 1,604 a first admission.

In the following table the fluctuations may be studied. It will be noted that the difference between the present, the year with the highest ratio, and 1907, which was a favourable year, is very marked, amounting to 1·2 additional admissions for each 10,000 of the population :—

Year.	Ratio to 10,000 of Population of		Number of Persons in Population contributing	
	Admissions.	First Admissions.	One Admission.	One First Admission.
1898 ... ..	6·14	5·07	1,627	1,972
1899 ... ..	5·93	4·71	1,685	2,119
1900 ... ..	6·39	5·02	1,565	1,990
1901 ... ..	6·83	5·61	1,464	1,774
1902 ... ..	6·48	5·07	1,542	1,971
Quinquennial average	6·36	5·11	1,571	1,957
1903 ... ..	6·78	5·60	1,473	1,783
1904 ... ..	6·55	5·42	1,526	1,844
1905 ... ..	6·76	5·59	1,478	1,786
1906 ... ..	7·16	5·82	1,396	1,718
1907 ... ..	6·39	5·04	1,567	1,982
Quinquennial average	6·74	5·50	1,484	1,818
Decennial average ...	6·56	5·32	1,523	1,880
1908 ... ..	7·63	6·24	1,311	1,604

*Discharges and Deaths.*—The names written off the general register during the year numbered 570 (m., 338 ; f., 232), the discharges, (exclusive of transfers), accounting for 348 (m., 190 ; f., 158), and the deaths for 222 (m., 148 ; f., 74), out of a total of cases under care amounting to 3,984. In 1907 the discharges numbered 334, the deaths 232, and the total under care 3,806.

Of the discharges, 326 (m., 180 ; f., 146) were classed as recovered, and 22 (m., 10 ; f., 12) as un-recovered.

The percentage of recoveries calculated on admissions was 43·82 (m., 42·25 ; f., 45·91). The figures for the previous year were 49·67, the highest percentage since 1888, when the record (57·62) was reached. The recovery-rate for the year is, however, well above the average. Table XVII summarises the admissions since 1876, and it will be seen there that our average recovery-rate is 40·61 per cent.

The recognition, more and more as time goes on, of the fact that mental hospitals are not places for mere segregation but for the active treatment of persons of unsound mind has tended, and will further tend, towards the admission of patients in the earlier and more hopeful stages of their malady. In the treatment of insanity advances are being made which the medical officers in our mental hospitals are studying, and this further stimulates the public confidence. But such confidence cuts two ways. We are finding here what has been found in Great Britain—that many irrecoverable patients who could and would have been kept at home under former conditions are being sent by relatives to these institutions, knowing that they will be comfortably housed and humanely tended. The net results, so far as mere figures are concerned, has been the neutralising of one set of factors by the other. It is clear,

therefore, that the recovery-rate is not a standard for weighing the value of treatment, and even if the calculation be based on types of insanity in which there is a fair prospect of recovery, there are matters relating to the underlying physical condition and the life-history which turn the scale and are too complex and individual to express in general statistics. However, to arrive at something more definite than the percentage of recoveries calculated on admissions, a return is here presented of the year's history of patients in whose case treatment with a view of recovery was persevered in, the rest of the inmates are omitted, being those the nature of whose malady precluded the possibility of cure.

Showing as on 31st December, 1908, the Discharges, Deaths, and Length of Residence of those remaining, after the Exclusion of all Cases deemed incurable on 1st January, 1908, or on Admission in Cases admitted during the Year.	Of 3,240 Patients resident on 1st January, 1908.									Of 759 Patients admitted during 1908.									Totals														
	Class A. Number expected to be discharged as recovered.						Class B. The Remainder after excluding Incurables.			Class C. Number expected to be discharged as recovered.			Class D. The Remainder after excluding Incurables.			Of Classes A and C.						Of Classes B and D.						General.					
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.									
	82	78	160	60	57	117	156	109	265	79	71	150	238	187	425	139	128	267	377	315	692												
Discharged recovered .. ..	61	63	124	10	13	23	102	62	164	7	8	15	163	125	288	17	21	38	180	146	326												
"  unrecovered .. ..	3	3	6	5	9	14	2	1	3	1	1	2	5	4	9	6	10	16	11	14	25												
Died .. ..	1	..	1	2	2	4	3	..	3	8	6	14	4	..	4	10	8	18	14	8	22												
Remaining, residence 1 month or less .. ..	..	..	..	..	..	..	6	9	15	2	6	8	6	9	15	2	6	8	8	15	23												
Ditto 2 to 3 months .. ..	..	..	..	..	..	..	19	13	32	15	18	33	19	13	32	15	18	33	34	31	65												
"  3 to 6 .. ..	..	..	..	..	..	..	14	15	29	23	9	32	14	15	29	23	9	32	37	24	61												
"  6 to 9 .. ..	..	..	..	..	..	..	4	5	9	13	14	27	4	5	9	13	14	27	17	19	36												
"  9 to 12 .. ..	..	..	..	..	..	..	6	4	10	10	9	19	6	4	10	10	9	19	16	13	29												
"  over 12 .. ..	17	12	29	43	33	76	..	..	..	..	..	..	17	12	29	43	33	76	60	45	105												
Total remaining .. ..	17	12	29	43	33	76	49	46	95	63	56	119	66	58	124	106	89	195	172	147	319												

To interpret this table aright it must be remembered that the prognosis expressed in Classes A and C, though boldly favourable, must not be taken to imply an expectation of anything like cent. per cent. of recoveries. The actual results are much in advance of reasonable anticipations. The patients here classified are those of whom the medical officer would say to himself that some 55 per cent. resembling this type and 65 resembling that recover, and, no untoward symptoms having hitherto shown themselves, the prognosis is favourable. Class A yields a recovery-rate of 77·6 per cent., and as the 29 patients remaining at the end of the year had already been over twelve months in residence, we may take it that time will not materially increase the above percentage. In Class C the percentage is 61·9, and as a fair proportion of those remaining at the end of the year may be expected to recover (figuring as Class A in the following year), the proportion per cent. would, in all likelihood, have been very high had there been time enough to pursue the treatment. The analysis of the length of residence of patients remaining demonstrates this very clearly. The proportion of recoveries from B and D is obviously low, because these classes include all cases from those rejected in selecting the higher class down to the border-line of the incurable. As long as the selection is made on these broad principles, the largest possible number is marked out for curative treatment.

Though the general total shows that during the year there were 692 patients who were classed as more or less curable, yet the proportion of curable cases at any one time is a small fraction of the number resident. Take, for an example, the relative position on the 1st January, the figures for which we possess. On that date for only 4·94 per cent. of the inmates was there reasonable expectation of recovery, and, even when possibilities are added to probabilities the proportion is merely advanced to 8·55 per cent. Incidentally, it may be observed that less than half of such cases would be suitable for reception-house treatment, and this knowledge has been applied in designing a type of special hospital for the early treatment of mental disease.

The percentage of deaths calculated on the average number resident during the year was 6·85 (m., 7·81; f., 5·50). The figures for the previous year were 7·39 (m., 9·08; f., 4·98). Altogether, 222 persons died during 1908, and 232 in 1907.

A reference to Table X will show that a substantial number of patients die before they have added materially to figures representing the average resident during the year. In 1908 as many as 28 patients (representing 13 per cent. of the deaths) died in periods after admission varying from two to twenty-eight days. Seven of the above were cases of senile decay, 5 were in an advanced stage of general paralysis, 4 succumbed to exhaustion from the acute nature of their mental malady, 2 deaths each were ascribed to brain disease, tuberculosis, and pneumonia, and the remaining 4 to separate causes operating before admission. Because of the influx of such patients in the final stages of decay or mortal illness or with the germs of disease sown before admission, I have always thought that it would be fairer to calculate deaths on the total number of cases under care rather than on the average number resident during the year—3,984, as against 3,240 in 1908.

The total under care in 1907 was 3,806, and the deaths numbered 232; therefore, had the conditions of 1907 prevailed in 1908, there would have been 243 deaths instead of 222, and there would have been 21 less patients to add to the annual increment. But, calculated on the same basis, there would have been actually 13 fewer recoveries—313, instead of 326—and, as these differences practically cancel, it is clear that our explanation for the large residuum at the end of the year is not to be sought in a falling-off of the outgoings but in the larger incoming. And be it noted that 329 of these incomings were hopelessly insane on admission, and will in all probability remain in one or other of our mental

hospitals until released by death; and that of another 150, with a chance of recovery more or less remote, we must expect a large proportion to be left to augment the stationary population.

For the most part the deaths were due to causes calling for no particular comment; they are set forth in Table XII. In the two cases of suicide recorded, the surrounding circumstances were carefully investigated at the time, when I found no reason to differ from the verdict of the Coroner absolving those in charge from blame. A death from scarlatina records a period of anxiety at Mount View. Four patients were attacked at intervals, suggesting in each case an outside and separate source of infection. All necessary precautions were taken, and the patients were promptly removed to the Wellington Hospital. Thus the spread of infection was averted, which, in the absence of an isolation block, might have proved calamitous.

*Causes of Insanity.*—One needs to record the causes very much as they are given in statements made on admission; but, for the most part, the cause assigned is merely one factor, often an unimportant one, of many contributing to an unhealthy working of the organism. Again, many of the assigned causes are more properly effects, as when the previously temperate indulge in excesses—emotional, alcoholic, or otherwise; or still again, as is commonly the case where heredity is concerned, the chief cause may be purposely suppressed.

Table XIII in the appendix is hereunder condensed :—

Causation groups—proportion per cent.,—			
	Male.	Female.	Total.
Hereditary and congenital .. ..	16.60	23.69	19.63
Previous attack .. ..	6.68	9.23	7.77
Epochal .. ..	12.21	18.46	14.89
Mental stress .. ..	7.83	8.31	8.04
Alcoholism and drug habit .. ..	16.36	7.08	12.39
Brain-disorders .. ..	6.68	5.54	6.19
Other diseases .. ..	8.30	5.54	7.11
Remaining causes .. ..	12.67	14.46	13.44
Unknown .. ..	12.67	7.69	10.54
	100.00	100.00	100.00

When one is confronted with such a list, the thought naturally arises of the many who have been subjected to similar stresses and have emerged with their reason undisturbed; nay, consider the many possibilities in Table XIII, and it becomes evident that none of us has been free from the operation of at least one such cause. Why is the one taken and the other left? It will be found that those whose lives are simple, who approach as nearly to nature as one may in the unnatural conditions of civilization, are at a time of stress the least liable to alienation of mind. The individual may be born with certain weaknesses predisposing him to certain diseases, of which insanity is a notable example. It is demonstrated past doubt that the offspring of persons who themselves have or are descendants of those who have suffered from insanity or other neuroses are likely to have this predisposition. These people have an unfortunate habit of making themselves believe that their case is an exception to the laws of heredity. Once freed from this delusion they would surely be more circumspect in marrying, and feel the awful responsibility of parenthood. Another matter which cannot be too often repeated, until to every mother the knowledge becomes self-evident, relates to the proper nourishing of her child. The nature of the nourishment supplied to the developing organism must influence the life-history of every one of its component cells. The milk of each class of mammal is different, and that difference is exactly adapted to the requirements of the young—the human mother and infant being no exception. It should hardly need to be stated that the further that nature is departed from in this matter, even if the fact be not immediately apparent, the more unfitted must the organism become to bear stress in the future, whether such stress come from within itself or primarily from the environment. Thus may the strong at birth be reduced to the condition of those who have had the misfortune to inherit a constitution less able than their fellows to resist and combat toxic influences.

Insanity is not a matter of brain tissue alone, “sith nor the exterior nor the inward man resembles what it was.” Whether his start in life were good or bad, no one who wishes his mind to be superior to bodily ills can afford to forget that its state is dependent upon the bodily state—the master upon the servant—that between all parts of the body there is an inter-dependence which emphasizes the necessity for keeping each part disciplined and healthy. He has to guard against the subtle, slow, poisoning resulting from disordered metabolism leaving him an easy unresisting prey when attacked, to quote common examples, by worries, by disease, by the necessity for physiological adaptations at particular epochs, by overwork and the consequent toxæmia of fatigue, or by the more crude and wilful poisoning of alcohol. Given good food in proper proportions, and the teeth to masticate it, pure air breathed at all times, and exercise to stimulate not to fatigue, just the simple things which every man knows about but the vital importance of which many often overlook on account of their very simplicity, and metabolism will assert its natural bent to work harmoniously, and the organism will be able to combat a large number of the causes which bring so many to our mental hospitals.

*Under Special Care.*—The patients classed as epileptics, general paralytics, suicidal, and dangerous, numbered, at the end of the year, 713, or 22 per cent. of the number resident (males, 19.74; females, 25.18 per cent.). Last year the aggregate percentage under these headings was 13.56 (m., 12.56; f., 15.03). Therefore, not only on account of increased numbers in the year reported on has the task of supervision been more difficult, but the greatly larger proportion under special care has added to the anxieties of supervision.

The proportion per cent. of each class, calculated on the number resident, is as follows :—

	Male.	Female.	Total.
Epileptics .. .. .	7.29	8.25	7.68
General paralytics .. .. .	1.79	0.59	1.30
Suicidal .. .. .	3.01	4.38	3.58
Dangerous (not included above) .. .. .	7.66	11.96	9.44

*Accommodation.*—The average number resident during the year by a strange coincidence was exactly the 3,240 with which the year began, and therefore the 174 added to the population by the end of the year represents that number above the average, and means that during the year there were times when the number was well below the average. To cope with this unexpected influx has been a most difficult problem, and that difficulty has been accentuated by the decision to proceed forthwith with the erection of Government House on the Mount View site. The abandonment of Mount View fitted into plans for the future as a gradual process, but already the foundations of Government House stretch across the front of the institution, and it is clear that the exodus cannot be delayed beyond the completion of the structure, probably during the early part of 1910.

A suitable and sufficient site for the Central Mental Hospital has been selected, and, for the time being, the matter is one for surveyors and other necessary preliminaries to acquisition. Pioneer works, taking a little time, will be needed before patients can be removed thither, but once a start is made the site will be found admirably adapted for a scheme of detached buildings to be proceeded with as opportunity offers or necessity dictates.

In the meantime, accommodation has to be found elsewhere. At Seacliff, an additional building for women is, and one for men will soon be, completed. Further building-plans are sketched to fit a beautiful site on the Orokonui estate (Seacliff auxiliary), at Waitati. At Nelson considerable additions have been made, and are in progress, the chief being the removal and re-erection of the Toi Toi Valley School. At Hokitika, the closing of the prison, which adjoins our property, will, when police-gaol accommodation is provided, give us a building capable of being adapted for our requirements for a small outlay. For Porirua, plans are drawn for an additional wing for noisy women patients, in order to remove them from the main building, and for an extension of the auxiliary building for men. The necessity for placing shutters over windows in single rooms occupied by disturbed patients restricts the means for adequate natural ventilation; therefore, in the women's wing the design provides for a flat roof on the passage between the single rooms, and permits proper cross-ventilation for each room.

At Auckland, the Superintendent's late house (really a number of rooms in the main building) is being altered for the accommodation of patients, and plans and specifications are completed for the reception house, the site for which has already been purchased. This special hospital it is proposed to name after Arthur Edwin Wolfe, of Whangarei, who bequeathed £2,820 for the benefit of mental-hospital patients in Auckland. Obviously, the money will not cover the entire cost, but that detail should not stand in the way of a generous recognition of Mr. Wolfe's sympathy for the unsound in mind. It is pleasing to record such kindly consideration, because we have got so in the habit of looking to appropriations and rates to provide for the sick, the infirm, and the poor, that there is a tendency for the well-springs of charity to dry—springs which should overflow to supply life and vigour to the character-growth of our people.

