SESSION II.

1923.

$N \to W$ ZEALAND.

MENTAL HOSPITALS OF THE DOMINION

(REPORT ON) FOR 1922.

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.

Wellington, 20th July, 1923.

I have the honour to submit to Your Excellency the report of the Inspector-General of Mental Defectives for the year 1922.

> I have, &c., M. Pomare, Minister in Charge of Department for the Care of Mental Defectives.

The Inspector-General to the Hon. Sir Maul Pomare, the Minister in Charge of the Department for the Care of Mental Defectives.

SIR,-

Wellington, 30th June, 1923.

I have the honour to present my report for the year ended 31st December, 1922

The number of patients on the register at the end of the year, 4,932 (m., 2,816; f., 2,116), was 61 (m., 44; f., 17) higher than at the beginning, and the daily average under treatment during the year, 4.873 (m., 2.774; f., 2.099), was 119 (m., 51; f., 68) in excess of the previous year, while the total under care was 5,710. The number of Maoris at the end of the year was 72 (m., 40; f., 32).

The admissions numbered 839 (m., 453; f., 386), or 26 men and 16 women fewer than in the previous year. The proportion per cent. of readmissions, including 6 Maoris, was 17.28; and 694 patients, including 14 Maoris, were admitted for the first time.

The ratio of all admissions (exclusive of Maoris) to population was 6.54 (m., 6.84; f., 6.23) to 10,000; and of first admissions, 5·43 (m., 5·95; f., 4·89), so that 1,529 persons in the general population contributed one patient, and 1,841 contributed a patient admitted for the first time. These figures, more especially those which refer to first admissions, are valuable, giving, as they do, a fairly accurate indication of the extent of "occurring mental disorder" in the community, and the proportion disclosed may be regarded as satisfactory.

The discharges (excluding transfers) numbered 383, cr 63 fewer than in 1921. Seventy, or 5 fewer, harmless unrecovered persons were returned to the care of friends, and 313 (m., 156; f., 157) recovered (58 fewer than last year), representing a percentage of 37.31 (m., 34.44; f., 40.67) on the total admitted. With voluntary admissions and recoveries added, the percentage rises to 42. During the last decade there has been a tendency to a small drop in the recovery rate. Patients who recover as voluntary boarders do not appear in the general statistics; the majority of the boarders would, before the 1911 Act, have been admitted as ordinary patients. Among other causes are the greater influx of mentally infirm senile patients, of mentally deficient children, and of improvable and unrecoverable patients admitted for treatment to fit them for return to home surroundings. The average recovery rate since 1876 is 40.83 per cent.

There is a growing opinion in England favourable to treatment as voluntary boarders, in ratesupported institutions, of persons labouring under the less pronounced forms of mental disorder. Our experience is distinctly favourable. Since the introduction of the principle in the 1911 Act each year has shown an advance in the number of persons so placing themselves under treatment. Carried over from 1921 were 99 (m., 36; f., 63), and during 1922 111 (m., 57; f., 54) were admitted, making a total under care during the year of 210. That number has included examples of mental disorder ranging from many incipient to a few fairly advanced yet capable of comprehending what the procedure entailed. There have been also persons labouring under neurasthenia and organic

brain-disease needing nursing, care, and medical treatment. It is noteworthy that 11 boarders only, representing 5.24 per cent. of the total under care, showed mental disease in degree sufficiently pronounced and sustained to render it improper for them to continue as voluntary boarders, and they had to be transferred to the register of patients. The discharges numbered 87 (m., 39; f., 48), and 10 died, leaving at the end of the year 103 (m., 43; f., 60). The daily average of voluntary boarders was 98 (m., 38; f., 60).

Of a total of 5,710 patients under care, 395 (m., 211; f., 184) or 6.92 per cent. died. The causes of death are stated in the appendix, and on comparing these with last year's return it will be noted that 41 more are entered under the heading of "Senile decay," which accounts for more than half of

the larger number of deaths in 1922 over 1921, when the death rate was remarkably low.

In my last report, addressed to your predecessor, the Hon. C. J. Parr, I drew particular attention to two classes of patients, the mentally deficient and the senile. I am tempted to repeat some of the remarks, as they embody my personal opinion and, I believe, that of all my medical officers, and can therefore be placed before you as the confession of faith and policy of the Department. I said,—

ment. I said,—
"In regard to the mentally deficient, it is necessary first and foremost to separate their problem from that of the backward child, and, having done that, to inquire what is our duty towards the deficient. The answer which common-sense dictates is to place them in an environment where with their little comprehension they will not feel their disability; where they will be as happy as possible; where they will be trained for, and engage in, simple employments according to their capacity; where, as children, they will not, by association, prejudice the outlook of their normal brothers and sisters; and where, as adults, they will not have the opportunity to come in conflict with the law or to reproduce their kind. Cases of development of exceptional qualities are quoted now and again, and can be treated as exceptional; but for the bulk of the trainable cases, field or domestic employment or methodical work at simple handicrafts, useful to their limited community, are most likely to bring content to themselves, and lighten the burden which their care and control places upon the conscience and resources of the community. To the environment above indicated, much less complex than that beyond their colony, they can in a measure adjust themselves; and for the vast majority, in its interest and the public's, this should be the permanent home. For us is to teach and labour truly, so they may, in their narrow limits, endeavour to get their own living and to do their duty in that state of life unto which it has pleased an inscrutable Providence to call them. There are difficulties ahead. When petitions for freedom are made on behalf of a young man or woman, of appearance not unpleasant, who has attained some proficiency at a handicraft, or as a domestic worker, the real trouble will begin. Such persons, the 'intellectuals' in the colony and below the average outside it, would fail in free competition and be the most likely to fall into temptation with dire consequences. Sentiment must not be permitted to overreach duty, nor threats to overawe.

"I am fully aware that this is not the time to embark on an undertaking involving much expenditure, but I have set down in general terms the guiding principles of a policy to indicate the direction

in which work may be done in a small way with the ultimate goal in view.'

I am happy to be in a position to report that a modest but real start in this connection has been made at Nelson, whither deficient boys have been sent from all the other institutions. I wish I could say "all" the boys, but such is not the case, for in each locality there have been a few parental objections to transfer, which have been respected. In the emotion of the moment one must expect some mothers not to discern clearly what is the best for the little ones; but that will all come right before very long, just as soon as it is realized that for many years to come such special institutions cannot be in each locality. The boys at Nelson are under the care of nurses. At this date, the

number in residence is 52, including some mere babes, who have a beautiful nursery.

With regard to the problem of the senile whose mental reduction keeps pace with and sometimes proceeds slightly in advance of bodily decay, I stated that some, undeniably, but nothing like all the aged sent under reception orders, were properly mental-hospital patients. Ordinary physiological decay is reflected in weak and disordered bodily functions with the mental accompaniment of dementia, and the real reason why such a patient is sent to us is because he has lost the power to adjust himself to a more or less complex environment. To call this state "second childhood" is a misnomer. The child is learning from each mishap, the man is forgetting; but, even so, the term suggests an illustration. No one would think of placing the child in an adult environment, because it is realized, with his undeveloped though bright and expanding mind, he would be incapable of looking after himself. If the same common-sense were applied in the case of the senile-if it were realized that a simple and suitable environment had to be made for and adjusted to the individual, just as the child's is the necessity for treating as morbid a condition common to all who live long enough would pass. There are homes in which on account of the absence of help it becomes practically impossible to retain a restless, aged relative. Before the 1911 Act such persons were certified as and they were kept by us because we could not set them adrift. They improved rapidly in the simpler environment, the tendency to bed-sores was checked, and it was almost a straining of the law to retain them, which we had to do for their own good because there was nowhere to send To put on a proper footing the case of those who had to be sent because they could not be cared for, and not to encourage the sending to mental hospitals of the aged who could be managed outside if tactfully nursed and intelligently guided, we included in the 1911 Act the "mentally infirm "-that is, persons who owing to their mental condition required oversight, care, or control for their own good or in the public interest, such condition being one of mental infirmity arising from age or the decay of their faculties rendering them incapable of managing themselves or their It is not a question of whether the condition of an aged man or woman can be made to fit in with the above definition, but whether, interpreting it reasonably, he or she is more properly a subject for a mental hospital than for some recognized retreat for the aged.

The figures of the year under review are similar to those of the year before, and show the extent of the problem awaiting solution. According to Table III, in 1922 we admitted 52 persons aged between seventy and eighty, 21 between eighty and ninety, and 2 between ninety and a hundred. They contributed 9 per cent. of the admissions of known age. I repeat that such admissions largely represent persons who could be provided for in comfort less expensively than in the infirmary divisions of mental hospitals; and should be, if for no other reason than to protect our legitimate sick from the depressing environment of decay. It was necessary to get some approximate data to ascertain the size of any special institution or division of an institution needed to accommodate the senile cases referred to, and the Director-General of Health circularized the Hospital Boards, and kindly supplied me with the figures. Some Boards did not favour the proposal, preferring to look after their own cases, because they could be kept in their Old People's Homes for less than in a mental hospital. That is exactly our contention, and hence our suggestion that if such persons are to be sent to us, as heretofore, by Boards who cannot arrange to have them looked after in their own Old People's Homes, the time seemed ripe for us to consider separate provision for such cases at one or other of the mental hospitals, where they would be provided for simply and comfortably at a figure considerably below our average cost. Many Boards favoured the proposal, with a proviso that they should not be charged the cost of maintenance, and that the whole charge should be borne by the State, whatever Department of State undertook the work. The effect of this would be practically an undertaking by the State to provide all the cost, instead of a part as at present, of maintaining the aged The difference between persons undergoing senile decay, with its accompanying dementia, and the other inmates of an Old People's Home is merely a matter of time, depending on whether the other inmates will live long enough. When mental infirmity goes on pari passu with natural physical deterioration, we contend that, with few exceptions, such patients can be managed in a properly equipped Old People's Home, a contention which some of the replies support. When in that Home the State is responsible for a moiety, and not the whole cost of maintenance. If such an inmate were sent from one Old People's Home to another, where similar cases are nursed and attended to properly, the State would continue to pay part cost only, but if the same inmate in the same condition were sent to a mental hospital because too troublesome in the particular Old People's Home, why should the State be expected, as a matter of course, to pay his entire cost?

Last year I quoted Dr. Macgregor writing as far back as 1895:--

"Our peculiar system of local government has the effect of crowding into our asylums . . . an unusually large number of aged people suffering from senile decay—people who elsewhere find refuge in workhouses and other similar institutions. In fact, the proportion depends on the issue in each case of a struggle between the local bodies, who are anxious to relieve the local rates, and

the General Government officers, who try to defend the consolidated revenue."

In Great Britain a proportion only of the cost of the maintenance of the insane is paid by the General Government; the remainder is contributed locally, which accounts for the local administration, similar to our Hospital Boards, representing the ratepayers. Under that system, persons labouring under ordinary physiological decay of old age with dementia were not sent to asylums until the Government raised its proportional contribution for the insane poor, and then it became apparent that numbers were being certified insane and transferred from refuges for the aged poor. The return, above alluded to, from the Boards is to the effect that about 40 male and 25 female senile dements were resident in Old People's Homes, a total considerably less than those resident in mental hospitals. Also, that the same figures represented the estimated annual increment, which more or less roughly corresponds with our own annual admission of patients answering the description. I suggested last year that if the Boards cared to make terms with us for the maintenance of such cases, we would be willing to look after them separately from other patients. Under such circumstances, the Boards being responsible for spending the ratepayers' money, would appoint visitors to see that they were getting their money's worth. But, as the general contention seems to be that the consolidated revenue should not provide a part only, but the whole expenditure, I do not feel justified, at this juncture, in asking you, sir, to support a sum being placed on the estimates for the purpose.

