1922.

NEW ZEALAND.

MENTAL HOSPITALS OF THE DOMINION

(REPORT ON) FOR 1921.

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 GOVERNOR-GENERAL.

MY LORD,— Wellington, 1st August, 1922.

I have the honour to submit to Your Excellency the report of the Inspector-General of Mental Defectives for the year 1921.

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, C.M.G., the Minister in Charge of the Department for the Care of Mental Defectives.

SIR,— Wellington, 1st July, 1922.

I have the honour to submit my report for the year ended 31st December, 1921.

The number of patients on the register at the end of the year, 4,871 (m., 2,772; f., 2,099), was 117 (m., 55; f., 62) higher than at the beginning, and the daily average under treatment during the year, 4,754 (m., 2,723; f., 2,031), was 100 (m., 49; f., 51) in excess of the previous year, while the total under care was 5,677. The number of Maoris at the end of the year was 65 (m., 34; f., 31).

The admissions numbered 881 (m., 479; f., 402), or 24 men more and 16 women fewer than in the previous year. The proportion per cent. of readmissions (16·23) was approximately the same as in the previous year, and 738 patients were admitted for the first time. To these admissions the Maoris contributed 21 and 7 respectively.

The ratio of all admissions (exclusive of Maoris) to population was 7·05 (m., 7·47; f., 6·61) to 10,000; and of first admissions, 5·94 (m., 6·53; f., 5·32); so that 1,417 persons in the general population contributed one patient, and 1,684 contributed a patient admitted for the first time.

The discharges (excluding transfers) numbered 446, or 41 fewer than in 1920; a smaller number of harmless unrecovered persons were returned to the care of friends, but the recoveries, 371 (m., 178; f., 193), exceeded last year's figures by 16 men and 45 women, and represented a percentage of 42·11 (m., 37·23; f., 47·88) on the total admitted.

The deaths, 58 fewer than in the previous year, numbered 318 (m., 201; f., 117), and represented a percentage of 5·60 on the total number resident.

There is a growing opinion in England favourable to treatment in rate-supported institutions of less pronounced and unconfirmed cases of mental disorder as voluntary boarders. Our experience is not unfavourable. Since the introduction of the principle in the 1911 Act, each year has shown an advance in the number of persons so placing themselves under treatment. Carried over from 1920 were 86 (m., 32; f., 54), and, during 1921, 104 (m., 50; f., 54) were admitted, making a total under care during the year of 190. That number has included examples of mental disorder, ranging from many incipient to a few fairly advanced, yet capable of comprehending what the procedure entailed, a *conditio sine qua non*. There have been also persons labouring under neurasthenia, senility, and organic brain-disease needing nursing, care, and medical treatment. It is noteworthy that 5 boarders only, representing 2·63 per cent. of the total under care, showed mental disease in degree sufficiently pronounced and sustained to render it improper for them to continue as voluntary boarders, and they had to be transferred to the register of patients. The discharges numbered 80 (m., 39; f., 41), and 6 died, leaving at the end of the year 99 (m., 36; f., 63). The daily average of voluntary boarders was 91 (m., 38; f., 53).

I wish to make reference to two among the many subjects we have discussed—the care of persons launched into life mentally ill-equipped, and the care of persons nearing the end of the voyage mentally worn.

In regard to the mentally deficient, it is necessary first and foremost to separate their problem from that of the backward child, and, having done that, to inquire what is our duty towards the deficient. The answer which common-sense dictates is to place them in an environment where with their little comprehension they will not feel their disability; where they will be as happy as possible; where they will be trained for, and engage in, simple employments according to their capacity; where, as children, they will not, by association, prejudice the outlook of their normal brothers and sisters; and where, as adults, they will not have the opportunity to come in conflict with the law or to reproduce their kind. Cases of development of exceptional qualities are quoted now and again, and can be treated as exceptional; but for the bulk of the trainable cases, field or domestic employment, or methodical work at simple handicrafts, useful to their limited community, are most likely to bring content to themselves, and lighten the burden which their care and control places upon the conscience and resources of the community. To the environment above indicated, much less complex than that beyond their colony, they can in a measure adjust themselves: and for the vast majority, in its interest and the public's, this should be the permanent home. For us is to teach and labour truly, so they may, in their narrow limits, endeavour to get their own living and to do their duty in that state of life unto which it has pleased an inscrutable Providence to call them. There are difficulties ahead. When petitions for freedom are made on behalf of a young man or woman, of appearance not unpleasant, who has attained some proficiency at a handicraft, or as a domestic worker, the real trouble will begin. Such persons, the "intellectuals" in the colony and below the average outside it, would fail in free competition and be the most likely to fall into temptation with dire consequences. Sentiment must not be permitted to overreach duty, nor threats to overawe.