The Wolfe Bequest Hospital, developing the general hospital ideals as far as desirable, is designed for the early treatment of mental disease. As sufficient interest is assured for the new departure, a lithograph of the plan is incorporated in this report. It is proposed to repeat the same plan, with some necessary modifications, at Christchurch and Porirua. The building is distributed so as to concentrate supervision, while providing sunlight and free air-circulation for each dwelling-room. Entering at the north front, there is on the right hand a suite of rooms for the sister in charge, and a bedroom for two nurses; on the left, a visitors' room, a doctor's office or consulting-room having a separate entrance, and a single room for any special case of either sex. From the administrative block proceeds a passage to the station for the night nurse, a space between the male and female sides of the hospital. On either side of the night nurse's room are special observation dormitories for eight men and women respectively.

To the south of these dormitories is a glazed covered way, the windows of which allow a free passage of air through the corresponding dormitory-windows, while above the roof of the covered way, and similarly over that of the verandah, as may be seen in the elevations, are windows admitting direct air and light. At the opposite end of the dormitory from the night nurse's room is, on each side, a day or living room, made interesting by its shape and different ceiling-levels. If in the day-time for any reason (such as extremely inclement weather) the beds are not placed outside, the supervision of patients in the observation dormitory would be carried out by the staff in the living-room. It is intended to wheel patients undergoing rest-in-bed treatment to the verandah (running from the living-room to the administrative block), where they will look on a lawn and garden-plot on the further side of which, just screening them, will be a trellis covered by creepers. As there is no sudden difference in level from the dormitory-floor to the gutter round the lawn, the nurses will be able to wheel the beds in and out with no great effort, and from one side to another, according to the direction of the sun, wind, &c. Coming from outside occupation, walks, &c., the patients enter an octagonal hall which is lighted from above. In it they will change their boots, and from it pass to the sanitary block, to the day room, dining-room, or to the remaining bedrooms. Of the last-named, the nearest is a dormitory for six, the inner angular end of which is low-ceiled and flat-roofed, allowing windows to be placed in the gable end rising from the flat, and insuring through ventilation. The room nearest the sanitary block is a store; the rest are bedrooms, two of which, to provide for any emergency, are, on each side of the hospital, for nurses and attendants respectively. Midway between the sanitary blocks are the boiler-



house and servery-scullyery. It is intended to cook the food in the main kitchen, and convey it to the servery. Beyond, there is a common dining-room for patients and a dining-room for nurses. To the east of the nurses' dining-room is their entrance-porch and stair leading to a floor above the dining block, where the added height shades nothing. On this floor are rooms for the nursing staff. It is a pity that economy necessitates construction in wood here as in the other buildings projected, but brick is specified for the sanitary block and boiler-house. Against fire there are brick cut-offs, and hydrants (marked F.H. in the plan) are placed to command all parts of the building.

I have sketched above a large building programme. Each year must add to the mental-hospital population, and that addition must be provided for. True, the addition in 1908 was abnormal, but to keep up to even normal increments means a steady expenditure. The same would hold good of general hospitals if those who were not cured continued to live in these institutions. The expenditure must be faced, and such works as have not yet been started should be put in commission immediately, or it will not be possible for the Mount View patients to be provided for elsewhere. Of course, some inconvenience must be expected when 250 patients from Mount View have to be accommodated at short notice, but something less than the full programme will keep the crowding within reasonable bounds, provided buildings are started on the Central Mental Hospital site as soon as we get possession.

*The Staff.*—I have every reason to believe that the nurses and attendants, or, at any rate, the large majority of them, are interested in the service, and are working faithfully; and therefore I share the more their disappointment over the decision not to count emoluments as salary in estimating the superannuation allowance. If the exigencies of the service permitted the members of the staff to board and lodge away from the institutions, the cost of board and lodging would, as a matter of course, have to be added to the salary, and would then count towards providing an adequate retiring-allowance. With living-in made a condition of employment, and the salary paid made correspondingly less, the staff, notwithstanding the logic on its side, is in a most unfortunate and anomalous position.

The usefulness of attendants after the age of sixty, and of nurses after fifty, begins very quickly to lessen, so much so that it would be impossible to run an institution without adding to the staff if many at these ages were employed. If, for the purpose of demonstration, we take persons entering the service at, say, twenty-five years of age and retiring at the above ages, the following would indicate the difference in their retiring-allowance between the systems of counting and not counting emoluments as salary:—

Rank.				Emoluments counted (Estimate).	Emoluments not counted.
				£	£ s. d.
Ordinary attendant	..	..	..	Over 80	59 15 10
Charge attendant	..	..	..	Nearly 100	74 7 6
Ordinary nurses	..	..	..	„ 44	25 0 0
Charge nurses	..	..	..	„ 50	31 5 0

Of course, there would be a higher deduction which those who intend to make the care of the insane a life-work would willingly pay. Those, on the other hand, who mean to pass on to something else need not be considered, and the fund would benefit by the interest on the additional payments.

The following names were added to the Register of Mental Nurses. The written examination was held in December, and the *visa voce* conducted by Miss Maclean and myself, with the co-operation of the Superintendents, during our visits to the mental hospitals.

Auckland: William Hardman.

Christchurch: James Henry Chapman, Henry Curtis, Charlotte Dymond, George Merson, Kate O'Connor, Susan Jane Waters.

Seacliff: Annie Sinclair Blair, Mary Cupples, Jens Peter Erlandson, Catherine Graham, Robert Marr, Clarissa Eliza McLaren, Edith McLellan, William Stewart, George James Sutherland, Alfred Bernard Wyley.

Porirua: Vivian Radford Briggs, Elizabeth Chapman, Albert Morgan.

Wellington: Andrew Brown, Bernard Grofski, John Percy Terry.

Under the new regulations, the nursing staff, after a period of a year's probation, pass by examination to the rank of junior attendant or nurse, as the case may be. The examination requires an elementary knowledge of the structure and functions of the body, and first aid in common emergencies.

At the end of the fourth year (including the period of probation) the junior becomes a senior nurse or attendant, with increase of salary; but by passing a more advanced examination at the end of the third year, the higher rank and salary date from then; otherwise the salary for the fourth year is the same as that for the third.

Last session a vote was passed which came into operation on the 1st January, 1909, and gave an all-round addition of £7 10s. to the salary of attendants and £5 to the salary of nurses.

The remuneration of the nursing staff is now as follows:—

				Attendant.	Nurse.
				£ s. d.	£
Probationer	..	..	..	77 10 0	45
Junior	..	..	From	82 10 0 to 87 10 0	From 50 to 55
Senior	..	..	„	92 10 0 to 102 10 0	60
Charge	..	..	„	107 10 0 to 127 10 0	From 65 to 75

With board, lodging, washing, and uniform, and, in the case of men ranking as married, a house-allowance not exceeding £20.

*Financial Results.* The details of the year's expenditure are given in Tables XX and XXI. Contrasting these tables with those of the previous year, it will be found that the headings in some cases have been slightly altered, according to suggestions made by the Audit Department.

There was an average increase per head of 5s. 7½d. for provisions, due to the following causes: An all-round increase in the price of butter and flour, an increase in the price of meat at Auckland and Seacliff, and of potatoes at Hokitika. A decrease of 10s. 4½d. in salaries. The proportion of staff to patients did not keep pace with the large increase in the number of patients towards the end of the year, and some attendants and nurses with several years' service retired, their places being taken by others less highly paid. There was an average increase of 6s. 10½d. per head for bedding and clothing. This is one of those items which adjusts itself over a few years—the stock going low in any one institution one year means a large expenditure the next. Ordinarily one tries to keep the stock at an average level, but fluctuations in the admission-rate and the class of patients (whether destructive or not) tend to upset estimates. Among the unexpected items last year was the replacing of stock destroyed by fire at Christchurch.

Fuel, light, water, and cleaning is one of the amended headings: the two last items used to be included under "Miscellaneous," which has decreased by 1s. 5½d. The increase under the new heading is 14s. 1¾d. over fuel and light last year.

For surgery and dispensary there is an average decrease of 2½d., and for wines and spirits of 5½d., per head.

For the farms there is an average increase of 8s. 7½d. The large increase was in Christchurch—£1 9s. 3d. and was due to the purchase of stock to replace the dairy herd which was sold. The next highest increase—10s. 4d.—was at Seacliff, and represents £378; but as the value of the produce consumed and sold was £903 greater than the previous year there is £525 to the good.

The item of building and repairs is practically the same as in 1907.

In the last report the following statement was made: "As the last-named cause (higher tendering for our contracts—a more or less general rise, especially marked in certain directions) has only operated for four months in some contracts and nine months in others, we must look for a further rise in the gross cost during the next year."

In the following table, contrasting the gross and net cost per patient in 1907 and 1908, it will be seen that the anticipation was justified; in fact, the difference would have been greater still had it not been decided in some instances to buy butter in the open market rather than accept tenders which were deemed to be absurdly high:—

Mental Hospital.	1908.						1907.						1908.						1908.					
	Total Cost per Patient.			Total Cost per Patient, less Receipts for Maintenance, Sales of Produce, &c.			Total Cost per Patient.			Total Cost per Patient, less Receipts for Maintenance, Sales of Produce, &c.			Decrease.			Increase.								
	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.						
Auckland ...	26	9	3½	19	11	9	26	2	4½	18	11	5½	...	...	...	1	0	3½						
Christchurch ...	38	18	1	26	17	6½	35	14	4	20	11	5½	...	...	...	6	6	0½						
Seacliff ...	43	3	11¾	30	1	1¾	41	2	7	30	4	6½	0	3	4½	...	...	...						
Hokitika ...	26	1	4½	23	14	0½	27	2	2	24	18	0¾	1	4	0½	...	...	...						
Nelson ...	32	7	3	24	9	2¾	32	8	4¾	20	10	4	...	...	...	3	18	10¾						
Porirua ...	34	18	0¾	25	10	10½	34	7	2½	26	9	4	0	18	5½	...	...	...						
Wellington ...	42	7	8¾	29	8	6¼	40	19	6	30	11	2¾	1	2	8½	...	...	...						
Averages ...	35	10	9¼	25	12	7¼	34	7	9¼	24	11	8½	...	...	...	1	0	10¾						

In the above table Head Office salaries and expenses (£1,729 19s. 11d.) and medical fees (£1,162 7s.) are omitted. Giving these value, the net annual cost per patient is £26 10s. 8½d., as against £25 11s. 10½d. for 1907, an increase of 18s. 10d.

In stating the cost per patient above, interest on capital expenditure is omitted, and also for repairs charged to the Public Works Consolidated Fund. Adding these items, the approximate full cost per annum per patient will be—

	s.	d.	£	s.	d.	
Average gross cost in mental hospitals ...	...	...	35	10	9½	
Proportion of Head Office salaries and expenses ...	10	10				
" fees for medical certificates, &c. ...	7	3				
				0	18	1
" interest (averaged at 4 per cent.) on Public Works expenditure from July, 1877, to 31st March, 1909	...	...	7	1	5½	
Proportion of interest (averaged at 4½ per cent.) for capital cost previous to above period ...	...	...	0	15	6¾	
Gross cost ...	...	...	44	5	10½	
Less receipts for maintenance and sale of produce ...	...	...	9	18	2	
Net cost ...	...	...	£34	7	8½	

In 1907 the full cost thus reckoned was £43 3s. 9½d., and the net £33 7s. 8½d.

The receipts for the maintenance in 1908, calculated on average number resident, were £7 17s. 9½d., against £7 13s. 3d. in 1907.

The total expenditure on the farms was £8,655, the produce sold realised £5,770, and the value of produce consumed was £10,996; therefore, the net income from the farms was £8,111, a very substantial figure.

Hereunder the farming operations at each institution are valued. The results, of necessity, vary according to the area of the estate and quality of the land, and cannot be placed in competition.

—	Produce sold for Cash.	Produce consumed in Mental Hospital.	Total.
	£ s. d.	£ s. d.	£ s. d.
Auckland ... ..	586 18 3	1,960 6 7	2,547 4 11
Christchurch ... ..	1,148 19 9	1,765 11 3	2,914 11 0
Dunedin (Seacliff) ... ..	2,438 1 3	3,676 14 8	6,114 15 11
Hokitika ... ..	44 16 9	510 8 2	555 4 11
Nelson ... ..	93 8 10	780 16 11	874 5 9
Porirua ... ..	1,108 7 4	1,822 5 2	2,930 12 6
Wellington ... ..	349 13 0	480 1 7	829 14 7
Total ... ..	5,770 5 2	10,996 4 5	16,766 9 7
Total for 1907 ... ..	5,641 2 7	11,041 0 4	16,682 2 11
Increase in 1908 ... ..	129 2 7	...	84 6 8
Decrease in 1908 ... ..	...	44 15 11	...

With regret I record the death of an old and faithful officer retired from the service, Mr. Hugh Gribben. Mr. Gribben retired from the office of Superintendent of the Mental Hospital at Hokitika, which he had held for upwards of thirty-two years. Later he re-entered the service temporarily to supervise works in connection with the Camp, adapting the estate and buildings to their new purpose. In September last he was obliged to retire on account of ill health; and not long after closed a career which was an honourable record of work well done.

I have to thank Drs. Beattie and Hassell for their valuable co-operation in selecting the site for the Central Mental Hospital. The opportunity was taken of Dr. Beattie's presence in Wellington to invite the Medical Superintendents from the South Island to an informal conference in my office. Among matters discussed was the superannuation scheme as it affected the service, the draft of the new regulations, the question of fire prevention and extinction, as well as many details of institution management in which there is scope for individual differences. The free interchange of opinions among men seldom brought together having similar aims and the same object in view was most stimulating.

In conclusion, I desire to thank the Deputy Inspectors and Official Visitors for their help, and each worker in the service, who has striven to contribute his or her part in caring for the patients and assisting to make the year's record satisfactory.

I have, &c.,  
FRANK HAY.

## ENTRIES OF VISITS OF INSPECTION TO VARIOUS MENTAL HOSPITALS.

### AUCKLAND MENTAL HOSPITAL.

10th April, 1909.

I visited this Mental Hospital on the 5th (in company with Miss McLean, Assistant Inspector), 6th, 8th, and to-day. All parts of the institution were inspected, and all the patients seen, special interviews being accorded in a number of cases. These resolved themselves into an investigation of the mental state of the petitioners, and I am satisfied that Dr. Beattie's opinion of their unfitness for discharge is correct.

There are on the register to-day 759 patients (male, 465; female, 294), 14 (m., 7; f., 7) of whom are absent on probation, leaving resident 745 (m., 458; f., 287), an excess of 14 (m., 11; f., 3) on the numbers at the beginning of the year.

The institution was in good order in all parts; the general health of the patients was good, and they had the aspect of being well cared for. The food inspected was of good quality. It was evident to me from our conversation on the various cases that Dr. Beattie possessed an intimate knowledge of the history and progress of each, and from the remarks of the patients spoken to it is pleasing to gather that this personal interest and attention has been appreciated.

There has been a satisfactory absence of accidents and casualties, only one of a serious nature being recorded. This involved a fracture of the jaw of a male patient; a prosecution of the attendant under suspicion has been directed, and the matter is at present *sub judice*.

There has been a falling-off in the quality of the answers to examination-papers for registration of mental nurses. Last year this Hospital stood first on the list of averages. This lack of interest on the part of the candidates is very disappointing.

During the visit I observed surveyors taking levels for the Wolfe Bequest Hospital preparatory to calling for tenders. I trust that it will soon be erected. This special Hospital is designed for 39 patients—subjects of incipient or early mental disorder. The house for the Medical Superintendent is nearing completion; and as his present residence communicates directly with the women's side of the main building, with very little alteration it will greatly increase our accommodation for patients.

