

SESSION II.

1906.

NEW ZEALAND.

MENTAL HOSPITALS OF THE COLONY

(REPORT ON) FOR 1905.

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

The INSPECTOR-GENERAL OF ASYLUMS to the Hon. the PREMIER.

SIR,—

Wellington, 21st July, 1906.

I have the honour to lay before you the following report on the Mental Hospitals of the colony for the year ended the 31st December, 1905:—

The number of registered insane persons on the 31st December, 1905, was 3,112—males, 1,836; females, 1,276, being an increase of 74—males, 35; females, 39—over the previous year.

The insane of the colony are distributed as follows:—

	Males.	Females.	Total.
Auckland	380	252	632
Christchurch	276	265	541
Dunedin (Seacliff)	467	269	736
Hokitika	132	39	171
Nelson	84	58	142
Porirua	329	279	608
Wellington	149	89	238
Ashburn Hall (private mental hospital)	19	25	44
	1,836	1,276	3,112

The proportion of the male insane to the male population is,—

New Zealand (exclusive of Maoris)	3·89 per 1,000, or 1 in 257
New Zealand (inclusive of Maoris)	3·74 " 1 in 267

The proportion of the female insane to the female population,—

Exclusive of Maoris	3·04 " 1 in 325
Inclusive of Maoris	2·93 " 1 in 341

The proportion of the total insane to the total population,—

Exclusive of Maoris	3·49 " 1 in 286
Inclusive of Maoris	3·36 " 1 in 297

ADMISSIONS.

On the 1st January, 1905, the number of insane persons in our mental hospitals was—males, 1,801; females, 1,237: total, 3,038. The number of those admitted during the year for the first time was—males, 342; females, 235: total, 577. The readmissions numbered—males, 57; females, 45: total, 102. The number transferred from one hospital to another during the year was—males, 39; females, 29: total, 68.

DEATHS.

The percentage of deaths on the average number resident during the year was 7·07, as compared with 6·38 for the previous year. The percentage of deaths on the admissions was—males, 40·83; females, 26·69: total, 35·02.

RECOVERIES.

The percentage of recoveries on the admissions was—males, 41·39; females, 48·21: total, 44·19, as compared with—males, 46·18; females, 44·17: total, 45·34, for the previous year.

PROPORTION OF THE INSANE TO THE POPULATION.

1878	1 in 471 or 2·12 per 1,000
1883	" 393 " 2·54 "
1888	" 361 " 2·77 "
1893	" 330 " 3·03 "
1898	" 300 " 3·33 "
1903	" 284 " 3·53 "
1904	" 285 " 3·51 "
1905	" 286 " 3·49 "

PROPORTION OF DISCHARGES AND DEATHS TO PATIENTS TREATED.

1878	...	...	23.33	1898	...	...	18.39
1883	...	...	18.64	1903	...	...	16.39
1888	...	...	18.27	1904	...	...	14.16
1893	...	...	14.22	1905	...	...	16.27

PROPORTION OF PERSONS OVER FIFTY YEARS OF AGE IN ASYLUMS.

1878	...	...	17.03	1898	...	...	38.35
1883	...	...	21.08	1903	...	...	39.07
1888	...	...	28.77	1904	...	...	42.13
1893	...	...	36.09	1905	...	...	42.80

PROPORTION OF ADMISSIONS TO POPULATION.

1878	...	...	0.83 per 1,000	1898	...	...	0.63 per 1,000
1883	...	...	0.78 "	1903	...	...	0.70 "
1888	...	...	0.59 "	1904	...	...	0.68 "
1893	...	...	0.68 "	1905	...	...	0.69 "

PERCENTAGE OF ADMISSIONS OVER FIFTY YEARS OF AGE ON TOTAL ADMISSIONS.

1878	...	...	13.26	1898	...	...	25.61
1883	...	...	16.50	1903	...	...	31.27
1888	...	...	21.60	1904	...	...	26.20
1893	...	...	27.97	1905	...	...	30.61

The above figures show that, although there has been a large increase in the proportion of the insane to the total population (from 1 in 471, or 2.12 per 1,000, in 1878, to 1 in 286, or 3.49 per 1,000, in 1905), yet the proportion of admissions to the population has decreased during the same period from 0.83 per 1,000 to 0.69 per 1,000—that is, the apparent increase in insanity is merely an accumulation of patients in the mental hospitals, and not a real increase in the number of persons becoming insane.

The following shows the annual cost per patient in quinquennial periods from 1876 to 1905:—

Year.	Cost per Patient.			Year.	Cost per Patient.			Year.	Cost per Patient.		
	£	s.	d.		£	s.	d.		£	s.	d.
1876	46	1	5½	1886	27	0	9½	1896	22	9	10½
1881	25	18	4½	1891	20	16	2½	1901	21	17	9½
								1905	26	12	7½

It will be noticed that there has been a considerable increase in cost since 1901. This is accounted for by an increased scale of salaries and extra leave which came into force last year, and by the large increase in the cost of many of the principal articles of food during the last two or three years.

ACCOMMODATION.

Prior to 1891 there was no provision in the law with regard to the cubic space for dormitories in mental hospitals, but in that year a clause was inserted in the Act providing that the dormitories should be of such a size as would admit of not less than 600 cubic feet of space per patient, but it was not until last year that it was found possible to comply with this.

The total sleeping-accommodation at present available in our mental hospitals allows 608 cubic feet per patient.

FINANCIAL RESULTS OF THE YEAR.

The following table gives the gross and net cost per patient for the year 1905, as compared with the previous year:—

Asylum.	1905.		1904.		1905.	1905.
	Total Cost per Patient.	Total Cost per Patient, less Receipts for Maintenance, Sales of Produce, &c.	Total Cost per Patient.	Total Cost per Patient, less Receipts for Maintenance, Sales of Produce, &c.	Increase.	Decrease.
Auckland	£ 28 19 8½	£ 22 3 7	£ 25 6 10½	£ 17 16 11½	£ 4 6 7½	...
Christchurch	23 11 11	25 7 0½	29 4 11½	20 9 3½	4 17 8½	...
Seacliff	40 1 11¾	31 16 9	32 6 6	22 16 2¾	9 0 6¼	...
Hokitika	26 1 9¾	23 15 5¾	26 3 11½	21 3 8¼	2 11 9½	...
Nelson	35 13 11	27 16 4½	33 11 2¼	26 16 2¼	1 0 2¼	...
Porirua	31 6 8¼	25 1 3¾	29 8 9	23 14 7¾	1 6 8	...
Wellington	38 8 1½	30 7 2½	35 2 3½	26 7 11¾	3 19 2¾	...
Averages	33 16 8¼	26 12 7¼	29 15 4	21 19 11½	4 12 7¾	...

The receipts from produce, &c., sold from the asylum farms are as follows :—

	£	s.	d.
Auckland	379	2	4
Christchurch	1,170	11	2
Seacliff	1,115	3	0
Hokitika	40	4	3
Nelson	162	15	0
Porirua	633	16	3
Wellington	157	8	0
Total	£3,709	0	0

NEW WORKS AT THE VARIOUS HOSPITALS.

Last year our mental hospitals were greatly benefited by the extension of Seacliff to include Orokonui, thus enabling us to remove many of our epileptics from the general wards, a most important step towards the proper classification of our patients.

The Camp, Otago Peninsula—which has been purchased for the purpose—will soon be available for a still further relief of a most embarrassing class of patients which has hitherto hampered our efforts at classification.

At Richmond, near Nelson, a Home for Idiots and Imbeciles has been opened, and is well managed by Mr. and Mrs. Buttle. This is a great improvement, and when the contemplated authorised extensions are carried out we may congratulate ourselves on our steady progress towards sufficient accommodation of late years.

By next year a Receiving Hospital for early and doubtful and voluntary cases will be provided at Auckland out of a sum of £3,000 bequeathed by the late Mr. Wolff. This will enable us to feel our way for similar Receiving Homes elsewhere. Considerable delay has been caused by our having to acquire land for a suitable site.

CHANGES IN THE STAFF.

Owing to Dr. Hassell's leave of absence after fifteen years' of steady work, Dr. Gribben, Assistant Medical Officer at Sunnyside, was appointed Acting Medical Superintendent at Porirua. I have inspected the Hospital twice since Dr. Gribben took charge on the 1st April, and on both occasions I was highly pleased with the medical and economical management of the institution.

Dr. Jeffries has been appointed Assistant Medical Officer at Porirua, in place of Dr. Barraclough, who has resigned.

Dr. Donald, who is well known as an accomplished and highly trained expert in many departments of medical science, has been appointed as Assistant to Dr. King in charge of the Seacliff extension at Waitati. Dr. Tizard, who has had eight years' experience at Colney Hatch, was appointed Assistant at Seacliff.

Dr. Gribben's place at Sunnyside was filled by Dr. Wadmore.

D. MACGREGOR, M.A., M.B., M.C., LL.D., Inspector-General.

ENTRIES OF VISITS OF INSPECTION TO THE VARIOUS MENTAL HOSPITALS.

AUCKLAND MENTAL HOSPITAL.

27th April, 1906.—I have made an inspection of this Mental Hospital to-day and yesterday, and find that Dr. Beattie's return has had the effect of restoring to the old position the internal working of the institution. Owing to his resolute action in certain recent cases, calumnious reports have been refuted and confidence restored. The institution in all its departments is in satisfactory order. The number of patients this day is 648—males 389, females 259. I found and examined in bed 13 females and 8 males; all were receiving careful attention. There are no bedsores. The number of patients under restraint since last inspection was 2 males and 2 females. The admissions since last inspection numbered 24 females and 19 males. Five males and 11 females were discharged; 3 males and 8 females died, and 2 males were let out on probation. Twelve attendants and 1 nurse were engaged since last visit. The abnormal number of male attendants was due to prosecutions initiated by Dr. Beattie acting under my instructions. In all cases the good name of the institution was vindicated. Important improvements have been carried out since Dr. Beattie's return. The male bath-room has been enlarged. All the outside woodwork in the main and auxiliary buildings has been painted, and all the outhouses. The old fowlhouses have been removed to a new site on the farm, and a fine new airing-court is in course of construction. Inside, six dormitories and two rooms (day) have been painted, and this process is to be continued till the whole male side is completed. The old settling-tanks have been converted into septic tanks, and seem to answer well. The water-pipes have been relaid to prevent the possibility of contamination. A new store and bakehouse is partly built. My inspection has given me great satisfaction.

CHRISTCHURCH MENTAL HOSPITAL.

