1920.

NEW ZEALAND.

MENTAL HOSPITALS OF THE DOMINION

(REPORT ON) FOR 1919.

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

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

SIR,— Wellington, 1st August, 1920.

I have the honour to submit to Your Excellency the report of the Inspector-General of Mental Defectives for the year 1919.

I have, &c.,
C. J. PARR,
Minister in Charge of Department for the Care of Mental Defectives.

The INSPECTOR-GENERAL to the Hon. C. J. PARR, the Minister in Charge of the Department for the Care of Mental Defectives.

SIR,— Wellington, 1st July, 1920.

I herewith present the report for the year ended 31st December, 1919.

An analysis of the statistical tables in the appendix shows that the number of patients on the register at the beginning of the year was 4,546 (m., 2,603; f., 1,943): at the end 4,647 (m., 2,667; f., 1,980)—an increase of 64 males and 37 females. The total number under care during the year was 5,509 (m., 3,178; f., 2,331), being 101 (m., 85; f., 16) more than in 1918, while the average number resident, 4,527 (m., 2,620; f., 1,907), was 26 (m., 18; f., 8) in excess.

The ratio of patients on the register to population, exclusive of Maoris, was 39·39 per 10,000 (m., 44·66; f., 34·01), or 1 patient in 254 (m., 224; f., 294); including Maoris—their number on the register is 60 only—the figures are 38·27 per 10,000 (m., 43·34; f., 33·06), or 1 in 261 (m., 231; f., 302).

The admissions (excluding transfers—m., 63; f., 17) numbered 883 (m., 512; f., 371); the male admissions were 75 higher and the female 31 lower than in the previous year. Among these admissions are included 13 immigrants who had been here for less than a year, and 59 New-Zealanders were admitted after return from abroad, 58 being returned soldiers.

Of the 883 cases admitted, 15·75 per cent. were of patients who had previously been treated to recovery in our institutions, leaving the number of first admissions 744 (m., 448; f., 296), an increase of 67 males and a decrease of 27 females compared with 1918.

The ratio of admissions to population (excluding Maoris) was 7·66 per 10,000, and for first admissions 6·47, or, in other words, every 1,305 persons in the general population contributed an admission, and every 1,546 a first admission. The previous decennial average was 7·53 and 6·31.

The total number of patients discharged (excluding transfers) was 437 (m., 233; f., 204), of which 337 (m., 190; f., 147) were discharged as recovered. The remaining 100 (m., 43; f., 57), though not recovered, were sufficiently well to be placed under the care of relatives or friends.

The percentage proportion of recoveries on admissions was 38·17 (m., 37·11; f., 39·62), as against 33·73 (m., 32·49; f., 35·07) in the previous year, and 39·22 (m., 36·78; f., 42·79) in the average for all years since 1876.

The deaths numbered 342 (m., 212; f., 130), giving a percentage of deaths on the average number resident of 7·55 (m., 8·09; f., 6·82), and on the total number (general register) under care during the year of 6·21 (m., 6·67; f., 5·58). The corresponding percentages for the previous year were 9·95 (m., 10·53; f., 9·16) and 8·28 (m., 8·86; f., 7·51) respectively.

As usual, some persons whose condition was doubtful as regards certification as mentally defective have been received for observation at the instance of the Magistrate. At the beginning of the year there were 7 (m., 6; f., 1) such, and 98 (m., 73; f., 25) were received during the year. Of this number, 57 (m., 46; f., 11) were discharged, 42 (m., 28; f., 14) had to be placed under ordinary reception orders, 2 men died, and 4 (m., 3; f., 1) were under observation at the end of the year. These cases do not figure in the statistics, nor do the voluntary boarders, of whom there was a daily average of 54 in the State institutions. At the beginning of the year there were 51 (m., 20; f., 31), and 95 (m., 36; f., 59) were admitted during the year. Six (m., 3; f., 3) had ultimately to be placed on the register of patients, 5 (m., 3; f., 2) died, and 66 (m., 24; f., 42) were discharged, leaving 69 (m., 26; f., 43) resident at the end of the year. The results in the case of persons remanded for observation and in the treatment of voluntary boarders, whereby many are saved from being committed as patients, are distinctly encouraging. Altogether 123 such inmates recovered or left much improved without formal admission as patients.

In the following table the general population and the mental-hospital population, with its admissions and recoveries, are arranged in proportions per cent. of age-groups.

Age-groups.	Proportions at each Age-group of 100 Persons.											
	In the General Population (Approximate).			In Mental Hospitals on 31st December, 1919.			Admitted to Mental Hospitals in 1919.			Discharged as Recovered in 1919.		
	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.
Under 15 ..	30·17	32·58	31·31	1·72	1·59	1·67	4·99	3·04	4·17	0·54	0·69	0·61
15 and under 20	8·44	9·17	8·78	2·10	2·52	2·27	5·59	4·97	5·33	3·78	4·83	4·24
20 ,, 30	19·66	19·67	19·66	10·14	8·88	9·60	20·16	16·57	18·66	21·62	21·38	21·52
30 ,, 40	16·73	15·99	16·39	22·15	20·17	21·31	22·56	24·04	23·18	28·11	28·96	28·48
40 ,, 50	10·44	10·08	10·26	24·09	24·69	24·35	17·97	25·14	20·97	27·57	22·76	25·45
50 ,, 60	6·96	6·13	6·57	17·92	21·15	19·29	12·37	11·60	12·05	10·27	12·41	11·21
60 ,, 70	4·47	3·98	4·24	13·53	13·14	13·37	6·59	9·39	7·76	5·95	7·59	6·67
70 ,, 80	2·62	1·96	2·30	6·41	6·37	6·39	7·18	4·14	5·91	2·16	1·38	1·82
80 and upwards..	0·51	0·44	0·49	1·94	1·49	1·75	2·59	1·11	1·97	..	..	..

Comparing the age-distribution of the general population with ours one immediately learns that insanity is an adult disease, one-third of the general and only one-sixtieth of our special population being contributed by persons under fifteen years of age. This fact disturbs the relative value of the other figures; but if the juveniles in each series were divided proportionately among the other groups the mental hospitals would still have a markedly higher proportion of elderly persons, due mainly to the higher tendency amongst the aged to mental disorder, partly to their small chance of recovery and to institutional care prolonging their lives, and partly to the admission of senile patients who should be treated elsewhere than in a mental hospital. The proportion in the admission table accentuates what has been said about senile cases, and it will be noted that the proportion of juveniles is relatively higher. This has been observed of recent years, and called forth the remarks in my last report for the necessity of a separate institution for their care and training. The largest proportion of admissions and recoveries is contributed by persons between these extremes, and we would be in a much better position to deal with them if we were not hampered by the presence in the same institutions of mentally deficient children and aged mentally infirm, quite apart from the fact that they are occupying accommodation which was designed for the mentally unsound. The following table will make this clear. It is brought up to the 5th June, 1920, and demonstrates a want of accommodation which would be more than adjusted if those in their dotage and the mentally deficient were provided for elsewhere. As things are, there are some adjustments still to be made by transfer of patients to new buildings.

Our discharge-rate is high, our death-rate low, and between these and the total admissions there is always a balance more or less permanently added to our population. I illustrated this some years ago by picturing the structural proportions which general hospitals would attain if the Boards were forced to keep patients till they had practically recovered the use of body and limb they had prior to their illness.

Last year 883 patients were admitted, and 779 were discharged or died; thus 104 were added to the mentally defective population, or 101 to the mental hospitals, for 3 were transferred from mental hospitals to private care as single patients.

We have been endeavouring to keep pace with estimated increments and a little more besides; but the difficulty of getting material and labour has meant slow progress. At the present time buildings so delayed are being proceeded with at Auckland, Tokanui, Nelson, Sunnyside, and Waitati, and more will be needed before these are finished.

Considering the obligation to study economy, the shortness of labour in war years, and the slow rate of progress in building since, we are not so badly off for bare accommodation as we might have been, had we not done a good deal when we were able; nor, for that matter, are we as badly off as many public bodies and private individuals are at present. But we want more than bare accommodation. By reference to the table below it will be seen that the total accommodation is divided into a number of wards, and, I may add, some of these wards are subdivided. If patients labouring under the different classes of mental disorder could at all times be trusted to fill the wards as designed there would be very little trouble; but one is dealing with a very uncertain quantity, and so one ward may be overfilled while another has accommodation to spare. We are countering this by adding new wards instead of additions to existing wards, and so providing for more detailed classification. The reception wards are in this respect a noteworthy addition to our resources. A considerable portion of our expenditure will be directed not to adding to dormitory accommodation, but to enlarging old-time living-rooms and modernizing buildings which have got out of date but are too good to abandon, and also to carrying out renovations and repairs which were largely suspended during the war years.

Mental Hospital.	Mentally Defective Patients on Register as classified on 5th June, 1920.												Patients on Register.				Accommodation on 5th June, 1920.			
	Class I, Unsound Mind.		Class II, Mentally Infirm.		Class III, Idiots.		Class IV, Imbeciles.		Class V, Feeble-minded.		Class VI, Epileptics.		Total.		Absent on Probation.		Number of Wards.		Total.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Auckland ..	313	235	141	48	8	6	91	53	4	31	49	29	606	402	5	13	9	8	645	385
Christchurch ..	231	300	40	29	7	4	33	39	20	11	30	37	361	420	11	18	8	7	380	435
Dunedin (Seacliff and Waitati)	485	325	44	37	11	4	40	31	11	9	48	33	639	439	4	2	11	7	532	403
Hokitika ..	155	40	20	14	2	1	5	2	4	8	12	6	198	71	1	2	4	2	206	64
Nelson ..	24	34	35	39	12	8	10	10	7	7	9	8	97	106	2	4	2	3	92	104
Porirua ..	504	394	22	16	4	4	22	27	16	15	55	30	623	486	5	14	10	8	590	403
Tokanui ..	141	41	..	..	..	1	5	3	2	1	1	3	149	49	..	..	4	2	172	99
Totals ..	1,853	1,369	302	183	44	28	206	165	64	82	204	146	2,673	1,973	28	53	48	37	2,617	1,893

In Table XIII the principal cause is stated as assigned on admission. Omitting cases in which no cause was assigned and grouping others, the percentage proportion of the principal causes operating in the admissions of the year under review was as follows :—

	Male.	Female.	Total.
Heredity	8·56	8·13	8·38
Congenital mental deficiency	18·29	12·95	16·02
Predisposed by previous attack	6·86	17·16	11·14
Critical physiological periods	4·49	11·14	7·13
Senility	13·79	10·24	12·26
Mental stress (prolonged)	10·79	11·74	11·14
Alcohol	11·03	4·20	8·38
Syphilis	10·06	0·31	6·00
Epilepsy	5·21	3·31	4·38
Influenza	2·99	2·70	2·87
Other causes	7·92	18·04	12·14

When one recognizes that the healthy, stable brain, the organ of mind, will withstand the assault of massed stresses, it is obvious that the factor of heredity is understated; and also the fact is not sufficiently brought out that numbers of those contributing to this table have had their resistance reduced by impaired general health, or by some stress often not recognized as such, acting from within the organism, or without, over long periods, and itself impairing the mental and emotional faculties, or imperilling them when the system has to submit to some intercurrent toxic or other stress, regarded as the exciting cause of the mental disorder. Other predisposing influences are necessarily more serious where there is a family history of insanity or the higher neuroses, and experience bears out Mercier's dictum that heredity and stress are in inverse ratio. We cannot insure ourselves or carry a charm against the onset of mental disorder, but for those with a bad heredity to sit with folded arms awaiting the stroke of doom argues an extraordinary pusillanimity, or an ignorance—a guilty ignorance—of the value of a proper environment. The lawmakers of Erewhon were not altogether absurd when they classed illness as crime. Perhaps never before was there so general a mental stress, operating insidiously and predisposing to mental, moral, and nervous disorder, as there is at present; and, as there are so many persons blind to their own needs, there was never a greater need for directing and safeguarding the health of the community. It would not be out of place to illustrate the nature of the present spirit of restlessness.

