1908.

NEW ZEALAND.

MENTAL HOSPITALS OF THE DOMINION

(REPORT ON) FOR 1907.

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

The Hon. the MINISTER IN CHARGE OF MENTAL HOSPITALS to His Excellency the GOVERNOR.

MY LORD,— Wellington, 18th August, 1908.

I have the honour to submit to Your Excellency the report of the Inspector-General of Mental Hospitals on the mental hospitals of the Dominion for the year 1907.

I have the honour to be,

Your Lordship's most obedient servant,

GEO. FOWLDS,

Minister in Charge of Mental Hospitals.

The INSPECTOR-GENERAL to the Hon. the MINISTER IN CHARGE OF MENTAL HOSPITALS.

SIR,— Wellington, 1st July, 1908.

I have the honour to lay before you the statutory report on the mental hospitals of the Dominion for year ended 31st December, 1907.

Upon that date the number of persons known to be of unsound mind, from the fact they had been so found and that their names were on the register, was 3,240 (males, 1,909; females, 1,331). At the same date of the previous year the number was 3,206 (m., 1,900; f., 1,306), an increase of only 34 (m., 9; f., 25) in the year. In the previous five years the average residuum (omitting fractions), was 86 (m., 49; f., 37), and in the previous ten years 89 (m., 51; f., 38), while the increase in 1906 was 94 (m., 64; f., 30).

For figures approximating the gratifyingly small addition to the number in the mental hospitals at the end of the year one has to go back to 1890, when the increase was 36 and when the actual admissions numbered 381 against 600 in 1907.

Distribution.—The 3,240 patients on the register were distributed among the mental hospitals as follows:—

	Males.	Females.	Total.
Auckland	415	270	685
Christchurch	303	251	554
Dunedin (Seacliff)	451	284	735
Hokitika	149	58	207
Nelson	90	67	157
Porirua	337	286	623
Wellington	141	94	235
Ashburn Hall (private mental hospital)	23	21	44
	1,909	1,331	3,240

The figures do not exactly represent the number resident upon that date at each of the institutions named, but the numbers on their register, including patients absent on probation. Of patients technically on probation nineteen were at the Camp, near Dunedin, and eighteen boys at the Home for Feeble-minded at Richmond. These places not being gazetted as asylums, patients could not be transferred thither in the ordinary course, but, apart from other functions, they have subserved the purpose of easing the accommodation at the mental hospitals.

Ratio to Population.—On the 31st December the number of the patients on the register stood in the following ratio to the estimated general population:—

The proportion of the total insane to the total population was,—			
Exclusive of Maoris	34·47	per 10,000, or	1 in 290
Inclusive of Maoris	33·15	„	1 in 302
The proportion of the male insane to the male population,—			
Exclusive of Maoris	38·25	„	1 in 261
Inclusive of Maoris	36·85	„	1 in 271
The proportion of the female insane to the female population,—			
Exclusive of Maoris	30·19	„	1 in 331
Inclusive of Maoris	28·99	„	1 in 345

For a ratio as low as the present, one has to go back to some period during the year 1900 when the proportion of insane to population (exclusive of Maoris) rose from 1 in 296 at the beginning to 1 in 288 at the end of the year. The highest proportion was in 1903—viz., 1 in 284.

These ratios are practically the same as those in Great Britain (that of England and Wales on the 1st January, 1907, was 1 to 282), but it was pointed out in my last report that the ratio is very low among native-born New-Zealanders of European stock forming that section of our population which, conceding an excess of younger persons in its age-distribution, is at all comparable with the population of an older country.

One finds the significance of these statistics misunderstood by so many that, at the risk of repetition becoming tedious to the few, it must be pointed out that the above ratios relate to the insane accumulated in our institutions over a number of years, and are misleading if used as a measure of the growth of the malady. The figures hereunder dealing with the ratio of admissions to population, even of first admissions, though furnishing a better are not a trustworthy measure; for, in addition to the sources of error which we share with other countries, there is one peculiar to communities whose expansion is largely by accretion.

Last year I showed that these accretions were relatively unstable elements, being chiefly adult persons whose ratio of insanity was higher than that among adults in their country of origin, and how in the general statistics this neutralised the low ratio of insanity among the native-born population of European stock. It is not my intention to repeat the figures and deductions, but only to ask that the fact be kept in mind when inferences are drawn from our statistics.

Admissions.—The annual return of immigrants who became insane within a year of landing in the Dominion may be placed here conveniently:—

Native of	Stated to be First Attack.	Previous Attack before coming to Dominion.	Total.
United Kingdom	8	8	16
Australia	5	0	5
Elsewhere	0	0	0
Total for 1907	13	8	21
Total for 1906	25	6	31

The total number of patients received into our hospitals in 1907 was 700; but, as 100 of these were transfers, the admissions proper numbered 600. 472 of the 600 were admitted for the first time, 105 were readmitted into a hospital where they had been previously treated, and 23 had been discharged from a hospital other than the one into which they were subsequently admitted. Six of the patients were Maoris, three being received as first admissions and three as readmissions.

Ratio of Admission to Population.—Excluding the Native race and patients transferred from one institution to another, the proportion of total admissions to the estimated population at the end of the year was 6·39 to 10,000; a sharp fall after an apparently progressive rise, the ratio for the previous ten years being 6·56, for the previous five 6·76, and in the previous year 7·16. As a matter of fact the progress has not been altogether orderly and unbroken; but, apart from the low ratio in 1907, for a parallel to which one has to go to 1900, there has been an advance. How far this is due to increased immigration, how far to a more sympathetic conception of mental hospitals as places rather for treatment than incarceration, and how far, if at all, to increased insanity, it is impossible to state with any degree of accuracy.

Having regard to the fact that in the general population there are persons who have had attacks of insanity often necessitating their detention in a mental hospital in the past, and that such persons at one time largely augment the proportion of insane and at another time contribute an almost negligible increment to the general population, it is clear that these figures cannot be accepted without qualification.

Our knowledge of occurring insanity is confined to persons in whose case a reception order is granted, and we have not therefore sufficient information to make of any value a comparative return of "first attacks" whether treated within or without a mental hospital, but hereunder is one, compiled from the Department's general register, differentiating between total and first admissions, which shows that readmissions are a significant factor. Calculated over the period included

in the table, 1 to 4 is about the proportion of readmissions to admissions; but be it remembered that readmission is not synonymous with second admission:—

Year.	Ratio to 10,000 of Population of		Number of Persons in Population contributing	
	Admissions.	First Admissions.	One Admission.	One First Admission.
1897	6·31	4·98	1,585	2,008
1898	6·14	5·07	1,627	1,972
1899	5·93	4·71	1,685	2,119
1900	6·39	5·02	1,565	1,990
1901	6·83	5·61	1,464	1,774
Quinquennial average	6·36	5·09	1,580	1,964
1902	6·48	5·07	1,542	1,971
1903	6·78	5·60	1,473	1,783
1904	6·55	5·42	1,526	1,844
1905	6·76	5·59	1,478	1,786
1906	7·16	5·82	1,396	1,718
Quinquennial average	6·76	5·51	1,479	1,814
Decennial average ...	6·56	5·31	1,525	1,881
1907	6·39	5·04	1,567	1,982

It may be mentioned incidentally that the average number of persons within the radius of practice of a doctor in this country is 1,180, and it is therefore obvious that among his patients the average practitioner has only every fifteen months or thereabouts one insane person requiring control. This patient and others in the same category are collected together in special hospitals and the recurring necessity of providing accommodation for those who do not recover or die draws public attention to their number, whereas the public knows little or nothing of the numerous patients labouring under acute and chronic maladies which the practitioner has treated during the same fifteen months. I quote this passage from the Morison lecture for 1907: "Imagine the popular outcry if the unrecovered persons discharged from general hospitals had to be kept for life in those institutions, and the resulting dread of national degeneration!"

Discharges and Deaths.—The total number of persons discharged from the mental hospitals during 1907 was 434 (m., 244; f., 190), of which 299 (m., 160; f., 139) were discharged as recovered, and 135 (m., 84; f., 51) as not recovered. The second group included 100 (m., 62; f.,38) transferred patients whose technical discharge from one hospital coincided with their technical admission into another.

The percentage of recoveries on admissions in 1907 was 49·67 (m., 44·29; f., 57·68) against 42·94 (m., 39·75; f., 47·73) in the previous year. One (male) transferred patient who recovered has been omitted from the calculation. The recovery-rate in 1907 is the highest since 1888, when our record was reached—namely, 57·62 per cent. Previous to that year there had been three higher percentages than the present—those for the years 1876, 1877, and 1878, the rates being 57·56 per cent., 49·72 per cent., and 50 per cent. respectively.

The recovery-rate, satisfactory though it be, is but a rough-and-ready estimate of the value of treatment because its fluctuations depend largely upon the class of patients admitted. Thus, in addition to the curable cases, there are many admitted with disease which will prove fatal within a more or less definite period, in many the alienation is of an incurable type, in many admission has been so long delayed that the mental disorder has become well-nigh intractable, and in some the prognosis is unfavourable because of age. It is the way of statistics that such factors are from year to year found in varying proportions. By eliminating the error of human judgment in regard to prognosis, the result of treatment could be gauged by calculating recoveries on those patients resident during the year whose malady was deemed to be curable, the prognosis to be set down on admission and reviewed annually; but the recovery of patients in whom the prognosis was unfavourable—an experience which most, if not all, alienists have had—would greatly interfere with any such deduction. One factor, however, speaks well for the maintenance of our relatively high recovery-rate, and that is the steadily increasing number of persons admitted in whom the prognosis is unfavourable because of advancing years. In the quinquennium 1882–86 the percentage of persons of sixty years and over admitted was 6·07, while in 1902–6 it was 15·79. These figures have a double interest because they tend to reduce the recovery-rate and increase the death-rate; but it must be pointed out and kept in mind that the increase of such admissions is not out of proportion to the increase of persons of that age in the general population. In the census of 1881 those of sixty-five years of age and upwards were 1·41 per cent. of the total population, whereas in the census of 1906 they represented 4·60 per cent.

The percentage of deaths on the average number resident during the year was 7·39. The percentage for the previous ten years was 6·42; for the previous five, 6·65; and for the previous year,

7·48. Though below the death-rate in English asylums (which in 1906 was 9·85 per cent.) the figures show a progressive increase which a study of the following table will explain:—

TABLE to illustrate CAUSES operating to bring about an ADVANCING DEATH RATE: Showing in Quinquennial Periods the Percentage Proportion of Admissions according to Age Groups; of Deaths, in Causation, Age, and Length-of-residence Groups; and of Patients on Register on 31st December of each Year in Age Groups.

Period.	Admissions.			Death.										Patients remaining at End of each Year.		
	Age of: Proportions per Cent.			Cause of: Proportions per Cent.				Age at: Proportions per Cent.			Length of Residence at: Proportions per Cent.			Ages of: Proportions per Cent.		
	Under 20.	20 to 60.	Over 60.	Senile Decay.	Tubercular Disease.	General Paralysis.	Other Causes.	Under 20.	20 to 70.	Over 70.	Under 1 Year.	1 Year to 15 Yrs.	Over 15 Yrs.	Under 20.	20 to 70.	Over 70.
1882–86 ..	7·31	86·62	6·07	6·58	11·76	17·65	64·01	5·31	87·45	7·24	41·90	55·24	2·86	3·88	94·58	1·54
1887–91 ..	7·98	84·29	7·73	9·79	9·41	10·55	70·25	4·38	87·14	8·48	39·24	52·84	7·92	3·27	94·43	2·30
1892–96 ..	6·94	82.32	10.74	7·38	9·84	9·84	72·94	3·89	83·19	12·92	39·15	48·68	12·17	3·65	93·13	3·22
1897–1901 ..	8·08	79·66	12·26	9·11	15·36	9·89	65·64	3·55	81·85	14·60	36·96	47.97	15·07	3·19	92·93	3·88
1902–6 ..	6·76	77·45	15·79	14·01	10·84	10·84	64·31	3·37	76·39	20·24	37·97	44·80	17·23	3·03	91·25	5·72
1907 ..	7·16	78·33	14·47	26·52	9·13	8·26	56·09	3·46	69·27	27·27	28·19	49·79	22·02	3·20	89·50	7·30
England and Wales for the year 1906 ..	..	..	..	10·24	15·79	16·77	55·17	..	..	..	..	..	..	..	..	..

The significance of the increase of admissions of persons above the age of sixty has been already dealt with in regard to recoveries, and a glance and a passing thought should suffice to indicate that many persons if not actually labouring under senile decay on admission will be so in a few years. The increase in the proportion of deaths in persons over seventy years of age is very marked, an age at which, speaking generally, treatment is only palliative and death inevitable. Obviously this larger proportion is due to the larger number resident at that age (*vide* last section of table), resulting both from a larger number of such admissions, as has been demonstrated, and the aging of the unrecovered of earlier years, which is seen by the longer residence at death. It may be assumed that had the ages of patients stood as they were in the quinquennium 1882–86 there would have been a considerable reduction in the number of deaths. Not that the rate is high at present when one considers that 7·30 per cent. of our patients are over seventy years of age, while 7·39 represents the deaths from all causes, and when one gives weight to the fact that an insane population is a sick population—a fact so often and so quickly lost sight of that its restatement upon occasion becomes necessary. Insanity is a bodily disease which may render a patient more liable to the invasion of some other forms of disease, it may weaken the forces which resist the attacks of disease, and it may in itself prove fatal. In this connection the large proportion of deaths within one year of admission, when the type of insanity is more acute, finds a ready explanation.

In the last report I dealt at some length with the proportion of the sexes among the insane, and their condition as to marriage. These matters need not be repeated. Since then a new Act is upon the statute-book which makes ground for divorce insanity, if deemed to be incurable, which has lasted for ten years in the twelve preceding the filing of the petition. It would be out of place for me to criticize so recent an Act; but naturally I must regret it from the patients' standpoint. A case was recently brought to my notice by her husband of a patient whose recovery had been retarded by gossiping discussions of the Act among her fellow-patients raising suspicion as to his fidelity and intentions. It has been argued that this Act would limit the procreation of the unfit. A misconception dies hard, and that statement has been repeated so often and by such responsible persons that one is in duty bound to point out its irrelevancy. In so far as a serious attack upon heredity is expected to be one of the consequences of the Act, the Act is merely paring the nails of the monster. In the year under review 299 persons (m., 160; f., 139) were discharged as recovered, and returned to their homes as free agents; and of this number, including 4 at the age of puberty, 256 (m., 147; f., 109) were able to reproduce their kind, and of these only one unmarried man and one married Chinaman fulfilled the condition of having been insane for ten years during the preceding twelve. True, the one married man may have been divorced, and may have remained a celibate; but what of the other 255! Here is a real problem, but one, I fear, which must be left for some future generation to solve.

Causes of Insanity.—These though recorded in our statistics as isolated factors seldom operate singly, and even in combination would be almost impotent unless there were a predisposition inherited or acquired. Insanity is a somewhat rare malady in the absence of heredity, whether the heredity be direct, of other neuroses, or even the expressed error of sickly or ill-matched parentage. A nearly allied condition, one of lessened resistance, may be acquired by early or prolonged malnutrition, giving the term its widest application. Undoubtedly a potent underlying cause of unsuspected weaknesses must be sought in early malnutrition. Care during the formative periods may do much towards combating evil heredity, but ignorance assails a goodly heritage. Indeed, so accustomed are we to inherent weaknesses that, instead of combating danger, we find ourselves avoiding it instinctively in the fancied manner of the ostrich with its head in the sand. Table XIII must be accepted with such limitations because our information is not sufficiently accurate to give even approximate value to predisposing factors. Hereunder this table is epitomised, the percentage calculations being made only on those admissions in which a cause is assigned for the insanity.

Causation group—proportions per cent.,—	Male.	Female.	Total.
Hereditary and congenital	19·71	27·89	23·01
Epochal	15·00	16·31	15·56
Alcoholism and drug habit	21·76	4·72	14·83
Previous attacks	11·18	14·16	12·39
Mental stress	6·18	6·87	6·45
Epilepsy	5·29	5·58	5·41
Other assigned causes	20·88	24·47	22·35

Under Special Care.—It has been my practice in visiting the mental hospitals to obtain a return of patients labouring under epilepsy and general paralysis, and of those who were deemed to be suicidical and dangerous. As the last class is often found among the others, especially among epileptics, and as the desire is to get at the actual number of individuals, only those dangerous patients were enumerated who did not belong to the other classes. The result shows the aggregate under the above headings to be 13·56 per cent. (m., 12·56; f., 15·03) of the number resident. The object of this return is to estimate the extent of the special care which has to be exercised by the staff and to estimate the accommodation necessary for proper classification in any future buildings. Owing to the variation of types one cannot implicitly accept the precedent of other countries. Supplementing the above and for the like purpose a return was made of the number of patients requiring treatment to re-establish the habit of attending to the calls of nature at a fit time and place, and the number in which such treatment failed to produce the result desired. This work is a very fair test of the proficiency of a night staff, and in my opinion, even allowing for the accumulation of senile cases, there is room for improvement.

The complete return is as follows:—

Of patients resident—proportion per cent.,—	Male.	Female.	Total.
Epileptics	5·91	7·78	6·67
General paralytics	1·57	0·23	1·02
Suicidal	1·98	4·65	3·07
Dangerous (not included above)	3·08	2·36	2·79
Liable to be wet and dirty	11·60	18·66	14·53
Actually wet and dirty	4·02	3·66	3·87

Accommodation.—The accommodation in the mental hospitals is being considerably taxed. The average number resident during the year was 3,136 (m. 1,851; f., 1,285), whereas accommodation giving the cubic space we desire was only adequate for 3,105 (m., 1,875; f., 1,230)—that is to say, on an average taken over all the mental hospitals, though there were vacancies for twenty-four men, fifty-five women had to put up with inadequate make-shift accommodation. One is dealing with averages, and it is obvious that there were times when the pressure was more felt—especially was such the case towards the end of the year. The admission-rates of the different hospitals cannot be artificially controlled, and therefore the pressure is felt unequally—now acute here, now there; and an attempt to equipoise has to be made by transfer. Hence the 100 patients transferred during the year. Building is now proceeding to try to keep pace with bare needs, but this is another thing from actual requirements. It is obvious that not only should each mental hospital have vacant accommodation, but each department of a mental hospital should have vacant beds, otherwise any attempt at proper classification is foredoomed. However, it is only right to state that the Superintendents have used the space at their disposal to the best advantage.

It is due to you, sir, to express my gratification at the readiness with which you approved of the scheme for another mental hospital, to be developed on sound principles, and situated where best the pressure on other institutions may be relieved.

I believe the most suitable site within our means will soon be selected; but the requirements are so complex, and the decision so momentous, that anything in the way of haste is to be deprecated. The site must possess natural features contributing to future economy in management, and the estate must be sufficiently large for a mental hospital made up of detached buildings, therefore capable of very considerable extension, and to have, apart from the mental hospital, space for other institutions or "colonies" which may be placed hereafter under the control of this Department.

The Staff.—It gives me pleasure to be able to indorse the testimony of the Superintendents upon the harmonius working of the hospital staffs.

Miss Sims resigned the office of Matron of Mount View at the end of the year, and was succeeded by Nurse McDougall, who for over thirteen years had served faithfully and well at Seacliff.

