1914.

NEW ZEALAND.

MENTAL HOSPITALS OF THE DOMINION

(REPORT ON) FOR 1913.

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

CONTENTS.

The Hon. the MINISTER IN CHARGE OF DEPARTMENT FOR THE CARE OF MENTAL DEFECTIVES to His Excellency the GOVERNOR.

MY LORD,— Wellington, 31st July, 1914.

I have the honour to submit to Your Excellency the report of the Inspector-General of Mental Defectives for the year 1913.

I have, &c.,

R. HEATON RHODES,

Minister in Charge of Department for the Care of Mental Defectives.

The INSPECTOR-GENERAL to the Hon. the MINISTER IN CHARGE OF THE DEPARTMENT FOR THE CARE OF MENTAL DEFECTIVES.

SIR,— Wellington, 30th June, 1914.

I have the honour to present, pursuant to section 78 of the Mental Defectives Act, 1911, the report for the year ended 31st December, 1913.

The number of patients on the Mental Hospitals Register at the beginning of the year was 3,913 (males, 2,273; females, 1,640), and at the end 3,964 (m., 2,332; f., 1,632), a net increase of 51, there being 59 more males and 8 fewer females. The average increase during the former five years was a fraction over 134, the figures for the most and least favourable years being 86 and 174 respectively. The total number under oversight, care, or control was 4,805 (m., 2,816; f., 1,989), as against 4,743 (m., 2,813; f., 1,930) in the previous year, an increase of 62 (m., 3; f., 59), while the average number resident in our institutions during the year was 3,849 (m., 2,252; f., 1,597), against 3,697 (m., 2,146; f., 1,551) in 1912, or 152 more in the year under review.

Distribution.

Counting 93 (m., 69; f., 24) absent on leave as still resident in the mental hospital whence they left, the 3,964 patients on the register at the end of the year were distributed as follows:—

	Males.	Females.	Total.
Auckland	552	344	896
Christchurch	339	313	652
Dunedin (Seacliff and Waitati)	546	378	924
Hokitika	202	68	270
Nelson	96	101	197
Porirua	485	407	892
Tokanui	89	...	89
Ashburn Hall (private mental hospital)	23	21	44
	2,332	1,632	3,964

Of those technically on leave, 41 men were resident at the Camp, near Dunedin, and 17 mentally deficient boys at the Richmond Home. The patients similarly on leave at Motuihi Island were returned to a temporary building on the Auckland Mental Hospital estate in September last owing to the buildings on the island, which had been adapted for their residence, being required by the Public Health Department in connection with the smallpox epidemic.

Ratio to Population.

The following calculations show the ratio of patients on the register at the end of the year to the estimated general population, both exclusive and inclusive of the Native race. The number of Maoris on the register was 39 only (m., 31; f., 8).

The proportion of total mentally defective to the total population was,—
- Exclusive of Maoris ... ... 36·19 per 10,000, or 1 in 276
- Inclusive of Maoris ... ... 34·94 " 1 in 286

The proportion of mentally defective males to the male population,—
- Exclusive of Maoris ... ... 40·43 per 10,000, or 1 in 247
- Inclusive of Maoris ... ... 39·15 " 1 in 255

The proportion of mentally defective females to the female population,—
- Exclusive of Maoris ... ... 31·50 per 10,000, or 1 in 317
- Inclusive of Maoris ... ... 30·28 " 1 in 330

Comparing these figures with those in the last report, and taking the ratios therein as a standard, there were, exclusive of Maoris, on the register at the end of the year 63 fewer patients than might have been anticipated by the natural increase of population. In the previous year there was an increase, limited to women patients, who were 60 in excess of the proportional increase in population, while the men were 5 fewer than anticipated. In the year under review the position of the men remains unchanged—6 fewer—while women patients are 57 fewer, a figure sufficient to alter the proportion from 1 in 307 to 1 in 317.

In England and Wales the number of notified insane persons on the 1st January, 1913, stood to the estimated population (mean) in the proportion of 1 to 267, or 37·4 per 10,000.

Admissions.

Exclusive of 108 patients (m., 77; f., 31) transferred from one institution to another, the admissions numbered 784 (m., 466; f., 318), as against 839 (m., 458; f., 381) in the previous year, a decrease of 55. Of the 784, those admitted for the first time to any mental hospital in New Zealand numbered 660 (m., 394; f., 266), and those not admitted for the first time, 124 (m., 72; f., 52). To the first admissions 20 immigrants, who became insane within a year of landing here, contributed. Of this number, 5 men and 6 women came from the United Kingdom, of whom 1 woman had been previously insane, 3 men came from the Commonwealth, and 6 (one had been previously insane) from foreign countries. In addition, 3 New-Zealanders (men) were admitted shortly after their return from residence abroad.

Ratio of Admissions to Population.

Excluding the Native race (9 male and 5 female patients) and all transfers, the proportion of admissions (whether first or not) and first admissions to the estimated general population (mean) stands respectively at 7·21 and 6·06 per 10,000; or, in other words, every 1,388 persons in the general population contributed an admission, and every 1,649 a first admission.

Year.	Ratio to 10,000 of Population of		Number of Persons in Population contributing	
	Admissions.	First Admissions.	One Admission.	One First Admission.
Quinquennial average, 1903–7	6·83	5·57	1,465	1,795
Quinquennial average, 1908–12 ...	7·61	6·20	1,313	1,613
Decennial average, 1903–12 ...	7·25	5·91	1,380	1,693
1913	7·21	6·06	1,388	1,649

As a measure of the increase of patients under the Act in relation to the increase in the population, this table is more accurate than figures detailing the proportion of total mentally defective to the population. The first division in each section deals with all patients placed on the register during the periods; the second separates from the first patients whose names were placed on the register for the first time. As one attack of insanity predisposes to another, the return of many patients a longer or shorter time after discharge is not surprising, but an increase in the ratio of first admissions is of more serious import. During the last thirty-eight years there has been 1 readmission among every 4·61 admissions, or 1 return of a discharged patient for every 2·67 discharges—that is, cases discharged, not persons, for persons labouring under the recurrent forms of disorder will have been discharged and readmitted more than once. The general tendency, as demonstrated by the proportions at the quinquennia, indicates an increase of occurring insanity in excess of the increase in the population, though the proportions for 1913 compare very favourably with last year and favourably with the average of the previous five years.

In this connection it is necessary to repeat that our population is materially augmented by ready-made adults, persons no longer immune by age, who have during their period of immunity diluted the statistics of some other country; and that the Mental Defectives Act, 1911, spreads its net wider than the Lunatics Act. Also, when dealing, as we are, with small numbers the addition of a few from any cause, such as an influx of adults and the advancing age of earlier settlers, makes a material difference.

In England and Wales during 1912 every 10,000 of the general population contributed 5·13 first admissions and 6·14 total admissions (idiot establishments excluded).

Our Ratios compared with Australian States.—For figures supplied for the construction of the following table I am obliged to the Inspectors-General of the States included. Our admission proportions have, for purposes of comparison, been calculated on the population at the end of the year, whereas the figures in the table above were calculated on the mean.

COMPARATIVE STATEMENT OF REGISTERED INSANE PERSONS AND ADMISSIONS TO INSTITUTIONS IN RELATION TO GENERAL POPULATION.

State.	Proportion of Insane to 1,000 of the Population.			Number of Persons in Population to one Insane			Ratio to 10,000 of Population of						Number of Persons in Population contributing					
							Admissions.			First Admissions.			One Admission.			One First Admission.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
New South Wales ..	4·08	3·15	3·64	245	317	274	7·97	5·78	6·93	6·67	4·77	5·77	1,253	1,729	1,442	1,497	2,095	1,732
Victoria	4·03	4·09	4·06	248	244	246	7·17	6·06	6·61	6·63	5·43	6·03	1,394	1,651	1,512	1,507	1,841	1,657
Queensland	4·12	2·95	3 59	..	..	..	7·90	5·63	6·86	..	..	..	..	..	..	..	..	..
South Australia	2·78	2·14	2·46	..	..	..	7·40	4·94	6·18	..	..	..	..	..	1,618	..	..	..
Western Australia ..	3·74	1·90	2·94	267	526	340	8·55	5·38	7·17	..	..	..	1,169	1,851	1,394	..	..	..
New Zealand (exclusive of Maoris)	4·04	3·15	3·61	247	317	276	8·03	6·07	7·09	6·80	5·06	5·97	1,245	1,647	1,409	1,470	1,975	1,674

Discharges and Deaths.

Omitting transfers, where discharge from one institution is coincident with admission into another, the number of cases discharged from the mental hospitals was 426 (m., 211; f., 215), and the deaths numbered 307 (m., 196; f., 111). The total number under care during the year, deducting transfers, was 4,697 (m., 2,739; f., 1,958). The corresponding figures for the previous year were 402, 280, and 4,595 respectively. Had the previous year's relation of discharges and deaths to the total number under care been maintained in 1913, there would have been 15 fewer discharges and 21 fewer deaths.

Of the patients discharged, 337 (m., 175; f., 162) were classed as recovered. In 1912 the number discharged as recovered was 325 (m., 184; f., 141). The percentage of recoveries calculated upon admissions was 42·98 (m., 37·55; f., 50·94), as against 38·74 (m., 40·17; f., 37·01) in the previous year. In the summary of total admissions since 1876 the percentage of recovery works out at 39·87 (m., 37·39; f., 43·58).

In England and Wales (exclusive of idiot establishments) the rate for 1912 was 34·76.

The recovery rate is above our average. A lower may well have been anticipated under the Act of 1911 on account of a larger proportion of mentally deficient and mentally infirm admissions, on account of a certain proportion of persons coming as voluntary boarders and recovering as such, instead of as patients, and because previously when a patient was discharged on probation it was often taken for granted that he had recovered; but under the new Act such persons have to be regarded as unrecovered unless there is medical evidence of recovery at the end of the probationary period. Unfortunately, people get careless about sending reports after they have left the institution, and their recovery is lost to statistics.

For some years a prognosis has been made upon the admission of each patient, and at the end of the year the case of every patient is reviewed, and his further detention depends upon the granting of a certificate that it is necessary for his own good or in the public interest. Incidental to this review is a reconsideration of the prognosis. The first stage is to set aside those whose malady is definitely incurable, and then to separate from the remainder the more hopeful cases.

The results for 1913 are shown in the table hereunder :—

Showing as on 31st December, 1913, the Discharges, Deaths, and Length of Residence of those remaining, after the Exclusion of all Cases deemed incurable on 1st January, 1913, or on Admission in Cases admitted during the Year.	Of 3,913 Patients resident on 1st January, 1913.						Of 892 Patients admitted during 1913.						Totals.								
	Class A: Number expected to be discharged as recovered.			Class B: The Remainder, after excluding Incurables.			Class C: Number expected to be discharged as recovered.			Class D: The Remainder, after excluding Incurables.			Of Classes A and C.			Of Classes B and D.			General.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
	95	100	195	150	155	305	129	135	264	82	79	161	224	235	459	232	234	466	456	469	925
Discharged recovered	49	61	110	35	30	65	75	61	136	16	10	26	124	122	246	51	40	91	175	162	337
„ unrecovered	14	17	31	11	23	34	..	7	7	3	6	9	14	24	38	14	29	43	28	53	81
Died	2	1	3	1	1	2	3	3	6	3	2	5	5	4	9	4	3	7	9	7	16
Remaining, residence 1 month or less	..	..	..	..	..	..	17	14	31	6	10	16	17	14	31	6	10	16	23	24	47
Ditto, over 1 and under 3 months ..	..	..	..	..	..	..	12	23	35	10	11	21	12	23	35	10	11	21	22	34	56
„ 3 to 6 months	..	..	..	..	..	..	9	11	20	13	14	27	9	11	20	13	14	27	22	25	47
„ 6 to 9 „	..	..	..	..	..	..	8	10	18	14	11	25	8	10	18	14	11	25	22	21	43
„ 9 to 12 „	..	..	..	..	..	..	4	5	9	15	12	27	4	5	9	15	12	27	19	17	36
„ over 12 „	30	21	51	103	101	204	1	1	2	2	3	5	31	22	53	105	104	209	136	126	262
Total remaining	30	21	51	103	10	204	51	64	115	60	61	121	81	85	166	163	162	325	244	247	491

This table is sufficiently established to pass over without explanation. It is perhaps necessary to repeat that transfers are included, and that the figures are not comparable with the return of recoveries on admission. Of the patients on the register at the beginning of the year, 87·2 per cent. were incurable, and 4·99 per cent. were expected to recover, but in as many as 12·8 per cent. there was deemed to be a chance of recovery. These are average proportions, and it is mainly upon this margin that the medical work of the institution is focussed. The factor of expense should not be considered in providing what is adequate. The cost of the necessary treatment, even if the patient could be retained in private care, is beyond the ordinary private purse. It is a matter for gratification that proper admission buildings are going up, and it must be understood that the maintenance of patients in these buildings will cost considerably above the average, if for no other reason than the larger proportion of nursing staff necessary for supervision and to give individual attention.