Any one reading this will have passed through two critical periods at least—puberty and adolescence—associated with the special development and the maturing for function of organs, from which each impulse of this process is transmitted to the brain. Every other organ is likewise forwarding messages, but these, having become familiarized by repetition, cease to disturb the consciousness. It is otherwise with new or unaccustomed messages—received as indefinable, obscure, and voluminous sensations—which are profoundly unsettling till in due course they themselves become familiar and provide an important contribution to an ego now stable and modified by the experience. The differences in deportment during the transition are matters of common knowledge, and it needs no high degree of observation and understanding to appreciate the accompanying intellectual, moral, and emotional instability. It is by virtue of this recognition that the torrent with its destructive tendency is directed by the wise into channels of safety; but, unfortunately, there are many who are not wise or wisely instructed. While this state of mind is expressing itself in vanities, departures in thought, feelings, and conduct from the hitherto normal, the individual is under a stress, the nature of which he does not realize till the danger is past and he can regard himself in the retrospect.

There is an analogy between such stresses acting from within and a disturbance of the same faculties by indefinable resentments and discontents acting from without the individual in this critical period of the world's history. The present cycle of dissatisfaction with what is has been developing, with exacerbations and remissions, through some generations; and individuals wishing to gain the ultimate at once—without a thought of the resulting chaos—while restlessly attempting to adapt themselves to varying conditions, have glimpsed the mirage of social utopias and experienced the inevitable disappointment. Little wonder that some look back regretfully at the passing of the simpler life in thought and labour which preceded the era of science and the newer purpose. So gradual has been the recurring process that the stages are hardly recognizable of individual revolts aggregating to a mass consciousness, of that mass gathering momentum to reach the unattainable, staggering back disappointed, and then disintegrating, while across the void echoes the wisdom of the ancients, "You will go safest in the middle." The importance of the reference in this connection is that mental and emotional instability undoubtedly accompanies the exacerbations, a fact easily demonstrable where in gathered numbers words and deeds are applauded which each unit in the security of his home would repudiate and abhor.

With no prophetic gift, but as an ordinary deduction, I stated that the war would reduce the ratio of insanity; and, now that the effect of this period of high purpose and genuine altruism seems to be exhausting itself, there is a danger of losing our ethical values; and the ordinary stresses which lead to mental disorder will meet with less resistance when the individual, taken at a disadvantage, is attempting to adjust himself to an environment apparently slipping on its foundations. The war, in a measure the consequence of a general half-reasoned sense of revolt, by the very magnitude of its disastrous upheaval compelled a consideration of the world-sickness, and this has led to a helter-skelter rush for remedies. It has disclosed to many for the first time that the pervading unrest, whatever its origin was, is tending to make mankind depart from aspirations for a high and attainable ideal in which the happiness of the individual is merged in the well-being of the whole community. Though it may not be apparent to the individual, the general condition induced is one of mental perplexity, of moral fitfulness and emotional hunger, and predisposes to nervous disorder and a perversion of ethical standards. There are abundant signs of a sense of chafing under irksome restrictions, without consideration whether their complete removal would mean interference with the liberty of others; of a call for self-expression, good, bad, or indifferent; of a desire for self-gratification in the enjoyment of the present, and a discarding of precedents—all pointing to an iconoclastic attack on

old conventions as such, with no thought of their origin and value to the community, or their adaptation and moulding to necessary changes. It is such straining for expression in the midst of revolt which gives us the cubist and the futurist essaying to replace the masterpieces of art; which impels the son of the composer of the "Blue Danube" to startle our sense of harmony with "Don Quixote"; which accounts for innocent young women joining recklessly in dances the meaning and source of which could hardly be referred to in a smoking-room; which draws inspiration for its literary romances from a pathological text-book. The craving for newness at any cost has had its cycles, and is recorded thus by one whose insight into human nature remains unequalled:—

> Where doth the world thrust forth a vanity
> (So be it new, there's no respect how vile)
> That is not quickly buzzed into his ears?
> Then all too late comes counsel to be heard,
> Where will doth mutiny with wit's regard—
> Direct not him whose way himself will choose.

But we are not dealing with circumstances under which this advice was given. Much may be done in the political sphere, but that is beyond my brief. There are, however, social questions on which there cannot be political differences, in which there is an obligation on those in and having the power to direct in the way of physical, mental, and moral safety. The rejections from the Expeditionary Force, coupled with the reports on the indifferent physical condition of numbers of school-children, indicate as clearly as anything can that the underlying cause of most of the unfitness to stand hardships exists before school age. If the natural and proper needs of life are supplied before and after birth, the average infant, child, and adult will be so much the better able to resist the effect of predisposing and the attack of the direct causes of disease, whether physical or mental or moral, and the proportion of the robust will rise to demonstrate that people are not abusing the advantages of this highly favoured country. I am glad that the Government contemplates taking up systematically this question of social service, and, feeling strongly as I do that not alone the physical but the future mental and moral health of the community is largely dependent on the care of the young organism, it is fortunate we are in a position to get the benefit of the experience of Dr. Truby King, who has a world-wide reputation in this branch of medical science. Our relatively small population can be instructed in domestic science, using the term in its widest application, with a completeness impossible in larger communities. Further, with the knowledge that undue excitation of the infant is harmful, it will also be realized that some decided check should be placed on the precocious excitement of older children—on the vivid presentation of vice and the glamour of lawlessness, in spite of the ultimate triumph of virtue, depicted in the class of moving picture which by its supply has created its own demand, and is ethically destructive. I thanked you, sir, privately, and I do so now publicly, for having taken up this matter.

The therapeutic value of the farms, even if we had to work them at a loss, makes them a necessity, but year by year the farming operations, including kitchen-gardening and fruit-growing, have been so successful that their primary object tends to be overlooked—that of diffusing a sentiment of privacy and freedom while providing normal healthy occupation in the open air.

The expenditure for the year on all the farms amounted to £24,171, and the receipts £36,878, leaving a profit of £12,707. The following is a statement of the receipts:—

Mental Hospital.	Produce sold.	Value of Produce consumed.	Total.
	£ s. d.	£ s. d.	£ s. d.
Auckland	1,314 14 2	3,185 7 7	4,500 1 9
Christchurch	4,653 19 4	4,880 15 1	9,534 14 5
Seacliff	3,756 13 4	6,203 18 1	9,960 11 5
Hokitika	..	720 12 1	720 12 1
Nelson	368 2 5	1,609 7 11	1,977 10 4
Porirua	2,379 10 10	3,416 2 1	5,795 12 11
Tokanui	1,811 12 3	2,577 15 7	4,389 7 10
Totals	14,284 12 4	22,595 18 5	36,878 10 9

In Table XXI the bulk of the farm expenditure is divided among "salaries," "farm," and "miscellaneous," while the receipts of produce sold for cash account for £3 3s. 1d. of "receipts of all kinds"; but the value of produce of our own growing consumed, approximately £5 per head, is not shown in Table XXI, and in assessing full actual value of food consumed this sum should be added to the item of "provisions."

There are also some minor sources contributing to the credits; but the chief receipts are collected for the maintenance of patients. These have been highly satisfactory. The total amount was £69,452 12s. 10d., averaging per head £15 5s. 8d., an increase of £3 11s. 3¾d. over the previous year. The collection of maintenance was reorganized in 1910, removed to the Head Office, and placed under Mr. Wells as Receiver. The first year showed an improvement, and then only amounted to £7 7s. 7¼d. per head. The total cost of collection is about 1·4 per cent.

The improved credits, placed against the necessarily increased expenditure in spite of careful buying, have kept the cost per patient within reasonable limits. Thus, for the year ended the 31st December, 1919, the gross cost per head of £63 2s. 9¾d. (no allowance made for interest on buildings, &c., by way of rent) was reduced to £42 8s. 5d., an increase of only £2 9s. 11½d. over the previous year.

The total expenditure for the year ending 31st December, as shown in Table XX, was, in round figures, £286,847; the credits amounted to £94,150, leaving a net expenditure of £192,717. The synchronous rise of credits with expenditure is being maintained. At the balance at the end of the financial year the corresponding figures were £303,755, £112,951, and £190,804, the item of receipts for maintenance having risen to £86,887.

The staff has not yet returned to its normal proportions, but there are indications that the new salary scale, with the less than wholesale cost deducted for maintenance, makes the remuneration attractive when contrasted with the substantial reduction of wages in other occupations by the high cost of living, and not a few members of the nursing staff who left to better themselves under the lure of shorter working-hours and these seemingly higher wages have applied to re-enter the service. The unmarried nursing staff is in a better position than the rest of the community with regard to cost of living, but the Government has generously not considered this fact when allotting the cost-of-living bonus. Unmarried members of the nursing staff are charged £25 for complete maintenance, and the married £15 for meals when on duty. Their respective salaries, after making these deductions and without adding any bonus, are as follows: Nurses, £90 to £115. Attendants—Unmarried, £150 to £170; married, £180 to £200. Charge nurses, £130 to £145. Charge attendants—Unmarried, £185 to £200; married, £215 to £230. The maintenance deduction in the case of Matrons is £50, making their net salary—Class C, £160; Class B, £170 to £180; and Class A, £190 to £210. Head attendants are provided, where possible, with residence, fire, and light at a charge of £45, and have the privilege of dealing at the institution store, because formerly they drew free rations from the store, and this payment in kind was commuted for cash when the salaries were readjusted. Where the house cannot be provided, and the above privilege with it, the deduction is only £20 for meals when on duty. Deducting the full £45, the net salary is—Class B, £280 to £300; Class A, £320 to £340.

There have been many changes among the probationers and junior members of the staff, and these have naturally increased the responsibility of the seniors, whose intelligent oversight, sympathetic care, and kindly control of the patients I am glad to be in a position to record. Such devotion to duty more than anything else stimulates the desire to improve their conditions whenever and wherever possible; but before much can be done we must have a full staff, and be in a position to effect some structural changes to improve the mess-rooms, &c., in some of the institutions. We have set our own example in the Nurses' Home at Sunnyside, and the cottages for married men at Tokanui.

There have been some changes in the higher staff, and it will be as well to bring the record up to date. Dr. Gray Hassell, after thirty-two years' service, retired on superannuation in May, 1920. His knowledge and ripe experience as an alienist, his urbanity, his judicial calm, and his kindly disposition contributed to making a personality which will long be associated with Porirua. When he came to that institution as its first Medical Superintendent the place must have been desolate; and the transformation to its present beauty of recreation-grounds, trees, shrubberies, and colour testify to his energy and skill in landscape gardening and the accomplishment of his desire to improve the amenities of the patients. The thanks of the Government and the appreciation of his medical colleagues expressed on his retiring was no mere compliment.

Dr. Truby King, after an absence of two years on special service in England, returned to Seacliff at the beginning of this year, and Dr. Jeffreys, who was relieving him, resumed duty at Nelson, and was subsequently promoted to succeed Dr. Hassell at Porirua. Dr. McKillop, who had been appointed Medical Superintendent at Hokitika, never entered upon his duties there, but relieved and afterwards succeeded Dr. Jeffreys at Nelson.

The Comptroller-General of Prisons, wishing to place the Waikeria Reformatory on a scientific footing, asked for and obtained the loan of Dr. Gribben, the Medical Superintendent of Sunnyside Mental Hospital. This reformatory being within easy distance of the Tokanui Mental Hospital, Dr. Gribben also exercises supervision over Tokanui, an experienced Assistant Medical Officer being resident. Dr. Crosby, who has done such excellent pioneer work at Tokanui, was transferred to Sunnyside, where many years ago he had been Assistant Medical Officer under Dr. Levinge.