Having in view the great extension of this city, and the need for future accommodation, Dr. Beattie and I inspected the estate for sites for additions. I agree with him that the most desirable scheme should provide for a hospital for noisy and excited patients at the Reef, where the Mental Hospital owns a considerable property of no agricultural value. The Reef is sufficiently near to permit of Dr. Beattie's supervision, and sufficiently remote from neighbours not to disturb the general public. At present the only part of the women's side of the Hospital suitable for noisy patients is near the high road. The separation of the disturbed—that is, of the disturbing patients—would give the requisite accommodation for very complete classification.

At the present visit I was pleased to observe an almost complete absence of noise, and remarked on the very orderly conduct at meals.

The extension and completion of the kitchen is a great boon.

I must again record the great and untiring interest taken by the Deputy Inspector and Official Visitors in this Hospital, and my pleasure in finding everything satisfactory.

The statutory books were examined, and found neatly kept and up to date.

#### CHRISTCHURCH MENTAL HOSPITAL.

20th October, 1908.

I visited this institution on the 17th, 18th, 19th, and 20th October. The statistics hereafter refer to the state of things on the 19th. As at my last visit I made no entry in the Inspector's book, I shall now review events from 30th January, a period of about eight months and a half.

There are on the register 586 patients (males, 312; females, 274), of whom 34 (m., 27; f., 7) are absent on probation, leaving 552 (m., 285; f., 267) resident. This means an addition of 28 patients (m., 10; f., 18) to the register, and of 11 to the number actually resident. During the same period 87 patients (m., 48; f., 39) have been admitted, and 59 (m., 38; f., 21) have been written off the register; of these, 24 (m., 18; f., 6) died, 3 (m., 2; f., 1) were discharged unrecovered, and 32 (m., 18; f., 14) recovered.

On the 30th January there were resident 45 patients (m., 23; f., 22) in whom recovery was deemed possible, and among the 87 since admitted the provisional prognosis made on first admission shows that 47 (m., 23; f., 24) were classed as persons for whom the prospect of recovery was more or less possible, and 40 as likely to become a permanent addition to the population. Deducting those who recovered during the period under review, those in whom the provisional prognosis had to be altered after further observation and deaths among those whose malady was not chronic, there are now resident 38 (m., 20; f., 18) who are deemed recoverable. These patients are receiving careful consideration, and of the remaining patients the following need special treatment for the reasons assigned:—

	Male.	Female.	Total.
Epileptics .. .. .	21	25	46
General paralytics .. .. .	3	1	4
Suicidal .. .. .	2	2	4
Dangerous (not included above) .. .. .	5	8	13
Liable to be wet and dirty .. .. .	33	73	106
Actually wet and dirty .. .. .	18	3	21

The last item, the reduction of a possible 73 and an actual 3, is a tribute to the night nurses.

The patients continue to be actively and usefully employed, thus stimulating recovery, and contributing to contentment. Only 74 (m., 38; f., 36) do no work, owing either to refusal or to physical or mental unfitness. The workers are classified as follows:—

	Male.	Female.	Total.
Farm and garden .. .. .	133	..	133
Ward .. .. .	90	136	226
Workshops .. .. .	12	12	24
Laundry .. .. .	4	27	31
Kitchen .. .. .	8	12	20
Domestic .. .. .	..	1	1
Needlework .. .. .	..	43	43
	247	231	478

The proportion of nursing staff to patients is:—

Day nurses .. .. .	..	..	1 to 10·54
Day attendants .. .. .	..	..	1 to 10·4
Night nurses .. .. .	..	..	1 to 137
Night attendants .. .. .	..	..	1 to 156,

The numbers on the newly instituted Register of Mental Nurses: Nurses, 2; attendants, 12.

The staff is working harmoniously. All the patients were seen, and given an opportunity to speak to me. None are improperly detained. The meals were inspected and found to be good, ample, and expeditiously served.

The alterations incidental to the rebuilding of the store are a great improvement on the state of things before the fire. The store is better arranged, and a corner of it near the office has been converted into a strongroom. The surrounding corridors have been better lighted; the one leading to the women's side is being converted into a visiting-room by placing an entrance-porch in its length, by laying linoleum over the stone floor, and appropriately furnishing it with seats, &c. This corridor, together with the front visiting-room (which has not been used as such for some years) and a room presently occupied by two nurses, will make a visiting block for women patients. The necessity for this accommodation has appealed to me by reason of the false impression of the comfort within the wards which visitors must carry away when they see their friends in bare stone corridors.

The rooms for the Matron are nearing completion. The central bath-house is well advanced; it will allow bathing to be carried out expeditiously under complete supervision.

The byres are being remodelled. Some good Shorthorn cows have been purchased, and the imported pedigree bull "Carpet Prince," being of a milking-strain, a herd of dairy cattle of this breed as famous as the Sunnyside Ayrshires may reasonably be looked for. I went over the farm, and was satisfied that it was being worked to advantage. The filling-in of a gully has reclaimed some acres of farm land, and the paddocks have been rearranged for better rotation.

I am satisfied that this institution is being managed well, with due regard to economy, and that the patients are receiving every care and attention. The statutory books are up to date, and are neatly and correctly kept.

9th January, 1909.

I visited this Mental Hospital on the 6th, 7th, 8th, and to-day. I saw all the patients—at meals, at work, and at their recreations. None are improperly detained, and there is little to add to my last report. The various works there mentioned as under progress are nearing completion.

With Dr. Gow I examined the candidates for registration as mental nurses. As usual, the books and registers were up to date, and the institution in good order.

#### SEACLIFF MENTAL HOSPITAL.

19th January, 1909.

I visited this institution on the 13th, 14th, 16th, 18th, and to-day. As the statistical returns will be covered by those in the annual report, there is no need to go into details. At this date, there are on the register 763 patients (males, 454; females, 309), of whom 17 (males, 12; females, 5), are on probation, leaving resident 746 (males, 442; females, 304), all of whom were seen, and many conversed with. No one is improperly detained. It was evident to me from my discussion of their cases with Dr. King that the individual is not overlooked in the number. The salient features of the cases into which I inquired were recalled by him without reference to case-books, and it was satisfactory to note that his keen personal and scientific interest in the welfare of the patients was reflected in their care and treatment. Such being the case, it is a benefit to the country, though so far as his own health is concerned is another matter, that he has chosen to employ all his leisure and holiday time, his talent and his special knowledge, in spreading information on the fundamental principles of health.

On the 16th, the patients were employed as follows:—

			Males.	Females.
On the farm, garden, and out-of-door work	..	..	200	..
In the wards	..	..	93	94
In the workshops	..	..	20	0
In the kitchen and laundry	..	..	..	58
At needlework, and on domestic duties	..	..	..	25
Total employed	..	..	313	177

The patients' recreations have been largely attended. There have been the usual sports, and games, dances, concerts, Christmas-tree, &c., and parties of patients went to various entertainments in Dunedin and district. The average number attending divine service is 73 (males, 44; females, 29).

During the course of the visit the candidates for registration as mental nurses were given a *viva voce* examination.

The new female building was just completed, and the additions to the male side were making fair progress. More day-room accommodation is wanted for disturbed male-patients and at the farm workers' cottage. The continued creeping of the slip was being felt at the junction of the slipping and non-slipping area, and a section will need to be taken out of the slipping part of the building where it touches the other.

The general health of the patients is good, and there was almost complete absence of excitement, by day and night, during the inspection. I saw many meals served; the food was well cooked and varied.

The statutory books and registers were examined, found up to date, and neatly and accurately kept.

## HOKITIKA MENTAL HOSPITAL.

13th May, 1909.

I visited this Mental Hospital on the 10th, 11th, 12th, and to-day.

The 195 patients resident (males, 144 ; females, 51) were seen, and I conversed with nearly all. Some were solicitous for discharge (though not fit for liberty) ; but there was, generally speaking, a spirit of contentment manifest, and the patients looked well cared for. Since the beginning of the year the Official Visitors and Deputy Inspector have paid eight visits, and continue, as heretofore, to take an interest in the welfare of the patients. During the above period 4 patients (males, 1 ; females, 3) have been discharged as recovered, and 10 (males, 4 ; females, 6) are at present out on trial. There have been no serious accidents or casualties, and the 5 deaths (males, 3 ; females, 2) recorded were due to causes which call for no comment. The number of admissions, 9 (males, 6 ; females, 3), exactly balances the number of discharges and deaths, leaving the total population on the register unaltered.

The Register of Restraint has entries referring to the use of gloves in the case of one man and one woman, in both cases for divesting themselves of clothing, violence, and destructiveness.

I found the wards clean, in good order, and airy, and the whole establishment bore testimony of faithful work and careful supervision. The garden plots and paths in the exercise enclosures are neatly kept, and the extensive view therefrom, which is particularly beautiful, was commented on by some to whom I spoke.

There is at present vacant accommodation for 23 (males, 12 ; females, 11). The separate buildings afford facilities for classification, but Dr. Macandrew has felt the necessity for an infirmary ward. For this purpose I selected a site for a cottage on the sun-absorbing bungalow principle, giving accommodation for a four-bed dormitory for each sex, with two single rooms between, available according to circumstances for either sex, and a nurse's room at the back. Mr. Downey undertakes to build this economically, without calling in outside labour.

The closing of the Hokitika Prison makes it possible that the accommodation therein may be utilised in connection with the Mental Hospital, the estates being contiguous. With the above possibility in view, I inspected the building, which, I believe, at a cost of some £150 to £200, could be made a comfortable residence for about 27 patients of a class whose presence in ordinary mental hospitals is undesirable. Such an arrangement would be a great addition to our resources.

The farm land is very poor, but is being worked to the best advantage. Some experiments with manures are being carried out.

The statutory books and registers were up to date, and are neatly and correctly kept.

## NELSON MENTAL HOSPITAL.

8th May, 1909.

I inspected this Mental Hospital on the 6th, 7th, and to-day, and spoke to each of the 149 patients (males, 90 ; females, 59) resident. I was pleased with their general appearance, and with the almost complete absence of excitement, only one woman being turbulent.

The general health of the patients is good, a newly admitted male being the only patient in bed. The number reported to be wet and dirty is 10 (m., 8 ; f., 2), which, considering the number of senile cases, is satisfactory.

As many as 114 (m., 70 ; f., 44) are usefully employed, according to their capacity.

I note that only 48 patients (m., 32 ; f., 16) on an average attend divine service. Apart from the break in institutional life which such occasions afford, they are a useful discipline to the restless, and a larger number with advantage could attend such services.

The average number entering into the amusements is 69 (m., 54 ; f., 15). A party of 20 go this evening to an entertainment in the city.

For many years it has been the custom for neighbours to pay something towards the recreation fund, and join in the weekly dances. The institution has grown, and so has the district. It is difficult to pick and choose among the newer residents in the district, and, owing to the increasing resources from within, the time has come to discontinue a practice which has in the past had a wholesome influence.

Since the 26th September last entries have been made in the Register of Restraint relating to one man and two women ; the first was a temporary measure to combat an outburst of destructiveness ; in the other two cases restraint was resorted to to prevent interference with surgical treatment. The form of restraint was carefully adjusted to the conditions.

During the same period there has not been any accident or casualty, and the 5 deaths recorded were due to natural and unpreventable causes.

Four men are presently out on trial, and during the above period 4 patients (m., 1 ; f., 3) have been discharged.

During the visit I found the wards clean and in good order. In two rooms on the women's side the flooring-boards were decaying owing to attacks of the borer, and, as the space below was not ventilated, the joists will also probably be defective. In these rooms there was an unpleasant odour, and the floors should be relaid as soon as possible. The sewerage drains were working well, but one of the storm-water drains in the court on the women's side does not act efficiently after heavy rain.

The staff mess-rooms are not sufficiently large for the increasing number, nor is their aspect desirable. I went over all the possibilities for remedying this, and think that a start should be made with the nurses' mess-room by abandoning the present one, throwing it into the kitchen, and appropriating for the purpose the patients' bath-room, which has become too small for requirements. With

the larger number of women patients soon to be added, there will be a sufficient increase of the staff to practically abandon the court in favour of the exercise enclosure. Such being the case, one of the verandahs of the court, with its cement floor, can at small cost be converted into a sufficiently large bath-room for patients, and a separate one for nurses.

The work of removing Toi Toi Valley School is now in hand. This building will provide sleeping-accommodation for over 50 patients. The day-room space which the addition necessitates can be inexpensively provided by a little rearrangement and extension in the vicinity of the drawing-room. The extra day-room for disturbed cases (already sanctioned) should proceed *pari passu* with the other works outlined, instead of being made the subject of a separate contract. In going over the space required I have advised its enlargement and division into two for purposes of classification, and the connection therewith of a sanitary annexe, which can also be reached by patients in the exercise enclosure. All these matters have been discussed with the District Engineer of the Public Works Department, who thinks that they can be done economically and with despatch by the workmen engaged for the removal and re-erection of the school building.

Despite the lateness of the season, the garden is looking well, and the farm and orchard continue to be worked to the best advantage. Nearly two hundred cases of fruit and over seventy of tomatoes have been sold, and rather more than a ton of jam, preserves, sauces, and pickles have been made for home consumption. Altogether,  $3\frac{1}{4}$  tons of tomatoes and 2 tons of onions were grown last year. The land recently added to the estate has been ploughed, and the soil turned over is good. The value of the crops from Poor Man's Valley Farm is over £200. These returns are most praiseworthy.

I regret that Mr. Chapman is confined to his house by an accident to his foot. Dr. Mackay accompanied me on my rounds yesterday and to-day. The work of Miss Pringle, the cadette in the office, is well done. The statutory books and registers were up to date, and are neatly and correctly kept.

I had many evidences of Dr. Mackay's attention to the wants of the patients, and Mr. Chapman continues to manage this Hospital with energy and enthusiasm.

#### PORIRUA MENTAL HOSPITAL.

15th October, 1908.

Miss McLean paid a visit of inspection last month. I visited the institution to-day, seeing the patients, and leaving for another occasion a more detailed inspection. The patients had ample opportunity of speaking to me, and some were accorded special interviews. No rational complaint was made.

I discussed with Dr. Hassell the principal works to be put in hand. The Farm Manager is now occupying the cottage recently built for him. It is picturesque, and suitable in every way.

The statutory books and registers are up to date, and are kept neatly and correctly.

The Hospital was scrupulously clean, and everything was in its usual good order.

11th February, 1909.

I visited this Mental Hospital on the 9th and to-day.

Since the last recorded, other visits have been paid for specific objects, and many will be paid during the year in connection with building operations. On each of the former visits the part inspected, and on the present visit the whole institution, was found in excellent order.

There are on the register 667 patients (m., 357; f., 310), of whom 21 men and 11 women are absent on trial, leaving resident 635 (m., 336; f., 299). All the resident patients were seen, and given an opportunity to converse with me. I was pleased to observe their general good health and contentment, and the comparative absence of noise. The meals inspected were well served, the food was sufficient, and of good quality.

The patients to-day were employed as follows:—

	Males.	Females.	Total.
Farm and garden .. .. .	137	..	137
Ward work .. .. .	97	77	174
Workshops .. .. .	12	..	12
Laundry .. .. .	2	25	27
Kitchen .. .. .	3	32	35
Needlework .. .. .	2	38	40
	253	172	425

All who are able participate in the usual recreations.

The impression made by the visit was most pleasant.

The statutory books and registers were examined, found up to date, and neatly and correctly kept.

#### WELLINGTON MENTAL HOSPITAL.

6th February, 1909.

I have paid numerous visits to Mount View for special purposes, on each occasion inspecting some part of the Hospital, and finding it in good order. One cannot view unaffectedly the prospect of closing an institution which has done such excellent work. A hospital on the new site will give larger scope and carry on the best traditions.

To-day there are 248 patients (m., 152; f., 96) resident, all of whom were seen, and many conversed with. No complaint was made.

Three patients confined to bed by illness were receiving appropriate treatment. Two patients were absent on trial.