For members of the nursing staff the year should be memorable, because those who fulfilled the conditions had the privilege of being enrolled on the Register of Mental Nurses. It is expected that this will prove a lever to raise their status and a stimulus to intellectual interest in their calling. Last year I expressed a hope that the general hospitals would take selected registered nurses from the mental hospitals for two years' training, who should then be allowed to sit for examination to register as general nurses, their three years' or more training at the mental hospital being accepted as equivalent to one year's training at a general hospital. I am pleased to say that a number of hospitals have offered to co-operate, and one nurse (having been given two years' leave) has already entered upon her new duties in anticipation of the necessary amendment to Nurses Registration Act. On being registered within the period, and thereupon returning to the mental-hospital service, she will not lose seniority. This will be the general rule, and it is hoped that in time there will be a number of doubly registered nurses in the service to supply our future Matrons and responsible charges.

The Examination for the Registration of Mental Nurses was divided into three parts—written answers to a paper, a *viva voce*, largely practical, conducted at each of the mental hospitals by the Medical Superintendent (in the case of Nelson the Medical Officer) and myself, and a practical examination in nursing, conducted by Miss Maclean. Commenting on the examination paper, the *Journal of Mental Science* says, "It is evident that the examination is at once searching and suitable in scope. The questions are justly fitted to the end in view—viz., the test of adequate knowledge in nursing."

There were 79 candidates, of whom 57 passed, having obtained at least 60 per cent. of the total marks, the average being nearly 74 per cent. I consider the results show a highly satisfactory standard, which may be appreciated by the following return: 19 candidates obtained 60 per cent. of the total marks; 11, 65 per cent.; 5, 70 per cent.; 8, 75 per cent.; 4, 80 per cent.; 7, 85 per cent.; and 3, 90 per cent.

The following, arranged in alphabetical order, are the successful candidates at the various hospitals:—

Auckland: Nurses—Fanny E. Britton, Agnes A. Earl, Emma Jane Harris, Gertrude Hosking, Helena Scandrett, Minnie Wood; attendants—William Beatt, Patrick Campion, Samuel Duncan, Walter Hichens, Charles C. Kavanagh, Frank Parkes.

Christchurch: Nurses—Christina Grant, Lily Williams; attendants—Thomas Bloor, Albert George Brailey, William T. Burbury, Edward B. Harris, Leonard Hebberd, Robert Newell, John Peters, Andrew J. Porter, Benjamin G. Salway, Charles Henry Sykes, Richard Truman, James Wicks.

Dunedin (Seacliff): Nurses—Alice Hilliard, Kathleen Keiler, Jessie Macgregor, Johan McLeod, Margaret Ann Whiting, Alice Wymer; attendants—William Aitcheson, William Cummock, John A. Fraser, John Pettigrew, Thomas Sneeston.

Nelson: Attendants—Frederick William Jones, James Satherley.

Porirua: Nurses—Jessie Adamson, Julia Kelly, Mimie Long, Annie McGrath; attendants—James Brown, William Brown, James Burgher, Thomas Cocker, William Dale, Henry Glanvill, Charles Edwin Matthews, Alexander A. Mitchell, Albert E. Mould, Leslie Tatnell, Mark D. Vickers.

Wellington: Nurse—Julia F. Shelton.

Ashburn Hall: Nurses—Isabel Ronald Guffie, Margaret Lyall.

Superannuation.—Another and a very good reason for the year being a memorable one for the service is the scheme of retiring-allowances under the Public Service Superannuation Act.

The English Lunacy Commissioners, in their sixty-first report, quote the following passage from their forty-fifth: "Fair salaries or wages, with the prospect of liberal pensions after disablement or reasonable length of service, offer, we think, the most influential inducements to really suitable persons to enter asylum service, and to remain in it as a permanent occupation." This is the opinion of all who have studied the question, and therefore the gratitude I express for the benefit conferred on the service is no empty compliment.

The Act applies to the public service without distinction, presuming all services to be sufficiently alike for practical purposes, and for this very reason effect is not given to its obvious intention of distributing benefits impartially. I bring the following facts under your notice, not from any desire that the service I represent should fare better than its deserts, but simply in the hope that its deserts may be appreciated and receive recognition.

The age on entering our service is higher than in other public services, and it will be necessary to fix a lower retiring-age, therefore service measured by years will not provide the adequate pensions which it is possible for persons in other services to obtain. I trust that the nature of the employment, and the fact that it leads to nothing great within itself and incapacitates for other occupations, will be considered sufficient ground to raise the one-sixtieth fraction, or every few years to presume an extra year's service.

The work of ministering to the insane entails subjection to discipline; it is anxious, responsible, often distasteful work; and, though not hard in the usual sense, is, to quote once more from the report of the English Commissioners, "wearing and not free from danger; while it calls for the exercise of qualities of intelligence, tact, and patience. . . . . No one who has spent the best years of his life in an asylum is likely after retirement to succeed in any other occupation."

I stated above that it will be necessary to fix a lower retiring-age than that fixed for other workers, and this is so, unless it is intended that action under the proviso to section 18 of the Act is to be the rule rather than the exception. As a matter of fact, it would be a positive disadvantage to have a staff remaining on till retiring-age, because in time a large proportion would be unfit for prompt and vigilant execution of duties, and useless upon occasions requiring the exercise of special activity. I think, in consideration of the nature of the day's work, the option should be given of retiring not later than the age in the proviso, while yet the evening of life may be peacefully enjoyed. But this enjoyment is dependent upon an adequate pension; otherwise the option will seldom be taken, and action under the proviso may be forced. In some Departments persons entering as cadets are able to retire at fifty-five, after forty years' service, and may do other work should they be so minded. The objection, therefore, to optional retirement at sixty is not one of age, but of length of service. If, therefore, it be agreed that the nature of the work, as above detailed, may more than counterbalance its duration, the option of retiring at an earlier age, or after a shorter service, is a reasonable corollary.

As to "the prospect of liberal pensions," I would point out first, that the retiring-allowance in this service is not calculated on the whole salary as in other Departments. Board, lodging, washing, and uniforms are provided for the vast majority employed by us, and the cash part of the

salary is correspondingly less. To place this service on a level with others, such emoluments should be valued, and the sum of such value and the cash paid be reckoned as salary. At least the option may be given of contributing on the basis of the full remuneration.

When the question of special treatment for special conditions is under consideration with the view of ascertaining whether concessions are actuarially possible, the following instances in which this service benefits the fund should be considered:—

Many join the service with no intention of remaining in it. Some get to like the work, and continue, and some having made a convenience of the mental hospital pass on to other occupations. Many join with no definite regard to the future, but leave us on finding the occupation unpleasant or the subjection to discipline irksome—very necessary discipline, but very foreign to our people. Many, on the other hand, after a few months are found unsuitable for the special work, and their services are dispensed with. In all these cases the fund benefits to the extent of interest on contributions, while in other services the duties are not unaccustomed, and they are entered upon as a life-work.

Owing, also, to the higher age on joining the service, it will be found that very few will get the extraordinary benefits conferred on the initiation of the system—the counting of years of back service without contribution. Here, again, the fund will distinctly benefit.

The actuary may also consider whether and how far the contributors, by voluntarily increasing the amount of their contributions could be given increased benefits.

The object of the retiring-allowance is that set forth in the paragraph quoted above, and I believe, if the special circumstances of the Department were considered in a liberal spirit, placing it on a real equality with other branches of the public service, the Act would supply "the most influential inducement" there spoken of for suitable persons to enter the service as a permanent occupation.

Medical Superintendents and Special Leave.—For one who has not lived the life it is difficult to form any adequate conception of the work, anxieties, and harassments of a Medical Superintendent of a mental hospital, of his ever-present sense of responsibility. Apart from the general and special knowledge of his profession, he must, to discharge his duties successfully, have powers of organization and administration, have a knowledge of men and things, have the right to hold convictions, and have the strength of his convictions—in fact, he must possess a combination of qualities not to be found in the ordinary man. True, there is a variety of occupation; but this variety, because great issues may depend on seeming trifles, does not permit any phase of the work to partake of the recreative quality of a hobby. The result is that "few men can venture, without danger to health, to extend their tenure of office beyond moderate limits." Upon this fact, well known, the words quoted here being from the 1890 report of the English Commissioners, and upon the recognised necessity for men engaged in such work, and isolated, to periodically visit centres of scientific activity, I base the hope that a liberal measure of long leave may be granted without, as has sometimes been the case, such leave being sick-leave. I trust it may become a rule of the service that in every few years the Medical Superintendents will be granted, say, six months' leave for recreation, with an additional three on their undertaking to devote three months out of the nine to visiting recent institutions in Europe or America, working in research laboratories, critically observing newer methods of treatment, &c.,—in other words, following up the latest work in their special calling for the good of the public service. Scientific journals keep our medical officers in touch with all these matters, but, save in very exceptional instances, nothing short of actual experience can give the comprehensive grasp of a subject which is necessary to carry the application of it to our conditions past the intermediate stage of experiment.

Financial Results.—The details of last year's expenditure will be found in Tables XX and XXI in the appendix.

In the following table the gross and net cost per patient for the year 1907 is contrasted with the previous year:—

Mental Hospital.	1907.		1906.		1907.	1907.
	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.
	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
Auckland ...	26 2 4¼	18 11 5½	26 12 2½	20 3 7½	...	1 12 2
Christchurch ...	35 14 4	20 11 5½	34 5 6½	22 0 5	...	1 18 11½
Seacliff ...	41 2 7	30 4 6¼	40 7 2	30 2 2¼	0 2 4	..
Hokitika ...	27 2 2	24 18 0¾	27 1 7¾	23 10 11½	1 7 1½	...
Nelson ...	32 8 4¾	20 10 4	32 16 1¼	25 10 1	...	4 19 9
Porirua ...	34 7 2½	26 9 4	33 2 2¾	25 16 2¼	0 13 1¾	...
Wellington ...	40 19 6	30 11 2¾	41 1 0	31 1 11	...	0 10 8¼
Averages ...	34 7 9¼	24 11 8½	33 19 1¼	25 5 8¾	...	0 14 0¼

In 1906 there was a reduction of £1 6s. 10½d. over the previous year, and now, in 1907, there is a reduction of 14s. 0¼d. over the net cost in 1906. These figures are highly satisfactory as far as they go, but that distance ends in the phenomenally high receipts for maintenance and sale of produce. The gross cost in 1906 was 13s. 5d. over that in 1905, and 8s. 8d. under that in 1907. These increases are due to rises in salaries according to scale, and to higher tendering for our contracts—a more or less general rise, especially marked in certain directions. As the last-named cause has only operated for four months in some contracts and nine months in others, we must look for a further rise in the gross cost during the next year.

In the above table Head Office salaries and expenses (£1,648 12s. 4d.) and medical fees (£1,474 13s.) are omitted. Giving these value, the net annual cost per patient is £25 11s. 10½d., as against £26 10s. 6¼d. for 1906, a reduction of 18s. 7¾d.

In stating the cost per patient above, interest on capital expenditure is omitted, and also for repairs charged to the Public Works Consolidated Fund. Adding these items, the approximate full cost per annum per patient will be—

	s.	d.	£	s.	d.
Average gross cost in mental hospitals		...	34	7	9¼
Proportion of Head Office salaries and expenses	10	6			
" " fees for medical certificates, &c.	9	5			
			0	19	11
" " interest (averaged at 4 per cent.) on Public Works expenditure from July 1877 to 31st March, 1908		...	7	0	3
Proportion of interest (averaged at 4½ per cent.) for capital cost previous to above period		...	0	15	10¼
Gross cost		...	43	3	9½
Less receipts for maintenance and sale of produce ...		...	9	16	0¾
Net cost			£33	7	8¾

In 1906 the full cost thus reckoned was £43 2s. 4d., and the net £34 9s. 0½d.

The receipts for the maintenance in 1907, calculated on average number resident, were £7 13s. 3d. per head, against £7 1s. 1d. in 1906. The increase was largely augmented by receipts for past maintenance in a few cases, the effect of which in the case of Nelson is very apparent.

We have had another successful year in the management of estates in connection with the mental hospitals, as the following return demonstrates:—

—	Produce sold for Cash.			Produce consumed in Mental Hospital.			Total.		
	£	s.	d.	£	s.	d.	£	s.	d.
Auckland	608	8	2	2,079	13	11	2,688	2	1
Christchurch	1,803	1	3	1,820	19	3*	3,624	0	6
Dunedin (Seacliff)	1,704	17	10	3,506	1	1	5,210	18	11
Hokitika	25	4	6	447	5	0	472	9	6
Nelson	142	19	9	867	10	4	1,010	10	1
Porirua	1,006	13	6	1,870	14	0	2,877	7	6
Wellington	349	17	7	448	16	9	798	14	4
Total	5,641	2	7	11,041	0	4	16,682	2	11
Total for 1906	3,866	12	10	10,438	2	2	14,304	15	0
Increase in 1907	1,774	9	9	602	18	2	2,377	7	11

* The Christchurch records of produce consumed were burned in the fire which destroyed the store; the figures given are those for 1906, and may be accepted as reasonably accurate.

The increase in the value of farm operations over those of the previous years is noteworthy and praiseworthy. The part which intelligent farming plays towards the reduction of maintenance is a great matter, but greater far is the object-lesson to the community. The experiments which have been conducted at Seacliff, when applied to 66 acres leased at £1 5s. per acre, clearly demonstrates the possibilities of small holdings.

Works Completed, in Progress, and Projected.—The following are the principal in each of the mental hospitals for the year ending 31st March, 1908:—

Auckland: The butcher's shop, the bakehouse and store, and a new morgue have been built. The exercise-park has been completed. The acquiring of land under the Public Works Act for reception-house building, and grounds to be annexed thereto, has been delayed owing to objections, but it is expected that the objections will be withdrawn, when the purchase will be completed and the Hospital, the plans of which are ready, will be proceeded with. A residence for the Medical Superintendent is authorised. On its completion the present residence in the front of the main building will, with little alteration, provide dormitory-space for forty-five women. Laundry machinery has been ordered.

Christchurch: The laundry has been extended and fitted. A new engine-room has been built. Various sanitary improvements have been carried out, and it has been necessary to sink another

well. Repairs and rebuilding necessitated by destruction of store by fire were promptly put in hand. In progress also is a central bath-house, and alterations necessary to provide a nurses' home. Alteration of the byres, to bring them up to date, has been authorised, and a start has been made with the new dairy.

Dunedin (Seacliff): A new fishing-boat has been purchased, and a fish-curing house erected. New piggeries have been built. Additions have been made to the morgue. The fire-alarm system has been overhauled, and the electric-light storage-batteries renewed. In progress are an additional ward for women and one for men. Seacliff Auxiliary: The water-race and fire service have been completed. New piggeries have been erected. A site has been fixed for additional buildings. The Camp: Fencing and drainage, painting and renovating.

The decision not to use The Camp as a place of detention for criminals of unsound mind will necessitate provision being made elsewhere. In the meantime we must face a considerable extra cost for the adequate supervision of some patients.

Hokitika: Additions and alterations to buildings—increasing the accommodation.

Nelson: Painting and general renovations. Notice of intention to purchase land adjoining Mental Hospital under purchasing clause in lease. The erection of a day-room for female refractory patients has been authorised.

Porirua: Extension of byres and cart-sheds. Building manure-tank. Water-power service extended to farm buildings, and steam service to dairy. Construction of auxiliary reservoir. Erection of Deisel oil-engine in place of renewing electric-light storage-batteries. Substituting copper for iron hot-water pipes throughout building. The overhauling of the local telephone and fire-alarm service is authorised, also the building of a cottage for the farm-manager, the fencing-in of the water-catchment area, and the addition of blanket-washing machine and a collar and cuff ironer to complete the requirements of the laundry, where extensive improvements have been carried out.

Wellington: On account of the uncertainty of the future of this Mental Hospital, little has been done. New laundry machinery has been installed, and the steam cooker renewed.

As required by statute, my reports on the individual mental hospitals will be found hereunder, also the annual reports of the Medical Superintendents. The statistical tables are printed as an appendix.

I have, &c.,

The Hon. the Minister in Charge of Mental Hospitals. FRANK HAY.

ENTRIES OF VISITS OF INSPECTION TO THE VARIOUS MENTAL HOSPITALS.

AUCKLAND MENTAL HOSPITAL.

18th January, 1908.

I visited this Mental Hospital on the 14th, 16th, 17th, and to-day. On the first of these days Miss Maclean accompanied me, and she, Dr. Beattie, and I conducted a *viva voce* examination of the twelve candidates from this Hospital for registration as mental nurses. The results will be published hereafter, but it may now be stated that I consider the average a good one, which could not have been reached without careful teaching and hard work. My last visit was on the 18th July, and during the interval there have been eleven other visits of inspection. The interest taken by the District Deputy Inspector and Official Visitors to the Hospital in the well-being of the patients and staff is appreciated by Dr. Beattie, and is most helpful to the Department. Since the previous visit the lighting and comfort of the attendants' mess-room has been improved, three earthenware enamel baths have been added to the general bath-room on the male side, and the ventilation of the sanitary annexes has been rendered highly satisfactory by the free admission of air just above the ground-level: notwithstanding the hot weather, even the urinals were quite odourless. The new airing-court is now in regular occupation. It is not of the kind generally associated with the name, save that the area (large for the number using it), with its paths, grass-plots, and trees, is enclosed by a fence. This, however, does not obstruct the many beautiful views. It is an almost ideal compromise for those who cannot be trusted with the larger liberty which many of the patients enjoy.

I am glad to see the site being prepared for the Medical Superintendent's residence. As I have before stated, it is not fair to expect an officer having the responsible charge of an important institution to dwell practically within it, and thus be denied those periods of rest and family life, in which the anxieties of office do not obtrude. Dr. Beattie and I discussed the plans of the residence and also those for the proposed Wolffe Bequest Hospital. I regret to find that much of the plaster-work in the institution shows signs of being defective. Above the cement dado in the single rooms on the women's side the plaster has been extensively picked away by destructive patients, and there are many unsightly patches. The margins of the holes newly made and not yet patched show how easily the plaster crumbles when once a start is made. In some rooms the plaster ceilings are unsafe, and will require immediate attention.

The wards and dormitories were clean and in their usual excellent order.

There is no need to enter into an analysis of the statistics, the period embraced being the latter half of what will be reviewed in the annual report, but the following table will give the changes in the population since the date of the last visit :—

	Males.	Females.	Total.
Resident on 17th July, 1907	410	267	677
On probation on 17th July, 1907	8	10	18
On register on 17th July, 1907	418	277	695
Admitted since 17th July, 1907	40	27	67
Under care since 17th July, 1907	458	304	762

	Males.	Females.	Total.			
Discharged recovered	18	22	40			
Discharged unrecovered	1	2	3			
Died	22	13	35			
	—	—	—	41	37	78
On register on 18th January, 1908				417	267	684
On probation on 18th January, 1908				7	5	12
Resident on 18th January, 1908				410	262	672
Accommodation for				447	259	706
Patients in excess of accommodation					3	
Accommodation available for				37		

As previously mentioned, the addition of the Wolffe Bequest Hospital and the adapting of the Medical Superintendent's present residence for hospital use will more than meet the difficulties, and allow of still further classification.

