

Nelson, with Stoke (£26,494).

Three new villas at Stoke were completed and occupied in November, and this enabled us to put into effect the policy of making Stoke the main mental hospital, and setting apart the whole of the old Nelson institution for the accommodation of mentally deficient children.

A new bakehouse was erected at Stoke.

The homestead cottage on the property acquired from Yorks has been altered and enlarged for occupation by the Assistant Medical Officer.

Hokitika (£14,764).

A new villa of the Templeton type has been erected, and is in occupation by forty-eight female patients, mainly transfers from Christchurch. Sites have been chosen for two similar buildings, which it is hoped will be completed during the ensuing year.

New machinery was installed in the laundry, and we are now doing our own washing.

Christchurch (£23,993).

The old B block, originally the Medical Superintendent's house, was demolished during the year and replaced by a new villa to hold sixty patients.

Another villa for children was erected at Templeton Farm.

Seacliff, with Waitati (£18,471).

Consequent upon the completion of the new kitchen, stores, and laundry blocks, the central portion of the main building is now ready for alterations to provide additional workrooms, staff sleeping-accommodation, and other desirable improvements. This work is now proceeding.

An additional villa for fifty women was built at Waitati, and further sites have been selected.

The old main building at Waitati is no longer safe for occupation, and plans are under consideration for its replacement by a hospital admission ward.

DANGEROUS PATIENTS.

With the gradual extension of parole and the "open door" system in our mental hospitals it is becoming increasingly desirable that a separate institution to serve the needs of the whole Dominion should be erected for the safe custody of dangerous patients.

By "dangerous patient" I do not necessarily refer to the so-called "criminal lunatic," and I do not suggest the establishment of an institution like Broadmoor, in England, to which those acquitted of serious crime on account of insanity would be automatically committed.

The great majority of those committed to our care under the part of the Act dealing with criminals are not violent or dangerous patients if provided with proper occupation, environment, and treatment, and, instead of causing any trouble or anxiety in our institutions, they are not infrequently amongst the most amenable and industrious of our patients. On the other hand, in every institution there is a small proportion of patients whose hallucinations, persecutory ideas, sexual, fire-raising, or other abnormal proclivities render them a source of great danger to their fellow-inmates and to the staff whilst in the institution, and to the community if they happen to escape. The results of their detention in an ordinary mental hospital are doubly unfortunate. In the first place, they render necessary structural precautions and restrictions which could otherwise be dispensed with to the benefit and increased liberty of the other patients, and, secondly, they have themselves to be guarded and restrained with a strictness which could be mitigated in an institution specially designed for the needs of this small group. The number for whom this purely custodial care requires to be provided is not large—certainly not more than a hundred—but their segregation in this way would be of manifest advantage to the ordinary run of patients in our mental hospitals.

PSYCHIATRIC CLINICS.

The out-patient clinics conducted by our medical officers at the general hospitals in the main centres continue to carry on useful work. Established over five years ago by my predecessor in order to afford early consultation and treatment to those suffering from incipient mental and nervous affections, the clinics have in each successive year shown an increasing number of attendances, particularly in Wellington and Auckland, where the two sessions held weekly are found to be hardly sufficient to deal with the cases presenting. During the past year two additional clinics were opened—one at Invercargill and one at Greymouth—and the figures for them are not available, but those relating to the main centres will indicate the extent of this branch of our work :—

Centre.			Number of Separate Persons seen.	Number of First Consultations.	Number of Subsequent Consultations.	Total Consultations.
Auckland	..	..	266	242	459	701
Wellington	..	..	444	287	532	819
Christchurch	..	..	39	39	98	137
Dunedin	..	..	175	175	6	181
Total	..	..	924	743	1,095	1,838