6th March, 1906.—I visited this Hospital on the 2nd, 3rd, 4th, and 5th, and went a night-round this evening. The general statistics hereafter will refer to yesterday's date. There were on the register 521 patients (men, 268; women, 253); all of whom were seen and many of whom were conversed with at length. Though one received the usual petitions for liberty, which too obviously could not be granted, there was no rational complaint against the management or the treatment. Fourteen patients (men, 2; women, 12) were confined to bed. Their cases were particularly inquired into, and I was satisfied that they were receiving every care and attention. In this connection I ought to state that the absence of a proper infirmary ward in each division is conspicuous. Those so called at present have a southern aspect, are sunless, and tend to be damp, and are altogether unfitted for the sick. Two pavilions running northward from the main corridor could be simply constructed and conveniently worked; and, while themselves getting adequate light and air, would not appreciably obstruct other parts of the building. The general health of the patients is good; they were well and suitably clad. Five patients (or 0·96 per cent. of the total) are reported to be wet or dirty—on the male side 2, or 0·74 per cent., and on the female 3, or 1·18 per cent. These percentages are considerably below the average, and, because they imply, as a rule, vigilance on the part of the nursing staff, are highly creditable. I was also pleased to note the general activity of the patients in useful directions, only 28 men and 68 women being idle, while the rest were, according to their capacity, doing good work, mostly in the open air. This cannot fail to contribute to the cure of the curable and the contentment of those whose disabilities have removed them from their home surroundings. Three excited women were temporarily secluded, but no patient was under restraint. There has not been an entry in the Register of Restraint since June of last year.* Dr. Gow takes a personal interest in the amusements of the inmates, and the different events are looked forward to. First in favour at this season is cricket, and 123 men and 30 women patients were appreciative spectators at the last match played by the Hospital eleven. About an equal number of each sex (altogether about two hundred patients, more or less) attends divine service. The patients are reported as conducting themselves with becoming propriety. I would like in this connection to record my appreciation of the kindly interest Mr. Smail, the missionary, takes in the patients at this Hospital. He gives up Friday afternoons and evenings to meeting them socially, and, from what I gathered, the welcome he receives must in a measure repay the sacrifice of time. I am inclined to believe that he is pre-eminently the man to initiate an After-care Association on the lines suggested in the last report, and I hope to learn that Dr. Gow has persuaded him thereto. The meals seen during the visits were abundant, of good quality, and were expeditiously served. On the male side, the bathing accommodation is not as yet conveniently placed, but plans are being prepared for a centrally placed bath-house. The bad ventilation of parts of this Hospital has often been commented upon, and on the 3rd I had the advantage of going into the matter on the spot with Dr. Gow and Mr. Campbell, the Chief Architect of the Public Works Department. As a result, a scheme of natural ventilation was arrived at which should overcome many difficulties at a comparatively small cost. It is not possible to overcome all, because the influence of sunlight is shut out of many rooms. Mr. Campbell will doubtless report comprehensively on the whole question, and I need, therefore, merely state that the scheme entails the sacrifice of some single rooms. *A propos* of this, I may here note that the bedrooms occupied by the staff are scattered more or less indiscriminately over the building, and that the majority of these may be given over to the patients if the staff were properly provided for elsewhere. In the first place, no more would be needed to sleep in the wards to assist the night staff, or in case of fire, than would be the case where a separate Nurses' Home is provided. An approximation to such a Home could be made by dividing part of the attics into cubicles for sleeping accommodation, and using the unoccupied "dressing-room" for a sitting-room, to which it can be picturesquely adapted. The whole cost would be very little. In this institution the attics are a decided menace in case of fire, and any scheme which reduces the number of patients therein and provides for them elsewhere should be considered from that standpoint alone. But I think the change will be greatly appreciated by the staff, who would find themselves grouped in the quietest part of the house. As this is the part where fire would most rapidly spread, it would be an advantage to have the staff grouped where they could immediately attend to the patients in the attic dormitories. Both in respect of the question of getting patients quickly out of single rooms, and to silence the entry of the night attendant on the usual rounds, the doors should be made to lock and open on the turning of a handle instead of the application of a key. The Matron's quarters are in the wards. I am confident that one does not get the freshest, and therefore the best, work from officials who have little leisure, and who cannot in their hours of rest be disassociated from their office. Though the Matron's rooms should be where she is within easy call, they should not be placed in the midst of a ward full of patients. Her present sitting-room would make a good-sized dormitory, while a smaller room better placed would be more comfortable in every way. The lighting, ventilation, and cooking arrangements of the kitchen have been improved, and it was being painted. A considerable amount of outside painting (gutters, &c.) has become necessary. I think it is a pity that anything more than a servery kitchen was built at the annexe. No more is necessary for the population likely to be accommodated there for a number of years. In properly constructed jacketed carriers, food can be taken expeditiously and be served without inconvenience at considerably greater distances. This effects a decided saving in initial cost, and a more decided economy in upkeep. I carefully inspected the drainage and general sanitary plumbing, and, as may have been expected in a comparatively old system which has undergone alterations as circumstances compelled, much of the work is hopelessly out of date. The tile drain, which used to get choked with willow-roots, has been replaced by cast-iron piping, and thus the chief extraneous source of mischief is removed. Minor inevitable repairs must go on, but before much is done the question should be considered as a whole. The plumber attendant, who has a working knowledge of the defects, should report individually on the traps, tanks,

man-holes, &c., in order that definite data may be at hand to formulate any alteration. Alterations in inside plumbing are straightforward, but will take time. I think the most economical way would be to appoint a temporary assistant plumber. With regard to fire appliances, the rolls of hose are hung on pegs inside where they can easily be interfered with, while the pegs supply points of suspension for suicidal patients. The hose should be lapped in position ready for use and secure from interference. I learn from Dr. Gow that the entire staff is interested in the nursing lectures, and that everything is working harmoniously. The statutory books and registers were examined, and were found to be kept neatly and up to date.

SEACLIFF MENTAL HOSPITAL.

25th November, 1905.—I have just finished my inspection of this Hospital. The male patients number 452, and the females 263—total 715. I visited one of the patients who is at present a patient in the Dunedin Hospital. Of the rest, 3 males and 2 females I found in bed. The males under special medical treatment are 7, and the women 6. I saw and examined them all. Ten men and 10 women are dirty in their habits. I found no bedsores. Four men and 1 woman had to be put under restraint for necessary reasons since the date of Dr. Hay's visit on the 2nd October. The food, clothing, and bedding are all good. The order and harmony are apparent. I notice, however, a slight want of tidiness both in the upper building and in the auxiliary farm building: both contrast badly with Simla in this respect after all allowance is made for the inferior mental state of the inmates. The chief wants, next to the new buildings for which money can be provided, and which will soon, I hope, be authorised, are the dilapidated appearances which are getting painfully manifest in the male-wards of the main building; the linoleum is worn out, and a great deal of painting is required. I earnestly hope that no time will be lost in getting this done. I visited the Waitati extension of the main institution, and pointed out to the officers in charge certain defects which must be remedied. I think the time has come for making preparations for providing a new and much larger airing and exercise ground at the upper building. As a whole this Hospital is vigorously managed, and Dr. King's enterprise and energy have been exemplified anew in his admirable scheme for the attendants' hamlet, which is unique of its kind, and will be in a short time a most valuable adjunct to the institution. The houses will be the men's own property, and the plans show a combination of taste and skill such as I have never seen.

28th February, 1906.—I visited this Hospital on the 17th and 24th instant. The figures hereafter given refer to the latter date. Since last inspection (three months ago) there has been an increase of five male patients; the number of women remains unaltered after the usual changes of population. At present there are 720 patients (men, 457; women, 363). Four men and four women are absent on probation, and one man is undergoing treatment at the Dunedin Hospital (he was there visited). Only two men and two women were confined to bed, and as usual were receiving every care and attention. The number of patients reported as wet or dirty is 19, or a percentage of 2.64 (males, 10, or 2.18 per cent.; females, 9, or 3.42 per cent.). The Special Register shows that since last inspection nine patients (all men) have at times for short periods been mechanically restrained. I satisfied myself that there was no undue use of restraint, and that the means employed were in each case the least irksome and best fitted for the purpose. In one instance the cause was unusual, namely, to prevent escape, the means being a partial restriction of the movements of the arms. The patient in question is fleet of foot and agile. It is reported that, breaking away from the attendants, he can easily scale the high picket fence round the park before he can be reached. The necessity for restraint in this case is only very occasional. Besides this patient three other males and one female patient effected their escape, but were replaced before the expiration of the statutory period. All the patients at Seacliff and Waitati were seen, and no rational complaint was made. I was very pleased to observe the evident contentment of the epileptic patients at Waitati. Their periods of excitement are spent at Seacliff (three were temporarily there at this visit), and there is little save the inevitable loss of freedom to disturb the harmony. The ten at Waitati now work well, in fact, are eager for work, look well, and some spontaneously expressed satisfaction at their improved status. I may here mention that there is a lack of means for active work which could be done under cover, and this must have been felt during this wet summer. The Seacliff patients developing the estate (twenty-one) still occupy the main building, while there were five patients in the part of the reception-house known as the "Retreat," one of these, an elderly man, was discharged during the visit. He had been at Waitati from the first, and this circumstance was very gratifying to his wife. The back yard of the main building is being asphalted, and paint and paper are gradually removing the blemishes left by the erstwhile occupants. The "Retreat" is particularly homely, and unsuggestive of an "institution." At Seacliff the painting of the kitchen and dining-hall is satisfactorily completed, and that of the recreation-hall is in progress. It was a most pleasing contrast from the state of these places at my last visit. A fair start has also been made in replacing the worn linoleum in the wards. The new byres above Simla are nearly finished. They are well situated and designed, and economically constructed. New piggeries will probably be the next building-work in connection with the farm. The immediate proximity of the present piggeries to the main cow-byres is a contravention of the Public Health Act. The staff club-rooms are practically completed, and the new billiard-table in the attendants' room is in use. The staff is working well, and there have been no dismissals. The number of patients unemployed owing to physical or mental disability is 264 (men, 158; women, 106), the remainder are actively and usefully employed, chiefly out of doors. The Chinese patients, working together under directions, have formed a characteristic vegetable-garden in the vicinity of Simla. The vegetables are of great variety, and are notably good. About a hundred patients actively participate in amusements, and about the same number attend divine service. The working of this Mental Hospital proceeds smoothly and tells the tale of enlightened direction and loyal co-operation. I regret to learn that Dr. Falconer is severing his connection with the service. The statutory books and registers were up to date and neatly and correctly kept.

HOKITIKA MENTAL HOSPITAL.

19th July, 1906.—I visited this Mental Hospital on the 17th and again to-day. It is fulfilling its functions satisfactorily. The patients are well treated medically and otherwise, and no complaints were made during the visits. All the patients were seen, looked well, and were suitably clad. Their food is wholesome and abundant, and the behaviour at table was most orderly. In fact, one is struck with the quiet that reigns. To some extent this is to be explained by the disproportion of acute cases and the number labouring under senile dementia. A large number of cases require special attention for this reason. There are 40 men (31·5 per cent.) between the ages of sixty-four and eighty-six years, many of them requiring to be fed and dressed; and 14 women (38 per cent.) between the ages of sixty and seventy-seven requiring similar attention. There are 13 (males, 8; females, 5) congenital idiots who require everything to be done for them, and 9 epileptics (6 males, 3 females) who demand special attention. The patients are encouraged to do some useful work, according to their capacity, and the usual outings and amusements are provided for their recreation. The following is a statement of the changes in the population since the date of my last visit:—

	Males.	Females.	Total.
In Hospital, 1st January, 1906	132	39	171
Admitted since	5	3	8
Total under care	137	42	179
	Males	Females.	Total.
Discharged recovered	3	2	5
" unrecovered	0	0	0
Died	3	2	5
Total discharged and died	—	—	—
	6	4	10
Remaining on register	131	38	169
Absent on probation	4	1	5
Resident in the Hospital at this date	127	37	164

Because of transfers from other hospitals in the past these numbers must not be interpreted to bear a definite relation to the incidence of insanity in this province. Nothing has happened to call for special comment since my last visit. The books and registers were examined and found to be neatly and correctly kept. The Register of Restraint contains one entry referring to the employment of gloves on one occasion for four hours to prevent the removal of surgical dressings. Five men and one woman are to-day confined to bed for medical reasons. I discussed their cases with Dr. Macandrew. One case has developed bedsores, which are, however, looking healthy and are healing. There is incontinence of urine combined with a condition rendering this man specially liable, and on inquiry I am persuaded that every precaution was and is being taken. With Dr. Downey I discussed projects for repairs and alterations of the buildings and asked him to furnish a special report of this and some other matters. The town is about to be supplied with a water-service, and it is to be hoped that this may be extended to the Hospital. Future extensions of buildings and alterations in system of drainage should have this in view. I understand that the staff is working well and loyally, and certainly my visit gave me the impression that all were doing their best. I understand that £500 would cover the cost of bringing the water-supply from town in a 4 in. pipe to the Gaol and Mental and General Hospitals.

NELSON MENTAL HOSPITAL.

20th August, 1905.—I spent the afternoon at this Hospital, and found everything in good order; I saw all the patients and examined the recent cases with Dr. Mackay. The clothing was suitable, the food good, and the staff attentive. Great improvement has already resulted from the painting of the interior, which I hope will be steadily prosecuted. The farm and garden are being vigorously improved, and I hope to have all the improvements which will be provided for in this year's estimates carried out at once. The upper reservoir is leaking badly because the clay has not been properly puddled at the south end of the dam, and if vigorous steps are not taken at once the whole thing will soon be useless. It is not a work on which patients can be either usefully or safely employed, and the wire safeguard against suicides is neither safe nor suitable. A contract ought to be made to finish the work, and it ought to be roofed in. Mrs. Cooke is very assiduous as Official Visitor.

PORIRUA MENTAL HOSPITAL.

29th March, 1906.—I visited this Hospital to-day on the eve of Dr. Hassell's departure. To Dr. Gribben, who is to act for Dr. Hassell, will be handed over the charge of an institution working harmoniously in all parts, and it must be his endeavour, and will no doubt be his pride to return it in the same excellent order. The numbers in the Hospital to-day are—men, 319; women, 277; total, 596. Eight men and four women are on probation. Eleven patients are confined to bed (men, 5; women, 6) because of physical disorder, and are receiving careful and appropriate treatment. No rational complaints were made. The wards were looking more pleasant than I have hitherto seen them, owing no doubt to the agreeable effect of pot plants and hanging baskets, and as usual every place was clean. The newly painted dining-hall looks well. A good dinner was served during the visit. The corridor on the female side between the kitchen and the laundry, and the main entrance to that side of the house, is close and pervaded with the smell of cooking—it is used as a visiting-room. The kitchen is being painted. I notice that steam from the cooking-boilers escapes into the room round the canopy. Either the exit is too small or the canopy not wide enough, or both. The new laundry machinery was

in action and is proving an incalculable boon. Owing to their small proportion here, single rooms cannot be spared for well-conducted patients, the majority of whom are naturally in the succursal buildings. To-day only one room on each side is reserved for such patients, and one of these refuses a bedstead. The remaining rooms have no abiding tenant; but from time to time, and at any time, the disturbing element in the associated dormitory has to change places with a patient not so disturbing who happens to be in a single room. As the rooms are never empty, and are occupied chiefly by the noisy and suicidal, the question of tasteful furnishing becomes a problem. The septic-tank effluent is now taken in pipes to filtration-beds situate at the bottom of the garden near the stream. It is no longer used for irrigation. The books and registers were examined and were found to be neatly and correctly kept.