Mr. Souter, Chief Clerk at the Head Office, retired on superannuation after thirty years' devoted service. Mr. J. E. Russell, the much-esteemed senior clerk in the Service, was appointed to succeed him. As Mr. Russell's health had been indifferent, and was getting worse, he was granted six months' sick-leave, but did not long survive. With him there passed from the Public Service an efficient and conscientious officer and a loyal gentleman. On hearing of Mr. Russell's illness, Mr. Souter, whose leave on retirement had not yet expired, returned to his desk until another appointment should be made. I wish to take this opportunity to express to Mr. Souter my appreciation of the matter-of-course manner in which he came to our assistance in the emergency. Following upon Mr. Russell's coming to Wellington, Mr. Thomas, at his own request, was transferred to Sunnyside, and Mr. Hughes was appointed Chief Clerk at Seacliff.

Mr. Barnes, Head Attendant at Porirua, was, at his own request, transferred to Sunnyside, and Mr. Quill, of Seacliff, was promoted to succeed Mr. Barnes at Porirua. The vacancy at Sunnyside was caused by the death of Mr. Harris, who had thirty-one years' faithful service to his account. Mr. Harris had been on sick-leave for some months, and his loss will be felt by the patients to whom his kindly genial manner had endeared him. Miss McDougall, Matron of Seacliff, has been transferred to Auckland, and Miss Mayze was promoted to succeed Miss Hanna, who was appointed to the Head Office as Inspecting Matron—technically an Assistant Inspector. Miss Hanna's qualifications had much to do with the creation of the new office. I felt the need of some one thoroughly acquainted with the ways of patients and the domestic economy of mental hospitals to inspect the women's side of these institutions; and for each inspection to last over some days, so that every aspect of a patient's life may come under critical and helpful review—*e.g.*, bathing, dressing (including the quality of the clothing), food and its service, work, recreation, undressing, night supervision, and so forth.

Works in Progress and in Prospect, and Visits of Inspection.

I have mentioned our difficulties in getting materials and labour for building, and some urgent works are progressing very slowly. This naturally means a degree of congestion in the wards which the additions were designed to relieve. Nevertheless, both with the shortage of accommodation and in the numbers of the nursing staff, the work of the year has been remarkably free of untoward incidents, and the general health of the patients has been good. Once again I have to express my thanks to the District Inspectors and Official Visitors for their undiminished interest in their respective

institutions and the welfare of the patients therein, for their helpful criticism and co-operation. It is with regret that I record the resignation of Mr. Stewart, Auckland, and Messrs. Park and Gallaway, Dunedin, and cannot let the occasion pass without expressing the Department's appreciation of their excellent work, a labour of love often performed at great personal inconvenience. Fortunately, Mr. Gallaway's business arrangements allowed him more leisure recently, and he has permitted himself to be reappointed.

Auckland.—Visited in January, June, July, December, 1919, and May, 1920. The chief difficulty has been a shortage of staff, involving the necessity of making selection from often very indifferent applicants, thus directly increasing the responsibility of Dr. Beattie, his medical colleagues, and the senior nurses and attendants—conditions which bring out the good qualities of the best, but expose the inefficient, and dishearten a few who under other circumstances may have proved moderately good. The staff's new mess-rooms are as good as alteration of the old building will permit, and with the present higher pay and many privileges enjoyed it is hoped there will be a return to the relative number and quality of the staff of some years ago.

I have stated in previous reports that if not possible to revert to local control, at least the probationary period should be extended, because the nature of our work and its responsibilities in dealing with the irresponsible are not comparable with any other branch of the Public Service. Doubtless, the unrest is in some measure a reflection of the general unrest, requiring on all sides adaptation during the transitional period. I have reverted to this subject in this connection because the situation is more acute here than elsewhere, and also to give a meed of praise for the care exercised over the patients under trying circumstances.

Very little in the way of works and buildings has been accomplished beyond the usual maintenance and some urgent matters; but a start has been made with an extensive addition to the Park House, which, when completed, while increasing the accommodation, will be a decided advance in classification.

Sunnyside.—Visited in January, February, May, July, September, December, 1919, and January, February, March, June, 1920. I found things satisfactory save in the matter of urgently needed extension to day- and dining-room accommodation for Wards Nos. 2 and 4, and I was glad to see that a start has been made. The new Reception and Hospital Block now in occupation is most suitable for its purpose and a notable addition to our resources. It is reached from Martin's Road, and, while separated from the main institution, gains many advantages from its proximity, not the least being the ease with which frequent medical and administrative visits can be paid. Many patients paid spontaneous tributes to the comfort of their surroundings and the consideration shown to them.

There has been a further extension of the employment of electricity for power and cooking. Urgent repairs have been carried out, but now that the new buildings are a going concern the old building will need to be systematically overhauled.

Delay in carrying out alterations is responsible for the Hornby Institution not being opened for occupation yet. Once the needed alterations and additions are completed, the place will adapt itself wonderfully well for the particular class of patients for which it was purchased.

An additional 3 acres of land fronting Martin's Road has been purchased, and the cottage on it has been added to and altered as a residence for the Chief Clerk.

The farm continues to be managed efficiently, and I recommend that the leased portion be purchased. The response to improvement and the returns from the supplementary farm at Templeton has more than justified that purchase. This has been another successful year in providing beef and mutton of the best quality, and in other respects also the patients' diet is exceptionally good.

Seacliff.—Visited February, July, December, 1919, and January, March, 1920. A number of moderate to minor works have been carried through with our own labour, and at present an additional unit for women is being erected at Waitati. The building of a central bathroom at the front was postponed for the usual reasons governing building in these days. The alternative scheme of adapting the kitchen, bakehouse, and offices for a central bathroom and additional stores accommodation, after building a new and up-to-date kitchen, &c., near the boiler-house, is much the better, but will be more costly and will take longer to accomplish. In our old buildings the centrally placed, indifferently ventilated kitchens incapable of extension for increasing numbers are a decided handicap at present, and the plan to improve this state of affairs, while providing a centrally placed bathroom similar to that at Sunnyside, is attractive.

The care of the patients, consideration for their comfort, and the granting of as large a measure of liberty compatible with their mental condition has been carried out in the usual satisfactory way The report of a Commission set up to investigate the complaints of a returned-soldier patient not only showed these to be groundless, but is a testimonial of the individual care bestowed and consideration shown to patients by the administrative medical and nursing staff.

Hokitika.—Visited February, June, 1919, and June, 1920. A house planned for a Medical Superintendent could not be proceeded with. I was unable to lease a suitable residence near the institution, so, in the meantime, the old arrangement of a lay Superintendent and visiting medical officer has been continued. It is hoped that we shall soon be in a position to place this institution on the same footing as Nelson. In saying this, one must give credit to Mr. Sellars for the knowledge and energy he brings to bear in all departments of his work, rendering the change over to the medical-control system less urgent than it would otherwise have been, and thank him for placing an extension of these services at the disposal of the Department, pending accommodation being provided in the near future for a Medical Superintendent.

Nelson.—Visited June, 1919. The weekly reports from here are uneventful, and indicate that this little institution is unostentatiously fulfilling its object. Dr. McKillop, after acting for Dr. Jeffreys, who was acting at Seacliff, is now Medical Superintendent. The new Reception Block is proceeding slowly, and some renovations have been carried out at the old building, giving it a new lease of life. Dr. McKillop has been in close touch with the Head Office.

Porirua.—Visited frequently. The principal work here has been the completion of the drainage system, whereby the septic-tank effluents are carried into the harbour.

As in the case of Seacliff, so here, the original kitchen is too limited, and is surrounded by buildings. The remedy in the case of Porirua is to remove the boiler-house, engine-room, and workshops to a separate building (a scheme strongly recommended by our chief engineer), and, this completed, use the vacated buildings for a central kitchen, &c., for which they are well adapted.

The Reception House Hospital, named "Rauta," after the local name of the elevation on which it is situated, continues to give satisfaction to the administration and patients.

The older building is crowded, especially on the women's side, and arrangements are under way for transferring fifty patients to Tokanui.

There has been a shortage of nurses, at times very acute, and great praise is due to the Matron and others for having made the very best of their limited resources.

Tokanui.—Visited February, July, December, 1919, and May, 1920. The farm development has progressed apace, and a permanent camp has been erected on a remote part of the estate to facilitate the working without loss of time in transit.

There is a talk in the district of a railway to join up Te Awamutu and Putaruru, passing through the Mental Hospital estate almost on the lines surveyed for the private light railway I advocated when we first took over the property. The lay-out scheme of this institution was based on this light railway, and when that was abandoned we built as near the existing railway-station as possible. It is a satisfactory site, but not the best, and should the projected railway become an accomplished fact the main future addition should be in the neighbourhood of the trig., as first contemplated, the present institution then becoming a succursal hospital, most valuable for classification. Against this contingency an excellently graded road has been constructed from the trig.-site to the main road, and also back to the Waikeria Reformatory, considerably shortening the journey from the Reformatory to Te Awamutu. This road was constructed by the labour of the Reformatory inmates.

We have carried out a number of works with our own labour, and the Public Works Department have completed another unit of the building scheme to accommodate fifty patients, and are now engaged in adding two blocks, one on the men's and one on the women's side, to enable us to directly admit patients to Tokanui, and not only under transfer as at present. Admitting Waikato patients will by so much relieve Auckland. The soldier patients from Auckland were removed to Tokanui, and the transfer has proved beneficial.

We are at present negotiating with the Te Awamutu Borough Council for connecting the Mental Hospital with their Pirongia water-supply.

Ashburn Hall.—Visited January, February, July, December, 1919, and January, March, 1920. This licensed Mental Hospital aims to provide a comfortable rest-home, and carries out this aim creditably by sinking as far as possible the institution element.

In conclusion, I have to thank the administrative heads for their loyal co-operation and the staff working under them, who, I am sure, will not consider the distinction invidious if I make special mention of the chief clerks for their keenness in purchasing at the best advantage supplies for which we could not let contracts. That patients should not suffer from soaring prices, while keeping expenditure within reasonable limits, has been a responsible and attractive problem.

Lastly, I feel I have much to be grateful for in reviewing the friendly working-spirit existing between the members of my Head Office staff. This is no new thing, but recently they have been severely tried by changes and other emergencies and have proved superior to the ordeal. It is a pleasure to work with such helpers.

I have, &c.,

FRANK HAY.

MEDICAL SUPERINTENDENTS' REPORTS.

AUCKLAND MENTAL HOSPITAL.

DR. BEATTIE reports:—

We began the year with 1,047 patients and ended it with 1,008. The number admitted during the year was 270, of whom 147 were males and 123 females, making the total under care for the year 1317. The numbers discharged or removed were 76 males and 51 females, recovered; 2 males and 10 females discharged not improved; 46 males and 6 females were transferred, and 78 males and 46 females died. The recovery-rate calculated on the admissions was 51·7 per cent. for males and 41·4 for females. The death-rate calculated on the average number resident was 12·2 per cent. for males and 11·5 for females.

The chief causes of death were senile decay, 21; chronic brain-disease, 29; general paralysis, 17; heart-disease, 13. Although the death-rate was high, it should be stated that the general health of the patients was good, excepting that the health-tone of many of those admitted during the year was lower than usual. We were free from epidemic disease.

The work of the institution has been carried on on the usual lines; but for the most part with difficulty, and rarely with any satisfaction. The shortage of staff persists in spite of increased wages and improved conditions. The common unrest and unstability has permeated the Hospital, with a consequent constant inflow and outflow of staff. Preference has been given to returned soldiers.

An innovation was introduced by the appointment of Dr. Mary Wilson, for one year only, at her own request. I had felt for many years that a lady doctor could best perform the work of the female division, and fortunately this opportunity occurred to make a recommendation. Dr. Wilson's appointment, from my point of view and from that of the Hospital, proved an eminently happy one. She has done her work to my complete satisfaction, and she has gained the confidence and appreciation of the patients and their relatives.

A great deal requires to be done yet to make the Hospital approach our desires, but I fully recognize the difficulties in the way.

Our religious services and entertainments have been carried on as usual.

The farm continues to be capably managed. Our thanks are due to the farm-manager and the other senior officers for the work accomplished in the face of innumerable difficulties.