Since the beginning of the year 9 patients have been admitted, 2 have been discharged, and 1 has died.

The Hospital looked comfortable, and was scrupulously clean throughout. The meals served during the visit were ample, of good quality, and well cooked. The patients were most orderly.

The books and registers were up to date, and are neatly and correctly kept.

The impression left by the visit is highly satisfactory.

#### ASHBURN HALL LICENSED MENTAL HOSPITAL.

12th January, 1909.

I visited this Mental Hospital to-day, and conversed with all the patients. No complaint was made, and many of the inmates expressed themselves as thankful for the care and consideration with which they were treated. According to their mental state, the patients are carefully classified in separate buildings. No one is improperly detained.

As usual, the wards were scrupulously clean, were well and artistically furnished, and conveyed a sense of home-like comfort.

To-day there are resident :—

	Males.	Females.	Total.
Patients .. .. .	25	21	46
Voluntary boarders .. .. .	..	6	6
Inmates .. .. .	25	27	52
On probation .. .. .	1	..	1
On register .. .. .	26	27	53

Of this number, 9 (males, 5 ; females, 4) are deemed curable, and 18 (m., 13 ; f., 5) are on parole.

Three patients were in bed—2 receiving rest treatment in the open air for their mental ailment, and 1, being paralysed, must necessarily be kept in bed.

The health of the inmates is good, and their bronzed appearance testifies to their being kept much in the open air.

Only 4 are unemployed ; the rest of the patients do some useful work.

No one was under restraint or in seclusion. There was only one entry in the Register of Restraint last year, where it was applied to prevent the removal of surgical dressings.

A small golf course is much patronised, and tennis and croquet have a number of adherents.

The visit was most pleasant.

The statutory books and registers were up to date, and are neatly and correctly kept.

#### MEDICAL SUPERINTENDENTS' REPORTS.

##### AUCKLAND MENTAL HOSPITAL.

SIR,

I have the honour to furnish you with my report on this Hospital for 1908.

We began the year with a population of 685 patients, and ended it with 737, an extraordinary increase, which is due chiefly to the record number of admissions—198 for the year.

Only one patient—a female—was, in my opinion, unjustifiably committed. This was a senile, bed-ridden case—in no respect differing from the average case of senile decay—who was brought from a long distance, and dumped into the Mental Hospital, obviously for the purpose of enabling the family to dispose of an unpleasant duty. I endeavoured to have her removed, when I was informed that all arrangements had been made with the undertaker. She was too feeble to be returned, and she died soon after her admission.

The admissions were of the usual type, excepting in the case of a husband and wife—a negro and a white woman—who were admitted on the same day, and who were both suffering from general paralysis of the insane. Unfortunately, I have been unable to get any history of the cases.

*Recoveries.*—The recovery-rate averaged 40·9 per cent. (males, 35·7 per cent. ; females, 50 per cent.) ; this average is less than usual.

*Deaths.*—The deaths averaged 8·9 per cent. (m., 10·09 per cent., f., 7·2 per cent.). Eleven, or 17·45 per cent., were due to general paralysis ; 9, or 14·29 per cent., to tuberculosis in one or other of its forms ; and 15, or 23·81 per cent., to senile decay. Thus, 55·55 per cent. of the deaths were due to three diseases.

As in the previous year, we had no cases of typhoid fever amongst the patients.

The general health of the patients throughout the year was good, and there were no serious accidents recorded.



The general work of the Hospital and the farm have been carried on with a certain amount of success, but I cannot help noticing the lack of interest and thoroughness which characterizes so many of the junior staff on the male side. The senior men are all strenuous and trustworthy, but their race seems to be passing away. Suitable applicants do not yet present themselves, and men have to be appointed who clearly have few or no qualifications for the work. On the female side I have very little anxiety. There is difficulty in getting a sufficient number of applicants, but with few exceptions those appointed always prove themselves to be kind and capable.

My thanks are due to Dr. McKelvey and to the great majority of the staff for their loyalty and support and to the Deputy Inspector, Official Visitors, and others whose interest in the patients is continuous and sincere.

The Inspector-General, Mental Hospitals, Wellington.

I have, &c.,

R. M. BEATTIE.

### CHRISTCHURCH MENTAL HOSPITAL.

SIR,—

Sunnyside Mental Hospital, Christchurch, 5th February, 1909.

I have the honour to forward herewith the annual report on this Hospital, together with the statistics for the year ending 1908.

There have been 136 patients admitted during the year, of whom 109 were admitted for the first time. During that period 47 patients have recovered, giving a percentage of about 34·5. This percentage is lower than usual, but is to be accounted for by the unprecedented increase of admissions during the later months of the year. There were 36 deaths during the year, giving a percentage of 6·5 on the average number resident during the year, which shows that the general health of the community has been very good.

There has been a large amount of new building and repairs carried out, and some are still under way. The workshops attached to the engine-room are finished, and a turning-lathe—a much-needed want—has been installed. To cope with the extra work soon to be added, a third boiler, as I have reported before, is urgently required. The new central bath-house is nearing completion, and when finished should be a valuable addition. The tepid swimming-pool is already in use by the staff, and is much appreciated. I regret that the whole work will not be finished before I leave, as I very much wanted to personally supervise the details of the new system of bathing. I have every confidence that the new system will be speedy and effective, and the bathroom will be a model for other institutions to copy.

The new dairy has been completed, and is now waiting for a few details in connection with the water and steam fittings. The cowshed is being entirely remodelled, the stalls being divided by galvanised-iron piping, and the floor and feeding-troughs are coated with Neuchatel asphalt. There will be no woodwork on the floor-level, and everything can be hosed down and kept sweet and clean.

The Matron's new rooms are finished, and this will give her the advantage of rest and quietness whilst off duty, which she never enjoyed before, as well as providing room for eight female patients in her old rooms, which were situated in the midst of a noisy class of patients. I had hoped to be able to report this year that the nurses had been suitably accommodated in their new home, but, owing to the extra amount of work entailed by the fire in the store, our own workmen were kept too busy to start on this much-needed reform.

Well-sinking operations are still in progress, and, I hope, nearing completion, when I trust that a pure and efficient supply of water will be provided.

The hot-water system throughout the building has been remodelled, and, as far as we can see at present, it is working well for the daytime; but, seeing that the old storage-tanks have been removed, there is no hot water available after the boilers have been banked up. If it is left as at present, it will necessitate a night staff consisting of two extra men.

As there has been so much new building going on during the past year, I recommend that this ensuing year be taken up with necessary repairs throughout, and the finishing-off of the work already begun. One work which requires special attention is the converting of the old bathrooms into dormitories, and the provision of sanitary annexes on both male and female sides in accordance with the plans we have already discussed.

The usual religious services and the patients' entertainments have been carried out throughout the year.

According to your scheme of registration of mental nurses, lectures were given to the attendants and nurses by my assistant and myself, and I have to compliment the staff on the interest taken in the lectures and their work generally, and trust that as good a proportion of candidates are as successful as in the past year.

There is still a great difficulty in getting and retaining nurses, but, from what I can gather, this is not from any distaste of the service, but from the general scarcity of female labour in the Dominion. The male attendants are much more settled, and there have been very few changes for the past four years.

On the eve of my departure, I have to cordially thank the Government for the leave of absence granted to me, and have every confidence in leaving the care of the institution in the capable hands of my former assistant, Dr. Gribben. To Dr. Jeffreys, who has been most assiduous in his duties, and to the various members of the staff, I offer my sincere thanks for their hearty co-operation in the work throughout the year.

I have, &c.,

The Inspector-General of Mental Hospitals, Wellington.

W. BAXTER GOW, M.D.

## SEACLIFF MENTAL HOSPITAL.

SIR,—

Seacliff, 31st March, 1909.

I have the honour to submit the following report on the Seacliff Mental Hospital for the year 1908.

The year opened with 735 patients, and at the close there were 763, being an increase of 28. This increase was due to : (1.) The very large number of admissions during the year—viz., 146. The average admission-rate during the four preceding years of the quinquennium was only 120. (2.) The unusually small proportion of deaths—viz., 46. This equals 6 per cent. on the number of patients resident, whereas the average of the last few years for the Dominion shows 7 per cent. on the total certified insane population. It is interesting to note that 10 of the patients who died during the year at Seacliff were between seventy and eighty years of age, and 2 were over eighty. Of the younger patients who died 7 were general paralytics, and 7 suffered from phthisis.

The discharges during the year numbered 72, being practically 50 per cent., of the admission-rate, or about the average for the institution ; and in other respects the statistics of the year show no special features.

On the whole, the health of the inmates has been good throughout the year.

The escapes have been rather below the average proportion to the population ; and there are only two serious casualties to record—viz., an accidental simple fracture of the femur, and the death by suicide of an old man who had been for many years in the institution.

The amenities of the branch establishment at Waitati are being steadily developed, and year by year the value of the estate is growing as more land is drained and brought under cultivation. The year's record at the Camp has been uneventful.

The farm, the gardens, and the fishing-station have contributed largely to the support of the population of the different branches. It is anticipated that a good oil-launch, now under construction, will make the fish-supply in future more regular and abundant.

Two new wings which will afford additional sleeping-rooms for men and women will be completed at an early date, and are much needed.

Regular religious services have been held by the various denominations throughout the year.

The thanks of the authorities are due to the Otago Daily Times and Witness Company and to the Evening Star Company for newspapers and journals supplied free.

To Dr. Tizard and to the other officers and members of the staff I wish to express thanks for hearty co-operation in carrying out the work at Seacliff ; similar thanks are due to Dr. Donald and the staff at Waitati.

The Inspector-General of Mental Hospitals, Wellington.

I have, &amp;c.,

F. TRUBY KING.

## PORIRUA MENTAL HOSPITAL.

SIR,—

Mental Hospital, Porirua, 10th May, 1909.

I have the honour to submit the following report on this Mental Hospital for the year 1908.

The total number of patients under care was 769, and the average number resident 613 (327 males and 268 females), an increase of 17 above the average of the previous year. The admissions amounted to 146, and the discharges and deaths to 111. Of the admissions, 74 males and 52 females were admitted for the first time, while 10 males and 10 females were readmissions ; 23 were sixty years of age and upwards, and 13 were twenty-one years and under, the youngest being sixteen years.

Seventy-three patients were discharged as recovered—a ratio of 50 per cent. to the number admitted—while 32 patients died, making a death-rate of a little over 5 per cent. (5.22) of the average number resident.

The physical health of patients has been satisfactory, and no epidemic of consequence visited the institution.

A case of suicide unfortunately occurred. Two male patients who were friends, and were known to one another before admission, were out working with others in the Hospital grounds. They consulted together, and determined to commit suicide, and to carry out their purpose they broke open a locked desk in a garden toolhouse and secured a patent mixture for spraying plants, which they drank in turn. The fluid consisted of a poisonous compound of nicotine. From the effects of this one died, although prompt means were taken to evade the fatal issue, while the other recovered after restoratives were administered. Further details of this most regrettable tragedy I supplied to you at the time.

With a view to preserving our native bush, which covers an area of upwards of 50 acres of rough hill land to the south-west of the estate, and which forms an important part of the catchment-area for our reservoir, steps were taken to securely fence this preserve, into which the cattle and sheep have made serious inroads. Moreover, rabbits have been on the increase, and the outskirts of the native bush form shelter and breeding-grounds which seriously handicaps our endeavours to eradicate the pest. The fencing around the bush has therefore been made rabbit-proof, and there is evidence already that the extra cost will be soon repaid by the better stock-carrying capacity of the land adjoining.

During the dry summer and autumn of 1908 deficiency of water caused some anxiety, as the level of the reservoir sank many feet below the overflow ; but by stopping the large consumption used by condensers in the engine-room, and by the Pelton wheels in the workshops, we managed to raise the water-level up to the full capacity of the reservoir just before the drought finally broke up.

With the object of making an auxiliary reservoir, and more efficiently saving the water from the bush land, a section of 2 acres in extent which adjoins, and through which the bush stream bends, has been purchased from our neighbours, and I am hopeful that when the work is completed we shall be fairly well supplied with water for all purposes, even in dry seasons. Previous efforts to divert this stream into our main reservoir at a point lower down where it again passed into our property were not altogether successful, owing to much of the water being lost in the deep shingle bed of the stream at that point.

Of the improvements made during the year, I may mention a six-roomed cottage built by the carpenter, attendants, and patients for the farm-manager; and a brick house in the orchard, designed as a ripening and storage room, with an upper floor as a living-room for the orchard-gardener. The yield from the orchard fully warranted this expenditure, as many tons of fruit are now produced, and means to ripen it off indoors is essential to save it from being consumed by small birds. At the same time, I thought it prudent to have the gardener camping in the orchard to prevent raids on the fruit which in past years have taken place at night.

I venture to take this opportunity to urge that the extensive additions to the main building for the accommodation of the more troublesome patients to be transferred from Mount View should be constructed in brickwork, instead of in wood as has been contemplated. The arguments in favour of the more solid material appear to me to greatly outweigh the financial argument in favour of the more perishable material. Taking into consideration the class of patients to be accommodated, the danger from fire, in my opinion, weighs heavily in the balance.

The healthy employment of patients and their recreation have been duly attended to, as in former years.

I have to acknowledge the good service of Dr. Gribben, who during the greater part of the year was my colleague. The other officers and members of the staff also did good work. We are under an obligation to the local Primitive Methodist minister for conducting regular Sunday services in the Hospital.

The Inspector-General of Mental Hospitals, Wellington.

I have, &c.,

GRAY HASSELL.

#### WELLINGTON MENTAL HOSPITAL.

SIR,—

Mental Hospital, Wellington, 17th May, 1909.

I have the honour to forward the following statistics and report in connection with this Hospital for the year 1908.

At the beginning of the year there were 228 patients in the institution and 7 out on trial, and at the end there were 249 in and still 7 out on trial.

The average number of patients in residence during the year was 240, which is 13 in excess of the number for which we have statutory accommodation.

Sixty-nine patients were admitted and 41 discharged, a 59-per-cent. ratio to the number admitted.

The admissions for the year comprised 39 men and 30 women. Amongst a variety of contributing causes of the insanity, bodily ill-health and alcoholism predominated. Of the total admitted, 11 men and 12 women were recurrent cases; 2 of these latter came from Australia, and were eventually returned there.

An analysis of the admissions shows that during the year 3 died, 24 were discharged, and 16 still have some prospect of recovery. The remaining 26 include sufferers from incurable diseases; organic brain disease, paranoia, and dementia.

Exclusive of the discharges above referred to, 13 out of 28 non-certified patients recovered sufficiently to be able to return to the care of their friends after treatment of short duration.

During the year 13 patients died. This gives a death-rate on our average population of  $5\frac{1}{2}$  per cent., and is a little lower than last year.

The general health of the community was fairly good, though furunculosis among the men during the spring and summer months was more than usually prevalent. Four cases of scarlet fever, occurring at intervals throughout the year, caused us some apprehension through the lack of an isolation ward, but fortunately the patients were in each case sufficiently quiet and tractable to admit of treatment in the fever ward of the District Hospital. Dr. Ewart's readiness in taking them in relieved us from an embarrassing position.

The outdoor employment for the men has, as usual, been carried out to the fullest extent, and the recreation has been on the same lines as formerly. For three years now the annual picnic has been held at Day's Bay, and greatly enjoyed. The conveyance of over a hundred patients by tram and steamer to the bay without any mishap having occurred speaks well for the care and attention of the staff.

Changes in the *personnel* of the staff have not been frequent. The most important appointment was that of Miss McDougall, of the Seacliff nursing staff, to the position of Matron. I have already expressed my satisfaction to you over this appointment.

The staff has worked well throughout the year, and my thanks are due to the officers and members for their cordial co-operation.

The thanks of the authorities are also due to the proprietors of the *New Zealand Times* and *Post* newspapers for supplying us with free copies of their journals.

