

SESSION II.
1918.
NEW ZEALAND.

MENTAL HOSPITALS OF THE DOMINION

(REPORT ON) FOR 1917.

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

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

MY LORD,—

Wellington, 1st November, 1918.

I have the honour to submit to Your Excellency the report of the Inspector-General of Mental Defectives for the year 1917.

I have, &c.,

G. W. RUSSELL,

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

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

SIR,—

Wellington, 29th June, 1918.

I herewith present the report for the year ended 31st December, 1917.

A summary and analysis of the statistical tables in the appendix shows that the number of patients on the register at the beginning of the year was 4,375 (m., 2,555; f., 1,820); at the end 4,515 (m., 2,611; f., 1,904)—an increase of 140 (m., 56; f., 84). The total number under care during the year was 5,260 (m., 3,062; f., 2,198), being 125 (m., 46; f., 79) more than in 1916, while the average number resident, 4,368 (m., 2,543; f., 1,825), was 117 (m., 60; f., 57) in excess.

The ratio of patients on the register to population, exclusive of Maoris, was 40·64 per 10,000 (m., 47·96; f., 33·62), or 1 patient in 226 (m., 209; f., 297); including Maoris—their number on the register is 54 only—the figures are 39·33 per 10,000 (m., 46·31; f., 32·62), or 1 in 254 (m., 216; f., 307).

The admissions (excluding transfers—m., 37; f., 4) numbered 844 (m., 470; f., 374); the male admissions were 48 lower and the female 13 higher than in the previous year. Among these admissions are included 24 immigrants (6 with a history of previous attacks) who had been here for less than a year.

Of the 844 cases admitted, one-sixth were of patients who had previously been treated to recovery in our institutions, leaving the number of first admissions 709 (m., 411; f., 298), a decrease of 38 males and an increase of 10 females compared with 1916.

The ratio of admissions to population (excluding Maoris) was 7·52 per 10,000, and for first admissions 6·37, or, in other words, every 1,329 persons in the general population contributed an admission, and every 1,570 a first admission. The previous decennial average was 7·47 and 6·13.

The total number of patients discharged (excluding transfers) was 386 (m., 209; f., 177), of which 323 (m., 171; f., 152) were discharged as recovered. The remaining 63 (m., 38; f., 25), though not recovered, were sufficiently well to be placed under the care of relatives or friends.

The percentage proportion of recoveries on admissions was 38·27 (m., 36·38; f., 40·64), as against 37·66 (m., 30·89; f., 47·37) in the previous year, and 39·66 (m., 37·17; f., 43·33) in the average for all years since 1876.

The deaths numbered 318 (m., 205; f., 113), giving a percentage of deaths on the average number resident of 7·28 (m., 8·06; f., 6·19), and on the total number (general register) under care during the year of 6·05 (m., 6·69; f., 5·14). The corresponding percentages for the previous year were 6·80 (m., 8·42; f., 4·52) and 5·63 (m., 6·93; f., 3·77) respectively.

As usual, some persons whose condition was doubtful as regards certification as mentally defective have been received for observation at the instance of the Magistrate. At the beginning of the year there were 7 (m., 3; f., 4) such inmates, and 79 (m., 44; f., 35) were received during the year. Of this number, 46 (m., 27; f., 19) were discharged, 29 (m., 15; f., 14) had to be placed under ordinary reception orders, one woman elected to remain on as a voluntary boarder on the completion of the period of observation, and 10 (m., 5; f., 5) were in residence at the end of the year. These cases do not figure in the statistics, nor do the voluntary boarders, of whom there was a daily average of 20 in the State institutions. At the beginning of the year there were 27 (m., 11; f., 16), and 49 (m., 15; f., 34) were admitted during the year. Twelve only, or 6 of each sex, had ultimately to be placed on the register of patients, 1 died, and 34 (m., 10; f., 24) were discharged, leaving 29 (m., 10; f., 19) resident at the end of the year.

The results in the case of persons remanded for observation and in the treatment of voluntary boarders is very gratifying; many are thereby saved from being committed as patients. Altogether 80 such inmates recovered or left much improved without formal admission as patients, which is highly satisfactory. It means a statistical reduction of the recovery rate, but that is of no real moment. The figures disclose an increasing desire to utilize at an early stage of the disorder the resources of the mental hospital, and in not a few instances ex-patients have returned for a period as voluntary boarders.

The year under review, being two and a half subsequent to the outbreak of war, may be accepted as a typical war year, and some provisional conclusions may be approached on the effect of war conditions on the population of New Zealand in relation to the incidence of mental disorder by analysing the following table.

People are apt to be carried away into hasty conclusions by the total number of those resident in mental hospitals showing a yearly increase, forgetting that accumulation is inevitable. We have a comparatively low death-rate, and though we have a comparatively high recovery-rate and a few patients are discharged unrecovered, the deaths and discharges cannot balance the admissions, and the difference, for the most part, is made up of incurable cases. These patients in institutions live longer than they would outside, and so year after year the numbers go up and become disproportionate to the general population. The true test of the extent of mental disorder in the population is to be found in "occurring" insanity, of which admissions to mental hospitals furnish the best record.

The figures in the table represent the ratio of the patients to 10,000 of the general population in the mean of three pre-war years and in 1917. The patients are divided into age-groups. The exclusion of Maoris from the age-groups from 1910 to 1912 would have entailed much unnecessary labour, and therefore they have not been excluded from the corresponding groups in 1917; but in all cases they are excluded from the total. The value of the figures for comparison is not affected materially; but, as the calculations are based on the general population exclusive of Maoris, the ratio of mentally defective in age-groups including Maori patients will be a fraction too high.

MENTALLY DEFECTIVE PERSONS TO 10,000 OF THE GENERAL POPULATION.

Age-groups.	Mean of Years 1910 to 1912: Admitted in One Year.			1917: Admitted.		
	Males.	Females.	Total.	Males.	Females.	Total.
Under 20	1·13	1·04	1·09	1·62	1·26	1·45
20 to 30	9·29	8·01	8·68	10·42	7·44	8·64
30 to 40	12·07	11·38	11·75	12·38	9·77	11·01
40 to 50	14·79	14·25	14·57	15·35	13·58	14·51
50 to 60	15·95	12·91	14·61	11·75	10·99	11·40
60 to 70	15·72	13·20	14·60	17·67	11·55	14·93
Over 70	31·25	20·72	26·96	23·64	20·71	22·36
All ages	8·42	6·99	7·74	8·45	6·60	7·52

From a glance at the ratio totals it is clear that there is no increase in the incidence of mental disorder. Larger numbers were admitted in 1917, but the population was larger, and relatively to the population the number of males is practically unchanged—of females a fraction fewer—the difference for both sexes representing about 24 patients fewer than warranted by the increase of population since the control pre-war period.

Passing to the analysis of the age-periods, it will be noted that there is a fractional increase in the proportion of males of military age. Since the 1911 census there has been an actual diminution of the general male population between the ages of 20 and 35, and a diminished increase to the age of 45, due to depletion for the Expeditionary Force and restricted immigration. The less physically fit and, broadly speaking, more likely to be subject to mental disorder have been left behind. Further, to the general population of military age was added 6,131 returned soldiers, and 31 of these were received into mental hospitals as patients. Had the returned soldiers been ordinary immigrants one would have expected them to contribute about 7 patients; but these

31 patients must not be accounted as coming from returned soldiers who have been incorporated in the population, but from soldiers abroad who are not included in the population. At the end of the year that body would number not less than 80,000, and an equal number of the left-behind population of the same age and sex contributed between 90 and 100 patients. The surmise of the greater liability to mental disorder among persons rejected for military service is strengthened by these figures, which indicate the relative immunity of the Expeditionary Force. It is surprising, therefore, that the ratio to the general population of males of military age admitted to mental hospitals in 1917 is so very little in excess of the pre-war figures.

When reviewing the higher ages in the tables it is to be remembered that population figures perceptibly diminish when higher ages are reached, and therefore the reduction or addition of a few patients accounts for a more marked divergence from the pre-war standard than with earlier ages. It is interesting to note that the proportion of adult females admitted was consistently lower in 1917, and to reflect that this group in the population includes the wives, mothers, sisters, and other kin of our soldiers. Speculating on the average age of the fathers, in the absence of accurate information, one would place it at between 50 and 60, and our figures show that 4·2 fewer per 10,000 of the male population at that age became mentally disordered in 1917 than in the pre-war period.

The parents and wives of our soldiers have been subjected to great and unusual mental stress, and there were in 1917 no material conditions to counterbalance the stress, which did not exist in 1911, yet the figures disclose that in the very age-groups which include the near and dear the ratio of mental disorder is reduced. The presumption which occurs naturally is that the fathers and mothers of our best are themselves of sterner stuff, and able to withstand anxieties and griefs. Doubtless this is true to a large extent; but the explanation is rather to be found in the nature of the stress and the altruism it has called into being. The determination to resist the barbaric assault on liberty and justice has developed and strengthened the higher emotions, and braced the individual as it has the nation. Next to ensuring that the ruthless ambition of a State or group of States shall be curbed for all time, the rulers of the civilized nations have placed upon them the responsibility to understand, and, understanding, to direct the higher social sense now pervading and uniting their communities, so that the unique opportunity may not be lost to the commonwealth.

Returning to the nature of the stress which has been placed upon the parents, wives, and other relatives, one realizes that it is something terribly real, leaving no room or occasion for morbid vanities or mischievous introspections. These people have met their troubles in the spirit in which the soldiers have met the enemy: they have never doubted the cause nor, even in the dark days, a victorious issue; they have known the worst that could befall them when they bade farewell, and came to look upon anything that was not death as something to be thankful for, while death itself, if it laid the soldier low, brought the bereaved into a morally exalted community of suffering. They have had no reproaches shadowing them, nor have they been weighted by petty vexations; and because they have had to do with great things and have done them greatly, their reason has been preserved.

An imbecile child or a senile parent or grandparent who could no longer be suitably sheltered at home has come under our care in a few instances, but such cases have not been prominent in the past year. The drop in the proportion of senile patients may in some measure be due to cases of some duration having been already parted with. We have again experienced admissions of senile mentally infirm persons from charitable-aid institutions, cases which for a small extra expenditure in dormitory classification and nursing could have been kept on in an Old People's Home. They would have been a little more troublesome and a little more expensive to keep than the other inmates, and their committal as patients to a mental hospital is a convenient shelving of responsibility. I dwell on this subject in my last report, and repeat now what I consider would prove a remedy—namely, that the Charitable Aid Board responsible should pay full maintenance for patients so transferred.

The maximum statutory charge for maintenance is £1 ls. per week. Many patients have neither estate nor relatives able to contribute anything for their support, for some it would be no hardship to pay more than the statutory maximum, and between these extremes are a number paying varying sums according to their means. Altogether £53,650 was received in 1917—a highly satisfactory amount—which, distributed over the daily average of patients and voluntary boarders, works out at £12 7s. 3½d. per head per annum. The total cost of collection (salaries, postages, stationery, &c.) was under 1 per cent., a result which is very creditable to the Receiver.

The total average annual cost per patient in 1917 was £50 17s. 7¾d., a computation which does not include anything for rent for the accommodation supplied. Allow for this, and it is clear that the cost exceeds the statutory maximum charge. Then again, the average cost refers to the average patient, whereas the maintenance of recent and acute patients costs considerably more than a guinea a week. The maintenance expenditure for food, clothing, &c., has risen with the general higher cost of living, and salaries and wages have gone up very materially. It is time, therefore, that the maximum charge was revised. The revision will make no difference to those whose means are inadequate, but we should be in a position to collect twice the present maximum from the well-to-do.

You, sir, have also raised the question of special institutions for those capable of paying a maintenance rate of four guineas and upwards, according to the needs of the particular case. Provision will need to be made to enable us to charge and collect sums in excess of one guinea.