Hereunder is a return of the patients in State institutions on the register, as distributed on the 16th June, 1923, 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.

			Patient	s on 1	Registe	er on	16th	June	, 1923	, as c	lassi	fled.				Pati		on 16th 1 92 3.	n June,			nodatio	
Mental Hospital.		Uns	ss I, ound nd.	Mer	ss II, ntally firm.	Class Idio			s IV, eciles.		s V, ble- ded.	Oldis	VI,	To	tal.	Abs on I bati	ro-	j	ident in tution.	Num o Wa:		n Dorn	rooms nd nitories or
		м.	F.	м.	F.	м,	F.	м.	F.	м.	F.	м.	F.	м.	F.	м.	F.	м.	F.	м.	F.	м.	F.
Auckland	. 1	302	242	158	52		6		66		31	63	38	640	435	11	9	629	426		8	629	401
Christehurch	.	240	306	36	31	8	6	39	44	21	9	35	45	379	441	10	10	369	431	7	7	385	4.18
Dunedin (Seacliff and Waitati	i	434	317	47	36	13	5	51	36	40	37	55	44	640	475	10	11	630	464	11	8	537	456
Hokitika	. 1	126	41	33	14		2	2	4	2	!	8	3	171	65	1		170	65	· 3	3	156	88
Nelson and Stoke		33	31	79	45		1	44	17	5	5	18	8	179	107	1		178	107	3	4	198	111
Porirua	.	539	387	14	14	3	5	22	32	17	• 12	54	47	649	497	13	27	636	470	- 8	7	590	403
Tokanui		71	49	41	27	• •	٠.	27	16	16	1	4	3	159	96	••		159	96	3	2	172	100
Totals	.	1,745	1,373	408	219	35	25	284	215	108	96	237	188	2,817	2,116	46	57	2,771	2,059	44	3 9	2,667	2,007

It will be seen that there is an all-round shortage of accommodation, amounting to 156—of 104 for men and 52 for women, and voluntary boarders are not included in the table.

I shall submit to you a building programme to make good this shortage, but I must repeat what I have often said 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 varying mental Then, again, there condition, a matter which cannot be estimated with mathematical accuracy. are necessary 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. You will be aware of the general scheme of our policy, which is not to add indefinitely to the larger institutions, just making changes in them to further the improvement of the classification and amenities of the inmates and simplify the administration as far as possible; to build on the villa system, at the smaller institutions, sufficient accommodation to provide by transfer for any excess in the larger institutions, at the same time reducing the area from which larger institutions receive their patients and increasing the area from which the smaller institutions draw theirs. Included among the smaller institutions is Tokanui, where we possess approximately 5,000 acres of land, and where, building on the villa system, grouped in such a way that each group will be, so to speak, a small institution, we can provide for a large number of patients without such being in evidence. Tokanui will thus ultimately draw patients from a considerable area, leaving Auckland to supply the needs of Auckland City and north of Auckland, and Porirua to supply the needs of Wellington and adjacent districts. I am sure, sir, that you will appreciate, as did your predecessor, our difficulties and the justice of the claim of those unable to state their own case, and that I may look for your support in maintaining a continuous forward movement.

Tables XVIII and XVIIIA show in detail the expenditure and credits for the year ended the 31st March, 1922; while in Table XIX the various items are grouped and stated in terms of per patient per annum. The gross cost per patient was £71 18s. 8½d.; the average received for maintenance was £19 0s. 3¾d.; and allowing for other repayments, such as sales of farm-produce, &c., the net average cost of maintaining patients was £49 0s. 5d. per patient per annum. Of course, there are patients whose maintenance really costs less than this; on the other hand, there are some, especially the newer admissions, who cost considerably more.

The following is the return of receipts and expenditure for our farms:

		_			
Expenditure.		£	ß.	d.	Receipts. £ s. d.
Salaries and wages	 	12,316	2	4	Live-stock and produce—
Feed	 	4,590	6	2	Sold 11,463 10 0
Sceds, fertilizers, &c	 	2,715	12	5	Consumed 23,377 8 4
Implements, barness, &c.	 	1,503	10	()	
Stock	 	990	6	6	
Rents, rates, &c	 	1,854	4	5	
Fencing, draining, roading	 	508	3	1	
Harvesting, &c	 	449	4	8	
Railages	 	. 381	4	1	
Buildings	 	14	12	8	
Sundries	 	841	9	8	
Balance	 	8,676	2	4	
					and entered in the section of a personnel over the annual entered in an annual entered in an annual entered in
		£34,840	18	4	£34,840 18 4

Recently, one of the periodical conferences of Medical Superintendents was held, when views were exchanged and many subjects of common interest discussed. The question of "stigma," looms so largely in the public mind, was brought up incidentally, and the practically unanimous opinion voiced may be expressed much as follows: How often, at a small gathering of friends, one of the company will remark, "He was never quite the same man after that severe illness." Some bodily illness of ten or fifteen years ago is referred to, and thereupon examples to support the assertion are supplied, first by one, and then by another. He had lost something in accuracy, and, when one came to think of it, his judgment was not quite so confident or weighty, and so In fact, he was carrying the stigma of that illness, whatever it was. In respect to mental disease, though by no means inevitable, there are a proportion of recovered persons who have similarly lost a something which is felt undefinably by others until discussed at such a gathering and definite instances of slight reduction in the highest faculties are quoted. Talk will turn to the probability of a second attack—to one attack predisposing another. Cases of others suffering from recurrent insanity will be recalled and confused with the one under discussion; and, then, finally, the question is put, "Can we employ him in the same responsible position?" Can they? Possibly not; the responsibility may be too great, and he may have to re-order his life in terms of mental prophylaxis. Therein lies the real stigma, sometimes partly just, however cruel, but mainly unjusta confused ignorant conception, probably an unrecognized residuum of the superstitious past and demoniacal possession. The part such old beliefs, no longer believed in, play in creating unreasoning prejudices is undoubted. The insane have no stigua branding them in Mohammedan countries, because of a passage in the Koran-"Give not unto those who are of weak understanding the substance which God hath appointed you to preserve for them; but maintain them thereout and clothe them and speak kindly to them." In this matter we may get enlightenment from the Turk.

The consensus of opinion pointed to the stigma being mainly attached to the malady, and not to its treatment in any particular place; that our voluntary patients do not feel, because of their residence in a mental hospital, that a stigma attaches to them; that those admitted under a reception order had already made their condition known before admission, and hence often the necessity

for action; that the hospitalization of the institutions now in progress, and the gradual introduction of women nurses in male hospital and reception wards, will further tend to educate the public, whose idea of mental hospitals seems to be derived from the worst cases and not the well-conducted, many of whom are on parole; that the tendency to extend parole is meeting with encouraging success; that a person is either insane or not insane; that the insane, if fit for it, can be efficiently treated in our reception hospitals without entering the main institution; that the "not insane" are outside our province, but any person who feels unstable can be efficiently treated as a voluntary boarder, and resume his place in the community as others have, without the popular stigma; that numbers of persons, known to each of those present, now doing good and important work, were patients under reception orders treated to recovery; that there was certainly a want in the community of consultants, and each of the medical officers present expressed his willingness to devote an afternoon a week to an out-patient clinic at the nearest general hospital if arrangements could be made. would, as honorary consultants, see any patient sent to them by a doctor, and advise on his case. This is a very generous offer on the part of busy men, and I can see much good come through its being properly carried out. I trust, therefore, that the Hospital Boards will take it up. Should the Hospital Boards consider it necessary or expedient to open a small ward for in-patient treatment in connection with the clinic, there is provision in the existing Act by which this can be carried out (vide section 123, subsection (6)).

Another subject discussed was the separation of the domestic and nursing divisions, especially in regard to the preparation of food and kitchen supervision. The kitchen rearrangements at Auckland were at last approaching finality, and complete rearrangement and reorganization was indicated at Seacliff and Porirua, where in the present position, not altogether the most desirable, the kitchens cannot be extended. The officers concerned were informed that a sum would be asked for to carry out the necessary work. I then introduced a subject which had suggested itself to me when the Domestic Economy School was started in Dunedin—namely, when a sufficient number had graduated to permit of selection for the fulfilment of our particular needs, that one graduate should be appointed to each of the institutions and placed in charge of the domestic arrangements, especially the kitchen and laundry, as I felt confident this would relieve some of the higher officials of much responsibility and anxiety, leaving them more time for their other duties, and I believed it would prove beneficial for the patients—the main consideration—and at the same time, in all probability, lead to actual economy in administration. The classification would be that of a higher officer. I thought it right to point out to the conference that my experience of long ago in the Old Country was not exactly favourable to such an appointment, unless the officer had a large measure of tact; that where the spheres of the housekeeper and Matron approached each other disagreements arose, were arbitrated upon, and apparently settled; but one could not help feeling that relations of armed neutrality existed between the officers, which did not conduce to harmonious working. After many such trials the office of housekeeper was abolished, and her duties were absorbed by the Matron. In the retrospect it seems clear to me that failure was due to the Matrons being fully qualified while the housekeepers were good enough practical women, who had no scientific foundation for their rule-of-thumb knowledge and faith in themselves, and that this inferiority was detected by the Matrons. The members in conference, glad to initiate any policy making for the better working of their institutions, were to consider each how his institution could best adapt itself to the new order, and I undertook to ask for your support in making one or two such appointments, experimentally in the first instance.

You will be aware, sir, that the nursing staff is trained by lectures and demonstrations, and that at the end of three years' service is examined on mental nursing and kindred subjects, and on passing are placed on a Register of Mental Nurses. There are quite a number on the Register at present, and I propose that it should be printed with the present addresses of those who have left the service, generally to be married, as I believe that such information would be useful to persons in their vicinity in cases of urgency.

At the examination held in December last, the following passed and their names were added to

Auckland: First Grade-John Alexander, Eva Mariana Gall, Eileen Hamilton, George Hepenstall, Kathleen Arabella Margaret Hill, Mary Agnes McNoe. Porirua: First Grade-Gertrude Bonner, Herbert John Freeth, Arthur Hustler, James George Young; Second Grade-James Alexander Anderson, George Harper, Robert Nichol. Christehurch: First Grade—David Aiken, Agnes Hone. Seacliff: First Grade Doris May Charlton; Second Grade—Henry Frederick Bennett.

I find the names of those placed on the Register as a result of passing the examination held in

December, 1921, were inadvertently omitted from my last annual report. They are as follow:—

Auckland: First Grade—Samuel Donnell, Lucy Blanche Skipper; Second Grade—Martha Halliwell. Porirua: First Grade—William Francis Mansfield, John O'Sullivan, Lucy May Wilson; Second Grade—William Joseph Blannin, William Harding, Charles Huckstep, Muriel A. S. Matthew, John O'Sullivan, Lucy May Wilson; Second Grade—William Joseph Blannin, William Harding, Charles Huckstep, Muriel A. S. Matthew, John O'Sullivan, Lucy May Wilson; Shelden, Grazer, Sweet, Thomas Background Shelden, Gra John Paterson, Robson Young Peacock, Thomas Readymartch, Charles Sheldon, George Smart, Weir Stoddard McMorran. Nelson: First Grade—John Benjamin Darcie Kemp, Elsie Louisa Heslop; Second Grade—Harold George Muncaster. Hokitika: First Grade—Edgar Moore Hatton Dawson, Eileen Smith, Mary Dale, Alexander Askew; Second Grade—Thomas Austin Sumner, John Leonard Hughes. Christchurch: First Grade—Catherine Mary Garlick, James McGuinness; Second Grade Cyril Joseph Stafford Moore. Seacliff: First Grade Donald McMillan, Margaret Mulrine, Robert Stuart, Charles Mollison Duncan, James Kinmond, Rose Venus Rains, Mabel Braimbridge; Second Grade James Henry Brook, Bridget Katherine Hickey.