6th April, 1906.—The object of this visit was to have a conference with Dr. Gribben on the spot, and discuss future proceedings with him. The institution was handed over by Dr. Hassell in the best possible order. The new filter promises to be a great success in dealing with the sewage. Dr. Jeffries has been appointed to act as Assistant Medical Officer.

17th July, 1906.—To-day I made an inspection of this Mental Hospital and found everything in good order. I saw all the patients—10 males and 5 females—who were confined to bed. I examined the dinner and was present to see it served. It was most excellent in quality, and abundant. The male patients number 331 and female 269. The patients are all suitably clad and well looked after. Eleven men and five women are out on trial. None were under restraint since last inspection. Three females were discharged within the same period. One woman died. No changes in the staff. Most of the day I have been engaged in holding an inquiry as to certain charges of insubordination against a charge nurse. I notice that in-front of No. 1 male-ward the asphalt is very broken and unequal. It ought to be broken up and laid down afresh. It has been in this state for a long time, and nothing has been done.

WELLINGTON MENTAL HOSPITAL.

8th May, 1906.—I have found this Hospital to-day in thorough good order in all its departments. Three males and 3 females I found receiving every care and attention in bed. The total number of patients is 237—males 146, females 91. No new works have been undertaken, but a great deal has been done in painting and renovating the wards and offices. The day-room in D ward, the nurses' mess-room, the day-room in E ward, the bath-rooms in D and E have been repainted and altered. On the male side, the day-room and seven single rooms have been repainted. The boiler-front sank considerably, and is now being made secure by the Public Works Department. A good spirit pervades the staff. The statutory books are in order. I have entire confidence in Dr. Crosby's ability, both as physician and administrator.

11th July, 1906.—I visited every part of this Hospital to-day, and found everything in order. Three men and two women are confined to bed, and are receiving careful treatment. One general paralytic is in such a state that it is almost impossible to prevent bedsores, notwithstanding that the utmost care is taken. In this disease this is a common phase: the nerve-supply is so destroyed that the vitality of the parts is so enfeebled as to cause the flesh to almost fall off the bones. There are 124 males working in the open air to-day. Sixty-one women are occupied in the wards, laundry, &c. Seventeen males and 24 females are incapable of attending to themselves. There is nobody under restraint. The total number of males is 156 and females 99. Three males and four females are out on trial. I saw all the recent and hopeful cases with Dr. Crosby. Dr. Brett, formerly of Seacliff, has been transferred to Mount View as assistant to Dr. Crosby. The books are all in order.

ASHBURN HALL LICENSED MENTAL HOSPITAL.

22nd November, 1905.—I find this private mental hospital in thoroughly good working-order. I saw every patient and discussed their condition and treatment with Dr. Alexander, whose knowledge and care are alike admirable. The matron is kind and competent. The lodging, feeding, and treatment are good. The buildings are suitable, and the place as a whole is beautiful and well adapted for its purpose. The existence, under such medical and administrative management, of such a place meets a great public want, and it thoroughly deserves the confidence of the public. The number of inmates is 54, being 20 males and 26 females; 2 are voluntary patients, male, and 6 women are volunteers.

MEDICAL SUPERINTENDENTS' REPORTS.

AUCKLAND MENTAL HOSPITAL.

SIR,—

I have the honour to forward my report for 1905.

For the first, almost, seven and a half months of the year the Hospital was in charge of Dr. Barraclough during my absence from the colony. I resumed control on the 8th August.

There has been a fair increase in our population during the year, the number of patients remaining on the 31st December being 632. The number of admissions was 200, including 40 patients transferred from Wellington. Even excluding the 40 transfers, the number of admissions was the largest recorded.

The number of deaths, 64—equal to a death-rate, calculated on the average number resident, of 10·72 per cent.—is also, I think, the highest recorded. Nine deaths were due to senile decay, 6 to general paralysis, and 10 to tuberculosis in one or other of its forms. In the early part of the year a mild epidemic of typhoid fever occurred, with 2 deaths. As this occurred during my absence I am not in a position to assign a cause.

The number of deaths from tuberculosis is probably unduly large, and demands not only a careful investigation as to the cause but also some form of treatment other than that now adopted. It is very easy to suggest that a sanatorium for tuberculous cases should be erected in connection with each mental hospital, but it is not so easy to know how they are to be administered. In my experience in this Mental Hospital, the prospects of a sanatorium being a curative agency are nil. Patients, especially Maori patients, are either admitted in a more or less advanced stage of the disease or else the disease develops in those patients who for long have been hopelessly insane. In both cases the disease is incurable. We rarely have more than one male and one female afflicted at the same time, and if these patients were isolated in a separate pavilion it would require not less than four nurses and three male attendants to each female and male patient respectively. The difficulty, too, of getting suitable nurses to remain isolated during the greater part of each day with one tuberculous patient is almost insuperable. The intense monotony of the work would only be varied by the occasional maniacal outbursts of, say, a Maori woman whom, even in her infirm condition, several nurses could not control. It is useless to further detail difficulties here. Theoretically the idea is a good one; practically it is almost impossible, excepting at a cost with which the results would not be in any way commensurate. Consideration for the other patients is a strong factor in favour of the sanatorium, but I think their interests could be conserved in some simpler way; and I am bound to say that after frequent careful investigation I have failed to find that any case of tuberculosis has arisen from any pre-existing case in this institution.

Since my return, I have endeavoured to conduct the Hospital without the use of mechanical restraint. I am convinced already that the welfare of the patients and the discipline of the Hospital are both thereby prejudicially affected. The absence-of-restraint system which I saw in some of the Home asylums appeared to me brutal, and I shall not under any circumstances whatever adopt it.

A good deal is being done here to further classify our patients and to render their sad existence, both indoors and outdoors, brighter and more comfortable. During the coming year a great deal more will be done, and, although I do not anticipate any appreciable increase in the recovery-rate in consequence, it is encouraging to know that something is being done to alleviate the sufferings and ameliorate the general condition of the more than 90 per cent. of our patients who are doomed to a life almost bereft of reason and to know no home but the asylum which the State provides.

The reception-house, which, I understand, is soon to be erected, ought to materially aid us in dealing with early cases, and would do so if the objections to and difficulties associated with early committal could be removed.

Our recovery-rate for the year was 40 per cent., calculated upon the admissions and exclusive of the forty transfers, thirty-nine of whom are incurable.

In conclusion, I desire to thank the Department for the holiday granted to me last year. I desire, also, to thank Dr. McKelvey, the Assistant Medical Officer, for his loyalty and support.

I have, &c.,

R. M. BEATTIE.

The Inspector-General of Mental Hospitals, Wellington.

CHRISTCHURCH MENTAL HOSPITAL.

SIR,—

I have the honour to submit to you the annual report on this Hospital for the year ending the 31st December, 1905.

When I took duty here in March there were on the books a total of 293 males and 246 females, which was an increase of 2 females since the previous December. During the year there have been admitted for the first time 44 males and 35 females, while there were 7 males and 9 females readmitted. In the same time there have been discharged a total of 62, of whom 47 were males and 15 females. Of this number 7 males were transfers to Waitati Epileptic Colony.

A feature of the discharges has been the large number sent out on trial, most of whom served their term of probation satisfactorily and have now returned to private life. In this connection I must thank Dr. Levinge for relieving me of three patients whom I did not feel justified in discharging forthwith, and yet had no friends whom I could get to take them on trial. Dr. Levinge put them on his farm on a weekly wage, and they there did their period of probation under the trained supervision of Mr. Parlane, who was formerly farm-manager here.

This system, in my opinion, contains the germ of what might grow into a most useful after-care association, and I would suggest that it would be a good idea if we could get a list of names of ex-attendants who have begun farming for themselves, or are managers of farms, who would undertake to take patients on probation for a period to be named by the Medical Superintendent of the hospital granting the leave. An inspector could be appointed in each centre who would make a personal visit to satisfy the authorities that the homes provided were suitable and that the patients were being well treated and suitable wages being given.

Some scheme for getting rid of old people who require careful looking after, but who are suffering from senility with its accompanying mental weakness, is urgently required. These people are sent in from the charitable-aid institutions, and I find that it is almost impossible to send them out again, as their friends are either unable or unwilling to take care of them and the Homes will not take them, so that they have to remain here, an incubus on the Hospital and an unfair cause of a large death-rate.

The percentage of recoveries on admissions is 72·54 for males and 34 for females. One gratifying feature is that the total admissions this year has fallen from 106 to 95.

There were 29 deaths during the year—21 males and 8 females—giving a percentage on average number resident of 7·5 for males and 3·18 for females, or a mean death-rate of 5·36.

On taking charge here I was specially struck with the absence of ventilation and the unsatisfactory condition of the drainage system. The attention of the Public Works Department has been called to this, our most crying need, and I am pleased to state that matters will be made as satisfactory as they can be made, taking into consideration the architectural defects, as soon as possible.

A large amount of work has been expended here of late, especially on the new tanks which have been substituted for the collection of obsolete 600-gallon tanks in the towers, and on the new coppers in the kitchen.

New machinery is urgently required in the laundry, and this will necessitate a reconstruction of the boilerhouse, which should now be made with a view to supplying electric light to take the place of the present illuminant, gas. At the same time provision should be made for heating the single rooms, which are damp for most of the winter, as they are situated on the south side of the building; and also for a central heater for water situated in the boilerhouse under the eye of the engineer, instead of the wasteful system at present in vogue of individual heaters dispersed over the institution.

Two small hospital dormitories built with a northern exposure are needed, as at present the only accommodation for the sick are large dormitories of a cold and cheerless aspect which are never touched by the sun during the winter months.

Our own carpenters and bricklayer, &c., have been constantly employed effecting repairs, and it has not yet been possible to get the length of providing boot-racks, &c., for all the wards, or to think of the decoration of the wards which is so urgently asked for by the Minister in Charge.

We have suffered severely from the almost entire loss of our potato-crop through Irish blight, but we hope this season to hold it in check by means of spraying. When potatoes failed us we substituted rice in the dietary scale, and although I made frequent visits to the dining-hall I heard very few complaints; in fact the patients, when I explained matters to them, agreed that to have potatoes at the price asked was like eating money.

As regards the life here I have to remark that everything has worked smoothly and harmoniously. There has been good work done on the farm, &c., and brightness has been added through frequent entertainments in the recreation-hall and also by the kindness of Mr. Smail, who has provided passes for selected patients for biograph entertainments, theatres, and concerts in the town. A cricket club has been formed and weekly matches played with visiting teams, and amusement has been provided for an average of two hundred patients. Religious services have been well attended, but here I would point out that no provision is made for the spiritual welfare of the members of the Free Churches. The Anglican and Roman Catholic bodies hold services here, and I think that the Free Churches ought to supply the officiating clergyman at the church service at least once a month. Lectures were given during the winter by Dr. Gribben and myself to the nurses and attendants, and here I must thank the whole staff for their kindness in giving up voluntarily the time required for lectures and for the interest taken and good results obtained in their first examination.

The new scale of wages and hours for the staff seems to have met with approval, as I find there is a feeling of rest and contentment throughout, and in consequence there have been very few resignations.

To Dr. Ulrich, who was transferred with me from Wellington and who has now left the service, to Dr. Gribben, my Assistant Medical Officer, and to the whole staff I have to express my sincere thanks for their hearty co-operation in the working of the institution.

I have, &c.,

W. BAXTER GOW,

The Inspector-General of Mental Hospitals, Wellington.

Medical Superintendent.

SEACLIFF MENTAL HOSPITAL.

SIR,—

Mental Hospital, Seacliff, 23rd July, 1906.

I have the honour to forward the statistics of the Hospital, and to submit the following report for the year 1905:—

The number of patients admitted during the year was 142, of whom 15 were chronic epileptics transferred from other institutions. Deducting these there remain 127 admissions, while the discharges for the year under the headings recovered or relieved numbered 60—that is, 47 per cent. on the admissions excluding the transferred epileptics. Out of a total of 836 patients who were under care in the course of the year, 37 died, being less than $4\frac{1}{2}$ per cent.—an unusually low death-rate.

I have devoted much practical attention during the year to questions bearing on prophylaxis in regard to the rising generation. In this connection I may quote from one of my published communications:—

“If women in general were rendered more fit for maternity, if instrumental deliveries were obviated as far as possible, if infants were nourished by their mothers, and boys and girls were given a rational education, the main supplies of population for our asylums, hospitals, benevolent institutions, gaols, and slums would be cut off at the sources. Further, I do not hesitate to say that a very remarkable improvement would take place in the physical, mental, and moral condition of the whole community.”

Taking the average for the past ten years there have been admitted to the Seacliff Mental Hospital (exclusive of congenitals), say, 110 patients per annum. Of these, as far as we can ascertain, there is an average of 4 per annum originally of average or more than average intelligence who have become insane before the age of twenty-one. Of these four I am satisfied that one patient becomes insane through the direct effects of faulty conditions of education (about four-fifths of such cases are girls). About an equal number of cases is associated with marked sexual irregularities. Of course, it is impossible to state what proportion of these (nearly all males) would be saved under a rational education system. I may say, however, that the almost invariable history one gets regarding such lads is that they have

been sedentary, not given to playing games, and inclined to be bookish. Lads made to take their part in school games rarely go wrong in this way. Regarding the other half, some factor, such as injury to the head, sunstroke, seduction, or marked heredity, has been ascertained in the majority of cases, but there are a few instances where no cause is forthcoming.

