MEDICAL SUPERINTENDENT'S REPORTS.

AUCKLAND MENTAL HOSPITAL.

SIR,—

I have the honour to report as follows for the year ending 31st December, 1912.

Our statistics reveal nothing unusual. There were 123 males and 105 female patients admitted during the year. Of the males 36 were described as labourers and 15 as farmers. The other classes contributed only units. Of the females 94 were said to be engaged in domestic duties.

Of the males admitted 39·02 per cent. were discharged recovered, and of the females 40·9 per cent.

The death-rate was 9·57 per cent.—males 10·68 per cent. and females 7·76 per cent. Of the 81 deaths 16 were due to senile decay, 12 to tuberculosis, 9 to general paralysis, and 4 to typhoid fever. There has been no evidence to show that the typhoid has arisen within the precincts of the institution by reason of any drainage or other defect. The evidence points strongly to the fact that the disease has been conveyed from the outside and has been spread by contact before the first case was reported or recognized.

My views upon the hospital in general are sufficiently well known to enable me to dispense this year with any comments that I might otherwise feel disposed to make.

I have to thank the Official Visitors, the various city banks, and others for the kind assistance I have received.

I have, &c.,

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

SUNNYSIDE MENTAL HOSPITAL.

SIR,—

I have the honour to forward you herewith, along with the statistics, my annual report for the year ending 31st December, 1912.

The average number resident during the year was 686·23, being an increase over last year of 24·79. This increase is due to the high admission-rate, there being an increase of 49 over that of last year.

There were 83 recoveries, giving a recovery-rate of 48·5 on the admissions, which is a little better than last year.

There was 1 death less than last year—52 as compared with 53. Of the patients who died, 27 were over sixty years of age. The death-rate calculated on the average number resident was 7·7.

The new Mental Defectives Act came into force during the year, and has proved a benefit in many ways, but particularly in the provision for voluntary boarders. Several patients have availed themselves of the ease and absence of publicity which it provides. It is especially beneficial to those who have recurring attacks and who know the treatment they require, but formerly have shrunk from the formalities involved in gaining admission. Now a *bona fide* case can gain admission with practically less trouble than is required for admission to a general hospital.

The addition to the accommodation on the female side was finished, and was merely waiting for bedsteads to be occupied by between fifty and sixty patients. This would have been a welcome relief to the congested state of the dormitories, but fortunately the delay proved a blessing. An outbreak of scarlet fever occurred, and we used the new ward as an isolation hospital. In all there have been twenty-six cases, without any deaths.

In eradicating any infectious disease one must first trace the cause, and this is particularly difficult among patients such as ours, who are many of them too demented to make complaints. For about six weeks we kept on getting new cases and still could not trace it, until one day a nurse overheard a conversation between two visitors in the visiting-room. It was to the effect that one of them had been at Bottle Lake Hospital with scarlet fever. On comparing dates we found that she had been visiting her mother here the day before being sent to the Fever Hospital. The lesson to be drawn is that visitors should be particularly careful as to their state of health and as to their contacts before visiting any institution where large numbers of people are congregated.

During the whole time of the outbreak all the patients' chests were examined every morning, and every suspicious case put aside for medical examination. Dr. Ramsbottom personally saw every male patient bathed once a week, and the Matron did the same on the female side. No new case appeared for seventy days, and then we cleaned the ward and had it disinfected. About nine days afterwards another case was discovered, and he, along with a suspect, was sent with an attendant in charge to an isolated cottage on the new property recently acquired by the Government. This was done by permission of the Health Department.

I regret to have to record the first case of suicide which has occurred during my tenure of office. The patient had twice attempted suicide in the gaol and then was sent here. After four months he was still under special supervision, but broke away from the special gang, jumped the fence, and put his head in front of the wheel of a passing dray. The horse stopped before the wheel passed over his head, but he had been dragged and his skull was fractured. He died two days afterwards. An inquest was held and full inquiries made. The conclusion come to was that no blame was attachable to the attendant, as, owing to the quickness of the affair, he had no chance of restraining the patient. However, I have given instructions that those under special supervision should not be allowed to walk beside the fence bounding the roadway.

In view of the near approach of the Lake Coleridge electric supply scheme, we have made a start in wiring the institution. Part has been done by contract, and now we are installing with day labour under the supervision of our own engineer. All the residences, the Medical Officer's quarters, Matron's rooms, female annexe and corridors are wired and lit from our own small plant. Besides this we still