The Inspector-General of Mental Hospitals, Wellington.

I have, &c.,

ARTHUR CROSBY.

## APPENDIX.

TABLE I.—SHOWING the ADMISSIONS, READMISSIONS, DISCHARGES, and DEATHS in MENTAL HOSPITALS during the Year 1908.

						M. F. T.			M. F. T.		
						M.	F.	T.	M.	F.	T.
In mental hospitals, 1st January, 1908	..	..	..	..	..	..	..	..	1,909	1,331	3,240
Admitted for the first time	..	..	..	..	..	370	254	624	434	325	759*
Readmitted	..	..	..	..	..	64	71	135			
Total under care during the year						..	..	..	2,343	1,656	3,999
Discharged and died—											
Recovered	..	..	..	..	..	180	146	326			
Relieved	..	..	..	..	..	9	13	22			
Not improved	..	..	..	..	..	9	6	15			
Died	..	..	..	..	..	148	74	222	346	239	585
Remaining in mental hospitals, 31st December, 1908	..					..	..	..	1,997	1,417	3,414
Increase over 31st December, 1907	..	..	..	..	..	..	..	..	88	86	174
Average number resident during the year	..	..	..	..	..	..	..	..	1,894	1,346	3,240

\*Transfers.—8 males, 7 females; total, 15.

TABLE II.—ADMISSIONS, DISCHARGES, and DEATHS, with the MEAN ANNUAL MORTALITY and PROPORTION of RECOVERIES, &amp;c., per Cent. on the ADMISSIONS, &amp;c., during the Year 1908.

Mental Hospitals,	In Mental Hospitals on 1st January, 1908.			Admissions in 1908.									Total Number of Patients under Care.		
				Admitted for the First Time.			Readmitted.			Total.					
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Auckland .. .. .	415	270	685	106	57	163	20	15	35	126	72	198	541	342	883
Christchurch .. .. .	303	251	554	67	41	108	12	16	28	79	57	136 <sup>(1)</sup>	382	308	690
Dunedin (Seacliff) .. .. .	451	284	735	65	62	127	6	13	19	71	75	146 <sup>(2)</sup>	522	359	881
Hokitika .. .. .	149	58	207	17	12	29	3	0	3	20	12	32	169	70	239
Nelson .. .. .	90	67	157	8	6	14	2	4	6	10	10	20 <sup>(3)</sup>	100	77	177
Porirua .. .. .	337	286	623	74	52	126	10	10	20	84	62	146 <sup>(4)</sup>	421	348	769
Wellington .. .. .	141	94	235	28	18	46	11	12	23	39	30	69 <sup>(5)</sup>	180	124	304
Ashburn Hall (private mental hospital)	23	21	44	5	6	11	0	1	1	5	7	12	28	28	56
Totals .. .. .	1,909	1,331	3,240	370	254	624	64	71	135	434	325	759 <sup>(6)</sup>	2,343	1,656	3,999

Mental Hospitals.	Patients discharged and died.									In Mental Hospitals on 31st December, 1908.					
	Discharged recovered.			Discharged not recovered.			Died.						Total discharged and died.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Auckland .. .. .	44	36	80	2	1	3	43	20	63	89	57	146	452	285	737
Christchurch .. .. .	26	21	47	3	1	4	29	7	36	58	29	87	324	279	603
Dunedin (Seacliff) .. .. .	33	28	61	7	4	11	32	14	46	72	46	118	450	313	763
Hokitika .. .. .	11	2	13	1	2	3	11	7	18	23	11	34	146	59	205
Nelson .. .. .	3	5	8	0	3	3	6	8	14	9	16	25	91	61	152
Porirua .. .. .	44	29	73	3	3	6	19	13	32	66	45	111	355	303	658
Wellington .. .. .	18	23	41	1	0	1	8	5	13	27	28	55	153	96	249
Ashburn Hall (private mental hospital)	1	2	3	1	5	6	..	..	..	2	7	9	26	21	47
Totals .. .. .	180	146	326	18	19	37	148	74	222	346	239	585	1,997	1,417	3,414

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.			Percentage of Deaths on the Admissions.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Auckland .. .. .	426	275	701	34·92	50·00	40·40	10·09	7·27	8·99	34·13	27·78	31·82
Christchurch .. .. .	292	263	555	34·21	36·84	35·34	9·93	2·66	6·49	38·16	12·28	27·07
Dunedin (Seacliff) .. .. .	445	288	733	47·14	39·44	43·26	7·19	4·86	6·28	45·71	19·72	32·62
Hokitika .. .. .	144	57	201	55·00	16·67	40·63	7·64	12·28	8·96	55·00	58·33	56·25
Nelson .. .. .	87	64	151	37·50	50·00	44·44	6·90	12·50	9·27	75·00	80·00	77·78
Porirua .. .. .	327	287	614	53·01	46·77	50·34	5·81	4·53	5·21	22·89	20·97	22·07
Wellington .. .. .	149	93	241	47·37	85·19	63·08	5·42	5·38	5·39	21·05	18·52	20·00
Ashburn Hall (private mental hospital)	25	19	44	20·00	28·57	25·00	..	..	..	..	..	..
Totals .. .. .	1,894	1,346	3,240	42·25	45·91	43·82	7·81	5·50	6·85	34·74	23·27	29·84

Transfers.—<sup>(1)</sup>3 males. <sup>(2)</sup>1 male, 4 females. <sup>(3)</sup>2 males. <sup>(4)</sup>1 male. <sup>(5)</sup>1 male, 3 females. <sup>(6)</sup>Total: 8 males, 7 females.

TABLE III.—AGES of ADMISSIONS.

Ages.	Auckland.	Christchurch.	Dunedin (Seacliff).	Hokitika.	Nelson.	Porirua.	Wellington.	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 5 years ..	1 1 2	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	1 1 2
From 5 to 10 years ..	.. ..	.. ..	0 1 1	.. ..	1 0 1	.. ..	.. ..	.. ..	1 1 2
" 10 " 15 " ..	1 0 1	3 1 4	0 1 1	.. ..	.. ..	.. ..	.. ..	.. ..	4 2 6
" 15 " 20 " ..	6 3 9	5 3 8	2 7 9	.. ..	2 1 3	8 5 13	1 4 5	1 0 1	25 23 48
" 20 " 30 " ..	32 12 44	17 16 33	20 17 37	5 6 11	1 0 1	14 11 25	5 6 11	0 1 1	94 69 163
" 30 " 40 " ..	32 19 51	19 14 33	16 24 40	5 3 8	1 2 3	26 11 37	18 9 27	2 1 3	119 83 202
" 40 " 50 " ..	24 21 45	15 8 23	10 12 22	4 0 4	2 2 4	17 15 32	6 5 11	1 3 4	79 66 145
" 50 " 60 " ..	18 8 26	8 8 16	9 6 15	3 2 5	1 2 3	10 8 18	4 3 7	0 2 2	53 39 92
" 60 " 70 " ..	12 4 16	7 4 11	8 4 12	.. ..	1 2 3	7 7 14	3 2 5	.. ..	38 23 61
" 70 " 80 " ..	0 4 4	4 3 7	4 3 7	2 0 2	1 1 2	1 3 4	2 1 3	.. ..	14 15 29
Upwards of 80 " ..	.. ..	1 0 1	2 0 2	1 1 2	.. ..	1 2 3	.. ..	1 0 1	6 3 9
Unknown.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..
Totals ..	126 72 198	79 57 136	71 75 146	20 12 32	10 10 20	84 62 146	39 30 69	5 7 12	434 325 759

TABLE IV.—DURATION of DISORDER at ADMISSION.

	Auckland.	Christchurch.	Dunedin (Seacliff).	Hokitika.	Nelson.	Porirua.	Wellington.	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.
First Class (first attack, and within 3 mos. on admission)	81 36 117	35 27 62	32 19 51	11 8 19	3 4 7	55 27 82	23 9 32	2 2 4	242 132 374
Second Class (first attack, above 3 mos. and within 12 mos. on admission)	14 8 22	3 10 13	7 10 17	5 2 7	2 1 3	8 8 16	2 4 6	1 1 2	42 44 86
Third Class (not first attack, and within 12 mos. on admission)	21 14 35	16 14 30	10 15 25	3 1 4	2 5 7	12 15 27	11 12 23	1 1 2	76 77 153
Fourth Class (first attack or not, but of more than 12 mos. on admission)	10 14 24	20 4 24	22 31 53	1 1 2	3 0 3	9 12 21	3 5 8	1 3 4	69 70 139
Unknown ..	.. ..	5 2 7	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	5 2 7
Totals ..	126 72 198	79 57 136	71 75 146	20 12 32	10 10 20	84 62 146	39 30 69	5 7 12	434 325 759

TABLE V.—AGES of PATIENTS DISCHARGED "RECOVERED" and "NOT RECOVERED" during the year 1908.

Ages.	Auckland.		Christchurch.		Dunedin (Seacliff).		Hokitika.	
	Recovered	Not recovered	Recovered	Not recovered	Recovered	Not recovered	Recovered	Not recovered
	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 ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..
" 10 " 15 " ..	.. ..	1 0 1	.. ..	.. ..	.. ..	0 1 1	.. ..	.. ..
" 15 " 20 " ..	.. ..	3 1 4	.. ..	1 1 2	1 0 1	2 3 5	0 1 1	.. ..
" 20 " 30 " ..	.. ..	17 11 28	.. ..	7 6 13	1 1 2	7 12 19	2 1 3	5 0 5
" 30 " 40 " ..	.. ..	9 7 16	1 0 1	10 3 13	1 0 1	11 9 20	3 0 3	3 0 3
" 40 " 50 " ..	.. ..	4 9 13	1 0 1	4 6 10	.. ..	3 1 4	0 1 1	1 2 3
" 50 " 60 " ..	.. ..	6 4 10	.. ..	4 4 8	.. ..	4 1 5	2 0 2	.. ..
" 60 " 70 " ..	.. ..	4 3 7	0 1 1	.. ..	.. ..	2 2 4	.. ..	.. ..
" 70 " 80 " ..	.. ..	0 1 1	.. ..	0 1 1	.. ..	4 0 4	.. ..	2 0 2
" 80 " 90 " ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..
Unknown ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..
Totals ..	.. ..	44 36 80	2 1 3	26 21 47	3 1 4	33 28 61	7 4 11	11 2 13

  

Ages.	Nelson.		Porirua.		Wellington.		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.	Recovered.	Not recovered.
	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.	M. F. T.
From 5 to 10 years ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..
" 10 " 15 " ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	1 0 1	0 1 1
" 15 " 20 " ..	.. ..	.. ..	3 1 4	1 0 1	0 2 2	.. ..	.. ..	0 1 1	9 8 17	2 2 4
" 20 " 30 " ..	1 0 1	.. ..	9 6 15	0 1 1	8 7 15	.. ..	0 2 2	0 1 1	54 44 98	4 5 9
" 30 " 40 " ..	.. ..	0 2 2	16 8 24	1 1 2	5 5 10	.. ..	1 0 1	1 1 2	55 32 87	7 5 12
" 40 " 50 " ..	0 2 2	.. ..	9 4 13	0 1 1	3 6 9	1 0 1	.. ..	0 2 2	24 30 54	2 4 6
" 50 " 60 " ..	2 2 4	.. ..	4 7 11	1 0 1	1 2 3	.. ..	.. ..	.. ..	21 20 41	3 0 3
" 60 " 70 " ..	0 1 1	0 1 1	3 3 6	.. ..	1 1 2	.. ..	.. ..	.. ..	10 10 20	0 2 2
" 70 " 80 " ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	6 2 8	.. ..
" 80 " 90 " ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..
Unknown ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..
Totals ..	3 5 8	0 3 3	44 29 73	3 3 6	18 23 41	1 0 1	1 2 3	1 5 6	180 146 326	18 19 37

TABLE VI.—AGES of the PATIENTS who DIED.

Ages.	Auckland.	Christchurch.	Dunedin (Seacliff).	Hokitika.	Nelson.	Porirua.	Wellington.	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 5 to 10 years	..	..	..	..	..	..	..	..	..
" 10 " 15 "	..	..	..	..	..	..	..	..	..
" 15 " 20 "	1 0 1	1 0 1	2 1 3	..	..	..	..	..	4 1 5
" 20 " 30 "	7 1 8	1 0 1	..	1 2 3	0 1 1	2 2 4	0 1 1	..	11 7 18
" 30 " 40 "	5 2 7	1 2 3	5 3 8	0 1 1	0 1 1	4 2 6	1 0 1	..	16 11 27
" 40 " 50 "	12 6 18	4 0 4	6 3 9	3 0 3	2 2 4	4 3 7	1 0 1	..	32 14 46
" 50 " 60 "	3 2 5	7 3 10	7 3 10	2 1 3	..	6 0 6	2 0 2	..	27 9 36
" 60 " 70 "	10 2 12	8 1 9	4 0 4	0 1 1	1 3 4	2 3 5	2 0 2	..	27 10 37
" 70 " 80 "	5 7 12	6 1 7	6 4 10	4 0 4	3 1 4	0 2 2	2 4 6	..	26 19 45
Upwards of 80 "	..	1 0 1	2 0 2	1 2 3	..	1 1 2	..	..	5 3 8
Unknown	..	..	..	..	..	..	..	..	..
Totals	43 20 63	29 7 36	32 14 46	11 7 18	6 8 14	19 13 32	8 5 13	..	148 74 222

TABLE VII.—CONDITION as to MARRIAGE.

	Admissions.			Discharges.			Deaths.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
<b>AUCKLAND—</b>									
Single ..	81	22	103	29	16	45	24	4	28
Married ..	40	46	86	16	18	34	13	7	20
Widowed ..	5	4	9	1	3	4	6	9	15
Totals	126	72	198	46	37	83	43	20	63
<b>CHRISTCHURCH—</b>									
Single ..	50	22	72	22	5	28	16	3	19
Married ..	27	30	57	6	13	19	12	3	15
Widowed ..	2	5	7	1	3	4	0	1	1
Unknown ..	..	..	..	..	..	..	1	0	1
Totals	79	57	136	29	22	51	29	7	36
<b>DUNEDIN (Seacliff)—</b>									
Single ..	43	47	90	27	23	50	20	5	25
Married ..	24	19	43	10	6	16	9	4	13
Widowed ..	4	9	13	3	3	6	3	5	8
Totals	71	75	146	40	32	72	32	14	46
<b>HOKITIKA—</b>									
Single ..	16	7	23	11	2	13	10	3	13
Married ..	3	4	7	1	2	3	1	2	3
Widowed ..	1	1	2	..	..	..	0	2	2
Totals	20	12	32	12	4	16	11	7	18
<b>NELSON—</b>									
Single ..	6	1	7	2	1	3	3	1	4
Married ..	4	6	10	1	5	6	2	4	6
Widowed ..	0	3	3	0	2	2	1	3	4
Totals	10	10	20	3	8	11	6	8	14
<b>PORIRUA—</b>									
Single ..	53	17	70	28	10	38	7	3	10
Married ..	28	33	61	18	20	38	9	5	14
Widowed ..	3	12	15	1	2	3	3	5	8
Totals	84	62	146	47	32	79	19	13	32
<b>WELLINGTON—</b>									
Single ..	28	9	37	14	6	20	3	1	4
Married ..	11	17	28	5	16	21	5	1	6
Widowed ..	0	4	4	0	1	1	0	3	3
Totals	39	30	69	19	23	42	8	5	13
<b>ASHBURN HALL—</b>									
Single ..	3	3	6	2	4	6	..	..	..
Married ..	1	4	5	0	3	3	..	..	..
Widowed ..	1	0	1	..	..	..	..	..	..
Totals	5	7	12	2	7	9	..	..	..
<b>TOTALS—</b>									
Single ..	280	128	408	135	68	203	83	20	103
Married ..	138	159	297	57	83	140	51	26	77
Widowed ..	16	38	54	6	14	20	13	28	41
Unknown ..	..	..	..	..	..	..	1	0	1
Totals	434	325	759	198	165	363	148	74	222

TABLE VIII.—NATIVE COUNTRIES.