I have again to express my indebtedness to the District Inspectors and Official Visitors for their advice and help. I do not think the community realizes the very great and gratuitous service that these officers give the State. The knowledge which they learn by experience is reflected in the reports they furnish, which as an expression of educated lay opinion are most valuable.

It is with deepest regret that I record the death of Miss Colborne-Veel. All who were brought under her influence will have felt that death had taken a rare, benevolent, brave, unselfish personality. During her illness she wrote, "An always troublesome heart worried the lungs into congestion—a pity when such near neighbours are not good and joyful enough to dwell together in unity. The Matron very kindly came down to bring me the hospital news, and I have had several letters from the wards." Later she wrote that with extreme regret she was obliged to tender her resignation as Official Visitor to Sunnyside, and in acknowledging this letter I said, "You will understand how secure I felt in your wise and kindly friendship for the patients and love of the work, knowing that such feelings are reciprocated and such efforts never lost; whereas by a little unwisdom or misplaced sympathy much mischief may be wrought. . . We have often remarked how, when you first began visiting, you learned the whys and wherefors before making suggestions, and how you thereby won the confidence and co-operation of the staff, which, I believe, has the best intentions." She is mourned by staff and patients, and for many years the memory of her sympathetic personality and her visits will be kept green in the wards and recalled lovingly.

In addition to the visits of the District Inspectors and Official Visitors, and to those carried out by Mr. Holder and Miss Hanna, of the Head Office staff, I inspected as follows:—

Auckland.—Visited in April, August, and November, 1922, and in April and May this year. During the first of these visits the institution was visited by a severe epidemic of enteric fever, traceable to the water-supply, which ceased as soon as it was substituted by the town supply. There are always in the community a number (comparatively few) of "carriers"—generally unknown to themselves and others without a proper investigation, impossible unless suspicion suggests its need. We question new admissions and do our best, within reason, to trace "carriers," but doubtless every few years one, with no history to suggest the possibility, will slip past, and in due course may be responsible for a few cases before being discovered. But the epidemic in question came from without. I wish to pay a tribute to the staff for the excellent way in which the sick were nursed and cared for.

The accommodation has been largely augmented by the addition to Park House, which provides small well-designed wards with a beautiful and extensive outlook beyond the estate. Now this urgent need has been met there remains another, the provision for a hospital ward for about forty patients on the male side, the hospital proper being filled with senile patients needing infirmary treatment. Meantime maintenance work, which had got behind, is being prosecuted vigorously to place matters in a normal position, in which each year's maintenance work—painting, renovation, &c.—can be kept up'to date by the artisan staff. The kitchen alterations have proceeded slowly, but at last show the end in sight. I am of opinion that the kitchen and other domestic services should be placed under a practical woman, a graduate in domestic economy, with an experienced staff. To begin with, the cost will go up; but it will be repaid in improved service and in lesser anxiety to the higher officers. I was glad to see the Wolfe Home being used again for its original purpose, and the men's side under the care of nurses.

Tokunui.—Visited April, August, November, and December, 1922, and in May this year. I found things progressing satisfactorily—the patients well clothed and fed, their accommodation comfortable, and many sources of recreation provided. The male reception block is ready, and cases from Huntly and south are already being diverted from Auckland. The corresponding block on the women's side should be proceeded with now. Meantime cement blocks are being made by the riverside to provide material to build units for a villa, village, or hamlet institution on another part of the estate—a proceeding which can be repeated and repeated, for there are numerous good building-sites separated from each other. This institution will gradually increase the area from which it will draw its patients, with the object of reducing admissions to Auckland and Porirua. I am still of opinion that we should purchase our water from Te Awamutu, the cost notwithstanding, for though the electric motor and pump are reported as giving more encouraging results from the springs, I repeat that the springs in the district are often capricious, drying up unexpectedly, and we are taking too great a risk in depending on a group of springs for our entire supply. Considerable developmental work has been done on the estate.

Porirua.—Visited January, February, May, July, 1922, and in April and May this year. that transfers made to reduce the numbers have been more than neutralized by increased admissions. I had hoped we would be able to get along without materially adding to the size of this institution, but I fear it will be necessary to build two villas, one for each sex. As a matter of fact, these would come within the policy of improving the facilities for classification, proposed in connection with larger institutions which it was deemed undesirable to enlarge. Apart from the above, the urgent need at Porirua is to remove the engineer's department to another side and turn the boiler-house, engineroom, &c., into an up-to-date kitchen, utilizing the present kitchen, chiefly, to enlarge the diningrecreation hall. This work was not pressed before owing to the financial stringency, and not because it could be easily deferred. I do not advocate any change during the transition, but thereafter I think the domestic services should be place under a suitable graduate in domestic science. I found the food of the patients varied and wholesome, and the laundry working well, and therefore the above recommendation is not made because of complaints, but the Matron of a large institution has sufficient anxiety in supervising the patients, and may well be spared domestic anxieties. The staff are working well, and the patients are receiving needful attention notwithstanding present difficulties, which I trust may prove temporary. The reception wards are bright, and continue to minister to the comfort of patients capable of residing therein.

Nelson.—Visited in June and December, 1922, and in February this year. Great strides have been made since the last report. A number of patients have been received on transfer, a large proportion has been placed on parole and has not abused the privilege. To complete the open-door

system under trial, one "closed villa" is necessary to take the relatively small number deemed untrustworthy. Plans are well advanced. The above refers to additions to Stoke, where an institution on the villa or village plan is coming into being. At Nelson proper, whence the majority of men patients have gone to Stoke already, the auxiliary building has been adapted to a villa for imbecile boys. In this building there is a section for very young children which is fitted up and decorated as a nursery. The boys are under the care of nurses.

Hokitika.—Visited January, March, May, and December, 1922, and in March this year. Some measure of real progress can be reported. The first new block of buildings is completed, the new drainage is junctioned up, and the reception hospital is to be constructed in part by outside contractors and in part by ourselves, according to an arrangement entered into with the Minister of Public Works. We have started on our part, removing the old buildings occupying the site and preserving the Nurses' Home for removal and re-erection as an isolation hospital. The installation of electric light and power is another forward move. The patients were well fed, and no complaints were made to me. Their general health was good. The forestry experiments appear to be most

hopeful.

Christchurch.—Visited in March and December, 1922, and in March this year. The addition to the day-rooms of Wards 2 and 4 is a great boon, and the dining-room additions should soon be in occupation. A small addition for infirm women on the ground floor is the next want. The perished plaster on the male side is gradually being repaired. Parts already completed and decorated look very well indeed, and accentuate the necessity for pushing on with the remainder. The reception hospital and its amenities make it a very desirable building for its purpose, and I have never visited it without some patient paying it a tribute spontaneously. "The Lodge," Hornby, is now in working-order and working well. There is satisfaction in knowing that the experiment has justified itself. I was particularly pleased on my last visit, when invited by one of the ladies to afternoon tea, to find the others distributed naturally in the room, and to listen and join in the small-talk associated with such occasions—a stranger introduced would have thought himself in a well-ordered private house.

Seacliff.—Visited in March and December, 1922, and in June this year. The patients in this institution and the adjunct at Waitati were found well, and with few exceptions contented and happy. As usual, any person wishing his case investigated was accorded a private interview. Those who so applied proved quite unfit for discharge. The food is good, and the general health of the patients was satisfactory. Some addition is wanted on the men's side, and I think, in pursuance of the policy not to add materially to Seacliff, that a villa should be built at Waitati. Here also should be the main laundry for both institutions. We will get a report, but, merely judging by appearances, there is an ample water-supply. Apart from this villa, the most needful addition at Seacliff is a new kitchen. A site has been selected, but it is really a matter for an architect to discuss on the spot with all the officers likely to be concerned. It will be time enough thereafter to consider the reorganization of the domestic services.

Ashburn Hall.—Visited in March and December, 1922, and in March and June this year. This licensed hospital continues to fill a useful purpose. No complaints were made to me on my visits; the health of the patients was good, the quality and serving of the food very satisfactory. It is quite evident that Dr. Will exercises a kindly supervision which is appreciated by his patients.

In conclusion I have to express my thanks to the Medical Superintendents and their administrative officers, and to the Head Office Staff, whose devotion to duty I now record, for another year's work well done. I regret to report that Dr. Gow's ill-health has necessitated his absence on sick-leave. I hope, sir, before long that you will visit the institutions personally and learn our requirements on the spot. I am sure when you have been the round, you will recognize favourably what has been done, and what we want in the immediate future.

Hon. Sir Maui Pomare, K.B.E., C.M.G.

I have, &c., FRANK HAY.

MEDICAL SUPERINTENDENTS' REPORTS.

AUCKLAND MENTAL HOSPITAL.

Dr. BEATTIE reports:

Our numbers decreased during the year from 1,084 to 1,070. There were 226 admissions, of whom the largest numbers were farmers and labourers, and, in the case of women, those engaged in domestic duties: of the total number in the Hospital at the end of the year, 513 were born in New Zealand, 192 in England, 85 in Ireland, 58 in Australia, and 40 in Scotland. The remainder consisted of 45 Maoris and patients drawn from various countries. The recovery-rate was 46.41 per cent. The death rate anounted to 9.16 per cent. This was aggravated by 17 deaths from enteric fever. During the year a severe outbreak of typhoid fever occurred due to a cause outside of our control. There were over 100 cases in the Hospital. The next chief cause of death was senile decay. It is perhaps necessary again to draw attention to the large number of senile cases in our Hospital and the inadequate provision which is made for them. As they are largely confined to the infirmary ward, it is absolutely essential that a new Hospital block be built to accommodate about 40 definitely Hospital patients.

The general work of the Hospital is being carried on with the amount of celerity to which one is becoming accustomed. The female side is admirably staffed, and the complaints from that side

almost negative.

I have to thank Drs. Tizard and Crawley for their help and assistance during the year, and the work of the Matron is kindly appreciated by the sisters, the staff, the patients, and myself.

I have also to thank the proprietors of the *Herald* for daily papers, gratefully received; the Official Visitors for special interest during the year, and Mr. Macpherson for his continued control of our religious services.

TOKANUI MENTAL HOSPITAL.

Dr. Gribben reports:

On the first day of the year there were on the register 150 male and 101 female patients—total 251; also 1 female voluntary boarder. During the year 1 male and 1 female patient were admitted and 10 male patients were received on transfer; also 5 male and 2 female voluntary boarders were admitted. Four male and 1 female patients and four voluntary boarders were discharged. Four male and 3 female patients died, thus leaving on the register on the 31st December, 1922, 153 males and 98 females (total 251 patients), and 1 male and 3 female (total 4) voluntary boarders. The average number resident during the year was 248 patients and 4 voluntary boarders. The seven deaths were due respectively to paraplegia status epilipticus, senile decay, phthisis, valvular heart-disease, and malignant disease of stomach. The general health of the patients has been excellent throughout the year.

