

are specially appreciative and grateful for their changed circumstances. I should like to see means granted for developing the valuable resources of the estate and for increasing the population which it could so well carry.

Recently Dr. Brett, who had acted as Assistant Medical Officer at Seacliff for eighteen months, was transferred to Wellington, and Dr. Tizard came here. To my medical colleagues and the other members of the staff I wish to convey my appreciation of their help and services.

The thanks of the authorities are due to the Otago Daily Times and Witness Company and to the Evening Star Company for copies of their journals supplied free, to Mr. Cohen, our Deputy Inspector, for the large box of newspapers, &c., which he periodically sends to the Hospital, and to private donors of books, periodicals, and other presents. The community is indebted to the representatives of various religious denominations, who have given their services during the year.

The Inspector-General of Mental Hospitals, Wellington.

F. TRUBY KING,
Medical Superintendent.

PORIRUA MENTAL HOSPITAL.

SIR,—

I have the honour to submit the following report on the Porirua Mental Hospital for the year 1905:—

At the beginning of the year there were 592 inmates, and at the end 596. The average number resident was 592 (323 males and 269 females), and the total number under care 707. Of the 95 cases admitted, 40 males and 33 females were admitted for the first time, 6 males and 12 females were re-admitted, and 4 females were transferred from other mental hospitals. Forty-five patients were discharged recovered, 8 relieved, and 4 not improved. The proportion of recoveries to the number admitted was a little over 47 per cent., which, considering the large proportion of senile cases sent in, appears to me fairly satisfactory. Forty-two patients died, making a death-rate of 70 per thousand on the average number present. This death-rate is in advance of former records at this Hospital. On examining the statistical tables I find that 64 per cent. (or 27) of those that died averaged sixty-four years of age, and of these nearly one-third were aged and infirm patients who died within a few months after admission. Senility was the chief cause of our higher death-rate, which, however, is still considerably below that which obtains in the mental hospitals of the Old Country.

The discharges and deaths practically balanced the admissions, so that there has been little fluctuation in our population during the year. It may be observed that, with the twenty patients out on trial at the beginning of the year and the twelve at the end, there was a slight decrease in the number on our register. In 1905 the number admitted for the first time was seventy-three, as against ninety-nine in the previous year. This is satisfactory, but cannot be taken to prove a decrease of mental disease in the district which this Hospital serves. As you are aware, there is no strict boundary-line between our district and that served by the Mount View Mental Hospital. The statistics of both institutions should obviously be considered together.

The bodily health of the patients has on the whole been good. No epidemic has visited the institution, but early in January we unfortunately had a death from enteric fever, the last of the cases in the epidemic of the previous year. To improve the accommodation for sick patients on the male side, I converted an attendant's bedroom adjoining the infirmary ward into a small dormitory of four beds. This is a boon to some sick patients who had previously to be in a large general dormitory. I had previously carried out a similar arrangement on the female side with beneficial results.

Two rather serious accidents occurred, one of which, unfortunately, terminated fatally. An impulsive and irritable epileptic male patient was struck on the abdomen by another with whom he had suddenly quarrelled. He died a few days afterwards from septic peritonitis. The trouble occurred as the patients were rising from the mess-table, and took place so suddenly that there was no time for intervention by the attendants present. I fully explained to you the circumstances at the time. At the inquest the Coroner went fully into the matter, and the jury exonerated the attendants from blame. The other accident was that of a rather frail female patient who was roughly pushed down by a quite irresponsible demented woman in C ward day-room. In the fall she sustained a fracture of the left arm and thigh. The injured patient's convalescence was rather protracted, but in the end she made a good recovery.

The old auxiliary cottage building has been used throughout the year for the accommodation of about twenty-four female patients. I have selected the most trustworthy and the convalescents as inmates, who appreciate the greater freedom which we are able to allow amongst this class of patients, and which is impossible in the wards of the main building. In the daytime doors are not locked, so that the patients have free access to the garden at any hour. They are encouraged to assist in necessary household duties, but within reasonable limits; they pass the time in their own way, and lead a free and healthy life closely approximating that of a private home. The change from the wards to this cottage has been strikingly beneficial in several cases and has undoubtedly hastened recovery in some. For the male patients there does not appear to me the same necessity for a cottage home. They have the advantage of the various outdoor occupations provided for them in the gardens and farm, in our workshops, &c., which have an influence for good on their mental health which it is difficult to estimate.

In consequence of the epidemic of enteric fever which unfortunately occurred in the previous year, it was decided to deal differently with the sewage. Hitherto the effluent from the main septic tank was largely used for irrigating the kitchen-garden, but, as I pointed out some years ago, the nature of the soil is too stiff, clayey, and non-absorbent to be well adapted for irrigation by sewage. All the fluid effluent from the septic tank is now conducted to large filter-beds composed of many layers of broken road-metal stacked on concrete trays over which the effluent is discharged through an automatic