It must be borne in mind regarding young people belonging to the high school and university class that the majority would not be sent to an asylum at all, especially to a public asylum, but would be treated at home or in private houses. The same applies more or less to young people in general, because in them what we call "recovery" usually takes place, though the system never regains its proper stability, and relapse is very liable to ensue later in life. Further, we have no means available for tracing the factor of past educational overpressure in the causation of insanity occurring in adult life, although we have every reason to conclude that this is a leading factor. It is obvious that the ultimate effects of "cram" will operate increasingly in this direction as the adult population comes to be more and more composed of persons who have been overpressed in mind and neglected in body. It is sufficiently grave that, say, from 20 to 30 or more per cent. of cases of acquired insanity occurring during youth in people not born below the average of intelligence should be attributable to faulty education, as well as an indefinite unascertainable proportion of those occurring in adult life. However, as I have always maintained, it is not as a cause of actual insanity that school overpressure concerns us most, but as a potent factor in giving rise to widespread degeneracy and a more or less universal dwarfing of the ultimate physical, mental, and moral stature of the whole community. Dr. Lindo Ferguson was more than justified when, replying at the Brisbane Congress nearly seven years ago, he said, "They (the doctors) must do something. Such a state of affairs could not be permitted to continue without protest and effort at reform. If they could only get the first cut into the upas-tree, they would do well."

I may say that my experience as to what is going on now among school children not only shows that in many cases excessive mental work without sufficient rest or recreation is kept up throughout puberty, but that in the province, at least, overpressure is increasing rather than diminishing. For the sake of the race I have no doubt whatever that a radical change is imperatively necessary, especially in regard to the school life of girls engaged in studies for higher education. The colony ought to take warning in time from outside statistics, which leave no doubt as to the Nemesis which awaits us if we allow our best and most capable girls to impair their physique and render themselves unfit for motherhood. Statistics derived from over ten thousand girl graduates of American colleges show that only about 25 per cent. marry, that "the rate of marriage of college women is decreasing, and that the age at which marriage occurs is becoming steadily later. Not only do the college women shirk marriage, but the minority which marries shirks maternity." Further, overpressed girls when married tend to be sterile or to have puny children whom they cannot nourish. It is said that in America "if our race depended upon the rate of replenishment of the educated classes it would be doomed to speedy extinction."

This supports Professor Karl Pearson's conclusions for England, that one great reason why there is an admitted dearth of men of first-rate capacity in the rising generation is the fact that in mind as well as in body the tendency is for like to produce like under normal conditions (actual genius being an exception), and the most capable and highly educated people are failing to a great extent in the matter of reproduction.

Nine years ago Dr. G. E. Shuttleworth, writing on "Mental Overstrain in Education," said "The incidence of overpressure does not now fall, as was the case when Sir James Crichton Browne made his report some twelve years ago, especially upon the dull children in our elementary schools. Under the new code it is rather the bright children who are apt to suffer. . . . In high schools for girls the risk of overstrain is very great. There is seldom adequate provision for outdoor exercise and recreation, and too frequently there is an utter disregard by the school authorities of the physiological conditions of budding womanhood. Girls are expected to learn all that their brothers of corresponding age are taught, music and other feminine accomplishments being superadded. Can it be wondered at that, considering the conscientiousness in preparation and the keen spirit of emulation displayed by girls, an overloaded curriculum too often eventuates in breakdown?"

During the last eighteen months three female patients have entered the Seacliff Hospital suffering from insanity which supervened before twenty-one years of age, and was attributed solely or to a great extent to school overpressure. I am even more impressed, however, by cases which come under my notice outside the institution—cases not of insanity but of overpressure and nervous breakdown.

It seems to be accepted as a standard that a girl may expect to have to do five hours of mental work out of school in the fifth and sixth forms of a secondary school, and they frequently do much more than this when working for examinations. It is admitted by both teachers and pupils that under the stress of an examination ahead from eleven to twelve hours' work a day is no unusual performance for an ambitious girl, and she may keep this up for months in succession. I have records of cases where girls have habitually commenced the day by reading lessons in bed at 5 o'clock in the morning, and others where they found that they could do their best work at from 11 p.m. to 1 a.m., when the house was quiet.

The new machinery for the laundry has arrived. When it is in working-order we shall be able to overtake the entire laundry-work of the hospitals at Seacliff and Orokonui.

We still need a larger number of single rooms and more day-room space.

The new billiard and smoking rooms for the use of the attendants are now furnished, and they are much used and appreciated.

During the year a reading club was instituted for members of the staff, who, on payment of a small annual subscription, can see and read a large number of magazines and newspapers in cosy quarters. We are indebted to the central Department for aid towards our club.

During this year Dr. Falconer resigned his position at Orokonui, and Dr. Donald took his place. Excellent work has been done at this institution, and it is serving a good purpose. The epileptics

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.

F. TRUBY KING,

Medical Superintendent.

The Inspector-General of Mental Hospitals, Wellington.

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

revolving sprinkler. The purification of sewage by this system has, I believe, been most successful in the Old Country. The aerating sewage-filter just described seems to complete the bacteriolytic process of purification which is commenced in the septic tank. There has been some delay in procuring all the enormous quantity of road-metal required to complete the filter-beds, so that we cannot yet state final results from this important work which promises so well.

In connection with the electric-lighting plant, the storage-battery which was obtained a few years ago has become much deteriorated, and the chief engineer reported that its life could not be much prolonged. The storage-battery was designed to keep such lights going as were required after patients were in bed. For this purpose it is obvious that either the battery will have to be renewed or that a suitable auxiliary plant (such as a Diesel oil-engine and small dynamo) should be obtained. Each alternative has its advantages. In the meantime the services of a third engineer have been obtained in order that the lighting should be direct from the dynamo until late at night, and so save the load on the crippled storage-battery.

The very large quantity of work that has to be done in the laundry was altogether beyond what could be undertaken by hand-labour, and the installation of machinery became a question of urgency. A roomy addition to provide the necessary accommodation was therefore made to the laundry in the early part of the year. Excellent washing-machines, &c., were obtained from the best makers in England. These, which have been working since midwinter, have given every satisfaction.

Some important changes in the staff took place during the year. Dr. Barraclough, who had been away in Auckland for twelve months taking temporary charge of the Mental Hospital there, returned in August to resume duty as Assistant Medical Officer here. He, however, decided to resign at the end of the year with a view of entering into the private practice of his profession in this district. Dr. Barraclough, who had been in the service of the Department for upwards of five years, has done excellent work as my colleague at this institution, and I much regretted losing his assistance. Dr. Johnstone, who was with me while Dr. Barraclough was in Auckland, also proved himself a capable and trustworthy officer. Miss Tuersley, the Matron, after several years' conscientious service, resigned in August, and her position was filled by the promotion of Miss Ogilvie, the senior charge nurse at Seacliff Mental Hospital.

The staff as a whole has done well, and of its members I have to record my appreciation for their co-operation in carrying out the work in the various departments of the institution.

I have, &c.,

The Inspector-General of Mental Hospitals, Wellington.

GRAY HASSELL.

WELLINGTON MENTAL HOSPITAL.

SIR,—

I have the honour to submit the following report and statistics on Mount View Mental Hospital for the year ending the 31st December, 1905.

I assumed office on the 1st March of that year. The number of patients resident then was 255; of these, 139 were males and 116 females.

The average number under treatment during the year was 246. At the end of the year there were 238 patients in the Hospital. The admissions for the year totalled 81. Of these, 13 had previously received treatment, either here or in some other New Zealand or Australian mental hospital. In addition to those admitted in the usual way, 11 cases of incipient or borderland insanity were brought here for "safe custody," under section 17 (giving them the benefit of early observation and treatment), on an order from the Magistrate, who remanded them for a week at a time, "pending medical examination." Of these cases, 7 recovered sufficiently to be allowed to return to their friends after a short stay in the Hospital, whilst the remaining 4 were detained after the legal requirements had been fulfilled. Thirty-seven patients, exclusive of those remanded here, were discharged, and sixteen died during the year. In September, anticipating our future requirements by taking advantage of the extra accommodation there provided, 40 patients were transferred to Auckland.

The general health of the community has been good, we have had complete freedom from tuberculosis, and with the exception of one regrettable fatality, of which I notified you fully at the time, there have been no serious accidents. The ordinary outdoor work for the patients has gone on steadily.

The dairy herd has been substantially increased, and this has necessitated our putting a larger portion of paddock-land under cultivation in root-crops. The usual fortnightly entertainments have been held, occasional cricket-matches have taken place, and at times small parties of patients have shared in the attractions of the city.

Reading-material for the patients' use has been greatly added to here through the courtesy of the Stationmasters at Wellington and Te Aro. They have gone to much trouble in following out Dr. Levinge's thoughtful suggestion of sending the periodicals left in the trains to the Mental Hospital.

In regard to the building, no new additions have been made, but our thanks have been due to the Public Works Department for many renovations, and for alterations which will make the institution more efficiently worked. Our thanks are also due to a philanthropic lady who has given a considerable sum towards procuring extra comforts for the sick.

I have to record the deep regret felt by every one connected with the institution on the sudden death of Mr. John Cook which took place last May. For twenty-eight years Mr. Cook was a most valued worker in the management of the Hospital estate.

To the officers and members of the staff I have to tender my thanks for their hearty co-operation and help in carrying out the work of the institution.

I have, &c.,

ARTHUR CROSBY,

Medical Superintendent.

The Inspector-General of Mental Hospitals, Wellington.

APPENDIX.

TABLE I.—SHOWING the ADMISSIONS, READMISSIONS, DISCHARGES, and DEATHS in MENTAL HOSPITALS during the Year 1905.

	M.	F.	T.	M.	F.	T.
In Mental Hospitals, 1st January, 1905				1,801	1,237	3,038
Admitted for the first time	342	235	577	399	280	*679
Readmitted	57	45	102			
Total under care during the year				2,200	1,517	3,717
Discharged and removed—						
Recovered	149	121	270			
Relieved	45	32	*77			
Not improved	23	21	*44			
Died	147	67	214	364	241	605
Remaining in Mental Hospitals, 31st December, 1905				1,836	1,276	3,112
Increase over 31st December, 1904				35	39	74
Average number resident during the year				1,796	1,232	3,028

Transfers.—*39 males, 29 females. Total, 68.

TABLE II.—ADMISSIONS, DISCHARGES, and DEATHS, with the MEAN ANNUAL MORTALITY and PROPORTION OF RECOVERIES, &c., per Cent. on the ADMISSIONS, &c., during the Year 1905.

Mental Hospitals.	In Mental Hospitals on 1st January, 1905.			Admissions in 1905.									Total Number of Patients under Care.		
				Admitted for the First Time.			Readmitted.			Total.					
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Auckland	363	221	584	102	69	(1)171	19	10	29	121	79	(1)200	484	300	784
Christchurch	293	244	537	44	35	(2)79	7	9	16	51	44	(2)95	344	288	632
Dunedin (Seacliff)	493	261	694	73	47	(3)120	16	6	22	89	53	(3)142	522	314	836
Hokitika	133	43	176	14	6	20				14	6	20	147	49	196
Nelson	83	56	139	13	14	27	2	0	2	15	14	29	98	70	168
Porirua	330	282	612	40	37	(4)77	6	12	18	46	49	(4)95	376	331	707
Wellington	147	105	252	52	16	(5)68	6	7	13	58	23	(5)81	205	128	333
Ashburn Hall (private mental hospital)	19	25	44	4	11	(6)15	1	1	2	5	12	(6)17	24	37	61
Totals	1,801	1,237	3,038	342	235	(7)577	57	45	102	399	280	(7)679	2,200	1,517	3,717

Transfers.—(1) 21 males, 20 females. (2) 1 male, 1 female. (3) 13 males, 3 females. (4) 1 male, 4 females. (5) 1 male. (6) 1 female. (7) Total transfers: 39 males, 29 females.

TABLE II.—continued.

Mental Hospitals.	Patients Discharged and Died.												In Mental Hospitals on 31st December, 1905.		
	Discharged recovered.			Discharged not recovered.			Died.			Total Discharged and Died.					
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Auckland	42	22	64	13	11	(1)24	49	15	64	104	48	152	380	252	632
Christchurch	37	15	52	10	0	(2)10	21	8	29	68	23	91	276	265	541
Dunedin (Seacliff)	19	19	38	12	13	(3)25	24	13	37	55	45	100	467	269	736
Hokitika	3	7	10				12	3	15	15	10	25	132	39	171
Nelson	7	7	14	1	0	(4)1	6	5	11	14	12	26	84	58	142
Porirua	18	27	45	7	5	(5)12	22	20	42	47	52	99	329	279	608
Wellington	21	16	37	22	20	(6)42	13	3	16	56	39	95	149	89	238
Ashburn Hall (private mental hospital)	2	8	10	3	4	(7)7				5	12	17	19	25	44
Totals	149	121	270	68	53	(8)121	147	67	214	364	241	605	1,836	1,276	3,112

Transfers.—(1) 6 males, 2 females. (2) 6 males. (3) 3 females. (4) 1 male. (5) 3 males, 1 female. (6) 22 males, 20 females. (7) 1 male, 3 females. (8) Total transfers: 39 males, 29 females.