The following return gives the number of patients requiring special attention for the causes assigned :—

	Males.	Females.	Total.
Epileptics	24	27	51
General paralytics	9	1	10
Suicidal	15	8	23
Dangerous (not included above)	14	16	30
Liable to be wet and dirty	35	57	92
Of these, actually wet and dirty	11	9	20

Four hundred and eighteen patients (males, 280; females, 138) are usefully employed—166 of the men working on the farm or in the garden—and 244 are mentally or physically unfit for employment.

The condition of the patients is satisfactory. All in residence were seen and given an opportunity to converse, and no rational complaint was made against the treatment. A number of patients were accorded special interviews, chiefly in relation to requests for discharge. One of these patients was a man of markedly criminal type, a degenerate showing no active signs of insanity at present. At one period of his career he was suspected of arson. It is obviously undesirable that such persons should be housed with ordinary patients.

The food is good, varied, and ample: the bread from the new bakehouse maintains its excellent quality. The estimate that the cost of the bakery would be wiped out in eighteen months has, I believe, been justified. The meat supplied is occasionally tough, a defect not discernible when it is delivered, but, I am persuaded, not due to the preparation and cooking. Unless a marked change in its quality is maintained, this fact must be kept in mind when new contracts are entered into.

The general health of the patients is good. Twelve (m., 8; f., 4) are in bed to-day—two suffering from general paralysis, two epileptics, three from senility, and one each from phthisis, cerebral tumour, and diarrhœa (not epidemic), while one was kept in bed for his mental condition, and another to rest a leg-ulcer newly healed.

One hundred and forty-three patients (m., 87; f., 56) are returned as attending divine service. Considering the number fit for employment and attending entertainments, I believe that a much higher percentage could with profit conform to a more natural order of things, and relieve the monotony of a non-working-day by attending such services.

During the past six months five entries have been made in the Register of Restraint. These refer to three women patients who were restrained for an average period of three hours and a half by the least irksome means warranted by their condition of extreme violence.

The following return gives the ratio of the full nursing staff to patients :—

Day attendants	1 to 10·01
Night attendants	1 ,, 167·7
Day nurses	1 ,, 8·7
Night nurses	1 ,, 131

The night supervision is concentrated where needed, and when necessary a special night attendant or nurse is added. Fourteen members of the nursing staff have been in the service for five years and upwards.

The case-book and other statutory books and registers are neatly kept, and are up to date.

I have once more to express my pleasure at the satisfactory state in which I find this Mental Hospital.

Christchurch Mental Hospital.

4th February, 1908.

I visited this Mental Hospital daily from the 29th January to the 4th February. Miss McLean made an inspection on the 17th April last, and between these dates the Deputy Inspectors and Official Visitor paid altogether twelve visits. The statistics hereunder will refer to the distribution of the patients on the 30th January, and the interval reviewed will be for the period of nine months since Miss McLean's inspection.

I find the institution maintained in a satisfactory condition. The promptitude with which the domestic arrangements were readjusted after the recent fire is highly commendable.

I investigated the matter of the fire to get some clue to its causation, to judge the value of the fire appliances and the work of the Hospital Brigade, and to estimate the cost of the damage. The fire was confined to three sides of a square (made up of the L-shaped store, the storekeeper's office, and the bread-store), the roof, floor, and contents of which were destroyed, and the three adjacent passages, the flooring of which was saved. The bakery, which fills the remaining space, completing the square, escaped with insignificant damage, the fire being arrested at the gable which was bricked in when the horizontal ceiling was removed some years ago. The Hospital fire appliances were in good order, and the pump was brought into action with as little delay as possible. The Hospital Fire Brigade was promptly at work, and to their tactics must, in the first place, be credited the limiting of damage to the area between the administration building and the kitchen-yard. Smoke carried along the corriders and plaster ceilings hiding the flame, disguised the locality of the fire zone, and the expert way in which the ceiling was cut through and the fire located demonstrated the value of ex-fire-brigade men on the staff. In the triangular funnel formed by the roof and ceiling the flames could have had a clear run to the main dining-hall, and how nearly this may have been is shown by the smoke-stained walls and blistered paint at a considerable distance from the damaged portion. A letter of appreciation of the timely and intelligent work of the staff conveying the thanks of the Government has, I understand, given great satisfaction to the recipients. It is noteworthy that there was complete absence of panic among the patients, one of whom was probably the first to give the alarm, and happily no person was injured. The splendid services of the Christchurch, Railway, and Spreydon District Fire Brigades followed very quickly and effectually the first aid of the staff, and their arrival allayed all anxiety as to the spread of the fire. The thanks of the Department is due to them and to the police, who assembled in force to assist the staff with patients should the necessity have arisen. It is unfortunate that the cause of the outbreak must be left unsettled. The storekeeper, a non-smoker, locked up the store-room at 6.30 p.m. on the 27th (in daylight), and smoke was seen issuing from the roof at 1.40 a.m. Many persons, including Dr. Gow, had passed the store as late as 10.30, and did not observe anything amiss. There were no electric wires to fuse, and the usual spark theory is practically excluded, because of the number of hours during which there had been no fire in the locality. Even the possibility of the ignition of a wax match in the nest of a mouse or rat is more than commonly remote, because the staff use only safety matches. It is estimated that about £800 will meet the cost of reconstruction, and about £600 cover the loss of stores.

During the visit I have, with Dr. Gow's co-operation, concluded the *viva voce* part of the examination for the registration of mental nurses. The average of the twenty-three candidates from this Hospital is satisfactory, and, as a rule, they did better in the oral than in the written examination, some of the candidates answering very well.

The following is the proportion of the full nursing staff (no allowance for holidays) to patients:—

Day attendants	1 to 9·86
Night attendants	1 to 143
Day nurses	1 to 10·62
Night nurses	1 to 127·5

Thirteen attendants (41·9 per cent.) and three nurses (11·5 per cent.) have been in the service for upwards of five years, exclusive of three attendants whose experiences outside the Dominion added to their service within brings them up to that standard.

The following changes have taken place in the population since Miss Maclean's visit:—

	Males.	Females.	Total.
Resident on 17th April, 1907	263	254	517
On probation on 17th April, 1907	16	1	17
On register on 17th April, 1907	279	255	534
Admitted since 17th April, 1907	75	28	103
	354	283	637

	Males.	Females.	Total.			
Discharged recovered	16	18	34			
Discharged unrecovered	3	...	3			
Died	33	9	42			
Total discharged and died	—	—	—	52	27	79
On register on 30th January, 1908				302	256	558
On probation on 30th January, 1908				16	1	17
Resident on 30th January, 1908				286	255	541
Accommodation for				285	238	523
Patients in excess of accommodation				1	17	18

It will be seen that the number of males resident has increased by twenty-three filling the vacant accommodation, and that the accommodation on the women's side is inadequate.

The following is a return of patients requiring special attention for the causes assigned :—

	Males.	Females.	Total.
Epileptics	16	18	34
General paralytics	2	1	3
Suicidal	3	3	6
Dangerous (not included above)	1	15	16
Liable to be wet and dirty	32	58	90
Actually wet and dirty	18	6	24

The number of patients under constant-observation notices is comparatively small—men, 4; women, 1. A too-extensive use of a special caution tends to its disregard. An average of seventy-five men and seventy women attend divine service, and the same number enter into the amusements. The recreation of the patients is well considered, and during the visit I have seen a cricket-match and bowling-match and a game of croquet, wherein the patients were interested spectators and participants.

Records show that during the late Exhibition as many as 150 men and 120 women were able to take advantage of the generosity of the authorities, who furnished passes; and nearly as large a number were enabled to enjoy theatrical and other entertainments in town owing to the good offices of Mr. Smail.

The following is a return of the employment of the patients :—

	Males.	Females.	Total.
Farm and garden	128	1	129
Wards	98	138	236
Workshops	17	...	17
Laundry	4	25	29
Kitchen	6	12	18
Domestic service	2	1	3
Needlework	...	54	54
Total employed	255	231	486
Unemployed (physically or mentally unfit, or refusing)	31	24	55
	286	255	541

Where the two sexes are brought together in work, a nurse is always present, and the patients are carefully chosen.

The general health of the institution has been average, and the deaths were all due to natural causes.

There have been five accidents which were more than trivial. A woman got a hand caught in the pay-out end of the mangle, the ring-finger and little finger being crushed. The nurse in charge immediately stopped the machinery, and took the pressure off the roller. The particular accident was not foreseen, but the protection, which was confined to the pay-in part, has now been extended. This woman was not mentally unfit to work in the laundry, and the same remark applies to all the patients I found engaged in the laundry during the visit. The other four accidents during the nine months happened to male patients. One unsuspected of impulsive action suddenly placed his hand in an unguarded fire, inflicting a burn which was, however, neither dangerous nor disabling. The real nature of his mental alienation, hitherto effectually concealed, was then made manifest. Two patients sustained injury involving fracture of bone, due to accidental falls, and one fractured a rib during a struggle with attendants occasioned by an outburst of extreme violence. Dr. Gow investigated the matter at the time, and exonerated the attendants.

The Register of Restraint contains one entry, referring to the restraint of a dangerous patient during a critical part of the journey when being transferred. No restraint has been used within the institution.

All the patients resident had an opportunity of speaking with me, and two made complaints, which were investigated. A woman stated that a fellow-patient had been struck by a nurse, but trustworthy witnesses said that the slap was given by another patient who was directly in front of the nurse, and that an erroneous impression was, under the circumstances, not unlikely. The complaint of a man, alleging on hearsay the ill treatment of a fellow-patient, was easily proved to be without foundation; but his assertion that precisely similar usage was his lot at the hands of the same attendant, when no trustworthy witness was present, was, of course, incapable of proof. The alleged event was not recent, and the patient acknowedged that he had not taken advantage of many former occasions to mention the matter.

Of the 8 (males, 6; females, 2) patients committed as criminals of unsound mind, two may reasonably be examined in terms of the Act with a view to their being dealt with according to law.

Only 4 (m., 1; f., 3) patients are in bed on account of physical illness and 9 (m., 1; f., 8) are confined to bed indoors on account of their mental state, and for the same reason 7 (m., 4; f., 3) are receiving bed treatment in the open air.

Making due allowance for the dry season, the farming operations have been most successful, but, unfortunately, the detailed account of returns was lost in the fire. There was a phenomenal wheat-crop, and I understand that the supplying seedsman procured a sheaf for the Franco-British Exhibition. Alterations modernising the byres are about to be put in hand, and a new dairy and well in the vicinity have been sanctioned.

The patients' dietary is varied. I tasted many of the meals and found them uniformly good. In the main dining-hall I saw 327 patients at dinner. Their conduct was most orderly. The table-cloths were in a very fair state of cleanliness, and the use of glass tumblers instead of mugs (instituted many years ago by Dr. Levinge) is certainly more home-like. The breakage at the table is negligible, but is considerable during conveyance and washing-up.

The general cleanliness of the bed-linen and patients' clothing is observable, but here and there one sees a fluffing of the surface, which must be due to the new washing-machines. In the interests of economy the cause requires to be remedied.

I am pleased to hear and observe that the wards are practically tenantless during the exceptionally fine weather. I find everything in good order, and save for the structural defects, which are gradually being remedied, there was nothing calling for comment. The ventilation of the sanitary blocks is still inadequate, and, in some, observation is very difficult. These it will be best to remodel for another purpose, and place the closets more conveniently elsewhere. The urinals in the towers are not a success. The floor-lights which have been placed in the landings of the main stair in the women's side fulfil their object, but being almost smooth slabs of glass they are slippery to walk on and may lead to accidental falls. They should be replaced by glass in small compartments in an iron frame. There are many points of suspension with respect to gas-fittings, &c., which require attention. When repairing the damaged store-room a strong-room should be built in the corner next the office for the reception-orders, registers, &c.

This would be a convenient opportunity to add to the Matron's dining-room a similar room, and a bathroom as an instalment towards freeing the wards of rooms occupied by the staff. Some details of the Nurses' Home as part of the above scheme were discussed with Dr. Gow and the carpenter. The Clerk's house requires to be papered and painted: it is many years since anything was done to it.

The case-books and other statutory books and registers are well and neatly kept, and were found up to date.

Seacliff Mental Hospital.

10th April, 1908.

I inspected this Mental Hospital on the 28th, 30th, and 31st March, and the 1st, 3rd, 6th, 7th, and 9th April, sleeping last night in the institution. On the 7th I visited in company with the Hon. the Minister. My previous visit was in June, and Miss Maclean visited on the 13th of last month. As on my last visit I did not write a report in the Inspector's Book, I shall on this occasion review events since February, 1907, when I last reported. During the interval the District Deputy Inspector has made eight inspections, and the Official Visitors twenty-two.

The returns in this report will refer to the condition and distribution of the patients on the 30th of last month. The following changes have taken place in the population since the 8th February of last year:—

	Males.	Females.	Total.
Resident on 8th February, 1907	470	275	745
Absent on trial on 8th February, 1907	9	3	12
On register on 8th February, 1907	479	278	757
Admitted since 8th February, 1907	86	60	146
Total under care during thirteen months	565	338	903

	Males.	Females.	Total.
Discharged recovered	30	19	49
Discharged unrecovered	38	11	49
Died	42	17	59
Total discharged and died	—	—	—

Total discharged and died	110	47	157
On register on 30th March, 1908	455	291	746
Absent on trial on 30th March, 1908	7	9	16
Resident on 30th March, 1908	448	282	730
Accommodation for	451	253	704
Excess of patients over accommodation	...	29	...
Vacancies for	3	...	...

I should here mention that there are buildings in progress for thirty men and thirty women. In the above return the Waitati institution (Seacliff Auxiliary), where there are forty-two men, is included, and will be hereunder unless otherwise stated.

Every part of the institution was visited, and all the patients were seen, and had opportunity to speak to me. No complaint was made as to treatment, though there were appeals for discharge on the part of patients obviously unfitted for liberty.

For the reasons assigned the following require special attention:—

	Males.	Females.	Total.
General paralytics	9	...	9
Epileptics	34	22	56*
Suicidal	12	24	36
Dangerous (not included above)	8	2	10
Liable to be wet and dirty	30	50	80†
Actually wet and dirty	13	11	24

* Including 15 men at Waitati. † Including 5 men at Waitati.

Since February of last year the percentage of suicidal patients has risen from 2·3 to 4·9, adding largely to the anxieties of management. As many as 43 patients (19 males, 24 females) are under special-observation notices.

Thirty-three patients (27 m., 6 f.) are detained under the section of the Act relating to criminals of unsound mind. I have before pointed out that these figures are deceptive, because of inaccuracy in the Act which makes it far-reaching, and does not alter the status after expiry of sentence.

There are only 6 patients (1 m., 5 f.) confined to bed—one on account of her mental state, the others for physical ailments, which are being appropriately treated. There are no bed-sores. As against the above groups of patients who are either the subject of more or less anxiety or the object of nursing attentions, 90 men at Seacliff and 7 at Waitati—that is, 21·6 per cent.—are allowed to go about unattended.

The following return of employment is taken from the weekly journal:—

	Males.	Females.	Total.
Farm	99	...	99
Garden	86	...	86
Workshops	22	...	22
Wards	84	86	170
Kitchen	...	34	34
Laundry	...	23	23
Domestic duties	...	5	5
Needlework	...	19	19
Various employments, chiefly on the estate at Waitati	38	...	38
Total employed	329	167	496
Unemployed	119	115	234
	448	282	730

The records show that there have been the usual recreations on a liberal scale—picnics, dances, sports, boating, &c., visits to the theatre and circus in Dunedin; and 32 patients (20 m., 12 f.) visited the Christchurch Exhibition in April last. One of these patients, telling me his experiences, spoke not of "Wonderland," but of the British Section, and the exhibits of the Mines and Agricultural Departments. He is incurably insane, but who can tell how much that excursion, which at this length of time can be intelligently recollected, has contributed to his contentment!

The average number joining in active recreations is 241 (121 m., 120 f.). Though still disproportionate to these, the average attending divine service has doubled, and stands at 139 (83 m., 56 f.).

The percentage of deaths on the total number under care is 6·5 (m., 7·4; f., 5·0). The deaths were due to natural causes, save in the instances hereunder detailed. Two fatalities occurred in the case of men who had each spent over twenty years in the institution, and who had been trusted with liberty on parole for the last fifteen years. In one of these cases the patient was in the habit of fishing from a rock on the coast, where he was accidentally drowned. The other patient committed suicide by drowning. A recent case, described in the admission-papers as neither suicidal nor dangerous, was kept as a matter of treatment in the library ward with the best-behaved and most sensitive patients—the usual course with such patients. He seized a table-knife on sudden impulse and severed the carotids, the wound being immediately fatal. A quarrel between two patients resulted in one having his skull fractured. Secondary symptoms set in a fortnight later, and he died at the end of about three weeks. I am satisfied that in none of these cases could the event have been anticipated.

The nursing staff consists of 55 attendants and 39 nurses, of whom 14 and 6, respectively, have been in the service for five years and upwards. Forty-five were eligible to enter for the Examination for the Registration of Mental Nurses, having served for a period of three years and upwards—32 being attendants and 13 nurses—of whom 14 (8 attendants, 6 nurses) submitted themselves for examination. During this inspection Dr. King and I conducted the *viva voce* part of the examination. The replies in some cases were disappointing, but the general average was good.

Omitting deductions for absence on leave, the following are the relative numbers of the full nursing staff to patients:—

	Seacliff.	Waitati.
Day attendants	1 to 9·9	1 to 4·6
Night attendants	1 to 101·5	1 to 42
Day nurses	1 to 7·8	...
Night nurses	1 to 94	...

Many works have been carried out and are in progress which will be recorded in the annual report. Future needs point to the development of the Waitati Estate and the reclamation of the tidal flat as an essential. With the large water-power at our disposal taken advantage of, the working-expenses of the institution will be reduced, and the establishment of a brick and tile industry will reduce the capital cost of buildings on the estate. These matters require to be gone into as soon as possible.

The value of the fish caught during the year is £400-odd. The farm returns are excellent, and will be commented upon in the annual report.

Nurse McDougall has received well-deserved promotion by being appointed Matron of Mount View Mental Hospital, and Nurse Sutherland has re-entered the service as Assistant Matron.

One cannot fail to appreciate Dr. King's enthusiasm for the welfare of the institution in the best interests of the patients, or the service which such euthusiasm inspires.

HOKITIKA MENTAL HOSPITAL.

1st June, 1908.

I visited this institution on the 30th May (to which date the statistics will refer) and to-day. Miss Maclean paid a visit of inspection on the 29th August last, and in the intervening period the Deputy Inspector and Official Visitors visited on four and thirteen occasions respectively.

Since Miss Maclean's visit the following changes have taken place in the population:—

	Males.	Females.	Total.
Patients resident on 29th August, 1907	149	58	207
,, on probation on 29th August, 1907	4	1	5
,, on register on 29th August, 1907	153	59	212
,, admitted since 29th August, 1907	11	5	16
Total under care since 29th August, 1907	164	64	228

	Males.	Females.	Total.
Discharged recovered	6	2	8
,, unrecovered	0	1	1
Died	10	4	14
Total discharged and died	—	—	—

	Males.	Females.	Total.
	16	7	23
Patients on register on 30th May, 1908	148	57	205
,, absent on probation on 30th May, 1908	4	0	4
,, resident on 30th May, 1908	144	57	201
Accommodation for	156	62	218
Vacant accommodation for	12	5	17

It will be seen that the discharges and deaths outnumber the admissions by seven, and that, after deducting the number on probation, there are now resident 201, as against 207 on the 29th August. The accommodation available is for 218 patients. The changes to effect the additional accommodation have been carried out in an economical and creditable manner. During the nine months there have been fourteen deaths, all due to natural causes. The age at death ranged from eighty-nine to twenty-five, the average being about sixty. Five of the above patients had been ailing for some time, and two were admitted from the General Hospital in a very debilitated condition, neither surviving as long as a fortnight.