We have to gratefully acknowledge the assistance of the District Inspectors and the Official Visitors, and to express our thanks to the *Herald* for gratuitous daily papers, to Mr. McPherson for weekly religious services, and to various city bands for music, which was specially appreciated.

PORIRUA MENTAL HOSPITAL.

Dr. Hassell reports :—

The total number under care during the year was 1,283 (723 males and 560 females); the average number resident was 1,029. 258 were admitted, of whom 39 were readmissions and 7 transfers from other mental hospitals. 79 died (46 males and 33 females). The total number under care was 43 more, and those admitted for the first time 7 more, than in the previous year.

The official recovery-rate was only 29·8 per cent. of the number admitted. This low rate is partly accounted for by a number of patients sent out on probation failing to present themselves for examination at the end of the period, and so, in accordance with the Act, they had to be recorded as "discharged unrecovered." There is little doubt that a fair proportion of these had recovered.

The percentage of deaths on the average number resident was 7·67. Of the 79 patients who died, 33 suffered from disease associated with old age and 12 from general paralysis. On the whole the physical health of the patients has been good, and no epidemic sickness visited the institution. Unfortunately, two cases of suicide occurred—one a liberty patient and the other a voluntary boarder. Details of these cases have already been supplied to you.

There has been a serious shortage in the nursing staff on the female side. Although our need was well advertised in the Wellington and provincial papers, the substantial increase of salaries offered has not induced sufficient candidates to come forward to fill vacancies. The care and treatment of the female patients was also handicapped by overcrowding in the wards.

During one of your visits of inspection I laid stress on the unsuitable mess-room accommodation for both the attendants and the nurses. These rooms are dull, cheerless, and altogether too small. This part of the institution certainly wants remodelling and fitting accommodation provided.

At his own request, and for family reasons, Mr. Barnes, who has for a number of years been head attendant, was transferred to the staff of the Christchurch Mental Hospital in August. I regretted very much losing the services of so trustworthy and capable an officer. The vacancy at this Mental Hospital was filled by the promotion of Mr. Quill from the Seacliff Mental Hospital staff, and he has proved himself well qualified for the post.

I have to acknowledge the able assistance afforded me by my colleagues Drs. Prins and Macpherson and by senior officers of the staff. I much regret that the Chief Clerk, Mr. Holder, has been in poor health for a great part of the year. He certainly needs a rest and change from his present duties, which he has performed with singular ability and conscientiousness for many years.

CHRISTCHURCH MENTAL HOSPITAL.

Dr. Gribben reports :—

At the beginning of the year 1919 there were 744 patients on the register, of whom 339 were males and 405 females. During the year there were admitted 94 males and 64 females, and at the end of the year there were remaining 780 patients, an increase of 36 for the year. There were 38 deaths (22 males and 16 females), giving a death-rate of 5·3 per cent. on the average number resident. There were 60 recoveries (25 males and 35 females), giving a rate of 37·9 per cent. on the admissions.

The general health of the patients has been satisfactory. Unfortunately, amongst admissions there was, as usual, a considerable proportion of patients suffering from physiological senile degeneration, for whom some provision other than that available in mental hospitals should be provided. One male patient attempted suicide. There were no serious casualties.

The need for the proposed extensions on the female side has now become urgent; the work has started, and its completion will considerably relieve the difficulties at present being experienced. A large amount of renovation and repair work called for in the wards, which it was impossible to cope with during the war, will have to be undertaken. In many places the old plaster is perished and falling off the walls.

The patients' entertainments are being carried on with as much variety as possible, and in this connection the possession on the place of a plant for the running of pictures has proved a great boon, for not only are regular entertainments of this class much appreciated, but it has been possible to provide extra odd hours during the winter evenings, which have been a distinct success and are eagerly looked forward to.

The buying of stock at the market and having it killed for our use at the public abattoir has again proved a very pronounced success. During the past year mutton has cost 5·55d. per pound and beef 5·08d. per pound. Apart from the question of economy, it must be borne in mind that the quality of the meat is of the best, and this again results in a smaller consumption. Furthermore, this system admits of a much greater variety in the meals than is possible under contract, an important item in institution dietary.

It is with sincere regret that I record the death of Mr. T. I. Smail. Possessed of a deep, practical sympathy for those afflicted, combined with a character absolutely fearless and a whole-souled devotion to duty that was a shining example to any one associated with him, Mr. Smail made of the

position of "Patients' Friend" an unqualified success. Having experienced the many advantages arising out of the establishment of this position, I have no hesitation in recommending its continuance. It is essential that the Patients' Friend should be an enthusiast who familiarizes himself with the characteristics and idiosyncrasies of the patients individually, and to do this it is necessary, as Mr. Smail often pointed out, to visit the institution as nearly as possible every day.

Dr. Lee returned to duty in October after having been absent on active service for four years.

I have to thank the staff for their enthusiastic co-operation, which has enabled the work of administration to be carried out under very pleasant conditions.

SEACLIFF MENTAL HOSPITAL.

Dr. Jeffreys reports:—

At the beginning of the year there were 1,057 patients (615 males and 442 females) in this institution. Exclusive of transfers from other institutions there were 150 admissions (94 males and 56 females), and 21 of them (8 males and 13 females) were readmissions. Inclusive of 10 males and 12 females absent on trial, there were 1,077 patients (633 males and 444 females) remaining in the Hospital on 31st December, while the average number resident during the year was 1,068 (624 males and 444 females). Voluntary boarders are not included in the above. Taking into consideration the number of incurables admitted (including several imbeciles from Otekaieke), the recovery-rate was satisfactory, the percentage on admissions being 37·33.

The general health of the patients has been good. There were 66 deaths, and 18 of these were due to senile decay and 6 to general paralysis.

The new block at Waitati for the accommodation of 50 female patients was commenced towards the end of the year, but owing to the shortage of material and the difficulty in procuring carpenters I am afraid it will be some considerable time before the building is completed. A new reservoir has been erected above Simla, and the sanitary arrangements there are now quite satisfactory.

The soldiers at Anzac Hospital, Karitane, and the patients at Waitati have been visited by one or other of the medical staff from Seacliff.

Mr. Quill, who has been in charge of Karitane from May, 1916, was promoted to head attendant at Porirua in July last, and it has been difficult to satisfactorily fill his place. This small hospital has benefited many returned soldiers, and no doubt has been the means of preventing a considerable number from being committed to a mental hospital, and Dr. King's generosity in lending his cottage for all these years cannot be too highly appreciated.

I regretted losing the services of Dr. Macpherson, who resigned early in the year, and also those of Mr. Thomas, Chief Clerk, who was transferred to Sunnyside in December.

I wish to record my appreciation of the good work done by Dr. Gray; and we were fortunate in procuring the services of Dr. Blair, whose ability and zeal considerably lightened one's responsibility. I again wish to record our indebtedness to Messrs. Park and Gallaway, District Inspectors, and to Mr. Cummings, Patients' Friend, for his continued interest in the patients. Miss Monson and Mr. Slater, Official Visitors, have visited the institution most regularly and shown great interest in the patients.

Owing to the distance of this institution from the town, apart from the usual dances, the patients have not had as many entertainments as one could wish, and consequently the visit of the Dunedin Peace Choir was greatly appreciated. It is to be hoped that before long we will have our own cinematograph.

APPENDIX.

TABLE I.—SHOWING THE ADMISSIONS, READMISSIONS, DISCHARGES, AND DEATHS IN MENTAL HOSPITALS DURING THE YEAR 1919.

	M.	F.	T.	M.	F.	T.
In mental hospitals, 1st January, 1919	..	..	..	2,603	1,943	4,546
Admitted for the first time	448	296	744			
Readmitted	64	75	139	575	388	963
Transfers	63	17	80			
Total under care during the year		..		3,178	2,331	5,509
Discharged and died—						
Recovered	190	147	337			
Relieved	37	44	81			
Not improved	6	13	19			
Transferred	66*	17	83			
Died	212	130	342			
				511	351	862
Remaining in mental hospitals, 31st December, 1919 ..		..		2,667	1,980	4,647
Increase over 31st December, 1918		..		64	37	101
Average number resident during the year		..		2,620	1,907	4,527

* Three transferred to private care as single patients.

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 1919.

Mental Hospitals.	In Mental Hospitals on 1st January, 1919.			Admissions in 1919.									Total Number of Patients under Care.		
				Admitted for the First Time.			Not First Admission.			Transfers.					
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Auckland	648	399	1,047	127	95	222	19	28	47	1	..	1	795	522	1,317
Christchurch	339	405	744	74	50	124	16	11	27	4	3	7	433	469	902
Dunedin (Seacliff) ..	615	442	1,057	86	43	129	8	13	21	2	4	6	711	502	1,213
Hokitika	195	73	268	14	6	20	0	1	1	8	0	8	217	80	297
Nelson	94	107	201	13	9	22	2	1	3	2	1	3	111	118	229
Porirua	576	449	1,025	125	87	212	18	21	39	4	3	7	723	560	1,283
Tokanui	115	44	159	1	1	2		..		41	6	47	157	51	208
Ashburn Hall (private mental hospital)	21	24	45	8	5	13	1	0	1	1	0	1	31	29	60
Totals	2,603	1,943	4,546	448	296	744	64	75	139	63	17	80	3,178	2,331	5,509

Mental Hospitals.	Patients discharged and died.												In Mental Hospitals on 31st December, 1919.		
	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	76	51	127	42	16	58	78	46	124	196	113	309	599	409	1,008
Christchurch	25	35	60	18	6	24	22	16	38	65	57	122	368	412	780
Dunedin (Seacliff) ..	29	27	56	8	6	14	41	25	66	78	58	136	633	444	1,077
Hokitika	6	2	8	0	1	1	13	2	15	19	5	24	198	75	273
Nelson	3	4	7	1	2	3	7	7	14	11	13	24	100	105	205
Porirua	49	28	77	30	37	67	46	33	79	125	98	223	598	462	1,060
Tokanui		..		4	2	6	2	0	2	6	2	8	151	49	200
Ashburn Hall (private mental hospital)	2	0	2	6	4	10	3	1	4	11	5	16	20	24	44
Totals	190	147	337	109	74	183	212	130	342	511	351	862	2,667	1,980	4,647

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 Total under Care.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Auckland	635	397	1,032	52·05	41·46	47·21	12·28	11·59	12·02	9·81	8·81	9·42
Christchurch	337	378	715	27·78	57·38	39·80	6·53	4·23	5·31	5·08	3·41	4·21
Dunedin (Seacliff)	624	444	1,068	30·85	48·21	37·33	6·57	5·63	6·18	5·77	4·98	5·44
Hokitika	195	72	267	42·86	28·57	38·10	6·67	2·78	5·62	5·99	2·50	5·05
Nelson	96	104	200	20·00	40·00	28·00	7·29	6·73	7·00	6·31	5·93	6·11
Porirua	586	443	1,029	34·27	25·93	30·68	7·85	7·45	7·68	6·36	5·89	6·16
Tokanui	127	45	172		..		1·57	0	1·16	1·27	0	0·96
Ashburn Hall (private mental hospital)	20	24	44	22·22	0	14·29	15·00	4·17	9·09	9·68	3·45	6·67
Totals	2,620	1,907	4,527	37·11	39·62	38·17	8·09	6·82	7·55	6·67	5·58	6·21