TABLE II.—continued.

Mental Hospitals.	Average Number resident during the Year.			Percentage of Recoveries on Admissions during the Year.			Percentage of Deaths on Average Number resident during the Year.			Percentage of Deaths on the Admissions.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Auckland	366	231	597	42.00	37.29	40.25	13.39	6.49	10.72	49.00	25.42	40.25
Christchurch	279	251	530	74.00	34.88	55.91	7.53	3.19	5.47	42.00	18.60	31.18
Dunedin (Seacliff)	447	260	707	25.68	33.00	30.65	5.37	5.00	5.23	32.43	26.00	29.84
Hokitika	132	38	170	21.45	116.67	50.00	9.09	7.89	8.82	85.72	50.00	75.00
Nelson	83	58	141	46.67	50.00	48.28	7.23	8.62	7.80	40.00	35.71	37.93
Porirua	323	269	592	40.00	60.00	50.00	6.81	7.43	7.09	48.89	44.44	46.67
Wellington	147	99	246	86.84	69.57	46.25	8.84	3.03	6.50	22.81	13.04	20.00
Ashburn Hall (private mental hospital)	19	26	45	40.00	72.73	62.50						
Totals	1,796	1,232	3,028	41.39	48.21	44.19	8.18	5.44	7.07	40.83	26.69	35.02

TABLE III.—AGES of ADMISSIONS.

Ages.	Auckland.	Christchurch.	Dunedin (Seacliff).	Hokitika.	Nelson.	Porirua.	Wellington.	Ashburn Hall (Private M.H.).	Total.
	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.
Under 5 years ..	..	..	..	..	..	2 0 2	..	..	2 0 2
From 5 to 10 years	1 0 1	..	..	..	1 0 1	0 1 1	..	..	2 1 3
10 " 15 "	..	0 1 1	..	0 1 1	..	..	..	..	0 2 2
15 " 20 "	2 7 9	2 3 5	4 4 8	..	2 4 6	3 1 4	..	..	13 19 32
20 " 30 "	33 20 53	15 14 29	25 14 39	1 1 2	2 3 5	7 10 17	15 5 20	1 4 5	99 71 170
30 " 40 "	20 19 39	10 6 16	21 11 32	0 2 2	7 2 9	13 14 27	13 8 21	1 4 5	85 66 151
40 " 50 "	31 16 47	7 6 13	12 8 20	5 0 5	2 3 5	14 10 24	8 7 15	1 2 3	80 52 132
50 " 60 "	11 10 21	8 6 14	8 6 14	..	1 2 3	4 4 8	6 0 6	0 1 1	38 29 67
60 " 70 "	15 1 16	5 8 13	12 6 18	3 0 3	2 1 3	2 3 5	8 2 10	1 0 1	48 21 69
70 " 80 "	8 5 13	3 0 3	4 3 7	2 2 4	0 3 3	2 3 5	5 0 5	1 1 2	25 17 42
Upwards of 80 "	..	..	3 0 3	3 0 3	..	..	..	..	6 0 6
Unknown..	0 1 1	1 0 1	0 1 1	..	..	..	..	..	1 2 3
Totals ..	121 79 200	51 44 95	89 53 142	14 6 20	15 14 29	46 49 95	58 23 81	5 12 17	399 280 679

TABLE IV.—DURATION of DISORDER on ADMISSION.

—	Auckland.	Christchurch.	Dunedin (Seacliff).	Hokitika.	Nelson.	Porirua.	Wellington.	Ashburn Hall (Private M.H.).	Total.
	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.
First Class (first attack, and within 3 mos. on admission)	55 26 81	25 17 42	34 17 51	5 3 8	5 6 11	27 17 44	35 10 45	2 4 6	188 100 288
Second Class (first attack, above 3 mos. and within 12 mos. on admission)	10 10 20	5 0 5	9 8 17	3 1 4	3 3 6	5 6 11	7 2 9	1 3 4	43 33 76
Third Class (not first attack, and within 12 mos. on admission)	14 8 22	12 12 24	16 13 29	3 2 5	2 1 3	6 15 21	7 8 15	1 2 3	61 61 122
Fourth Class (first attack or not, but of more than 12 mos. on admission)	42 35 77	3 14 17	30 15 45	3 0 3	5 4 9	8 11 19	9 3 12	1 3 4	101 85 186
Unknown ..	..	6 1 7	..	..	..	..	..	..	6 1 7
Totals ..	121 79 200	51 44 95	89 53 142	14 6 20	15 14 29	46 49 95	58 23 81	5 12 17	399 280 679

TABLE V.—AGES of PATIENTS DISCHARGED "RECOVERED" and "NOT RECOVERED."

Ages.	Auckland.		Christchurch.		Dunedin (Seacliff).		Hokitika.	
	Recovered	Not recovered	Recovered	Not recovered	Recovered	Not recovered	Recovered	Not recovered
	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.
From 5 to 10 years ..	..	..	1 0 1	..	..	..	..	..
10 " 15 "	..	..	..	..	..	..	..	..
15 " 20 "	..	..	4 0 4	..	3 0 3	..	1 1 2	..
20 " 30 "	..	..	14 11 25	4 1 5	6 0 6	2 0 2	4 3 7	5 5 10
30 " 40 "	..	..	8 6 14	0 1 1	8 3 11	3 0 3	6 7 13	2 5 7
40 " 50 "	..	..	12 1 13	5 5 10	9 8 17	3 0 3	4 5 9	2 0 2
50 " 60 "	..	..	4 2 6	2 2 4	4 2 6	1 0 1	2 3 5	0 1 1
60 " 70 "	..	..	0 2 2	1 1 2	3 1 4	1 0 1	3 1 4	2 1 3
70 " 80 "	..	..	..	0 1 1	3 1 4	..	..	0 1 1
80 " 90 "	..	..	..	..	..	..	..	..
Unknown ..	..	..	..	1 0 1	..	..	..	..
Totals ..	..	..	42 22 64	13 11 24	37 15 52	10 0 10	19 19 38	12 13 25

Ages.	Nelson.		Porirua.		Wellington.		Ashburn Hall (Private M.H.).		Total.	
	Re-covered.	Not re-covered.	Re-covered.	Not re-covered.	Re-covered.	Not re-covered.	Re-covered.	Not re-covered.	Recovered.	Not recovered.
	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.
From 5 to 10 years	..	..	..	..	..	..	..	..	1 0 1	..
10 " 15 "	..	..	..	..	..	..	..	..	..	..
15 " 20 "	..	..	0 1 1	..	..	..	..	..	7 1 8	1 1 2
20 " 30 "	2 0 2	..	4 7 11	1 1 2	6 5 11	6 2 8	1 3 4	1 1 2	38 30 68	19 10 29
30 " 40 "	2 1 3	1 0 1	6 9 15	1 1 2	6 4 10	3 9 12	1 2 3	1 1 2	37 35 72	11 17 28
40 " 50 "	2 2 4	..	6 4 10	3 2 5	6 4 10	4 4 8	0 2 2	0 2 2	40 27 67	17 13 30
50 " 60 "	0 3 3	..	2 6 8	1 1 2	3 2 5	4 5 9	0 1 1	1 0 1	15 20 35	8 9 18
60 " 70 "	1 0 1	..	..	1 0 1	0 1 1	4 0 4	..	..	8 5 13	9 2 11
70 " 80 "	0 1 1	..	..	..	..	1 0 1	..	..	3 3 6	1 1 2
80 " 90 "	..	..	..	..	..	..	..	..	..	..
Unknown ..	..	..	..	..	..	..	..	..	1 0 1	..
Totals ..	7 7 14	1 0 1	18 27 45	7 5 12	21 16 37	22 20 42	2 8 10	3 4 7	149 121 270	68 53 121

TABLE VI.—AGES of the PATIENTS who DIED.

Ages.	Auckland.	Christ- church.	Dunedin (Seacliff).	Hokitika.	Nelson.	Porirua.	Wellington.	Total.
	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.
From 10 to 15 years ..	0 1 1	..	..	..	..	..	..	0 1 1
" 15 " 20 ..	2 0 2	1 0 1	1 0 1	..	..	..	..	4 0 4
" 20 " 30 ..	4 2 6	1 1 2	1 1 2	1 0 1	0 1 1	0 4 4	..	7 9 16
" 30 " 40 ..	8 2 10	4 0 4	2 2 4	0 1 1	1 0 1	2 1 3	3 0 3	20 6 26
" 40 " 50 ..	9 5 14	3 1 4	3 0 3	..	1 0 1	6 4 10	2 2 4	24 12 36
" 50 " 60 ..	6 2 8	4 2 6	7 2 9	0 1 1	0 1 1	6 4 10	3 0 3	26 12 38
" 60 " 70 ..	9 1 10	4 2 6	3 4 7	2 1 3	2 1 3	4 3 7	4 1 5	28 13 41
" 70 " 80 ..	11 2 13	2 1 3	6 3 9	7 0 7	2 2 4	4 4 8	1 0 1	33 12 45
Upwards of 80 ..	..	..	1 1 2	2 0 2	..	..	..	3 1 4
Unknown ..	..	2 1 3	..	..	..	..	..	2 1 3
Totals ..	49 15 64	21 8 29	24 13 37	12 3 15	6 5 11	22 20 42	13 3 16	147 67 214

TABLE VII.—CONDITION as to MARRIAGE.

	Admissions.			Discharges.			Deaths.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
AUCKLAND—									
Single ..	87	35	122	40	11	51	29	5	34
Married ..	29	34	63	13	19	32	16	9	25
Widowed ..	5	10	15	2	3	5	4	1	5
Totals ..	121	79	200	55	33	88	49	15	64
CHRISTCHURCH—									
Single ..	33	22	55	33	2	35	14	4	18
Married ..	11	17	28	13	12	25	7	1	8
Widowed ..	6	5	11	1	1	2	0	3	3
Unknown ..	1	0	1	..	..	..	..	..	..
Totals ..	51	44	95	47	15	62	21	8	29
DUNEDIN (Seacliff)—									
Single ..	61	25	86	19	19	38	12	3	15
Married ..	22	18	40	8	11	19	8	4	12
Widowed ..	6	10	16	4	2	6	3	6	9
Unknown ..	..	..	..	..	..	..	1	0	1
Totals ..	89	53	142	31	32	63	24	13	37
HOKITIKA—									
Single ..	10	2	12	2	0	2	9	0	9
Married ..	3	1	4	0	6	6	1	0	1
Widowed ..	1	3	4	1	1	2	2	3	5
Totals ..	14	6	20	3	7	10	12	3	15
NELSON—									
Single ..	11	4	15	7	2	9	3	1	4
Married ..	4	5	9	0	2	2	1	1	2
Widowed ..	0	5	5	1	3	4	2	3	5
Totals ..	15	14	29	8	7	15	6	5	11
PORIRUA—									
Single ..	24	16	40	17	8	25	10	3	13
Married ..	20	26	46	6	21	27	10	13	23
Widowed ..	2	7	9	2	3	5	2	4	6
Totals ..	46	49	95	25	32	57	22	20	42
WELLINGTON—									
Single ..	37	7	44	27	17	44	7	0	7
Married ..	16	14	30	14	16	30	4	3	7
Widowed ..	5	2	7	2	3	5	2	0	2
Totals ..	58	23	81	43	36	79	13	3	16
ASHBURN HALL									
Single ..	4	6	10	4	8	12	..	..	..
Married ..	1	6	7	1	3	4	..	..	..
Widowed ..	..	..	..	0	1	1	..	..	..
Totals ..	5	12	17	5	12	17	..	..	..
TOTALS—									
Single ..	267	117	384	149	67	216	84	16	100
Married ..	106	121	227	55	90	145	47	31	78
Widowed ..	25	42	67	13	17	30	15	20	35
Unknown ..	1	0	1	..	..	..	1	0	1
Totals ..	399	280	679	217	174	391	147	67	214

TABLE VIII.—NATIVE COUNTRIES.