By way of recreation for patients we have had regular dances during the winter and a series of concerts throughout the year; also occasional visits to the picture-theatre at Te Awamutu. Religious services were conducted twice monthly. The new male reception block was completed in December, and as soon as the furnishing and fittings have been installed we will be ready for the admission of male cases.

Progress in the development of the estate has been satisfactory. Last autumn an area of 400 acres of virgin country was ploughed and laid down to grass, and this season a further 450 acres will be similarly developed. This has been made possible by the labour available from the Prisons Department, by the aid of which also 170 acres of swedes and 150 acres of oats have been put in. The work of blockmaking at No. 1 camp has been suspended on account of stoppage in the supply of cement. Meantime a reserve of washed river-shingle is being laid in at the block-shed. The water-supply for the main building is still causing grave anxiety, and I would respectfully urge that the installation from Te Awamutu be treated as a matter of immediate urgency.

I have to thank Dr. Macpherson, to whose unflagging interest and energy whatever measure of success that may have attended the administration of the institution is largely due. I wish also to express my gratitude to the staff generally for their combined loyal co-operation.

PORIRUA MENTAL HOSPITAL.

Dr. Jeffreys reports:-

Referring to the statistical tables for 1922, it will be seen that the number of patients under care during the year was 1393 (males, 810; females, 583), the average number resident being 1,095 (males, 634; females, 461). These numbers do not include the voluntary boarders, of whom there were 55 (18 males, 37 females) under treatment, the average number resident being 25, bringing the total average up to 1,120, and this in spite of the fact that 80 patients were transferred to other institutions. Exclusive of transfers there were 243 admissions (135 males and 108 females), and of these 210 (124 males and 86 females) were admitted for the first time. Of the 83 patients who were discharged, 77 were recorded as recovered, making the recovery-rate nearly 32 per cent. on the number admitted. The figures are satisfactory considering the large number of senile and incurable cases that were admitted. The death-rate was fairly high, being nearly 11 per cent. on the average number resident; but of the 107 deaths 25 were due to senility, 19 to general paralysis, and 16 to heart-disease. There were 4 deaths from typhoid fever, and 1 accidental death, which has already been fully reported.

I regret to have again to refer to the overcrowding of this institution, for in spite of the comparatively large number of transfers to other institutions during the past three years our numbers are steadily increasing, and sleeping-accommodation is taxed to the utmost. Valuable day-room space is taken up by beds, rooms intended for totally different purposes have been converted into dormitories, and a large number of patients have to sleep on shakedowns. With the steadily increasing population of the North Island it is inevitable that an institution which receives patients from as far north as New Plymouth on the one side, and Gisborne on the other, should become overtaxed. The necessity of fairly heavy expenditure will shortly have to be faced, for it is not merely the question of building new wards, but, as I reported two years ago, of the reorganization of the whole of the steam plant, which is quite inadequate for even present requirements. The old Cable engine originally built for a sawmill is practically worn out, and could not possibly carry any heavier load than at present, so if new wards are built there will be no means of lighting them unless new engines and boilers are installed. The male dining-hall in the main building, which is the only recreation-hall for this large institution, is far too small for the purpose, for it was originally intended as the recreationhall for an institution of 600 patients. On picture nights it is packed to its utmost capacity, and, as it is difficult to ventilate owing to its situation in the centre of the building, it becomes very close, and is not conducive to the health of the patients; yet one prefers to risk this rather than deprive these unfortunates of one of the few pleasures in life they have to look forward to. The kitchen also is too small, and generally in a very unsatisfactory state. Owing to lack of room-space, a portion of the main corridor which runs from end to end of the building has been cut off, and for years utilized as a vegetable-room. These are only a few of the most obvious needs, and in justice to the patients themselves and to those of us who are responsible for their welfare, a heavy grant will be necessary to make this institution an up-to-date hospital for the care and treatment of the mentally afflicted; and the responsibility for these unfortunates is surely not only that of the Mental Hospital's Department, but of the community as a whole.

I have to thank my colleagues, Dr. Prins and Dr. Monaghan, other officers, and the staff for their loyal co-operation in carrying on the work of the institution.

NELSON MENTAL HOSPITAL.

Dr. Gray reports:—

During the year 1922 we have had under care 332 patients, with an average resident number of 263. At the end of the period under review our numbers showed a net increase of 79, mainly due to transfers from Porirua Mental Hospital. The death-rate was 7.9 per cent. upon the average number resident. Our recoveries totalled 14, or nearly 30 per cent. upon the admissions. It is necessary to point out that the new scheme of admitting to Nelson imbecile boys from all parts of the Dominion must materially alter our statistics. All these patients are non-recoverable, and many of them are in feeble health on admission. It may be advisable in future to treat the statistics for the boys' home as for a separate institution.

The general health of the patients has been good, but we have had during the year several cases of enteric fever, due undoubtedly to "carrier infection." The search for these "carriers" is being steadily prosecuted, and in the meantime all patients, except those in whom some definite contra-

indication exists, have been innoculated against the disease.

As foreshadowed in last year's report, we have now opened a colony villa for the imbecile boys of the Dominion. There are fifty-two boys in residence, and everything is working smoothly and efficiently under the devoted and sympathetic management of a charge nurse. Had any argument been necessary in support of the contention that, wherever possible, nurses should replace attendants in mental hospitals, it has been abundantly supplied in this instance. The children are happier, healthier, and better cared for in every way. Visiting parents have repeatedly expressed their pleasure and confidence in the new arrangements, which ensure a large amount of individual care and attention.

The establishment of "half-way houses" for the treatment of so-called border-line cases has recently received much attention in the public Press. The aims underlying the demand for such institutions are such as must receive sympathetic consideration, but in my opinion the practical solution of the problem lies not in the direction indicated, but in the further development of the villa system. Under this system we can supply every reasonable demand in the matter of classification. Each villa is set apart to receive a special class of patient, and the different classes thus dine, sleep, and work as separate units, while under the same administrative control.

Our numbers at Stoke Village Mental Hospital continue to increase, and there are now 114 male patients resident. The development of the place has gone on smoothly, and in spite, or probably because of, the very great freedom from irksome restraint. There have been no unfortunate incidents during the year. Our classification list shows that of 114 patients, 75, or 65.5 per cent., are on full parole, which means that, provided they obey the regulations of the institution and occupy their time usefully they can wander at will anywhere on the estate. Out of 114 male patients 71 or 62.25 per cent. are usefully employed chiefly on farm and garden work.

The proposed new villa will materially overcome most of our present difficulties, and I trust its

erection will be carried out without undue delay.

I wish to express my appreciation of the periodic visits paid to this institution by Miss Hanna, whose suggestions are always helpful. Thanks are also due to the Ministers' Association for Divine services, to the proprietors of the *Evening Mail*, and the cinema-manager for free passes to patients. I have to acknowledge the loyal assistance afforded to me by the officers and staff of the institution.

HOKITIKA MENTAL HOSPITAL.

Dr. Buchanan reports:-

The number of patients on the register at the beginning of the year was 253, made up of 184 males and 69 females. At the end of the year the number was reduced to 242—i.e., 172 males and 70 females. Admissions during the year numbered 15 (9 males and 6 females). Discharges were 5—all males. Seventeen deaths occurred—14 males and three females. Four patients were transferred to other institutions. The general health of the patients has been good.

Since my last report the following buildings have been completed: Central store, bakehouse, kitchen, attendants' and nurses' dining and sitting rooms, and nurses' home. Electric light has been installed in all the permanent parts of the institution, and the drainage scheme, though not complete,

is partly in use.

In the course of the next week we commence building the female wing of the new reception block. The Mental Hospital itself has been given the contract for this work, and I am confident that with the facilities that we have on the spot the work will be carried out expeditiously and cheaply.

These have done well. This is

Nine acres of the estate were planted in trees last August. These have done well. This is important work, for, by means of trees, land which now is of little value will eventually prove a considerable asset. A further 8 acres are to be planted this year.

I owe much to the staff for the loyal manner in which they have co-operated with me in the year's work.

CHRISTCHURCH MENTAL HOSPITAL.

Dr. Crosby reports:—

At the beginning of the year we had 823 patients under care, and at the close there were 812 on our register. 149 (77 males, 64 females) were admitted, including 5 transferred from other institutions; 85 were discharged (50 males, 35 females); and 65 died—a death-rate of 8 per cent. The average number of patients resident in the Hospital during the year was 791. The above figures do not refer to 42 voluntary boarders, 23 of whom sought admission during the year. Fifteen of these were discharged, 1 required certification, and 25 remained in the institution at the end of the year.

The causes leading to the mental disorder of the 141 admissions were usual ones, those coming under the casual heading of "Previous Attack" being most numerous. This is a point worthy of note, as since it is well established that one attack of insanity predisposes to another, and that premature discharge means greater probability of future relapse, the public should be less insistent

in demanding discharge of patients before convalescence is firmly established. Amongst the patients admitted were a larger number than usual of those with actively suicidal tendences—a circumstance which added to the anxiety of our work during the year.

Diseases of the nervous system and conditions arising from senile decay were the chief causes of death. In this latter connection I must mention again the great need for increased accommodation for senile patients on the female side. The ward occupied by this class is full, and senile patients cannot manage the stairs leading to accommodation in other parts of the institution.

A good deal of repair work has been effected on the male side, but there is still considerable

leeway to be made up.

One of the outstanding events of the year was the opening of the institution at Hornby. Though this has happened so recently, I feel justified in saying that "The Lodge" meets a long-felt want. I have received many appreciative remarks about this home, from the relatives of patients in residence there.

The farm returns are again good. A "farmers' day" was held here during the summer, when a number of farmers were taken round the Sunnyside farm. They showed much appreciation of our dairy herd, and the opinion was universal that we are proceeding on right lines to get the best dual-purpose cow. The farmers found much to praise in the upkeep and produce of the farm, but the condition of the farm buildings caused disappointment. In my report for the year 1921 I drew attention to the urgent need for new stables. This need grows greater as time passes.

Recreation for the patients has proceeded on lines similar to those of previous years. The extra picture-shows kindly given by our Resident Engineer are much appreciated. Our Works Overseer is untiring in his efforts to provide a variety of entertainment for the patients, and last year successfully introduced community singing among them. Mr. Souter, too, in his capacity of "Patients' Friend" has spared himself no trouble to get passes for the patients to attend various entertainments.

You, sir, will share my sorrow at the death of our Official Visitor, Miss Colborne-Veel. Her sympathetic personality did much to uplift all those with whom she came in contact, and her loss to Sunnyside is a real one.

To the visiting chaplins and to our District Inspector I wish to accord sincere thanks for the work they gave to the institution during the past year. I am also glad of this opportunity to acknowledge my indebtedness to Drs. Beale and Roberts, as well as to the senior members of the clerical and general staff for their invaluable help, cheerfully given.

SEACLIFF MENTAL HOSPITAL.

Dr. McKillor reports:-

On the 1st January the patients numbered 1,062 (611 males and 451 females). The admissions were 170 (93 males and 77 females). Sixty-nine patients were discharged during the year, and 7 transferred to other institutions. The total number under care during the year was 1,232, and 1,101 patients remained in the institution on the 31st December.

Forty-six voluntary boarders received treatment—27 males and 19 females; 8 males and 12 females were discharged recovered; 15 males and 5 females remain on our books. It is gratifying to note that many ex-patients take advantage of this section when they feel that their trouble is about to recur.

The general health of the patients has been very satisfactory. There were 55 deaths (35 males and 20 females), 5 per cent. of the average number resident. Twenty-six of the deaths were due to senile decay.