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	..	..	..	..	..	..	..	..	..	..	..	..	2	0	2	..	..	..	..	..	..	..	..	..	2	0	2
From 5 to 10 years	1	2	3	2	0	2	2	3	5	..	..	..	1	1	2	2	2	4	..	..	..	..	..	..	8	8	16
,, 10 ,, 15 ,, ...	4	2	6	3	0	3	6	0	6	..	..	..	..	..	..	2	1	3	..	..	..	..	..	..	15	3	18
,, 15 ,, 20 ,, ...	5	8	13	5	3	8	8	1	9	1	0	1	0	1	1	9	5	14	..	..	..	..	..	..	28	18	46
,, 20 ,, 30 ,, ...	37	17	54	16	8	24	20	11	31	2	0	2	2	3	5	21	20	41	1	0	1	2	1	3	101	60	161
,, 30 ,, 40 ,, ...	27	30	57	25	14	39	20	9	29	4	3	7	1	1	2	35	29	64	0	1	1	1	0	1	113	87	200
,, 40 ,, 50 ,, ...	25	30	55	17	17	34	14	15	29	2	2	4	3	2	5	29	22	51	..	..	..	0	3	3	90	91	181
,, 50 ,, 60 ,, ...	12	12	24	6	8	14	9	7	16	3	2	5	4	2	6	23	10	33	..	..	..	5	1	6	62	42	104
,, 60 ,, 70 ,, ...	9	10	19	9	7	16	5	3	8	..	..	..	1	0	1	8	14	22	..	..	..	1	0	1	33	34	67
,, 70 ,, 80 ,, ...	13	6	19	3	1	4	8	5	13	2	0	2	1	0	1	9	3	12	..	..	..	..	..	..	36	15	51
,, 80 ,, 90 ,, ...	4	0	4	2	0	2	2	2	4	..	..	..	..	..	..	5	0	5	..	..	..	..	..	..	13	2	15
,, 90 ,, 100 ,, ...	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	0	2	2	..	..	..	..	..	..	0	2	2
Unknown	9	6	15	2	3	5	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	11	9	20
Transfers	1	0	1	4	3	7	2	4	6	8	0	8	2	1	3	4	3	7	41	6	47	1	0	1	63	17	80
Totals	147	123	270	94	64	158	96	60	156	22	7	29	17	11	28	147	111	258	42	7	49	10	5	15	575	388	963

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)	98	64	162	35	21	56	32	23	55	9	5	14	8	4	12	85	61	146	1	0	1	7	5	12	275	183	458
Second class (first attack above 3 months and within 12 months on admission)	11	11	22	13	10	23	18	4	22	2	1	3	1	3	4	8	2	10	0	1	1	..			53	32	85
Third class (not first attack, and within 12 months on admission)	3	5	8	24	23	47	10	17	27	2	1	3	2	2	4	31	30	61	..			2	0	2	74	78	152
Fourth class (first attack or not, but of more than 12 months on admission)	34	43	77	16	7	23	34	12	46	1	0	1	4	1	5	19	15	34	..			..			108	78	186
Unknown	..	..	..	2	0	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	0	2
Transfers	1	0	1	4	3	7	2	4	6	8	0	8	2	1	3	4	3	7	41	6	47	1	0	1	63	17	80
Totals	147	123	270	94	64	158	96	60	156	22	7	29	17	11	28	147	111	258	42	7	49	10	5	15	575	388	963

Table V.—Ages of Patients discharged "Recovered" and "Not Recovered" during the Year 1919.

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	..			..			..			..			..			..			..			..		
From 5 to 10 years	..			..			..			..			..			..			..			..		
,, 10 ,, 15 ,,	1	0	1	..			..			..			..			..			..			..		
,, 15 ,, 20 ,,	1	4	5	..			3	1	4	0	1	1	0	1	1	1	0	1	..			..		
,, 20 ,, 30 ,,	21	10	31	0	1	1	1	10	11	1	0	1	7	3	10	0	1	1	1	1	2	0	1	1
,, 30 ,, 40 ,,	17	14	31	0	1	1	8	6	14	2	1	3	9	8	17	1	1	2	3	1	4	..		
,, 40 ,, 50 ,,	20	11	31	..			7	8	15	0	1	1	8	8	16	..			..			..		
,, 50 ,, 60 ,,	6	8	14	..			3	4	7	1	1	2	3	5	8	..			1	0	1	..		
,, 60 ,, 70 ,,	4	1	5	0	1	1	2	6	8	2	0	2	2	1	3	1	1	2	..			..		
,, 70 ,, 80 ,,	1	1	2	..			1	0	1	0	1	1	0	1	1	0	1	1	1	0	1	..		
,, 80 ,, 90 ,,		..		..			..			..			..			..			..			..		
,, 90 ,, 100 ,,		..		..			..			..			..			..			..			..		
Unknown	5	2	7	1	6	7	..			1	0	1	..			..			..			..		
Transfers		..		41	7	48	..			11	1	12	..			5	2	7	..			..		
Totals ..	76	51	127	42	16	58	25	35	60	18	6	24	29	27	56	8	6	14	6	2	8	0	1	1

Ages.	Nelson.						Porirua.						Tokanui.						Ashburn Hall (Private M.H.).						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	..			..			..			..			..			..			..			..			..			..		
From 5 to 10 years	..			..			..			..			..			..			..			..			..			..		
,, 10 ,, 15 ,,	..			..			0	1	1	1	0	1	..			..			..			..			1	1	2	1	0	1
,, 15 ,, 20 ,,	..			..			3	1	4	2	0	2	..			..			..			..			7	7	14	3	1	4
,, 20 ,, 30 ,,	1	1	2	0	1	1	8	6	14	6	12	18	..			0	1	1	1	0	1	..			40	31	71	7	16	23
,, 30 ,, 40 ,,	..			..			15	13	28	7	11	18	..			2	1	3	..			2	0	2	52	42	94	14	15	29
,, 40 ,, 50 ,,	0	1	1	..			16	5	21	7	6	13	..			2	0	2	..			..			51	33	84	9	7	16
,, 50 ,, 60 ,,	2	1	3	..			3	0	3	2	4	6	..			..			1	0	1	..			19	18	37	3	5	8
,, 60 ,, 70 ,,	0	1	1	..			3	2	5	1	1	2	..			..			..			..			11	11	22	4	3	7
,, 70 ,, 80 ,,	..			..			1	0	1	0	1	1	..			..			..			..			4	2	6	0	3	3
,, 80 ,, 90 ,,	..			..			..			0	1	1	..			..			..			..				..		0	1	1
,, 90 ,, 100 ,,	..			..			..			..			..			..			..			..			..			..		
Unknown	..			..			..			..			..			..			..			..			5	2	7	2	6	8
Transfers	..			1	2	3	..			4	1	5	..			..			..			4	4	8	..			66	17	83
Totals ..	3	4	7	1	2	3	49	28	77	30	37	67	..			4	2	6	2	0	2	6	4	10	190	147	337	109	74	183

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.		F.	T.
From 5 to 10 years	1	1	2		..		0	1	1		..			..			..			..			..		1	2	3
,, 10 ,, 15 ,, ...	0	1	1	1	1	2		..			..		1	0	1		..			..			..		2	2	4
,, 15 ,, 20 ,, ...		..		0	1	1		..			..			..		0	2	2		..			..		0	3	3
,, 20 ,, 30 ,, ...	16	5	11	0	1	1		..		0	1	1	1	0	1	2	2	4	1	0	1		..		10	9	19
,, 30 ,, 40 ,, ...	7	6	23	1	1	2	4	2	6		..		0	1	1	6	3	9		..			..		2	13	41
,, 40 ,, 50 ,, ...	8	7	15	4	1	5	8	5	13		..		0	3	3	8	3	11		..			..		28	19	47
,, 50 ,, 60 ,, ...	11	6	17	2	5	7	9	2	11	1	0	1		..		6	6	12	1	0	1	1	0	1	31	19	50
,, 60 ,, 70 ,, ...	14	10	24	7	1	8	4	3	7	3	1	4	1	1	2	8	10	18		..		1	0	1	38	26	64
,, 70 ,, 80 ,, ...	11	7	18	4	2	6	6	5	11	8	0	8	1	0	1	11	5	16		..		1	0	1	42	19	61
,, 80 ,, 90 ,, ...	6	3	9	2	2	4	10	7	17	1	0	1	2	1	3	4	2	6		..		0	1	1	25	16	41
,, 90 ,, 100 ,, ...		..			..			..			..			..		1	0	1		..			..		1	0	1
Unknown	4	0	4	1	1	2		..			..		1	1	2		..			..			..		6	2	8
Totals	78	46	124	22	16	38	41	25	66	13	2	15	7	7	14	46	33	79	2	0	2	3	1	4	212	130	342

Table VII.—Condition as to Marriage.

—	Admissions.			Discharges.			Deaths.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Auckland—									
Single	85	43	128	52	17	69	38	18	56
Married	50	66	116	23	36	59	31	16	47
Widowed	6	14	20	2	7	9	9	12	21
Unknown	5	0	5		..			..	
Transfers	1	0	1	41	7	48		..	
Totals	147	123	270	118	67	185	78	46	124
Christchurch—									
Single	55	24	79	15	18	33	12	5	17
Married	29	32	61	17	19	36	9	8	17
Widowed	6	5	11	0	3	3	1	3	4
Unknown		..			..			..	
Transfers	4	3	7	11	1	12		..	
Totals	94	64	158	43	41	84	22	16	38
Dunedin (Seacliff)—									
Single	61	21	82	20	10	30	22	8	30
Married	27	22	49	8	17	25	14	7	21
Widowed	6	13	19	4	4	8	5	10	15
Unknown		..			..			..	
Transfers	2	4	6	5	2	7		..	
Totals	96	60	156	37	33	70	41	25	66
Hokitika—									
Single	9	2	11	4	2	6	9	1	10
Married	5	4	9	2	1	3	1	0	1
Widowed	0	1	1		..		3	1	4
Unknown		..			..			..	
Transfers	8	0	8		..			..	
Totals	22	7	29	6	3	9	13	2	15
Nelson—									
Single	8	7	15	2	1	3	4	3	7
Married	6	2	8	0	3	3	2	2	4
Widowed	1	1	2	1	0	1	1	2	3
Unknown		..			..			..	
Transfers	2	1	3	1	2	3		..	
Totals	17	11	28	4	6	10	7	7	14
Porirua—									
Single	81	38	119	45	19	64	24	5	29
Married	52	57	109	28	41	69	15	16	31
Widowed	10	13	23	2	4	6	7	12	19
Unknown		..			..			..	
Transfers	4	3	7	4	1	5		..	
Totals	147	111	258	79	65	144	46	33	79
Tokanui—									
Single		..		4	0	4	2	0	2
Married	1	1	2	0	2	2		..	
Widowed		..			..			..	
Unknown		..			..			..	
Transfers	41	6	47		..			..	
Totals	42	7	49	4	2	6	2	0	2
Ashburn Hall—									
Single	5	2	7	3	0	3	1	0	1
Married	4	2	6	1	0	1	2	0	2
Widowed	0	1	1		..		0	1	1
Unknown		..			..			..	
Transfers	1	0	1	4	4	8		..	
Totals	10	5	15	8	4	12	3	1	4
Totals—									
Single	304	137	441	145	67	212	112	40	152
Married	174	186	360	79	119	198	74	49	123
Widowed	29	48	77	9	18	27	26	41	67
Unknown	5	0	5		..			..	
Transfers	63	17	80	66	17	83		..	
Totals	575	388	963	299	221	520	212	130	342

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	135	73	208	84	102	186	109	59	168	38	15	53	3	6	9	138	94	232	36	7	43	4	7	11	547	363	910
Scotland	24	13	37	20	17	37	97	71	168	12	5	17	1	4	5	49	24	73	6	0	6	3	1	4	212	135	347
Ireland	56	42	98	41	49	90	66	46	112	39	13	52	6	4	10	61	62	123	17	9	26	1	0	1	287	225	512
New Zealand	221	226	447	190	221	411	295	239	534	72	36	108	74	70	144	269	241	510	67	33	100	12	13	25	1,200	1,079	2,279
Australian States	35	13	48	14	10	24	24	24	48	11	4	15	0	4	4	35	20	55	5	0	5	0	3	3	124	78	202
France	1	0	1		..			..			..		1	0	1	3	0	3		..			..		5	0	5
Germany	5	2	7	1	1	2	7	1	8	4	0	4		..		5	6	11	1	0	1		..		23	10	33
Austria	16	1	17	1	2	3	1	0	1		..		1	0	1	0	1	1	4	0	4		..		23	4	27
Norway	2	0	2		..		4	0	4	1	1	2		..		2	1	3	1	0	1		..		10	2	12
Sweden	4	1	5	3	0	3	5	0	5	5	0	5	1	0	1	4	1	5	1	0	1		..		23	2	25
Denmark	2	0	2	2	1	3	2	1	3		..			..		5	2	7	1	0	1		..		12	4	16
Italy	4	0	4		..		1	0	1	6	0	6	1	0	1	2	0	2	1	0	1		..		15	0	15
China	2	0	2	1	0	1	10	0	10	4	0	4		..			..			..			..		17	0	17
Maoris	21	16	37	0	1	1	4	0	4	1	0	1	3	1	4	7	5	12	1	0	1		..		37	23	60
Other countries	29	5	34	11	8	19	4	2	6	2	0	2	1	0	1	18	5	23	2	0	2		..		67	20	87
Unknown	42	17	59		..		4	1	5	3	1	4	8	16	24		..		8	0	8		..		65	35	100
Totals	599	409	1,008	368	412	780	633	444	1,077	198	75	273	100	105	205	598	462	1,060	151	49	200	20	24	44	2,667	1,980	4,647

Table IX.—Ages of Patients on 31st December, 1919.