Countries.	Auckland.	Christchurch.	Dunedin (Seacliff).	Hokitika.	Nelson.	Porirua.	Wellington.	Ashburn Hall (Private M.H.).	Total.
	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.
England ..	123 60 183	91 94 185	80 46 126	23 9 32	24 15 39	114 77 191	46 19 65	7 5 12	508 325 833
Scotland ..	27 4 31	32 24 56	114 59 173	14 1 15	4 2 6	32 24 56	14 11 25	8 6 14	245 131 376
Ireland ..	63 62 125	54 53 107	94 64 158	47 15 62	15 6 21	53 70 123	21 13 34	1 0 1	348 283 631
New Zealand ..	105 93 198	72 70 142	108 76 184	30 11 41	32 30 62	83 83 166	40 30 70	3 13 16	473 406 879
Australian States	13 10 23	6 6 12	15 14 29	1 3 4	1 3 4	13 3 16	5 2 7	..	54 41 95
France ..	3 0 3	1 0 1	0 1 1	2 0 2	..	2 1 3	..	..	8 2 10
Germany ..	5 5 10	4 1 5	9 0 9	2 0 2	1 0 1	5 5 10	0 6 6	..	26 17 43
Austria ..	5 0 5	1 0 1	..	..	1 0 1	1 1 2	..	..	8 1 9
Norway ..	2 1 3	3 0 3	6 1 7	..	1 0 1	0 1 1	2 2 4	..	14 5 19
Sweden ..	7 0 7	..	2 0 2	3 0 3	0 1 1	4 2 6	4 0 4	..	20 3 23
Denmark ..	2 0 2	1 1 2	0 2 2	..	2 0 2	3 0 3	3 0 3	..	11 3 14
Italy ..	2 1 3	..	4 0 4	0 0 1	1 0 1	2 1 3	1 0 1	..	14 2 16
China ..	1 0 1	..	18 0 18	5 0 5	..	3 0 3	..	..	27 0 27
Maoris ..	7 7 14	1 2 3	1 0 1	..	..	8 4 12	2 2 4	..	19 15 34
Other countries ..	15 8 23	10 14 24	5 3 8	1 0 1	2 1 3	6 7 13	11 4 15	0 1 1	50 38 88
Unknown ..	0 1 1	..	11 3 14	..	..	..	..	..	11 4 15
Totals ..	380 252 632	276 265 541	467 269 736	132 39 171	84 58 142	329 279 608	149 89 238	19 25 44	1836 1276 3112

TABLE IX.—AGES of PATIENTS on 31st December, 1905.

Ages.	Auckland.	Christchurch.	Dunedin (Seacliff).	Hokitika.	Nelson.	Porirua.	Wellington.	Ashburn Hall (Private M.H.).	Total.
	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.
1 to 5 years ..	..	..	..	..	..	2 0 2	..	..	2 0 2
5 " 10 " ..	4 0 4	..	1 1 2	0 1 1	1 0 1	0 2 2	0 1 1	..	6 5 11
10 " 15 " ..	0 1 1	3 1 4	2 2 4	1 1 2	0 1 1	2 1 3	0 2 2	..	8 9 17
15 " 20 " ..	4 11 15	2 5 7	9 6 15	1 1 2	4 1 5	8 4 12	3 1 4	..	31 29 60
20 " 30 " ..	44 40 84	39 32 71	51 46 97	15 4 19	10 9 19	44 28 72	23 12 35	1 3 4	227 174 401
30 " 40 " ..	92 57 149	45 45 90	90 49 139	19 6 25	11 12 23	68 49 117	33 28 61	1 3 4	350 249 608
40 " 50 " ..	91 54 145	49 58 107	95 49 144	18 2 20	15 14 29	88 88 176	28 18 46	7 7 14	391 290 681
50 " 60 " ..	60 51 111	52 58 110	91 54 145	26 10 36	18 9 27	63 56 119	38 19 57	2 3 5	350 260 610
60 " 70 " ..	60 21 81	60 42 102	95 43 138	28 10 38	19 11 30	39 42 81	18 4 22	5 6 11	324 179 503
70 " 80 " ..	22 11 33	20 18 38	28 18 46	9 2 11	5 1 6	12 9 21	5 2 7	3 3 6	104 64 168
Upwards of 80 ..	2 5 7	5 3 8	5 0 5	1 0 1	1 0 1	3 0 3	1 2 3	..	18 10 28
Unknown ..	1 1 2	1 3 4	0 1 1	14 2 16	..	..	..	..	16 7 23
Totals ..	380 252 632	276 265 541	467 269 736	132 39 171	84 58 142	329 279 608	149 89 238	19 25 44	1836 1276 3112

TABLE X.—LENGTH of RESIDENCE of PATIENTS who DIED during 1905.

Length of Residence.	Auckland.	Christchurch.	Dunedin (Seacliff).	Hokitika.	Nelson.	Porirua.	Wellington.	Ashburn Hall (Private M.H.).	Total
	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.
Under 1 month ..	9 3 12	3 0 3	2 1 3	..	2 0 2	0 4 4	3 2 5	..	19 10 29
From 1 to 3 months ..	9 1 10	0 1 1	2 0 2	1 0 1	..	4 1 5	2 0 2	..	18 3 21
" 3 " 6 " ..	1 1 2	0 1 1	3 2 5	1 0 1	1 1 2	2 1 3	2 0 2	..	10 6 16
" 6 " 9 " ..	3 1 4	1 0 1	1 1 2	1 0 1	0 2 2	1 0 1	2 0 2	..	9 4 13
" 9 " 12 " ..	4 0 4	1 0 1	0 1 1	1 0 1	..	1 0 1	2 0 2	..	9 1 10
" 1 " 2 years ..	5 0 5	1 0 1	2 2 4	..	1 1 2	4 3 7	..	..	13 6 19
" 2 " 3 " ..	3 2 5	2 1 3	0 1 1	1 0 1	1 0 1	2 1 3	..	..	9 5 14
" 3 " 5 " ..	2 1 3	2 0 2	0 1 1	..	..	2 2 4	..	..	6 4 10
" 5 " 7 " ..	4 0 4	0 1 1	1 0 1	1 0 1	..	0 1 1	..	..	6 2 8
" 7 " 10 " ..	0 1 1	2 0 2	2 1 3	1 1 2	..	4 0 4	..	..	9 3 12
" 10 " 12 " ..	2 1 3	2 1 3	2 1 3	0 1 1	..	..	..	..	6 4 10
" 12 " 15 " ..	1 1 2	2 1 3	3 0 3	..	..	0 2 2	..	..	6 4 10
Over 15 years ..	5 3 8	5 2 7	6 2 8	5 0 5	1 1 2	2 4 6	2 1 3	..	26 13 39
Died while absent on trial	1 0 1	..	..	0 1 1	..	0 1 1	..	..	1 2 3
Totals ..	49 15 64	21 8 29	24 13 37	12 3 15	6 5 11	22 20 42	13 3 16	..	147 67 214

TABLE XI.—LENGTH of RESIDENCE of PATIENTS DISCHARGED "RECOVERED" during 1905.

Length of Residence.	Auckland.	Christchurch.	Dunedin (Seacliff).	Hokitika.	Nelson.	Porirua.	Wellington.	Ashburn Hall (Private M.H.).	Total.
Under 1 month ..	M. F. T. 4 0 4	M. F. T. 1 1 2	M. F. T. 1 4 5	M. F. T.	M. F. T.	M. F. T. 3 0 3	M. F. T. 3 2 5	M. F. T.	M. F. T. 12 7 19
From 1 to 3 months ..	10 2 12	10 3 13	8 4 12	1 1 2	.. ..	2 2 4	9 3 12	0 2 2	40 17 57
" 3 " 6 ..	7 8 15	8 5 13	7 4 11	2 3 5	3 4 7	3 7 10	3 2 5	1 6 7	34 39 73
" 6 " 9 ..	8 6 14	5 3 8	1 3 4	0 2 2	.. ..	2 7 9	4 5 9	1 0 1	21 26 47
" 9 " 12 ..	2 4 6	4 0 4	1 1 2	.. ..	0 1 1	2 2 4	.. ..	.. ..	9 8 17
" 1 " 2 years ..	8 0 8	6 1 7	0 1 1	0 1 1	1 1 2	4 7 11	1 1 2	.. ..	20 12 32
" 2 " 3 ..	1 1 2	.. ..	1 0 1	.. ..	.. ..	1 0 1	0 1 1	.. ..	3 2 5
" 3 " 5 ..	1 0 1	2 1 3	0 2 2	.. ..	1 0 1	0 2 2	0 2 2	.. ..	4 7 11
" 5 " 7 ..	.. ..	0 1 1	.. ..	.. ..	.. ..	1 0 1	.. ..	.. ..	1 1 2
" 7 " 10 ..	.. ..	1 0 1	.. ..	.. ..	.. ..	.. ..	1 0 1	.. ..	2 0 2
" 10 " 12 ..	1 1 2	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	1 1 2
" 12 " 15 ..	.. ..	.. ..	.. ..	.. ..	2 0 2	.. ..	.. ..	.. ..	2 0 2
Over 15 years ..	.. ..	.. ..	.. ..	.. ..	0 1 1	.. ..	.. ..	.. ..	0 1 1
Totals ..	42 22 64	27 15 52	19 19 38	3 7 10	7 7 14	18 27 45	21 16 37	2 3 10	149 121 270

TABLE XII.—CAUSES of DEATH.

Causes.	Auckland.	Christchurch.	Dunedin (Seacliff).	Hokitika.	Nelson.	Porirua.	Wellington.	Ashburn Hall (Private M.H.).	Total.
Abdominal sarcoma ..	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T. 1 0 1	M. F. T.	M. F. T.	M. F. T. 1 0 1
Acute cellulitis ..	1 0 1	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	1 0 1
Acute cystitis ..	.. ..	1 0 1	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	1 0 1
Acute pulmonary congestion ..	1 1 2	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	1 1 2
Aneurism of aorta ..	1 0 1	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	1 0 1
Apoplexy ..	.. ..	.. ..	2 2 4	.. ..	.. ..	.. ..	.. ..	.. ..	2 2 4
Asthenia ..	.. ..	.. ..	.. ..	.. ..	.. ..	1 0 1	.. ..	.. ..	1 0 1
Bright's disease ..	.. ..	.. ..	1 0 1	.. ..	.. ..	1 0 1	.. ..	.. ..	2 0 2
Bronchitis ..	.. ..	.. ..	.. ..	1 0 1	.. ..	0 2 2	.. ..	.. ..	1 2 3
Cancer ..	0 3 3	.. ..	.. ..	.. ..	.. ..	0 1 1	0 1 1	.. ..	0 5 5
Cerebral hæmorrhage ..	.. ..	.. ..	.. ..	.. ..	.. ..	1 0 1	.. ..	.. ..	1 0 1
Cerebral œdema ..	1 0 1	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	1 0 1
Cerebral thrombosis ..	.. ..	.. ..	0 1 1	.. ..	.. ..	.. ..	.. ..	.. ..	0 1 1
Cerebral tumour ..	1 0 1	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	1 0 1
Cerebro-spinal sclerosis ..	.. ..	.. ..	.. ..	.. ..	0 1 1	.. ..	.. ..	.. ..	0 1 1
Chronic brain-disease ..	.. ..	.. ..	.. ..	.. ..	.. ..	3 1 4	.. ..	.. ..	3 1 4
Chronic nephritis ..	.. ..	1 0 1	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	1 0 1
Diabetes ..	.. ..	.. ..	1 1 2	1 0 1	.. ..	.. ..	.. ..	.. ..	2 1 3
Dilatation of the heart ..	.. ..	.. ..	.. ..	.. ..	1 0 1	.. ..	.. ..	.. ..	1 0 1
Epilepsy ..	2 1 3	2 0 2	2 0 2	.. ..	.. ..	0 2 2	.. ..	.. ..	6 3 9
Epileptic convulsions ..	.. ..	1 0 1	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	1 0 1
Erysipelas ..	0 1 1	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	0 1 1
Exhaustion from brain-disease ..	1 0 1	.. ..	1 2 3	.. ..	.. ..	.. ..	.. ..	.. ..	2 2 4
Exhaustion from mania ..	1 1 2	2 0 2	.. ..	.. ..	.. ..	0 1 1	.. ..	.. ..	3 2 5
Exhaustion from melancholia ..	0 1 1	.. ..	.. ..	.. ..	.. ..	0 1 1	1 0 1	.. ..	1 2 3
Exophthalmic goitre ..	.. ..	.. ..	.. ..	.. ..	.. ..	0 1 1	.. ..	.. ..	0 1 1
Found drowned ..	.. ..	.. ..	1 0 1	.. ..	.. ..	.. ..	.. ..	.. ..	1 0 1
Gangrene of toes ..	.. ..	.. ..	.. ..	.. ..	.. ..	0 1 1	.. ..	.. ..	0 1 1
Gastritis ..	.. ..	.. ..	.. ..	1 0 1	.. ..	.. ..	.. ..	.. ..	1 0 1
General paralysis ..	5 1 6	2 0 2	2 0 2	.. ..	1 0 1	2 0 2	2 0 2	.. ..	14 1 15
Heart-disease ..	4 0 4	2 3 5	2 0 2	2 1 3	.. ..	1 2 3	1 0 1	.. ..	12 6 18
Huntingdon's chorea ..	.. ..	.. ..	.. ..	.. ..	.. ..	1 0 1	.. ..	.. ..	1 0 1
Hydatids ..	.. ..	.. ..	.. ..	.. ..	.. ..	1 0 1	.. ..	.. ..	1 0 1
Impacted gall-stones ..	.. ..	.. ..	1 0 1	.. ..	.. ..	.. ..	.. ..	.. ..	1 0 1
Marasmus ..	.. ..	.. ..	.. ..	1 0 1	.. ..	.. ..	.. ..	.. ..	1 0 1
Meningeal hæmorrhage ..	.. ..	0 1 1	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	0 1 1
Meningitis ..	2 0 2	.. ..	1 0 1	.. ..	.. ..	.. ..	.. ..	.. ..	3 0 3
Organic brain-disease ..	1 1 2	1 0 1	.. ..	.. ..	.. ..	.. ..	1 0 1	.. ..	3 1 4
Pericarditis ..	0 1 1	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	0 1 1
Perforation of bowels ..	.. ..	.. ..	.. ..	.. ..	.. ..	1 0 1	.. ..	.. ..	1 0 1
Perforation of stomach ..	2 0 2	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	2 0 2
Peritonitis ..	.. ..	.. ..	.. ..	0 1 1	.. ..	.. ..	.. ..	.. ..	0 1 1
Phthisis ..	3 3 6	1 0 1	4 2 6	.. ..	.. ..	2 0 2	1 0 1	.. ..	11 5 16
Pleurisy ..	2 0 2	.. ..	1 0 1	.. ..	.. ..	.. ..	.. ..	.. ..	3 0 3
Pneumonia ..	5 0 5	2 1 3	1 0 1	2 0 2	.. ..	3 4 7	0 1 1	.. ..	13 6 19
Psoas abscess and diarrhoea ..	.. ..	.. ..	.. ..	.. ..	1 0 1	.. ..	.. ..	.. ..	1 0 1
Pulmonary consumption ..	.. ..	1 1 2	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	1 1 2
Pyæmia ..	.. ..	.. ..	.. ..	1 0 1	.. ..	.. ..	.. ..	.. ..	1 0 1
Senile decay ..	8 1 9	2 2 4	2 4 6	3 0 3	1 3 4	3 1 4	4 1 5	.. ..	23 12 35
Septicæmia ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	1 0 1	.. ..	1 0 1
Septic endocarditis ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	1 0 1	.. ..	1 0 1
Septic peritonitis ..	.. ..	1 0 1	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	1 0 1
Spinal myelitis ..	.. ..	.. ..	.. ..	.. ..	.. ..	1 0 1	.. ..	.. ..	1 0 1
Suffocation while in an epileptic fit ..	.. ..	1 0 1	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	1 0 1
Suicide ..	.. ..	.. ..	1 0 1	.. ..	.. ..	.. ..	1 0 1	.. ..	2 0 2
Suppuration of bladder ..	.. ..	1 0 1	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	1 0 1
Syncope ..	.. ..	.. ..	1 0 1	.. ..	2 1 3	.. ..	.. ..	.. ..	3 1 4
Tuberculosis ..	4 0 4	.. ..	0 1 1	.. ..	.. ..	0 1 1	.. ..	.. ..	4 2 6
Typhoid fever ..	2 0 2	.. ..	.. ..	.. ..	.. ..	0 1 1	.. ..	.. ..	2 1 3
Ulceration of stomach ..	1 0 1	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	1 0 1
Unknown: Died while absent on trial ..	1 0 1	.. ..	.. ..	0 1 1	.. ..	0 1 1	.. ..	.. ..	1 2 3
Totals ..	49 15 64	21 8 29	24 13 37	12 3 15	6 5 11	22 20 42	13 3 16	.. ..	147 67 214