Our receipts for maintenance and from the farms, &c., reduced the total cost quoted above to a net cost of £35 2s. 1¾d. per patient per annum—a very satisfactory figure under present circumstances.

The farm-produce grown on our estates and consumed in the institutions was valued at £17,301, and in addition we received £9,578 for cash sales. The sales are £2,883 higher in Table XXA, which includes credits for hides, fat, &c., not directly produced on our farms. After deducting expenditure, we had a credit balance on the year's work of £8,381.

The buying of stock to provide for our own supply of beef and mutton continues to work satisfactorily at Christchurch, Seacliff, and Hokitika, and an abattoir is about to be erected at Tokanui.

The staff has been much depleted by the number of trained men, including Medical Officers, who have gone to the front. I trust that we shall be in a position to publish a complete Roll of Honour in the next report, and suggest that a memorial be placed in each of the institutions. Great credit is due to the seniors left behind in grappling with the problem of carrying on their duties with an undue proportion of probationers, and I am glad that their devotion and the nature of their duties generally have been recognized by a substantial increase in the salary scale. Very reluctantly we were compelled to appeal for exemption from military service of a number of officers, and I believe against their will. We have gone on the principle that the war was paramount, and that in common with others we would have to suffer some loss of efficiency, and it was only when we reached the limit of safety, when further depletion would have been unfair to the patients, that we appealed for men of some length of service capable of assisting and directing the probationers. Discipline has, of course, suffered from the undue number of new hands, and also from a cause I mentioned in my last year's report—the loss of local control under the Public Service Act. One should have the power to deal with minor delinquents promptly and on the spot, or a certain amount of slackness is bound to creep in, and will in time increase the anxiety of responsible officers from charge attendants and nurses upwards. The probationary period should be increased from one year to three—that is, until a probationer passes the Senior Examination. With local or effective control during the first three years' service our difficulties under the Public Service Act will be largely modified.

The following is the distribution of patients resident in the State mental hospitals on the 29th June, 1918, and the sleeping-accommodation in associated dormitories allowing 600 cubic ft. per bed, and in single rooms:—

Mental Hospital.	Patients.			Accommodation.		
	Males.	Females.	Totals.	Males.	Females.	Totals.
Auckland	658	395	1,053	623	359	982
Seacliff (and Waitati) ..	604	443	1,047	532	403	935
Porirua	580	433	1,013	586	403	989
Christchurch	325	378	703	330	385	715
Hokitika	204	62	266	196	72	268
Nelson	98	105	203	101	107	208
Tokanui	120	44	164	152	49	201
Totals	2,589	1,860	4,449	2,520	1,778	4,298

Over all, this shows a shortage of accommodation equivalent to placing 31 beds in a 30-bed dormitory, or a loss of 20 cubic feet of space per bed. Were the distribution of the patients in different institutions, or in different wards of the same institution, at all uniform, this shortage of accommodation, especially under present conditions, would be negligible. The locality distribution of admissions and discharges is irregular, and cannot be equalized by periodic transfers; there are also many factors limiting the number and classes of transferable patients. In the large institutions male patients are classified in eight to ten wards, and women patients in seven or eight, planned for an average distribution. Thus when a particular class of patient is in excess a particular ward gets crowded, and the excess has to be distributed at night as best it can, and be collected again in the morning. There is a want of elasticity in function in the older type of building, which began as a completed whole for about 600 patients, without any prevision of demands for more than that number. When extensions were carried out it was no easy problem to redistribute the wards in terms of special adaptability for any particular class of cases. The newer type of building, with separate units each for about 50 patients, permits of units being added according to necessity without interfering with the existing structure or its particular function. This is the type which is being built at Tokanui and adapted in most of our recent additions.

At Auckland an addition to the infirmary ward is about completed, and a unit should be added to each of the new auxiliaries, both to meet the need for accommodation and to further classify the patients.

With regard to Seacliff, additional dormitory accommodation has been authorized to enable us to close the institution at The Camp, Otago Peninsula. The Camp was purchased many years ago for the criminal insane, but people in the locality protested against such an institution being started there, and triumphed. The place became an encumbrance. Because of its relatively small size and its distance from supervision, it could be used for a few patients only and of a class which is better and more economically maintained elsewhere. To cut short the unnecessary expenditure it has been decided to remove to Seacliff the 27 patients now resident at The Camp.

Other additions at the southern institution are being carried out at Waitati at the Epileptic Cottage, and two 50-patient units are also to be erected there.

At Christchurch the occupation of the reception and hospital block (four divisions each for 25 patients) has been delayed because of the plaster cracking. When this is remedied it will add to the resources of Sunnyside a building similar to the one which is proving a boon at Porirua. Some addition is needed for ground-floor accommodation for aged patients.

At Nelson it is intended to build one of the pavilions in accordance with the scheme for rebuilding that institution.

At Hokitika some additions are being carried out on the women's side.

At Tokanui the original temporary building is about to be abandoned for its present employment now that the third male unit is almost ready for occupation. A unit of 50 women is now in progress. These buildings at Tokanui will relieve some of the excess at Auckland, but we are nearing the time when we shall be able to admit direct to Tokanui, beginning in the surrounding district, which at present sends patients to the northern institution.

The buildings nearing completion will meet our excess as far as mere accommodation is concerned, but more than that is necessary for satisfactory classification; and all the time one must go on building without pause in order to keep pace with a yearly increment of about 150 patients.

VISITS OF INSPECTION.

I have again to express appreciation of the work of our District Inspectors and Official Visitors, whose manifest interest in their respective institutions and sympathetic regard for the patients is most helpful. My thanks are also due to Miss McLean, who has found time amidst her responsible duties of Matron-in-Chief, N.Z. Army Nursing Service, to pay special visits to the institutions and to hold *viva-voce* examinations in nursing. I have to record with regret the resignations of Mrs. Reynolds and Mrs. Field as Official Visitors at Hokitika and Nelson respectively, and the death of Mr. C. Y. Fell, one of the District Inspectors at Nelson, whose loss is felt by the patients and the Department. Mr. Smail, at Christchurch, and Mr. Cumming, at Seacliff, in the capacity of patients' friends, spend many hours weekly in the institutions, passing freely through the wards, &c., conversing with the patients and helping them when opportunity offers. They send me a weekly report of their work, with special reference to any matter they wish to bring under my notice, and it is very gratifying to learn from them of the general well-being of the patients.

Hereunder are epitomized notes of my visits to the institutions. On these visits, some extending over many days, all the patients are seen and given an opportunity to converse with me. Occasionally there were complaints of wrongful committal or detention, but in no case did investigation bear these out. Such complaints are generally made by patients whose minds are most obviously disordered, but, having no insight of their condition, they naturally feel aggrieved at the loss or restriction of their liberty. On all the visits the food was examined and found to be of good quality and of a high caloric value. The bedding and clothing were satisfactory in kind and quantity. The wards were clean.

Mr. Souter, Chief Clerk at the Head Office, has carried out his usual round of the institutions to check the stock in the stores and wards, and has reported favourably on the card system, and that he found the stock in good order.

Auckland.—Visited in March and November, 1917, and in February and March, 1918. The Wolfe Bequest Hospital has been set aside for soldiers labouring under war neuroses. This has reduced the accommodation at this institution and its amenities for the ordinary patients; but the successful results attending the treatment of the soldiers here has justified the temporary inconvenience. The male infirmary nearing completion will be a great improvement on the past accommodation. The old big dormitory will be transferred into a cheerful day-room, and the sick and infirm will be classified in small associated dormitories and in single rooms. The new auxiliary buildings are already fully occupied, and plans are in preparation for additional units. There have been a number of exacting cases, and the staff has been very much depleted by numbers serving at the front. Dr. Beattie and his senior assistant, Dr. Tizard, both in indifferent health, have worked unremittingly; the junior assistant has not been a permanent officer. A number of the senior attendants and nurses have shouldered the extra burden faithfully.

Sunnyside.—Visited in May, June, and December, 1917, and in February, 1918. The chief want here is an addition to the day- and dining-room accommodation for disturbed and excited women patients, a class which requires more than the usual floor-space in living-rooms. This can be accomplished without great difficulty and economically. The delay in completing the reception building is disappointing. The furniture is being procured and made, so that there will be no further delay once the building is fit for occupation. The resources of the farm, garden, and orchard have been employed to great advantage for the benefit of the patients. The increase in the dairy herd has supplied our needs for butter without reducing the milk item in the dietary, and the Matron has made full use of the orchard by providing a plentiful and varied supply of home-made jam. The diet of the patients is excellent and generous. I was pleased to note the co-operation on the part of the staff to make the institutions as comfortable as possible for the patients. The new auxiliary farm at Templeton is proving the acquisition it promised to be. It was found more profitable to concentrate on the dairy herds and not raise mutton and beef; fat stock has therefore been bought at Addington, and topped off when necessary, so that we have had prime meat supplied and a saving effected. The laundry extension has to wait till after the war, and also the completion of the kitchen renovation, which involves the installation of a series of new-type cooking-pans; meantime the existing apparatus has been altered and arranged to facilitate labour, and Mr. Rose, the engineer, has introduced some ingenious and original electrical heating units.

Seacliff.—Visited in May and December, 1917, and in February, 1918. During the year Dr. Truby King received a call to England to assist in organizing the infant-life-protection

movement. Because of the importance of the matter, especially at the present time, and of Dr. King's special knowledge and power of imparting it, he was given leave without pay, and Dr. McKillop, senior assistant, replaced him at Seacliff as Acting-Superintendent. Dr. McKillop, a Major in the N.Z.M.C. at Gallipoli, had been invalided home, but his health was restored before Dr. King left. By the courtesy of the Defence Department Dr. Gray, another of our officers with considerable experience in mental diseases, was recalled from France, and recently resumed duty at Seacliff. The general health of the patients has been good, and the condition of the patients, their diet and their clothing, and the order maintained throughout the institution, reflect credit on those officiating in Dr. King's absence, and on the staff working under unusually hard conditions at the present time.

Connected with Seacliff are the Camp Auxiliary Mental Hospital (which, as stated above, it is proposed to close) and Waitati. At this last institution the accommodation for epileptic patients is being enlarged and improved. It is also proposed to add two units for 50 patients each. The medical staff also visit the Anzac House Hospital at Karitane.

At Seacliff proper the new reception-cottage for men is working excellently, and without exception the inmates expressed their satisfaction to me on my visits. The same remark applies to the Anzac House Hospital, which for convenience we administer and visit for the Defence authorities, but the inspection of which does not come strictly under this Department. It is placed under the charge of Mr. Maurice Quill, our second head attendant at Seacliff.

The ground-slip towards the north end of the main building makes slight gradual and uniform progress, but is not yet dangerous. It is here that many years ago two isolation cuts were made, and part of the building on the slip was placed on a floating foundation. There is a perceptible twist in a line of single rooms in this locality built in wood. These and a similar row on the male side, both built many years ago, have repaid their original cost, and should be rebuilt after the war. The general store-rooms need extension, and I went into this matter in detail, so that the work could be carried out without delay when the building programme was no longer limited to urgent requirements. A general bathroom in the cloister or ambulatory between the main administration block and the first male pavilion is planned, and should now be proceeded with. The basement here is used for fire appliances, which can be as conveniently placed elsewhere, and is easily and privately reached from both sides of the institution. It will repeat the features instituted at Sunnyside and working there so successfully—of foot-baths, tepid showers, and swimming-pool, as well as ordinary plunge-baths, with dressing and undressing rooms.