The percentage of deaths calculated on the average number resident was 7·98 (m., 8·70; f., 6·96), in 1912 the proportion was 7·57 (m., 8·99; f., 5·61); calculated on the total number under care (less transfers) the proportion per cent. in 1913 was 6·53 (m. 7·17; f., 5·67), and in the previous year 6·09 (m., 7·20; f., 4·54).

In England and Wales the percentage, in 1912, calculated on the daily average number resident, was 9·70 (m., 10·96; f., 8·61).

A Coroner's inquest is held in every case of death in an institution, irrespective of the cause. Analysing Table XII in the appendix one finds that about 55 per cent. of those who died were over sixty years of age, and in 34·53 per cent. senile decay was the cause of death. Death resulted from diseases of the nervous system in 25·08 per cent., general paralysis among males contributing 11·22 per cent. Consumption and other forms of tuberculosis contributed 8·79 per cent. None

of the remaining causes accounted for a sufficient number of deaths to make its proportion per cent. of any value, but it should be mentioned that eight deaths were due to enteric—seven at Auckland and one at Porirua—that one patient met with an accident involving fracture of the skull, and three committed suicide.

In England and Wales during 1912 the percentage of deaths due to tuberculosis was 14·3, and to general paralysis of the insane was 26·3 for males.

Causes of Insanity.

For some years under this section Table XIII has been analysed, and the percentage incidence of the principal assigned causes compared in tabular form. Having served the purpose of demonstrating that there were no startling differences from year to year, this is now omitted. To heredity as a principal factor was assigned 17 per cent. of the cases in 1913, and the same proportion to alcoholic excess in men. To senile changes, both sexes included, 14 per cent. of cases were assigned, and among males alone this was the highest single factor—18 per cent. The figures in Table XIII are given for what they are worth: in estimating to what particular stress a patient's condition may be due one has largely to rely upon the imperfect observation of relatives, who fall very readily into the *post hoc* fallacy.

If there be a greater tendency to mental and nervous disease in the present day one must look for the operation of some general and unusual cause which makes the period its own. In the perspective of history this will be the Age of Science, and the world is undoubtedly in a state of unrest indicating that the present is transitional. The sum of human knowledge is added to daily, and while Science preaches the new beatitudes, which after all are the old, its true message is not heard by many, for there is too much noise amidst the clatter of wheels and the hum of dynamos, the roar of competition which knows no repose. For the greater number work has lost individuality, is dehumanized by each doing an uninteresting fraction of something, it matters not what, to the accompaniment of pace-making machinery. This sort of existence creates a positive demand from those not utterly subdued to their calling for some reactionary stimulation. Itself free from competition and commercialism and ready at hand to help, Science, the innocent first cause of the situation, points out the pitfalls to which such restlessness leads; points out also that the competitive struggle is not only soul-destroying but is positively toxic—which fact makes the simple healthful care of the fatigued body the more urgent. Education has done much and will do more to adapt man to preserve the integrity of his body and mind in the altering environment, and for the man who cannot stand and look to the end something may recall the yesterday of implicit faith or take its place; but meantime much disease, misery, and crime will be found among those unfit for the struggle.

Former reports have dealt with the general question of the causation of insanity, of the importance of heredity, of how best to combat its existence, and not wait with folded hands for fate, and of how to recognize the danger-signals of stress under different conditions, and to adjust the immediate environment, where, indeed, there is some chance of control to the varying necessities of the case. It is not necessary to go on repeating the same words to the same audience —there are in our midst associations and societies dealing with fundamental questions relating to the bodily and mental well-being of the race, and gradually, therefore the more surely, making people think. Once a person thinks, the rest is easy. It will not perhaps be considered invidious to name the Eugenics Education Society, which is studying and teaching the problems of heredity, and the Society for the Health of Women and Children, which draws attention to the paramount value of proper nutrition for the rapidly growing body and brain before and after birth.

There are some who believe that legislation can do everything, but it is futile to legislate in advance of public opinion. However, it is a hopeful sign when numbers of people interested in subjects of this nature band themselves together to learn and to enlighten others; and if they find ears to hear, legislation will become unnecessary.

Weekly Reports.

The receipt of weekly reports from each mental hospital, the same being a copy of the entries into the Weekly Report Book, has been commented upon before as being very useful in permitting the institution of comparisons as well as in bringing out the total and proportional number of patients needing special oversight, care, or control for any reason, the number employed usefully, and thereby contributing to their well-being and comfort, the nature of the employment, and so forth. Hereunder the figures for the weeks during the year, collected from these reports, are represented under some of the chief headings in proportions per cent. of the total. The heading "Under constant observation" includes so very few beyond the suicidal that, though shown separately in the reports, they may be taken as coinciding for all practical purposes. Employment is one of the chief methods of treatment, and this and other methods, more or less general in application, are obviously excluded in the heading "Under special treatment," which embraces what the term implies, whether the disorder be mental or physical.

Proportion per Cent. of Patients classed as	Males.	Females.	Total.
Under constant observation	2·90	4·17	3·43
Epileptics	7·54	8·28	7·85
General paralytics	1·81	0·33	1·19
Dangerous	3·33	11·47	6·72
Employed	70·36	58·11	65·26
Under special treatment	2·16	3·94	2·90

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

Medical Superintendents and myself at the recent conference held under your presidency. We who have the immediate responsibility of caring for the insane feel a relief of tension in that we are well assured that your views on the responsibility of the State towards our charges correspond with ours. The State having taken over the oversight, care, and control of the mentally defective cannot evade that responsibility, questions of cost notwithstanding, so long as there is no actual waste. Under this heading we are dealing with building alone, but intimately associated with the building is the treatment of patients, for the skilled carrying-out of which certain types of buildings are necessary; and intimately associated with skilful treatment is a staff under proper control. In all these questions the above conception of the State's duty holds. When the accommodation is abreast or ahead of requirements we shall be, to quote a few of many examples, in a better position to deal with evasions of the law, to care for the sensitive, to answer misguided agitations for the discharge of patients unfit for discharge in their own or the public interest, and so forth. The realization of such matters will convey some significance of the sense of relaxing tension to which allusion has been made.

Buildings are in progress at each of the mental hospitals except Hokitika and Nelson. These two smaller institutions, mainly built in wood, are more or less congested structures of one story, but without proper fire-breaks, and it is evident that, in part at least, they require rebuilding. The case of Nelson as the more urgent has been taken in hand. A plan of a new kitchen and the consequential alterations is about completed, which will allow the central kitchen to be removed and leave a space between the two divisions of the institution behind the dining-hall. At Hokitika a small hospital ward will be added.

The fire at Sunnyside in the attic dormitory rendered it necessary to run up a temporary building, and this was done with the greatest expedition. Apropos of the fire, I would like to record the excellent work done by the staff, our brigade having six leads of hose at work with professional promptitude, a fact which, I understand, was remarked upon by the city fire brigade when it arrived. The damage done was comparatively little, the fire being confined to the dormitory between the limits of the cut-off walls. It is not intended to use the room as a dormitory again.

Farming Operations.

During the year under review the farms have been most successful, as may be noted in the following summary of expenditure and receipts:—

Dr.	£ s. d.	*Cr.*	£ s. d.
To Salaries and wages	4,076 13 6	By Cash sales of produce, &c.	5,837 4 10
Feed	2,944 15 3	Value of produce grown on farms and consumed in the mental hospitals..	14,629 0 8
Seeds, &c., manures	1,126 7 5		
Implements, harness, repairs, &c. ..	795 4 6		
Stock	793 10 8		
Rents, rates, &c.	690 6 10		
Fencing, roading, &c.	257 12 9		
Harvesting, threshing, &c.	116 0 10		
Railages	119 8 10		
Buildings	115 16 11		
Sundries..	211 4 1		
Balance	9,219 3 11		
	£20,466 5 6		£20,466 5 6

The value of the produce consumed is shown at wholesale prices ruling in the district. Compared with the previous year the cash sales were about £336 less, and the value of produce consumed increased by £557, a total increase of about £222. Had it not been for pioneering expenditure at Tokanui the balance would have been £10,609, or £92 more than 1912. The expenditure on individual farms is shown hereunder:—

—	Auckland.	Christchurch.	Seacliff.	Hokitika.	Nelson.	Porirua.	Tokanui.	Total.
	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
Salaries and wages	250 0 0	510 0 0	2,031 0 0	101 12 6	230 0 0	408 0 0	546 1 0	4,076 13 6
Feed	221 14 0	253 14 2	1,163 3 10	27 0 4	68 12 0	935 7 1	275 3 10	2,944 15 3
Seeds,&c.,manures	186 15 4	159 9 10	243 12 2	26 7 0	41 0 10	271 8 11	197 13 4	1,126 7 5
Implements, harness, repairs, &c.	78 1 3	152 19 0	223 19 5	28 16 0	31 9 5	58 10 9	221 8 8	795 4 6
Stock	7 8 6	66 17 6	94 7 0	8 0 6	..	96 14 2	520 3 0	793 10 8
Rent, rates, &c...	..	431 11 3	143 18 1	..	..	114 17 6	..	690 6 10
Fencing, roading, &c.	13 12 2	113 8 8	26 19 6	..	4 19 7	57 10 1	41 2 9	257 12 9
Harvesting,threshing, &c.	..	39 16 8	54 15 5	..	21 8 9	..	..	116 0 10
Railage ..	0 7 5	..	80 0 0	..	4 15 0	..	34 6 5	119 8 10
Buildings ..	..	77 12 3	11 11 5	..	..	..	26 13 3	115 16 11
Sundries ..	20 7 8	172 1 5	16 3 3	..	..	..	2 11 9	211 4 1
Totals ..	778 6 4	1,977 10 9	4,089 10 1	191 16 4	402 5 7	1,942 8 6	1,865 4 0	11,247 1 7

The statement of receipts is extended in the following table :—

Mental Hospital.	Produce sold for Cash.	Value of Produce consumed.	Total.
	£ s. d.	£ s. d.	£ s. d.
Auckland	574 3 11	2,574 14 7	3,148 18 6
Christchurch	1,698 3 10	3,220 4 10	4,918 8 8
Seacliff	2,105 17 11	4,679 6 3	6,785 4 2
Hokitika	...	430 4 6	430 4 6
Nelson	243 0 1	924 6 6	1,167 6 7
Porirua	1,149 0 8	2,391 15 3	3,540 15 11
Tokanui	66 18 5	408 8 9	475 7 2
Total	5,837 4 10	14,629 0 8	20,466 5 6

There was a return of £475 from the farm at Tokanui, which is very good indeed for a start. Of course, the expenditure where new country is being brought in and fenced is necessarily high, but it will repay the outlay.

The net profit on the working of each of the other farms was as follows: Auckland, £2,371; Christchurch, £2,941; Seacliff, 2,696; Hokitika, £238; Nelson, £765; Porirua, £1,598: making a total of £10,609.

Financial Statement.