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		..			..		0	2	2		..		2	0	2		..			..			..		2	2	4
„ 5 „ 10 „	0	2	2	3	2	5	1	3	4		..		3	1	4	3	4	7		..			..		10	12	22
„ 10 „ 15 „	4	4	8	6	4	10	8	2	10	0	1	1	8	2	10	7	4	11		..			..		33	17	50
„ 15 „ 20 „	11	14	25	9	7	16	9	10	19		..		9	2	11	14	16	30	3	0	3		..		55	49	104
„ 20 „ 30 „	61	38	99	33	32	65	54	36	90	12	3	15	13	9	22	67	46	113	26	7	33	0	2	2	266	173	439
„ 30 „ 40 „	116	81	197	80	85	165	137	91	228	47	9	56	16	13	29	134	105	239	49	9	58	2	0	2	581	393	974
„ 40 „ 50 „	149	102	251	86	104	190	158	112	270	36	23	59	15	20	35	151	102	253	36	14	50	1	4	5	632	481	1,113
„ 50 „ 60 „	117	87	204	55	85	140	102	84	186	45	13	58	18	25	43	101	102	203	22	8	30	10	8	18	470	412	882
„ 60 „ 70 „	71	49	120	57	50	107	94	58	152	29	7	36	10	16	26	79	60	139	10	8	18	5	8	13	355	256	611
„ 70 „ 80 „	32	19	51	23	32	55	52	35	87	18	11	29	3	7	10	34	17	51	5	1	6	1	2	3	168	124	292
„ 80 „ 90 „	8	1	9	14	7	21	15	10	25	2	4	6		..		8	4	12		..		1	0	1	48	26	74
Upwards of 90 years		..			..		3	1	4		..			..		0	2	2		..			..		3	3	6
Unknown	30	12	42	2	4	6		..		9	4	13	3	10	13		..		0	2	2		..		44	32	76
Totals	599	409	1,008	368	412	780	633	444	1,077	198	75	273	100	105	205	598	462	1,060	151	49	200	20	24	44	2,667	1,980	4,647

Table X.—Length of Residence of Patients who died during 1919.

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	7	3	10	2	1	3	5	2	7		..		1	0	1	10	6	16		..			..		25	12	37
From 1 to 3 months	15	8	23	3	0	3	4	3	7		..			..		4	1	5		..		1	0	1	27	12	39
,, 3 ,, 6 ,, ...	10	4	14	1	1	2	3	1	4	1	0	1	1	1	2	3	1	4		..		0	1	1	19	9	28
,, 6 ,, 9 ,, ...	5	4	9	2	1	3	0	1	1		..			..		2	2	4		..			..		9	8	17
,, 9 ,, 12 ,, ...	3	0	3	2	0	2	2	0	2		..			..		2	2	4		..			..		9	2	11
,, 1 ,, 2 years	7	6	13	2	3	5	5	2	7		..			..		5	2	7	1	0	1	1	0	1	21	13	34
,, 2 ,, 3 ,, ...	4	4	8	2	2	4	0	1	1		..		1	0	1	2	7	9		..			..		9	14	23
,, 3 ,, 5 ,, ...	3	3	6	5	2	7	3	5	8	0	1	1	0	2	2	3	0	3		..			..		14	13	27
,, 5 ,, 7 ,, ...	4	6	10	1	1	2	5	2	7	3	1	4	1	1	2	3	0	3		..			..		17	11	28
,, 7 ,, 10 ,, ...	5	2	7	1	0	1	2	1	3	2	0	2	1	1	2	2	3	5		..			..		13	7	20
,, 10 ,, 12 ,, ...	3	0	3	1	1	2	2	2	4	1	0	1	0	1	1	1	0	1		..			..		8	4	12
,, 12 ,, 15 ,, ...	1	2	3	0	3	3	1	2	3		..		0	1	1	0	1	1	1	0	1		..		3	9	12
Over 15 years	11	4	15		..		9	3	12	6	0	6	2	0	2	9	7	16		..		1	0	1	38	14	52
Died while absent on trial		..		0	1	1		..			..			..		0	1	1		..			..		0	2	2
Totals	78	46	124	22	16	38	41	25	66	13	2	15	7	7	14	46	33	79	2	0	2	3	1	4	212	130	342

Table XI.—Length of Residence of Patients discharged "Recovered" during 1919.

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	7	0	7	4	0	4	1	1	2	3	0	3	1	0	1	6	1	7		..		1	0	1	23	2	25
From 1 to 3 months	23	18	41	7	4	11	3	4	7	1	0	1	1	3	4	15	6	21		..			..		50	35	85
,, 3 ,, 6 ,, ...	19	13	32	4	5	9	11	4	15	1	1	2	1	0	1	10	11	21		..		1	0	1	47	34	81
,, 6 ,, 9 ,, ...	9	3	12	2	3	5	3	2	5	0	1	1	0	1	1	5	1	6		..			..		19	11	30
,, 9 ,, 12 ,, ...	6	8	14	2	7	9	4	2	6	1	0	1		..		3	8	11		..			..		16	25	41
,, 1 ,, 2 years	3	4	7	3	9	12	5	8	13		..			..		6	0	6		..			..		17	21	38
,, 2 ,, 3 ,, ...	4	2	6	1	4	5	1	1	2		..			..		2	1	3		..			..		8	8	16
,, 3 ,, 5 ,, ...	1	3	4	1	2	3	1	2	3		..			..			..			..			..		3	7	10
,, 5 ,, 7 ,, ...	2	0	2	1	0	1	0	1	1		..			..		2	0	2		..			..		5	1	6
,, 7 ,, 10 ,, ...	1	0	1	0	1	1	0	1	1		..			..			..			..			..		1	2	3
,, 10 ,, 12 ,, ...		..			..			..			..			..			..			..			..			..	
,, 12 ,, 15 ,, ...	1	0	1		..		0	1	1		..			..			..			..			..		1	1	2
Over 15 years		..			..			..			..			..			..			..			..			..	
Totals	76	51	127	25	35	60	29	27	56	6	2	8	3	4	7	49	28	77		.		2	0	2	190	147	337

Table XII.—Causes of Death.

Causes.	Auckland.		Christchurch.		Dunedin (Seacliff).		Hokitika.		Nelson.		Porirua.		Tokanui.		Ashburn Hall (Private Mental Hospital).		Total.	
I. General Diseases.																		
Tuberculosis—	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
General	..	..	..	..	1	0	..	..	..	..	..	..	..	..	..	..	1	0
Of bowels	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Peritoneum	..	..	..	..	..	..	..	..	..	..	1	0	..	..	..	..	1	0
Lungs	7	1	3	1	3	0	..	..	0	1	3	2	..	..	..	..	16	5
Pyæmia	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Septicæmia	..	..	..	..	0	1	..	..	0	1	..	..	..	..	..	..	0	2
Influenza	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Carcinoma	2	0	..	..	1	1	..	..	..	..	2	0	..	..	..	..	5	1
Enteric fever	0	4	..	..	..	..	..	..	1	0	..	..	..	..	..	..	1	4
Diabetes	..	..	..	..	2	0	..	..	..	..	..	..	..	..	..	..	2	0
II. Diseases of the Nervous System.																		
Mania, exhaustion from	0	2	0	1	0	1	..	..	..	..	1	0	..	..	..	..	1	4
Melancholia, exhaustion from	3	1	..	..	2	0	..	..	..	..	..	..	..	..	..	..	5	1
General paralysis of insane	15	2	3	0	6	0	1	0	0	1	9	5	..	..	1	0	35	8
Organic brain-disease	11	18	2	3	1	0	..	..	1	0	..	..	..	..	..	..	15	21
Cerebral hæmorrhage	3	0	1	0	2	2	1	0	..	..	1	0	..	..	..	..	8	2
Epilepsy	6	3	0	1	3	2	1	0	..	..	0	2	..	..	..	..	10	8
Cerebral congestion	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Cerebral softening	..	..	..	..	..	..	..	..	..	..	2	0	..	..	..	..	2	0
Cerebral tumour	..	..	..	..	..	..	..	..	..	..	1	0	..	..	..	..	1	0
Locomotor-ataxia	..	..	..	..	0	1	..	..	..	..	..	..	..	..	..	..	0	1
Myelitis	..	..	..	..	..	..	..	..	..	..	1	0	..	..	..	..	1	0
Meningitis	..	..	..	..	..	..	..	..	..	..	1	0	..	..	..	..	1	0
III. Diseases of the Respiratory System.																		
Broncho-pneumonia	..	..	..	..	..	..	..	..	..	..	0	1	..	..	..	..	0	1
Pneumonia	3	1	..	..	3	1	..	..	..	..	1	1	..	..	..	..	7	3
Lobar-pneumonia	..	..	..	..	..	..	..	..	..	..	2	0	..	..	..	..	2	0
Pleurisy	..	..	..	..	1	0	0	1	..	..	..	..	..	..	..	..	1	1
Bronchial asthma	..	..	..	..	..	..	..	..	..	..	1	0	..	..	..	..	1	0
Bronchitis	..	..	..	..	..	..	0	1	0	1	..	..	..	..	..	..	0	2
Goitre	..	..	..	..	0	1	1	0	..	..	..	..	..	..	..	..	1	1
Pulmonary congestion	1	0	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	0
IV. Diseases of the Circulatory System.																		
Valvular disease of heart	11	2	1	1	9	1	4	0	..	..	5	5	1	0	1	0	32	9
Endocarditis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Fatty degeneration of heart	..	..	..	..	..	..	..	..	..	..	0	1	..	..	..	..	0	1
Heart-failure	..	..	1	1	..	..	1	0	..	..	0	1	..	..	..	..	2	2
Arterio-sclerosis	..	..	..	..	..	..	..	..	..	..	0	4	..	..	..	..	0	4
Gangrene	0	1	..	..	..	..	..	..	..	..	1	0	..	..	..	..	1	1
Embolism	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	1	1
V. Diseases of the Digestive System.																		
Acute enteritis	0	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	0	1
Chronic enteritis	..	..	..	..	0	1	..	..	..	..	..	..	..	..	..	..	0	1
Volvulus	0	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	0	1
Cholecystitis	..	..	..	..	..	..	..	..	..	..	0	1	1	0	..	..	1	1
VI. Diseases of Genito-urinary System.																		
Acute nephritis	..	..	..	..	..	..	..	..	..	..	1	0	..	..	..	..	1	0
Chronic nephritis	2	0	0	1	..	..	..	..	..	..	..	..	..	..	..	..	2	1
Cystitis	1	0	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	0
VII. Old Age.																		
Senile decay	13	8	11	6	6	12	4	0	5	3	12	9	..	..	1	1	52	39
VIII. External Causes.																		
Suicide	0	1	..	..	..	..	..	..	..	..	1	0	..	..	..	..	1	1
IX. Died while absent on Trial	..	..	0	1	..	..	..	..	..	..	0	1	..	..	..	..	0	2
Totals	78	46	22	16	41	25	13	2	7	7	46	33	2	0	3	1	212	130

TABLE XIII.—PRINCIPAL ASSIGNED CAUSES OF INSANITY.