All the patients resident were seen during the visit, and had opportunity to speak to me. I conversed with many. Three patients were accorded private interviews, and each gave evidence that he laboured under hallucinations of hearing and delusions of persecution, and also, in two of the cases, of unseen agency. These patients complained of unjustifiable detention. None of the other patients made any complaint.

The following are the subjects of special attention for the reasons assigned:—

	Males.	Females.	Total.
Epileptics	5	6	11
General paralytics	1	0	1
Suicidal	1	1	2
Dangerous (not enumerated above)	5	2	7
Do not wash, dress, or feed themselves	5	16	21

Only one patient is under a special-observation notice. On the 30th May there were three patients confined to bed (all males) for medical treatment: one had a leg-ulcer, one was convalescent from rheumatic fever, and one who has since died laboured under cardiac disease and bronchitis.

The Register of Restraint has entries referring to the use of gloves in two cases, one that of a woman for two hours during a destructive outburst, the other that of a man almost daily. I satisfied myself that this patient was incorrigibly destructive, and also impulsively dangerous. Every time the gloves have been removed and his hands were free, he has torn his entire clothing to shreds. The gloves are of kip leather, and are not unduly irksome.

The number of patients attending divine service is 47 (males, 34; females, 13), and the number joining in active amusements 81 (m., 64; f., 17). The following is a return of the employment of the inmates:—

	Males.	Females.	Total.
Farm and bush	56	...	56
Garden	9	...	9
Workshops	14	...	14
Wards	19	4	23
Laundry	...	11	11
Sewing	...	9	9
Total employed	98	24	122
Unemployed (mentally and physically unfit)	46	33	79
Total	144	57	201

The ratio of nursing staff to patients is as follows:—

Day attendants	1 to 11·07
Night attendants	1 to 144
Day nurses	1 to 14·25
Night nurses	1 to 57

There are altogether fourteen attendants and five nurses on the staff. One each has been in the service for upwards of five years, and six attendants and the above nurse have been upwards of three years, and others have served within a very short time of that period.

There were no entries for the recent Examination for the Registration of Mental Nurses. Dr. Macandrew, the Medical Officer, has to-day completed his twenty-first year in the service. The Superintendent has been thirty-one years in the institution, and the head attendant twenty-six.

I find the institution clean and in good order, the bedding and clothing sufficient, and many signs which make it evident that a genuine interest is taken in the welfare of the patients, a fact which many spontaneously acknowledged.

Nelson Mental Hospital.

4th June, 1908.

I visited this Mental Hospital yesterday and to-day, and found everything in excellent order. The wards were clean and neatly kept, the patients looked well, were tidy and suitably clad, and the food was abundant and of good quality. Turning to the outside, the flower-garden was fairly good for the season, and the kitchen-garden and farm, while affording health-giving occupation for the patients, are materially assisting in their maintenance. It is evident that Mr. Chapman and those associated with him have at heart the best interests of the patients and institution.

The following changes have taken place in the population since the beginning of the year:—

	Males.	Females.	Total.
Resident on 1st January, 1908	87	66	153
On probation on 1st January, 1908	3	1	4
On register on 1st January, 1908	90	67	157
Admitted since 1st January, 1908	3	6	9
Total under care since 1st January, 1908	93	73	166

	Males.	Females.	Total.			
Discharged recovered	1	2	3			
Discharged unrecovered	0	0	0			
Died	2	3	5			
Total discharged and died	—	—	—	3	5	8
On register, 4th June, 1908				90	68	158
On probation, 4th June, 1908				3	1	4
Resident, 4th June, 1908				87	67	154
Accommodation for				80	54	134
Patients in excess of accommodation				7	13	20

All the patients were seen, and had opportunity to speak to me. No complaints were made. Yesterday being a public holiday, only necessary works were being done, and a number of patients from each side of the house were out driving.

The general health of the patients is good. Three were confined in bed during the visit, and themselves acknowledged that they were being carefully looked after.

None are at present under constant-observation notices, but the following require special attention for the reasons assigned:—

	Males.	Females.	Total.
Epileptics	7	4	11
General paralytics	2	0	2
Potentially suicidal patients	1	1	2
Dangerous (not included above)	4	1	5
Liable to be wet and dirty	20	16	36
Actually wet and dirty	3	4	7

The Register of Restraint has two entries, relating to two women patients who were restrained in one case for half an hour daily for eight days, and the other for an hour daily for thirty-one days. The methods were the least irksome under the particular circumstances, and I was satisfied with the reasons assigned.

The average number of patients attending divine service is given as 51 (males, 32: females, 19), and those joining in active amusement as 76 (m., 56; f., 20).

The following is a return of patients usefully employed :—

	Males.	Females.	Total.
In garden	12	...	12
On farm	41	...	41
In wards	15	14	29
In workshops	2	...	2
In laundry	...	14	14
In kitchen	...	9	9
In dining-hall	...	2	2
Needlework	1	5	6
	71	44	115
Unemployed	16	23	39
Total	87	67	154

The nursing staff consists of 17 members (attendants, 10; nurses, 7), of whom 5 (3 and 2) have been in the service for five years and upwards, and 9 (5 and 4) for three years and upwards. Two attendants, who were candidates for registration as mental nurses, were given a *viva voce* examination by Dr. Mackay and myself.

The following is the ratio of nursing staff to patients :—

Day attendants	1 to 9
Night attendants	1 to 87
Day nurses	1 to 7
Night nurses	1 to 67

I am extremely pleased to find Dr. Mackay well and active, and apparently none the worse after his serious illness.

On the 1st November last fire was seen to be running up beneath the barge board of one of the kitchen gables. The hospital brigade had it extinguished within two minutes of the alarm, and within the same time the section of the staff whose duty lay with the patients had them safely bestowed. A letter of commendation was sent at the time; but I desire to place on record here my appreciation of the completely satisfactory work of the staff on that occasion. It seems that sparks issuing from a chimney, which had been swept only two days before, settled on newly painted woodwork, and were fanned into flame by a high wind. Precautions were immediately taken against the recurrence of so unlooked-for a mishap.

The books and registers were examined, and found up to date and neatly kept.

Porirua Mental Hospital.

10th March, 1908.

I visited this Mental Hospital on the 3rd, 4th, 9th, and to-day. Miss Maclean paid a visit of inspection on the 30th September. The period reviewed in this report will be that between these inspections. The statistics relating to the state and distribution of the population were made up yesterday. Since Miss Maclean's visit the Official Visitors have made ten inspections.

With the co-operation of Dr. Hassell and his assistant, Dr. Barron, I conducted the *viva voce* part of the Examination for the Registration of Mental Nurses. One of the twenty-three candidates was absent in Australia on holiday, and will be examined on his return. As candidates must have served three years, and the examination is optional, the number presenting themselves is a tribute to the good sense of the staff.

The full nursing staff comprises 30 nurses and 32 attendants, of whom 10 and 37·5 per cent. respectively have been in the service for upwards of five years. Their proportion to the patients, omitting allowance for holidays, is as follows :—

Day attendants	1 to 11·27
Night attendants	1 to 109
Day nurses	1 to 10·22
Night nurses	1 to 92

I understand that the staff is contented and working well.

The chief structural works completed or well advanced during the past year are: The erection of a Deisel oil-engine to run the all-night electric lighting. The accumulators had worn out, and after due consideration it was decided not to renew them. The fire and water service have been extended to the farm buildings. A temporary reservoir has been made to feed the main one, and has proved an incalculable boon during the past very dry season. Before permanent works are carried out in this direction I would strongly advise the purchase of 2 acres, more or less, of the neighbouring property as a very desirable and almost necessary part of the undertaking. I went over the locality with Dr. Hassell and Mr. Anderson, and believe that by placing the reservoir on this land rather than higher up on our own property the saving in pipes alone would pay for the purchase, while the contour of the ground would allow of its easy and econmoical adaptation for a comparatively large reservoir. A needful addition, in good taste, has been made to the Medical Superintendent's residence. It was planned by himself, and carried out at small cost by the artisan staff and workers. An addition under similar conditions is being made to the Clerk's residence. This is practically completed. Alterations to the drying-presses in the laundry are now in hand, and some protective measures encasing the machinery are about to be taken.

The following changes have taken place in the population during the period under review:—

	Males.	Females.	Total.
Resident, 30th September, 1907	325	271	596
On trial, 30th September, 1907	22	12	34
On register, 30th September, 1907	347	283	630
Admitted since 30th September, 1907	31	24	55
Total under care since 30th September, 1907	378	307	685

	Males.	Females.	Total.			
Discharged recovered	14	16	30			
Discharged unrecovered	1	1	2			
Died	14	1	15			
Total discharged and died	—	—	—	29	18	47
On register, 9th March, 1908				349	289	638
On trial, 9th March, 1908				22	13	35
Resident, 9th March, 1908				327	276	603
Dormitory accommodation for				317	274	591
Patients in excess of accommodation				10	2	12

It will be noted that there are seven more patients resident than at the beginning of the period, and that there is an excess of twelve patients over the sleeping accommodation. In view of the projected new mental hospital, the contemplated additions have not been carried out at Porirua.

Of the patients resident, the following require special attention for the reasons assigned:—

	Males.	Females.	Total.
Epileptics	16	14	30
General paralytics	5	...	5
Suicidal	4	10	14
Dangerous (not included above)	20	5	25
Liable to be wet and dirty	56	40	96
Actually wet and dirty	21	10	31

All the patients returned as suicidal are classed as actively so, and, with the addition of one male deemed to be homicidal, make up the comparatively large number of fifteen persons under special-observation notices.

The usual outdoor games suitable to the season are well patronised, and as many as 150 patients (males, 80; females, 70) join in the amusements. The annual picnic was held on the 7th, and 230 patients (m., 129; f., 101) participated.

The relatively small number of 76 (m., 31; f., 45) attend divine service.

The following is a return of the employment of the patients:—

	Males.	Females.	Total.
Farm and garden	138	...	138
In the wards	79	68	147
,, workshops	9	...	9
,, laundry	1	26	27
,, kitchen	...	18	18
Needlework	...	36	36
Total usefully employed	227	148	375
Unemployed (physically or mentally unfit)	100	128	228
	327	276	603

Save for an epidemic of influenza, the health of the patients has been good. Six are at present confined to bed—two general paralytics, two suffering from tubercular disease, one from heart-disease, and one from the effects of an injury received before admission.

Fourteen of the fifteen deaths were due to natural causes, calling for no comment; the exception was that of a man who when absent on trial committed suicide. On his admission-papers he was not described as suicidal, nor was he so regarded when resident or when he left on trial two months previously in the best of spirits.

During the same period there have been two accidents involving fracture of bone. One, a fracture of the arm, was due to the capsizing of an invalid chair. The occupant was thrown out when the chair was being wheeled down an incline by a fellow-patient. The probationer-attendant in charge was judged not to have shown suffiicent intelligence or interest in his work, and his services were not retained. The other case was that of an aged woman who is mentally quite demented and unresisting, whose sensations are extremely blunted, and who is practically bedridden. She also is wheeled in an invalid-chair, but no accident is known to have taken place. Her left leg was reported to be more swollen than usual (she has œdema of the lower extremities), and it was found that the tibia was fractured. The case was fully investigated at the time, without definite result, though there was no suspicion of ill treatment. It is conjectured that she may have protruded the foot when being wheeled, struck a pillar or door-post, and withdrawn the foot again without complaint, causing the incident to pass unnoticed. This supposition is probably the correct one when one considers her condition, and the readiness with which the bones often fracture in such cases. When seen during this visit the fracture had united remarkably well.

The Register of Restraint has entries referring to six patients, who were restrained by the least irksome means necessitated by their condition. The causes are set forth as destructiveness in two cases, in one combined with self-abuse, in one case of dangerous violence, in one each to prevent self-mutilation and self-destruction, and in one, *secundum artem*, for surgical reasons.

There are resident 21 patients (m., 16; f., 5) who were committed under the sections dealing with criminals of unsound mind. Two, one of each sex, are awaiting trial. Six men are detained "under pleasure": one man's Court sentence has not yet expired, but in all the other cases it has, and yet, with the law as it stands at present, their detention is still under the above sections.

During the visits all the 603 patients resident were seen, and had an opportunity to speak with me, and I conversed with many. As usual, some were importunate for discharge, for which they were not fit; but neither these nor any of the others made any rational complaint against the institution or its management. There was a comparative absence of excitement, and the patients looked well and well-cared-for.

The kitchen was spotlessly clean and orderly. The wards were clean and bright, and the sanitary blocks were odourless.

The flowers in the garden are still beautiful, and the yield of the orchard is good; but I fear that the prolonged dry weather will tell its tale when the returns of the dairy farm are made out.

The books and registers were examined, and found to be neatly and correctly kept. Mr. Souter, the Chief Clerk of the Department, recently went through the store and provision registers and the stock, and found everything in good order.

I have pleasure in stating that the impression left by the visit is highly satisfactory.

Wellington Mental Hospital.

31st December, 1907.

Visited to conduct, with Miss Maclean and Dr. Crosby, the *viva voce* part of the Examination for the Registration of Mental Nurses.

I gave a fire-alarm. The brigade turned out promptly, and had the water playing on the site of the supposed fire in 2 minutes 20 seconds. The fire-hoses and other apparatus are in good order. This is very reassuring, considering the inflammable nature of the building and the absence of brick partitions to stay the progress of fire. These should have been built years ago, but now that the moving of the Hospital is a probability one cannot justifiably advocate so costly a procedure.

28th April, 1908.

I visited this Mental Hospital yesterday and to-day. The date of my previous visit was the 31st December last, and since then Miss Maclean has made an inspection, and Mr. Arnold, the Official Visitor, who takes a deep interest in the institution, has visited it five times.

The number of women patients remains as before, but during the past four months the number of men resident has increased by eight. There was then a want of accommodation for two women, and a vacancy for one man, which now becomes a deficiency of accommodation for seven. In the unsettled state of the future of this Mental Hospital, one cannot advise additions.

The following table shows the changes in population during the period under review:—

	Males.	Females.	Total.
Resident on 1st January, 1908	138	90	228
Absent on trial on 1st January, 1908	3	4	7
On register on 1st January, 1908	141	94	235
Admitted since 1st January, 1908	12	9	21
Total under care during four months	153	103	256

	Males.	Females.	Total.			
Discharged recovered	2	6	8			
,, unrecovered						
Died	3	1	4			
Total discharged and died	–	–	–	5	7	12
On register on 27th April, 1908				148	96	244
Absent on trial on 27th April, 1908				2	6	8
Resident on 27th April, 1908				146	90	236
Accommodation for				139	88	227
Excess of patients over accommodation				7	2	9

I saw all the patients resident. They had opportunity to converse with me, and no complaints were made.

Hereunder are classified the patients needing special attention:—

	Males.	Females.	Total.
General paralytics	2	1	3
Epileptics	8	9	17
Suicidal	3	1	4
Dangerous (not included above)	5	2	7
Liable to be wet and dirty	31	10	41
Actually wet and dirty	5	5	10

The number under special-observation notices is 4 (males, 3; females, 1). During the four months it has been found necessary to restrain 6 patients (m., 2; f., 4), to prevent homicidal attacks in

four cases, self-injury in one, and indecent exposure in one. In my opinion the occasions were necessary, the restraint not unduly prolonged, and the mechanical means employed the least irksome under the particular circumstances.

No accidents have taken place during the period under review, and the four deaths enumerated above were due to natural causes—namely, one each to cancer, apoplexy, general paralysis, and scarlet fever. The last-named cause calls for comment. There have been this year three cases of scarlet fever on the women's side—none on the male side or among members of the staff. As soon as the symptoms were exhibited the patients were removed to the fever hospital. Two cases occurred in mid-February, the other towards the end of March. There were evidently two separate infections, and anything in the nature of an epidemic was averted by prompt action. Scarlet fever is prevalent in the locality, and the last case must have contracted the disease when absent in town on leave. The source of the first cases has not been traced. With these exceptions, the health of the patients has been good. None of the sick suffered from bed-sores.

The average number of patients attending amusements is 85 (m., 50; f., 35), and that attending divine service is 47 (m., 23; f., 24), and 21 (m., 20; f., 1) have liberty on parole.

The following return of employments is taken from the Medical Journal:—

	Males.	Females.	Total.
Garden	61	1	62
Stores	3	...	3
Wards	32	32	64
Workshops	11	...	11
Laundry	...	14	14
Kitchen	12	...	12
Needlework	1	13	14
Total employed	120	60	180
Unemployed	26	30	56
Total	146	90	236

The man returned as doing needlework is an old sailor whose nattiness suggested him as a fit person to manipulate the knitting-machine. He was taught the working, and showed me with pride the tale of the socks he had turned out, and the good quality of the work.

The nursing staff consists of 35 members—21 attendants and 14 nurses—of whom 4 and 5 respectively have been in the service for five years and over. This reckoning does not include the Matron and Head Attendant, who have both many years of service to their credit.

Seventeen members of the staff were eligible for examination to register as mental nurses, having been in the service for three years and upwards, and I was disappointed that only one presented herself for examination.

The ratio of nursing staff to patients is as follows:—

Day attendants	1 to 7·7
Night attendants	1 to 73
Day nurses	1 to 7·5
Night nurses	1 to 45

The wards during the visit were found to be clean and in good order, and the patients were neatly and suitably clad.

The new exercise-ground, including the asphalt tennis-court, provides a relatively large open sunny space, which the women patients apparently appreciate.

The laundry machinery has been a great boon, but the hydro-extractor requires additional power before it can be brought into action. A new engine is being installed.

The statutory books and registers were up to date, and are neatly kept.

About this old wooden institution there is a decided air of comfort, which Dr. Crosby's knowledge of, and consideration for his patients tends to foster. The inspection was a very pleasant duty.

Ashburn Hall Licensed Mental Hospital.

2nd April, 1908.

I inspected this Mental Hospital on the 27th March and to-day. Miss Maclean visited on the 12th February, when she examined in sick-nursing the two candidates for registration, and to-day Dr. Alexander and I conducted the *viva voce* part of the same examination.

Since Miss Maclean's visit 2 patients have been admitted and 5 discharged or transferred, and 1 voluntary boarder has left. To-day there are 43 patients (males, 24; females, 19), and 8 voluntary boarders (m., 2; f., 6), making a total of 51 inmates (m., 26; f., 25).