TABLE XIII.—CAUSES OF INSANITY.

Causes.	Auckland.	Christchurch.	Dunedin (Seacliff).	Hokitika.	Nelson.	Porirua.	Wellington.	Ashburn Hall (Private Asylum).	Total.
	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.
Adolescence ..	1 1 2	10 8 13	0 2 2	..	..	5 2 7	1 0 1	..	17 8 25
Alcoholism ..	17 2 19	7 4 8	13 3 16	..	2 0 2	7 2 9	13 2 15	2 0 2	61 10 71
Amenorrhœa ..	..	..	..	..	..	0 1 1	..	..	0 1 1
Apoplexy ..	..	..	..	..	..	..	2 0 2	..	2 0 2
Cardiac ..	..	..	..	..	1 0 1	..	..	..	1 0 1
Cerebral apoplexy ..	..	..	0 1 1	..	..	..	..	..	0 1 1
Cerebral degeneration ..	..	..	..	1 0 1	..	..	..	..	1 0 1
Cerebral hæmorrhage ..	1 0 1	..	..	..	..	..	..	..	1 0 1
Child-bearing and puerperal ..	0 10 10	0 1 1	0 4 4	0 1 1	0 4 4	0 2 2	0 3 3	..	0 25 25
Chorea ..	..	..	1 0 1	..	..	..	..	..	1 0 1
Climacteric ..	0 4 4	4 3 7	0 4 4	..	0 2 2	1 4 5	0 2 2	0 1 1	5 20 25
Congenital and hereditary ..	43 30 73	5 10 15	18 9 27	1 2 3	..	8 14 22	7 4 11	2 7 9	84 76 160
Diabetes ..	..	..	0 2 2	..	..	..	..	..	0 2 2
Disappointment ..	0 1 1	..	..	..	..	..	..	..	0 1 1
Dissolute life ..	0 1 1	..	0 1 1	..	..	..	..	..	0 2 2
Domestic troubles ..	..	0 2 2	0 7 7	..	..	..	..	..	0 9 9
Epilepsy ..	5 6 11	0 1 1	18 3 21	..	..	3 1 4	1 2 3	..	27 13 40
Exophthalmic goitre ..	..	..	..	..	..	0 2 2	..	..	0 2 2
Exposure ..	..	..	..	..	..	..	1 0 1	..	1 0 1
Fright ..	..	..	1 0 1	..	..	..	..	..	1 0 1
Grief ..	..	..	..	..	0 1 1	0 2 2	..	..	0 3 3
Ill-health ..	3 2 5	1 3 4	0 1 1	..	..	..	..	..	4 6 10
Influenza ..	1 1 2	..	1 0 1	..	..	..	..	..	2 1 3
Injury ..	1 0 1	..	2 1 3	..	..	4 0 4	4 0 4	..	11 1 12
Insomnia ..	1 0 1	..	..	..	..	..	..	..	1 0 1
Love troubles ..	..	0 1 1	..	..	..	..	1 1 2	..	1 2 3
Masturbation ..	2 0 2	1 0 1	5 0 5	..	1 0 1	..	5 0 5	..	14 0 14
Melancholia ..	..	..	..	1 0 1	..	..	..	..	1 0 1
Morphia ..	1 0 1	..	..	..	..	0 1 1	..	..	1 1 2
Organic ..	..	1 0 1	..	..	..	..	..	..	1 0 1
Ovarian disease ..	0 1 1	..	..	..	..	..	..	..	0 1 1
Overwork ..	1 1 2	..	0 2 2	..	..	..	..	..	1 3 4
Previous attack ..	..	8 10 18	..	..	..	3 8 11	5 1 6	..	16 19 35
Privation ..	0 1 1	..	..	..	..	1 0 1	..	..	1 1 2
Puberty ..	..	0 1 1	0 2 2	..	..	..	..	..	0 3 3
Religion ..	..	..	..	1 1 2	0 1 1	..	5 1 6	..	6 3 9
Senility ..	14 6 20	8 7 15	10 5 15	6 2 8	0 4 4	4 6 10	6 1 7	0 1 1	48 32 80
Solitary life ..	9 0 9	1 0 1	..	1 0 1	0 2 2	..	1 1 2	..	12 3 15
Sunstroke ..	1 0 1	..	..	..	1 0 1	..	..	..	2 0 2
Surgical operation ..	..	..	1 0 1	..	..	..	..	..	1 0 1
Syphilis ..	3 0 3	..	0 2 2	..	..	2 0 2	..	1 1 2	6 3 9
Toxic ..	..	..	..	..	..	..	..	0 1 1	0 1 1
Worry ..	2 3 5	2 1 3	1 0 1	1 0 1	..	4 1 5	0 3 3	..	10 8 18
Unknown ..	14 9 23	3 0 3	18 4 22	2 0 2	10 0 10	4 3 7	6 2 8	0 1 1	57 19 76
Not insane ..	1 0 1	..	..	..	..	..	..	..	1 0 1
Totals ..	121 79 200	51 44 95	89 53 142	14 6 20	15 14 29	46 49 95	58 23 81	5 12 17	399 230 679

TABLE XV.—Showing the Admissions, Discharges, and Deaths, with the Mean Annual Mortality and Proportion of Recoveries per Cent. of the Admissions for each Year since 1st January, 1876.

Year.	Admitted.				Discharged.				Not Improved.				Died.	Remaining 31st December in each Year.				Average Numbers resident.				Percentage of Recoveries on Admissions.				Percentage of Deaths on Average Numbers resident.							
	Recovered.		Relieved.																														
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1876	221	117	338	129	79	208	17	8	25	12	36	12	48	519	264	783	491	257	748	54	53	66	01	57	56	8	21	3	58	6	70		
1877	250	112	362	123	57	180	20	9	29	9	42	21	63	581	291	872	541	277	818	49	20	50	80	49	72	7	76	7	58	7	70		
1878	247	131	378	121	68	189	14	14	28	6	51	17	68	638	319	957	601	303	904	48	98	51	90	50	00	8	48	5	61	7	52		
1879	248	151	399	112	76	188	15	13	28	3	55	16	71	695	361	1,056	666	337	1,003	45	16	50	33	47	11	8	25	4	74	7	07		
1880	229	149	378	100	67	167	36	25	61	7	54	20	74	729	396	1,125	703	371	1,074	43	66	44	96	44	17	7	68	5	39	6	89		
1881	232	127	359	93	65	158	41	36	77	8	5	19	63	769	406	1,175	747	388	1,135	40	08	51	10	44	01	6	29	3	60	5	55		
1882	267	152	419	95	59	154	49	32	81	5	7	12	60	827	442	1,269	796	461	1,217	35	58	38	81	36	75	7	53	4	51	6	49		
1883	255	166	421	102	78	180	13	20	33	10	65	18	93	823	483	1,375	860	475	1,335	40	00	46	98	42	75	7	55	3	78	6	21		
1884	238	153	391	89	77	166	17	9	26	18	68	24	92	938	514	1,452	911	497	1,408	37	39	50	32	42	45	7	46	4	82	6	36		
1885	294	160	454	95	76	171	10	5	15	73	23	95	98	981	542	1,523	965	528	1,493	32	31	47	50	37	66	7	56	4	16	6	36		
1886	207	165	372	99	60	159	11	17	28	12	57	19	76	1,009	604	1,613	984	559	1,543	47	82	36	36	42	74	5	79	3	89	4	91		
1887	255	161	416	103	78	181	34	17	51	4	74	27	101	1,053	643	1,696	1,034	613	1,547	40	39	48	75	43	61	7	15	4	40	6	13		
1888	215	146	361	116	92	208	31	28	59	2	78	26	104	1,081	640	1,681	1,045	641	1,686	41	68	53	95	63	01	6	76	4	05	6	16		
1889	230	161	391	93	53	146	31	30	61	3	70	30	100	1,074	687	1,761	1,046	660	1,707	40	43	32	92	37	34	6	69	4	54	5	86		
1890	230	160	390	93	88	186	23	17	40	12	76	35	111	1,095	702	1,797	1,078	685	1,763	42	61	55	00	47	69	7	05	5	11	6	29		
1891	234	201	435	88	74	162	33	24	57	14	79	41	120	1,115	734	1,849	1,089	693	1,789	37	61	36	82	37	24	7	25	5	86	6	71		
1892	231	158	389	89	76	165	21	17	38	8	74	34	108	1,154	763	1,917	1,125	713	1,893	38	53	48	10	42	42	6	58	4	76	5	87		
1893	281	179	460	101	89	190	17	12	29	9	78	23	101	1,239	810	2,039	1,172	758	1,930	35	94	49	72	41	30	6	66	3	38	5	23		
1894	320	256	576	107	76	183	15	11	26	55	64	35	99	1,308	860	2,168	1,241	812	2,053	39	63	45	18	41	08	5	16	4	81	4	82		
1895	379	302	681	105	77	182	24	19	43	128	101	42	143	1,329	885	2,214	1,313	849	2,162	41	27	46	66	43	40	7	69	4	94	6	61		
1896	296	170	466	104	70	174	25	16	41	20	86	32	118	1,390	925	2,315	1,347	882	2,229	37	41	44	02	39	82	6	38	3	63	5	29		
1897	300	244	544	102	73	175	26	32	58	17	105	43	148	1,440	990	2,430	1,411	944	2,355	35	92	37	82	36	69	7	44	4	55	6	28		
1898	355	258	613	114	110	224	13	23	36	104	88	60	148	1,472	1,008	2,480	1,438	973	2,411	44	88	51	89	48	07	6	12	6	17	6	14		
1899	264	247	511	88	99	187	15	25	40	7	114	43	157	1,512	1,045	2,557	1,487	1,004	2,491	32	31	44	33	37	58	7	67	4	28	6	30		
1900	335	263	598	103	96	199	39	10	49	25	99	46	145	1,581	1,091	2,672	1,534	1,049	2,583	30	74	36	50	33	27	6	45	4	38	5	61		
1901	373	224	597	125	104	229	40	17	57	33	102	72	174	1,634	1,119	2,773	1,622	1,094	2,716	39	06	46	64	43	17	6	29	6	58	6	41		
1902	352	192	544	135	99	234	26	15	41	10	120	55	175	1,715	1,133	2,848	1,671	1,114	2,785	38	35	51	56	43	01	7	18	4	94	6	38		
1903	454	237	691	144	101	245	41	25	66	84	129	44	173	1,771	1,188	2,959	1,741	1,160	2,901	40	56	44	69	42	17	7	41	3	79	5	96		
1904	340	240	580	157	106	263	24	13	37	9	120	70	190	1,801	1,237	3,038	1,780	1,198	2,978	46	18	44	17	45	34	6	74	5	84	6	38		
1905	299	280	679	149	121	270	45	32	57	23	147	67	214	1,836	1,276	3,112	1,796	1,232	3,028	41	39	48	21	44	19	8	18	5	44	7	07		
	8,531	5,662	14,193	3,279	2,444	5,723	766	571	1,357	718	2,414	1,027	3,441	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	

In mental hospitals, 1st January, 1876
In mental hospitals, 1st January, 1906

M. F. T.
482 254 736
1,836 1,276 3,112

TABLE XVI.—SHOWING the ADMISSIONS, READMISSIONS, DISCHARGES, and DEATHS from the 1st January, 1876, to the 31st December, 1905.