Hokitika.—Visited in January and May, 1917, and in February, 1918. Mr. Sellars, who succeeded Mr. Downey as lay Superintendent, is carrying the institution on in its old successful traditions. Miss Williams, the newly appointed Matron, was transferred to the Education Department, and was succeeded by Miss Drummond, from Seacliff. The laundry has no machinery, and though hand washing can be carried on for some time yet, a proper drying-chamber is necessary. Hitherto, with a plentiful supply of clothing, delay in the laundry owing to wet weather, &c., did not make any material difference, but the obligation to keep expenditure down when prices for clothing are so high and our class of goods practically unprocureable has accentuated the primitive laundry arrangements. This institution is very old, and has almost served its time. The recognition of this fact has kept us from introducing modern kitchen and laundry appliances until they formed a unit of the rebuilding scheme. Old though it be, the institution is kept scrupulously clean, and the patients are comfortably provided for.

Nelson.—Visited in January and July, 1917, and in January, 1918. The drainage alterations were completed, and many small works have been carried out pending the rebuilding. The old institution continues to shelter the patients comfortably, being kept scrupulously clean and in good order. The patients are well fed and clothed. Dr. Hassell's health had been indifferent towards the latter part of last year, and in January this year Dr. Jeffreys exchanged positions with him, and already he has benefited by the change of work and scene, and hopes soon to resume duty at Porirua.

Porirua.—Visited in January, February, March, April, June, July, August, September, 1917, and in January and April, 1918. The principal feature since last report is the occupation of the reception and hospital block, which is beautifully situated, apart from the main Mental Hospital, and is well adapted for its purpose. There has been a very large depletion of the Porirua staff as a result of the war, and therefore the work of the senior officers has been very anxious. Dr. Moore was transferred to Auckland, and Dr. Prins entered the service towards the end of the year, and after doing interim duty at Sunnyside, and was stationed at Porirua. Dr. Jeffreys relieved Dr. Hassell in January. The piping of the septic-tank effluent into the harbour is progressing satisfactorily. The purchase of the Mitchell property adjoining the Mental Hospital estate is a noteworthy addition to our resources. A patient was admitted suffering from cerebro-spinal meningitis. Fortunately the condition was immediately diagnosed, and precautions were taken against infection, which proved successful. The automatic-telephone service between the different parts of the institution and the officers' quarters is proving useful and most convenient.

Tokanui.—Visited in January, March, November, and December, 1917, and in February, 1918. The third male unit is about ready for occupation, and arrangements are being made for furnishing. The hot-water supply is still to be carried to it. When this is completed the first building (temporary) can be dismantled, and partly re-erected on a distant part of the estate at headquarters for working the land in that locality. The main road to this point is very bad in winter, and daily transport means a large shrinkage of working-hours. The second unit for women patients is now being built. The next most urgent requirements are the laundry and administration offices and stores. The fire service is now installed, and has been done by our own labour. We have also fitted up a cool chamber. It has been almost impossible to get a sufficient number of competent ploughmen to bring the undeveloped lands under cultivation,

and this, combined with the expense of fencing-material, the difficulty of transport, and other factors, has made us concentrate on the area nearer the buildings. This is in a high state of cultivation, and with a fair acreage now in permanent pasture we shall soon be well placed to direct the full energy of the workers to breaking up new country. We have a very good take of lucerne, and our cropping returns demonstrate that with careful cultivation really good results can be got from this soil. A start has been made to bring in the block south of the road from the creamery to Waikeria.

Ashburn Hall.—Visited in May and December, 1917, and in February, 1918. This private licensed hospital is under Dr. Will, who takes a kindly and individual interest in the patients. In common with all institutions, this one has had its troubles with depletion of staff and changes among the probationers, but apparently every effort has been made by the management to prevent this factor from inconveniencing the patients. There are very few cases of acute mental trouble, and for the majority of the patients the institution is a comfortable home.

In conclusion I have to thank the staff of the Head Office, who have worked short-handed and at times under high pressure, but always willingly.

I have, &c.,
FRANK HAY.

MEDICAL SUPERINTENDENTS' REPORTS.*

AUCKLAND MENTAL HOSPITAL.

Dr. BEATTIE reports:—

We had 1,235 patients under treatment during 1917, as compared with 1,216 in 1916. The average numbers resident were 633 males and 384 females, giving a total of 1,017. The number admitted during the year was 225. This number was considerably less than that of last year, when 268 were added to our numbers. Of the 135 males admitted, 45 were labourers and 16 farmers. The chief causes were congenital deficiency (32), heredity (24), senility (18), alcohol (16), and syphilis (15). At the end of the year 1,061 patients remained on the books, an increase for the year of 51.

It is necessary to point out that during the year no additions were made to our accommodation. Our refractory wards, both male and female, were very much overcrowded, and with the prospect of a considerable increase in the coming year the successful administration of the Hospital becomes wellnigh impossible. If we are not to build in anticipation of patients, or be able to transfer friendless patients to other institutions, it becomes essential to make annual additions to our accommodation to meet our increasing population and provide for classification.

The returned soldiers have not added appreciably to our numbers. The few cases admitted have been due to causes outside the war. I do not anticipate a large increment as a direct result of the war, but we have probably not yet begun to feel the effects of the many contributing factors which the war has introduced.

The recovery-rate was: For males, 37·04 per cent., and for females, 33·33 per cent. The death-rate was: For males, 9·32 per cent., and for females, 8·07 per cent.

Two female deaths were caused by typhoid fever. No defect was discovered in drainage or in water or milk supply. The mild epidemic was probably due to a carrier. It is generally easy to ascertain the previous existence of typhoid when considering our European patients, but it becomes practically impossible in the case of Maoris. My opinion inclines to the belief that Maoris are responsible for our outbreaks. Examination has revealed the existence of several Maori carriers.

In addition to our ordinary committals 46 patients were sent to us on remand. Of these, 11 were ultimately committed. The remainder were discharged recovered, or will be so. We had also 6 voluntary boarders.

The general activities of the Hospital have been carried on as usual. The administration has been more difficult and anxious than usual on account of the numbers who have left us for military service and the difficulty of securing suitable candidates to fill their places. I have had, as is usual, to rely upon the loyalty and fidelity of the senior staff, but more so this year than previously. We fully realize the insignificance of our difficulties in the face of the immensity of our national crisis.

My thanks are due to the District Inspector, the Official Visitors, the Medical Officers, and staff generally for the advice and support which have been loyally accorded me.

SUNNYSIDE MENTAL HOSPITAL.

Dr. GRIBBEN reports:—

At the beginning of the year 1917 there were 692 patients on the register, of whom 333 were males and 359 females. During the year there were admitted 73 males and 63 females, and at the end of the year there were remaining 748 patients, an increase of 56 for the year. There were 44 deaths, giving a death-rate of 6·3 per cent. on the average number resident. There were 30 recoveries (14 males, 16 females), giving a rate of 22 per cent. on the admissions.

The health of the patients was generally good. There was, of course, the usual proportion of senile cases, which fill up the infirmary wards and, especially under present conditions, severely tax the senior and experienced members of the staff. I think it is a pity that something definite

* Dr. Truby King was unable to furnish a report on Seacliff, as the returns were not prepared when he left for England early in January, 1918.

is not done in the way of amending the law so that this class of patient, who after all is merely suffering from a physiological senile degeneration, could be treated in institutions for old people apart altogether from mental hospitals.

There was one suicide during the year, that of a male patient who, while engaged with a working-party at the new reception block, suddenly rushed up a ladder on to the eave of the building and threw himself head foremost to the ground.

As a result of the acquisition of land at Templeton it has been possible to considerably extend farming operations. The buying and killing of our own stock continues an unqualified success. Taking into account all charges, our meat for last year cost us—for mutton 5·67d. per pound, and for beef 4·96d. per pound. I need not point out that this, for first-quality meat, under present conditions, is much better than could be done under any other system of supply.

War conditions have, of course, added to the difficulties of administration, but the officers and members of the staff generally have loyally and energetically co-operated to meet the altered conditions.

The patients' entertainments have been continued, and I am indebted to a number of ladies and gentlemen in Christchurch for books, magazines, and periodicals.

PORIRUA MENTAL HOSPITAL.

Dr. HASSELL reports:—

The total number of patients under care during the year was 1,239 (730 males and 509 females), while the average number resident was 967 (560 males and 407 females). 205 (124 males and 81 females) were admitted for the first time, and in addition 50 patients were readmitted and 2 transferred from other mental hospitals. Of those discharged, 118 (72 males and 46 females) had recovered, which makes a recovery-rate of 46·27 per cent. of the number admitted. The total number of deaths was 77, which amounts to nearly 8 per cent. of the average number of patients in residence. Both recovery and death rates were somewhat higher than in former years. About half of the deaths were caused by senile decay (18 cases), phthisis (12 cases), and general paralysis (8 cases).

Not included in the above statistics were 11 cases who gained admission by voluntary request, of whom 3 had subsequently to be committed owing to an accentuation of their mental disorder, 1 died from general debility, and 7 were discharged relieved or recovered.

The event of most importance during the year was the completion and opening of the new home designed to accommodate two classes of cases—first the early cases and convalescents, and secondly the physically sick. The home largely consists of four pavilions, two for male and two for female patients, and is so constructed that the two classes of cases are treated apart. Besides the pavilion dormitories there are a number of single bedrooms for special cases. Altogether upwards of 50 male and 50 female patients can be accommodated. The whole forms a very convenient and well-equipped institution, to which is attached a home for 30 nurses. The situation is good, well away from and out of sight of the main Mental Hospital, and on a hill which in the early days, when Porirua was well populated by Maoris, was called “Ra-uta.” This name has been adopted by the Department for the new home.

At the end of the year the installation of the automatic-telephone exchange was almost completed, and since then the system has proved a great convenience and a valuable aid to administration. Now all wards in the main building, in the auxiliary buildings, and at “Ra-uta” are in direct telephonic communication with my office and house, as well as with the Assistant Medical Officers' residences and other senior officers' quarters.

For many years the large volume of effluent (amounting to upwards of 50,000 gallons in the twenty-four hours) from the septic tanks has been discharged into the stream which flows through the property into the Porirua River some distance above the township. To prevent any contamination of that stream, which was certainly noticeable in the dry summer weather, it was decided to lay a sewer to carry the effluent past the township and discharge it into the harbour. Preparation for this work has been in hand, and I hope it will be completed during the current year.

The general health of the inmates has been satisfactory. No epidemic invaded the institution, although two isolated cases of typhoid fever occurred in the female wards. I regret to have to record two serious accidents: one to a patient working on the farm, who threw himself from the hay-loft and injured his spine and died shortly afterwards, and the other a suicide in the case of a parole patient who was living at “Ra-uta.” Details of these cases were duly forwarded to you.

War conditions again seriously interfered with the working of the Hospital, and it was impossible to procure sufficient attendants and nurses. The shortage varied, and at its worst reached as much as 21 per cent. of the complement of attendants and 24 per cent. of the nurses.

Dr. Hodgson, who was transferred from Seacliff Mental Hospital in May, 1915, was permitted by the Department to join the New Zealand Expeditionary Force in the autumn. I regretted losing the services of so valuable an officer. His going was made possible by the generous offer of Dr. Levinge, who, as senior Medical Superintendent in the service, had retired about twelve years previously. Dr. Levinge offered to rejoin the service and take a junior position in order to release a Medical Officer for military duty. Dr. Levinge commenced duty on the 1st March, and in the following month Dr. Moore also joined the medical staff. Dr. Levinge resigned at the end of September, and about the same time Dr. Moore was transferred to the Auckland Mental Hospital owing to bad health. They were succeeded by Dr. W. Simpson, who had recently returned from the front, and by Mr. Roberts, who was a senior student of medicine of the Otago University. Fortunately there were no changes in the personnel of the senior officers of the various departments of the Hospital.

APPENDICES.

APPENDIX I.

TABLE I.—SHOWING THE ADMISSIONS, READMISSIONS, TRANSFERS, DISCHARGES, AND DEATHS IN MENTAL HOSPITALS DURING THE YEAR 1917.