Countries.	Auckland.			Christchurch			Dunedin (Seacliff).			Hokitika.			Nelson.			Porirua.			Wellington.			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	127	83	210	93	85	178	81	49	130	32	15	47	19	11	30	118	76	194	32	23	55	5	2	7	507	344	851	
Scotland ..	34	10	44	36	21	57	97	62	159	14	4	18	7	4	11	33	24	57	11	4	15	7	5	12	239	134	373	
Ireland ..	58	59	117	47	52	99	85	63	148	39	15	54	14	7	21	55	71	126	22	7	29	2	0	2	322	274	596	
New Zealand ..	132	110	242	110	100	210	133	114	247	42	23	65	42	34	76	99	109	208	67	49	116	11	13	24	636	552	1188	
Australian States	24	6	30	11	9	20	12	12	24	4	2	6	2	3	5	14	7	21	9	2	11	0	1	1	76	42	118	
France ..	2	0	2	1	0	1	0	1	1	..	..	..	..	..	..	1	1	2	..	..	..	..	..	..	4	2	6	
Germany ..	8	4	12	3	1	4	7	1	8	3	0	3	1	0	1	6	3	9	0	5	5	..	..	..	28	14	42	
Austria ..	9	0	9	1	0	1	..	..	..	..	..	..	..	..	..	0	1	1	..	..	..	..	..	..	10	1	11	
Norway ..	0	1	1	3	0	3	6	1	7	..	..	..	..	..	..	2	2	4	1	1	2	..	..	..	12	5	17	
Sweden ..	8	1	9	1	0	1	4	0	4	3	0	3	1	1	2	4	2	6	4	0	4	..	..	..	25	4	29	
Denmark ..	3	1	4	2	1	3	0	2	2	..	..	..	2	0	2	2	0	2	1	0	1	..	..	..	10	4	14	
Italy ..	4	0	4	2	0	2	1	0	1	3	0	3	1	0	1	2	0	2	1	0	1	..	..	..	14	0	14	
South Africa ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	0	1	..	..	1	0	1
China ..	1	0	1	2	0	2	13	0	13	4	0	4	..	..	..	2	0	2	..	..	..	..	..	..	22	0	22	
Maoris ..	18	7	25	1	1	2	1	0	1	..	..	..	..	..	..	7	2	9	1	1	2	..	..	..	28	11	39	
Other countries ..	24	3	27	11	9	20	6	7	13	1	0	1	2	1	3	10	5	15	4	4	8	..	..	..	58	29	87	
Unknown ..	..	..	..	..	..	..	4	1	5	1	0	1	..	..	..	..	..	..	..	..	..	..	..	..	5	1	6	
Totals ..	452	285	737	324	279	603	450	313	763	146	59	205	91	61	152	355	303	658	153	96	249	26	21	47	1997	1417	3414	

TABLE IX.—AGES of PATIENTS on 31st December, 1908.

Ages.	Auckland.			Christchurch.			Dunedin (Seacliff).			Hokitika.			Nelson.			Porirua.			Wellington.			Ashburn Hall (Private M.H.).			Total.		
1 to 5 years ..	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.
5 " 10 " ..	1	1	2	..	..	..	0	2	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	3	4
10 " 15 " ..	..	..	..	1	1	2	..	..	..	1	1	2	..	..	..	1	1	2	..	..	..	..	..	..	3	3	6
15 " 20 " ..	5	1	6	5	1	6	1	1	2	1	0	1	3	0	3	2	1	3	..	..	..	..	..	..	17	4	21
20 " 30 " ..	6	9	15	10	7	17	4	8	12	0	2	2	7	2	9	8	9	17	4	4	8	1	1	2	40	42	82
30 " 40 " ..	49	32	81	44	41	85	59	47	106	14	8	22	13	4	17	41	29	70	16	13	29	2	1	3	238	175	413
40 " 50 " ..	126	69	195	63	53	116	93	67	160	16	13	29	9	14	23	77	53	130	42	23	65	3	4	7	429	296	725
50 " 60 " ..	104	69	173	74	63	137	77	63	140	32	5	37	15	15	30	92	83	175	26	24	50	7	6	13	427	328	755
60 " 70 " ..	74	53	127	49	53	102	95	53	148	21	10	31	17	10	27	74	69	143	37	15	52	5	4	9	372	267	639
70 " 80 " ..	58	31	89	44	40	84	81	50	131	28	14	42	20	9	29	42	46	88	22	9	31	3	5	8	298	204	502
Upwards of 80 ..	27	15	42	30	18	48	37	20	57	19	3	22	7	4	11	15	11	26	4	5	9	4	0	4	143	76	219
Unknown ..	1	3	4	3	2	5	3	2	5	2	0	2	0	3	3	3	1	4	2	3	5	1	0	1	15	14	29
Totals ..	1	2	3	1	0	1	..	..	..	12	3	15	..	..	..	..	..	..	..	..	..	..	..	..	14	5	19
Totals ..	452	285	737	324	279	603	450	313	763	146	59	205	91	61	152	355	303	658	153	96	249	26	21	47	1997	1417	3414

TABLE X.—LENGTH of RESIDENCE of PATIENTS who DIED during 1908.

Length of Residence.	Auckland.	Christ- church.	Dunedin (Seacliff).	Hokitika.	Nelson.	Porirua.	Wellington.	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 ..	5 3 8	5 0 5	5 5 10	1 1 2	0 1 1	1 0 1	1 0 1	..	18 10 28
From 1 to 3 months ..	2 2 4	3 0 3	1 2 3	0 1 1	2 3 5	2 0 2	1 0 1	..	9 8 17
3 " 6 " ..	3 2 5	1 0 1	..	0 1 1	..	5 2 7	2 0 2	..	11 5 16
6 " 9 " ..	1 0 1	2 0 2	3 0 3	4 0 4	0 2 2	2 1 3	..	..	12 3 15
9 " 12 " ..	1 0 1	1 0 1	..	..	..	0 1 1	1 1 2	..	3 2 5
1 " 2 years ..	10 1 11	5 0 5	5 0 5	2 1 3	..	3 2 5	0 2 2	..	27 6 33
2 " 3 " ..	8 4 12	0 1 1	1 1 2	1 0 1	..	2 1 3	2 0 2	..	14 7 21
3 " 5 " ..	4 2 6	3 1 4	3 1 4	..	..	0 1 1	..	..	9 5 14
5 " 7 " ..	1 0 1	..	0 1 1	0 2 2	..	0 1 1	..	..	1 4 5
7 " 10 " ..	2 2 4	0 1 1	3 2 5	..	1 0 1	1 0 1	0 2 2	..	7 7 14
10 " 12 " ..	1 1 2	3 0 3	1 0 1	1 0 1	1 0 1	..	..	..	7 1 8
12 " 15 " ..	..	1 2 3	0 1 1	..	..	0 2 2	..	..	1 5 6
Over 15 years ..	4 2 6	5 2 7	10 1 11	1 1 2	2 2 4	2 1 3	1 0 1	..	26 9 35
Died while absent on trial	1 1 2	..	..	1 0 1	..	1 1 2	..	..	3 2 5
Totals ..	43 20 63	29 7 36	32 14 46	11 7 18	6 8 14	19 13 32	8 5 13	..	148 74 222

TABLE XI.—LENGTH of RESIDENCE of PATIENTS DISCHARGED "RECOVERED" during 1908.

Length of Residence.	Auckland.	Christ-church.	Dunedin (Seacliff).	Hokitika.	Nelson.	Porirua.	Wellington.	Ashburn Hall (Private M.H.).	Total.
	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.
Under 1 month ..	4 1 5	2 0 2	1 1 2	6 0 6	..	6 2 8	1 1 2	1 0 1	21 5 26
From 1 to 3 months ..	11 6 17	7 2 9	7 9 16	..	0 1 1	14 1 15	8 9 17	0 1 1	47 29 76
" 3 " 6 ..	15 9 24	6 5 11	15 9 24	2 1 3	3 2 5	8 7 15	2 4 6	..	49 36 85
" 6 " 9 ..	..	4 5 9	3 3 6	..	0 1 1	3 7 10	2 0 2	0 1 1	20 25 45
" 9 " 12 ..	3 2 5	3 4 7	4 1 5	..	0 1 1	5 3 8	3 5 8	..	18 15 33
" 1 " 2 years ..	1 8 9	3 3 6	1 1 2	2 1 3	..	5 6 11	0 2 2	..	12 21 33
" 2 " 3 ..	2 1 3	0 2 2	2 3 5	1 0 1	..	1 2 3	1 2 3	..	7 11 18
" 3 " 5 ..	..	1 0 1	..	..	..	1 0 1	..	..	3 0 3
" 5 " 7 ..	0 1 1	..	0 1 1	..	..	..	..	..	1 2 3
" 7 " 10 ..	0 1 1	..	..	..	..	1 0 1	1 0 1	..	2 1 3
" 10 " 12 ..	..	..	..	..	..	0 1 1	..	..	1 1 2
" 12 " 15 ..	..	..	..	..	..	..	..	..	..
Over 15 years ..	..	..	..	..	..	..	..	..	..
Totals ..	44 36 80	26 21 47	33 28 61	11 2 13	3 5 8	44 29 73	18 23 41	1 2 3	180 146 326

TABLE XII.—CAUSES of DEATH.

Causes.	Auckland.	Christ-church.	Dunedin (Seacliff).	Hokitika.	Nelson.	Porirua.	Wellington.	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.
Died whilst out on trial..	..	..	..	1 0 1	..	1 1 2	..	..	2 1 3
GROUP I.—GENERAL DISEASES.									
Anæmia ..	..	..	..	..	..	1 0 1	..	..	1 0 1
Cancer ..	1 2 3	1 0 1	1 2 3	..	1 0 1	..	1 0 1	..	5 4 9
Septicæmia ..	..	1 0 1	2 0 2	1 1 2	..	1 0 1	1 0 1	..	6 1 7
Tuberculosis ..	8 1 9	0 1 1	3 4 7	0 1 1	1 1 2	2 3 5	..	..	14 11 25
GROUP II.—DISEASES OF NERVOUS SYSTEM.									
Alcoholism, Exhaustion from ..	1 ..	0 ..	2 ..	..	1 0 1	..	..	..	1 0 1
Apoplexy, Hemiplegia (cerebral hæmorrhage and embolism)	1 2 3	0 3 3	2 1 3	..	0 2 2	..	1 0 1	..	4 8 12
Brain, Organic disease of, not otherwise specified	4 0 4	5 0 5	2 1 3	..	..	2 2 4	1 0 1	..	14 3 17
Cerebral tumour ..	1 0 1	..	..	..	..	1 0 1	..	..	2 0 2
Epilepsy ..	2 3 5	..	3 0 3	2 0 2	..	..	..	..	7 3 10
Mania, Exhaustion from ..	..	1 0 1	0 1 1	..	0 1 1	..	..	..	1 2 3
Melancholia, Exhaustion from ..	..	..	1 0 1	..	..	..	..	..	1 0 1
Paralysis ..	..	..	..	..	0 1 1	..	..	..	0 1 1
" General, of the insane..	10 1 11	2 1 3	7 0 7	..	..	3 0 3	2 0 2	..	24 2 26
GROUP III.—DISEASES OF RESPIRATORY SYSTEM.									
Bronchitis ..	..	..	0 2 2	1 0 1	..	..	..	..	1 2 3
Gangrene of lung ..	..	1 0 1	..	..	..	..	..	..	1 0 1
Pneumonia ..	..	..	1 1 2	2 0 2	1 1 2	1 1 2	..	..	5 3 8
GROUP IV.—DISEASES OF HEART AND BLOOD VESSELS.									
Aortic aneurism, Rupture of ..	1 0 1	..	..	..	..	..	..	..	1 0 1
Heart, Congenital malformation of ..	..	..	..	..	0 1 1	..	..	..	0 1 1
" Degeneration of ..	..	..	2 0 2	..	..	..	..	..	2 0 2
" Disease of, not specified ..	1 0 1	4 1 5	..	..	..	0 1 1	1 0 1	..	6 2 8
" Valvular disease of ..	1 0 1	..	4 1 5	..	..	..	..	..	5 1 6
Syncope ..	2 0 2	1 0 1	..	3 1 4	..	..	..	..	6 1 7
GROUP V.—DISEASES OF DIGESTIVE AND GENITO-URINARY SYSTEMS.									
Bright's disease, Chronic ..	..	..	1 0 1	1 0 1	..	1 0 1	..	..	3 0 3
Diabetes ..	0 1 1	..	..	..	..	..	..	..	0 1 1
Enteritis (not infective) ..	2 0 2	..	..	..	..	..	..	..	2 0 2
Gastritis, Chronic, exhaustion from ..	..	1 0 1	..	..	..	..	..	..	1 0 1
Intestinal obstruction ..	1 0 1	1 0 1	..	..	0 1 1	..	..	..	2 1 3
Parotitis, Suppurative ..	0 1 1	..	..	..	..	..	..	..	0 1 1
Peritonitis (not tuberculous) ..	1 1 2	1 0 1	..	..	..	..	..	..	2 1 3
Stomach, Ulcer of ..	0 6 6	..	..	..	1 0 1	..	..	..	1 6 7



TABLE XII.—CAUSES OF DEATH—*continued.*

Causes.	Auckland.	Christchurch.	Dunedin (Seacliff).	Hokitika.	Nelson.	Porirua.	Wellington.	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.
GROUP VI.—DISEASES OF LYMPHATIC SYSTEM AND DUCTLESS GLANDS.									
Goitre, Asphyxia from .. ..	..	0 1 1	..	..	..	..	..	..	0 1 1
GROUP VII.									
Asthenia .. ..	..	1 0 1	..	0 2 2	..	3 0 3	..	..	4 2 6
Old age (senile decay) .. ..	7 2 9	9 0 9	2 1 3	0 2 2	1 0 1	2 5 7	1 4 5	..	22 14 36
Scarlet fever .. ..	..	..	..	..	..	..	0 1 1	..	0 1 1
GROUP VIII.—ACCIDENT OR VIOLENCE.									
<i>Suicide—</i>									
Asphyxia by hanging .. ..	..	..	1 0 1	..	..	..	..	..	1 0 1
Poisoning .. ..	..	..	..	..	..	1 0 1	..	..	1 0 1
Totals .. ..	43 20 63	29 7 36	32 14 46	11 7 18	6 8 14	19 13 32	8 5 13	Nil.	148 74 222

TABLE XIII.—PRINCIPAL ASSIGNED CAUSES OF INSANITY.