The following return gives the accommodation available in the various buildings, the distribution of the patients and boarders therein, and the number of vacant beds:—

Building.	Accommodation.		Number of Inmates.		Vacant Beds.	
	Males.	Females.	Males.	Females.	Males.	Females.
Main—Mitchell Wing	18	...	17	...	1	...
,, Pinel Wing	...	16	...	10	...	6
Clouston Cottage	3	...	3	...	...	...
Ashburn Cottage	...	5	...	3	...	2
Conolly Villa	...	15	...	12	...	3
Tuke Villa	9	...	6	...	3	...
	30	36	26	25	4	11
	66		51		15	

I conversed with all the patients and boarders. Some spontaneously expressed their appreciation for the care and attention with which they were treated, and none had any complaint to make, though two sought to get their liberty, for which, unfortunately, they were not fitted.

There are no special-observation notices, Dr. Alexander holding (in my opinion, rightly so) that such special cautions should be used as sparingly as possible. The following require particular attention for the reasons assigned:—

	Males.	Females.	Total.
Epileptics	3	2	5
Suicidal (potentially)	1	1	2
Tendency to be wet and dirty	1	3	4
Actually wet and dirty	...	1	1

The record of employment is as follows:—

	Males.	Females.	Total.
Farm and garden	14	5	19
Workshops	1	...	1
Laundry	...	3	3
Kitchen	1	2	3
Domestic duties	6	10	16
Needlework only	...	3	3
	22	23	45
Actively employed reading and writing only	3	2	5
Not employed	1	...	1
	26	25	51

This record speaks well for the tact with which the patients are managed, and goes to explain the complete absence of excitement, the evident contentment, and the good physical condition of the patients. To it may also be ascribed the rendering possible of the large amount of liberty enjoyed, as many as 22 (m., 15; f., 7) being on parole.

There is a nursing staff of thirteen, but eight other members of the staff have relief duties. Five of the nursing staff have been in the service for five years and upwards.

I have again to report on the satisfactory change in the deportment of the patients, the attention to little details of male attire, and the characteristic home-like touches of decoration due to the presence of nurses in Mitchell Wing and, it should be added, the influence of Mrs. Milne, the Matron.

The general health of the patients is good, and no one is confined to bed for physical ailment. Four patients are undergoing rest treatment for their mental state, two in the open air, and two indoors.

I gave an alarm to test the efficiency of the fire-drill, and two leads of water were playing on the main building in 2 minutes 7 seconds. Chemical extinguishers and hydrants are placed at convenient intervals, and all the apparatus is in good order and condition. The auxiliary dam has been enlarged to augment the water-supply for fire purposes.

The electric-light installation has been carefully executed in view of fire risks, and has removed the element of danger associated with the use of lamps.

In conclusion, I wish to record the evident desire of Dr. Alexander and those associated with him to do all they can for the welfare of the patients. In those parts of the hospital in which are accommodated patients who are at all trustworthy, the decoration, the furnishing of the bed and sitting rooms, the service of meals, and the general air of comfort suggest a well-appointed private house, while for the few patients who cannot be accorded such privileges one is pleased to observe that every effort is made, compatible with care and safety, to render their habitation as little suggestive of an institution as possible.

The books and registers were examined, and were up to date. The case-book is carefully kept.

Visits to Patients on Probation.

Visits were paid to patients resident at the Camp and at the Home for Feeble-minded at Richmond. In both places the patients were getting on remarkably well and receiving every attention, under Mr. Gribben at the first-named institution, and Mr. and Mrs. Buttle at the second. Mrs. Buttle approached me about getting a wagonette and pair to send the children out driving. I told her that the expense would not be justified until the institution was larger. She asked whether any private subscriptions towards the object would be subsidised pound for pound. This request was subsequently agreed to, and between the months of April and September Mrs. Buttle received subscriptions from one end of the Dominion to the other, totalling £97 8s. 6d. This sum and the subsidy provided handsomely for the main object, and the surplus was expended in increasing the number of toys, rocking-horses, &c. At my last visit I was pleased to see for myself how much the kindly interest of the public in the children had contributed to their happiness.

Frank Hay.

MEDICAL SUPERINTENDENTS' REPORTS.

AUCKLAND MENTAL HOSPITAL.

SIR,— Mental Hospital, Auckland.

I have the honour to submit my report for the year ending 31st December, 1907.

The total number of new patients admitted was 144, of whom 85 were males and 59 females. This represents the smallest number since 1904. The chief causes were, as usual, heredity and alcoholism. Seventy-seven, or more than 53 per cent., were between the ages of twenty and forty years, whilst 11 were over seventy years of age. Several of those admitted were former inmates, and some of these will be readmitted over and over again. One has already been admitted eight times, and can look forward only to a see-saw existence between the Mental Hospital and the outside world during her lifetime.

A sad case is that of a girl under twenty years of age and married, whose father committed suicide, who has one sister in the Te Oranga Home and another who was twice an inmate here, and who a few months after her last release married a gum-digger, and has since given birth to twins. The present inmate will recover, and as she is married it is an easy task to forecast the future. If sterilisation is not the rational remedy in such a case, I know of no other. I am fully aware that such a course of action is in opposition to present humanitarianism, and is an interference with the liberty of the individual; but humanitarianism is sometimes sickly sentimentalism, and the liberty of the individual too often means the liberty to work irreparable mischief. I trust that something may be done ultimately—short of radical measures—to lessen the inflow of hereditary cases by the association, with that object in view, of the Mental Hospital Medical Superintendents and the Medical School Inspectors. When medical school-inspection becomes fully established, the children of insane and highly neurotic parents must receive special consideration.

In my last annual report I drew attention to the fact that our female accommodation was then more than exhausted, and that special arrangements would have to be made during the year to meet new admissions. It is very fortunate that our female population increased by only one during 1907. But it is not to be expected that the increase will be so small during the coming year, and further accommodation is therefore urgently required. It cannot be too forcibly pointed out that the accommodation needed is mostly for the refractory patients. For some years past we have had the largest admission-rate in the Dominion, and, as it is only reasonable to assume that the insane-rate will increase *pari passu* with the population of the province, we must make provision for probable contingencies. In the public imagination a stigma is still, unfortunately, suspended over our mental hospitals, and as a consequence patients are kept in their own or other homes until they become dangerous or refractory or very objectionable in their habits, and the greater number of our new admissions are therefore placed in the refractory wards. Here our accommodation is totally inadequate, for here are placed also the destructive and chronically maniacal patients—the accumulated derelicts of more than a quarter of a century. There can be no doubt that the refractory accommodation should be ample, and that these patients should be separately housed.

Our total population is now 685 (males, 415; females, 270).

Recoveries.—The total of our recoveries was 53·47 per cent. (m., 45·8 per cent.; f., 64·40 per cent.), calculation being made on the admissions. This must be considered satisfactory, as it is much above the average.

I keep more or less in touch with a large number of my ex-patients, and when I see their apparent perfect restoration to health extending over a period of years, and note the comparatively small number of return cases (the statistics do not give an accurate estimate), my experience leads me, I think, to a justifiable optimism regarding the future of the great majority of the recovered insane.

Deaths.—The death-rate, on the average number resident, was 8·14 per cent. (m., 8·84 per cent.; f., 7·11 per cent.). Of the 55 deaths, 14 were due to senile decay, 9 to some form of tubercular disease, 5 to epilepsy, and 4 to general paralysis. We had no cases of typhoid fever, and no serious accidents.

A large amount of inside and outside work has been done. The male-park is completed, and is much appreciated. We are the only large mental hospital in the Dominion without any laundry machinery; our heavy washing is very imperfectly done.

The usual lectures were given with good results. Religious services and the customary entertainments are regularly provided.

The general work of the staff has been satisfactory. On the female side the Matron specially and the nurses cannot be too highly commended for their loyalty and devotion to duty. Many of the male staff deserve every praise, but numbers of probationers appointed during the year were obviously unsuitable from the beginning. Suitable candidates did not present themselves, and the whole work was thus rendered anxious and difficult.

To the Deputy Inspectors and the Official Visitors for their help and continued interest, to Dr. McKelvey for his loyal service, to the *Herald* proprietors for daily papers, and to Mr. D. McPherson for conducting the religious services, I desire to offer my sincere thanks.

I have, &c.,

The Inspector-General, Mental Hospitals, Wellington. R. M. BEATTIE.

CHRISTCHURCH MENTAL HOSPITAL.

SIR,— Sunnyside Mental Hospital, Christchurch, 20th May, 1908.

I have the honour to submit the annual report for the year ending 31st December, 1907.

During the year there were 127 admissions, of whom 91 were males and 36 females. Of these, 13 males and 8 females were re-admissions.

At the end of December, 1906, there was a total of 529 patients, and at the end of 1907 the number had increased to 554. The discharges and removals were made up of 46 recoveries, 8 discharges not improved, and 48 deaths. Of the number admitted during the year, 25 males and 1 female were transferred from other institutions.

The average recovery-rate for the year for males and females is 45 per cent. Of the forty-eight patients who died twenty-five were over sixty years of age.

The general health of the community has been good, there being no epidemics of any kind and no serious accidents.

At one time during the year we had a deal of trouble with the water-supply. It was noticed that the water was muddy, and after investigating we traced the trouble to the overflow-pipe from the large cistern into which the two artesian wells flow. This pipe had hardly any fall, and the storm-water drains, owing to insufficiency of manholes, had got blocked, and the storm-water was backing up through the overflow into the well. This pipe was immediately cut off and the walls of the well made secure, and then permanganate of potash was pumped through the whole water-system. Fortunately there were no ill effects, but the incident tended to show the danger of storing water underground. The Public Works Department promptly made a start at driving a new well, but unfortunately, up to the present, we have not yet got a flow for our needs with sufficient rise to have the cistern constructed above ground.

The laundry machinery has been installed, and the new workshops are finished, but, as I foretold in my previous report, we are short of boilers. There are two at present, and we find that for this year we shall have to hire a portable boiler to allow of shutting down for cleaning and overhauling. A new boiler should be installed as soon as possible.

As I have reported previously, the bathing accommodation is insufficient, and I trust that during this winter your new scheme for a general bath-house will be carried through.

Since the beginning of the year we had a fire in the store and adjoining corridors. I have to record my thanks to the members of our own brigade for the prompt and—of more importance—intelligent way they fought the fire. By their efforts and the efficient condition of the fire appliances a great disaster was averted. I also take this opportunity of thanking the various fire brigades and general public who came to our assistance. Whilst dealing with fire-prevention, I again strongly recommend that the fire service should be connected with the reservoirs in the towers. It would be a most valuable first-aid addition, and might be the means of preventing the spread of a fire, as then on the lower two floors water would be available on the first discovery of a fire, instead of having to wait, as at present, for the pumps beginning to work.

The most important change in the staff was the loss of our farm-manager. Under the new *régime* we are reshaping the paddocks for the better rotation of crops, and also carrying out draining operations, which will add considerably to the acreage of the arable land.

As I considered, and was backed in my opinion by various individuals in the Stock Department, that the Ayrshire cow is not the most suitable for this district, we, with the permission of the Minister, held a sale of Ayrshires, and with the proceeds have purchased cows of the Shorthorn breed from the best milking-herds of the province. With a well-selected imported bull, we now have the nucleus of a herd of Shorthorns which, I trust, in the future will rival the old herd of Ayrshires. At the same time we have not lost touch with the Ayrshires, but intend running the two purebred herds for a time for the sake of comparison.

The patients' recreation-ground has been finished, and in the summer evenings both male and female patients go there and enjoy cricket, bowling, tennis, and croquet. The cricket team had a successful season, and at the Easter Bowling Tournament in Christchurch the silver medals for the doubles were won by a Sunnyside team. This striving with the outside world has a brightening effect on the patients' lives, and gives them much more interest in the news in the daily papers.

Religious services have been conducted throughout the year by the Anglican and Roman Catholic bodies and also by representatives of the Free Churches, who conduct the services one day in the month.

The patients have enjoyed the usual round of dances and concerts in the institution, and have had frequent opportunities of visiting the theatres in town, thanks to the managers of various theatrical companies. Miss Jessie McLachlan and her concert company kindly came out and gave an afternoon concert in the recreation-hall, and Mr. Stevenson, the champion billiard-player, gave an exhibition on the men's billiard-table.

To Dr. Gribben and the various members of the staff I have to tender my sincere thanks for their hearty co-operation in the work of the year.

I have, &c.,

The Inspector-General of Mental Hospitals, Wellington. W. BAXTER GOW.

SEACLIFF MENTAL HOSPITAL.

SIR,— Seacliff, 30th June, 1908.

I have the honour to submit the following report for the Seacliff Mental Hospital for the year 1907.

The year opened with 754 inmates, and at the close there were 735, showing a decrease of 19. This was effected by the transfer of 24 chronic patients to Sunnyside, thus the natural increase during the year was 5.

The average number resident was 725, and the total number under care during the year 875—namely, 551 males and 324 females. The total admissions were 121, and the number of patients discharged, recovered or relieved, was 63, being rather over 50 per cent. Taking into account the average number of readmissions, these figures indicate a higher "permanent-recovery rate" than 33 per cent.—the estimated average at Home.

There were fifty-one deaths during the year, being about the average. One-fourth of these were due to senile decay. There were four fatal casualities during the year, full reports of which were sent to you at the time.

Apart from heredity, which, of course, may be considered more or less a factor in cases, the main apparent cause of insanity was alcoholism—namely, 23 out of 121 admissions. However, one becomes year by year more and more impressed with the futility of general statistics of insanity, where a single cause has to be assigned for what occurs at the meeting-place of many roads. The poisons generated inside the body are accountable for more cases of insanity than those which are introduced from without, and we cannot expect any marked reduction of mental disease, or, indeed, of ill health in general, until there is a more widespread recognition of the universal need for fresh air, regular daily exercise, and avoidance of excesses and carelessness in regard to food, as well as drink. All authorities agree that the common precursors of the onset of acquired insanity are indigestion, poisoning of the system, and failure of bodily nutrition, and that the question as to whether the mental balance will be regained or not depends mainly on the possibility of restoring nutrition.

During the past year at Seacliff we have been investigating and giving special attention to the matter of teeth. Passably fair sets we find to be extremely rare, and the loss of almost all power of proper mastication and comfort in eating are common even among the young adults who are sent to us. This gives rise to indigestion and poisoning of the system, and has obviously been an important factor in undermining the constitution. The regular attendance of a dental surgeon is of paramount importance in the treatment of these cases, and during the past year we have found obvious and marked improvement resulting from thorough and systematic attention to the teeth. The question of mastication and its effects on digestion is clearly not the only one involved. The benefit derived appears to be due as much to the removal of nervous irritation which has been kept up by decaying teeth, and to the cessation of the poisoning of the system through the absorption of septic products from the mouth. In view of the emphatic statement recently made by Dr. Pickerill, Director of the Dental School at Otago University, regarding his observation of the extremely defective condition of local teeth, I am satisfied that the systematic attendance of a dental surgeon at the Mental Hospital is a matter of more than passing importance. Seeing how much can be effected in the way of restoration by after-care and patchwork, one realises the stupendous benefit and saving of expense that could be quite simply brought about by care in early childhood, and, indeed, before birth. The rudiments of both sets of teeth lie embeddied in the jaws before birth, and their proper growth and development is mainly a question of general hygiene and feeding of mother and child. As Dr. Pickerill wisely says, the problem of teeth is far too wide and extensive to be effectively coped with by operative and mechanical dentistry: the essential reform must lie in prevention, especially during the formative periods of infancy and early childhood.

Work on the estates at Seacliff and Waitati has been carried out on the usual lines throughout the year. The season's experience in the systematic growing of potatoes further confirms our conclusion as to the great importance of special care in the selection and keeping of seed-tubers; also the necessity of ascertaining the needs of each district in the way of specific plant-foods (phosphates, potash, and nitrogen compounds), with a view to economy in the use of artificial manures. Thus at Seacliff it has been found in general that, whether on new or old land, the increase of crop resulting from a liberal application of the most suitable chemicals is comparatively slight—rarely exceeding 15 to 25 per cent.—whereas at Waitati, on poor, hilly, manuka ground, which in the unmanured state yields only two or three tons to the acre, a crop of seven or eight tons is found to result in ordinary seasons from the mere addition per acre of a dressing of, say, 6 cwt. superphosphate, 1 cwt. sulphate of ammonia, ½ cwt. sulphate of potash. Potash, which has been shown by experiments in Ireland, France, and elsewhere to double, or even treble, the potato-crop in some soils, has proved not only of no value when used alone at Seacliff and Waitati, but actually diminishes the yield if anything beyond very minute dressings are employed. In combination with superphosphates, from 5 to 10 per cent. of a pure potash-salt, such as the sulphate, proves advantageous, but we find it the least essential constituent, the indispensable fertiliser for potatoes in these districts being superphosphates.

The following statement of our actual returns during the year from an area of 66 acres of leasehold land near Seacliff may prove of general interest, as showing the profits which it is possible to derive under favourable conditions from comparatively small holdings. Fifty-five acres were given over to sheep, and 11 acres were cropped with potatoes—viz., about 7½ acres British Queen, 2½ acres Up to Date, and the remaining acre Sutton's Abundance and other varieties.

TOTAL RETURNS FOR YEAR FROM 66 ACRES LEASEHOLD LAND.

	£	s.	d.	£	s.	d.
(1.) Returns from Sheep,—						
By Net proceeds sale of wool	46	13	1			
,, ,, skins		15	9			
,, ,, 245 lambs	178	11	5			
,, Value of ten lambs killed for meat	8	0	0			
				234	0	3
(2.) Returns from 11 Acres Potato-crop,—						
By Net proceeds sale of 87½ tons potatoes	545	0	0			
,, Value of 22 tons potatoes used	108	0	0			
,, ,, 12½ tons pig-potatoes	12	10	0			
,, ,, 8½ tons picked seed-potatoes	68	0	0			
				733	10	0
				967	10	3

It is not easy for us to arrive at an exact estimate of the expense that would have had to be incurred by the ordinary farmer in cultivating, providing seed, planting, harvesting, and delivering the crop at a railway-siding, but it may be mentioned that no manure was used, and that care in the selection and keeping of the seed were the only special factors involved, apart from early working of the ground and early planting. The season was a peculiarly dry and unfavourable one, and the average crops throughout the district were remarkably poor. In contrasting these results with what we should have expected from the ordinary methods used by us until a few years ago, I need only say that the profit of the year's operations was certainly more than double what it would have been under the former conditions.

Additions which are now under construction for both male and female patients will be a great advantage. During the coming year a leading necessity will be the renovation and improvement of the oldest annexe of the institution, portions of which do not afford proper accommodation.

Regular religious services have been held by the various denominations throughout the year.

The thanks of the authorities are due to the Otago Daily Times and Witness Company and to the Evening Star Company for newspapers and journals supplied free.

To Dr. Tizard and to the other officers and members of the staff I wish to express thanks for hearty co-operation in carrying out the work at Seacliff; similar thanks are due to Dr. Donald and the staff at Waitati.

I have, &c.,

F. TRUBY KING.

The Inspector-General of Mental Hospitals, Wellington.

PORIRUA MENTAL HOSPITAL.

SIR,— Mental Hospital, Porirua, 30th June, 1908.

I have the honour to submit the following report on the Porirua Mental Hospital for the year 1907.

On referring to the statistical tables it will be found that the total number of patients under care was 755. The average number resident was 596 (322 males and 274 females)—a slight decrease from the corresponding figures of the previous year.

The admissions totalled 133 and the discharges, removals, and deaths 132. Of the admissions, 59 males and 43 females were admitted for the first time: 14 males and 7 females were readmissions, and 4 males and 6 females were transferred from Mount View Mental Hospital. About a third of the admissions were suffering from chronic mental alienation.