	M.	F.	T.		M.	F.	T.
In mental hospitals, 1st January, 1917	2,555	1,820	4,375				
Admitted for the first time	411	298	709				
Readmitted	59	76	135				
Transfers	37	4	41				
Total under care during the year	3,062	2,198	5,260				
Discharged and died—							
Recovered	171	152	323				
Relieved	32	20	52				
Not improved	6	5	11				
Transferred	37	4	41				
Died	205	113	318				
	451	294	745				
Remaining in mental hospitals, 31st December, 1917	2,611	1,904	4,515				
Increase over 31st December, 1916	56	84	140				
Average number resident during the year	2,543	1,825	4,368				

TABLE II.—ADMISSIONS, DISCHARGES, AND DEATHS, WITH THE MEAN ANNUAL MORTALITY AND PROPORTION OF RECOVERIES, ETC., PER CENT. ON THE ADMISSIONS, ETC., DURING THE YEAR 1917.

Mental Hospitals.	In Mental Hospitals on 1st January, 1917.			Admissions in 1917.									Total Number of Patients under Care.		
				Admitted for the First Time.			Not First Admission.			Transfers.					
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Auckland	629	381	1,010	114	78	192	21	12	33	..	..	..	764	471	1,235
Christchurch	333	359	692	65	51	116	6	10	16	2	2	4	406	422	828
Dunedin (Seacliff)	592	422	1,014	74	60	134	11	17	28	4	1	5	681	500	1,181
Hokitika	196	67	263	14	10	24	0	1	1	..	..	..	210	78	288
Nelson	99	120	219	9	12	21	2	5	7	..	..	..	110	137	247
Porirua	585	397	982	124	81	205	19	31	50	2	0	2	730	509	1,239
Tokanui	100	49	149	..	..	..	..	..	..	27	0	27	127	49	176
Ashburn Hall (private mental hospital)	21	25	46	11	6	17	..	..	..	2	1	3	34	32	66
Totals	2,555	1,820	4,375	411	298	709	59	76	135	37	4	41	3,062	2,198	5,260

Mental Hospitals.	Patients discharged and died.									In Mental Hospitals on 31st December, 1917.					
	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	50	30	80	2	2	4	59	31	90	111	63	174	653	408	1,061
Christchurch	14	16	30	4	2	6	26	18	44	44	36	80	362	386	748
Dunedin (Seacliff)	26	41	67	13	5	18	37	25	62	76	71	147	605	429	1,034
Hokitika	5	6	11	2	2	4	17	3	20	24	11	35	186	67	253
Nelson	2	12	14	2	1	3	6	10	16	10	23	33	100	114	214
Porirua	72	46	118	46	14	60	55	22	77	173	82	255	557	427	984
Tokanui .. .. .	..	..	..	1	0	1	3	3	6	4	3	7	123	46	169
Ashburn Hall (private mental hospital)	2	1	3	5	3	8	2	1	3	9	5	14	25	27	52
Totals	171	152	323	75	29	104	205	113	318	451	294	745	2,611	1,904	4,515

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	633	384	1,017	37.04	33.33	35.56	9.32	8.07	8.85	43.70	34.44	40.00
Christchurch	329	364	693	19.72	26.23	22.73	7.90	4.95	6.35	36.62	29.51	33.33
Dunedin (Seacliff)	596	423	1,019	30.59	53.25	41.36	6.21	5.91	6.08	43.53	32.47	38.27
Hokitika	191	64	255	35.71	54.55	44.00	8.90	4.69	7.84	121.43	27.27	80.00
Nelson	93	109	202	18.18	70.59	50.00	6.45	9.17	7.92	54.55	58.82	57.14
Porirua	560	407	967	50.35	41.07	46.27	9.82	5.41	7.96	49.11	19.64	30.20
Tokanui	118	48	166	..	..	..	2.54	6.25	3.61	..	..	..
Ashburn Hall (private mental hospital)	23	26	49	18.18	16.67	17.65	8.70	3.85	6.12	18.18	16.66	17.65
Totals	2,543	1,825	4,368	36.38	40.64	38.27	8.06	6.19	7.28	43.62	30.21	37.68

TABLE III.—AGES OF ADMISSIONS

Ages.	Auckland.			Christchurch.			Dunedin (Seaciff).			Hokitika.			Nelson.			Porirua.			Tokanui.			Ashburn Hall (Private Mental Hospital).			Total.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 5 years ..	0	1	1	2	1	3	..	..	..	..	..	..	2	0	2	2	0	2	..	..	..	..	..	..	4	1	5
From 5 to 10 years ..	..	..	..	4	1	5	..	..	..	..	..	..	1	0	1	0	2	2	..	..	..	..	..	..	3	3	6
" 10 " 15 "	..	..	..	5	3	8	..	..	..	..	..	..	2	1	3	0	4	4	..	..	..	..	..	..	9	8	17
" 15 " 20 "	..	..	..	8	14	22	15	13	28	2	0	2	1	5	6	22	20	42	..	..	..	0	1	1	22	17	39
" 20 " 30 "	..	..	..	12	11	23	20	22	42	3	2	5	1	1	2	34	27	61	..	..	..	1	0	1	68	72	140
" 30 " 40 "	..	..	..	15	11	26	15	21	36	3	3	6	1	3	4	33	28	61	..	..	..	3	3	6	107	91	198
" 40 " 50 "	..	..	..	6	4	10	9	4	13	1	4	5	0	3	3	19	13	32	..	..	..	3	1	4	105	85	190
" 50 " 60 "	..	..	..	11	9	20	7	6	13	0	2	2	0	2	2	16	6	22	..	..	..	2	1	3	51	41	92
" 60 " 70 "	..	..	..	6	3	9	6	6	12	3	0	3	0	1	1	5	5	10	..	..	..	1	0	1	49	26	75
" 70 " 80 "	..	..	..	2	4	6	6	3	9	2	0	2	3	0	3	4	1	5	..	..	..	1	0	1	24	21	45
" 80 " 90 "	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	20	9	29
Unknown	8	0	8	2	2	4	4	1	5	..	..	..	..	..	..	2	0	2	..	..	..	2	1	3	37	4	41
Transfers ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	8	0	8
Totals ..	135	90	225	73	63	136	89	78	167	14	11	25	11	17	28	145	112	257	27	0	27	13	7	20	507	378	885

TABLE IV.—DURATION OF DISORDER ON ADMISSION.

	Auckland.			Christchurch.			Dunedin (Seaciff).			Hokitika.			Nelson.			Porirua.			Tokanui.			Ashburn Hall (Private Mental Hospital).			Total.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
First Class (first attack and within 3 months on admission)	90	66	156	37	26	63	33	35	68	6	2	8	1	3	4	100	55	155	..	..	..	8	3	11	275	190	465
Second Class (first attack above 3 months and within 12 months on admission)	11	7	18	4	9	13	15	6	21	3	3	6	..	..	..	5	5	10	..	..	..	3	1	4	41	31	72
Third Class (not first attack, and within 12 months on admission)	22	9	31	12	11	23	5	24	29	4	6	10	2	7	9	26	37	63	..	..	..	0	1	1	71	95	166
Fourth Class (first attack or not, but of more than 12 months on admission)	12	8	20	18	15	33	32	12	44	1	0	1	8	7	15	12	15	27	..	..	..	0	1	1	83	58	141
Unknown	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Transfers ..	..	..	..	2	2	4	4	1	5	..	..	..	..	..	..	2	0	2	27	0	27	2	1	3	37	4	415
Totals ..	135	90	225	73	63	136	89	78	167	14	11	25	11	17	28	145	112	257	27	0	27	13	7	20	507	378	885

TABLE VII.—CONDITION AS TO MARRIAGE.

							Admissions.			Discharges.			Deaths.			
							M.	F.	T.	M.	F.	T.	M.	F.	T.	
AUCKLAND—																
Single ..	..	..	..	..	..	..	75	31	106	27	10	37	34	8	42
Married ..	..	..	..	..	..	..	54	50	104	22	22	44	20	11	31
Widowed ..	..	..	..	..	..	..	6	9	15	3	0	3	5	12	17
Unknown ..	..	..	..	..	..	..				
Transfers ..	..	..	..	..	..	..				
Totals ..	..	..	..	..	..	..	135	90	225	52	32	84	59	31	90
CHRISTCHURCH—																
Single ..	..	..	..	..	..	..	25	26	51	7	4	11	14	6	20
Married ..	..	..	..	..	..	..	40	23	63	8	11	19	9	7	16
Widowed ..	..	..	..	..	..	..	6	12	18	2	2	4	3	5	8
Unknown ..	..	..	..	..	..	..				
Transfers ..	..	..	..	..	..	..	2	2	4	1	1	2			
Totals ..	..	..	..	..	..	..	73	63	136	18	18	36	26	18	44
DUNEDIN (Seacliff)—																
Single ..	..	..	..	..	..	..	46	36	82	10	22	32	19	10	29
Married ..	..	..	..	..	..	..	29	32	61	23	23	46	12	10	22
Widowed ..	..	..	..	..	..	..	10	9	19	3	0	3	6	5	11
Unknown ..	..	..	..	..	..	..				
Transfers ..	..	..	..	..	..	..	4	1	5	3	1	4			
Totals ..	..	..	..	..	..	..	89	78	167	39	46	85	37	25	62
HOKITIKA—																
Single ..	..	..	..	..	..	..	9	1	10	5	2	7	14	1	15
Married ..	..	..	..	..	..	..	2	6	8	2	4	6	0	1	1
Widowed ..	..	..	..	..	..	..	3	4	7	0	2	2	3	1	4
Unknown ..	..	..	..	..	..	..				
Transfers ..	..	..	..	..	..	..				
Totals ..	..	..	..	..	..	..	14	11	25	7	8	15	17	3	20
NELSON—																
Single ..	..	..	..	..	..	..	8	7	15	3	3	6	4	5	9
Married ..	..	..	..	..	..	..	3	7	10	1	8	9	1	2	3
Widowed ..	..	..	..	..	..	..	0	3	3	0	2	2	1	3	4
Unknown ..	..	..	..	..	..	..				
Transfers ..	..	..	..	..	..	..				
Totals ..	..	..	..	..	..	..	11	17	28	4	13	17	6	10	16
PORIRUA—																
Single ..	..	..	..	..	..	..	78	38	116	52	20	72	29	7	36
Married ..	..	..	..	..	..	..	54	59	113	34	31	65	18	9	27
Widowed ..	..	..	..	..	..	..	11	15	26	3	8	11	8	6	14
Unknown ..	..	..	..	..	..	..				
Transfers ..	..	..	..	..	..	..	2	0	2	29	1	30			
Totals ..	..	..	..	..	..	..	145	112	257	118	60	178	55	22	77
TOKANUI—																
Single ..	..	..	..	..	..	..				1	0	1	2	2	4
Married ..	..	..	..	..	..	..							1	1	2
Widowed ..	..	..	..	..	..	..				
Unknown ..	..	..	..	..	..	..				
Transfers ..	..	..	..	..	..	..	27	0	27						
Totals ..	..	..	..	..	..	..	27	0	27	1	0	1	3	3	6
ASHBURN HALL (private mental hospital)—																
Single ..	..	..	..	..	..	..	2	1	3	2	2	4	1	0	1
Married ..	..	..	..	..	..	..	7	4	11	1	1	2	1	0	1
Widowed ..	..	..	..	..	..	..	2	1	3				0	1	1
Unknown ..	..	..	..	..	..	..				
Transfers ..	..	..	..	..	..	..	2	1	3	4	1	5			
Totals ..	..	..	..	..	..	..	13	7	20	7	4	11	2	1	3
TOTALS—																
Single ..	..	..	..	..	..	..	243	140	383	107	63	170	117	39	156
Married ..	..	..	..	..	..	..	189	181	370	91	100	191	62	41	103
Widowed ..	..	..	..	..	..	..	38	53	91	11	14	25	26	33	59
Unknown ..	..	..	..	..	..	..				
Transfers ..	..	..	..	..	..	..	37	4	41	37	4	41			
Totals ..	..	..	..	..	..	..	507	378	885	246	181	427	205	113	318

TABLE VIII.—NATIVE COUNTRIES.

