

is not done in the way of amending the law so that this class of patient, who after all is merely suffering from a physiological senile degeneration, could be treated in institutions for old people apart altogether from mental hospitals.

There was one suicide during the year, that of a male patient who, while engaged with a working-party at the new reception block, suddenly rushed up a ladder on to the eave of the building and threw himself head foremost to the ground.

As a result of the acquisition of land at Templeton it has been possible to considerably extend farming operations. The buying and killing of our own stock continues an unqualified success. Taking into account all charges, our meat for last year cost us—for mutton 5·67d. per pound, and for beef 4·96d. per pound. I need not point out that this, for first-quality meat, under present conditions, is much better than could be done under any other system of supply.

War conditions have, of course, added to the difficulties of administration, but the officers and members of the staff generally have loyally and energetically co-operated to meet the altered conditions.

The patients' entertainments have been continued, and I am indebted to a number of ladies and gentlemen in Christchurch for books, magazines, and periodicals.

PORIRUA MENTAL HOSPITAL.

Dr. HASSELL reports:—

The total number of patients under care during the year was 1,239 (730 males and 509 females), while the average number resident was 967 (560 males and 407 females). 205 (124 males and 81 females) were admitted for the first time, and in addition 50 patients were readmitted and 2 transferred from other mental hospitals. Of those discharged, 118 (72 males and 46 females) had recovered, which makes a recovery-rate of 46·27 per cent. of the number admitted. The total number of deaths was 77, which amounts to nearly 8 per cent. of the average number of patients in residence. Both recovery and death rates were somewhat higher than in former years. About half of the deaths were caused by senile decay (18 cases), phthisis (12 cases), and general paralysis (8 cases).

Not included in the above statistics were 11 cases who gained admission by voluntary request, of whom 3 had subsequently to be committed owing to an accentuation of their mental disorder, 1 died from general debility, and 7 were discharged relieved or recovered.

The event of most importance during the year was the completion and opening of the new home designed to accommodate two classes of cases—first the early cases and convalescents, and secondly the physically sick. The home largely consists of four pavilions, two for male and two for female patients, and is so constructed that the two classes of cases are treated apart. Besides the pavilion dormitories there are a number of single bedrooms for special cases. Altogether upwards of 50 male and 50 female patients can be accommodated. The whole forms a very convenient and well-equipped institution, to which is attached a home for 30 nurses. The situation is good, well away from and out of sight of the main Mental Hospital, and on a hill which in the early days, when Porirua was well populated by Maoris, was called “Ra-uta.” This name has been adopted by the Department for the new home.

At the end of the year the installation of the automatic-telephone exchange was almost completed, and since then the system has proved a great convenience and a valuable aid to administration. Now all wards in the main building, in the auxiliary buildings, and at “Ra-uta” are in direct telephonic communication with my office and house, as well as with the Assistant Medical Officers' residences and other senior officers' quarters.

For many years the large volume of effluent (amounting to upwards of 50,000 gallons in the twenty-four hours) from the septic tanks has been discharged into the stream which flows through the property into the Porirua River some distance above the township. To prevent any contamination of that stream, which was certainly noticeable in the dry summer weather, it was decided to lay a sewer to carry the effluent past the township and discharge it into the harbour. Preparation for this work has been in hand, and I hope it will be completed during the current year.

The general health of the inmates has been satisfactory. No epidemic invaded the institution, although two isolated cases of typhoid fever occurred in the female wards. I regret to have to record two serious accidents: one to a patient working on the farm, who threw himself from the hay-loft and injured his spine and died shortly afterwards, and the other a suicide in the case of a parole patient who was living at “Ra-uta.” Details of these cases were duly forwarded to you.

War conditions again seriously interfered with the working of the Hospital, and it was impossible to procure sufficient attendants and nurses. The shortage varied, and at its worst reached as much as 21 per cent. of the complement of attendants and 24 per cent. of the nurses.

Dr. Hodgson, who was transferred from Seacliff Mental Hospital in May, 1915, was permitted by the Department to join the New Zealand Expeditionary Force in the autumn. I regretted losing the services of so valuable an officer. His going was made possible by the generous offer of Dr. Levinge, who, as senior Medical Superintendent in the service, had retired about twelve years previously. Dr. Levinge offered to rejoin the service and take a junior position in order to release a Medical Officer for military duty. Dr. Levinge commenced duty on the 1st March, and in the following month Dr. Moore also joined the medical staff. Dr. Levinge resigned at the end of September, and about the same time Dr. Moore was transferred to the Auckland Mental Hospital owing to bad health. They were succeeded by Dr. W. Simpson, who had recently returned from the front, and by Mr. Roberts, who was a senior student of medicine of the Otago University. Fortunately there were no changes in the personnel of the senior officers of the various departments of the Hospital.