The details of expenditure are given in Tables XX and XXI, and in the following table the gross and net cost per patient is given for 1912 and 1913, showing an increase in the net cost of 10s. 1¼d. :—

Mental Hospital.	1913.		1912.		1913.	1913.
	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.	Decrease.	Increase.
	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
Auckland ...	29 13 1¾	19 1 0	28 19 6¾	19 4 5¼	0 3 5¼	...
Christchurch ...	41 4 10¾	27 4 0¼	40 1 11½	27 8 6¼	0 4 6	...
Seacliff ...	43 4 11½	28 4 6½	43 8 0	28 16 2½	0 11 8	...
Hokitika ...	28 6 10	23 4 6½	29 19 0	25 16 2	2 11 7½	...
Nelson ...	34 11 7	25 1 11¼	33 16 3¼	25 11 0½	0 9 1¼	...
Porirua ...	37 9 9½	23 15 9½	37 11 3	25 19 8	2 3 10½	...
Tokanui ...	87 19 2	85 11 2	...	...	...	...
Averages ...	38 4 11	25 16 9½	36 17 9	25 6 8¼	...	0 10 1¼

The increase in the net cost is entirely due to the inclusion of Tokanui, where the cost of farm-development approximates what is spent on such farms as Sunnyside and Porirua, while the returns are relatively, but of necessity, meagre. Also, the staff has to be disproportionately large. The cost per patient at Tokanui is relatively high not only in respect to the farm and salaries, but with regard to provisions, because the cost of the board for the numerically disproportionate staff is added to the cost of the patients' board and divided by the average number of patients, making a substantial difference. Also, certain minor buildings have been carried out by our own workmen out of our vote, which are assets, but chargeable against the year's maintenance. In a word, without Tokanui, the gross cost per patient is £37 1s. 4½d., or 3s. 7½d. more than the previous year, and the net cost £24 6s. 8¾d., or 19s. 11½d. less than 1912. The net cost indicates the returns from the farms, dealt with in the preceding section, and the highly satisfactory payments for maintenance. The following figures amply justify the centralization of the Maintenance Branch in the Head Office, especially when it is pointed out that the first year (1910) was the record up to that time.

Year.	Total collected.	Average per Patient.
	£ s. d.	£ s. d.
1910	25,632 18 7	7 7 7¼
1911	33,898 8 5	9 10 2¼
1912	34,732 17 9	9 11 8¼
1913	40,046 17 4	10 9 10

Included in the last total is about £200 paid for voluntary boarders, which will account for any slight discrepancy when compared with Table XXI.

The cost of collection (salaries, stationery, stamps) was 1·72 per cent., which speaks well for the assiduity of the Receiver, Mr. Wells, and his small staff of an assistant clerk and a cadet.

In stating the cost per patient above the first five items in Table XX are omitted, and no allowance is made for interest on capital expenditure and for repairs charged to the Public Works Consolidated Fund. Adding these items, the approximate full cost per annum was—

	s.	d.	£	s.	d.
Average gross cost in mental hospitals		...	38	4	11
Proportion of Head Office salaries and expenses	16	10¼			
Proportion of fees for medical certificates, &c.	6	10¼			
			1	3	8½
Proportion of interest (averaged at 4 per cent.) on Public Works expenditure from July, 1877, to 31st March, 1914			7	2	7¼
Proportion of interest (averaged at 4½ per cent.) for capital cost previous to above period			0	13	0¾
Gross cost			47	4	3½
Less receipts for maintenance and sale of produce ...			12	8	1½
Net cost			£34	16	2

In 1912 the full cost so reckoned was £45 19s. 0¼d., and the net £34 7s. 11½d.

The Staff.

Last year the very special nature of the duties of those who minister to the irresponsible was enlarged upon to demonstrate the necessity for greater local control and differential treatment with respect to the Public Service Act. Nothing that has happened since alters that view, which has the unqualified support of all the Medical Superintendents as expressed at the recent conference. It is a matter which should not need argument, and though apparently not self-evident, as it appears to us it should be, it becomes almost immediately evident to those brought into contact with the administration of the Department.

The idea that a Department such as this is can be managed on the lines of a more or less clerical or industrial Department must be abandoned. The more the fact that the staff is not dealing with the general public is lost sight of the greater is the tendency to undermine discipline. Happily nothing makes a difference to the majority—the loyal, tried, and capable officers; but want of immediate control is, to say the least of it, disturbing in its effects upon a proportion of the younger and, under better conditions, more hopeful, and is positively harmful to those, fortunately only a few, who under such local control as existed some years ago would be gradually eliminated as they were found to be careless or wanting in alertness, or temperamentally unfitted for the service. The effect of past agitations in favour of persons of this last class has made it increasingly difficult to dispense with their services on general grounds, and this has, of necessity, lowered the standard by disaffecting a proportion of the impressionable having better potentialities. I say advisedly that the agitation was on behalf of the less competent, because any one having a rudimentary knowledge of the working of institutions for the mentally defective knows that the interest of the competent staff and of the Superintendent is identical in ensuring the well-being of the patients. If the bracing of discipline is slackened let it be distinctly understood that it is done at the expense of the well-being of the patients; and, curiously enough, when that well-being is in any way disturbed the advocates of taking control from those having the responsibility do not associate the happening in its relation of cause and effect.

The new classification has improved the position of the staff, and I should add that the Public Service Commissioners realize some of our responsibilities, and that we therefore look to them with some confidence to assist in weeding out the incompetent, which, let me emphasize, are very few. I believe it is their policy to have the best possible staff, and that was the impression conveyed when they met the Medical Superintendents in conference.

With respect to the inclusion of allowances in the nature of salary for purposes of superannuation, a move has been made where the income of officers in the General and Clerical Divisions is £300 and under, and one is pleased to accept this as an earnest of a complete and logical solution of the problem.

The following nurses and attendants, having served the necessary period and had the necessary training, had their names placed on the Register of Mental Nurses on passing the Senior Examination: Lucy Anstey, Jane Bryan, Eva Castles, Ann Genge, Esther Hodgson, Jeannie Johnston, Mary Kelly, Charlotte McInnes, Rachel Shepherd, Edith Williams, Robert Short Anderson, Eli Brighton, James Coakley, Alwyn Cocker, William Hayes, Arthur Litchfield, Neil McCormack, John McLeod, George Oulds, Frederick Stevenson, Andrew Taylor, George Ward.

Visits of Inspection.

Auckland.—Visited June and December, 1913, and January, February, April, and June of this year. The impression made was that work was no longer being done under a sense of oppression—that, in fact, the sight of two large buildings visibly progressing had relieved the tension. In September the quarantine building on Motuihi Island had to be returned to the Public Health Department, owing to the outbreak of smallpox, and our patients were transferred to a temporary building put up in the Mental Hospital grounds. Once the new annexes are com-

pleted, alterations can be effected in the main building, and then the classification in this institution will be satisfactory. The connection of our drainage with the town system is being pushed.

Sunnyside.—Visited July, August, September, October, November, December, 1913, and in March and April, 1914. The new ward for women is pleasant and convenient. The fire mentioned elsewhere made it necessary to concentrate the energies of the artisan staff in providing temporary accommodation, but we are now in a position to tackle the large building programme detailed in Dr. Gow's report. I wrote last year about the ill-planned interior of the old building, which was also commented upon in the report of the Commission. When the new buildings are up some modifications in the old will be carried out. The current for electric lighting is about to be obtained from the Lake Coleridge supply. We expect to get this at a cost per unit which will enable us to use it for heating single rooms and dormitories and for electrifying some of the present machinery. Mr. Smail is a daily visitor, moving freely among the patients at all times, and I can endorse what Dr. Gow has stated of his kindness and tact in dealing with them and the success of his efforts in contributing to their well-being.

Seacliff.—Visited February, June, August, October, and December, 1913, and in March and April of this year. A number of important works are in progress. These completed, further extension will be on the women's side, leaving additions for males at Waitati which is still in a developmental state. The hospital was in the usual good condition, as were also the institutions at Waitati and The Camp.

Hokitika.—Visited April, July, and October, 1913, and March of this year. As usual, everything satisfactory. The time is not distant when some of the older buildings will need to be renewed. A start will shortly be made by adding a small sick-ward.

Nelson.—Visited June and December, 1913, and March of this year. Dr. Mackay retired on superannuation on the 31st March of this year. He left the institution beloved by the patients and regretted by the staff. Dr. Jeffreys, the Senior Assistant Medical Officer, Seacliff, was appointed Superintendent, a well-merited promotion. Parts of this hospital are old, wooden, and will need to be rebuilt, but the initial step in the scheme of rebuilding is a new kitchen, plans for which are now prepared. The Richmond Home for boys has suffered a great loss in the retirement of Mr. and Mrs. Buttle, who managed it from the beginning, and whose attitude towards the little patients was parental. The institution is too small, and the site too small to justify extension, therefore it will have to be moved elsewhere. Meantime Dr. and Mrs. Howard have taken over the management.

Porirua.—Visited January, February, March, September, November, December, 1913, and January, March, and May this year. There was nothing calling for particular comment. The buildings now in progress will make this a very complete institution.

Tokanui.—Visited frequently in the earlier part and in July, September, November of last year, also in February, April, and May of this year. Pending the electric-light installation, &c., the buildings are not used to their fullest extent; but additional buildings are on the way, and when the permanent kitchen, laundry, &c., are in working-order, as they soon will be, the number accommodated can be more than doubled. A water-service under pressure is being considered. Mr. Vickerman, of the Public Works Department, presented a very valuable report on this subject. The work being done on the estate, developing the land and roadmaking, &c., is exceptionally good.

Ashburn Hall.—Visited June and October, 1913, and March and April this year. Always found in good order, clean and comfortable, the meals well cooked and served, and the patients looking well cared for.

Conclusion.

Last month there was a conference of the Medical Superintendents. It was most pleasant and helpful. Upon this occasion and the former conference a year ago the time was taken up mostly with staff and building matters. Doubtless the conference will now be a yearly fixture, and will be the occasion for discussing questions of care and treatment, of the failure or success of different methods, and so forth, matters of practical and scientific interest, as well as routine questions of rules and regulations.

I have to thank Dr. Gribben and Miss Maclean for their assistance, and Mr. Souter and the Head Office staff for their loyal co-operation.

I have, &c.,

FRANK HAY.

MEDICAL SUPERINTENDENTS' REPORTS.

AUCKLAND MENTAL HOSPITAL.

SIR,—

I have the honour to report as follows for the year 1913:—

During the year we treated 1,091 patients: of these, 246 were admitted in 1913. The total remaining at the end of the year was 896, of whom 552 were males and 344 females.

The chief causes assigned for the mental affliction of the males were alcohol, heredity, and syphilis, in the order mentioned, and for the females climacteric and heredity.

As usual, more single than married men were admitted, and more married than single women. Of the males, 96 were single and only 48 married; of the women, 40 were single and 43 married.

As usual, too, the majority of males admitted were labourers, and the majority of women those engaged in domestic duties. Forty-five labourers and 20 farmers were admitted. The farmers were for the most part those engaged in farm labour; a few were small farmers whose strenuous, unfinancial life had ended in disaster.

Of those admitted, 78·8 per cent. were between twenty and sixty years of age, whilst 18 were over seventy years.

The recovery-rate was about the average, 43·9 per cent.; but the male recovery-rate was small, 31·37 per cent., as against 64·51 per cent. for females.

The death-rate was 9·01 per cent.—Males, 9·36 per cent.; females, 8·47 per cent. Of the deaths, 19 males and 4 females were due to senile decay, 1 female to suicide, and 4 males and 3 females to typhoid fever.

As the new drainage scheme is now in progress I am hopeful that the typhoid outbreaks which we have had for the last few years will be totally suppressed after 1914. In view, however, of the known methods of dissemination it is perhaps not wise to be too sanguine. The disease is so insidious in its onset and can be so readily introduced by the staff, or even by visitors, that the infectious germs may become widely distributed before any accurate diagnosis can be made or the disease be even suspected.

The general work of the institution has progressed fairly steadily, although I am bound to admit that the general efficiency of the staff has been gradually lowered during the last five or six years. There are always some members of the staff who are capable and thorough and worthy of every encouragement, otherwise progress would be practically impossible.