Countries.	Auckland.			Christchurch.			Dunedin (Sea-cliff).			Hokitika.			Nelson.			Porirua.			Tokanui.			Ashburn Hall (Private M.H.).			Totals.		
	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..	156	87	243	80	98	178	106	60	166	30	14	44	7	8	15	163	94	257	31	7	38	4	6	10	577	374	951
Scotland ..	34	18	52	23	17	40	98	76	174	14	6	20	3	6	9	50	25	75	4	0	4	6	1	7	232	149	381
Ireland ..	76	48	124	48	50	98	80	55	135	42	12	54	12	7	19	56	65	121	15	7	22	..	..	..	329	244	573
New Zealand ..	225	263	428	179	195	374	257	215	472	62	29	91	58	65	123	210	201	411	58	32	90	15	16	31	1,064	956	2,020
Australian States ..	37	11	48	12	10	22	24	19	43	11	4	15	1	4	5	32	15	47	3	0	3	0	4	4	120	67	187
France ..	2	1	3	..	..	..	..	..	..	..	..	..	2	0	2	1	0	1	..	..	..	..	..	..	5	1	6
Germany ..	5	3	8	3	1	4	9	1	10	5	0	5	1	0	1	4	8	12	1	0	1	..	..	..	28	13	41
Austria ..	20	2	22	1	1	2	1	0	1	..	..	..	1	0	1	0	1	1	4	0	4	..	..	..	27	4	31
Norway ..	2	1	3	..	..	..	4	0	4	1	1	2	..	..	..	1	1	2	1	0	1	..	..	..	9	3	12
Sweden ..	6	1	7	3	0	3	3	0	3	5	0	5	..	..	..	6	3	9	1	0	1	..	..	..	24	4	28
Denmark ..	2	1	3	3	1	4	2	1	3	..	..	..	..	..	..	8	0	8	1	0	1	..	..	..	16	3	19
Italy ..	5	0	5	..	..	..	1	0	1	7	0	7	1	0	1	4	0	4	..	..	..	..	..	..	18	0	18
Ghina ..	1	0	1	2	0	2	12	0	12	6	0	6	..	..	..	2	0	2	1	0	1	..	..	..	24	0	24
Maoris ..	22	14	36	0	1	1	2	0	2	..	..	..	2	1	3	7	4	11	1	0	1	..	..	..	34	20	54
Other countries ..	28	7	35	7	9	16	6	2	8	3	0	3	..	..	..	13	10	23	1	0	1	..	..	..	58	28	86
Unknown ..	32	11	43	1	3	4	..	..	..	0	1	1	12	23	35	..	..	..	1	0	1	..	..	..	46	38	84
Totals ..	653	408	1,061	362	386	748	605	429	1,034	186	67	253	100	114	214	557	427	984	123	46	169	25	27	52	2,611	1,904	4,515

TABLE IX.—AGES OF PATIENTS ON 31ST DECEMBER, 1917.

Ages.	Auckland.			Christchurch.			Dunedin (Sea-cliff).			Hokitika.			Nelson.			Porirua.			Tokanui.			Ashburn Hall (Private M.H.).			Totals.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
From 1 to 5 years	1	1	2	0	2	2	..	..	..	2	0	2	0	1	1	..	..	..	..	..	..	3	4	7
" 5 " 10 "	1	1	2	..	..	..	..	..	..	1	0	1	2	3	5	..	..	..	..	..	..	4	4	8
" 10 " 15 "	6	4	10	3	1	4	..	..	..	10	2	12	7	13	20	..	..	..	..	..	..	28	25	53
" 15 " 20 "	5	9	14	10	8	18	..	..	..	5	3	8	10	14	24	3	0	3	0	1	1	39	43	82
" 20 " 30 "	30	39	69	40	40	80	9	4	13	11	8	19	90	55	145	15	6	21	1	1	2	265	207	472
" 30 " 40 "	90	84	174	137	82	219	38	9	47	12	18	30	143	108	251	29	7	36	4	2	6	592	390	982
" 40 " 50 "	80	85	165	149	104	253	38	16	54	18	28	46	116	92	208	41	15	56	3	5	8	621	443	1,064
" 50 " 60 "	59	79	138	98	85	183	36	11	47	22	16	38	99	74	173	20	8	28	9	12	21	460	368	828
" 60 " 70 "	48	46	94	90	53	143	31	9	40	9	13	22	66	45	111	9	8	17	5	4	9	337	228	565
" 70 " 80 "	34	30	64	59	38	97	20	10	30	6	15	21	21	20	41	5	0	5	0	2	2	173	136	309
" 80 " 90 "	7	7	14	17	16	33	4	2	6	2	3	5	2	2	4	..	..	..	3	0	3	47	33	80
Upwards of 90 years	2	0	2	..	..	..	..	..	..	1	0	1	..	..	..	..	..	..	3	0	3
Unknown ..	25	6	31	1	1	2	..	..	..	10	6	16	2	8	10	..	..	..	1	2	3	..	..	..	39	23	62
Totals ..	653	408	1,061	362	386	748	605	429	1,034	186	67	253	100	114	214	557	427	984	123	46	169	25	27	52	2,611	1,904	4,515

TABLE X.—LENGTH OF RESIDENCE OF PATIENTS WHO DIED DURING 1917.

Length of Residence	Auckland.			Christchurch.			Dunedin (Seacliff).			Hokitika.			Nelson.			Porirua.			Tokanui.			Ashburn Hall (Private M.H.).			Total.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 1 month	4	3	7	4	2	6	5	3	8	1	0	1	1	1	2	11	6	17	1	0	1	1	0	1	25	14	39
From 1 to 3 months	7	8	15	2	3	5	4	4	8	1	0	1	1	1	2	8	2	10	..	..	..	..	..	..	23	18	41
" 3 " 6 "	6	0	7	0	1	1	1	1	2	..	..	2	0	2	2	5	0	5	..	..	..	..	..	..	13	4	17
" 6 " 9 "	6	0	6	2	0	2	0	2	2	2	0	2	1	0	1	3	1	4	..	..	..	1	0	1	15	3	18
" 9 " 12 "	2	3	5	0	2	2	3	2	5	..	..	..	..	..	..	2	0	2	..	..	..	..	..	..	7	7	14
" 12 " 15 "	10	4	14	4	3	7	2	1	3	0	1	1	1	1	3	4	3	7	0	1	1	..	..	..	20	14	34
" 1 " 2 years	1	3	4	1	0	1	1	0	1	2	0	2	2	0	2	6	1	7	..	..	..	..	..	..	13	4	17
" 2 " 3 "	6	5	11	1	2	3	4	3	7	3	2	5	1	3	4	4	1	5	..	..	..	..	..	..	19	16	35
" 3 " 5 "	2	0	2	2	2	4	1	2	3	1	0	1	..	..	..	3	1	4	..	..	..	..	..	..	9	5	14
" 5 " 7 "	2	0	2	..	..	..	3	1	4	3	0	3	0	2	2	2	1	3	..	..	..	..	..	..	10	4	14
" 7 " 10 "	..	..	1	1	0	1	4	1	5	..	..	..	..	..	..	1	0	1	1	0	1	..	..	..	7	1	8
" 10 " 12 "	1	0	1	..	..	..	1	1	2	..	..	..	..	..	..	4	2	6	2	0	2	..	..	..	8	3	11
" 12 " 15 "	8	5	13	9	3	12	8	4	12	5	0	5	..	..	..	2	3	5	0	2	2	0	1	1	32	18	50
Over 15 years ..	3	0	3	..	..	..	..	..	..	..	..	..	1	1	2	0	1	1	..	..	..	..	..	..	4	2	6
Died while absent on trial	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Totals	59	31	90	26	18	44	37	25	62	17	3	20	6	10	16	55	22	77	3	3	6	2	1	3	205	113	318

TABLE XI.—LENGTH OF RESIDENCE OF PATIENTS DISCHARGED "RECOVERED" DURING 1917.

Length of Residence.	Auckland.			Christchurch.			Dunedin (Seacliff).			Hokitika.			Nelson.			Porirua.			Tokanui.			Ashburn Hall (Private M.H.).			Total.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 1 month	4	2	6	1	1	2	2	1	3	3	0	3	0	1	1	12	3	15	..	..	..	..	..	..	22	8	30
From 1 to 3 months	13	5	18	5	4	9	6	12	18	1	2	3	1	2	3	23	12	35	..	..	..	1	0	1	50	37	87
" 3 " 6 "	8	10	18	3	5	8	8	9	17	1	1	2	0	1	1	13	14	27	..	..	..	..	..	..	33	40	73
" 6 " 9 "	12	6	18	1	3	4	1	8	9	0	1	1	0	2	2	3	3	6	..	..	..	..	..	..	17	23	40
" 9 " 12 "	2	1	3	2	1	3	2	2	4	..	..	1	1	0	1	10	4	14	..	..	..	1	0	1	18	8	26
" 1 " 2 years	5	4	9	0	1	1	3	5	8	0	1	1	0	4	4	7	7	14	..	..	..	..	..	..	15	22	37
" 2 " 3 "	2	0	2	..	..	2	2	1	3	..	..	..	0	1	1	0	1	1	..	..	..	0	1	1	4	3	7
" 3 " 5 "	2	2	4	1	1	2	2	2	4	..	..	..	0	1	1	2	0	2	..	..	..	..	..	..	7	7	14
" 5 " 7 "	1	0	1	1	0	1	0	1	1	..	..	..	..	..	..	1	1	1	..	..	..	..	..	..	2	2	4
" 7 " 10 "	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	1	1	2	..	..	..	..	..	..	1	1	2
" 10 " 12 "	1	0	1	..	..	..	..	..	..	..	..	..	..	..	..	1	1	0	..	..	..	..	..	..	2	0	2
" 12 " 15 "	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Over 15 years ..	..	..	..	..	..	..	..	..	..	0	1	1	..	..	..	..	..	..	..	..	..	..	..	..	0	1	1
Totals	50	30	80	14	16	30	26	41	67	5	6	11	2	12	14	72	46	118	..	..	..	2	1	3	171	152	323

TABLE XII.—CAUSES OF DEATH.