The new wing at Waitati has been completed, and has greatly relieved the congestion on the female side at Seacliff. Similar provision for the male patients is urgently required. We were seriously overcrowded on the male side at the beginning of the year, and this has been accentuated by an increase of 20 patients. The new nurse's mess-room is now in occupation, and is very much appreciated. I hope it will be possible in the near future to provide a recreation-room at the Nurse's Home. No. 2 airing-court is practically completed, and the former objectionable features have been entirely removed. The park to accommodate this class of patients is also under way, and will prove a decided benefit. A new kitchen and bakery is urgently required, and more extensions must be made to the laundry. It would probably be more satisfactory to have a laundry built at Waitati sufficient to cope with the work of both Seacliff and Waitati. The present laundry at Seacliff is built on land influenced by the slip, and it would be cheaper in the long-run to have the laundry at Waitati if a satisfactory water-supply can be obtained. The present system of lighting at Waitati requires alteration.

The farm has had another successful year. The farm buildings are in a unsatisfactory and dangerous condition. They will require to be entirely rebuilt on another site. The Farm-manager, Mr. Sutherland, is now approaching retiring-age, and his departure will be very much regretted and a distinct loss to the institution. His successor will have a difficult role to fill.

The recreation of the patients has been arranged on the usual lines. We have to record our indebtedness to you for enabling us to procure a cinematograph apparatus, which has proved a decided boon to both patients and staff.

The Deputy Inspector, Mr. Galloway, takes his usual keen interest in the affairs of the institution, and the Official Visitors, Miss Monson and Mr. Slater, are regular in their visits and carefully look after the welfare of the patients. Mr. Cumming, in his capacity as "Patient's Friend," does excellent work. I have to thank the clergymen of all denominations for their regularity in conducting Divine services.

Dr. Caselberg (Waitati) left the service to enter private practice in the Nelson District. His place was filled at the end of the year by the transfer of Dr. Roberts from Seacliff, Dr. Church succeeding Dr. Roberts at Seacliff.

I desire to record my thanks to Drs. Lee, Roberts Caselberg, and Church for their assistance and co-operation. I have also to thank Mr. Hughes and the office staff for their assistance; and to the Matron, Head Attendant, and nursing staff I wish to convey my hearty appreciation of their loyal and devoted service.

7·99 9·77 2·86

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APPENDIX.

In mental hospitals, 1st Jan Admitted for the first time	uary, 192				м, 390	ь. 304	т. 694	M. 2,772	r. 2,099	т. 4871
Readmitted	••	••	••		63	82	145	453	386	839
Total under ca	re during	the year	••			• •		3,225	2,485	5,710
Discharged and died—								0,220	_,	0,
Recovered					156	157	313			
Relieved					32	20	52	1		
Not improved					10	8	18			
Died (Not including tran	sfers_N	Lales 95 fer	males 7.1		211	184	395	409	369	778
(1,00 1110141111.8 0141		20100 00, 101								
Remaining in mental hospit	als, 31st	December,	1922					2,816	2,116	4,932
Increase over 31st Decembe	r, 1921	• •						44	17	63
Average number resident de	ring the	year	• •	••				2,774	2,099	4,87

TABLE II.—Admissions, Discharges, and Deaths, with the Mean Annual Mortality and Proportion of Recoveries, etc., per Cent. on the Admissions, etc., during the

Mental Hospitals.			pitals		- 1							1922.					l Numl	
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Nelson	 	110		-	15	26	17	43		3	ĭ	4	70		70	209	123	33
Porirua		670		$\overline{3}$ 1. $\overline{1}$		124	86	210			22^{-}	33	5	2	. , i	810		1,39
ľokanui		150		. ,	51	1	0	1		0	1	1	10	0	10	161	102	26
Ashburn Hall (priva		16	2	4	40	3	4	7	1	1	1	2	1	0	1	21	29	5
mental hospital) Totals		2,772	2 00	0 4 8	71	390	204	694		53	 82	145	95	7	102	3 995	2,485	5 71/
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Mental Hospitals.				D:-	. 1				1				Total	disc	harged		pitals o Decem	
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Auckland	м. 51	г. 54	т. 105	м. 6	F. 6	т. 12	м. 2	F. 1	T.	м. 62	F. 58		M.	119		M. 646	F.	T. 1,070
(0 1 1 1					6	23	$\frac{2}{2}$	0	2	26			78	74		377	435	81:
Dunedin (Seacliff)	22		48	9	12	21	7	ŏ	7	35			73	58		631		1,10
Hokitika	3		3	2	ō	2	2	2	4	14			21	5		172	70	24
Nelson	9	5	14	2	1	3				14	7	21	25	13	38	184	110	29
Porirua	35		77	4	2	6	79	1	80	56	., -	107	174	96		636	487	1,12
Tokanui	2		2	. 2	1	3		• •		4			8	4		153	98	25
Ashburn Hall (private mental hospital)	1	1	2		• •		3	3	6	U	3	3	4	7	11	17	22	3
Totals	156	157	313	42	28	70	95	7 1	02	211	184	395	409	369	778	2,816	2,116	4,93
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Auckland				•				38		1,0		46.7			47.51		13.84	
Christchurch			• •	٠.		٠.		67	424		91	43.4			45.59	7.08	9.20	8.22
Dunedin (Seacliff)			• •	•		• •		16		1,0		24.4			28.91	5.68	4.38	5.14
Hokitika							ſ	71	72		43	33.3			20.00	8.18	4.16	6.99
NT 1															OO MO			
Nelson Porirua			• •	• •		• •		$\frac{54}{34}$	109	$\frac{2}{1,0}$	63	$\frac{31.0}{25.9}$			29·79 31·68	9.09	6.41 11.06	$\frac{7.99}{9.77}$

 $\frac{150}{17}$

Ashburn Hall (private mental hospital)

Totals

98 23

2,747 2,062 4,809

248

40

34.44 40.67 37.31

TABLE III.—AGES OF ADMISSIONS.

Ag	Ages.			Auckland.		Christchurch	tureh.	Dun (See	Dunedin (Seacliff).	Ho	Hokitika.		Nelson.		Porirua	ua.	Tok	Tokanui.	Ashb (Priva Hos	Ashburn Hall (Private Mental Hospital).	****	Total.
Under 5 years From 5 to 10 years 11 15 20 30 30 40 40 50 60 70 80 90 100 106 Transfers Transfers	:::::::::::::::::::::::::::::::::::::::	::::::::::::::	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2	22.444.22.1.3.2.1.3.2.1.4.4.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2	E. S.	F114488608830 4 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	¥ - 1 7 2 2 4 2 1 1 2 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	1	ğ 684100014	F. 490280181		7.1.0000004911999 07 7.20000090000000000000000000000000000000	f: ଅମ୍ପର୍ଶ ପ୍ରତ୍ୟ ପ୍ରତ୍ୟ ପ୍ରତ୍ୟ ପ୍ର	1. 1. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.	7	M. 10	7	M. 22 M. 1	F: :::::::::::::::::::::::::::::::::::	4 4 4 1 1 2 1 2 1 2 1 2 2 1 2 2 2 2 2 3 2 3 2	F. T. 59 9 6 6 22 9 10 16 16 16 16 16 16 16 16 16 16 16 16 16
Totals	:	:	11	114 112 226	1	9 22	64 141	93	77 170	6	6 15	.	99 18	18 117	140 110 250	0 250	11	1 12	,ë	5 10	548	393 941

Table IV.—Duration of Disorder on Admission.

	Total.	M. F. T.	0/1	64 55 119	27	106 98 204	100	-	548 393 941
	Ashburn Hall (Private Mental Hospital).	M. F. T.	o	•	1 1 2	0 1	: <	I 0 I	5 5 10
	Tokanui.	M. F. T.	T 0 T	T 0	:	:	: <	OI O OI	11 1 12
	Porirua.	M. F. T.	1	35 26 61	15 10 25	15 28 43	:	7 2 6	140 110 250
N ADMISSION.	Nelson.	M. F. T.	4	:	6 4 10	14 10 24		0/ 0 0/	99 18 117
IV. —— DUKATION OF LIBORDER ON MARKENION	Hokitika.	F. F.	G	2 1 3	3 0	2 0 2	:	:	9 6 15
DUKATION O	Dunedin (Seacliff).	M. F. T.	67.	10 15 25	13 23 36	30 6 36	: '	3 1 4	93 77 170
TABLE LY.	Christchurch.	M. H.	73	9 10 19	17 16 33	18 11 29	: '	c + 1	77 64 141
	Auckland.	M. F.	71 68 139	8 2 10	3 3 6	27 39 66	•	G O G	114 112 226
			First Class (first attack and within 3 months on admission)	Second Class (first attack above 3 months and within 12 months on admission)	Third Class (not first attack, and within 12 months on admission)	Fourth Class (first attack or not, but of more than 12 months on admission)	Unknown	Transfers	Totals

Table V .-- Ages of Patients discharged "Recovered" and "Not Recovered" during the Year 1922.

	Auckland,	·nd.	Chris	Christchurch.	Dunedin (Seacliff).	(Seacliff).	Hokitika.	tika.	Ne	Nelson.	Pol	Porirua.	Tok	Tokanui.	Ashburn Hall (Private M.H.).	n Hall M.H.).	To	Total.
Ages.	Re- covered.	Not re- covered.	Be- covered.	Not re- covered.	Be- covered.	Not re- covered.	Re- covered.	Not re- covered.	Be- covered.	Not re-	Be- covered.	Not re-	Re- covered.	Not re- covered.	Re- covered.	Not re- covered.	Recovered.	Not recovered.
Under 5 years From 5 to 10 years 7 15 7 20 7 30 7 30 7 40 7 50 7 60 7 70 8 80 7 90 7 100 100 100 100 100 100 100 100 100	M. F. T. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	M 10 1 4 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	M. F. 10 10 11 0 11 0 11 0 11 0 11 0 11 0	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		F. 1 2200400 F	E 60	H		H. 154 657 1. 154 657		T. M. F. T.	20 1 20 1 30 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	й онн й:::::ноо:::::	0 о	H	M. 6 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	25 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Totals	51 54 105 8 7 15 33 29 62 19	8 7 18	5 33 29 6		6 25 22 26 48 16 12	16 12 28	3 0 3	1 4 1 01	6 9 5 14	2 - 2	3 35 42 7	- m	: 0	2 2 1 3	1 1 2	, m	156 157	313 137

TABLE VI.- AGES OF PATIENTS WHO DIED.

TABLE VII.—CONDITION AS TO MARRIAGE.