It is pleasing to report that during the coming year the overcrowding will be a thing of the past, at least on the female side. As the progress of the Auckland Province is rapid, and the increase in our admissions also rapid, I would urge upon the Department the necessity for making further provision to meet this increase. Considering the overcrowding, the general health of the patients during the year has been wonderfully good.

I am pleased that the Matron has been granted six months' leave of absence. After fifteen strenuous years, during which she has performed her duties with a rare loyalty and devotion, the holiday is thoroughly deserved.

The work of the farm and the supervision of all work in progress has been most capably performed by the Farm Manager.

Our thanks are due to the Deputy Inspector and Official Visitors for their general interest in the Hospital, and my personal thanks for the help they have extended to me from time to time. We have also to thank Miss Fleming for the use of a cab once weekly for the patients' benefit. This has been granted now for over three years, and it affords to the patients the greatest possible pleasure. We have also to convey our thanks to the *Herald* for papers supplied daily for the patients' use, and the various city bands for their frequent entertainments, and to Mr Macpherson for controlling the religious services.

I have, &c.,

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

SUNNYSIDE MENTAL HOSPITAL.

Sir,—

I have the honour to submit my annual report, with the statistics, for the year ending 31st December, 1913.

At the beginning of the year there were 717 patients, which was an increase of 28 over the previous year, but at the end of the year the number was reduced to 652. This reduction was due to the transfer of 50 patients to Hokitika and 10 to Tokanui, and afforded much-needed relief. The average number resident during the year was 685·06.

There were 63 deaths during the year, which gives a rate of 9·1, calculated on the average number resident. Thirty-four of the deaths were in patients upwards of sixty years of age, and 25 of these were over seventy.

There were 118 patients admitted for the first time, which is a decrease of 12 as compared with the previous year. There was also a decrease in readmissions, which gives a total decrease on the previous year of 24.

There were 71 recoveries during the year, which gives a recovery-rate, calculated on the admissions, of almost 49 per cent.

As I mentioned above, the transfer of patients to other institutions has given us temporary relief, but further building is necessary. On the male side I recommend that an addition should be made to D ward of a hospital annexe, with single rooms, which could be used for admissions and sick cases until the new reception and hospital wards are built. Afterwards this could be used for the old and decrepit who are not really hospital patients, but linger out their days alternating between an arm-chair and their beds.

The fire which occurred on the female side has cramped the accommodation there, but a temporary dormitory for 46 beds is now in use, and will tide us over until we get the nurses' home built. The site and furniture for this building is being got ready so that there will be no delay. This building has been much needed, and will have beneficial effects in many ways. It will release about 40 single rooms for the purpose for which they were built—namely, for patients—and it should conduce to a more contented female staff, who will have comfort and quietness to retire to after the strain of their arduous duties.

As regards the fire, I am glad that the decision has been come to that all the patients shall be brought down out of the attic dormitories. In spite of all efforts there is always the fire risk,

and no matter how good the training and discipline of the staff as regards fire duty it is awful to contemplate what the result might have been had the fire broken out during the night instead of during the day. I here take the opportunity of commending the nurses for their coolness in getting the patients safely out of the building, and the male staff for their work as a fire brigade. The female patients showed wonderful restraint, and deserve praise for their help in preparing temporary accommodation for themselves, and their good humour during their trying eviction.

The loss of dormitory accommodation through the closing of the attic will involve the building of new dormitories, and a new ward to provide for the natural increase will also be required in the near future.

We are now using our electric plant to its full capacity, but are wiring the rest of the institution to be able to take advantage of the power from Lake Coleridge when it is available.

The general health of the patients has been good, and we have got rid of the scarlet-fever epidemic which troubled us so long.

The usual services have been held during the year, and these have been supplemented by Mr. Smail, the newly appointed officer, who conducts reading parties in the wards in the evenings, which affords pleasure and recreation to a great many of the patients.

Thanks are due to those who have contributed to the patients' pleasure by the giving of concerts and passes to places of amusement, and also to the donors of the gramophone with records, which is a valuable acquisition.

Since the end of the year I have lost the capable services of Dr. Ramsbottom, who left to take up practice in England, and to him and the staff in general I have to express my appreciation for loyal and valuable assistance.

I have, &c.,

W. Baxter Gow,

The Inspector-General, Mental Hospitals, Wellington. Medical Superintendent.

SEACLIFF MENTAL HOSPITAL.

Sir,—

I have the honour to submit the following report on the Seacliff Mental Hospital for the year 1913.

At the beginning of the year there were 915 patients, and at the close 924, including 6 who had been transferred from other institutions. The returns show that, exclusive of transfers from other institutions, there were 130 patients admitted during the year, and that 61 patients were discharged, relieved, or recovered, being at the rate of 47 per cent.

The general health has been good, and there has been no serious accident or casualty during the year.

The deaths during the year were 54: of these, 23 were aged between seventy and a hundred, and five were between ninety and a hundred. The leading cause of death was senile decay. The death-rate was just over 5½ per cent. on the total number of patients under treatment.

In addition to the improvements in accommodation to which I drew attention in my last year's report (which are now under way or about to be taken in hand), the following are our most pressing needs:—

(1.) Extension of the Nurses' Home to provide further accommodation for about twenty.

(2.) Extension of accommodation for female patients so as to make room at Seacliff for the women who are now housed temporarily at the Orokonui Branch institution at Waitati.

(3.) A small wooden shelter-cottage for the better isolation and treatment of male patients suffering from tuberculosis. Consumptive women can be accommodated suitably by modifying one of our present wooden pavilions so as to make it serve this purpose.

(4.) Improved equipment for bathing, to meet the great increase of patients during late years.

(5.) Improved kitchen and baking equipment and facilities for the main buildings at Seacliff.

(6.) Farm and workshop, &c.: (*a.*) Owing to the decreasing number of capable milkers a machine-milking plant ought to be installed. (*b.*) Suitable woodworking machinery has long been a pressing need, and would save a large annual expenditure. (*c.*) An adequate telephone system. This would prevent much waste of time, and would economize and facilitate the harmonious working of the institution. In its expansion not only has the Mental Hospital quite outgrown the means of intercommunication which barely sufficed originally, but the position has become such that a more modern equipment is now imperatively needed.

The yields in produce from the various estates have been satisfactory, but our fishing returns have been poor.

Further development of the Orokonui Branch Mental Hospital at Waitati is highly desirable. The institution is well and very harmoniously worked by Dr. Ross.

The Camp Auxiliary at the Peninsula is well managed, and the year's work has been highly satisfactory.

Religious services have been held by 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, and also to other donors who have kindly contributed to the amenities of our hospitals.

During my absence from New Zealand for nine months as Government delegate to the Infantile Mortality Congress in London the Mental Hospital was well managed by Dr. Jeffreys, to whom and to Dr. Buchanan, the present Senior Medical Officer, I have to express my appreciation.

I have, &c.,
F. Truby King,
Medical Superintendent.

The Inspector-General, Mental Hospitals, Wellington.

PORIRUA MENTAL HOSPITAL.

Sir,—

I have the honour to submit the following report on this Mental Hospital for the year 1913:—

At the beginning of the year there were 908 patients on the register, and at the end 892 (485 males and 407 females), of whom 7 males and 4 females were absent on trial. The average number resident was 890. Eleven men were transferred to the new Mental Hospital at Tokanui in May, and 12 women to the Nelson Mental Hospital in July. These transfers served to relieve the congestion in the wards, which on the female side of the institution continues to be embarrassing. I understand the Department is about to construct a new auxiliary building to accommodate 100 patients, and designed for the reception of recent admissions as well as for sick patients. This addition will go far in overtaking our immediate requirements.

During the year 182 cases were admitted for the first time, of whom 60 per cent. were males and 40 per cent. females, and of whom more than half were chronic and incurable. It is satisfactory to find that these first admissions were 22 less than in the previous year. There were 33 readmissions, or 4 less than in 1912.

Of the 142 patients discharged, 88 were recorded as recovered, making a recovery-rate of 40 per cent. on the number admitted. But this does not represent the full recovery-rate. A number of the patients away on probation were written off as discharged unrecovered at the expiration of the probation period because they failed to present themselves for examination or to return a medical certificate as to their mental state. Had they done so probably fully 30 of these probationary cases so discharged would have been passed as recovered.

There were 68 deaths, a ratio of 7·6 per cent. of the average number resident. The causes of death included 12 from general paralysis of the insane (10 males and 2 females), and 27 from senile decay.

In addition to the new auxiliary building above referred to, I am pleased to find that the Department has decided to construct two large day-rooms (one for male and one for female patients), extending from the central wards of the main building on the north side and commanding a particularly fine view of the landscape and the harbour, as well as overlooking our sports-ground. The accommodation will provide day-room space for a large number of patients who have hitherto been very poorly served in this respect.

I have to express my appreciation of Dr. McKillop's and Dr. Simpson's capable and loyal assistance. In all departments I have been fortunate in having a very good staff of officers, who take their responsibilities seriously and can be trusted to discharge the duties required of them in the best interests of the institution and its inmates. There has been some trouble in maintaining the female nursing staff at anything like adequate strength, especially towards Christmas and during the summer months. The shortage was mostly due to resignations of the juniors and recently appointed probationers and to the difficulty of obtaining suitable candidates to fill the vacancies.

I have, &c.,
Gray Hassell,
Medical Superintendent.

The Inspector-General, Mental Hospitals, Wellington.

APPENDIX.

TABLE I.—SHOWING THE ADMISSIONS, READMISSIONS, DISCHARGES, AND DEATHS IN MENTAL HOSPITALS DURING THE YEAR 1913.

	M.	F.	T.	M.	F.	T.
In mental hospitals, 1st January, 1913		..		2,273	1,640	3,913
Admitted for the first time	394	266	660			
Readmitted	72	52	124	543	349	892
Transfers	77	31	108			
Total under care during the year		..		2,816	1,989	4,805
Discharged and died—						
Recovered	175	162	337			
Relieved	35	48	83			
Not improved	78	36	114			
Died	196	111	307			
				484	357	841
Remaining in mental hospitals, 31st December, 1913 ..		..		2,332	1,632	3,964
Increase over 31st December, 1912		..		59	8*	51
Average number resident during the year		..		2,252	1,597	3,849

* Decrease, 8.

TABLE II.—ADMISSIONS, DISCHARGES, AND DEATHS, WITH THE MEAN ANNUAL MORTALITY AND PROPORTION OF RECOVERIES, ETC., PER CENT. ON THE ADMISSIONS, ETC., DURING THE YEAR 1913.

Mental Hospitals.	In Mental Hospitals on 1st January, 1913.			Admissions in 1913.									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	500	345	845	134	78	212	19	15	34	153	93	246	653	438	1,091
Christchurch	375	342	717	79	39	118	18	11	29	97	50	147	472	392	864
Dunedin (Seacliff)	545	370	915	45	50	95	15	16	31	60	66	126	605	436	1,041
Hokitika	180	51	231	8	10	18	35	15	50	43	25	68	223	76	299
Nelson	94	94	188	12	6	18	5	13	18	17	19	36	111	113	224
Porirua	488	420	908	109	73	182	25	11	36	134	84	218	622	504	1,126
Tokanui	64	..	64	..	..	..	29	..	29	29	..	29	93	..	93
Ashburn Hall (private mental hospital)	27	18	45	7	10	17	3	2	5	10	12	22	37	30	67
Totals	2,273	1,640	3,913	394	266	660	149	83	232	543	349	892	2,816	1,989	4,805

Mental Hospitals.	Patients discharged and died.												In Mental Hospitals on 31st December, 1913.		
	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	48	60	108	4	5	9	49	29	78	101	94	195	552	344	896
Christchurch	34	37	71	59	19	78	40	23	63	133	79	212	339	313	652
Dunedin (Seacliff)	17	29	46	8	9	17	34	20	54	59	58	117	546	378	924
Hokitika	5	3	8	..	1	1	16	4	20	21	8	29	202	68	270
Nelson	4	5	9	2	..	2	9	7	16	15	12	27	96	101	197
Porirua	64	24	88	31	47	78	42	26	68	137	97	234	485	407	892
Tokanui	1	..	1	2	..	2	1	..	1	4	..	4	89	..	89
Ashburn Hall (private mental hospital)	2	4	6	7	3	10	5	2	7	14	9	23	23	21	44
Totals	175	162	337	113	84	197	196	111	307	484	357	841	2,332	1,632	3,964

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	523	342	865	31·78	64·52	44·26	9·37	8·48	9·02	32·45	31·18	31·97
Christchurch	360	325	685	35·79	74·00	48·97	11·11	7·08	9·20	42·11	46·00	43·45
Dunedin (Seacliff)	512	368	880	29·82	46·03	38·33	6·64	5·43	6·14	59·65	31·75	45·00
Hokitika	172	48	220	62·50	30·00	44·44	9·30	8·33	9·09	200·00	40·00	111·11
Nelson	81	96	177	23·53	71·43	37·50	11·11	7·29	9·04	52·94	100·00	66·66
Porirua	489	401	890	48·85	28·57	40·93	8·59	6·48	7·64	32·06	30·95	31·63
Tokanui	90	..	90	..	..	..	1·11	..	1·11	..	..	..
Ashburn Hall (private mental hospital)	25	17	42	28·57	36·36	33·33	20·00	11·76	16·67	71·43	18·18	38·89
Totals	2,252	1,597	3,849	37·55	50·94	42·98	8·70	6·96	7·98	42·06	34·90	39·16

Table III.—Ages of Admissions.

