Voluntary Boarders, &c.

The following changes have occurred in respect to voluntary boarders:—

	M.	F.	T.	M.	F.	T.
In mental hospitals, 1st January, 1913 ...	1	11	12			
Admitted during year	19	21	40			
Total under care... ...		...		20	32	52
Discharged recovered or relieved ...	10	13	23			
Discharged on admission as ordinary patients	4	3	7			
Died	0	1	1			
Total discharged and died...		...		14	17	31
Remaining 31st December, 1913 ...		...		6	15	21

The above figures are an encouraging introduction of a new system, especially so in respect to ex-patients returning of their own accord for treatment upon the early symptoms of a relapse being recognized. In certain recurrent cases it is impossible to arrest symptoms, and, once the state of the boarder is such that he cannot be expected to appreciate the voluntary nature of his detention, it becomes necessary to have him committed as a patient in the ordinary course. Altogether there were seven transfers to the Register of Patients.

The procedure permitting the admission of a minor under an order granted by myself on the request of a parent or guardian, supported by medical certificates, instead of under a reception order by a Magistrate, was followed in the case of two boys and one girl.

Two patients were in private care under reception orders, one carried over from last year, and one admitted during the year. Such are technically "single patients," being committed to a private house instead of to an institution, on its being certified that the procedure can be carried out safely and upon the Magistrate's being satisfied with the house and householder. One patient was discharged from private care.

There was a single notification, in terms of section 122, of a person being under oversight without formal committal.

General Hospital Treatment.

From time to time mention is made that there should be legislation to allow of cases of incipient insanity being treated in general hospitals. As a matter of fact, the provision exists, which Hospital Boards could put in operation were they so minded.

An "institution" under the Act is a place where two or more mentally defective persons are detained, and any person keeping two or more persons in a place not an institution is liable to a fine of £100. This is section 123; but under subsection (6) there is an exception in the case of three months' residence in a general hospital, or any special hospital not kept for gain, provided a medical certificate is sent to this office stating that the malady is not confirmed. A repetition of the procedure secures a further three months' residence. The introduction of a "special hospital not kept for gain" for the treatment of incipient mental disorder was not because there was at the time any such institution, but to meet the case should any benefactor come forward—there are few worthier objects. The treatment of mental disorders in home surroundings is difficult and expensive, and is still more expensive in other private care. Except for the wealthy there is little chance for proper treatment outside institutions, and it is pitiful to wait until the symptoms become sufficiently pronounced to make institutional treatment necessary. I have pointed out that a proportion of such cases have come to us as voluntary boarders, and as prejudices die—they take "an unconscionable time in dying"—more will come, no doubt; but an institution such as indicated would be a refuge for the timorous, and especially for persons with small salary whose education and calling place their paths among the more affluent and require from them a certain expenditure on appearance, not as a luxury, but as a necessity. Many of the possessors of the greatest names in the professions can look back to such a state of struggle and could testify what illness would have meant at that time.

It will be noticed that the way is clear for general-hospital treatment of incipient insanity, but it should be understood that there are difficulties in the way, and the first and foremost, which is shared by all institutions and enterprises in this country, is the absence of a preponderant city—a real capital. Large towns may have certain disadvantages, but the absence of large towns is a disability tending to dissipate energies, which if concentrated could achieve a great deal. The introduction of general-hospital treatment in incipient insanity would mean special wards in each of the larger centres, and possibly in some of the secondary centres, and each special ward would need to be under the care of an alienist as much as an eye ward needs the services of an ophthalmic surgeon. We have not the population in any one place which would provide a specialist with work outside the hospital duties. It is the balancing of these considerations which made us decide upon building reception wards on the mental-hospital estates detached from the other buildings, and departing as far as possible from the conventional asylum planning and architecture.

Accommodation.

It is very satisfactory to find oneself in a position to report that we are fairly embarked upon a definite building policy. Immediately succeeding the works in progress a programme of requirements in advance for eighteen months will be entered upon as arranged with the