Causes.	Auckland.		Christchurch.		Dunedin (Setcliff).		Hokitika.		Nelson.		Portra.		Tokanui.		Ashburn Hall (Private Men- tal Hospital).		Total.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
I. GENERAL DISEASES.																		
Tuberculosis—																		
General .. .. .	..	..	..	..	0	1	..	..	..	..	..	..	..	..	..	..	0	1
Of bowels	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1
Peritonæum	0	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	0	1
Lungs	5	4	0	1	0	3	..	..	0	1	7	5	0	1	..	..	12	15
Grave's disease	0	1	..	..	..	..	..	..	..	..	0	1	..	..	..	..	0	2
Typhoid	0	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	0	2
Septicæmia .. .. .	..	..	..	..	..	..	..	..	..	..	1	0	..	..	..	..	1	0
Dysentery	1	0	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	0
Leucæmia .. .. .	..	..	..	..	1	0	..	..	..	..	..	..	..	..	..	..	1	0
Carcinoma .. .. .	..	..	..	..	5	3	..	..	..	..	..	..	..	..	..	..	5	3
Uterus	0	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	0	1
Tongue .. .. .	..	..	1	0	..	..	..	..	..	..	..	..	..	..	..	..	1	0
Bowels .. .. .	..	..	1	0	..	..	..	..	..	..	..	..	..	..	..	..	1	0
Jaw .. .. .	..	..	..	..	..	..	1	0	..	..	..	..	..	..	..	..	1	0
Kidney .. .. .	..	..	..	..	..	..	..	..	..	..	0	1	..	..	..	..	0	1
Stomach .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	1	0	..	1	0
Exophthalmic goitre .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	1	0	..	..	1	0
II. DISEASES OF THE NERVOUS SYSTEM.																		
Mania, exhaustion from	3	0	1	1	2	1	..	..	..	..	2	0	..	..	..	..	8	2
Melancholia, exhaustion from .. .. .	..	..	1	0	..	..	..	..	..	..	..	..	..	..	..	..	1	0
General paralysis of insane	6	1	2	0	5	0	..	..	0	1	7	1	..	..	..	..	20	3
Organic brain-disease	11	9	2	0	1	1	..	..	..	..	2	0	..	..	..	..	16	10
Cerebral hæmorrhage	2	1	..	..	4	0	2	0	0	1	3	1	1	1	..	..	12	4
Cerebellar abscess .. .. .	..	..	..	..	..	..	..	..	..	..	1	0	..	..	..	..	1	0
Injury to spinal cord .. .. .	..	..	..	..	..	..	..	..	..	..	1	0	..	..	..	..	1	0
Epilepsy	0	1	2	0	5	1	..	..	..	..	1	1	..	..	1	0	9	3
III. DISEASES OF THE RESPIRATORY SYSTEM.																		
Pneumonia	1	0	1	0	0	1	1	0	..	..	2	3	..	..	..	..	5	4
Pleuro-pneumonia .. .. .	..	..	..	..	..	..	1	0	..	..	..	..	..	..	..	..	1	0
Bronchitis .. .. .	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..	1	1
Broncho-pneumonia .. .. .	..	..	..	..	..	..	..	..	..	..	2	0	..	..	..	..	2	0
IV. DISEASES OF THE CIRCULATORY SYSTEM.																		
Valvular disease of heart	8	1	2	0	1	2	1	2	0	2	2	1	..	..	..	..	14	8
Fatty degeneration of heart .. .. .	..	..	0	2	..	..	..	..	..	..	..	..	..	..	..	..	0	2
Heart-failure .. .. .	..	..	..	..	2	1	1	0	..	..	2	0	..	..	..	..	5	1
Cardiac dropsy .. .. .	..	..	..	..	..	..	3	0	..	..	..	..	..	..	..	..	3	0
Rupture of aneurism of heart .. .. .	..	..	..	..	..	..	..	..	0	1	..	..	..	..	..	..	0	1
V. DISEASES OF THE DIGESTIVE SYSTEM.																		
Colitis .. .. .	..	..	..	..	..	..	1	0	..	..	..	..	..	..	..	..	1	0
Acute gastro-enteritis .. .. .	..	..	..	..	..	..	..	..	1	0	..	..	..	..	..	..	1	0
Peritonitis, septic .. .. .	..	..	..	..	..	..	..	..	..	..	2	0	..	..	..	..	2	0
VI. DISEASES OF THE GENITO-URINARY SYSTEM.																		
Nephritis, acute .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	0	1	..	0	1
" chronic .. .. .	..	..	1	0	..	..	..	..	0	1	..	..	..	..	..	..	1	1
Cystitis .. .. .	..	..	..	..	..	..	..	..	..	..	2	0	..	..	..	..	2	0
VII. DISEASES OF SKIN AND CELLULAR TISSUE.																		
Gangrene	1	0	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	0
VIII. DISEASES OF THE BONES.																		
Abscess of mastoid .. .. .	..	..	..	..	..	..	..	..	..	..	1	0	..	..	..	..	1	0
Osteo-myelitis .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	1	0	..	..	1	0
IX. PUERPERAL STATE.																		
Septicæmia .. .. .	..	..	..	..	0	1	..	..	..	..	..	..	..	..	..	..	0	1
X. OLD AGE.																		
Senility	16	8	11	13	11	10	3	1	4	2	13	5	0	1	..	..	58	40
XI. EXTERNAL CAUSES.																		
Fracture of skull from precipitation (suicide) .. .. .	..	..	1	0	..	..	..	..	..	..	..	..	..	..	..	..	1	0
Fracture of skull from falling	1	0	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	0
Suffocation (suicide) .. .. .	..	..	..	..	..	..	..	..	..	..	1	0	..	..	..	..	1	0
" (epilepsy) .. .. .	..	..	..	..	..	..	..	..	..	..	1	0	..	..	..	..	1	0
Hanging (suicide) .. .. .	..	..	..	..	..	..	..	..	..	..	1	0	..	..	..	..	1	0
XII. ILL DEFINED.																		
Debility .. .. .	..	..	..	..	..	..	..	..	..	..	0	1	..	..	..	..	0	1
Syncope .. .. .	..	..	..	..	..	..	2	0	..	..	..	..	..	..	..	..	2	0
Asthénia .. .. .	..	..	0	1	..	..	..	..	..	..	..	..	..	..	..	..	0	1
Marasmus .. .. .	..	..	..	..	..	..	1	0	..	..	..	..	..	..	..	..	1	0
On trial	3	0	..	..	..	..	..	..	1	1	0	1	..	..	..	..	4	2
Totals	59	31	26	18	37	25	17	3	6	10	55	22	3	3	2	1	205	113

TABLE XIII.—PRINCIPAL ASSIGNED CAUSES OF INSANITY.

Causes.	Auckland.		Christchurch.		Dunedin (Seacliff).		Hokitika.		Nelson.		Porirua.		Tokanui.		Ashburn Hall.		Totals	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Heredity	11	13	8	6	9	9	3	5	2	3	25	33	..	..	2	0	60	69
Congenital	20	12	0	7	6	3	1	0	5	2	..	..	..	..	..	..	32	24
Previous attack ..	9	7	0	1	10	32	..	..	0	3	13	16	..	..	..	..	32	59
Puberty and adolescence ..	1	6	2	3	9	5	1	0	0	1	..	..	..	..	..	..	13	15
Climacteric	0	7	0	2	0	9	0	1	0	2	0	12	..	..	..	..	0	33
Senility	11	7	10	8	19	11	4	0	3	3	17	8	..	..	2	0	66	37
Pregnancy .. ..	..	..	..	..	..	..	0	1	0	1	..	..	..	..	0	1	0	3
Puerperal state ..	0	6	0	1	0	5	0	1	..	..	0	1	..	..	..	..	0	14
Lactation	0	1	..	..	0	1	..	..	..	..	0	1	..	..	..	..	0	3
Mental stress, sudden ..	..	..	0	2	0	1	..	..	..	..	..	..	..	..	..	..	0	3
" prolonged ..	18	8	2	2	5	0	..	..	1	0	7	5	..	..	6	4	39	19
Privation .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Solitude	5	0	..	..	..	..	0	1	..	..	3	0	..	..	..	..	8	1
Sexual excess	1	0	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	0
Alcohol	15	1	9	1	9	1	4	0	0	1	27	8	..	..	..	..	64	12
Drug habit .. ..	..	..	0	1	..	..	..	..	..	..	..	..	..	..	..	..	0	1
Syphilis	13	2	..	..	5	0	..	..	..	..	11	0	..	..	1	0	30	2
Toxæmia .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Traumatic	1	0	5	1	2	0	1	0	..	..	..	..	..	..	0	1	9	2
Organic brain-disease ..	..	..	..	..	1	0	..	..	..	..	..	..	..	..	..	..	1	0
Epilepsy	10	3	2	1	9	0	..	..	0	1	5	11	..	..	..	..	26	16
Apoplexy	1	2	1	0	..	..	..	..	..	..	3	2	..	..	..	..	5	4
Arterio-sclerosis ..	3	0	..	..	..	..	..	..	..	..	..	..	..	..	..	..	3	0
Sunstroke .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Chorea .. ..	..	..	..	..	..	..	..	..	..	..	1	0	..	..	..	..	1	0
Cancer .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Cardiac disease ..	1	0	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	0
Grave's disease ..	0	2	0	2	..	..	..	..	..	..	0	2	..	..	..	..	0	6
Phthisis .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Ill health	5	5	1	0	..	..	..	..	..	..	5	6	..	..	..	..	11	11
Unknown	10	8	31	23	1	0	0	2	..	..	26	7	..	..	..	..	68	40
Not insane .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Transfers .. ..	..	..	2	2	4	1	..	..	..	..	2	0	27	0	2	1	37	4
Totals	135	90	73	63	89	78	14	11	11	17	145	112	27	0	13	7	507	378

TABLE XIV.—FORMER OCCUPATIONS OF PATIENTS.