Ages.	Auckland.			Christchurch.			Dunedin (Seacliff).			Hokitika.			Nelson.			Porirua.			Tokanui.			Ashburn Hall (Private Mental Hospital).			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	..	..	..	1	0	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	0	1
From 5 to 10 years	1	0	1	0	1	1	..	..	..	..	..	..	..	..	..	2	1	3	..	..	..	..	..	..	3	2	5
„ 10 „ 15 „	..	..	..	1	0	1	..	..	..	..	..	..	1	0	1	..	..	..	..	..	..	..	..	..	2	0	2
„ 15 „ 20 „	2	5	7	1	3	4	0	1	1	..	..	..	..	..	..	6	7	13	..	..	..	..	..	..	9	16	25
„ 20 „ 30 „	37	18	55	12	10	22	12	18	30	3	4	7	2	2	4	34	15	49	..	..	..	0	3	3	100	70	170
„ 30 „ 40 „	38	26	64	27	12	39	16	12	28	1	1	2	6	2	8	30	29	59	..	..	..	1	1	2	119	83	202
„ 40 „ 50 „	25	24	49	19	9	28	10	12	22	2	2	4	2	0	2	24	18	42	..	..	..	3	3	6	85	68	153
„ 50 „ 60 „	16	10	26	6	4	10	6	12	18	0	1	1	2	1	3	15	5	20	..	..	..	1	0	1	46	33	79
„ 60 „ 70 „	18	6	24	12	6	18	5	4	9	..	..	..	0	1	1	14	6	20	..	..	..	0	2	2	49	25	74
„ 70 „ 80 „	14	4	18	13	4	17	6	0	6	1	2	3	1	0	1	2	3	5	..	..	..	2	1	3	39	14	53
„ 80 „ 90 „	..	..	..	3	1	4	2	3	5	1	0	1	3	1	4	4	0	4	..	..	..	0	1	1	13	6	19
„ 90 „ 100 „	..	..	..	..	..	..	0	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	0	1	1
Transfers	2	0	2	2	0	2	3	3	6	35	15	50	0	12	12	3	0	3	29	0	29	3	1	4	77	31	108
Totals	153	93	246	97	50	147	60	66	126	43	25	68	17	19	36	134	84	218	29	0	29	10	12	22	543	349	892

Table IV.—Duration of Disorder on Admission.

—	Auckland.			Christchurch.			Dunedin (Seacliff).			Hokitika.			Nelson.			Porirua.			Tokanui.			Ashburn Hall (Private Mental Hospital).			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 months on admission)	109	50	159	50	22	72	19	21	40	3	5	8	6	3	9	79	50	129	..	..	..	6	5	11	272	156	428
Second Class (first attack, above 3 months and within 12 months on admission)	7	7	14	10	9	19	15	12	27	0	1	1	4	1	5	14	7	21	..	..	..	1	1	2	51	38	89
Third Class (not first attack, and within 12 months on admission)	15	17	32	25	17	42	11	11	22	3	2	5	5	1	6	28	21	49	..	..	..	0	2	2	87	71	158
Fourth Class (first attack or not, but of more than 12 months on admission)	20	19	39	10	2	12	12	19	31	2	2	4	2	2	4	10	6	16	..	..	..	0	3	3	56	53	109
Transfers	2	0	2	2	0	2	3	3	6	35	15	50	0	12	12	3	0	3	29	0	29	3	1	4	77	31	108
Totals	153	93	246	97	50	147	60	66	126	43	25	68	17	19	36	134	84	218	29	0	29	10	12	22	543	349	892

Table V.—Ages of Patients discharged "Recovered" and "Not Recovered" during the Year 1913.

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.
Under 5 years ..	..			..			1	0	1	..			..			..			..			..		
From 5 to 10 years ..	..			..			..			..			..			..			..			..		
„ 10 „ 15 „ ..	..			0	1	1	0	1	1	..			1	1	2	..			..			..		
„ 15 „ 20 „ ..	1	4	5	0	1	1	1	1	2	1	0	1	1	0	1	1	1	2	..			..		
„ 20 „ 30 „ ..	18	15	33	..			7	13	20	7	1	8	4	9	13	1	2	3	2	0	2	..		
„ 30 „ 40 „ ..	12	15	27	0	1	1	10	9	19	15	3	18	7	6	13	1	2	3	1	1	2	..		
„ 40 „ 50 „ ..	8	17	25	..			9	5	14	18	4	22	2	9	11	1	1	2	1	0	1	..		
„ 50 „ 60 „ ..	4	5	9	..			0	2	2	12	8	20	1	3	4	1	2	3	0	1	1	..		
„ 60 „ 70 „ ..	4	2	6	..			5	5	10	5	3	8	1	1	2	1	0	1	0	1	1	..		
„ 70 „ 80 „ ..	1	2	3	0	2	2	1	1	2	1	0	1	..			2	0	2	1	0	1	0	1	1
„ 80 „ 90 „ ..	..			..			..			..			..			0	1	1	..			..		
Unknown	..			..			..			..			..			..			..			..		
Transfers	..			4	0	4	..			..			..			..			..			..		
Totals ..	48	60	108	4	5	9	34	37	71	59	19	78	17	29	46	8	9	17	5	3	8	0	1	1

Ages.	Nelson.						Porirua.						Tokanui.						Ashburn Hall (Private Mental Hospital).						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.
Under 5 years ..	..			..			..			..			..			..			..			..			1	0	1	..		
From 5 to 10 years ..	..			..			..			..			..			..			..			..			..			..		
„ 10 „ 15 „ ..	..			..			..			..			..			..			..			..			1	2	3	0	1	1
„ 15 „ 20 „ ..	1	1	2	..			3	2	5	..			..			..			..			2	0	2	7	8	15	4	2	6
„ 20 „ 30 „ ..	0	1	1	..			16	5	21	7	11	18	1	0	1	..			..			0	1	1	48	43	91	15	15	30
„ 30 „ 40 „ ..	3	0	3	..			19	9	28	7	11	18	..			..			0	2	2	0	1	1	52	42	94	23	18	41
„ 40 „ 50 „ ..	0	1	1	..			13	3	16	2	8	10	..			..			1	1	2	3	1	4	34	36	70	24	14	38
„ 50 „ 60 „ ..	..			1	0	1	7	0	7	2	3	5	..			..			..			..			12	11	23	16	13	29
„ 60 „ 70 „ ..	..			..			4	4	8	2	1	3	..			..			..			..			14	13	27	8	4	12
„ 70 „ 80 „ ..	0	2	2	1	0	1	2	1	3	..			..			..			0	1	1	..			5	7	12	4	3	7
„ 80 „ 90 „ ..	..			..			..			..			..			..			..			..			..			0	1	1
Unknown	..			..			..			..			..			..			1	0	1	..			1	0	1	..		
Transfers	..			..			..			11	13	24	..			2	0	2	..			2	0	2	..			19	13	32
Totals ..	4	5	9	2	0	2	64	24	88	31	47	78	1	0	1	2	0	2	2	4	6	7	3	10	175	162	337	113	84	197

Table VI.—Ages of Patients who died.

Ages.	Auckland.			Christchurch.			Dunedin (Seacliff).			Hokitika.			Nelson.			Porirua.			Tokanui.			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	0	1	1	..			..			..			..			..			..			..			0	1	1
„ 10 „ 15 „	..			1	1	2	..			..			..			..			..			..			1	1	2
„ 15 „ 20 „	..			..			0	1	1	..			1	0	1	..			..			..			1	1	2
„ 20 „ 30 „	6	1	7	4	4	8	1	1	2	0	1	1	1	0	1	1	3	4	1	0	1	1	0	1	15	10	25
„ 30 „ 40 „	1	5	6	6	1	7	5	4	9	1	1	2	..			8	2	10	..			..			21	13	34
„ 40 „ 50 „	6	7	13	2	5	7	2	4	6	3	1	4	0	1	1	8	4	12	..			..			21	22	43
„ 50 „ 60 „	7	4	11	4	1	5	5	1	6	3	0	3	..			5	4	9	..			0	2	2	24	12	36
„ 60 „ 70 „	13	5	18	6	3	9	4	3	7	1	0	1	..			9	5	14	..			2	0	2	35	16	51
„ 70 „ 80 „	16	6	22	15	7	22	14	4	18	4	1	5	2	5	7	8	7	15	..			1	0	1	60	30	90
„ 80 „ 90 „	..			2	1	3	2	2	4	..			5	1	6	3	1	4	..			1	0	1	13	5	18
„ 90 „ 100 „	..			..			1	0	1	..			..			..			..			..			1	0	1
Unknown	..			..			..			4	0	4	..			..			..			..			4	0	4
Totals	49	29	78	40	23	63	34	20	54	16	4	20	9	7	16	42	26	68	1	0	1	5	2	7	196	111	307

TABLE VII.—CONDITION AS TO MARRIAGE.

—	Admissions.			Discharges.			Deaths.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
AUCKLAND—									
Single	96	40	136	32	25	57	28	12	40
Married	48	43	91	14	34	48	17	15	32
Widowed	7	10	17	2	6	8	4	2	6
Transfers	2	0	2	4	0	4	..	..	
Totals	153	93	246	52	65	117	49	29	78
CHRISTCHURCH—									
Single	52	19	71	70	18	88	25	10	35
Married	39	19	58	22	30	52	12	7	19
Widowed	4	12	16	1	8	9	3	6	9
Transfers	2	0	2		..			..	
Totals	97	50	147	93	56	149	40	23	63
DUNEDIN (Seacliff)—									
Single	32	30	62	15	14	29	22	7	29
Married	20	26	46	9	22	31	7	10	17
Widowed	5	7	12	1	2	3	5	3	8
Transfers	3	3	6		..			..	
Totals	60	66	126	25	38	63	34	20	54
HOKITIKA—									
Single	3	5	8	4	1	5	12	2	14
Married	4	4	8	1	2	3	2	1	3
Widowed	1	1	2	0	1	1	2	1	3
Transfers	35	15	50		..			..	
Totals	43	25	68	5	4	9	16	4	20
NELSON—									
Single	11	4	15	4	1	5	5	1	6
Married	3	1	4	2	3	5	1	0	1
Widowed	3	2	5	0	1	1	3	6	9
Transfers	0	12	12		..			..	
Totals	17	19	36	6	5	11	9	7	16
PORIRUA—									
Single	76	35	111	53	22	75	18	10	28
Married	47	41	88	25	32	57	16	7	23
Widowed	8	8	16	6	4	10	8	9	17
Transfers	3	0	3	11	13	24		..	
Totals	134	84	218	95	71	166	42	26	68
TOKANUI—									
Single		..		1	0	1	1	0	1
Transfers	29	0	29	2	0	2		..	
Totals	29	0	29	3	0	3	1	0	1
ASHBURN HALL (private mental hospital)—									
Single	2	4	6	2	3	5	3	2	5
Married	5	4	9	4	4	8	1	0	1
Widowed	0	3	3		..		1	0	1
Transfers	3	1	4	3	0	3		..	
Totals	10	12	22	9	7	16	5	2	7
TOTALS—									
Single	272	137	409	181	84	265	114	44	158
Married	166	138	304	77	127	204	56	40	96
Widowed	28	43	71	10	22	32	26	27	53
Transfers	77	31	108	20	13	33		..	
Totals	543	349	892	288	246	534	196	111	307

Table VIII.—Native Countries.