Causes.	Auckland.	Christchurch.	Dunedin (Seacliff).	Hokitika.	Nelson.	Porirua.	Wellington.	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.
Disappointment, anxiety and worry	12 9 21	2 5 7	3 5 8	0 1 1	..	5 5 10	1 0 1	..	23 25 48
Dissolute life .. ..	1 2 3	..	..	..	..	..	..	..	1 2 3
Domestic troubles .. ..	..	..	0 2 2	..	0 3 3	..	..	..	0 5 5
Love affair .. ..	..	0 1 1	..	..	..	..	..	..	0 1 1
Overstudy .. ..	..	..	0 1 1	..	1 0 1	1 0 1	..	..	2 1 3
Overwork (physical) .. ..	2 0 2	2 1 3	..	..	..	1 0 1	..	..	5 1 6
Religious excitement .. ..	..	..	2 5 7	1 0 1	0 1 1	2 3 5	..	..	5 9 14
Shock .. ..	..	..	0 1 1	..	..	..	..	..	0 1 1
Solitary life .. ..	8 0 8	..	..	..	..	2 0 2	..	..	10 0 10
Spiritualism .. ..	..	..	1 0 1	..	..	1 0 1	..	..	2 0 2
Tohungaism .. ..	1 0 1	..	..	..	..	..	..	..	1 0 1
Accident or injury .. ..	3 1 4	..	..	..	..	4 0 4	..	..	7 1 8
Adolescence and pubescence .. ..	1 0 1	3 2 5	0 2 2	..	..	3 4 7	4 1 5	..	11 9 20
Alcoholism .. ..	15 3 18	13 3 16	13 9 22	3 1 4	3 0 3	15 4 19	7 1 8	1 0 1	70 21 91
Asthma .. ..	0 1 1	..	..	..	..	..	..	..	0 1 1
Brain, Organic disease of .. ..	1 1 2	1 0 1	..	..	..	1 0 1	1 0 1	..	4 1 5
Cancer .. ..	1 1 2	..	..	..	..	..	..	..	1 1 2
Cerebral hæmorrhage .. ..	0 1 1	..	1 2 3	1 0 1	..	..	..	..	2 3 5
Cerebral tumour .. ..	0 1 1	..	..	..	..	..	..	..	0 1 1
Child-bearing, Excessive .. ..	..	0 1 1	..	..	..	..	..	..	0 1 1
Chlorodyne habit .. ..	..	..	..	..	..	0 1 1	0 1 1	..	0 2 2
Chorea .. ..	0 1 1	0 3 3	..	0 1 1	..	..	..	..	0 5 5
Climacteric .. ..	0 9 9	..	0 4 4	0 1 1	..	0 3 3	0 3 3	..	0 20 20
Congenital and hereditary .. ..	31 22 53	10 11 21	14 26 40	2 2 4	3 0 3	8 6 14	4 5 9	0 5 5	72 77 149
Diabetes .. ..	..	..	1 0 1	..	..	..	..	..	1 0 1
Enteric fever .. ..	2 0 2	..	1 0 1	..	..	1 0 1	..	..	4 0 4
Epilepsy .. ..	3 4 7	6 4 10	3 2 5	1 0 1	..	6 2 8	2 1 3	2 0 2	23 13 36
Heart-disease .. ..	1 0 1	..	..	..	..	..	..	..	1 0 1
Ill health .. ..	3 3 6	..	..	0 1 1	..	1 0 1	4 6 10	..	8 10 18
Influenza .. ..	1 0 1	..	2 1 3	0 1 1	..	0 1 1	..	..	3 3 6
Lactation .. ..	..	0 1 1	..	..	0 1 1	..	..	..	0 2 2
Morphia, Taking .. ..	..	..	..	..	..	..	1 0 1	..	1 0 1
Neurasthenia .. ..	..	..	..	..	..	0 1 1	..	..	0 1 1
Previous attacks .. ..	..	12 11 23	5 7 12	..	..	5 6 11	7 6 13	..	29 30 59
Privation .. ..	..	1 0 1	..	..	..	1 0 1	2 0 2	..	4 0 4
Puerperal state .. ..	0 1 1	0 4 4	0 1 1	..	..	0 5 5	0 3 3	..	0 14 14
Rheumatic fever .. ..	..	..	0 1 1	..	..	..	..	..	0 1 1
Scarlet fever .. ..	..	..	0 1 1	..	..	..	..	..	0 1 1
Senility .. ..	9 6 15	11 4 15	11 5 16	1 1 2	2 3 5	5 8 13	2 2 4	1 2 3	42 31 73
Sexual .. ..	1 0 1	4 0 4	6 0 6	1 0 1	..	5 0 5	..	1 0 1	18 0 18
Shipwreck .. ..	0 1 1	..	..	..	..	..	..	..	0 1 1
Sight, Loss of .. ..	..	0 1 1	..	..	..	..	..	..	0 1 1
Sunstroke .. ..	..	..	..	..	..	1 0 1	..	..	1 0 1
Syphilis .. ..	10 3 13	5 0 5	8 0 8	..	..	3 0 3	1 0 1	..	27 3 30
Tuberculosis .. ..	1 0 1	1 0 1	..	..	..	..	..	..	2 0 2
Uterine disease .. ..	0 1 1	..	..	..	..	..	..	..	0 1 1
No cause assigned .. ..	19 1 20	8 5 13	..	10 3 13	1 2 3	13 13 26	3 1 4	..	54 25 79
Totals .. ..	126 72 198	79 57 136	71 75 146	20 12 32	10 10 20	84 62 146	39 30 69	5 7 12	434 325 759

TABLE XIV.—FORMER OCCUPATION OF PATIENTS.

Occupation.	Auckland.	Christchurch.	Dunedin (Seacliff).	Hokitika.	Nelson.	Porirua.	Wellington.	Ashburn Hall (Private Mental Hospital).	Total.
Accountants ..	..	..	..	..	..	2	..	..	2
Agent ..	1	..	..	..	..	..	..	..	1
Architect ..	1	..	..	..	..	..	..	..	1
Baker ..	..	..	..	..	..	1	..	..	1
Battery hand ..	1	..	..	..	..	..	..	..	1
Bellringer ..	..	..	1	..	..	..	..	..	1
Blacksmiths ..	..	2	..	1	..	1	..	..	4
Boatman ..	1	..	..	..	..	..	..	..	1
Boilermaker ..	..	..	..	..	..	1	..	..	1
Bookbinder ..	1	..	..	..	..	..	..	..	1
Bootmakers ..	3	..	1	..	..	1	2	1	8
Bottle-gatherer ..	..	..	..	..	..	1	..	..	1
Bricklayers ..	..	..	..	..	..	1	1	..	2
Bushmen ..	1	1	..	..	..	2	..	..	4
Butcher ..	..	..	..	..	..	1	..	..	1
Canvasser ..	1	..	..	..	..	..	..	..	1
Cabdriver ..	..	..	..	..	..	1	..	..	1
Carpenters ..	4	1	4	..	..	3	1	..	13
Caretaker ..	..	..	1	..	..	..	..	..	1
Carters ..	1	1	2	..	..	..	..	..	4
Chemists ..	..	..	..	..	1	..	1	1	3
Chimney-sweep ..	..	..	1	..	..	..	..	..	1
Clerks ..	4	1	1	1	1	4	5	..	17
Coach-painter ..	..	..	..	..	..	1	..	..	1
Coal-miners ..	..	..	..	2	..	..	..	..	2
Commercial travel- lers ..	1	3	..	..	..	..	1	..	5
Commission agent ..	..	..	..	..	..	1	..	..	1
Compositor ..	..	..	1	..	..	..	..	..	1
Contractors ..	1	1	..	..	..	..	..	..	2
Customs officer ..	1	..	..	..	..	..	..	..	1
Dealer ..	..	1	..	..	..	..	..	..	1
Dentists ..	1	..	1	..	..	..	..	..	2
Draper ..	..	..	..	..	..	1	..	..	1
Electric engineers ..	2	..	..	..	..	..	..	..	2
Electrician ..	..	1	..	..	..	..	..	..	1
Engine-drivers ..	1	..	1	..	..	1	..	..	3
Engineers ..	..	1	2	..	..	1	..	..	4
Factory hand ..	..	1	..	..	..	..	..	..	1
Farmers ..	16	15	9	..	..	10	5	1	56
Farm hands ..	..	1	..	..	..	4	..	..	5
Fishermen ..	1	..	..	..	..	1	..	..	2
Fitter ..	..	..	..	..	..	1	..	..	1
Flaxmill hand ..	..	..	..	..	..	1	..	..	1
Gardeners ..	3	1	..	..	..	1	3	..	8
Gentleman ..	1	..	..	..	..	..	..	..	1
Gold-miners ..	..	..	..	6	..	..	..	..	6
Green-grocer ..	..	..	..	..	..	1	..	..	1
Grocer ..	..	1	..	..	..	..	..	..	1
Groom ..	..	1	..	..	..	..	..	..	1
Gum-diggers ..	11	..	..	..	..	..	..	..	11
Hawker ..	..	1	..	..	..	..	..	..	1
Totals ..	126	79	71	20	10	84	39	5	434

MALES.

Occupation.	Auckland.	Christchurch.	Dunedin (Seacliff).	Hokitika.	Nelson.	Porirua.	Wellington.	Ashburn Hall (Private Mental Hospital).	Total.
Horse-trainer ..	..	..	1	..	..	..	..	..	1
Hotelkeeper ..	..	..	..	..	..	..	..	1	1
Ironmoulder ..	..	..	..	..	..	1	..	..	1
Jeweller ..	..	..	..	..	..	..	1	..	1
Jockeys ..	..	..	1	1	..	1	..	..	3
Journalist ..	..	..	1	..	..	..	..	..	1
Labourers ..	26	28	25	6	4	21	13	..	123
Letter-carrier ..	..	..	..	..	..	1	..	..	1
Machinist ..	..	..	1	..	..	..	..	..	1
Mill hand ..	..	..	1	..	..	..	..	..	1
Miners ..	..	5	..	6	..	1	..	..	12
Mining engineer ..	..	..	..	..	..	1	..	..	1
Moulder ..	..	1	..	..	..	..	..	..	1
Musicians ..	..	..	1	1	..	..	..	..	2
No occupation ..	7	9	4	1	3	6	1	..	31
Nurseryman ..	..	1	..	..	..	..	..	..	1
Nurseryman's assistant ..	..	..	1	..	..	..	..	..	1
Painters ..	..	2	..	1	..	..	..	..	3
Pantryman ..	..	1	..	..	..	..	..	..	1
Plumber ..	..	..	..	..	..	1	..	..	1
Ploughman ..	..	..	1	..	..	..	..	..	1
Porters ..	..	..	..	..	..	2	..	..	2
Prospector ..	..	1	..	..	..	..	..	..	1
Purser ..	..	..	..	1	..	..	..	..	1
Rabbitier ..	..	..	..	..	..	..	1	..	1
Railway ganger ..	..	..	1	..	..	..	..	..	1
Saddlers ..	..	2	1	..	..	..	..	..	3
Sawmiller ..	..	..	..	1	..	..	..	..	1
School-boys ..	..	..	..	..	..	3	..	1	4
Seamen ..	11	1	1	1	..	..	1	..	15
Settler ..	..	1	..	..	..	..	..	..	1
Sheep-farmer ..	..	..	..	..	1	..	..	..	1
Shepherd ..	..	1	..	..	..	..	..	..	1
Solicitors ..	..	2	..	..	..	..	..	..	2
Stationer ..	..	1	..	..	..	..	..	..	1
Stonemason ..	..	..	..	..	..	..	1	..	1
Storekeepers ..	..	..	1	..	..	1	..	..	2
Surfaceman ..	..	1	..	..	..	..	..	..	1
Sweep ..	..	1	..	..	..	..	..	..	1
Tailors ..	..	..	..	..	..	2	..	..	2
Tanner ..	..	1	..	..	..	..	..	..	1
Teachers ..	..	2	..	..	..	..	..	..	2
Tinsmith ..	..	1	..	..	..	..	..	..	1
Tram-conductor ..	..	..	..	..	..	1	..	..	1
Verger ..	..	1	..	..	..	..	..	..	1
Warehouseman ..	..	..	1	..	..	..	..	..	1
Watchmaker ..	..	..	..	..	..	1	..	..	1
Woolclasser ..	..	..	1	..	..	..	..	..	1
Totals ..	126	79	71	20	10	84	39	5	434

FEMALES.

Occupation.	Auckland.	Christchurch.	Dunedin (Seacliff).	Hokitika.	Nelson.	Porirua.	Wellington.	Ashburn Hall (Private Mental Hospital).	Total.
Charwoman ..	..	..	1	..	..	..	..	..	1
Clerk ..	..	1	..	..	..	..	..	..	1
Confectioner ..	..	..	..	..	..	1	..	..	1
Cook ..	..	..	..	..	1	..	..	..	1
Domestic duties ..	65	46	66	10	6	57	29	5	284
Dressmakers ..	2	..	1	..	1	..	..	..	4
Factory hand ..	1	..	..	..	..	..	1	..	1
Fruiterer ..	..	..	..	..	..	..	1	..	1
Laundresses ..	..	..	..	..	1	1	..	..	2
Milliners ..	..	1	1	..	..	..	..	..	2
Music-teachers ..	1	..	1	..	..	..	..	..	2
No occupation ..	1	6	2	..	1	1	..	..	11
Saleswoman ..	..	1	..	..	..	..	..	..	1
Schoolgirl ..	..	..	1	..	..	..	..	..	1
School-teachers ..	..	..	..	..	..	2	..	2	4
Shopkeeper ..	..	..	1	..	..	..	..	..	1
Sister of Mercy ..	..	..	..	1	..	..	..	..	1
Tailoress ..	..	..	1	..	..	..	..	..	1
Teachers ..	..	1	..	1	..	..	..	..	2
Waitresses ..	..	..	1	1	..	..	..	..	2
Weaver ..	..	..	1	..	..	..	..	..	1
Totals ..	72	57	75	12	10	62	30	7	325

TABLE XV.—SHOWING the ADMISSIONS, DISCHARGES, and DEATHS, with the MEAN ANNUAL MORTALITY and PROPORTION of RECOVERIES per Cent. of the ADMISSIONS for each Year since 1st January, 1876.