						Ad	missio	ns.	D:	ischar	ges.	1	Deaths	s .
													* * * * * * * * * * * * * * * * * * * *	
UCKLAND— Single						м. 68	F. 47	т. 115	м. 24	ғ. 18	т. 42	м. 32	F. 24	т 56
Married	••	• •	• •	• •	• • •	32	54	86	31	39	70	$\frac{32}{23}$	23	4(
Widowed	• •	• •	• •	• •	• •	9	11	20	1	39 3	4	7	11	18
Unknown		••	••	• •	• •	ð		20	i	0	1	•		10
Transfers	• •	• •	• •	• •	• • •	5		5	2	ī	3		• •	
11001101010		••	• •	• •	•••								· ·	
	Totals	• •	••	••	• •	114	112	226	59	61	120	62	58	120
RISTCHURCH Single						46	3 0	76	29	16	45	12	13	28
Married	• •	• •	• •	••		24	23	47	19	18	37	9	14	23
Widowed	••	• •		• • •		4	7	11	2	10	3	3	12	18
Unknown	• • • • • • • • • • • • • • • • • • • •	• • •	• • •	• • • • • • • • • • • • • • • • • • • •		2	ó	2				2	0	1
Transfers	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •			, ĩ	4	5	2	$\ddot{0}$	2	~	••	
	Totals					77	64	141	52	35	87	26	39	6
inedin (Seac	diff)				İ									
Single						61	36	97	16	12	28	23	6	2
Married						25	28	53	13	20	33	10	9	1
Widowed						4	12	16	2	6	8	2	5	
Unknown	• •													
Transfers	••	• •	••	• •		3	1	4	7	0	7		• •	
	Totals					93	77	170	38	38	76	35	20	5
KITIKA						·								
Single						4	1	5	3	0	3	10	1	1
Married	• •					5	4.	9	2	0	2	4	2	(
Widowed]	0	1	1						
Unknown														
Transfers	• •						• •		2	2	4			
	Totals					9	6	15	7	2	9	14	3	1'
								·						
Single						20	12	32	6	1	7	11	5	16
Married	••	••	• •	• •	• •	6	6	12	5	4	9	3	1	
Widowed	• •	• •	• •	• •	• • •	3	0	3	0	1	1	0	1	-
Unknown	• • • • • • • • • • • • • • • • • • • •	• •	• •	• •	• •	,		9	V			U		
Transfers	• • •	• • •	• • • • • • • • • • • • • • • • • • • •	• •		70		70		• •				
	Totals					99	18	117	11	6	17	14	7	2
	100013	• •	•••	••	• •			11.7						
orirua— Single					J	69	48	117	25	11	36 i	21	18	39
Married	• •	• •	• •	• • •	• •	54	42	96	13	28		24	19	
Widowed	• •	• •		• •	• • •	12	18	30	13	20 5	41 6	11	19	4: 2:
Unknown	• • '	• •	• •	••	• •	12		90						26
Transfers	• •	• •	••	• •		5	2	7	79	i	80			
	Totals					140	110	250	118	45	163	56	51	10'
KANUI—														
Single									3	1	4	4	2	(
Married	••			• •		1	i	2	i	ō	î	Ô	ĩ	
Widowed												-		
Unknown								İ						
Transfers	• •	• •	• •	• •		10	0	10						
	Totals					11	. 1	12	4	1	5	4	3	
HBURN HAL	L													
Single	••					3	1	4	1	0	1	0	1	
Married						1	3	4	ō	ì	ī	_		
Widowed	• •					0	1	1				0	2	5
Unknown														
Transfers	• •	• •	• •	• •	• •	1	0	1	3	3	6		••	
	Totals					5	5	10	4	4	8	0	3	
TALS				*										
Single						271	175	446	107	59	166	113	70	18
Married	• •		• •	• •		148	161	309	84	110	194	73	69	143
Widowed		• •	• •	• •		32	50	82	6	16	22	23	45	6
Unknown	• •	• •	• •	• •		2	0	2	1	0	1	2	0	
Transfers	• •	• •		• •	• •	95	7	102	95	7	102			
						=40	2011	941	200	192	485	22.		
	Totals					548	393	Q/II	293	4 () , ,		211	184	39

COUNTRIES.
-NATIVE
VIII
TABLE

Total.	F. T. 339 877 142 334 824 2,669 81 211 82 82 82 82 82 83 83 83 83 83 83 83 83 83 83 83 83 83	2,116 4,932	Total.	F. T. 20 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2,116 4,932
į į	238 192 247 1,424 130 20 20 31 10 10 10 10 10 10 10 10 10 10 10 10 10	2,816 2	E	M. 4.1. 299 299 299 299 299 299 299 299 299 29	2,816 2
Ashburn Hall (Private M.H.),	M. F. T. 4 3 7 7 1 1 2 1 1 2 1 1 2 1 1 1 2 1 1 1 2 1	17 22 39	Ashburn Hall (Private M.H.).	я	17 22 39
Tokanui.	M. F. T. 29 15 44 12 14 26 9 3 12 9 77 61 138 6 2 8 1 0 1 1	153 98 251	Tok anuı.	M. F. T. 2 1 3 24 19 43 26 25 75 36 27 61 29 4 13 9 4 13 11 0 11	153 98 251
Porirua.	M. F. T. 152 87 239 33 25 58 32 25 33 105 324 283 607 32 15 47 32 1 3 4 2 6 3 0 3 1 0 1 8 8 16 17 5 22	636 487 1,123	1922. Porirua.	M. F. T. 0 1 1 1 2 7 9 0 10 10 14 14 28 88 59 147 135 109 244 160 105 265 111 82 193 77 61 138 42 32 74 7 6 13 0 1 1	636 487 1,123
Nelson.	M. F. T. 9 9 9 18 11 0 2 13 17 3 10 1 1 0	184 110 294	IT DECEMBER, 1922	M. F. T. 2 2 4. 117 2 19 118 2 114 119 111 30 22 22 25 11 36 220 25 45 220 25 45 11 3 3 4 1 3 4 1 3 4	184 110 294
Hokitika.	M. F. T. T. 32 9 411 44 4 39 106 11 44 4 4 1 1 5 1 6 1 6 1 6 1 6 1 6 1 6 1 6 1 6 1	172 70 242	PATIENTS ON 31ST B- Hokitike.		172 70 242
Dunedin (Sea-	M. F. T. 79 62 141 552 283 635 22 28 635 635 635 635 635 635 635 635 635 635	631 470 1,101	Dunedin (Secolar).		631 470 1,101
Christchurch.	M. F. T. 86 95 181 21 19 40 35 32 67 206 262 468 13 13 26 1 2 2 4 1 2 3 3 0 3 2 1 3 2 0 3 2 1 0 1 0 1 0 1	377 435 812	TABLE IX.	M. F. T. 0 2 2 4 5 9 4 5 9 10 10 20 39 31 70 76 76 152 84 116 20 66 89 155 56 64 120 26 28 54 11 10 21 1 2 3	377 435 812
Auckland.	M. F. T. 129 67 196 53 32 12 40 53 82 12 40 38 20 58 1 0 1 4 2 0 1 2 0 2 2 1 2 2 1 2 2 1 2 2 1 2 2 2 1 2 2 3 2 1 4 2 3 3 2 1 4 3 1 6 3 7 3 1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	646 424 1,070	Auckland.	M. F. T. 1 0 1 2 4 6 14 9 23 74 37 111 121 80 201 160 117 277 98 89 187 113 47 160 31 15 46 5 4 9 5 2 1 3	646 434 1,070
		:			:
Countries.	England and Wales Scotland Ireland New Zealand Australian States France Germany Austria Norway Norway Sweden Denmark Italy Chin Maoris Other countries Unknown	Totals	Ages.	From 1 to 5 years " 5 10 " 15 20 " 20 30 " 40 50 " 40 50 " 60 " 70 Upwards of 90 years Unknown	Totals

184

313

157

Total. Total. ¥ 21 4 5 5 6 6 6 7 4 6 6 7 5 6 M. 116.22 117.22 118.22 118.22 118.33 156 Ø Ashburn Hall (Private M.H.) Ashburn Hall (Private M.H.) #**--::::::** က ij ಣ ::::0::0::::: 0 Table XI.—Length of Residence of Patients discharged "Recovered" during 1922. 11 Table X.—Length of Residence of Patients who died during 1922 $\tilde{\mathbf{5}}$ 35 14 21HONNH : O : : : : : : : ಣ H-000: 000: -14 ಊ 55 Dunedin (Seacliff.) ಜ 2635 55 Christchurch, 62Christchurch. 29F 4 4 2 2 2 2 2 2 2 2 2 2 4 1 Auckland. Auckland. F8481864T088171 28 F. 0 & 5 2 2 2 2 2 4 2 2 2 0 5 7 7 7 × 4 9 1 6 8 10 10 8 1 Length of Residence. Length of Residence. month .. to 3 months .. 6 ... ", years Under 1 r From 1

TABLE XII.—CAUSES OF DEATH.

Causes.	Auckland.	Christchurch.	Dunedin (Seacliff).	Hokitika,	Nelson.	Porirua.	Tokanui.	Ashburn Hall (Private Men- tal Hospital).	Total.
I. GENERAL DISEASES. Tuberculosis— General	M. F. 3 4 0 1 2 0 1 1 0 1 2 5 0 1 0 1	M. F. 0 1 2 0	M. F. 3 1 2 0 1 0 1 0	M. F.	M. F. 0 1 1 0 3 1	M. F. 1 0 1 3 0 1 1 0 1 3 1 0 1 3 1 0	M. F. 0 1 1 0	M. F.	M. F. 1 1 9 10 0 1 0 1 2 0 5 0 2 0 17 9 0 1 0 1 2 0
SYSTEM. Mania, exhaustion from Melancholia, exhaustion from General paralysis of insane Spinal paralysis Organic brain-disease Cerebral tumour Cerebral themorrhage Subdural abscess Epilepsy Meningitis Septic neuritis Marasmus Chorea	1 1 1 1 10 0 0 10 16 1 1 2 4	1 0 1 1 3 1	0 3 1 2	1 0 1 0 1 0	0 1 1 0	1 0 0 4 17 2 0 1 0 4 0 1 0 1 0 1 0 1	 1 0 0 1	··· ·· · · · · · · · · · · · · · · · ·	3 4 3 8 31 3 1 0 10 16 0 1 3 14 1 0 8 10 0 1 0 1 0 1
III.—DISEASES OF THE RESPIRATORY SYSTEM. Pneumonia	0 3 0 1		2 2	2 0	2 1	$\begin{array}{cccccccccccccccccccccccccccccccccccc$	 	0 1	8 10 0 1 3 3
IVDISEASES OF THE CIRCULA- TORY SYSTEM. Heart-disease	2 3	5 3 1 2 1 0	1 0 0 2	2 0	1 0	5 8 1 2 2 0	1 1 1 	 	16 4 2 5 3 0 1 2 1 0
V.—DISEASES OF THE DIGESTIVE SYSTEM. Peritonitis	1 0	10	1 0			1 1	 	••	3 1 1 0
Colitis VI.—DISEASES OF THE GENITO- URINARY SYSTEM. Bright's disease	1 0 0 1	10			1 3	••			2 3
VII.—DISEASES OF THE SKIN. Gangrene senile			1 1			1 0	••		2 1
VIII.—DISEASES OF THE BONES. Rheumatoid arthritis		0 1				••	• •		0 1
IX.—OLD AGE. Senile decay	14 10	10 17	19 7	6 3	3 0	15 9	1 0	0 1	68 47
X.—External Causes. Shock Suicide Inanition (general)	0 1		1 0 0 1			$\begin{bmatrix} 0 & 1 \\ 0 & 1 \end{bmatrix}$	••	 	$\begin{array}{ccc} 1 & 2 \\ 0 & 1 \\ 0 & 1 \end{array}$
XI.—DIED WHILE ON TRIAL	$\frac{1}{62}$ 58	$\frac{0}{26}$ $\frac{2}{39}$	35 20	14 3	14 7	0 1 56 51	4 3	0 3	$\frac{1}{211} \frac{4}{184}$
Totals	02 98	20 09	30 20	14 9	1.4 /	00 01	n: 0	0 0	211 104:

TABLE XIII.—PRINCIPAL ASSIGNED CAUSES OF INSANITY.