Twenty-four patients were removed to the Hokitika Mental Hospital. These were all suffering from chronic mental trouble and were recorded as not improved. Five others were discharged as relieved, while 63 were discharged as recovered—a ratio of 51 per cent. to the number admitted, exclusive of the ten chronic cases from Mount View.

Forty patients died, making a death-rate of 6·7 per cent. of the average number resident.

On the whole the general health of the patients has been good. A sporadic case of typhoid fever occurred on the male side in May, but precautions taken were successful in preventing the spread of the disease. The patient made a good recovery. In October there was an epidemic of influenza, and this, unfortunately, was accountable for five deaths. Several of the cases were complicated by pneumonia.

The produce from the farm and gardens consumed in the Hospital, and amounting in value to a little over £1,800, shows a substantial increase on the previous year. In the winter an inspection of our dairy herd was made by an officer of the Agricultural Department, and eleven cows reacted to the tuberculin test and were destroyed. A like number were condemned for the same reason in the previous year, and it became necessary to make good these serious losses. Accordingly about forty well-bred young Ayrshire cows and heifers were purchased in the South, of which about half were selected from the well-known herd at Sunnyside. Mr. Prebble, the late farm-manager, left the service in February, and he was succeeded by Mr. Carter, who was promoted from the staff of the Sunnyside Mental Hospital.

The staff has worked harmoniously and well. At the end of February Dr. Jeffreys, Assistant Medical Officer, was granted twelve months' leave of absence to pursue his studies and gain experience in the treatment of mental cases in England. His place was taken by Dr. Barron, who proved himself a capable and painstaking officer. He took a keen interest in the tuition of the nurses and attendants, of whom fifteen were successful in passing the State Examination on Mental Nursing.

We are under an obligation to the Primitive Methodist minister resident in Porirua for conducting divine service in the Hospital every Sunday. The services were attended and appreciated by many of the patients.

I have, &c.,
GRAY HASSELL.

The Inspector-General of Mental Hospitals, Wellington.

WELLINGTON MENTAL HOSPITAL.

SIR,— Mental Hospital, Wellington, 24th June, 1908.

I have the honour to forward the following statistics and report in connection with this Hospital for the year 1907.

At the beginning of the year there were 261 patients in the institution, and 7 out on trial.

The admissions for the year mentioned were 36 males and 30 females, which is considerably less than the number admitted during the two preceding years. Of the 66 admitted, 12 men and 12 women had previously been under treatment for mental disease.

A review of the cases admitted shows that 5 died during the year, 27 (41 per cent.) were discharged, 5 were transferred to other hospitals, and 29 remain. Of those remaining, 7 have fair prospects of recovery, 5 will not live long, and 17—chiefly cases of permanent enfeeblement and epilepsy—will be left, requiring institutional treatment for many years to come. In addition to the above, 16 cases of incipient insanity were treated during the year. Two of these had to be certified and detained, as they required prolonged treatment, and one broke down again shortly after leaving and was sent to Porirua.

The number discharged during the year, exclusive of incipient cases, was 42—comprising an equal number of men and women. Here I have pleasure in bringing under your notice the help afforded us by the Labour Department in finding suitable work for discharged patients.

The number of deaths for the year under review was twenty. This gives a death-rate of 8 per cent. on our average population, and is slightly higher than that of the two preceding years. But beyond a sudden death from rupture of an hydatid cyst in the lungs the deaths were due to usual causes.

The average number of patients in residence during the year was 247. This is twenty men more than we have statutory accommodation for. Consequently we were glad to be able, last September, to transfer thirty-eight patients to other hospitals where accommodation was available.

The employment of patients out-of-doors has gone on as usual. Through the help of the Agricultural Department we were able to obtain some young cattle of excellent milking-strain to supplement our existing herd. As milk is absolutely necessary to us, both for ordinary dietetic purposes and in the treatment of acute cases of mental and bodily disease, our efforts are particularly directed to keeping up the milk-supply. With this end in view the land is carefully and regularly top-dressed, and crops of mangolds are put down. In order to conserve the grass as much as possible the hills have been fenced in in various directions, and we are now reaping the benefit of this in the shape of increased feed. Some roadmaking has also been done to facilitate the working of the estate.

The recreation of the patients has been studied as in former years. The residents of Wellington give voluntarily and liberally to our recreation fund. We are much indebted to several concert parties, notably among them the Victoria College Glee Club, for giving us bright and amusing entertainments.

I have much pleasure in recalling the loyal support and co-operation extended to me by the officers and members of the staff throughout the year, and I take this opportunity to heartily thank them.

I have, &c.,

The Inspector-General of Mental Hospitals, Wellington. ARTHUR CROSBY.

APPENDIX.

TABLE I.—SHOWING the ADMISSIONS, READMISSIONS, DISCHARGES, and DEATHS in MENTAL HOSPITALS during the Year 1907.

	M.	F.	T.	M.	F.	T.
In mental hospitals, 1st January, 1907		..		1,900	1,306	3,206
Admitted for the first time	301	194	495	421	279	700*
Readmitted	120	85	205			
Total under care during the year		..		2,321	1,585	3,906
Discharged and removed—						
Recovered	160	139	299			
Relieved	31	19	50			
Not improved	53	32	85			
Died	168	64	232			
				412	254	666
Remaining in mental hospitals, 31st December, 1907 ..		..		1,909	1,331	3,240
Increase over 31st December, 1906		..		9	25	34
Average number resident during the year		..		1,851	1,285	3,136

* Transfers.—62 males, 38 females: total, 100.

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 1907.

Mental Hospitals.	In Mental Hospitals on 1st January, 1907.			Admissions in 1907.									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	406	269	675	74	48	122	11	11	22	85	59	144	491	328	819
Christchurch	276	253	529	55	28	83	36	8	44	91	36	127(1)	367	289	656
Dunedin (Seacliff)	477	277	754	61	32	93	13	15	28	74	47	121(2)	551	324	875
Hokitika	127	39	166	11	1	12	28	21	49	39	22	61(3)	166	61	227
Nelson	91	59	150	11	16	27	0	1	1	11	17	28	102	76	178
Porirua	342	280	622	59	43	102	18	13	31	77	56	133(4)	419	336	755
Wellington	159	109	268	25	18	43	12	12	24	37	30	67(5)	196	139	335
Ashburn Hall (private mental hospital)	22	20	42	5	8	13	2	4	6	7	12	19(6)	29	32	61
Totals	1,900	1,306	3,206	301	194	495	120	85	205	421	279	700(7)	2,321	1,585	3,906

Transfers.—(1) 25 males, 1 female. (2) 4 males, 4 females. (3) 27 males, 21 females. (4) 4 males, 6 females. (5) 4 females. (6) 2 males, 2 females. (7) Total: 62 males, 38 females.

TABLE II—*continued.*

Mental Hospitals.	Patients Discharged and Died.												In Mental Hospitals on 31st December, 1907.		
	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	39	38	77	1	1	2	36	19	55	76	58	134	415	270	685
Christchurch	21	25	46	6	2	8	37	11	48	64	38	102	303	251	554
Dunedin (Seacliff)	26	16	42	37	10	47	37	14	51	100	40	140	451	284	735
Hokitika	10	2	12		..		7	1	8	17	3	20	149	58	207
Nelson	6	5	11	0	3	3	6	1	7	12	9	21	90	67	157
Porirua	36	27	63	16	13	29	30	10	40	82	50	132	337	286	623
Wellington	21	21	42	21	17	38	13	7	20	55	45	100	141	94	235
Ashburn Hall (private mental hospital)	1	5	6	3	5	8	2	1	3	6	11	17	23	21	44
Totals	160	139	299	84	51	135	168	64	232	412	254	666	1,909	1,331	3,240

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	408	267	675	45·88	64·41	53·47	8·82	7·11	8·14	42·35	52·20	38·19
Christchurch	274	250	524	31·82	71·43	45·54	13·50	4·40	9·16	56·06	31·43	47·52
Dunedin (Seacliff)	452	273	725	37·14	37·21	37·17	8·19	5·13	7·03	52·86	32·56	45·13
Hokitika	136	47	183	75·00	200·00	84·61	5·15	2·13	4·32	58·33	100·00	61·54
Nelson	87	58	145	54·55	29·41	39·29	6·89	1·72	4·83	54·55	5·88	25·00
Porirua	322	274	596	49·32	54·00	51·22	9·31	3·65	6·71	41·10	20·00	32·52
Wellington	151	97	248	56·76	80·77	66·66	8·61	7·22	8·06	35·14	26·92	31·75
Ashburn Hall (private mental hospital)	21	19	40	20·00	50·00	40·00	9·52	5·26	7·50	40·00	10·00	20·00
Totals	1,851	1,285	3,136	44·29	57·68	49·67	9·08	4·98	7·39	46·80	26·56	38·67

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 ..	..		..	..		..	0	1	1	..		..	..		..	..		..	..		..	..		..	0	1	1
From 5 to 10 years	..		..	1	0	1	..		..	0	1	1	..		..	..		..	..		..	..		..	1	1	2
„ 10 „ 15 „	2	2	4	2	2	4	1	0	1	..		..	1	0	1	0	1	1	..		..	0	1	1	6	6	12
„ 15 „ 20 „	7	3	10	4	1	5	2	3	5	1	0	1	2	0	2	3	5	8	0	3	3	0	1	1	19	16	35
„ 20 „ 30 „	22	18	40	9	7	16	14	17	31	6	5	11	2	3	5	19	14	33	10	7	17	0	4	4	82	75	157
„ 30 „ 40 „	26	11	37	18	11	29	23	13	36	3	3	6	2	6	8	24	15	39	9	9	18	1	3	4	106	71	177
„ 40 „ 50 „	11	8	19	26	7	33	9	9	18	9	6	15	0	3	3	17	10	27	10	5	15	1	3	4	83	51	134
„ 50 „ 60 „	7	5	12	13	4	17	8	2	10	10	2	12	3	1	4	7	8	15	5	2	7	2	0	2	55	24	79
„ 60 „ 70 „	5	6	11	10	2	12	13	1	14	4	4	8	1	2	3	4	1	5	2	1	3	1	0	1	40	17	57
„ 70 „ 80 „	5	6	11	4	2	6	4	1	5	3	1	4	0	2	2	3	1	4	1	3	4	2	0	2	22	16	38
Upwards of 80 „	..		..	4	0	4	..		..	1	0	1	..		..	0	1	1	..		..	..		..	5	1	6
Unknown	..		..	..		..	..		..	2	0	2	..		..	..		..	..		..	..		..	2	0	2
Totals ..	85	59	144	91	36	127	74	47	121	39	22	61	11	17	28	77	56	133	37	30	67	7	12	19	421	279	700

Table IV.—Duration of Disorder at 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)	56	26	82	23	10	33	27	7	34	19	6	25	6	5	11	52	31	83	18	11	29	3	4	7	204	100	304
Second Class (first attack, above 3 mos. and within 12 mos. on admission)	3	11	14	1	1	2	6	7	13	1	4	5	0	2	2	8	12	20	6	3	9	1	4	5	26	44	70
Third Class (not first attack, and within 12 mos. on admission)	13	10	23	16	14	30	17	12	29	1	0	1	1	5	6	13	8	21	12	12	24	0	2	2	73	63	136
Fourth Class (first attack or not, but of more than 12 mos. on admission)	13	12	25	41	9	50	24	21	45	7	7	14	4	5	9	4	5	9	1	4	5	3	2	5	97	65	162
Unknown	..		..	10	2	12	..		..	11	5	16	..		..	..		..	..		..	..		..	21	7	28
Totals ..	85	59	144	91	36	127	74	47	121	39	22	61	11	17	28	77	56	133	37	30	67	7	12	19	421	279	700

Table V.—Ages of Patients discharged "Recovered" and "Not recovered" during the year 1907.

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	..		..		..		..		..		..		..		..		..		..		..		..	
„ 10 „ 15 „	1	0	1		..		1	1	2		..												..	
„ 15 „ 20 „	5	2	7		..		1	3	4		..		1	2	3	1	1	2	1	0	1		..	
„ 20 „ 30 „	10	14	24	1	0	1	2	6	8	1	0	1	8	5	13	4	3	7		..			..	
„ 30 „ 40 „	11	9	20	0	1	1	4	6	10	2	1	3	5	5	10	9	2	11		..			..	
„ 40 „ 50 „	8	8	16		..		5	4	9	1	1	2	3	1	4	7	2	9	4	0	4		..	
„ 50 „ 60 „	2	3	5		..		3	2	5	1	0	1	3	3	6	9	0	9	4	1	5		..	
„ 60 „ 70 „	1	1	2		..		4	3	7	1	0	1	5	0	5	7	2	9	1	1	2		..	
„ 70 „ 80 „	1	1	2		..		1	0	1		..		1	0	1		..			..			..	
„ 80 „ 90 „		..			..			..			..			..			..			..			..	
Unknown		..			..			..			..			..			..			..			..	
Totals	39	38	77	1	1	2	21	25	46	6	2	8	26	16	42	37	10	47	10	2	12		..	

Ages.	Nelson.						Porirua.						Wellington.						Ashburn Hall (Private M.H.).						Total.					
	Recovered.			Not recovered.			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.	M.	F.	T.	M.	F.	T.
From 5 to 10 years	..		..	..		..	..		..	..		..	..		..	0	1	1	..		..	..		..	..		..	0	1	1
„ 10 „ 15 „	..		..	..		..	..		..	..		..	0	1	1	..		..	..		..	..		..	2	2	4	..		..
„ 15 „ 20 „	..		..	..		..	1	2	3	0	1	1	1	1	2	0	1	1	..		..	..		..	10	10	20	1	3	4
„ 20 „ 30 „ .. 2	4	6	..		..	10	8	18	2	1	3	7	6	13	2	5	7	0	3	3	0	1	1	39	46	85	10	10	20
„ 30 „ 40 „ ..		..	0	2	2	15	5	20	3	2	5	3	8	11	4	3	7	0	1	1	1	0	1	38	34	72	19	11	30
„ 40 „ 50 „ ..		..	0	1	1	6	2	8	4	3	7	3	3	6	6	4	10	0	1	1	1	3	4	29	19	48	19	14	33
„ 50 „ 60 „ .. 2	0	2	..		..	2	7	9	4	2	6	4	2	6	4	2	6	..		..	0	1	1	20	18	38	18	5	23
„ 60 „ 70 „ .. 2	1	3	..		..	2	3	5	1	4	5	2	0	2	4	1	5	..		..	..		..	17	9	26	13	7	20
„ 70 „ 80 „ ..		..	..		..	..		..	2	0	2	1	0	1	1	0	1	1	0	1	1	0	1	5	1	6	4	0	4
„ 80 „ 90 „ ..		..	..		..	..		..	..		..	..		..	..		..	..		..	..		..	..		..	..		..	..
Unknown	..		..	..		..	..		..	..		..	..		..	..		..	..		..	..		..	..		..	..		..
Totals .. 6	5	11	0	3	3	36	27	63	16	13	29	21	21	42	21	17	38	1	5	6	3	5	8	160	139	299	84	51	135

Table VI.—Ages of the Patients who Died.

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.
From 5 to 10 years	1	0	1	..			1	1	2	..			..			..			..			..			2	1	3
„ 10 „ 15 „	..			0	1	1	..			..			..			..			..			..			0	1	1
„ 15 „ 20 „	2	0	2	1	0	1	..			..			..			0	1	1	..			..			3	1	4
„ 20 „ 30 „	3	1	4	2	2	4	4	2	6	..			..			3	2	5	1	1	2	..			13	8	21
„ 30 „ 40 „	3	1	4	0	1	1	2	0	2	..			1	0	1	9	1	10	2	1	3	..			17	4	21
„ 40 „ 50 „	5	5	10	6	0	6	7	1	8	0	1	1	..			1	1	2	3	2	5	..			22	10	32
„ 50 „ 60 „	5	3	8	8	2	10	3	4	7	1	0	1	..			5	1	6	1	2	3	..			23	12	35
„ 60 „ 70 „	9	3	12	11	2	13	9	3	12	2	0	2	4	0	4	3	2	5	2	1	3	..			40	11	51
„ 70 „ 80 „	8	6	14	3	2	5	6	3	9	3	0	3	1	1	2	6	1	7	4	0	4	2	1	3	33	14	47
Upwards of 80 „	..			6	1	7	5	0	5	..			..			3	1	4	..			..			14	2	16
Unknown ..	..			..			..			1	0	1	..			..			..			..			1	0	1
Totals ..	36	19	55	37	11	48	37	14	51	7	1	8	6	1	7	30	10	40	13	7	20	2	1	3	168	64	232

Table VII.—Condition as to Marriage.

—	Admissions.			Discharges.			Deaths.		
Auckland—	M.	F.	T.	M.	F.	T.	M.	F.	T.
Single ..	53	25	78	29	15	44	23	7	30
Married	25	26	51	9	21	30	12	8	20
Widowed	7	8	15	2	3	5	1	4	5
Totals	85	59	144	40	39	79	36	19	55
Christchurch—									
Single ..	59	13	72	14	11	25	17	5	22
Married	29	17	46	13	13	26	16	2	18
Widowed	3	5	8	0	3	3	4	4	8
Unknown	0	1	1	..			..		
Totals	91	36	127	27	27	54	37	11	48
Dunedin (Seacliff)—									
Single ..	48	34	82	46	15	61	23	3	26
Married	19	12	31	13	9	22	12	9	21
Widowed	7	1	8	4	2	6	2	2	4
Totals	74	47	121	63	26	89	37	14	51
Hokitika—									
Single ..	30	10	40	7	0	7	7	1	8
Married	4	6	10	3	1	4	..		
Widowed	2	4	6	0	1	1	..		
Unknown	3	2	5	..			..		
Totals	39	22	61	10	2	12	7	1	8
Nelson—									
Single ..	5	7	12	1	4	5	4	0	4
Married	6	7	13	5	4	9	2	0	2
Widowed	0	3	3	..			0	1	1
Totals	11	17	28	6	8	14	6	1	7
Porirua—									
Single ..	45	21	66	36	11	47	17	4	21
Married	29	29	58	14	24	38	10	2	12
Widowed	3	6	9	2	5	7	3	4	7
Totals	77	56	133	52	40	92	30	10	40
Wellington—									
Single ..	28	14	42	28	21	49	8	2	10
Married	7	12	19	11	16	27	4	4	8
Widowed	2	4	6	3	1	4	1	1	2
Totals	37	30	67	42	38	80	13	7	20
Ashburn Hall—									
Single ..	2	9	11	1	6	7	2	0	2
Married	3	3	6	1	4	5	..		
Widowed	2	0	2	2	0	2	0	1	1
Totals	7	12	19	4	10	14	2	1	3
Totals—									
Single ..	270	133	403	162	83	245	101	22	123
Married	122	112	234	69	92	161	56	25	81
Widowed	26	31	57	13	15	28	11	17	28
Unknown	3	3	6	..			..		
Totals	421	279	700	244	190	434	168	64	232

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 ..	118	79	197	91	81	172	81	47	128	32	15	47	19	12	31	107	75	182	42	19	61	4	1	5	494	329	823
Scotland ..	33	11	44	38	22	60	101	57	158	15	3	18	7	6	13	33	23	56	14	8	22	7	5	12	248	135	383
Ireland ..	59	55	114	47	50	97	91	63	154	44	16	60	15	9	24	56	76	132	19	10	29	2	0	2	333	279	612
New Zealand ..	125	97	222	93	81	174	129	96	225	38	20	58	40	34	74	94	89	183	52	44	96	9	13	22	580	474	1054
Australian States	19	7	26	9	6	15	15	11	26	3	4	7	2	4	6	13	8	21	3	1	4	0	1	1	64	42	106
France ..	2	0	2	1	0	1	0	1	1	1	0	1		..		1	1	2		..			..		5	2	7
Germany ..	7	4	11	3	0	3	7	0	7	3	0	3	1	0	1	8	4	12	1	5	6	0	1	1	30	14	44
Austria ..	5	0	5	1	0	1		..			..		1	0	1	0	1	1		..			..		7	1	8
Norway ..	1	1	2	3	0	3	5	1	6		..			..		1	1	2	2	1	3		..		12	4	16
Sweden ..	7	1	8	1	0	1	3	0	3	3	0	3	0	1	1	3	2	5	4	0	4		..		21	4	25
Denmark ..	4	1	5	2	1	3	0	2	2		..		2	0	2	3	0	3	0	1	1		..		11	5	16
Italy ..	3	1	4	2	0	2	1	0	1	3	0	3	1	0	1	2	0	2	1	0	1		..		13	1	14
China ..	1	0	1	2	0	2	12	0	12	4	0	4		..		2	0	2		..			..		21	0	21
Maoris ..	14	6	20	1	1	2	1	0	1	1	0	1		..		7	3	10	0	2	2		..		24	12	36
Other countries ..	17	2	19	9	9	18	4	6	10	2	0	2	2	1	3	7	3	10	3	3	6	1	0	1	45	24	69
Unknown ..	0	5	5		..		1	0	1		..			..			..			..			..		1	5	6
Totals ..	415	270	685	303	251	554	451	284	735	149	58	207	90	67	157	337	286	623	141	94	235	23	21	44	1909	1331	3240

Table IX.—Ages of Patients on 31st December, 1907.