Year.	Admitted.			Discharged.				Died.	Remaining 31st December in each Year.				Average Numbers resident.				Percentage of Recoveries on Admissions.				Percentage of Deaths on Average Numbers resident.					
				Recovered.		Relieved.			Not Improved.																	
..	221	117	338	129	79	208	17	8	25	12	36	12	48	519	264	783	491	257	748	54.53	66.01	57.56	8.21	9.58	6.70	
..	250	112	362	123	57	180	20	9	29	9	42	21	63	581	291	872	541	277	818	49.20	50.80	49.72	7.76	7.58	7.70	
..	247	131	378	121	68	187	14	14	28	6	51	17	68	638	319	957	601	303	904	48.98	51.90	50.00	8.48	5.61	7.52	
..	248	151	387	112	76	188	15	13	28	3	55	16	71	695	361	1,056	666	397	1,003	45.16	50.33	47.11	8.25	4.74	7.07	
..	229	149	378	100	67	167	36	25	61	2	54	20	74	729	396	1,125	703	371	1,074	43.66	44.96	44.17	7.68	5.39	6.89	
..	232	127	359	93	65	158	41	36	77	8	49	14	63	769	406	1,175	747	388	1,135	40.08	51.10	44.01	6.29	3.60	5.55	
..	267	152	419	95	59	154	49	32	81	5	60	19	79	827	442	1,269	796	421	1,217	35.58	38.81	36.75	7.53	4.51	6.49	
..	255	166	421	102	78	180	13	20	33	10	65	18	83	892	483	1,375	860	475	1,335	40.00	46.98	42.75	7.55	3.78	6.21	
..	238	153	391	89	77	166	17	9	26	18	68	24	92	938	514	1,452	911	497	1,408	37.39	50.32	42.45	7.46	4.82	6.53	
..	294	160	454	95	76	171	10	5	15	73	73	22	95	981	542	1,523	965	528	1,493	32.31	47.50	37.66	7.56	4.16	6.86	
..	207	165	372	99	60	159	11	17	28	12	57	19	76	1,009	604	1,613	984	559	1,543	47.82	36.36	42.74	5.79	3.39	4.91	
..	255	161	416	103	78	181	34	17	51	..	74	27	101	1,053	643	1,696	1,034	613	1,647	40.39	48.75	43.61	7.15	4.40	6.13	
..	215	146	361	116	92	208	31	28	59	2	78	26	104	1,041	640	1,681	1,045	641	1,686	53.95	63.01	57.62	7.56	4.05	6.16	
..	230	161	391	93	53	146	31	30	61	3	70	30	100	1,074	687	1,761	1,046	660	1,707	40.43	32.92	37.34	6.69	4.54	5.86	
..	230	160	390	98	88	186	23	17	40	12	76	35	111	1,095	702	1,797	1,078	685	1,763	42.61	55.00	47.69	7.05	5.11	6.29	
..	234	201	435	88	74	162	33	24	57	14	79	41	120	1,115	734	1,849	1,089	699	1,789	37.61	36.82	37.24	7.25	5.86	6.71	
..	231	158	389	89	76	165	21	17	38	8	74	34	108	1,154	763	1,917	1,125	714	1,839	38.53	48.10	42.42	6.58	4.76	5.87	
..	281	179	460	101	89	190	17	12	29	9	78	23	101	1,229	810	2,039	1,172	758	1,930	35.94	49.72	41.30	6.66	3.03	5.23	
..	320	256	576	107	76	183	15	11	26	55	64	35	99	1,308	860	2,168	1,241	812	2,053	39.63	45.18	41.03	5.16	4.31	4.82	
..	379	302	681	105	77	182	24	19	43	128	101	42	143	1,329	885	2,214	1,313	849	2,162	41.27	46.66	43.40	7.69	4.94	6.61	
..	296	170	466	104	70	174	25	16	41	20	86	32	118	1,390	925	2,315	1,347	882	2,229	37.41	44.02	39.82	6.38	3.63	5.29	
..	300	244	544	102	73	175	26	32	8	17	105	43	148	1,440	990	2,430	1,411	944	2,355	35.92	37.82	36.69	7.44	4.55	6.28	
..	355	258	613	114	110	224	13	23	36	104	88	60	148	1,472	1,008	2,480	1,438	973	2,411	44.88	51.89	48.07	6.12	6.17	6.14	
..	264	247	511	88	99	187	15	25	40	7	114	43	157	1,512	1,045	2,557	1,487	1,004	2,491	32.31	44.33	37.58	7.67	4.28	6.30	
..	335	263	598	103	96	199	39	10	49	25	99	46	145	1,581	1,091	2,672	1,534	1,049	2,583	30.74	36.50	33.27	6.45	4.38	5.61	
..	373	224	597	123	104	229	40	17	57	33	102	72	174	1,654	1,119	2,773	1,622	1,094	2,716	39.06	46.64	42.17	6.29	6.58	6.41	
..	352	192	544	135	99	234	26	15	41	10	9	55	175	1,715	1,133	2,848	1,671	1,114	2,785	38.35	51.56	43.01	7.13	4.94	6.28	
..	454	237	691	144	101	245	41	25	66	84	129	44	173	1,771	1,188	2,959	1,741	1,160	2,901	40.56	44.69	42.17	7.41	3.79	5.96	
..	340	240	580	157	106	263	24	13	37	9	120	70	190	1,801	1,237	3,038	1,780	1,198	2,978	46.18	44.17	45.34	6.74	5.84	6.38	
..	399	280	679	149	121	270	45	32	77	23	147	67	214	1,836	1,276	3,112	1,796	1,232	3,028	41.39	48.31	44.19	8.18	5.44	7.07	
..	401	277	678	157	126	283	28	22	50	6	146	85	231	1,900	1,306	3,206	1,823	1,265	3,088	39.75	47.73	42.94	8.01	6.71	7.48	
..	421	279	700	160	139	299	31	19	53	32	168	64	232	1,909	1,331	3,240	1,851	1,285	3,136	44.29	57.68	49.67	9.08	4.98	7.39	
..	434	325	759	180	146	326	9	13	22	9	148	74	232	1,997	1,417	3,414	1,894	1,346	3,240	42.25	45.91	43.82	7.81	5.50	6.85	
9,787	6,543	16,330	3,776	2,855	6,631	834	625	1,459	2,876	1,250	4,126	1,250	4,126	..	..	..	..	..	..	..	..	..	..	..	..	

In mental hospitals, 1st January, 1876  
In mental hospitals, 1st January, 1909

M. 482  
F. 254  
T. 736  
.. 1,997  
.. 3,414

TABLE XVI.—SHOWING the ADMISSIONS, READMISSIONS, DISCHARGES, and DEATHS from the 1st January, 1876, to the 31st December, 1908.

Persons admitted during period from 1st January, 1876, to 31st December, 1908	M. F. T.			M.	F.	T.
Readmissions	..	..	..	1,818	1,481	3,299
Total cases admitted	..	..	..	9,787 6,543 16,330		
Discharged cases—	..	..	..			
Recovered	..	..	..	3,776	2,855	6,631
Relieved	..	..	..	894	625	1,459
Not improved	..	..	..	786	650	1,436
Died	..	..	..	2,876	1,250	4,126
Total cases discharged and died since January, 1876	..	..	..	8,272 5,380 13,652		
Remaining, 1st January, 1876	..	..	..	482 254 736		
Remaining, 1st January, 1909	..	..	..	1,997 1,417 3,414		

TABLE XVII.—SUMMARY of TOTAL ADMISSIONS: PERCENTAGE of CASES since the Year 1876.

	Males.	Females.	Both Sexes.
Recovered	38.58	43.64	40.61
Relieved	8.52	9.55	8.93
Not improved	8.03	9.93	8.79
Died	29.39	19.10	25.27
Remaining	15.48	17.78	16.40
	100.00	100.00	100.00

TABLE XVIII.—EXPENDITURE, out of Public Works Fund, on MENTAL HOSPITAL BUILDINGS, &amp;c., during the Financial Year ended 31st March, 1909, and LIABILITIES at that Date.

Mental Hospitals.	Net Expenditure for Year ended 31st March, 1909.	Liabilities on 31st March, 1909.
	£ s. d.	£ s. d.
Auckland	1,318 8 9	181 10 9
Reception-house at Auckland	61 16 0	..
Wellington	106 10 0	..
Porirua	2,246 13 5	..
Christchurch	4,143 14 11	314 0 0
Seacliff	5,598 4 8	128 19 5
Waitati	86 18 10	..
Dunedin (The Camp)	58 16 9	..
Nelson	1,675 0 0	..
Totals	15,296 3 4	624 10 2

TABLE XIX.—TOTAL EXPENDITURE, out of Public Works Fund, for BUILDINGS and EQUIPMENT at each MENTAL HOSPITAL from 1st July, 1877, to 31st March, 1909.

Mental Hospitals.	1877-1901.	1901-2.	1902-3.	1903-4.	1904-5.
	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
Auckland .. ..	92,789 16 10	2,119 12 6	698 6 1	1,284 4 1	2,413 12 5
Reception-house at Auckland .. ..	.. ..	.. ..	.. ..	.. ..	.. ..
Wellington .. ..	26,470 12 10	162 12 2	1,468 10 2	532 1 10	235 5 9
Wellington (Porirua) .. ..	94,547 8 4	8,560 18 8	2,144 19 1	6,377 15 0	5,387 11 3
Christchurch .. ..	103,486 10 8	43 2 6	155 11 1	4,238 4 11	3,266 1 7
Seacliff .. ..	127,448 4 1	4,666 16 8	4,973 0 1	1,360 17 0	3,229 0 10
Waitati .. ..	.. ..	.. ..	.. ..	.. ..	.. ..
Dunedin (The Camp) .. ..	.. ..	.. ..	.. ..	.. ..	.. ..
Napier .. ..	147 0 0	.. ..	.. ..	.. ..	.. ..
Hokitika .. ..	1,281 9 3	3 7 4	238 17 2	874 11 8	890 16 2
Richmond .. ..	.. ..	.. ..	.. ..	.. ..	.. ..
Nelson .. ..	12,683 9 10	1,186 19 9	487 6 7	1,144 5 8	526 19 10
Totals .. ..	458,849 11 10	16,743 9 7	10,166 10 3	15,912 0 2	15,949 7 10

  

Mental Hospitals.	1905-6.	1906-7.	1907-8.	1908-9.	Total Net Expenditure, 1st July, 1877, to 31st March, 1909.
	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
Auckland .. ..	5,600 7 3	527 17 3	253 7 10	1,318 8 9	107,005 13 0
Reception-house at Auckland .. ..	.. ..	4 10 0	462 10 0	61 16 0	528 16 0
Wellington .. ..	.. ..	482 0 9	198 2 1	106 10 0	29,655 15 7
Wellington (Porirua) .. ..	2,602 14 6	1,175 12 2	2,369 14 10	2,246 13 5	125,413 7 3
Christchurch .. ..	1,944 4 6	1,962 6 5	2,018 2 7	4,143 14 11	121,257 19 2
Seacliff .. ..	1,434 3 6	1,997 4 5	1,313 17 6	5,598 4 8	152,016 8 9
Waitati .. ..	.. ..	320 10 2	252 4 10	86 18 10	659 13 10
Dunedin (The Camp) .. ..	3,014 3 6	899 7 11	918 18 8	58 16 9	4,891 6 10
Napier .. ..	.. ..	.. ..	.. ..	.. ..	147 0 0
Hokitika .. ..	156 11 5	19 7 0	.. ..	.. ..	3,465 0 0
Richmond .. ..	989 4 8	107 14 7	.. ..	.. ..	1,096 19 3
Nelson .. ..	493 17 3	552 8 11	200 0 0	1,675 0 0	18,950 7 10
Totals .. ..	16,235 6 7	8,048 19 7	7,986 18 4	15,296 3 4	565,088 7 6

TABLE XX.—SHOWING THE EXPENDITURE FOR THE YEAR 1908.

Items.	Auckland.	Christchurch.	Dunedin (Seacliff).	Hokitika.	Nelson.	Portrush.	Wellington.	Total.
Inspector-General*	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
Assistant Inspector*	..	..	..	..	..	..	..	924 6 6
Clerks*	..	..	..	..	..	..	..	50 0 0
Medical fees*	..	..	..	..	..	..	..	478 15 0
Contingencies*	..	..	..	..	..	..	..	1,162 7 0
Official Visitors	..	..	..	..	..	..	..	276 18 5
Superintendents	25 4 0	12 12 0	25 4 0	12 12 0	211 5 0	25 4 0	12 12 0	113 8 0
Assistant Medical Officers	600 0 0	600 0 0	600 0 0	211 5 0	211 5 0	600 0 0	600 0 0	3,422 10 0
Visiting Medical Officers	300 0 0	285 8 4	600 0 0	175 0 0	230 11 1	302 6 2	..	1,487 14 6
Clerks	281 2 4	407 10 0	385 15 2	..	100 0 0	307 10 0	160 0 0	1,491 17 6
Matrons	113 15 0	110 0 0	150 0 0	83 15 0	1,488 12 6	113 15 0	96 15 6	768 0 6
Attendants and servants	5,921 4 10	5,521 3 0	9,327 5 10	1,708 14 1	1,295 12 3	6,937 7 3	3,142 1 11	34,046 9 5
Rations	5,692 15 2	5,164 3 10	5,942 3 7	2,132 18 11	1,295 12 3	5,203 13 7	2,931 12 6	28,362 19 10
Fuel, light, water, and cleaning	1,235 10 8	2,211 16 3	2,411 17 8	34 19 1	339 16 2	1,751 2 7	962 18 7	8,948 1 0
Bedding and clothing	1,468 13 6	2,348 15 6	2,878 18 0	332 8 0	149 3 0	1,429 0 6	763 17 11	9,370 16 5
Surgery and dispensary	68 9 4	64 14 0	254 8 8	16 0 5	19 16 8	144 13 8	54 14 0	622 16 9
Wines, spirits, ale, and porter	15 1 0	6 11 0	27 2 0	2 10 10	3 15 6	17 2 0	14 0 0	86 2 4
Farm	536 3 3	2,073 9 0	3,606 15 6	37 18 8	280 8 3	1,702 18 5	417 17 1	8,655 10 2
Buildings and repairs	428 19 6	691 7 11	1,593 0 6	80 12 6	9 9 11	543 8 1	213 1 7	3,555 0 0
Necessaries, incidental, and miscellaneous	1,919 10 1	2,095 8 5	3,862 19 5	411 4 4	758 4 8	2,352 5 1	845 11 11	12,245 3 11
Totals	18,551 8 8	21,592 19 3	31,665 10 4	5,239 18 10	4,886 15 0	21,430 6 4	10,215 3 0	116,474 8 4
Repayments, sale of produce, &c.	4,819 14 8	6,575 8 7	9,632 12 3	475 13 8	1,193 2 3	5,746 8 8	3,123 9 11	31,666 10 0
Actual cost	13,731 14 0	14,917 10 8	22,032 18 1	4,764 5 2	3,693 12 9	15,683 17 8	7,091 13 1	84,807 18 4

\* Not included in Table XXI.

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

Mental Hospital.	Provisions.	Salaries.	Bedding and Clothing.	Fuel, Light, Water, and Cleaning.	Surgery and Dispensary.	Wines, Spirits, Ale, and Porter.	Farm.	Buildings and Repairs.	Necessaries, incidental, and miscellaneous.	Total Cost per Patient.	Repayments for Maintenance.	Total Cost per Head, less Receipts of all kinds.	Total Cost per Head, less Receipts of all kinds previous Year.	Decrease in 1908.	Increase in 1908.
Auckland	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
Christchurch	8 2 5	10 5 1	2 1 10	1 15 3	0 1 11	0 0 0	0 15 3	0 12 1	2 14 9	26 9 3	5 17 5	19 11 9	18 11 5	..	1 0 3
Dunedin (Seacliff)	9 6 1	12 9 11	4 4 7	3 19 8	0 2 4	0 0 2	3 14 8	4 11 1	3 15 6	38 18 1	9 18 0	26 17 6	20 11 5	..	6 0 3
Hokitika	8 2 1	15 2 6	3 18 6	3 5 9	0 6 11	0 0 9	4 18 5	5 2 3	5 5 4	43 3 11	9 6 2	30 1 1	30 4 6	0 3 4	..
Nelson	10 12 2	10 18 0	1 13 1	2 5 0	0 1 7	0 0 3	3 9 10	8 0 4	2 0 11	26 1 4	2 1 1	23 14 0	24 18 0	1 4 0	..
Portrush	8 11 7	13 8 11	0 19 9	2 5 0	0 2 7	0 0 6	1 17 13	1 3 8	3 5 0	32 7 3	7 5 0	23 9 2	20 10 4	0 18 5	3 18 10
Wellington	8 9 6	13 9 11	2 6 6	2 17 0	0 4 8	0 0 1	2 15 5	17 8 1	3 16 7	34 18 0	7 8 4	25 10 10	26 9 4	0 18 5	..
Averages	12 3 3	16 12 10	3 3 4	3 19 11	0 4 6	0 1 2	1 14 8	0 17 8	3 10 2	42 7 8	11 5 8	29 8 6	30 11 2	1 2 8	..
	8 17 5	13 1 2	2 18 7	2 16 0	0 3 10	0 0 6	2 14 2	1 2 3	3 16 7	35 10 9	7 17 9	25 12 7	24 11 8	..	1 0 10

TABLE XXIA.

Including first five items in Table XX	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
..	..	..	..	..	..	..	..	..	..	86 8 10	..	26 10 8	25 11 10	..	0 18 10

TABLE XXIB.

Richmond Home for Feeble-minded ..	14 6 7	34 4 10	3 9 11	1 3 8	..	..	..	..	..	..	..	..	..	..	..
Patients on probation at The Camp	13 15 3	27 5 11	7 7 3	1 9 7	0 4 3	..	1 15 9	..	7 0 3	53 18 5	..	56 18 4	69 11 9	12 13 4	..
	..	..	..	..	..	..	6 8 7	..	9 4 4	68 18 2	7 8 9	60 11 11	55 19 8	..	4 12 2

Approximate Cost of Printing.—Preparation, not given; printing (1,650 copies), £34 12s.

By Authority : JOHN MACKAY, Government Printer, Wellington.—1909.

Price 9d.]