Occupations.	Auckland.	Christchurch.	Dunedin (Seacliff).	Hokitika.	Nelson.	Porirua.	Tokanui.	Ashburn Hall (Private Mental Hospital).	Total.	Occupations.	Auckland.	Christchurch.	Dunedin (Seacliff).	Hokitika.	Nelson.	Porirua.	Tokanui.	Ashburn Hall (Private Mental Hospital).	Total.	
MALES.																				
Aboriginal natives ..	6	..	..	..	..	..	..	..	6	Master mariners ..	..	2	1	..	..	..	..	..	3
Agents ..	..	..	12	..	..	..	..	..	2	Mechanics ..	..	2	..	..	..	..	..	..	2
Analyst ..	..	..	..	..	..	1	..	..	1	Merchants ..	..	..	..	..	..	2	..	..	2
Apiarist ..	..	1	..	..	..	..	..	..	1	Messenger ..	..	..	..	..	..	1	..	..	1
Bank officer ..	..	..	..	..	..	1	..	..	1	Mill hands ..	..	1	1	..	..	..	..	..	2
Bakers and confectioners ..	..	..	2	..	..	..	..	..	2	Miners ..	..	3	2	1	4	..	..	..	10
Barbers ..	2	..	..	..	..	..	..	..	2	Minors ..	..	..	2	..	..	..	..	..	2
Battery hand ..	1	..	..	..	..	..	..	..	1	Moulders ..	..	..	2	2	..	..	..	..	4
Blacksmith ..	1	..	..	..	..	..	..	..	1	Motorman ..	..	..	..	..	..	1	..	..	1
Boardinghouse-keeper ..	..	..	..	..	..	1	..	..	1	Musician ..	..	..	..	..	..	1	..	..	1
Boilermaker ..	1	..	..	..	..	..	..	..	1	Newspaper-seller ..	..	1	..	..	..	..	..	..	1
Boxmaker ..	..	1	..	..	..	..	..	..	1	Optician ..	..	..	..	..	..	1	..	..	1
Bottle-gatherer ..	1	..	..	..	..	..	..	..	1	Painters ..	..	2	1	..	..	5	..	..	8
Bricklayers and masons ..	2	..	..	..	..	..	..	..	2	Pedlar ..	..	1	..	..	..	..	..	..	1
Builders ..	..	..	..	..	..	2	..	..	2	Pensioners, old-age ..	..	1	..	2	2	3	..	..	8
Bushmen ..	..	1	..	..	1	..	..	..	2	Photographer ..	..	..	..	..	..	1	..	..	1
Butchers ..	..	1	2	1	..	..	..	..	4	Piano-tuner ..	..	1	..	..	..	..	..	..	1
Canvassers ..	2	..	..	..	..	..	..	..	2	Picture-theatre manager ..	..	..	..	..	..	1	..	..	1
Carpenters ..	1	2	..	..	..	4	..	..	7	Plasterer ..	..	..	..	..	..	1	..	..	1
Carters and drivers ..	1	1	1	..	1	7	..	..	11	Plumbers ..	..	1	..	..	..	1	..	..	2
Carver ..	..	..	..	..	..	1	..	..	1	Policeman ..	..	..	..	..	..	1	..	..	1
Clergymen ..	..	..	1	..	..	..	1	..	2	Porter ..	..	..	..	..	..	1	..	..	1
Clerks and accountants ..	4	3	1	..	1	7	..	..	16	Prisoners ..	..	4	..	..	..	..	..	..	4
Commercial travellers ..	2	1	..	..	..	1	..	..	4	Prisoners of war ..	..	..	..	..	..	2	..	..	2
Compositors and printers ..	..	1	..	..	..	1	..	..	2	Railway inspector ..	..	..	..	..	..	..	..	1	1
Contractors ..	1	..	..	..	..	1	..	..	3	Railway signalman ..	..	1	..	..	..	..	..	..	1
Cooks ..	..	1	1	..	..	2	..	..	4	Runholders ..	..	..	1	..	..	..	2	..	3
Crane-driver ..	..	..	..	1	..	..	..	..	1	Schoolboys ..	..	2	1	2	2	..	..	..	7
Draughtsman ..	1	..	..	..	..	..	..	..	1	School-teachers ..	..	2	..	..	..	..	..	1	3
Electrician ..	..	..	..	..	..	1	..	..	1	Seamen ..	..	1	..	..	..	3	..	..	4
Engine-drivers ..	..	1	..	..	..	1	..	..	2	Settlers ..	..	2	..	..	..	..	..	..	2
Engineer's apprentice ..	..	..	1	..	..	..	..	..	1	Shepherd ..	..	1	..	..	..	..	..	..	1
Farmers ..	16	11	7	1	..	11	..	2	48	Shop-assistant ..	..	..	..	..	..	1	..	..	1
Farm hand ..	..	..	..	1	..	..	..	..	1	Soldiers ..	..	8	2	11	..	11	..	..	32
Fencer ..	..	1	..	..	..	..	..	..	1	Solicitors ..	..	1	..	2	..	..	..	1	4
Firemen ..	..	1	..	..	..	1	..	..	2	Station-manager ..	..	1	..	..	..	..	..	..	1
Flax-millers ..	1	..	..	..	..	1	..	..	2	Storeman ..	..	..	..	..	..	1	..	..	1
Fruiters ..	..	..	..	..	..	2	..	..	2	Sugar-cane grower ..	..	1	..	..	..	..	..	..	1
Fruitgrower ..	..	..	1	..	..	..	..	..	1	Surveyor ..	..	..	..	..	..	..	1	..	1
Garage-manager ..	..	..	..	..	..	..	1	..	1	Tailors ..	..	..	1	..	..	1	..	..	2
Gardeners ..	..	2	2	..	..	4	..	..	8	Taxi-driver ..	..	1	..	..	..	..	..	..	1
Groom ..	1	..	..	..	..	..	..	..	1	Threshing-mill owner ..	..	..	1	..	..	..	..	..	1
Hatter ..	..	..	..	..	..	1	..	..	1	Tram-conductor ..	..	1	..	..	..	..	..	..	1
Hotelkeepers ..	..	1	1	..	..	..	..	..	2	Train-examiner ..	..	1	..	..	..	..	..	..	1
Jewellers ..	..	..	..	..	..	1	..	1	2	Union secretary ..	..	..	1	..	..	..	..	..	1
Jockey ..	..	1	..	..	..	..	..	..	1	No occupation ..	..	8	7	14	..	3	6	..	38
Labourers ..	45	20	22	5	1	44	..	..	137	Transfers ..	..	..	2	4	..	2	27	2	37
Land agent	1	1	Totals	135	73	89	14	11	145	27	13	507
Laundryman ..	..	..	..	..	..	1	..	..	1										
FEMALES.																				
Aboriginal natives ..	3	..	..	..	..	..	..	..	3	Music-teacher ..	..	..	..	..	..	1	..	..	1
Barmaid ..	..	..	..	..	..	1	..	..	1	Nurse ..	..	..	..	..	..	..	1	..	1
Civil servant ..	..	..	..	..	..	1	..	..	1	Pensioners, old-age ..	..	..	1	..	..	1	..	..	2
Domestic duties ..	84	28	57	4	12	98	..	5	288	Schoolgirl ..	..	..	..	..	1	..	..	..	1
Dressmakers ..	..	1	1	..	..	..	..	..	2	School-teachers ..	..	..	2	..	1	..	..	..	3
Factory hands ..	..	1	1	..	..	..	..	..	2	Sister of Mercy ..	..	..	..	1	..	..	..	..	1
Governess ..	..	..	..	..	..	1	..	..	1	Shop-assistant ..	..	..	..	..	..	1	..	..	1
Housewives ..	..	25	2	6	..	..	..	..	33	No occupation ..	..	3	6	10	..	3	8	..	30
Labour agent ..	..	..	1	..	..	..	..	..	1	Transfers ..	..	..	2	1	..	..	..	1	4
Laundress	1	1	Totals	90	63	78	11	17	112	..	7	378
Minor ..	..	..	1	..	..	..	..	..	1										

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.																
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1876	221	117	338	129	79	208	17	8	25	12	36	48	519	264	783	491	257	748	54	53	57
1877	250	112	362	123	57	180	20	9	29	12	42	63	581	291	872	541	277	818	49	20	57
1878	247	131	378	121	68	189	14	14	28	9	51	68	638	319	957	601	303	904	48	20	50
1879	248	151	399	112	76	188	13	13	26	6	55	71	695	361	1,056	666	337	1,003	45	16	50
1880	229	149	378	100	67	167	35	25	61	11	54	74	729	396	1,125	703	371	1,074	43	16	47
1881	232	127	359	98	65	158	41	36	77	9	49	63	769	406	1,175	747	388	1,135	40	16	44
1882	267	152	419	95	59	154	49	32	81	12	60	79	827	442	1,269	796	421	1,217	35	16	40
1883	255	166	421	102	78	180	13	20	33	10	65	83	892	483	1,375	800	475	1,335	40	16	42
1884	238	153	391	89	77	166	17	9	26	12	68	92	938	514	1,452	911	497	1,408	37	16	42
1885	294	160	454	95	76	171	10	5	15	18	73	102	1,009	604	1,613	984	539	1,543	47	16	42
1886	207	165	372	99	60	159	11	17	28	20	57	76	1,095	702	1,797	1,078	685	1,763	42	16	42
1887	255	161	416	103	78	181	34	17	51	..	74	101	1,053	643	1,696	1,034	613	1,647	40	16	42
1888	215	146	361	116	92	208	31	28	59	4	78	104	1,041	640	1,681	1,045	641	1,686	37	16	42
1889	230	161	391	93	53	146	31	30	61	4	70	100	1,074	687	1,761	1,045	660	1,707	40	16	42
1890	230	160	390	98	88	186	23	17	40	17	76	111	1,095	702	1,797	1,078	685	1,763	42	16	42
1891	234	201	435	88	74	162	33	24	57	14	79	120	1,115	734	1,849	1,089	699	1,789	37	16	42
1892	231	158	389	89	76	165	21	17	38	8	74	108	1,154	763	1,917	1,125	714	1,839	38	16	42
1893	281	179	460	101	82	183	15	11	26	18	78	120	1,229	810	2,039	1,172	738	1,930	35	16	42
1894	320	256	576	107	76	183	15	11	26	55	84	139	1,308	860	2,168	1,241	812	2,053	39	16	42
1895	379	303	681	105	77	182	24	19	43	128	139	267	1,329	885	2,214	1,313	849	2,162	41	16	42
1896	296	170	466	104	70	174	25	16	41	20	86	132	1,390	925	2,315	1,347	892	2,229	37	16	42
1897	300	244	544	102	73	175	26	32	58	17	105	148	1,440	990	2,430	1,411	944	2,355	35	16	42
1898	355	258	613	114	110	224	13	23	36	104	147	151	1,472	1,008	2,480	1,438	973	2,411	33	16	42
1899	264	247	511	88	99	187	15	25	40	7	114	143	1,512	1,045	2,557	1,487	1,004	2,491	32	16	42
1900	335	263	598	103	96	199	39	10	49	25	99	145	1,581	1,091	2,672	1,534	1,049	2,583	30	16	42
1901	378	224	597	123	104	239	40	17	57	33	102	174	1,654	1,119	2,773	1,622	1,094	2,716	29	16	42
1902	352	192	544	135	99	234	26	15	41	10	120	173	1,715	1,133	2,848	1,671	1,114	2,785	28	16	42
1903	454	237	691	144	101	245	41	25	66	84	129	173	1,771	1,188	2,959	1,741	1,160	2,901	27	16	42
1904	340	240	580	157	106	263	24	13	37	9	130	190	1,801	1,237	3,038	1,780	1,198	2,978	26	16	42
1905	399	280	679	149	121	270	45	32	77	23	144	214	1,836	1,276	3,112	1,796	1,233	3,028	25	16	42
1906	401	277	678	157	126	283	28	22	50	16	147	214	1,900	1,306	3,206	1,823	1,265	3,088	24	16	42
1907	421	279	700	160	139	299	31	19	50	53	168	232	1,909	1,331	3,240	1,851	1,285	3,136	23	16	42
1908	434	325	759	180	146	325	9	13	22	9	148	242	1,997	1,417	3,414	1,894	1,346	3,240	22	16	42
1909	447	376	823	179	170	349	17	22	39	29	136	242	2,083	1,455	3,548	1,970	1,404	3,374	21	16	42
1910	639	371	1,010	182	145	327	30	29	59	164	186	283	2,160	1,510	3,670	2,028	1,443	3,473	20	16	42
1911	455	322	777	163	168	331	23	16	39	11	198	303	2,230	1,536	3,756	2,105	1,496	3,601	19	16	42
1912	593	394	987	184	141	325	17	44	61	146	193	307	2,273	1,640	3,912	2,146	1,551	3,697	18	16	42
1913	543	349	892	175	162	337	35	48	83	78	196	307	2,332	1,632	3,964	2,252	1,597	3,849	17	16	42
1914	526	366	892	207	163	369	27	29	56	23	193	307	2,408	1,703	4,111	2,309	1,641	3,950	16	16	42
1915	461	419	880	202	157	359	26	34	60	21	172	284	2,448	1,752	4,200	2,391	1,703	4,094	15	16	42
1916	568	367	935	160	171	331	35	34	69	57	209	289	2,555	1,820	4,375	2,483	1,708	4,251	14	16	42
1917	507	378	885	171	152	323	32	20	52	43	205	318	2,611	1,904	4,515	2,543	1,835	4,363	13	16	42
	14,526	9,885	24,411	5,399	4,283	9,682	1,076	901	1,977	1,358	940	2,298	4,564	2,116	6,675	..	..	..	..	..	..

In mental hospitals, 1st January, 1876
In mental hospitals, 1st January, 1918

M. 482
F. 254
T. 736
.. 2,611 1,904 4,515

TABLE XVI.—SHOWING THE ADMISSIONS, READMISSIONS, DISCHARGES, AND DEATHS FROM THE 1ST JANUARY, 1876, TO THE 31ST DECEMBER, 1917.

Persons admitted during period from 1st January, 1876, to							M.	F.	T.	M.	F.	T.
31st December, 1917							11,601	7,523	19,124			
Readmissions							2,925	2,362	5,287			
Total cases admitted										14,526	9,885	24,411
Discharged cases—												
Recovered							5,399	4,283	9,682			
Relieved							1,076	901	1,977			
Not improved							1,358	940	2,298			
Died							4,564	2,111	6,675			
Total cases discharged and died since January, 1876										12,397	8,235	20,632
Remaining, 1st January, 1876										482	254	736
Remaining, 1st January, 1918										2,611	1,904	4,515

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

				Males.	Females.	Both Sexes.
Recovered	..	..	..	37·17	43·33	39·66
Relieved	..	..	..	7·41	9·11	8·09
Not improved	..	..	..	9·35	9·51	9·42
Died	..	..	..	31·42	21·36	27·35
Remaining	..	..	..	14·55	16·69	15·48
				100·00	100·00	100·00

TABLE XVIII.—EXPENDITURE, OUT OF PUBLIC WORKS FUND, ON MENTAL HOSPITAL BUILDINGS, ETC., DURING THE FINANCIAL YEAR ENDED 31ST MARCH, 1918, AND LIABILITIES AT THAT DATE.