Causes.	Auckland.		Christchurch.		Dunedin (Seacliff).		Hokitika.		Nelson.		Porirua.		Tokanui.		Ashburn Hall.		Totals.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Heredity	15	6	2	5	13	8	2	3	1	2	5	3	..		2	0	40	27
Congenital	31	18	12	1	20	6	2	2	5	3	15	13	..		..		85	43
Previous attack	7	9	1	20	11	13	1	0	2	2	10	13	..		..		32	57
Puberty and adolescence	..		11	5	3	1	..		0	1	7	1	..		..		21	8
Climacteric	0	10	0	8	0	5	..		0	1	0	2	..		0	3	0	29
Senility	22	12	11	7	11	7	2	0	2	0	16	8	..		..		64	34
Pregnancy	..		0	1	..		..		..		0	1	..		..		0	2
Puerperal state	0	13	..		0	2	..		..		0	7	..		..		0	22
Lactation	..		..		0	1	..		..		..		..		..		0	1
Mental stress—																		
Sudden	..		..		..		..		..		..		..		..		..	
Prolonged (including war strain)	14	21	6	3	12	4	..		2	1	13	10	1	0	2	0	50	39
Privation	..		..		..		..		..		1	0	..		..		1	0
Solitude	0	2	..		..		..		..		2	0	..		..		2	2
Sexual excess	..		..		..		..		..		..		..		..		..	
Masturbation	1	0	..		..		..		..		1	0	..		0	1	2	1
Alcohol	13	7	17	2	5	1	4	0	2	0	12	4	..		..		53	14
Insomnia	..		..		..		..		..		..		..		..		..	
Drug habit	..		..		1	0	..		..		0	1	..		0	1	1	2
Syphilis	12	0	9	0	3	1	..		1	0	17	0	..		4	0	46	1
Toxæmia	..		0	2	..		..		..		..		..		..		0	2
Traumatic	..		3	0	1	1	..		..		..		..		..		4	1
Post operative	0	2	..		..		..		..		..		0	1	..		0	3
Organic brain-disease	..		..		..		..		..		1	0	..		..		1	0
Epilepsy	7	4	6	3	3	0	0	1	..		8	3	..		..		24	11
Apoplexy	..		..		..		..		..		..		..		..		..	
Arterio-sclerosis	1	0	..		..		..		..		0	3	..		..		1	3
Sunstroke	..		..		..		..		..		..		..		..		..	
Tumour of brain	..		..		1	0	..		..		2	0	..		..		3	0
Chorea	..		..		..		..		..		..		..		..		..	
Cancer	..		..		..		..		..		..		..		..		..	
Cardiac disease	1	0	..		..		..		..		..		..		..		1	0
Graves' disease	..		..		..		..		..		0	2	..		..		0	2
Phthisis	..		2	0	..		..		..		0	1	..		..		2	1
Ill health	2	5	0	1	7	6	..		..		0	4	..		..		9	16
Influenza	8	8	1	0	..		..		..		4	1	..		1	0	14	9
Cerebral hæmorrhage	..		..		1	0	..		..		4	0	..		..		5	0
Over-study	1	0	..		..		..		..		..		..		..		1	0
Spiritualism	0	1	..		..		..		..		..		..		..		0	1
Blindness	..		..		..		..		..		0	1	..		..		0	1
Diabetes	..		..		..		..		..		1	0	..		..		1	0
Locomotor-ataxia	..		..		..		..		..		1	0	..		..		1	0
Unknown	11	5	9	2	2	0	3	1	..		23	30	..		..		48	38
Not insane	..		0	1	..		..		..		..		..		..		0	1
Transfers	1	0	4	3	2	4	8	0	2	1	4	3	41	6	1	0	63	17
Totals	147	123	94	64	96	60	22	7	17	11	147	111	42	7	10	5	575	388

Table XIV.—Former Occupations of Patients.

Occupations.	Auckland.	Christchurch.	Dunedin (Seacliff).	Hokitika.	Nelson.	Porirua.	Tokanui.	Ashburn Hall (Private Mental Hospital).	Total.
Males.									
Accountants	1	..	1	..	..	..	..	..	2
Apiarist	..	..	..	..	..	1	..	..	1
Architect	..	1	..	..	..	..	..	..	1
Bakers	1	1	..	..	1	..	..	..	3
Blacksmiths	1	1	..	..	..	..	..	..	2
Bricklayers' apprentice	1	..	..	..	..	..	..	..	1
Boilermaker	..	..	..	..	..	1	..	..	1
Bookseller	1	..	..	..	..	..	..	..	1
Bootmakers	..	2	1	..	..	1	..	..	4
Brass-finisher	..	..	1	..	..	..	..	..	1
Bushmen	1	1	..	..	..	..	..	..	2
Butchers	2	..	..	..	..	..	..	..	2
Cab-driver	1	..	..	..	..	..	..	..	1
Cabinetmaker	..	1	..	..	..	..	..	..	1
Canvassers	1	..	..	..	..	1	..	..	2
Caretaker	1	..	..	..	..	..	..	..	1
Carpenters	1	2	2	..	..	9	..	..	14
Carters	1	..	..	..	..	1	..	..	2
Cheesemaker	..	..	..	..	..	1	..	..	1
Chinaman	1	..	..	..	..	..	..	..	1
Clerks	4	1	1	..	..	3	1	..	10
Clergyman	..	..	..	..	..	1	..	..	1
Commercial travellers	1	..	..	..	..	1	..	..	2
Commission agents	..	..	..	..	..	2	..	..	2
Contractors	..	1	1	..	..	1	..	..	3
Cooks	..	..	2	..	..	1	..	..	3
Drainlayer	1	..	..	..	..	..	..	..	1
Drapers	..	1	1	..	..	..	..	1	3
Driver	..	..	..	..	..	1	..	..	1
Engineer	1	..	..	..	..	..	..	..	1
Farmers	17	11	13	1	3	10	..	5	60
Farm labourers	3	3	..	..	3	3	..	..	12
Firemen	1	2	..	..	..	..	..	..	3
Fisherman	..	1	..	..	..	..	..	..	1
Fitter	..	..	..	..	..	1	..	..	1
Flax-cutter	..	..	..	..	..	1	..	..	1
Flax-miller	..	..	..	..	..	..	..	1	1
Gardeners	..	1	..	..	..	3	..	..	4
Grocer	..	1	..	..	..	..	..	..	1
Groom	..	1	..	..	..	..	..	..	1
Gum-diggers	2	..	..	..	..	..	..	..	2
Hairdressers	1	..	..	..	..	1	..	..	2
Hatters	..	1	..	..	..	1	..	..	2
Hawker	1	..	..	..	..	..	..	..	1
Horse-trainer	1	..	..	..	..	..	..	..	1
Hotelkeepers	..	..	..	1	..	1	..	1	3
Insurance agents	1	..	..	..	1	..	..	..	2
Ironworker	..	..	1	..	..	..	..	..	1
Jeweller	..	..	..	..	..	1	..	..	1
Labourers	31	26	26	7	2	44	..	..	136
Land agent	..	..	..	..	..	1	..	..	1
Liftman	..	..	1	..	..	..	..	..	1
Linesman	..	1	..	..	..	..	..	..	1
Machinist	..	1	..	..	..	..	..	..	1
Maoris	6	..	..	..	..	1	..	..	7
Messenger	..	..	..	..	..	1	..	..	1
Milkman	1	..	..	..	..	..	..	..	1
Mill hands	1	1	..	..	..	..	..	..	2
Miners	1	1	..	3	1	..	..	..	6
Minors	..	..	3	..	..	..	..	..	3
Motor mechanic	..	..	1	..	..	..	..	..	1
Musterer	..	1	..	..	..	..	..	..	1
Old-age pensioners	2	..	3	2	..	3	..	..	10
Orchardists	1	1	..	..	..	..	..	..	2
Painters	1	..	..	..	..	2	..	..	3
Paper-ruler	..	1	..	..	..	..	..	..	1
Photographers	3	..	..	..	..	..	..	..	3
Physicians	..	..	..	..	..	1	..	1	2
Ploughman	..	1	..	..	..	..	..	..	1
Plumbers	..	..	..	..	..	2	..	..	2
Porters	1	..	..	..	..	1	..	..	2
Postman	1	..	..	..	..	..	..	..	1
Printers	..	2	..	..	..	2	..	..	4
Prisoners	5	..	..	..	..	..	..	..	5
Railway surfaceman	1	..	..	..	..	..	..	..	1
Retired	2	..	..	..	..	..	..	..	2
Saddler	..	..	..	..	..	1	..	..	1
Sailors	1	1	..	..	..	3	..	..	5
Salesman	..	1	..	..	..	..	..	..	1
Schoolboys	3	..	2	..	..	..	..	..	5
Schoolmasters	2	2	1	..	..	..	..	..	5
Settler	1	..	..	..	..	..	..	..	1
Shearer	..	..	..	..	..	1	..	..	1
Shepherds	..	2	..	..	..	2	..	..	4
Soldiers	13	..	17	..	..	16	..	..	46
Solicitors	..	..	1	..	..	1	..	..	2
Station hand	1	..	..	..	..	..	..	..	1
Stevedore	1	..	..	..	..	..	..	..	1
Steward	1	..	..	..	..	..	..	..	1
Storekeeper	1	..	..	..	..	..	..	..	1
Storemen	..	1	1	..	..	..	..	..	2
Tailors	1	1	..	..	..	3	..	..	5
Taxi-driver	1	..	..	..	..	..	..	..	1
Tourist	..	1	..	..	..	..	..	..	1
Tram-conductor	..	1	..	..	..	..	..	..	1
Valets	2	..	..	..	..	..	..	..	2
Watchmaker	..	..	1	..	..	..	..	..	1
Waterside workers	3	..	..	..	..	..	..	..	3
Works foreman	1	..	..	..	..	..	..	..	1
Unknown	..	4	..	..	..	..	..	..	4
No occupation	9	7	13	..	4	11	..	..	44
Transfers	1	4	2	8	2	4	41	1	63
Totals	147	94	96	22	17	147	42	10	575
Females.									
Barmaid	..	..	..	..	..	1	..	..	1
Book-keepers	..	..	..	..	..	1	..	1	2
Children	4	..	2	..	..	..	..	..	6
Cooks	..	1	1	..	..	..	..	..	2
Domestic duties	101	24	37	5	8	95	1	4	275
Dressmakers	..	..	3	..	..	..	..	..	3
Gum-digger	1	..	..	..	..	..	..	..	1
Housekeepers	..	..	..	2	..	..	..	..	2
Housewives	..	31	..	..	..	..	..	..	31
Inmate special school	..	..	..	..	1	..	..	..	1
Laundress	1	..	..	..	..	..	..	..	1
Maoris	5	..	..	..	..	..	..	..	5
Nurses	2	..	..	..	1	3	..	..	6
Old-age pensioners	2	..	3	..	..	1	..	..	6
Saleswomen	..	2	..	..	..	..	..	..	2
School-teachers	..	2	1	..	..	1	..	..	4
Storekeeper	..	..	..	..	..	1	..	..	1
Tailoress	1	..	..	..	..	..	..	..	1
Typist	1	..	..	..	..	..	..	..	1
No occupation	5	1	9	..	..	5	..	..	20
Transfers	..	3	4	..	1	3	6	..	17
Totals	123	64	60	7	11	111	7	5	388

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
1914 ..	526	366	892	207	162	369	27	29	56	23	16	39	193	88	281	2,408	1,703	4,111	2,309	1,641	3,950	40·67	45·12	42·51	8·36	5·36	7·11
1915 ..	461	419	880	202	157	359	26	34	60	21	67	88	172	112	284	2,448	1,752	4,200	2,391	1,703	4,094	44·89	43 21	44·27	7·19	6·58	6·94
1916 ..	568	367	935	160	171	331	35	34	69	57	14	71	209	80	289	2,555	1,820	4,375	2,483	1,768	4,251	30 89	47·37	37·66	8·42	4·52	6·80
1917 ..	507	378	885	171	152	323	32	20	52	43	9	52	205	113	318	2,611	1,904	4,515	2,543	1,825	4,368	36·38	40·64	38·27	8·06	6·19	7·28
1918 ..	482	411	893	142	141	283	17	36	53	57	21	78	274	174	448	2,603	1,943	4,546	2,602	1,899	4,501	32·49	35·07	33·73	10·53	9·16	9·95
1919 ..	575	388	963	190	147	337	37	44	81	72	30	102	212	130	342	2,667	1,980	4,647	2,620	1,907	4,527	37·11	39·62	38·17	8·09	6·82	7·55
	15,583	10,684	26,267	5,731	4,571	10,302	1,130	981	2,111	1,487	991	2,478	5,050	2,415	7,465	..	..	..	..	..	..	..	..	..	..	..	..