Causes.		Auckland.	Christ- church.	Dunedin (Seacliff).	Hokitika.	Nelson.	Porirua.	Tokanui.	Ashburn Hall (P.M.H.).	Totals.
		м. ғ.	м. г.	м. г.	м. ғ.	м. г.	м. г.	м. г.	м. ғ.	M. F
Heredity		19 15	8 10	8 0	1 0	0 - 3	14 48	• •		50 76
Congenital		14 13	8 4	17 4	1 0	11 10	18 18	• • •		69 49
Previous attack		12 33	13 11	24 24	1 0	2 1	11 0			63 69
Puberty of adolescence		3 1	1 0	4 1		2 0	3 0			13 2
Climacteric		0 13	0 10	0 5		0 1	0 6			0 35
Senility		22 6	8 2	8 9	1 1	4 0	20 15		0 1	63 34
Puerperal		0 8	0 2	: .			0 6	i	0 1	0 17
Mental stress—							-			
Sudden		2 1	1 0	3 15			l		1 3	7 19
Prolonged			8 1	2 0	1 2	2 0	4 0	1 0		19 10
O 10/ 1	• •	2 0	-	_ ~			1 0		• • •	3 (
A1 1 1	• •	10 1	5 0	1 0	3 0	1 0	11 6	•••	•••	31
r. 1 1 1 1	• •		5 0	1 0	"		11 0		•••	0 1
			a	2 0	• • •	• • •	1			
Syphilis	• •	2 0	7 2	2 0		• •	15 2	• • •	1 0	27 4
Toxæmia	• •		··· -			• •	0 1		្	0 1
Traumatic	• •	1 0	0 1				4 0		1 0	6 1
Epilepsy		7 5	5 3	1 5	0 1	2 0	3 4			18 18
Arterio sclerosis		• •	1 1				3 0		٠.	4]
Heart-disease							3 2			3 2
Dia betes		1 0								1 (
Phthisis							1 0			; 1 (
Ill health		1 4	4 4		1	4 3	6 0		l	15 11
Influenza		1 0		1 0	l				1	2 (
Meningitis			0 1						1	0 1
Cerebro spinal meningitis				1 0					l	1 (
Cerebral hæmorrhage		1 0		i i	::					$\frac{1}{2}$
Organic brain disease					::		1 0		::	1 (
TT ~ '1'.		0 4		1		••			1	0 4
Hemipiegia Overwork	••	1 0	• • •	•••		••	• • •	• •	•••	lid
Th. 11 1	• •	$\begin{bmatrix} 1 & 0 \\ 1 & 0 \end{bmatrix}$		•••		•••	•••		1 0	2 6
~ ~	• •	1 0	• •		• • • •	•••			-	
	• •		1 1 1		\ ··	••	· · ·		¦	_
Injury at birth	• •		$\begin{array}{cccc} 1 & 0 \\ 1 & 0 \end{array}$	• • •		• • •				1 1
Lethargic encephalitis	• •		$\frac{1}{0}$		• • •	٠٠.	••			1 0
Septic miscarriage	• •		0 1				1			0
Unknown	• •	7 0	5 7	20 13	1 1	1 0	17 0	0 1		51 2
Transfers		5 0	1 4	• •	0 1	70 0	5 2	10 0	1 0	92
Totals		114 112	77 64	93 77	9 6	99 18	140 110	11 1	5 5	548 39

				٠	100	-		
Total. O Salariand. Christehurch. Dunedin (Seacliff). Hokitika. Nelson. Porirua. Tokanui. Ashburn Hall (P.M.H.)	Ashburn Hall (P.M.H.) Total.	Tokanui.	Nelson. Porirua.	Hokitika.	Dunedin (Seacliff).	Christeburch.	Auckland.	Occupations,
MALES.	Ма							
Maoris			1	2: 1 1	2 2 2 2	1 1 1 1 1 4 1 3 4 1 3	1	Accountants Assayer Bakers Basketmaker Basketmaker Blacksmiths Boilermaker Bootmakers Brieklayers Butchers Butchers Buttonmaker Canvasser Carpenters Carters Chemist Civil servants Clerks Commercial traveller Compositor Contractors Custodian Draughtsmen Electrician Engineer Engineer Engineer Engineer Farmers Factory hands Factory-manager Farmers Farm hands Firemen Fisherman Fruiterers Gardeners Gardeners Gardeners Gardeners Gum-diggers Inmates of special schools Insurance manager
1 Wool-workers 2 2	$egin{array}{cccccccccccccccccccccccccccccccccccc$		6 38	2		19 	1 29 1 	Insurance-manager Ironmonger Labourers Laundryman Liftman Machinists
'emales.	Fem.							
1 Pensioners 1 2 3 . 6	. 1 4 283 . 1 . 3 . 1 . 3 . 1 . 3 . 1 . 1 . 1 . 1	3	9 70 1 3 83		62 2 2 1	37 1 1 1 	1 97 2 2	Confectioner
Maches	MA 4 2 1 2 4 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 1 2 1	1		2 · · · · · · · · · · · · · · · · · · ·	2 2 2 2	1 1	1 1 2 2	Assayer Bakers Basketmaker Basketmaker Blacksmiths Boilermaker Bootmakers Brieklayers Butchers Butchers Buttonmaker Canvasser Carpenters Carters Chemist Civil servants Clerks Commercial traveller Compositor Contractors Custodian Draughtsmen Electrician Engineer Engine-drivers Factory hands Factory-manager Farm hands Firemen Fisherman Fruiterers Gardeners Grazier Grocers Gum-diggers Inmates of special schools Insurance-manager Ironmonger Labourers Laundryman Liftman Machinists Confectioner Domestic duties Draper Dressmakers Factory employee Laundresses Inmates of special schools Maoris Masseuse Milliner Music-teachers Numerical schools Masseuse Milliner Music-teachers Numerical schools Masseuse Milliner Music-teachers

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.

Excluding transfers between institutions—1,454 males, 987 females.

Percentage Percentage of Deaths Recoveries on Average Numbers Admissions.	T. M.				44.01 6.29	36.75 7.53		45.12 7.56	5.79	43.61 7.15	07.62 7.06	7.03	40.00 7.25	42.42 6.58	41.30 6.66	41.03 5.16	43.64 7.69	9:38	30.09 7.44	40.83 7.67	39.64 6.45	42.17 6.29	43.01 7.18	42.17 7.41		42.94 8.01	49.84 9.08	43.82 7.81	48.74 6.90	41.50 9.17	38.74 8.99	42.98 8.70	42.51 8.36	44.88 7.19	37.66 8.42	33.73 10.53	38-17 8-09	35.51 7.85	42.11 7.38	37.31 7.67
Percer of Recov Admis	× :	04.03 49.20	48.98	43.66	80.04	35.58	37.39	38.62	47.82	40.39	67.07	40.49	37.61	38.53	35.94	39.63	41.67	37.41	20.00	33.98	34.33	90.68	38-35	40.50	41.90	39-75	44.29	42.52	42-72	26.56	40.17	37.55	40.67	44.89 43					37-23 47	
Numbers ent.			303 904																				114 2,785							440 5,473		597 3,849		703 4,094		899 4,305	H 4	4	र च	,062 4,809
Average Numbers resident.		491 541	601	202	747	957	200 911	965	984	1,034	040,1	1,010	1,080	1,125	1,172	1,241	1,313	1,347	1,411	1,487	1,534	1,622 1	1,671	1,741	1,796	1,823	1,851 1	1,894	1,976	2,028	2,146 1	2,252 1	2,309	2,391	2,483	609	2,620	2,674	2,723	2,747 2
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Remaining, 31st December in each Year.	M. 482																						1,715 1,					٠.	2,083 1,			2,332 1,				2,603	, ,	10	2,772 2,	. €J
	F :											_ 14.7***																							•					
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	F :	2, 23	28 28 28	9 61	77		95 26	15	28	<u> </u>	60 19	2 4																	80 5	8 8	9	83	92	80		2 E	3 5	2.4		52
Discharged. Relieved.	F		14 14				17 20			34 17						15 11							26 15						17	28 28 28	17 44	35 48	27 29			17 36			30 21	,
			189			154	186 166	171	159	181	208	186	162	165	190	183	182	174	671	187	199	529	234	245	203 970	283	586	326	349	927	325	337	369	359 -	999	983 983	25.57	310	371	313
Recovered.			89																																					
			378 121																																	٠-,				
Admitted.			131																								_													
V	Ж :	221	247	229	232	7.97	238	246	207	255	212	280	234	231	281	270	252	278	204	259	300	320	352	300	360	395	359	426	419	4/4	458	. 466	509	450	010	437	512	455	479	453

Table XVI.—Showing the Admissions, Discharges, and Deaths from 1st January, 1876, to 31st December, 1922, (excluding Transfers).

In hospitals 31s	t Decembe	er, 1875			 	• •	м. 482	F. 254	т. 736
Admissions	• •				 	••	15,660	11,010	26,670
							16,142	11,264	27,406,
Discharged— Recovered	••	••		$^{ m M.}_{6,227}$	F. 5,069	т. 11,296			
Relieved		· · ·		1,139	996	2,135			
Not improved	l	••		288	201	489			
Died	• •	••	••	5,672	2,882	8,554	13,326	9,148	22,474
Remai	ning on 31	lst Decem	ber, 1	922		• •	2,816	2,116	4,932

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

						Males.	Females.	Both Sexes.
Recovered						39.76	46.04	40.83
Relieved						7.27	9.05	8.00
Not improved	••	••				1.84	1.82	1.80
Died	••,	• •	• •	••	·	36-22	26.18	32.07
Remaining	.••		• •			14.91	16.91	17.36
					-	100.00	100.00	100-00

Table XVIII.—Expenditure for Year ended 31st March, 1923.