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 ..		..			..		0	1	1		..			..		1	0	1		..			..		1	1	2
5 „ 10 „ ..	1	0	1	1	1	2		..		1	1	2		..		0	2	2		..			..		3	4	7
10 „ 15 „ ..	4	1	5	4	3	7		..		1	0	1	2	0	2	3	1	4	2	1	3	0	1	1	16	7	23
15 „ 20 „ ..	5	6	11	6	3	9	7	7	14	1	2	3	7	1	8	11	8	19	1	4	5	1	1	2	39	32	71
20 „ 30 „ ..	49	29	78	40	35	75	48	43	91	19	7	26	13	8	21	42	28	70	19	15	34	1	3	4	231	168	399
30 „ 40 „ ..	103	59	162	60	45	105	95	54	149	16	9	25	9	14	23	77	54	131	34	24	58	3	4	7	397	263	660
40 „ 50 „ ..	90	66	156	66	61	127	78	57	135	28	8	36	16	17	33	91	90	181	23	19	42	6	4	10	398	322	720
50 „ 60 „ ..	69	56	125	49	50	99	98	51	149	24	9	33	18	8	26	69	58	127	36	16	52	5	3	8	368	251	619
60 „ 70 „ ..	58	27	85	50	37	87	80	48	128	30	14	44	18	13	31	32	37	69	21	8	29	4	4	8	293	188	481
70 „ 80 „ ..	31	17	48	24	15	39	42	21	63	17	3	20	7	3	10	10	8	18	3	4	7	3	1	4	137	72	209
Upwards of 80 ..	1	5	6	3	1	4	3	2	5	1	1	2	0	3	3	1	0	1	2	3	5		..		11	15	26
Unknown ..	4	4	8		..			..		11	4	15		..			..			..			..		15	8	23
Totals ..	415	270	685	303	251	554	451	284	735	149	58	207	90	67	157	337	286	623	141	94	235	23	21	44	1909	1331	3240

Table X.—Length of Residence of Patients who died during 1907.

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 ..	5	1	6	6	1	7	2	0	2		..		0	1	1	1	0	1		..			..		14	3	17
From 1 to 3 months ..	4	0	4	9	0	9	0	1	1	1	0	1		..		2	1	3	2	0	2		..		18	2	20
„ 3 „ 6 „ ..	1	0	1	1	0	1	2	0	2	0	1	1		..		2	3	5	2	1	3		..		8	5	13
„ 6 „ 9 „ ..	2	0	2		..		3	1	4		..			..		1	0	1		..			..		6	1	7
„ 9 „ 12 „ ..	1	0	1	2	0	2	1	0	1		..			..		1	0	1	0	2	2		..		5	2	7
„ 1 „ 2 years ..	6	7	13	5	1	6	5	1	6		..		2	0	2	2	1	3	1	0	1	1	0	1	22	10	32
„ 2 „ 3 „ ..	2	2	4	1	1	2	3	2	5	1	0	1		..		1	1	2	2	1	3	0	1	1	10	8	18
„ 3 „ 5 „ ..	3	1	4	3	1	4	4	1	5	2	0	2		..		3	0	3	2	1	3		..		17	4	21
„ 5 „ 7 „ ..	1	3	4	1	1	2	5	1	6	1	0	1		..		3	0	3	0	1	1		..		11	6	17
„ 7 „ 10 „ ..	3	0	3	1	0	1	1	3	4		..			..		2	1	3	0	1	1		..		7	5	12
„ 10 „ 12 „ ..	0	1	1		..		0	2	2		..			..		1	2	3	2	0	2		..		3	5	8
„ 12 „ 15 „ ..	1	0	1	0	1	1	1	0	1		..		2	0	2		..			..			..		4	1	5
Over 15 years ..	6	2	8	8	5	13	10	2	12	2	0	2	2	0	2	9	1	10	2	0	2	1	0	1	40	10	50
Died while absent on trial	1	2	3		..			..			..			..		2	0	2		..			..		3	2	5
Totals ..	36	19	55	37	11	48	37	14	51	7	1	8	6	1	7	30	10	40	13	7	20	2	1	3	168	64	232

TABLE XI.—LENGTH of RESIDENCE of PATIENTS DISCHARGED "RECOVERED" during 1907.

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	8	0	8	2	1	3	2	0	2	..		..	0	1	1	7	2	9	0	1	1	1	0	1	20	5	25
From 1 to 3 months ..	9	7	16	4	1	5	9	4	13	3	0	3	3	1	4	9	2	11	7	6	13	0	2	2	44	23	67
„ 3 „ 6 „ ..	4	13	17	6	8	14	5	4	9	2	1	3	1	1	2	7	3	10	6	1	7	0	1	1	31	32	63
„ 6 „ 9 „ ..	8	7	15	6	6	12	3	3	6		..		2	1	3	2	3	5	0	4	4	0	2	2	21	26	47
„ 9 „ 12 „ ..	3	4	7	1	3	4	1	1	2		..			..		2	6	8	5	2	7		..		12	16	28
„ 1 „ 2 years ..	3	2	5	2	4	6	3	0	3	1	1	2		..		6	5	11	2	3	5		..		17	15	32
„ 2 „ 3 „	2	3	5	0	1	1	1	2	3	1	0	1		..		1	5	6	1	1	2		..		6	12	18
„ 3 „ 5 „	0	1	1	0	1	1	2	1	3	2	0	2	0	1	1	2	1	3	0	2	2		..		6	7	13
„ 5 „ 7 „	1	1	2		..		0	1	1		..			..			..		0	1	1		..		1	3	4
„ 7 „ 10 „		..			..			..			..			..			..			..			..			..	
„ 10 „ 12 „	1	0	1		..			..			..			..			..			..			..		1	0	1
„ 12 „ 15 „		..			..			..		1	0	1		..			..			..			..		1	0	1
Over 15 years		..			..			..			..			..			..			..			..			..	
Totals	39	38	77	21	25	46	26	16	42	10	2	12	6	5	11	36	27	63	21	21	42	1	5	6	160	139	299

TABLE XII.—CAUSES of DEATH.

Causes.	Auckland.			Christchurch.			Dunedin (Seacliff).			Hokitika.			Nelson.			Porirua.			Wellington.			Ashburn Hall (Private M.H.).			Total.		
GROUP I.—GENERAL DISEASES.	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.
Cancer	2	0	2	0	1	1	1	0	1		..			..		0	1	1		..			..		3	2	5
Dysentery		..		2	1	3		..			..			..			..			..			..		2	1	3
Hydatids in brain	1	0	1		..			..			..			..			..			..			..		1	0	1
„ in lung		..			..			..			..			..			..		0	1	1		..		0	1	1
Influenza and its complications ..		..			..		1	0	1		..		1	0	1	5	2	7		..			..		7	2	9
Septicæmia		..		0	2	2	1	0	1		..			..			..			..			..		1	2	3
Tuberculosis of lung (phthisis) ..	5	2	7	1	1	2	1	0	1		..			..		3	2	5	0	1	1		..		10	6	16
„ of other organs ..	0	1	1		..		0	1	1		..			..			..			..			..		0	2	2
„ General (Acute miliary)	1	0	1		..			..			..			..		1	0	1		..			..		2	0	2
GROUP II.—DISEASES OF NERVOUS SYSTEM.																											
Apoplexy, Hemiplegia (cerebral hæmorrhage and embolism)	0	1	1	0	1	1	1	1	2		..			..		1	1	2	1	0	1		..		3	4	7
Brain, Organic disease of, not otherwise specified	4	3	7	1	1	2	1	3	4		..			..		2	0	2	2	2	4		..		10	9	19
Epilepsy	4	1	5	0	1	1	2	0	2	0	1	1		..		2	2	4	1	2	3		..		9	7	16
Mania, Exhaustion from ..	1	0	1	5	0	5		..			..		1	0	1		..			..			..		7	0	7
Melancholia, Exhaustion from ..	1	0	1		..			..			..			..			..			..			..		1	0	1
Meningitis, Cerebral (not tuberculous)		..			..			..			..			..			..		1	0	1		..		1	0	1
Paralysis, Agitans	0	1	1		..		1	0	1		..			..			..			..			..		1	1	2
„ General, of the insane..	4	0	4	5	0	5	6	0	6		..			..		2	0	2	2	0	2		..		19	0	19
GROUP III.—DISEASES OF RESPIRATORY SYSTEM.																											
Bronchitis		..			..			..		1	0	1		..			..			..			..		1	0	1
Lung, Fibroid disease of ..		..			..			..			..			..		1	0	1		..			..		1	0	1
„ Gangrene of	1	0	1		..			..			..			..			..			..			..		1	0	1
Pneumonia, Broncho		..			..			..		1	0	1		..			..			..			..		1	0	1
„ Lobar		..		1	0	1	0	3	3		..			..			..		1	0	1	0	1	1	2	4	6
GROUP IV.—DISEASES OF HEART AND BLOOD VESSELS.																											
Angina Pectoris		..			..			..		1	0	1		..			..		0	1	1		..		1	1	2
Heart, Degeneration of ..		..			..		2	0	2		..			..			..			..			..		2	0	2
„ Disease of, not specified ..	1	0	1	6	0	6		..			..			..		1	0	1	1	0	1		..		9	0	9
„ Valvular disease of ..	2	2	4		..		1	0	1		..			..			..		1	0	1		..		4	2	6
Syncope (cardiac failure) ..		..			..		2	0	2	1	0	1	1	0	1		..			..			..		4	0	4
GROUP V.—DISEASES OF DIGESTIVE AND GENITO-URINARY SYSTEMS.																											
Bright's disease, Acute (nephritis)		..			..			..			..			..		1	0	1		..			..		1	0	1
„ Chronic ..		..			..		0	1	1		..			..			..		1	0	1	1	0	1	2	1	3
Enteritis (not infective) ..		..			..		0	1	1		..			..			..			..			..		0	1	1
Gastritis		..			..			..		1	0	1		..			..			..			..		1	0	1
Intestine, Ulcer of (hæmorrhage)		..			..		1	0	1		..			..			..			..			..		1	0	1
Parotitis Suppurative	0	1	1		..			..			..			..			..			..			..		0	1	1
Peritonitis (not tuberculous) ..		..			..		1	0	1	1	0	1		..			..			..			..		2	0	2
Stomach, Ulcer of		..			..			..			..			..		1	0	1		..			..		1	0	1

TABLE XII.—CAUSES OF DEATH—*continued.*

Causes.	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.
GROUP VI.—DISEASES OF LYMPHATIC SYSTEM AND DUCTLESS GLANDS.																											
GROUP VII.																											
Asthenia	0	1	1	1	0	1																			1	1	2
Cellulitis							0	1	1																0	1	1
Old age (senile decay)	8	6	14	15	3	18	10	3	13	1	0	1	2	1	3	8	2	10	2	0	2	1	0	1	47	15	62
Roden Ulcer							1	0	1																1	0	1
GROUP VIII.—ACCIDENT OR VIOLENCE.																											
Suicide—																											
Asphyxia by drowning							1	0	1																1	0	1
Cut throat							1	0	1																1	0	1
Not Suicide—																											
Asphyxia by choking													1	0	1										1	0	1
" drowning							1	0	1																1	0	1
Fractured skull before admission	1	0	1																						1	0	1
Manslaughter—																											
Abscess, secondary to fracture of skull							1	0	1																1	0	1
Died while absent on trial																2	0	2							2	0	2
Totals	36	19	55	37	11	48	37	14	51	7	1	8	6	1	7	30	10	40	13	7	20	2	1	3	168	64	232

TABLE XIII.—CAUSES of INSANITY.

Causes.	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.
Adverse circumstances				1	0	1	1	0	1	1	0	1													3	0	3
Domestic trouble	1	0	1	0	2	2	1	3	4							0	1	1	1	0	1				3	6	9
Fright and nervous shock	1	1	2																						1	1	2
Love affair							0	2	2																0	2	2
Mental anxiety and worry, and overwork	4	0	4				3	3	6				1	0	1	2	2	4							10	5	15
Religious excitement							1	1	2				1	0	1	0	1	1							2	2	4
Solitary life	2	0	2																						2	0	2
Accident or injury	1	0	1										1	0	1	1	0	1	1	0	1				4	0	4
Adolescence	4	2	6	3	4	7										1	3	4	4	0	4				12	9	21
Alcoholism	12	3	15	9	1	10	22	1	23	5	1	6	0	1	1	15	3	18	6	1	7	2	0	2	71	11	82
Apoplexy							3	0	3				0	1	1										3	1	4
Brain, arrest of development										1	0	1													1	0	1
Brain, degeneration of										1	0	1													1	0	1
Brain, organic disease of										0	1	1							3	0	3				3	1	4
Climacteric	0	5	5	3	4	7	0	2	2				0	1	1	0	2	2							3	14	17
Diabetes							1	0	1							0	1	1							1	1	2
Epilepsy	9	1	10	1	1	2	2	2	4	0	3	3	1	2	3	1	3	4	2	1	3	2	0	2	18	13	31
Excesses	1	2	3	2	0	2																			3	2	5
Grave's disease																0	1	1							0	1	1
Heart disease										1	0	1													1	0	1
Hereditary and congenital	22	22	44	11	3	14	14	17	31	1	1	2	0	1	1	16	9	25	2	5	7	1	7	8	67	65	132
Ill health	4	6	10	2	0	2	1	0	1	0	1	1	0	1	1				2	4	6				9	12	21
Influenza	0	2	2				0	3	3				1	0	1	0	1	1				0	2	2	1	8	9
Lactation				0	1	1	0	2	2																0	3	3
Loss of sight							1	0	1																1	0	1
Measles	1	0	1																						1	0	1
Menstrual irregularities																0	1	1							0	1	1
Miscarriage													0	1	1										0	1	1
Morphia and cocaine habit													1	0	1										1	0	1
Morphia habit										1	0	1							1	0	1				2	0	2
Parturition and the puerperal state	0	3	3	0	4	4				0	2	2	0	1	1	0	3	3	0	5	5				0	18	18
Paralysis																1		1							1	0	1
Phthisis																2	0	2							2	0	2
Pregnancy	0	1	1													0	1	1							0	2	2
Previous attack				13	7	20	3	5	8							12	12	24	10	9	19				38	33	71
Privation				2	0	2				0	1	1							1	0	1				3	1	4
Puberty				1	1	2																			1	1	2
Scarlet fever	0	1	1																						0	1	1
Senility	8	3	11	12	3	15	6	1	7	4	0	4	0	2	2	3	2	5	1	3	4	1	0	1	35	14	49
Self abuse (sexual)	1	0	1	1	0	1	7	1	8	4	0	4				5	0	5							18	1	19
Syphilis	4	1	5	1	0	1	5	1	6							2	0	2				1	0	1	13	2	15
Sunstroke	1	1	2							1	0	1				1	0	1							3	1	4
Tumour	2	0	2																						2	0	2
Unknown	5	5	10	29	5	34	3	3	6	19	12	31	5	6	11	14	10	24	3	2	5	0	3	3	78	46	124
Not insane	2	0	2													1	0	1							3	0	3
Totals	85	59	144	91	36	127	74	47	121	39	22	61	11	17	28	77	56	133	37	30	67	7	12	19	421	279	700

Table XIV.—Former Occupation of Patients.