	M.	F.	T.
In mental hospitals, 1st January, 1876	482	254	736
In mental hospitals, 1st January, 1920	2,667	1,980	4,647

TABLE XVI. — SHOWING THE ADMISSIONS, READMISSIONS, DISCHARGES, AND DEATHS FROM THE 1ST JANUARY, 1876, TO THE 31ST DECEMBER, 1919.

	M.	F.	T.	M.	F.	T.
Persons admitted during period from 1st January, 1876, to 31st December, 1919	12,430	8,142	20,572			
Readmissions	3,153	2,542	5,695			
Total cases admitted			..	15,583	10,684	26,267
Discharged cases—						
Recovered	5,731	4,571	10,302			
Relieved	1,130	981	2,111			
Not improved	1,487	991	2,478			
Died	5,050	2,415	7,465			
Total cases discharged and died since January, 1876			.	13,398	8,958	22,356
Remaining, 1st January, 1876			..	482	254	736
Remaining, 1st January, 1920			..	2,667	1,980	4,647

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

——	Males.	Females.	Both Sexes.
Recovered	36·78	42·79	39·22
Relieved	7·25	9·18	8·04
Not improved	9·54	9·27	9·44
Died	32·41	22·61	28·42
Remaining	14·02	16·15	14·88
	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, 1920, AND LIABILITIES AT THAT DATE.

Mental Hospitals.	Net Expenditure for Year ended 31st March, 1920.	Liabilities on 31st March, 1920
	£	£
Auckland	543	68
Tokanui	4,111	204
Porirua	638	..
Christchurch (Sunnyside)	2,490	..
Hornby	7,370	..
Seacliff	2,069	..
Waitati	848	..
Nelson	208	6,647
Totals	18,277	6,919

TABLE XIX.—TOTAL EXPENDITURE, OUT OF PUBLIC WORKS FUND, FOR BUILDINGS AND EQUIPMENT AT EACH MENTAL HOSPITAL FROM 1ST JULY, 1877, TO 31ST MARCH, 1920.

Mental Hospitals.	1877–1911.	1911–12.	1912–13.	1913–14.	1914–15.	1915–16.	1916–17.	1917–18.	1918–19.	1919–20.	Total Net Expenditure 1st July, 1877, to 31st March, 1920.
	£	£	£	£	£	£	£	£	£	£	£
Auckland	108,992	105	135	8,908	23,434	2,774	76	1,048	1,171	543	147,186
Reception-house at Auckland	4,849	105	105	..	..	..	..	..	..	..	5,059
Motuihi Island	..	..	..	561	..	..	..	..	..	..	561
Tokanui	166	4,303	21,935	8,874	10,379	10,640	5,639	6,188	8,105	4,111	80,340
Wellington	29,656	..	..	..	..	..	..	..	..	..	29,656
Wellington (Porirua)	143,883	1,762	9,550	1,951	6,552	17,518	11,722	10,399	2,462	638	206,437
Christchurch (Sunnyside)	123,454	412	4,867	616	5,107	15,157	24,346	7,647	1,238	2,490	185,334
Hornby	..	..	..	..	..	..	..	..	..	7,370	7,370
Seacliff	154,817	1,480	5,382	3,257	7,413	6,721	997	597	966	2,069	183,699
Waitati	660	442	4,007	1,634	911	671	24	88	498	848	9,783
Dunedin (The Camp)	4,891	..	..	..	..	..	..	..	..	..	4,891
Napier	147	..	..	..	..	..	..	..	..	..	147
Hokitika	3,727	..	..	..	..	..	..	..	..	..	3,727
Richmond	1,097	..	..	..	..	..	..	..	..	..	1,097
Nelson	21,295	200	200	200	200	1,417	1,798	535	200	208	26,253
Totals	597,634	8,809	46,181	26,001	53,996	54,898	44,602	26,502	14,640	18,277	891,540

TABLE XX.—SHOWING THE EXPENDITURE FOR THE YEAR 1919.

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*	..	..	..	..	..	..	..	1,075 0 0
Deputy Inspector-General and Assistant Inspector*	..	..	..	..	..	..	..	825 0 0
Clerks*	..	..	..	..	..	..	..	1,514 18 0
Medical fees*	..	..	..	..	..	..	..	1,215 14 0
Contingencies*	..	..	..	..	..	..	..	1,418 15 2
Official visitors	50 8 0	11 11 0	50 8 0	11 11 0	..	44 2 0	..	168 0 0
Superintendents	697 1 8	987 10 0	770 16 8	320 16 8	630 4 2	950 0 0	987 10 0	5,343 19 2
Assistant medical officers	911 5 0	468 19 1	1,062 15 0	..	..	966 8 3	..	3,409 7 4
Visiting medical officers	..	..	..	225 0 0	33 4 10	..	..	258 4 10
Clerks	713 15 0	812 10 0	772 9 8	..	209 1 8	834 10 7	..	3,342 6 11
Matrons	137 13 4	350 19 1	332 18 4	139 3 4	153 12 0	211 5 0	35 0 0	1,360 11 1
Attendants and servants	16,021 17 7	18,437 0 2	34,025 1 0	5,183 0 3	5,605 12 3	23,366 5 2	8,290 5 5	110,929 1 10
Rations	15,244 7 3	11,941 16 5	14,737 13 2	4,268 4 3	3,552 19 2	13,772 14 8	1,923 13 1	65,441 8 0
Fuel, light, water, and cleaning	2,971 10 5	4,569 12 1	3,539 18 10	182 1 2	688 5 9	3,790 12 3	847 3 6	16,589 4 0
Bedding and clothing	6,166 15 5	5,489 5 1	6,676 5 0	1,472 14 3	1,107 17 5	6,217 0 2	534 2 7	27,663 19 11
Surgery and dispensary	256 2 2	806 15 11	425 11 9	63 13 3	71 4 0	274 4 3	36 1 10	1,933 13 2
Wines, spirits, ale, and porter	19 18 0	39 0 10	20 16 7	2 3 0	..	6 12 6	..	88 10 11
Farm	859 10 10	3,157 10 0	4,303 12 3	137 14 9	743 8 10	2,495 16 3	2,730 1 2	14,427 14 1
Buildings and repairs	508 1 10	739 17 2	1,875 14 3	7 17 0	927 19 2	530 17 4	116 16 2	4,707 2 11
Necessaries, incidentals, and miscellaneous	2,795 3 8	7,213 17 4	6,939 3 11	577 10 10	982 0 2	4,255 18 9	2,370 18 11	25,134 13 7
Totals	47,353 10 2	55,026 4 2	75,533 4 5	12,591 9 9	14,705 9 5	57,716 7 2	17,871 12 8	286,847 4 11
Repayments, sale of produce, &c.	17,561 3 5	19,262 2 7	27,363 7 0	2,637 19 2	3,436 4 1	20,267 4 8	3,602 5 4	94,130 6 3
Actual cost	29,792 6 9	35,764 1 7	48,169 17 5	9,953 10 7	11,269 5 4	37,449 2 6	14,269 7 4	192,716 18 8

* Not included in Table XXI.

Table XXa.—Showing Details of Credits.

Credits.	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.
Receipts for maintenance	15,051 0 11	11,606 16 6	20,275 3 8	2,182 3 4	2,782 10 1	16,322 7 7	1,212 10 9	69,432 12 10
For sales of stock, produce, &c.	1,341 17 2	7,103 0 8	5,419 18 4	228 6 9	468 17 6	3,442 4 10	2,296 16 6	20,301 1 9
Other receipts	1,168 5 4	552 5 5	1,668 5 0	227 9 1	184 16 6	502 12 3	92 18 1	4,396 11 8
Totals	17,561 3 5	19,262 2 7	27,363 7 0	2,637 19 2	3,436 4 1	20,267 4 8	3,602 5 4	94,130 6 3

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

Mental Hospital.	Provisions.	Salaries.	Bedding and Clothing.	Light, Fuel, Water, and Cleaning.	Surgery and Dispensary.	Farm.	Wines, Spirits, Ale, and Porter.	Buildings and Repairs.	Necessaries, Incidentals 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 1919.	Increase in 1919.
	£ 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	14 12 3¾	17 15 4¼	5 18 3	2 16 11¾	0 4 11	0 16 5¾	0 0 4½	0 9 9	2 13 7¼	45 8 0¼	14 8 7¼	30 19 5	28 11 3¼	26 9 7	..	2 1 8¼
Christchurch ..	16 11 3	29 4 5	7 12 3¼	6 6 9	1 2 4½	4 7 7	0 1 1	1 0 6¼	10 0 1½	76 6 4½	16 1 11½	60 4 5	49 12 0¾	49 0 2½	..	0 11 10½
Dunedin (Seacliff) ..	13 11 8	34 2 3½	6 3 0¾	3 5 3	0 7 10¼	3 19 3¾	0 0 4½	1 14 7	6 7 11	69 12 3¾	18 13 8¾	50 18 7	44 7 11	44 1 9¼	..	0 6 1¾
Hokitika	15 19 8½	22 0 5	5 10 3¾	0 13 7¾	0 4 9¼	0 10 3¾	0 0 2	0 0 7	2 3 3¼	47 3 2¼	8 3 5½	38 19 8¾	37 5 7	30 15 7	..	6 10 0
Nelson	17 4 11¼	32 3 10¼	5 7 6¾	3 6 10	0 6 11	3 12 2¼	..	4 10 1	4 15 4	71 7 8½	13 10 1¾	57 17 6¾	54 14 1¼	50 12 4¾	..	4 1 8½
Porirua	13 2 7	25 2 9¾	5 18 6½	3 12 3¼	0 5 2¾	2 7 7	0 0 1½	0 10 1½	4 1 1¾	55 0 5	15 11 2½	39 9 2½	35 14 0	34 16 7	..	0 17 5
Tokanui	11 3 8¼	54 2 10½	3 2 1¼	4 18 6¼	0 4 2¼	15 17 5½	..	0 13 7	13 15 8¼	103 18 1¼	7 1 0	96 17 1¼	82 19 2¾	67 0 9¼	..	15 18 5½
Averages ..	14 8 1¼	27 9 5½	6 1 9½	3 13 0¼	0 8 6¼	3 3 6¼	0 0 4¾	1 0 8¾	5 10 7¾	61 16 2¼	15 5 8	46 10 6¼	41 1 9½	38 19 0	..	2 2 9½

Table XXIa.

	Provisions.	Salaries.	Bedding and Clothing.	Light, Fuel, Water, and Cleaning.	Surgery and Dispensary.	Farm.	Wines, Spirits, Ale, and Porter.	Buildings and Repairs.	Necessaries, Incidentals 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 1919.	Increase in 1919.
	£ 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.
Including first five items in Table XX	..	..	..	..	..	..	..	..	..	63 2 9¾	..	..	42 8 5	39 18 5½	..	2 9 11½

Approximate Cost of Paper.—Preparation, not given; printing (550 copies), £35.

By Authority: Marcus F. Marks, Government Printer, Wellington.—1920.

Price 9d.