Countries.	Auckland.			Christchurch.			Dunedin (Sea-cliff).			Hokitika.			Nelson.			Porirua.			Tokanui.			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 and Wales	149	84	233	103	92	195	103	57	160	44	15	59	10	24	34	146	92	238	26	0	26	4	4	8	585	368	953
Scotland	37	18	55	26	20	46	99	65	164	13	7	20	5	7	12	41	32	73	4	0	4	6	2	8	231	151	382
Ireland	70	53	123	45	48	93	83	58	141	45	11	56	13	16	29	55	59	114	13	0	13	1	0	1	325	245	570
New Zealand	186	156	342	139	131	270	198	150	348	58	23	81	58	45	103	184	192	376	35	0	35	9	14	23	867	711	1578
Australian States	27	14	41	9	8	17	20	19	39	9	3	12	1	3	4	25	14	39	1	0	1	0	1	1	92	62	154
France	2	0	2	..			..			..			1	0	1	2	0	2	..			..			5	0	5
Germany	8	2	10	4	2	6	8	1	9	6	0	6	1	0	1	2	4	6	1	0	1	1	0	1	31	9	40
Austria	14	1	15	1	1	2	..			..			..			0	1	1	4	0	4	..			19	3	22
Norway	1	0	1	1	0	1	1	0	1	1	0	1	0	2	2	..			1	0	1	..			5	2	7
Sweden	7	1	8	2	0	2	3	1	4	5	0	5	2	0	2	4	2	6	1	0	1	..			24	4	28
Denmark	2	0	2	2	1	3	3	0	3	..			..			7	1	8	1	0	1	..			15	2	17
Italy	3	0	3	1	0	1	2	2	4	7	0	7	0	1	1	3	0	3	..			..			16	3	19
China	2	0	2	1	0	1	1	0	1	6	0	6	..			2	0	2	..			..			12	0	12
Maoris	15	3	18	1	1	2	8	0	8	1	0	1	2	0	2	3	4	7	1	0	1	..			31	8	39
Other countries..	29	12	41	4	9	13	17	25	42	5	0	5	3	3	6	11	6	17	1	0	1	2	0	2	72	55	127
Unknown	..			..			..			2	9	11	..			..			..			..			2	9	11
Totals	552	344	896	339	313	652	546	378	924	202	68	270	96	101	197	485	407	892	89	0	89	23	21	44	2332	1632	3964

Table IX.—Ages of Patients on 31st December, 1913.

Ages.	Auckland.			Christchurch.			Dunedin (Sea-cliff).			Hokitika.			Nelson.			Porirua.			Tokanui.			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 1 to 5 years		..			..			..			..			..			..			..			..			..	
„ 5 „ 10 „	3	0	3	3	2	5		..			..		6	1	7	1	5	6		..			..		13	8	21
„ 10 „ 15 „	2	0	2	3	2	5	0	1	1		..		4	1	5	6	4	10		..			..		15	8	23
„ 15 „ 20 „	9	4	13	3	3	6	2	4	6	2	0	2	7	1	8	8	9	17		..			..		31	21	52
„ 20 „ 30 „	63	38	101	34	28	62	49	43	92	9	6	15	14	6	20	78	55	133	7	0	7	2	2	4	256	178	434
„ 30 „ 40 „	109	69	178	80	61	141	114	75	189	47	11	58	12	17	29	107	79	186	26	0	26	1	1	2	496	313	809
„ 40 „ 50 „	142	95	237	67	75	142	125	87	212	43	13	56	12	27	39	105	99	204	28	0	28	3	6	9	525	402	927
„ 50 „ 60 „	120	65	185	57	62	119	103	72	175	37	11	48	18	24	42	91	90	181	12	0	12	7	4	11	445	328	773
„ 60 „ 70 „	58	45	103	46	50	96	78	50	128	30	10	40	13	15	28	64	45	109	8	0	8	3	6	9	300	221	521
„ 70 „ 80 „	34	20	54	41	26	67	61	35	96	18	9	27	9	2	11	19	18	37	4	0	4	6	1	7	192	111	303
Upwards of 80 „	5	6	11	5	4	9	14	11	25	2	1	3	1	0	1	6	3	9		..		1	1	2	34	26	60
Unknown	7	2	9		..			..		14	7	21	0	7	7		..		4	0	4		..		25	16	41
Totals	552	344	896	339	313	652	546	378	924	202	68	270	96	101	197	485	407	892	89	0	89	23	21	44	2332	1632	3964

Table X.—Length of Residence of Patients who died during 1913.

Length of Residence.	Auckland.			Christchurch.			Dunedin (Seacliff).			Hokitika.			Nelson.			Porirua.			Tokanui.			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	6	4	10	7	4	11	3	1	4	1	1	2		..		4	1	5		..			..		21	11	32
From 1 to 3 months	10	5	15	7	1	8	1	2	3	2	0	2	2	1	3	11	3	14		..			..		33	12	45
„ 3 „ 6 „	7	2	9	6	1	7	0	2	2		..			..		4	2	6		..			..		17	7	24
„ 6 „ 9 „	2	2	4	1	0	1	1	2	3	3	0	3	1	1	2	1	1	2		..			..		9	6	15
„ 9 „ 12 „	5	1	6	1	0	1	1	0	1	2	0	2		..		3	2	5		..		1	0	1	13	3	16
„ 1 „ 2 years	8	2	10	3	1	4	5	2	7	4	1	5		..		3	1	4		..			..		23	7	30
„ 2 „ 3 „	2	0	2	3	2	5	5	0	5		..		1	0	1	3	3	6		..			..		14	5	19
„ 3 „ 5 „	1	2	3	2	2	4	2	2	4		..		1	2	3	2	3	5		..		1	0	1	9	11	20
„ 5 „ 7 „	0	4	4	2	2	4	0	2	2	0	1	1		..			..		1	0	1	1	0	1	4	9	13
„ 7 „ 10 „	3	2	5	3	1	4	1	2	3	1	1	2	0	1	1	4	1	5		..		0	1	1	12	9	21
„ 10 „ 12 „		..			..			..		1	0	1		..		1	0	1		..			..		2	0	2
„ 12 „ 15 „		..		1	2	3	0	2	2		..			..		0	1	1		..			..		1	5	6
Over 15 years	5	5	10	4	7	11	15	3	18	2	0	2	4	2	6	6	8	14		..		2	1	3	38	26	64
Totals	49	29	78	40	23	63	34	20	54	16	4	20	9	7	16	42	26	68	1	0	1	5	2	7	196	111	307

Table XI.—Length of Residence of Patients discharged "Recovered" during 1913.

Length of Residence.	Auckland.			Christchurch.			Dunedin (Seacliff).			Hokitika.			Nelson.			Porirua.			Tokanui.			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	0	1	1	1	0	1	1	5	6	1	0	1		..		12	4	16		..			..		15	10	25
From 1 to 3 months	17	12	29	12	9	21	5	3	8	1	1	2	2	1	3	18	4	22		..		2	0	2	57	30	87
„ 3 „ 6 „	12	18	30	6	8	14	3	11	14		..		1	1	2	15	5	20		..		0	2	2	37	45	82
„ 6 „ 9 „	9	8	17	3	10	13	1	5	6		..			..		5	5	10		..		0	1	1	18	29	47
„ 9 „ 12 „	3	9	12	2	9	11	3	0	3		..		1	1	2	4	0	4		..		0	1	1	13	20	33
„ 1 „ 2 years	4	4	8	7	1	8	0	4	4	1	2	3	0	1	1	4	4	8	1	0	1		..		17	16	33
„ 2 „ 3 „	1	3	4	1	0	1	1	0	1		..		0	1	1	2	0	2		..			..		5	4	9
„ 3 „ 5 „	1	1	2		..		2	1	3	1	0	1		..		1	1	2		..			..		5	3	8
„ 5 „ 7 „	0	3	3		..		1	0	1	1	0	1		..		1	1	2		..			..		3	4	7
„ 7 „ 10 „	1	1	2	2	0	2		..			..			..			..			..			..		3	1	4
„ 10 „ 12 „		..			..			..			..			..		2	0	2		..			..		2	0	2
„ 12 „ 15 „		..			..			..			..			..			..			..			..			..	
Over 15 years		..			..			..			..			..			..			..			..			..	
Totals	48	60	108	34	37	71	17	29	46	5	3	8	4	5	9	64	24	88	1	0	1	2	4	6	175	162	337

TABLE XII.—CAUSES OF DEATH.

Causes.	Auckland.		Christchurch.		Dunedin (Seacliff).		Hokitika.		Nelson.		Porirua.		Tokanui.		Ashburn Hall (Private M.H.).		Total.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
GROUP I.—GENERAL.																		
Carcinoma	0	1	..		2	0	1	0	..		0	2	..		..		3	3
Lardaceous disease	..		..		1	0	..		..		..		..		..		1	0
Septicæmia	..		..		0	1	..		1	0	..		1	0	..		2	1
Syphilis	1	1	0	1	..		..		..		..		..		..		1	2
Tuberculosis of lungs	4	2	1	2	6	3	1	0	..		0	4	..		..		12	11
Tuberculosis of other organs	..		1	0	1	1	..		1	0	..		..		..		3	1
Typhoid fever	4	3	..		..		..		..		1	0	..		..		5	3
GROUP II.—NERVOUS SYSTEM.																		
Cerebral abscess	..		..		0	1	..		..		..		..		..		0	1
Cerebral hæmorrhage	1	1	1	0	2	1	..		0	1	2	0	..		1	0	7	3
Cerebral tumour	..		0	1	..		..		..		..		..		..		0	1
Cretinism	..		..		..		..		..		0	1	..		..		0	1
Epilepsy	1	2	2	2	..		2	2	..		4	2	..		1	0	10	8
Exhaustion from mania	1	0	3	2	..		..		..		1	0	..		..		5	2
„ melancholia	1	1	2	0	0	2	0	1	..		1	0	..		..		4	4
General paralysis	6	1	1	1	4	1	..		..		10	2	..		1	0	22	5
Organic brain-disease	5	4	0	2	1	0	1	0	..		..		..		1	0	8	6
GROUP III.—DISEASES OF CIRCULATORY SYSTEM.																		
Arterio-sclerosis	..		..		..		..		..		..		..		0	1	0	1
Cardiac degeneration	0	2	1	0	..		0	1	..		2	1	..		..		3	4
Valvular heart-disease	3	0	0	2	4	0	1	0	..		..		..		0	1	8	3
GROUP IV.—RESPIRATORY SYSTEM.																		
Acute catarrhal laryngitis	0	1	..		..		..		..		..		..		..		0	1
Acute œdema of lungs	0	1	..		..		..		..		..		..		..		0	1
Broncho-pneumonia	..		..		..		1	0	..		..		..		1	0	2	0
Pneumonia (lobar)	..		5	1	1	1	..		..		2	3	..		..		8	5
„ (hypostatic)	..		..		0	1	..		..		..		..		..		0	1
GROUP V.—DIGESTIVE SYSTEM.																		
Abscess of liver	..		..		..		..		..		1	0	..		..		1	0
Chronic gastritis	..		..		0	1	1	0	..		..		..		..		1	1
Gall-stones	0	1	..		..		..		..		..		..		..		0	1
Peritonitis	1	0	..		..		..		0	1	..		..		..		1	1
Strangulated hernia	..		1	0	1	0	..		..		..		..		..		2	0
GROUP VI.—GENITO-URINARY SYSTEM.																		
Chronic nephritis	1	0	..		1	2	..		..		1	0	..		..		2	3
Uræmia	0	1	..		..		1	0	..		..		..		..		1	1
GROUP VIII.—SKIN AND CELLULAR TISSUE.																		
Raynaud's disease	..		0	1	..		..		..		..		..		..		0	1
Senile gangrene	..		..		1	0	..		..		..		..		..		1	0
GROUP XII.—OLD AGE.																		
Senile decay	19	4	18	8	9	5	4	0	7	5	18	9	..		..		75	31
GROUP XIII.—EXTERNAL CAUSES.																		
Suicide	0	1	1	0	..		..		..		0	1	..		..		1	2
Fracture of skull	1	0	..		..		..		..		..		..		..		1	0
GROUP XIV.—ILL-DEFINED.																		
Asthenia	..		1	0	..		..		..		..		..		..		1	0
Syncope	1	1	2	0	..		3	0	..		..		..		..		6	1
Totals	49	29	40	23	31	20	16	4	9	7	42	26	1	0	5	2	196	111

TABLE XIII.—PRINCIPAL ASSIGNED CAUSES OF INSANITY.