	Mental Hospitals.		Liabilities on 31st March, 1918.
	Net Expenditure for Year ended 31st March, 1918.	£	£
Auckland	..	1,048	15
Tokanui	6,188	1,831
Porirua	10,399	504
Christchurch	..	7,647	250
Seacliff	597	..
Waitati	88	..
Nelson	535	..
Totals	26,502	2,600

TABLE XIX.—TOTAL EXPENDITURE, OUT OF PUBLIC WORKS FUND, FOR BUILDINGS AND EQUIPMENT AT EACH MENTAL HOSPITAL FROM 1ST JULY, 1877, TO 31ST MARCH, 1918.

Mental Hospitals.		1877-1909.	1909-10.	1910-11.	1911-12.	1912-13.	1913-14.	1914-15.	1915-16.	1916-17.	1917-18.	Total Net Expenditure, 1st July, 1877, to 31st March, 1918.
Auckland	..	£ 107,005	£ 1,524	£ 463	£ 105	£ 135	£ 8,908	£ 23,434	£ 2,774	£ 76	£ 1,048	£ 145,472
Reception-house at Auckland	..	530	1,788	2,531	105	105	..	..	..	..	..	5,059
Motuhiri Island ..	..	..	..	..	..	..	561	..	..	..	..	561
Tokanui ..	..	..	..	166	4,303	21,935	8,874	10,379	10,640	5,639	6,188	68,124
Wellington ..	..	29,656	..	..	..	..	..	..	..	..	..	29,656
Wellington (Porirua)	..	125,414	10,348	8,121	1,762	9,550	1,951	6,552	17,518	11,722	10,399	203,337
Christchurch ..	..	121,258	1,133	1,063	412	4,867	616	5,107	15,157	24,346	7,647	181,606
Seacliff ..	..	152,016	2,797	4	1,480	5,382	3,257	7,413	6,721	997	597	180,664
Waitati ..	..	660	..	..	442	4,007	1,634	911	671	24	88	8,437
Dunedin (The Camp)	..	4,891	..	..	..	..	..	..	..	..	..	4,891
Napier ..	..	147	..	..	..	..	..	..	..	..	..	147
Hokitika ..	..	3,465	256	6	..	..	..	..	..	..	..	3,727
Richmond ..	..	1,097	..	..	..	..	..	..	..	..	..	1,097
Nelson ..	..	18,950	1,992	353	200	200	200	200	1,417	1,798	535	25,845
Totals ..	..	565,089	19,838	12,707	8,809	46,181	26,001	53,996	54,898	44,602	26,502	858,623

TABLE XX.—SHOWING THE EXPENDITURE FOR THE YEAR 1917.

Items.	Auckland.	Christchurch.	Dunedin (Seacliff).	Hokitika.	Nelson.	Portra.	Tokanni.	Total.
Inspector-General*	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
Deputy Inspector-General and Assistant Inspector*	..	..	..	..	..	..	..	1,000 0 0
Clerks*	..	..	..	..	..	..	..	750 0 0
Medical fees*	..	..	..	..	..	..	..	1,009 0 1
Contingencies*	..	..	..	..	..	..	..	1,026 19 0
Official Visitors	31 10 0	15 15 0	25 4 0	12 12 0	..	50 8 0	..	449 10 9
Superintendents	700 0 0	700 0 0	700 0 0	200 0 0	495 0 0	700 0 0	700 0 0	135 9 0
Assistant Medical Officers	641 12 8	212 13 11	710 0 0	..	5 11 1	532 5 0	..	4,195 0 0
Visiting Medical Officers	..	..	..	228 13 6	..	..	..	2,122 2 8
Clerks	388 15 0	501 11 6	580 15 8	..	158 16 10	471 8 9	..	228 13 6
Matrons	151 13 4	258 14 6	255 1 1	..	130 0 0	163 8 8	..	2,101 7 9
Attendants and servants	11,446 7 6	13,495 4 9	20,398 13 6	3,768 11 9	4,099 6 7	15,886 3 0	..	1,009 1 11
Rations	12,980 4 5	11,028 5 7	13,877 7 11	3,649 16 4	3,073 18 9	12,806 3 11	5,239 4 5	74,333 11 6
Fuel, light, water, and cleaning	2,305 18 1	3,350 19 8	4,173 6 4	119 4 5	3,538 13 8	2,658 6 8	2,630 2 11	60,145 19 10
Bedding and clothing	3,475 6 4	4,609 18 4	5,215 18 10	324 16 9	647 2 6	4,752 18 9	605 11 9	13,752 0 7
Surgery and dispensary	157 17 1	247 7 2	419 8 6	17 0 2	52 2 3	187 7 10	458 12 10	19,514 14 4
Wines, spirits, ale, and porter	11 4 0	14 17 0	6 19 2	0 15 0	..	10 6 6	17 8 4	1,098 11 4
Farm	496 12 1	3,363 1 10	3,338 8 2	32 16 2	294 18 2	2,404 2 2	1,268 7 11	11,198 6 6
Buildings and repairs	348 1 9	524 10 11	3,002 15 1	80 8 0	693 10 11	489 9 0	465 2 5	5,603 18 1
Necessaries, incidental, and miscellaneous	2,252 11 1	5,216 9 9	7,100 12 7	576 11 3	703 17 0	4,158 16 10	1,050 6 7	21,059 5 1
Totals	35,387 13 4	43,539 9 11	59,804 10 10	9,061 9 8	10,892 17 9	45,421 5 1	12,434 17 2	220,777 13 7
Repayments, sale of produce, &c.	12,799 6 10	13,978 8 11	18,309 9 10	2,398 7 11	2,928 13 4	15,015 10 7	3,016 16 2	68,446 13 7
Actual cost	22,588 6 6	29,561 1 0	41,495 1 0	6,663 1 9	7,964 4 5	30,405 14 6	9,418 1 0	152,331 0 0

* Not included in Table XXI.

TABLE XXA.—SHOWING DETAILS OF CREDITS.

Credits.	Auckland.	Christchurch.	Dunedin (Seacliff).	Hokitika.	Nelson.	Portra.	Tokanni.	Total.
Receipts for maintenance	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
For sales of stock, produce, &c.*	11,759 8 5	10,139 18 4	12,897 10 0	1,912 6 8	2,481 3 1	13,173 15 2	1,285 14 10	53,649 16 6
Other receipts†	835 16 7	3,601 11 6	4,332 8 4	370 13 2	372 0 2	1,587 8 9	1,361 10 7	12,461 9 1
Totals	204 1 10	236 19 1	1,079 11 6	115 8 1	75 10 1	254 6 8	369 10 9	2,335 8 0
Totals	12,799 6 10	13,978 8 11	18,309 9 10	2,398 7 11	2,928 13 4	15,015 10 7	3,016 16 2	68,446 13 7

* Not included £17,900, value of farm produce and stock consumed in the institutions.

† Not included £797 17s. 6d. received in repayment of medical fees for certificates.

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

Mental Hospital.	Provisions.	Salaries.	Bedding and Clothing.	Light, Fuel, Water, and Cleaning.	Surgery and Dispensary.	Wines, Spirits, Ale, and Porter.	Farm.	Buildings and Repairs.	Necessaries, Incidentals, and Miscellaneous.	Total Cost, less Repayments for Maintenance.			Total Cost, per Head, less Receipts of all kinds previous Year.			Decrease in 1917.	Increase in 1917.
	£ 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.	£ s. d.	£ s. d.
Auckland ..	12 14 6	13 1 11½	3 8 1½	2 5 2½	0 3 1	0 0 0	0 2½	0 9 9	2 4 2	34 13 10½	11 10 7	23 3 3	22 2 11	22 3 9½	0 0 10½	..	..
Christchurch ..	15 16 10½	21 16 3½	6 12 5½	4 16 3½	0 7 1½	0 0 5	1 3 5	4 16 7½	1 7 9 10½	62 11 1½	11 14 11 4½	47 19 9	42 9 5½	36 12 6	..	5 16 11½	..
Dunedin (Seacliff) ..	13 10 6½	22 1 10½	5 1 8	4 1 4½	0 8 2	0 0 1½	3 5 1	2 18 6½	6 18 5	58 5 9½	12 11 5	45 14 4½	40 8 10½	34 8 6½	1 7 3	6 0 4½	..
Hokitika ..	14 6 3	16 14 1½	1 5 5½	0 9 4½	0 4 0	0 0 0	2 6½	0 6 3½	2 5 2½	35 10 8½	7 9 11½	28 0 8½	26 2 7	27 9 10	..	..	..
Nelson ..	14 18 5½	23 14 7½	3 3 2 10	2 12 3½	0 5 0½	..	1 8 7½	3 7 4	3 8 4	52 17 6½	12 0 10½	40 16 8	38 13 2½	36 4 8	..	2 8 6½	..
Porirua ..	13 6 1½	18 7 6	4 18 7½	2 14 9½	0 3 10½	0 0 2½	2 9 6½	0 10 1	4 5 9	46 16 6½	13 11 7½	33 4 10½	31 6 11	28 12 6½	..	2 14 4½	..
Tokanui ..	15 16 10½	35 15 7	2 15 3	3 12 11½	0 2 1	..	7 12 9½	2 16 0½	6 6 6½	74 18 2	7 14 11	67 3 3	56 14 8½	63 3 7	6 8 10½	..	..
Averages ..	13 17 2½	19 7 9½	4 9 11½	3 3 4½	0 5 0½	0 0 2½	2 11 7½	1 5 10	4 17 0½	49 18 1½	12 7 3½	37 10 10	34 2 7½	31 6 9½	..	2 15 10½	..

TABLE XXIA.

Including first five items in Table XX	50 17 7½	35 2 1½	32 9 2½	..	2 12 11½
--	----	----	----	----	----	----	----	----	----	----------	----	----	---------	---------	----	----------

TABLE XXIB.

Patients on probation at The Camp	20 0 4½	40 2 8	3 4 6	2 13 3	0 6 3½	..	3 10 7	1 0 1½	10 14 5½	81 12 2½	81 12 2½	65 2 5½	..	16 9 9
-----------------------------------	---------	--------	-------	--------	--------	----	--------	--------	----------	----------	----	----	----------	---------	----	--------

APPENDIX II.

A BRIEF NOTE ON THE WORK OF THE DEPARTMENT WITH RESPECT TO SOLDIERS FROM THE BEGINNING OF THE WAR TO THE 1ST SEPTEMBER, 1918.

WE have dealt with two classes—those who could be treated without being placed under reception orders, being held as voluntary patients or as military patients, and accommodated, with few exceptions, either at the Anzac Hospital, Karitane, near Seacliff, or at the Wolfe Home, Auckland; and those whose condition was such that they could not be properly treated outside a mental hospital, and were admitted under Magistrate's order. Some of the patients in the first group were on the border-line of the second, and those who passed beyond that line had to be placed under reception orders and taken to a mental hospital, both for their own good and the good of the patients at the special hospital.

Total number admitted as voluntary boarders or military patients..	126	(from camps, 7; returned soldiers, 119).
„ discharged recovered	80	
„ „ unrecovered	15	
„ died	0	
„ transferred to mental hospitals under reception order..	24	
„ remaining under treatment	7	
Total number admitted under Magistrates' orders	130	(from camps, 49; returned soldiers, 81).
„ discharged recovered	55	
„ died	8	
„ remaining under treatment	67	

In a large majority of the second group the personal or family history indicated a predisposition to mental disorder.

Approximate Cost of Paper.—Preparation, not given; printing (800 copies), £35.

By Authority: MARCUS F. MARKS, Government Printer, Wellington.—1918.

Price 9d.