Occupation.	Auckland.	Christchurch.	Dunedin (Seacliff).	Hokitika.	Nelson.	Porirua.	Wellington.	Ashburn Hall (Private Mental Hospital).	Total.
Males.									
Aboriginal natives	..	..	..	..	..	3	..	..	3
Accountant	..	..	1	..	..	..	..	..	1
Bakers	..	1	..	..	..	..	..	..	1
Bank clerks	..	2	..	..	..	..	..	..	2
Barber	..	1	..	..	..	..	..	..	1
Billiard-marker	1	..	..	..	..	..	..	..	1
Blacksmiths	1	..	1	..	..	..	..	..	2
Boarding-house manager	..	..	..	..	..	..	..	1	1
Bootmakers	1	..	3	1	..	1	1	..	7
Bricklayer	..	..	..	1	..	..	..	..	1
Brickmaker	..	1	..	..	..	..	..	..	1
Bus-driver	..	..	..	..	..	1	..	..	1
Bushmen	2	..	1	1	..	..	..	..	4
Butchers	..	..	..	..	..	2	..	..	2
Cabinetmaker	..	..	..	..	..	1	..	..	1
Caretakers	..	2	1	..	..	..	..	..	3
Carpenters	2	4	2	3	..	3	4	..	18
Carrier	..	1	..	..	..	..	..	..	1
Carters	1	..	1	1	..	..	..	..	3
Chair-mender	..	1	..	..	..	..	..	..	1
Chemist's assistant	..	..	1	..	..	..	..	..	1
Clerks	3	2	1	..	..	2	1	..	9
Coach-builders	..	2	..	..	..	..	..	..	2
Coachman	1	..	..	..	..	..	..	..	1
Coach-painter	..	..	..	..	..	1	..	..	1
Coal-dealer	..	..	..	..	..	1	..	..	1
Coal-trimmer	..	..	..	..	..	1	..	..	1
Commercial traveller	..	..	..	..	..	1	..	..	1
Commission agents	2	..	..	..	..	..	..	..	2
Company manager	..	..	1	..	..	..	..	..	1
Contractor	1	..	..	..	..	..	..	..	1
Cooks	..	2	..	..	..	..	..	..	2
Cooper	..	..	1	..	..	..	..	..	1
Cordial manufacturer	1	..	..	..	..	..	..	..	1
Customs clerk	..	1	..	..	..	..	..	..	1
Dairyman	..	..	..	..	..	1	..	..	1
Dealer	..	1	..	..	..	..	..	..	1
Drill instructor	..	..	1	..	..	..	..	..	1
Engineers	1	1	3	..	..	..	..	..	5
Farm labourers	..	..	..	..	..	3	..	..	3
Farmers	11	9	8	1	2	7	7	4	49
Fish-curer	1	..	..	..	..	..	..	..	1
Gardeners	..	8	..	1	..	2	..	..	6
Gold-miners	..	..	..	3	..	..	..	..	3
Grocer	1	..	..	..	..	..	..	..	1
Groom	..	..	..	..	..	1	..	..	1
Gum-diggers	7	..	1	2	..	..	..	..	10
Hawkers	..	1	..	..	..	1	..	..	2
Horse-dealers	..	..	2	..	..	..	..	..	2
Jockeys	..	..	1	..	..	1	..	..	2
Labourers	25	28	24	11	2	29	22	..	141
Market gardener	..	..	1	..	..	..	..	..	1
Medical practitioner	..	..	..	..	1	..	..	..	1
Miners	1	6	4	4	1	..	..	..	16
Music-teachers	..	1	..	1	..	..	..	..	2
News-agent	1	..	..	..	..	..	..	..	1
No occupation	5	7	4	2	3	1	..	1	23
Orchardist	1	..	..	..	..	..	..	..	1
Overseer	..	1	..	..	..	..	..	..	1
Palmist	..	..	..	..	..	..	1	..	1
Painters	3	..	..	1	..	3	..	..	1
Plasterer	..	1	..	..	..	..	..	..	7
Plate-layer	..	..	..	..	..	1	..	..	1
Plumber	..	..	..	..	..	1	..	..	1
Professional cricketer	..	..	1	..	..	..	..	..	1
Pickle-manufacturer	..	1	..	..	..	..	..	..	1
Pulley-maker	..	..	..	..	..	1	..	..	1
Quarryman	..	..	1	..	..	..	..	..	1
Rabbiter	..	1	..	..	..	..	..	..	1
Railway labourers	..	..	1	..	..	1	..	..	2
Retired from business	..	..	..	..	..	..	..	1	1
Rope-maker	1	..	..	..	..	..	..	..	1
Rouseabout	..	..	..	..	..	1	..	..	1
Sawmiller	..	..	..	..	1	..	..	..	1
Sawyer	1	..	..	..	..	..	..	..	1
School-boy	..	..	1	..	..	..	..	..	1
Seamen	4	2	..	..	..	5	1	..	12
Shearer	..	..	1	..	..	..	..	..	1
Sheep-farmer	..	1	..	..	..	..	..	..	1
Shopman	..	1	..	..	..	..	..	..	1
Sign-writer	..	..	1	..	..	..	..	..	1
Soldier	..	..	1	..	..	..	..	..	1
Solicitor	1	..	..	..	..	..	..	..	1
Stamp-printer	..	1	..	..	..	..	..	..	1
Station hand	..	..	..	1	..	..	..	..	1
Steward	1	..	..	..	..	..	..	..	1
Stonemason	..	1	1	..	..	..	..	..	2
Storeman	1	..	..	..	..	..	..	..	1
Student	..	..	1	..	..	..	..	..	1
Sugar-boiler	..	..	1	..	..	..	..	..	1
Surveyors	2	..	..	..	..	..	..	..	2
Swaggers	..	1	..	1	..	..	..	..	2
Tailors	..	..	1	..	..	1	..	..	2
Tailor's presser	..	1	..	..	..	..	..	..	1
Tram-conductor	1	..	..	..	..	..	..	..	1
Unknown	..	..	..	3	1	..	..	..	4
Vagrants	..	1	..	1	..	..	..	..	2
Wardsman	..	1	..	..	..	..	..	..	1
Totals	85	91	74	39	11	77	37	7	421
Females.									
Boarding-house-keeper	1	..	..	..	..	..	..	..	1
Canvasser	..	..	..	..	..	1	..	..	1
Cook	..	..	..	..	..	..	1	..	1
Domestic duties	29	11	35	12	13	50	25	11	186
Dressmakers	..	..	1	..	..	..	1	..	2
Housekeeper	..	1	..	..	..	..	..	..	1
Housewives	24	19	..	..	2	..	..	..	45
Match-factory employee	..	..	..	..	..	1	..	..	1
Milliners	1	..	..	1	..	..	..	..	2
Music-teachers	1	..	1	1	..	2	..	..	5
No occupation	3	4	7	8	2	..	2	..	26
Schoolgirl	..	..	..	..	..	..	..	1	1
Tailoresses	..	1	1	..	..	2	1	..	5
Teacher	..	..	1	..	..	..	..	..	1
Typiste	..	..	1	..	..	..	..	..	1
Totals	59	36	47	22	17	56	30	12	279

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.									Died.			Remaining 31st December in each Year.			Average Numbers resident.			Percentage of Recoveries on Admissions			Percentage of Deaths on Average Numbers resident.		
				Recovered.			Relieved.			Not Improved.																	
	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	6	6	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	7	2	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	3	3	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	8	3	11	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	5	2	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	1	9	49	14	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	19	79	827	442	1,269	796	421	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	9	19	65	18	83	892	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	12	30	68	24	92	938	514	1,452	911	497	1,408	37·39	50·32	42·45	7·46	4·82	6·53
1885 ..	294	160	454	95	76	171	10	5	15	73	29	102	73	22	95	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	8	20	57	19	76	1,009	604	1,613	984	559	1,543	47·82	36·36	42·74	5·79	3·39	4·91
1887 ..	255	161	416	103	78	181	34	17	51	..	..	..	74	27	101	1,053	643	1,696	1,034	613	1,647	40·39	48·75	43·61	7·15	4·40	6·13
1888 ..	215	146	361	116	92	208	31	28	59	2	2	4	78	26	104	1,041	640	1,681	1,045	641	1,686	53·95	63·01	57·62	7·56	4·05	6·16
1889 ..	230	161	391	93	53	146	31	30	61	3	1	4	70	30	100	1,074	687	1,761	1,046½	660½	1,707	40·43	32·92	37·34	6·69	4·54	5·86
1890 ..	230	160	390	98	88	186	23	17	40	12	5	17	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	30	44	79	41	120	1,115	734	1,849	1,089¾	699¼	1,789¼	37·61	36·82	37·24	7·25	5·86	6·71
1892 ..	231	158	389	89	76	165	21	17	38	8	2	10	74	34	108	1,154	763	1,917	1,125	714¾	1,839¾	38·53	48·10	42·42	6·58	4·76	5·87
1893 ..	281	179	460	101	89	190	17	12	29	9	9	18	78	23	101	1,229	810	2,039	1,172	758	1,930	35·94	49·72	41·30	6·66	3·03	5·23
1894 ..	320	256	576	107	76	183	15	11	26	55	84	139	64	35	99	1,308	860	2,168	1,241	812	2,053	39·63	45·18	41·03	5·16	4·31	4·82
1895 ..	379	302	681	105	77	182	24	19	43	128	139	267	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	12	32	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	8	17	31	48	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	47	151	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	42	49	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	65	90	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	3	36	102	72	174	1,654	1,119	2,773	1,622	1,094	2,716	39·06	46·64	42·17	6·29	6·58	6·41
1902 ..	352	192	544	135	99	234	26	15	41	10	9	19	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	6·28
1903 ..	454	237	691	144	101	245	41	25	66	84	12	96	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	2	11	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 ..	399	280	679	149	121	270	45	32	77	23	21	44	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
1906 ..	401	277	678	157	126	283	28	22	50	6	14	20	146	85	231	1,900	1,306	3,206	1,823	1,265	3,088	39·75	47·73	42·94	8·01	6·71	7·48
1907 ..	421	279	700	160	139	299	31	19	50	53	32	85	168	64	232	1,909	1,331	3,240	1,851	1,285	3,136	44·29	57·68	49·67	9·08	4·98	7·39
	9,353	6,218	15,571	3,596	2,709	6,305	825	612	1,437	777	644	1,421	2,728	1,176	3,904	..	..	..	..	..	..	..	..	..	..	..	..

	M.	F.	T.
In mental hospitals, 1st January, 1876	482	254	736
In mental hospitals, 1st January, 1908	1,909	1,331	3,240

TABLE XVI. — SHOWING the ADMISSIONS, READMISSIONS, DISCHARGES, and DEATHS from the 1st January, 1876, to the 31st December, 1907.

	M.	F.	T.	M.	F.	T.
Persons admitted during period from 1st January, 1876, to 31st December, 1907	7,599	4,808	12,407			
Readmissions	1,754	1,410	3,164			
Total cases admitted				9,353	6,218	15,571
Discharged cases—						
Recovered	3,596	2,709	6,305			
Relieved	825	612	1,437			
Not improved	777	644	1,421			
Died	2,728	1,176	3,904			
Total cases discharged and died since January, 1876				7,926	5,141	13,067
Remaining, 1st January, 1876				482	254	736
Remaining, 1st January, 1908				1,909	1,331	3,240

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

	Males.	Females.	Both Sexes.
Recovered	38·45	43·57	40·49
Relieved	8·82	9·84	9·23
Not improved	8·32	10·36	9·13
Died	29·16	18·91	25·07
Remaining	15·25	17·32	16·08
	100·00	100·00	100·00

TABLE XVIII. — EXPENDITURE, out of Public Works Fund, on MENTAL HOSPITAL BUILDINGS, &c., during the Financial Year ended 31st March, 1908, and LIABILITIES at that Date.

Mental Hospitals.	Net Expenditure for Year ended 31st March, 1908.	Liabilities on 31st March, 1908.
	£ s. d.	£ s. d.
Auckland	253 7 10	..
Reception-house at Auckland	462 10 0	..
Wellington	198 2 1	..
Porirua	2,369 14 10	108 3 0
Christchurch	2,018 2 7	108 4 8
Seacliff	1,313 17 6	469 11 0
Waitati	252 4 10	..
Dunedin (The Camp)	918 18 8	..
Nelson	200 0 0	..
Totals	7,986 18 4	685 18 8

TABLE XIX. — TOTAL EXPENDITURE, out of Public Works Fund, for BUILDINGS and EQUIPMENT at each MENTAL HOSPITAL from 1st July, 1877, to 31st March, 1908.

Mental Hospitals.	1877-1900.	1900-1.	1901-2.	1902-3.	1903-4.
	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
Auckland	89,750 18 11	3,038 17 11	2,119 12 6	698 6 1	1,284 4 1
Reception-house at Auckland	..	..	..	..	..
Wellington	24,854 10 10	1,616 2 0	162 12 2	1,468 10 2	532 1 10
Wellington (Porirua)	83,960 4 9	10,587 3 7	8,560 18 8	2,144 19 1	6,377 15 0
Christchurch	103,410 14 0	75 16 8	43 2 6	155 11 1	4,238 4 11
Seacliff	125,215 7 3	2,227 16 10	4,666 16 8	4,973 0 1	1,360 17 0
Napier	147 0 0	..	..	..	..
Hokitika	1,187 5 4	94 3 11	3 7 4	238 17 2	874 11 8
Richmond	..	..	..	..	..
Nelson	11,451 16 5	1,231 13 5	1,186 19 9	487 6 7	1,144 5 8
Totals	439,977 17 6	18,871 14 4	16,743 9 7	10,166 10 3	15,912 0 2

Mental Hospitals.	1904-5.	1905-6.	1906-7.	1907-8.	Total Net Expenditure, 1st July, 1877, to 31st March, 1908.
	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
Auckland	2,413 12 5	5,600 7 3	527 17 3	253 7 10	105,687 4 3
Reception-house at Auckland	..	..	4 10 0	462 10 0	467 0 0
Wellington	235 5 9	..	482 0 9	198 2 1	29,549 5 7
Wellington (Porirua)	5,387 11 3	2,602 14 6	1,175 12 2	2,369 14 10	123,166 13 10
Christchurch	3,266 1 7	1,944 4 6	1,962 6 5	2,018 2 7	117,114 4 3
Seacliff	3,229 0 10	1,434 3 6	1,997 4 5	1,313 17 6	146,418 4 1
Waitati	..	..	320 10 2	252 4 10	572 15 0
Dunedin (The Camp)	..	3,014 3 6	899 7 11	918 18 8	4,832 10 1
Napier	..	..	..	..	147 0 0
Hokitika	890 16 2	156 11 5	19 7 0	..	3,465 0 0
Richmond	..	989 4 8	107 14 7	..	1,096 19 3
Nelson	526 19 10	493 17 3	552 8 11	200 0 0	17,275 7 10
Totals	15,949 7 10	16,235 6 7	8,048 19 7	7,986 18 4	549,792 4 2

Table XX.—Showing the Expenditure for the Year 1907.

Items.	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-General*	..	..	..	..	..	..	..	895 19 4
Assistant Inspector*	..	..	..	..	..	..	..	50 0 0
Clerks*	..	..	..	..	..	..	..	431 5 0
Medical fees*	..	..	..	..	..	..	..	1,474 13 0
Contingencies*	..	..	..	..	..	..	..	271 8 4
Official Visitors	25 4 0	12 12 0	50 8 0	12 12 0	1 1 0	25 4 0	12 12 0	139 13 0
Visiting Medical Officers	..	..	..	175 0 0	208 1 3	..	..	383 1 3
Superintendents	600 0 0	600 0 0	600 0 0	200 0 0	200 0 0	600 0 0	595 16 8	3,395 16 8
Assistant Medical Officers	293 15 0	277 1 8	587 10 0	..	..	247 0 6	145 16 8	1,551 3 10
Clerks	271 5 0	300 0 0	372 10 0	..	..	282 10 0	193 10 0	1,419 15 0
Matrons	110 0 0	110 0 0	142 10 0	70 16 8	95 16 8	111 13 4	110 0 0	750 16 8
Attendants and servants	5,860 1 6	5,437 10 11	9,669 4 9	1,625 2 10	1,545 0 4	7,066 16 9	3,190 13 1	34,394 10 2
Rations	5,106 7 8	4,794 14 1	5,576 16 3	1,857 1 11	1,258 5 3	5,011 6 5	3,000 7 7	26,604 19 2
Fuel and light	1,008 1 11	1,530 17 2	1,733 19 8	42 19 3	324 2 9	1,128 18 9	708 13 11	6,477 13 5
Bedding and clothing	1,660 0 11	1,639 7 3	2,045 0 0	444 14 8	198 7 8	1,447 14 11	579 15 9	8,015 1 2
Surgery and dispensary	72 9 8	71 15 5	252 6 3	..	27 17 5	158 11 9	51 1 5	634 1 11
Wines, spirits, ale, and porter	18 0 0	14 5 0	30 12 9	1 15 2	2 4 0	45 17 10	30 16 0	143 10 9
Farm	614 2 4	1,191 3 10	3,193 6 1	23 1 1	227 7 10	1,459 9 6	340 7 2	7,048 17 10
Buildings and repairs	388 17 9	672 10 1	1,199 3 6	104 4 5	23 17 9	799 5 1	231 12 1	3,419 10 8
Necessaries, incidental, and miscellaneous	1,601 7 11	2,063 13 3	4,365 14 8	403 7 8	588 15 10	2,094 14 8	970 14 9	12,088 8 9
Totals	17,629 13 8	18,715 10 8	29,819 1 11	4,960 15 8	4,700 17 9	20,479 3 6	10,161 17 1	109,590 5 11
Repayments, sale of produce, &c.	5,092 10 7	7,935 9 5	7,904 12 10	403 10 11	1,725 18 8	4,704 14 8	2,582 9 2	30,349 6 3
Actual cost	12,537 3 1	10,780 1 3	21,914 9 1	4,557 4 9	2,974 19 1	15,774 8 10	7,579 7 11	79,240 19 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.	Buildings and Repairs.	Necessaries, Incidental, and Miscellaneous.	Total Cost per Patient.	Repayments for Maintenance.	Total Cost per Head, less Repayments for Maintenance.	Total Cost per Head, less Receipts of all kinds.	Total Cost per Head, less Receipts of all kinds previous Year.	Decrease in 1907.	Increase in 1907.
	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
Auckland	7 11 3¼	10 12 2	2 9 2¼	1 9 10½	0 2 1¾	0 0 6½	0 18 2½	0 11 6¼	2 7 5½	26 2 4½	6 8 8¾	19 13 7½	18 11 5½	20 3 7½	1 12 2	..
Christchurch	9 3 0	12 17 1¾	3 2 6¾	2 18 5½	0 2 9	0 0 6½	2 5 5½	1 5 8	3 18 9½	35 14 4	11 12 10	24 1 6	20 11 5½	22 0 5	1 8 11½	..
Dunedin (Seacliff)	7 13 10	15 15 1	2 16 5	2 7 10	0 6 11½	0 0 10½	4 8 1	1 13 1	6 0 5½	41 2 7	7 12 3¾	33 10 3½	30 4 6½	30 2 2½	..	0 2 4
Hokitika	10 2 11½	11 7 8½	2 8 7½	0 4 8½	..	0 0 2½	0 2 6½	0 11 4¾	2 4 1	27 2 2	1 19 8	25 2 6	24 18 0¾	23 10 11½	..	1 7 1¼
Nelson	8 13 6¾	14 2 9	1 7 4½	2 4 8½	0 3 10½	0 0 3¾	1 11 4½	0 3 3½	4 1 2½	32 8 4¾	10 17 4½	21 11 0½	20 10 4	25 10 1	4 19 9	..
Porirua	8 8 2	13 19 7¾	2 8 7	1 17 10½	0 5 3¾	0 1 6½	2 8 11¾	1 6 9¾	3 10 3½	34 7 2½	6 1 0¾	28 6 1¾	26 9 4	25 16 2½	..	0 13 1¾
Wellington	12 1 11¾	17 2 7½	2 6 9	2 17 1¾	0 4 1½	0 2 5¾	1 7 5½	0 18 8½	3 18 3½	40 19 6	8 18 2	32 1 4	30 11 2¾	31 1 11	0 10 8½	..
Averages	8 11 10¼	13 11 6½	2 11 9¼	2 1 10½	0 4 1¼	0 0 11	2 5 6½	1 2 1	3 18 1¼	34 7 9¼	7 13 3	26 14 6¼	24 11 8½	25 5 8¾	0 14 0½	..

Table XXIa.

Including first five items in Table XX	..	..	..	..	..	..	..	..	..	35 7 11¼	..	..	25 11 10½	26 10 6½	0 18 7¾	..

Table XXIb.

Richmond Home for Feeble-minded ...	14 10 6¾	33 10 8¾	4 4 3½	0 8 10¾	..	..	9 6 3	0 6 4½	3 6 4½	65 13 5¾	6 13 8	58 19 9¾	55 19 8¾	..	..	..
Patients on probation at The Camp	18 2 2½	42 15 7½	2 7 5½	1 9 4¾	0 2 7½	..	..	..	6 13 5½	71 10 9¾	..	..	69 11 9	..	..	..

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