Causes.	Auckland.		Christchurch.		Dunedin (Seacliff).		Hokitika.		Nelson.		Porirua.		Tokanui.		Ashburn Hall (Private M. H.).		Total.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Heredity	16	13	11	10	9	20	2	2	4	0	27	21	..		2	3	71	69
Congenital mental deficiency	6	7	6	4	4	2	0	1	1	1	11	5	..		1	0	29	20
Previous attacks	..		19	8	10	6	..		..		9	7	..		0	1	38	22
Puberty and adolescence	12	9	3	3	..		..		..		11	7	..		..		26	19
Climacteric	0	15	1	5	1	9	0	1	..		0	13	..		..		2	43
Senility	26	4	21	6	12	6	2	2	4	2	17	10	..		2	2	84	32
Pregnancy	0	1	..		..		..		..		0	1	..		..		0	2
Puerperal state	0	4	0	1	0	4	0	1	..		0	8	..		..		0	18
Lactation	0	2	..		0	1	0	1	0	1	..		..		..		0	5
Sudden mental stress	..		0	2	..		..		..		..		..		..		0	2
Prolonged mental stress	10	11	2	2	3	5	..		2	1	4	4	..		1	2	22	25
Masturbation	..		4	0	..		..		..		..		..		..		4	0
Alcohol	25	3	12	1	7	2	3	1	..		31	6	..		1	0	79	13
Syphilis	15	1	4	1	7	1	..		2	0	12	0	..		..		40	3
Tuberculosis	..		0	1	..		..		..		..		..		..		0	1
Other diseases	1	2	0	3	0	3	..		0	1	..		..		0	1	1	10
Trauma	3	1	1	0	..		..		..		..		..		..		4	1
Epilepsy	3	2	3	0	3	2	..		..		9	2	..		..		18	6
Ill health	7	7	..		0	1	..		0	1	..		..		..		7	9
Solitary life	..		0	1	1	1	..		..		..		..		..		1	2
Dissolute habits	1	3	..		..		..		..		..		..		..		1	3
Sunstroke	1	0	..		..		..		..		..		..		..		1	0
Organic brain-disease	..		0	1	..		..		..		..		..		..		0	1
Unknown	25	7	8	1	..		1	1	4	0	..		..		0	2	38	11
Not insane	0	1	..		..		..		..		..		..		..		0	1
Transfers	2	0	2	0	3	3	35	15	0	12	3	0	29	0	3	1	77	31
Totals	153	93	97	50	60	66	43	25	17	19	134	84	29	0	10	12	543	349

Table XIV.—Former Occupation of Patients.

Occupations.	Auckland.	Christchurch.	Dunedin (Seacliff).	Hokitika.	Nelson.	Porirua.	Tokanui.	Ashburn Hall (Private Mental Hospital).	Total.	Occupations.	Auckland.	Christchurch.	Dunedin (Seacliff).	Hokitika.	Nelson.	Porirua.	Tokanui.	Ashburn Hall (Private Mental Hospital).	Total.
Males.																			
Aboriginal Natives	..	..	..	..	..	2	..	..	2	Iron-moulder	..	..	1	..	..	..	..	..	1
Accountants and clerks	1	8	..	..	..	4	..	1	14	Jeweller	..	..	..	..	..	..	..	1	1
Architect	1	..	..	..	..	..	..	..	1	Kitchenman	1	..	..	..	..	..	..	..	1
Auctioneer	..	..	..	..	..	1	..	..	1	Labourers	45	37	21	3	6	48	..	..	160
Bacon-curer	..	..	1	..	..	..	..	..	1	Land agent	1	..	..	..	..	..	..	..	1
Blacksmiths	1	..	2	..	..	..	..	..	3	Law student	1	..	..	..	..	..	..	..	1
Bricklayers	1	1	..	..	..	1	..	..	3	Linotyper	..	..	1	..	..	..	..	..	1
Bootmakers	2	..	1	..	..	..	..	..	3	Malster	..	..	1	..	..	..	..	..	1
Bottle-washer	..	..	..	..	..	1	..	..	1	Maoris	7	..	..	..	..	..	..	..	7
Builder	1	..	..	..	..	..	..	..	1	Master mariner	..	..	..	..	..	1	..	..	1
Burnham boy	..	1	..	..	..	..	..	..	1	Miners	4	..	4	2	1	..	..	..	11
Bushmen	3	..	..	..	..	..	..	..	3	News agent	..	1	..	..	..	..	..	..	1
Butcher	1	..	..	..	..	..	..	..	1	Night-watchman	1	..	..	..	..	..	..	..	1
Cab-drivers	..	..	..	..	..	2	..	..	2	No occupation	8	5	6	..	3	8	..	..	30
Cabinetmakers	2	1	..	..	..	1	..	..	4	Painters	3	1	1	..	..	1	..	..	6
Canvassers	..	1	..	..	..	2	..	..	3	Paper-runners	..	2	..	..	..	..	..	..	2
Carpenters	2	4	1	1	..	3	..	..	11	Pensioners	4	..	..	1	..	4	..	..	9
Carters and carriers	1	..	3	..	..	..	..	..	4	Piano-tuner	..	..	..	..	1	..	..	..	1
Chairmaker	1	..	..	..	..	..	..	..	1	Plasterer	..	..	1	..	..	..	..	..	1
Chimney-sweep	..	..	1	..	..	..	..	..	1	Platelayer	..	..	..	..	..	1	..	..	1
Clergymen	2	..	..	..	..	1	..	1	4	Plumbers	..	1	..	..	..	1	..	..	2
Coachbuilder	1	..	..	..	..	..	..	..	1	Porter	1	..	..	..	..	..	..	..	1
Cooks	2	2	1	..	..	1	..	..	6	Restaurant-keepers	2	..	..	..	..	..	..	..	2
Commission agent	..	..	1	..	..	..	..	..	1	Saddlers	1	..	..	..	1	2	..	..	4
Compositors	..	2	..	..	..	..	..	..	2	Seamen	6	1	..	..	..	3	..	..	10
Dairymen	..	1	..	..	..	..	..	..	1	Schoolmaster	1	..	..	..	..	..	..	..	1
Dealer	..	..	1	..	..	..	..	..	1	Settlers	..	..	..	..	..	2	..	..	2
Dentist	..	..	..	..	..	1	..	..	1	Sharebroker	1	..	..	..	..	..	..	..	1
Digger	..	1	..	..	..	..	..	..	1	Shearer	..	1	..	..	..	..	..	..	1
Drapers	1	3	..	..	..	..	..	..	4	Sheep-farmers	..	1	..	..	1	..	..	..	2
Drovers	1	1	..	..	..	..	..	..	2	Solicitors	1	..	..	..	2	1	..	..	4
Engine-driver	1	..	..	..	..	..	..	..	1	Station-manager	..	..	..	..	..	..	..	1	1
Engineers	2	1	..	..	..	..	..	..	3	Steward	..	..	..	..	..	1	..	..	1
Farmers	20	7	3	..	..	12	..	2	44	Storekeeper	..	..	..	..	1	..	..	..	1
Farm labourers	..	..	..	..	..	7	..	1	8	Storeman	1	..	..	..	..	..	..	..	1
Fishermen	1	..	1	..	..	..	..	..	2	Surveyor's assistant	..	..	..	..	..	1	..	..	1
Fishmonger	..	1	..	..	..	..	..	..	1	Tailor	..	..	1	..	..	..	..	..	1
Flour-miller	1	..	..	..	..	..	..	..	1	Timber worker	..	..	..	..	1	..	..	..	1
Fruitgrower	1	..	..	..	..	..	..	..	1	Tobacconist	..	..	..	..	..	1	..	..	1
Fruiterer	..	..	..	..	..	1	..	..	1	Transfers	2	2	3	35	..	3	29	3	77
Gardeners	2	4	1	..	1	8	..	..	16	Trapper	1	..	..	..	..	..	..	..	1
Gas expert	..	..	..	..	..	1	..	..	1	Travellers	..	1	..	..	..	3	..	..	4
Grocers	1	..	1	..	..	..	..	..	2	Typists	..	..	2	..	..	..	..	..	2
Grooms	..	..	..	..	..	2	..	..	2	Upholsterer	..	1	..	..	..	1	..	..	2
Gum-diggers	7	..	..	..	..	..	..	..	7	Veterinary surgeon	..	1	..	..	..	..	..	..	1
Hawkers	1	2	..	..	..	1	..	..	4										
Horse-trainer	..	1	..	..	..	..	..	..	1	Totals	153	97	60	43	17	134	29	10	543
Females.																			
Aboriginal Natives	..	..	..	..	..	3	..	..	3	Milliner	..	1	..	..	..	..	..	..	1
Charwoman	..	..	..	1	..	..	..	..	1	No occupation	4	3	2	1	..	4	..	2	16
Clerks	..	1	..	..	..	..	..	1	2	Nurses	1	..	1	..	..	1	..	..	3
Companion	..	..	1	..	..	..	..	..	1	Old-age pensioner	1	..	..	..	..	..	..	..	1
Domestic duties	81	19	55	6	5	73	..	3	242	Saleswomen	1	..	1	..	..	..	..	..	2
Dressmakers	1	1	..	..	1	1	..	..	4	Schoolgirls	..	2	..	..	..	..	..	..	2
Factory hand	..	1	..	..	..	..	..	..	1	School-teacher	1	..	..	..	..	..	..	..	1
Florist	..	..	..	..	1	..	..	..	1	Tailoresses	..	..	1	..	..	2	..	..	3
Housewives	..	22	..	3	..	..	..	5	30	Transfers	..	..	3	15	12	..	..	1	31
Laundresses	1	..	1	..	..	..	..	..	2										
Maoris	2	..	..	..	..	..	..	..	2	Totals	93	50	66	25	19	84	..	12	349

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	699½	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	58	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
1908 ..	434	325	759	180	146	326	9	13	22	9	6	15	148	74	222	1,997	1,417	3,414	1,894	1,346	3,240	42·25	45·91	43·82	7·81	5·50	6·85
1909 ..	447	376	823	179	170	349	17	22	39	29	68	97	136	68	204	2,083	1,465	3,548	1,970	1,404	3,374	42·72	57·24	48·74	6·90	4·84	6·00
1910 ..	639	371	1,010	182	145	327	30	29	59	164	55	219	186	97	283	2,160	1,510	3,670	2,028	1,445	3,473	38·40	46·18	41·50	9·17	6·71	8·15
1911 ..	455	322	777	163	168	331	23	16	39	11	7	18	198	105	303	2,220	1,536	3,756	2,105	1,496	3,601	36·38	53·00	43·27	9·41	7·02	8·41
1912 ..	593	394	987	184	141	325	17	44	61	146	18	164	193	87	280	2,273	1,640	3,913	2,146	1,551	3,697	40·17	37·01	38·74	8·99	5·61	7·57
1913 ..	543	349	892	175	162	337	35	48	83	78	36	114	196	111	307	2,332	1,632	3,964	2,252	1,597	3,849	37·55	50·94	42·98	8·70	6·96	7·98
	12,464	8,355	20,819	4,659	3,641	8,300	956	784	1,740	1,214	834	2,048	3,785	1,718	5,503	..	..	..	..	..	..	..	..	..	..	..	..

