

Regular religious service 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. Allen, Dr. Johnston, and the staffs at Waitati and the Camp.

The Inspector-General, Mental Hospitals, Wellington.

I have, &c.,

F. TRUBY KING.

PORIRUA MENTAL HOSPITAL.

SIR,—

I have the honour to submit the following report on this Mental Hospital for the year 1910.

In comparing the statistics with those of the previous year the most noticeable feature is the increase of the inmates, the chief cause of which was the transfer of upwards of 150 patients from Mount View when that institution was finally closed. In addition to these transfers, 216 patients were committed to this Mental Hospital in the ordinary way, which is an increase of 22 per cent. on the figures for 1909. The stoppage of admissions to Mount View sufficiently accounts for this increased rate at Porirua.

At the beginning of 1910 we had 695 patients on our register, and at the end 897 (513 males and 384 females), inclusive of 13 males and 15 females absent on trial. Notwithstanding the large additions to the buildings, which were erected for the prospective increase of patients, an excess of numbers became evident, especially towards the end of the year. To accommodate this excess one large room at the male auxiliary intended for use as a day-room was retained as a dormitory of thirty-six beds, and other expedients were devised as the necessity arose.

As regards recoveries, 101 were registered, which, in proportion to the number admitted, amounts to 45.5 per cent. In this computation I take into account only such transfers as were actually committed during the year under review. The mortality was 59 deaths, which is about 7.5 per cent. of the average number resident. Included in the causes of death were 10 from general paralysis and 11 from senile decay.

During the year the general physical health of the patients has been satisfactory. Very few accidents have occurred; the only serious one was the suicide of a male patient, who had been an inmate for many years, and who never showed any active symptoms of mental alienation. No doubt he suffered from a mild form of mental enfeeblement, but he was a quiet well-behaved and fairly industrious man, who was allowed a considerable amount of liberty which he did not abuse. He had often asked for his discharge, but owing to the fact that he was technically a prisoner and that the crime he had committed was a serious one, there was little or no hope of his regaining his liberty. Possibly this preyed on his mind and prompted him to take his own life. His mental state gave no indication of his intention.

All departments of the institution have been working smoothly. No important changes in the staff have taken place. I have to express my appreciation of the officials and others on the staff who have assisted me in the administrative work, and in the care and treatment of the patients. My colleague, Dr. Jeffreys, has given me valuable aid.

Although it does not properly come within the year under review, I cannot refrain from mentioning the epidemic of typhoid fever which has occurred in the institution during this autumn and caused much anxiety. In all there have been thirty-three cases. The disease started in March, and cases kept cropping up from time to time for over three months, sometimes in one and sometimes in another ward of the main building, a fair proportion of both sexes being affected. Two cases occurred in the male auxiliary. Dr. Frengley and other officers of the Public Health Department rendered valuable assistance in investigating the cause of the epidemic, which obviously was not due to any specific sanitary defect; rather it seemed that the virus might be disseminated through the water or milk-supply, or even through some article of food. On thorough search the contamination of these seemed improbable. Dr. Frengley was strongly of opinion that the epidemic was due to one or more typhoid-carriers in the institution. To put this theory to the test certain bacteriological investigations are being carried out by the Public Health Pathologist in the cases of those attendants and patients who had typhoid in years gone by. As far as these investigations have gone there are indications that Dr. Frengley's opinion will ultimately be found correct, and that one or more typhoid-carriers of long standing have been the source of all the trouble.

One mild case of typhoid fever developed in the case of a female patient in the autumn of last year (1910), and it was difficult to account for its occurrence. Fortunately it was an isolated case, and curiously enough the fever had a curative effect on the patient's mental trouble, which had already lasted about twelve months and had shown symptoms of chronicity. When convalescence from the typhoid fever was established the patient was discharged recovered, her mind being perfectly restored. I have observed the coincidence of an attack of typhoid fever and of recovery from an almost hopeless condition of insanity in a few other cases.

I have, &c.,

GRAY HASSELL.

The Inspector-General of Mental Hospitals, Wellington.

Medical Superintendent.