

Hereunder is a return of the patients on the register, as distributed on the 17th June, 1922, and classified under the Act, showing the number on leave and those resident at that date, together with the accommodation available and the number of wards into which it is divided.

Mental Hospital.	Patients on Register on 17th June, 1922, as classified.												Patients on 17th June, 1922.				Accommodation on 17th June, 1922.			
	Class I, Unsound Mind.		Class II, Mentally Infirm.		Class III, Idiots.		Class IV, Imbeciles.		Class V, Feeble-minded.		Class VI, Epileptics.		Absent on Probation.		Resident in Institution.		Number of Wards.		Bedrooms and Dormitories for	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Auckland ..	314	251	157	46	10	7	99	63	7	29	60	33	8	7	639	422	9	8	629	401
Christchurch ..	251	319	36	30	7	7	39	42	21	12	31	46	20	23	365	43	8	7	403	458
Dunedin (Seacliff and Waitati)	419	319	47	34	12	4	48	38	40	25	54	43	5	6	615	457	11	7	533	456
Hokitika ..	140	43	30	14	..	2	2	4	2	1	10	5	..	..	184	69	4	2	210	64
Nelson (and Stoke)	85	35	20	36	1	..	58	16	1	13	14	7	1	..	178	107	3	4	197	114
Porirua ..	518	398	15	14	3	7	22	28	18	12	56	43	16	33	616	469	10	8	590	403
Tokanui ..	66	50	36	27	..	..	26	16	15	2	4	3	1	..	146	98	3	2	149	100
Totals ..	1,793	1415	341	201	33	27	294	207	104	94	229	180	51	69	2,743	2,055	48	38	2,711	1,996

It will be seen that there is an all-round shortage of accommodation, amounting to 91—of 32 for men and 59 for women.

This return is based on weekly reports furnished from each institution, and in the same reports is a statement of the number of senile patients who would be discharged if any person or body were found willing to exercise custodial care over them. I may add, as a footnote to my remarks on that subject, that at this date these specially-reported-on aged aggregate 159½ (m., 81; f., 78)—Sunnyside heading the list with 60—and, if they could be comfortably lodged elsewhere, we would willingly hand them over, and have our present accommodation problem solved. However, we have much to be thankful for, in that a number of buildings have just been completed, and merely await furnishing—the reception-house at Nelson for 8 men and 8 women; the reception-house for 21 men at Tokanui; an addition of three wards, together housing 81 women, attached to Park House, Auckland; and a new unit for 57 women patients at Waitati, in which, however, 42 patients are already housed at night, so there remains accommodation for 15 only to be added. There are new buildings, therefore, practically available for 133 (m., 29; f., 104). This means that we shall have immediately available an excess of accommodations for 45 women and a deficiency for only 3 men. But the return of patients does not include voluntary boarders, who on the 17th June numbered 92 (m., 36; f., 56), and thus the shortage of accommodation is for 50 (m., 39; f., 11), which means “overcrowding” to the extent of 1·02 per cent. Figures published recently in regard to another country worked out at a shortage of accommodation of over 12½ per cent., and I am grateful, therefore, that in a time of financial stress our building programme, though delayed, was not held up. I trust that the relief of tension which this gratitude voices will not be interpreted as an expression of tranquil satisfaction, for there is much to be done. I must indicate, as I have before, that in fairness to the patients and staff it is necessary to have accommodation, more than just enough; otherwise, from time to time, now this and now that ward will be crowded, patients being distributed in them according to their mental condition, a matter which cannot be estimated with mathematical accuracy. Further, in spite of our high recovery-rate, and in spite of the number discharged before recovery (some of which return), and with a comparatively low death-rate, it is inevitable that each year there will be an accretion to our total. With a rising general population the surplus will rise proportionately, and at present it may be estimated safely that 120 more will need to be provided for. Then again, there are additions which do not add but replace, and there are additions for the accommodation of the staff and the comfort and amenities of the patients, a proportion of which must be included in each year’s programme.

I am sure, sir, that you appreciate our difficulties and the justice of the claim outlined on behalf of those unable to state their own case, and that I may look for your support in maintaining a continuous forward movement.

An interesting judgment was given by the Court of Appeal on the interpretation of section 127 of the Mental Defectives Act, 1911. The question was whether “every person” was intended to include the husband, and, with one dissentient, the Court held it was. The first rough draft of the Bill qualified the “knowledge” or attempted “knowledge” with the word “unlawful”; but this was deleted when it was pointed out that it would deprive a woman under oversight for her mental condition from protection against a type of husband who would assert his “rights” without considering her wrongs. The Court has therefore read the words as meaning exactly what they were intended to mean. The principle which this section puts into words has doubtless played a silent part in legislation on divorce on the ground of chronic insanity. There would have been more difficulty in getting such legislation on the statute-book if those voting with the “Ayes” had not considered conjugal relations, under such conditions, an outrage on decency.

It was pointed out that the term “mentally defective” is subdivided into a number of classes, which include not alone the insane but the feeble-minded and “even epileptics”; but I would draw attention to the fact that, however wide the application, every case is governed by an indispensable condition—a state of mind necessitating the oversight, care, and control of the individual. To any person not needing supervision for such special reason the section does not apply.

What, then, of the woman who has practically recovered, and is sent out on trial to home surroundings to complete recovery? She may not now need oversight for her mental condition—