	M.	F.	T.
In mental hospitals, 1st January, 1876	482	254	736
In mental hospitals, 1st January, 1914	2,332	1,632	3,964

TABLE XVI. — SHOWING THE ADMISSIONS, READMISSIONS, DISCHARGES, AND DEATHS FROM THE 1ST JANUARY, 1876, TO THE 31ST DECEMBER, 1913.

	M.	F.	T.	M.	F.	T.
Persons admitted during period from 1st January, 1876, to 31st December, 1913	9,923	6,370	16,293			
Readmissions	2,541	1,985	4,526			
Total cases admitted				12,464	8,355	20,819
Discharged cases—						
Recovered	4,659	3,641	8,300			
Relieved	956	784	1,740			
Not improved	1,214	834	2,048			
Died	3,785	1,718	5,503			
Total cases discharged and died since January, 1876				10,614	6,977	17,591
Remaining, 1st January, 1876				482	254	736
Remaining, 1st January, 1914				2,332	1,632	3,964

TABLE XVII.—SUMMARY OF TOTAL ADMISSIONS: PERCENTAGE OF CASES SINCE THE YEAR 1876.

	Males.	Females.	Both Sexes.
Recovered	37·39	43·58	39·87
Relieved	7·67	9·38	8·37
Not improved	9·74	9·98	9·83
Died	30·36	20·57	26·43
Remaining	14·84	16·49	15·50
	100·00	100·00	100·00

TABLE XVIII.—EXPENDITURE, OUT OF PUBLIC WORKS FUND, ON MENTAL HOSPITAL BUILDINGS, ETC., DURING THE FINANCIAL YEAR ENDED 31ST MARCH, 1914, AND LIABILITIES AT THAT DATE.

Mental Hospitals.	Net Expenditure for Year ended 31st March, 1914.	Liabilities on 31st March, 1914.
	£ s. d.	£ s. d.
Motuihi Island	560 16 10	..
Auckland	8,907 7 10	18,552 3 6
Tokanui	8,873 16 1	2,126 0 0
Porirua	1,951 8 3	..
Christchurch	616 10 10	..
Seacliff	3,257 8 4	37 7 6
Waitati	1,633 15 5	11 13 6
Nelson	200 0 0	..
Totals	26,001 3 7	20,727 4 6

TABLE XIX.—TOTAL EXPENDITURE, OUT OF PUBLIC WORKS FUND, FOR BUILDINGS AND EQUIPMENT AT EACH MENTAL HOSPITAL FROM 1ST JULY, 1877, TO 31ST MARCH, 1914.

Mental Hospitals.	1877–1906.	1906–7.	1907–8.	1908–9.	1909–10.
	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
Auckland	104,905 19 2	527 17 3	253 7 10	1,318 8 9	1,523 10 2
Reception-house at Auckland ..	..	4 10 0	462 10 0	61 16 0	1,788 8 0
Wellington	28,869 2 9	482 0 9	198 2 1	106 10 0	..
Wellington (Porirua)	119,621 6 10	1,175 12 2	2,369 14 10	2,246 13 5	10,347 13 10
Christchurch	113,133 15 3	1,962 6 5	2,018 2 7	4,143 14 11	1,133 4 5
Seacliff	143,107 2 2	1,997 4 5	1,313 17 6	5,598 4 8	2,796 17 9
Waitati	..	320 10 2	252 4 10	86 18 10	..
Dunedin (The Camp)	3,014 3 6	899 7 11	918 18 8	58 16 9	..
Napier	147 0 0	..	..	..	..
Hokitika	3,445 13 0	19 7 0	..	..	256 7 0
Richmond	989 4 8	107 14 7	..	..	..
Nelson	16,522 18 11	552 8 11	200 0 0	1,675 0 0	1,992 6 1
Totals	533,756 6 3	8,048 19 7	7,986 18 4	15,296 3 4	19,838 7 3

Mental Hospitals.	1910–11.	1911–12.	1912–13.	1913–14.	Total Net Expenditure, 1st July, 1877, to 31st March, 1914.
	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
Auckland	462 17 2	105 8 9	135 3 8	8,907 7 10	118,140 0 7
Reception-house at Auckland ..	2,531 6 5	105 5 7	104 16 9	..	5,058 12 9
Motuihi Island	..	..	..	560 16 10	560 16 10
Tokanui	165 16 8	4,303 1 1	21,935 2 8	8,873 16 1	35,277 16 6
Wellington	..	..	..	..	29,655 15 7
Wellington (Porirua)	8,121 7 0	1,762 5 6	9,550 5 9	1,951 8 3	157,146 7 7
Christchurch	1,062 14 10	411 13 3	4,866 10 7	616 10 10	129,348 13 1
Seacliff	4 4 7	1,479 9 2	5,381 18 10	3,257 8 4	164,936 7 5
Waitati	..	442 1 9	4,007 6 4	1,633 15 5	6,742 17 4
Dunedin (The Camp)	..	..	..	..	4,891 6 10
Napier	..	..	..	..	147 0 0
Hokitika	5 14 4	..	..	..	3,727 1 4
Richmond	..	..	..	..	1,096 19 3
Nelson	352 16 7	200 0 0	200 0 0	200 0 0	21,895 10 6
Totals	12,706 17 7	8,809 5 1	46,191 4 7	26,001 3 7	678,625 5 7

Table XX.—Showing the Expenditure for the Year 1913.

Items.	Auckland.	Christchurch.	Dunedin (Seacliff).	Hokitika.	Nelson.	Porirua.	Tokanui.	Total.
	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
Inspector-General*	..	..	..	..	..	..	..	1,000 0 0
Deputy Inspector-General and Assistant Inspector*	..	..	..	..	..	..	..	448 19 10
Clerks*	..	..	..	..	..	..	..	994 16 1
Medical fees*	..	..	..	..	..	..	..	1,302 18 0
Contingencies	..	..	..	..	..	..	..	762 7 0
Official Visitors	25 4 0	6 6 0	39 18 0	12 12 0	8 8 0	25 4 0	..	117 12 0
Superintendents	650 0 0	650 0 0	708 6 5	235 0 0	400 0 0	687 10 0	600 0 0	3,930 16 5
Assistant Medical Officers	474 11 1	329 12 9	990 19 4	200 0 0	16 13 4	581 14 5	..	2,593 10 11
Visiting Medical Officers	..	..	..	..	..	..	..	..
Clerks	266 0 8	330 0 0	443 0 8	..	45 0 0	340 0 0	..	1,424 1 4
Matrons	230 14 0	135 0 0	141 15 0	90 0 0	115 0 0	135 0 0	..	847 9 0
Attendants and servants	8,330 7 11	9,111 8 7	12,630 16 7	2,579 18 9	2,178 6 7	12,418 3 4	2,084 10 10	49,333 12 7
Rations	7,790 12 9	6,747 13 4	7,430 7 8	2,173 8 9	1,680 11 8	8,057 19 8	1,382 9 8	35,263 3 6
Fuel, light, water, and cleaning	1,747 12 3	2,886 18 10	2,702 18 4	108 6 7	434 13 0	2,125 3 9	134 17 9	10,140 10 6
Bedding and clothing	2,269 0 6	2,617 19 6	2,715 9 7	247 6 1	365 18 0	2,524 19 5	213 19 11	10,954 13 0
Surgery and dispensary	102 14 3	112 2 8	220 18 4	12 13 3	41 14 8	219 18 11	9 5 9	719 7 10
Wines, spirits, ale, and porter	12 0 0	6 7 0	10 8 0	0 5 0	6 11 0	14 5 3	..	49 16 3
Farm	526 18 6	945 15 3	3,118 18 0	86 0 4	162 16 8	1,481 4 5	2,245 8 7	8,567 1 9
Buildings and repairs	588 15 6	650 10 9	1,737 17 0	8 18 2	..	886 18 4	454 5 7	4,327 5 4
Necessaries incidental, and miscellaneous	2,639 0 3	3,723 3 8	5,166 3 2	480 16 2	664 17 6	3,867 16 3	791 8 2	17,333 5 2
Totals	25,653 11 8	28,252 18 4	38,057 16 1	6,235 5 1	6,120 10 5	33,365 17 9	7,916 6 3	150,111 6 6
Repayments, sale of produce, &c.	9,175 15 4	9,620 4 11	13,219 4 0	1,125 11 2	1,678 7 8	12,193 1 4	215 19 5	47,228 3 10
Actual cost	16,477 16 4	18,632 13 5	24,838 12 1	5,109 13 11	4,442 2 9	21,172 16 5	7,700 6 10	102,883 2 8

* Not included in Table XXI.

Table XXI.—Average Cost of each Patient per Annum.

Mental Hospital.	Provisions.	Salaries.	Bedding and Clothing.	Light, Fuel, Water, and Cleaning.	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 1913.	Increase in 1913.
	£ 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	9 0 1¼	11 10 8¼	2 12 5½	2 0 5	0 2 4½	0 0 3¼	0 12 2¼	0 13 7¼	3 1 0½	29 13 1¾	9 5 3¼	20 7 10½	19 1 0	19 4 5¼	0 3 5¼	..
Christchurch	9 17 0	15 8 4¾	3 16 5	4 4 3½	0 3 3¼	0 0 2½	1 7 7½	0 19 0	5 8 8½	41 4 10¾	11 2 8¼	30 2 2½	27 4 0¼	27 8 6¼	0 4 6	..
Dunedin (Seacliff)	8 8 10½	16 19 10½	3 1 8½	3 1 5¼	0 5 0¼	0 0 2¼	3 10 10¾	1 19 6	5 17 5	43 4 11½	12 9 6½	30 5 5	28 4 6½	28 16 2½	0 11 8	..
Hokitika	9 17 7	14 3 5	1 2 6	0 9 10	0 1 2	..	0 7 9¾	0 0 9¾	2 3 8½	28 6 10	4 15 6	23 11 4	23 4 6½	25 16 2	2 11 7½	..
Nelson	9 9 10½	15 12 3	2 1 4	2 9 1½	0 4 8½	0 0 8¾	0 18 5	..	3 15 1½	34 11 7	8 3 8½	26 7 10½	25 1 11½	25 11 0½	0 9 1½	..
Porirua	9 1 1	15 18 10	2 16 8½	2 7 9½	0 4 11¼	0 0 4	1 13 2½	1 0 0	4 6 11	37 9 9½	11 18 3½	25 11 6	23 15 9½	25 19 8	2 3 10½	..
Tokanui	15 7 2½	29 16 6¾	2 7 6½	1 9 11¾	0 2 1	..	24 19 0	5 0 11½	8 15 10¼	87 19 2	1 6 1½	86 13 0½	85 11 2	..	..	..
Averages	9 5 3	15 6 0¼	2 17 6½	2 13 3¼	0 3 9½	0 0 3	2 5 0	1 2 9	4 11 0¾	38 4 11	10 9 4½	27 15 6½	25 16 9½	25 6 8¼	..	0 10 1¼

Table XXIa.

Including first five items in Table XX	..	..	..	..	..	..	..	..	..	39 8 7½	..	..	27 0 6	26 10 1½	..	0 10 4½

Table XXIb.

Richmond Home for Feeble-minded	13 16 11¾	40 16 4¾	3 18 9¾	3 11 4½	..	..	4 7 11½	0 6 4½	4 8 2¼	71 6 1	..	..	60 15 0	59 5 2¾	..	1 9 9¼
Patients on probation at The Camp	12 10 11	28 13 4¼	1 9 5½	2 17 3	0 2 4½	..	1 6 7¼	0 9 2	6 13 11	54 3 0¾	..	..	53 0 2	51 19 1¾	..	1 1 0¼

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