		Auckland.	Christ	Christchurch.	Dunedin (Seacliff and Waitati).	Hokitika.	Nelsoa.	Porirua.	Tokanul.	Head Office.	Totals.
		<i>s</i> ,	d				ś	o,	só.	ď	_
Salaries	:	11 9	. 31,	_	0	11	11,340 7 10	36,840 7 2	11,137 6 0	4,554 15 8	177,657 5 5
Official Visitors	:	00		41	∞					C1	16
Advertising, photographs, books, &c	:	2.7 3	9 40 9	ဘ	33 7 6	3 14 6	22 19 6	35 0 0	- - -	c3	₩ ;
Audit fees	:	:	× -	တ-	9	•	•	:	:	•	15 13 4
Badding and clothing	•	5 551 0	4 993	- -		. 61	-	01.064	: o	•	264 18
Ruildings including additions &c.	:	_	525	٠ ا	8 0 918 1	540 6 7	479 18 9	1 008 5 11	948 13 6	•	2 0
Compensation, &c., to officer's dependants	:	201		7	` :	5	2	5	91.0	•	774 11
Dental services		3 -		8	. 56 15 6	20 17 6	0 01 0	17 11 0	2 16 0		
Developmental work, &c	:	:		٠.		٠.	١.	١.	211 15	: :	211 15
	: :	643 8	5 1.457	0	ro	461 4 5	rO				4
Fencing, draining, and roading	:	1 15 (9 11	55 14 8	:	17	102 16 10	-	: :	273 1
Freight, cartage, and transport	:	17	5 236	11	,275 4	1-	<u>ı~</u>	14	ಣ	:	010 12
Fuel, light, power, and water	:	П	9 5,273	10	10	Ξ	П	4,352 6 7	90	:	13
Funerals, expenses of	:	137 9 (3 115	Ιō	55 0 0	_	63 0 0	20 0 0		:	lõ
Furniture and fittings	:	51 11 10	108	œ	4	īĊ	162 1 10	ũ	19	0 01 0	9
Gardens and shrubberies, expenses of	:	19 19 1	141	_	18		ಣ		34 0 0	:	_
Law-costs	:) i		c)	14			:		:	6 17 1
Laundry	:	460 18	757	<u> </u>		1,143 1 9		4	114 13 1	:	Ξ
Machinery, repairs, and stores	:	282	918	<u>.</u>	1 . 0		0 6 99			:	,350 18
Maintenance lees overpaid, refund of	:	2 0 0		14	40 0 4		9	0 0 001	•	:	146 16 4
Medical rees for Cercincates, &c.	:	o or or	. 6		F 61.06	2 12 6	13 13 0			1,708 1 6	1,734 I7 0
Note: Venters, mannenance of	:	:				#	r a	o -1 -26	:	:	0 81 624
+ +		1 4 0						19 14 0			_
Uniforms murchase of	:	_	539		834 14 1	183 -	141 11 7		148 0 8	:	0 795 10 4
Patients, expenses connected with—	•	•		,		•	:	•	>	:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Gratuities	:	116 15 8	13	18 11	541 1 10	:	100 11 7	85 5 4	70 4 9		
"Patients' Friends"	:	:	100	0	100				٠.	: :	0
Recreation	:	1,340 1 4	 	12	2,302 0 7	6]	9	10	555 4 8	:	Ļ-
Transfer	:	- - - - - - - - - - - - - - - - - - -		03	<u></u>	6	11	14			10
Postage, telegrams, &c	:	89 1 0	109		152 15 3	1 17	5	ij	2	211 4 11	17
Printing and stationery	:	4.	-	12	540 540 610 610	45	81 0		[6]	တ	15
	:	13,318 1 3	- <u>1</u> -	> :	4 5	4,289 19 6	N C		2,652 7 1	:	2;
Kents and rates	:	659 11 10	1,030	4 -	239 19 5	950 14	4 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		076		•
Surgery and disnepsary	:		_	¥	7	<u>+</u>	>	•	1 0 0/7	;	
Drive and instruments		362 11 9	-		380 15 3	_	85 16 9	6 61 787	10		1 630 16 9
Wine, spirits, ale, and porter	: :		6	4 00	2	0 6 2	3	-	6 15 9	:	107
Telephone services, &c.	: :	12	_	_	Ē	_	46 6 11	ုင		<u>-</u>	4 64
Travelling allowances and expenses	:	11	120	8	256 4 10	-	_	79 3 0	118 18 6	512 2 10	1,336 12 9
Treatment and maintenance in general hospital—											
Patients	:		18	15 6	24 9 6	15 0 0	. '	28 8 0	:	:	86 13 0
Statt	:	28 87 0	4	00	Ξ:	77	17 18 6	<u>਼</u>	:	:	
Contingencies, including unionseen, &c.	:	-	:		2	:	٥	7	:	12 8 0	-
Total expenditure	:	52,726 7 8	62,971	10 1	91,557 1 8	22,993 16 5		72,207 14 11	,767 17 1	7,191 16 9	357,510 10 10
Credits	:	20,060 18 11	21,219	22	517 12	,735 2	,448 17	,037 14			
Net expenditure	:	32,665 8 9	41,751	16 11	63,039 9 2	20,258 14 0	16,645 7 7	45,170 0 4	19,202 7 11	6,473 3 1	245,206 7 9

Table XVIIIA--Showing Details of Credits.

Credits.			Auckland.	Christchurch.	Dunedin (Seacliff).	Hokitika.	Nelson.	Porirua.	Tokanui.	Head Office.	Total.
			е ј 8	કર જ	s. d.	ئ ج. م.	£ s. d.	£ s. d.	ક. વે.	ક સ્ત્રે	£ s, d.
Receipts for maintenance	:		18,664 114 9	15,958 5 4	23,519 11 7	2.082 19 9	4,683 8 9	24.300 6 1	3,394 17 4	:	92,604 3 7
for farm produce	:		734 14 8	3,198 3 9	1,905 7 10	177 4 10	1,825 0 4	1,344 14 7	481 0 3	:	9,666 6 3
Miscellaneous	:		9 6 199	6 2,063 4 1	3,092 13 1	474 17 10	940 8 9	1,392 13 11	689 12 5	718 13 8	10,033 13 3
Totals .	:	"	20,060 18 11	21,219 13 2	28,517.12 6	2,735 2 5	7,448 17 10	27,037 14 7	1,565 10 0	718 13 8	112,304 3 1

TABLE XIX .-- AVERAGE COST OF EACH PATIENT PER ANNUM.

& &	d.]
Increase in 1922–23.	£ s. d.	:
# 86	d. 22433 1035 1035 111 4 4	& 814
Decrease in 1922–23.	8. 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.	5 9
- St	d. £ 104 5 2 104 7 2 94 10 94 10 94 11 94 11 94 11	13
Net Cost previous Year.	8.00 00 113 124 44	10
	d. f. 33 0 33 0 33 224 68 224 80 224 80 111 88 10 39 2 90	5 54
Net Cost per Patient.	s. d 10 C 9 7 7 2 7 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0
Net Pai	38 30 57 54 54 54 54	49
Other Repayments.	6. d.	$11\frac{1}{2}$
Othe paym	£ s. 1 6 6 9 1 1 6 2 1 4 1 0 9 1 1 4 1 3 9 1 1 3 1 4 1 3 1 3 1 4 1 3 1 3 1 4 1 3 1 3	3 17
.y- for ce.	6.1 6.2 7 7 10 10 7	33
Repay- ments for Main- tenance.	£ s. 117 8 119 13 21 8 8 13 8 13 116 4 21 17 13 11 11 11 11 11 11 11 11 11 11 11 11	19 0
- st	d. 74. 11. 22. 22. 22. 22. 23. 23. 23. 23. 23. 23	84 1
Total Cost per Patient.	8. 11. 14. 11. 11.	71 18
	######################################	
Vecessaries, neidentals, and Miscel- laneous.	s. d. 9 7½ 13 6¼ 1 4 4½ 13 1 16 6 16 4 11 1	4 94
Neces Incide a. Mis lane	£ 8 11 8 8 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9	7 14
Ale,	d. 71- 24- 24- 24- 111- 64-	$5\frac{1}{4}$
Wines, Spirits, Ale, and Porter.	# 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0
1 to 1	d. 94 11 11 10 74	82
Surgery and Dispensar	3 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	9 0
	. 188.22 II 8 8 8 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	94
Provisions.	12 m 17 m 18 m 18 m 18 m 18 m 18 m 18 m 18	15
	44 12 12 13 13 13 14 15 15 16 17 17 17 17 17 17 17 17 17 17	$0\frac{1}{4}$ 13
Fuel, Light, Water, and Cleaning.	8. d 14. 3. d 16. 0. d 18. 2. 4. 4. 18. 2. 4. 4. 10. 0. 1	
Fuel Wat Cle	44444444444444444444444444444444444444	$8\frac{3}{4}$ 1 1 $2\frac{1}{2}$ 2 13 $9\frac{1}{2}$ 4 11
arm.	8. d. 112 04 17 114 18 54 115 114 18 54 115 8 115 8 115 3 104 10 6 10 10 10 10 10 10 10 10 10 10 10 10 10	6 8
Fa	10 10 10 10 10	2 1
Buildings and Repairs.	2 2 3 3 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	$1 2\frac{1}{2}$
Buil ar Rep	6 0 1 1 1 1 1 1 1 1 0 0 1 0 0 0 0 0 0 0	_
ling d ting.	4 1 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	8 4
Bedding and Clothing.	£ 3. 55 4 3. 6 8 16 8 12 6 11 6 18	$2\frac{1}{2}$ 6 2
es.	1.99.92.22.42.42.42.42.42.42.42.42.42.42.42.42	
Salaries	£ s. 23 1 39 2 41 10 2 44 10 44 10	35 12
3.5 t.		
Average Number resident.	1,071 811 1,099 240 289 1,110 250	4,870
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ital.	£	so !
Mental Hospital	.: Seach 	Averages
Mental	Auckland Christchurch Dunedin (Seacliff Hokitika Nelson Porirua Tokanui	AF
	Auck Chris Dune Hoki Nelsc Porir Toka	

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Table XX.—Expenditure, out of Public Works Fund, on Mental Hospital Buildings, etc., during the Financial Year ended 31st March, 1923, and Liabilities at that Date.

		Mental	Mental Hospitals.				Net Expenditure for Year ended 31st March, 1923.	Liabilities on 31st March, 1923.
					İ	!	СI	ಧ್ಯ
Auckland	:	:	:	:	:	:	777	:
hristchurch (Sunnyside)	(Sunnysid	: (e)	:	:	:	:	2,245	:
Hokitika	:	:	:	:	:	:	4,789	688
Hornby	:	:	:	:	:	:	122	;
Nelson	:	:	:	:	:	:	1,929	:
Porirua	:	:	:	:	:	:	889	:
Seacliff	:	:	:	:	:	:	1,602	23
Stoke	:	:	:	:	:	:	337	•
Tokanui	:	:	:	:	:	:	515	150
Waitati	:	:	:	:	:	:	848	37
	Tots	Totals	:	:	:	:	13.852	1,099

Table XXI.—Total Expenditure, out of Public Works Fund, for Buildings and Equipment at each Mental Hospital from 1st July, 1877, to 31st March, 1923.

Mental Hospitals.		1877-1914.	1914–15.	1915–16.	1916–17.	1917–18.	1918-19.	1919–20.	1920-21.	1921-22.	1922–23.	Total Net Expenditure, 1st July, 1877, to 31st March, 1923.	24
		CH		43	ഷ		сtž	43	сų	ಯ	ঞ	4	
Angkland	:	118,140	23,434	2,774	92	1,048	1,171	543	8,040	9.013	777	165.016	
Christchurch (Sunnyside)	: :	129,349	5,107	15,157	24,346	7,647	1,238	2,490	5,139	3,494	2,245	196,212	
Dunedin (The Camp)	:	4,891	:	:	:	:	:	:	:	:	. :	4,891	
Hokitika	:	3,727	:	:	:	:	:	:	:	984	4,789	9,500	
Hornby	:	:	:	:	:	•	:	7,370	876	2,682	122	11,102	
Motuihi Island	:	561	:	:	•	:	:	:	•	;	:	561	
Napier	:	147	:	•	:	:		:	:	:	:	147	
Nelson	:	21,895	200	1,417	1,798	535	500	208	3,496	3,316	1,929	34,994	
Reception-house at Auckland	:	5,059	:	:	:	:	:	:	:	:	:	5,059	
Richmond	:	1,097	:	:	:	:	:	:	:	:	:	1,097	
Seacliff	:	164,936	7,413	6,721	266	262	996	2,069	0#	3,389	1,602	188,730	
Stoke	:	:	:	:	•	:	:	:	:	:	337	337	
Tokanui	:	35,278	10,379	10,640	5,639	6,188	8,105	4,111	5,381	9,774	515	96,010	
Waitati	:	6,743	911	671	24	88	498	848	3,620	3,217	848	17,468	
Wellington	:	29.656	:	Cr. 15	:	:	:	:	•	:	:	29,641	
Wellington (Porirua)	:	157,146	6,552		11,722	10,399	2,462	638	724	5,969.	889	213,818	
Totals	:	678,625	53,996	54,883	44,602	26,502	14,640	18,277	27,368	41,838	13,852	974,583	
		_	_							_			

Approximate Cost of Paper.—Preparation, not given; printing (575 copies), £40

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