Persons admitted during period from 1st January, 1876, to 31st December, 1905	M.	F.	T.	M.	F.	T.
Readmissions	6,899	4,367	11,266			
	1,632	1,295	2,927			
Total cases admitted				8,531	5,662	14,193
Discharged cases—						
Recovered	3,279	2,444	5,723			
Relieved	766	571	1,337			
Not improved	718	598	1,316			
Died	2,414	1,027	3,441			
Total cases discharged and died since January, 1876				7,177	4,640	11,817
Remaining in asylums, 1st January, 1876				482	254	736
Remaining in asylums, 1st January, 1906				1,836	1,276	3,112

TABLE XVII.—SUMMARY of TOTAL ADMISSIONS: PERCENTAGE of CASES since the Year 1876.

	Males.	Females.	Both Sexes.
Recovered	38.44	43.16	40.31
Relieved	8.98	10.09	9.42
Not improved	8.41	10.56	9.28
Died	28.30	18.14	24.25
Remaining	15.87	18.05	16.74
	100.00	100.00	100.00

TABLE XVIII.—EXPENDITURE, out of Public Works Fund, on MENTAL HOSPITAL BUILDINGS during the Financial Year ended 31st March, 1906, and LIABILITIES at that Date.

Asylums.	Net Expenditure for Year ended 31st March, 1906.	Liabilities on 31st March, 1906.
	£ s. d.	£ s. d.
Auckland	5,600 7 3	8 0 8
Wellington		
Porirua	2,602 14 6	4 7 4
Christchurch	1,944 4 6	41 6 9
Dunedin (Seacliff)	1,434 3 6	10 10 10
Dunedin (The Camp)	3,014 3 6	
Nelson	493 17 3	64 16 8
Hokitika	156 11 5	6 7 0
Richmond	989 4 8	42 0 0
Totals	16,235 6 7	177 9 3

TABLE XIX.—TOTAL EXPENDITURE, out of Public Works Fund, for REPAIRS and BUILDINGS at each MENTAL HOSPITAL from 1st July, 1877, to 31st March, 1906.

Asylums.	1877-98.	1898-99.	1899-1900.	1900-1.	1901-2.
	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
Auckland	87,989 0 5	208 7 2	1,553 11 4	3,038 17 11	2,119 12 6
Wellington	21,423 15 0	1,606 18 10	1,823 17 0	1,616 2 0	162 12 2
Wellington (Porirua)	61,631 6 2	11,233 9 1	11,095 9 6	10,587 3 7	8,560 18 8
Christchurch	103,221 18 3	188 15 9		75 16 8	43 2 6
Dunedin (Seacliff)	122,031 9 4	1,797 0 4	1,386 17 7	2,227 16 10	4,666 16 8
Napier	147 0 0				
Hokitika	1,187 5 4			94 3 11	8 7 4
Nelson	6,967 8 5	2,632 2 4	1,852 5 8	1,231 18 5	1,186 19 9
Totals	404,599 2 11	17,666 13 6	17,712 1 1	18,871 14 4	16,743 9 7

Asylums.	1902-3.	1903-4.	1904-5.	1905-6.	Total Net Expenditure, 1st July, 1877, to 31st March, 1906.
	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
Auckland	698 6 1	1,284 4 1	2,413 12 5	5,600 7 3	104,905 19 2
Wellington	1,468 10 2	532 1 10	235 5 9		28,869 2 9
Wellington (Porirua)	2,144 19 1	6,377 15 0	5,387 11 3	2,602 14 6	119,621 6 10
Christchurch	155 11 1	4,238 4 11	3,266 1 7	1,944 4 6	113,133 15 3
Dunedin (Seacliff)	4,973 0 1	1,360 17 0	3,229 0 10	1,434 3 6	143,107 2 2
Dunedin (The Camp)				3,014 3 6	3,014 3 6
Napier					147 0 0
Hokitika	238 17 2	874 11 8	890 16 2	156 11 5	3,445 13 0
Nelson	487 6 7	1,144 5 8	526 19 10	493 17 3	16,522 18 11
Richmond				989 4 8	989 4 8
Totals	10,166 10 3	15,312 0 2	15,949 7 10	16,235 6 7	533,756 6 3

TABLE XX.—SHOWING THE EXPENDITURE for the Year 1905.

Heads of Expenditure.		Auckland.		Christchurch.		Dunedin (Seacliff).		Hokitika.		Nelson.		Porirua.		Wellington.		Total.	
		£	s. d.	£	s. d.	£	s. d.	£	s. d.	£	s. d.	£	s. d.	£	s. d.	£	s. d.
Inspector*	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1,000	0 0
Assistant Inspectors*	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1,046	5 0
Clerk*	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	227	10 0
Medical fees*	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1,233	1 4
Contingencies*	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	314	7 4
Official Visitors	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	100	16 0
Superintendents	..	542	17 6	600	0 0	50	8 0	12	12 0	200	0 0	25	4 0	558	6 8	3,301	4 2
Assistant Medical Officers	..	275	0 0	257	0 10	300	0 0	200	0 0	..	..	276	1 6	45	16 8	1,153	19 0
Visiting Medical Officers	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	350	0 0
Clerks and Assistant Clerks	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1,324	15 0
Matrons	..	257	10 0	360	0 0	327	10 0	..	..	..	..	260	0 0	179	15 0	1,824	15 0
Attendants and servants	..	107	10 0	107	10 0	110	0 0	70	0 0	92	10 0	91	13 4	107	10 0	886	13 4
Rations	..	5,116	19 9	4,833	17 9	8,321	9 9	1,563	10 3	1,479	1 3	6,391	5 5	2,892	8 2	30,598	12 4
Fuel and light	..	5,413	1 5	4,853	8 11	5,343	2 5	1,798	14 11	1,281	19 4	5,211	2 6	2,688	6 6	26,589	16 0
Bedding and clothing	..	1,013	15 6	1,711	19 8	1,817	14 9	43	3 6	323	13 8	1,304	10 6	593	15 2	6,808	12 9
Surgery and dispensary	..	1,563	7 5	1,503	16 8	2,567	15 5	240	6 1	215	4 8	1,103	15 1	788	9 7	7,982	14 11
Wines, spirits, ale, and porter	..	66	1 10	67	16 10	127	19 0	30	5 10	31	8 8	97	13 0	55	16 5	477	1 7
Farm	..	34	10 10	10	15 0	5	9 6	8	8 4	6	10 6	19	12 0	22	8 0	102	14 2
Necessaries, incidental, and miscellaneous	..	554	13 7	878	11 4	2,481	0 9	..	..	385	11 11	697	1 11	800	2 4	5,297	1 10
Totals	..	2,358	4 3	2,681	2 10	6,297	8 6	323	8 4	804	12 4	2,472	17 9	1,215	3 8	16,152	17 8
Repayments, sale of produce, &c.	..	17,303	12 1	17,805	19 10	28,349	18 1	4,435	9 3	5,033	4 4	18,550	17 0	9,447	18 2	104,748	2 5
Actual cost	..	4,085	0 9	4,369	14 0	5,841	1 4	393	16 7	1,110	12 3	9,711	14 10	1,979	8 0	21,491	7 9
	..	13,218	11 4	13,436	5 10	22,508	16 9	4,041	12 8	3,922	12 1	14,839	2 2	7,468	10 2	83,256	14 8

* Not included in Table XXI.

TABLE XXI.—AVERAGE COST of each PATIENT per Annum.

Mental Hospital.	Provisions.	Salaries.	Bedding and Clothing.	Fuel and Light.	Surgery and Dispensary.	Wines, Spirits, Ale, and Porter.	Farm.	Necessaries, Incidental, and Miscellaneous.		Total Cost per Patient.		Total Cost per Head, less Repayments for Maintenance.		Total Cost per Head, less Receipts of all kinds previous year.		Decrease in 1905.		Increase in 1905.	
								£	s. d.	£	s. d.	£	s. d.	£	s. d.	£	s. d.	£	s. d.
Auckland	£ 9 1 4	£ 10 11 0	£ 2 12 4	£ 1 13 11	£ 0 2 2	£ 0 1 2	£ 0 18 7	£ 3 19 0	£ 28 19 8	£ 6 1 8	£ 22 17 11	£ 22 3 7	£ 17 16 11	£ 22 3 7	£ 17 16 11	£ 4 6 7	£ 4 6 7	£ 4 6 7	£ 4 6 7
Christchurch	£ 9 3 1	£ 11 10 1	£ 2 16 9	£ 3 4 7	£ 0 2 6	£ 0 0 4	£ 1 13 1	£ 5 1 2	£ 33 11 1	£ 5 19 8	£ 27 12 2	£ 25 7 0	£ 20 9 3	£ 25 7 0	£ 20 9 3	£ 4 17 8	£ 4 17 8	£ 4 17 8	£ 4 17 8
Dunedin (Seacliff)	£ 7 11 7	£ 13 14 8	£ 3 12 7	£ 2 11 5	£ 0 3 7	£ 0 0 1	£ 3 10 2	£ 8 18 1	£ 40 1 11	£ 2 0 5	£ 33 18 4	£ 31 16 9	£ 22 16 2	£ 31 16 9	£ 22 16 2	£ 9 0 6	£ 9 0 6	£ 9 0 6	£ 9 0 6
Hokitika	£ 10 11 7	£ 11 14 10	£ 1 8 3	£ 0 5 1	£ 0 3 6	£ 0 0 4	£ ..	£ 1 18 0	£ 26 1 9	£ 2 0 5	£ 24 1 4	£ 23 15 5	£ 21 3 8	£ 23 15 5	£ 21 3 8	£ 2 11 9	£ 2 11 9	£ 2 11 9	£ 2 11 9
Nelson	£ 9 1 10	£ 14 1 5	£ 1 10 6	£ 2 5 11	£ 0 4 5	£ 0 0 1	£ 2 14 8	£ 5 14 1	£ 35 13 11	£ 6 6 7	£ 29 7 4	£ 27 16 4	£ 26 16 2	£ 27 16 4	£ 26 16 2	£ 1 0 2	£ 1 0 2	£ 1 0 2	£ 1 0 2
Porirua	£ 8 16 0	£ 12 18 3	£ 1 17 3	£ 2 4 0	£ 0 3 3	£ 0 0 8	£ 1 3 6	£ 4 3 6	£ 31 6 8	£ 4 16 11	£ 26 9 8	£ 30 7 2	£ 23 14 7	£ 30 7 2	£ 23 14 7	£ 1 6 8	£ 1 6 8	£ 1 6 8	£ 1 6 8
Wellington	£ 10 18 6	£ 15 7 7	£ 3 4 1	£ 2 8 3	£ 0 4 6	£ 0 1 10	£ 1 4 4	£ 4 18 9	£ 38 8 1	£ 7 5 7	£ 31 2 5	£ 26 12 7	£ 26 7 11	£ 30 7 2	£ 26 7 11	£ 3 19 2	£ 3 19 2	£ 3 19 2	£ 3 19 2
Averages	£ 8 18 3	£ 12 11 6	£ 2 13 6	£ 2 5 7	£ 0 3 2	£ 0 0 8	£ 1 15 6	£ 5 8 3	£ 33 16 8	£ 5 14 5	£ 28 2 3	£ 26 12 7	£ 21 19 11	£ 26 12 7	£ 21 19 11	£ 4 12 7	£ 4 12 7	£ 4 12 7	£ 4 12 7

NOTE.—Including the first five items in Table XX, the net cost per patient is £27 18s. 2½d.

Approximate Cost of Paper.—Preparation, not given; printing (1,750 copies), £21 10s. 6d.