I am fully aware that this is not the time to embark on an undertaking involving much expenditure, but I have set down in general terms the guiding principles of a policy to indicate the direction in which work may be done in a small way with the ultimate goal in view.

To the case of the senile, whose mental mechanism is running down slightly in advance of bodily decay, I have often drawn attention, as did my distinguished predecessor. None will deny that a proportion are properly mental hospital patients, but nothing like all the aged sent to us under reception orders, many of whom we keep simply because those whose responsibility it was to look after them apparently shirked that responsibility when they sent them to us, and are not likely to do better were we to set these old folk adrift. The "mentally infirm" were included in the 1911 Act in order to legalize the state of affairs existing. They were persons who, owing to their mental condition, required oversight, care, or control for their own good or in the public interest, such condition being one of mental infirmity arising from age or the decay of their faculties rendering them incapable of managing themselves or their affairs. Before the 1911 Act they were certified to as being "lunatics," and since, more often than not, they come to us classed as "persons of unsound mind," and not as "mentally infirm"; but it is not so much a matter of whether the old man or woman can be made to fit into the above definition, but whether all who can, interpreting it reasonably, are proper subjects for mental hospital care and treatment. Surely it is only when circumstances urgently demand it that they should be committed to us as patients. Experience has taught us to discount bad histories, for, after a few days, the greater number of these senile cases give little or no trouble on account of their mental symptoms, becoming mere infirmary cases, cases which could be managed quite well in a division of an Old People's Home if tactfully nursed and considerately guided. If you turn to Table III in the Appendix you will note that in the year under review we admitted 47 persons between the ages of 70 and 80, 29 between 80 and 90, and 3 between 90 and 100, and of the admissions of known age these contributed 9 per cent. Apart from the fact that such admissions vitiate our statistics, reduce the recovery-rate and add to our death-rate—over 23 per cent. of deaths were due to senile decay—they could be adequately provided for less expensively than in the infirmary divisions of mental hospitals, and should be, if for no other reason than to protect our legitimate sick from the depressing environment of decay.

As I stated above, recognizing that there were homes in which it was practically impossible to retain a restless aged member, we, in the absence of other provision, included as expedient the mentally infirm in the Act, but if that provision is to be employed to dump in our institutions persons labouring under physiological decay, of a class we would unhesitatingly discharge to the care of relatives able to look after them, I may have to seek your assistance to repeal the section and then to stand by the Department when it discharges the patients to the care of organizations for the aged poor. If, on the other hand, their directing boards acknowledge inability to supervise senile patients, and care to make terms for their maintenance with us, we shall be willing to consider the question of looking after them separately from our other patients.

Nearly thirty years ago Dr. Macgregor wrote: "Our peculiar system of local government has the effect of crowding into our asylums . . . an unusually large number of aged people suffering merely from senile decay, people who elsewhere find refuge in workhouses and other similar institutions. In fact, the proportion depends on the issue in each case of a struggle between the local bodies, who are anxious to relieve the local rates, and the General Government officers, who try to defend the consolidated revenue. The Stipendiary Magistrate has the power of admission on the certificate of two medical men, while the officers of the General Government cannot venture to discharge unsuitable admissions unless they previously can provide some means of providing for them, either with friends or in some local refuge."

Hereunder is a return of the patients on the register, as distributed on the 17th June, 1922, and classified under the Act, showing the number on leave and those resident at that date, together with the accommodation available and the number of wards into which it is divided.

Mental Hospital.	Patients on Register on 17th June, 1922, as classified.												Patients on 17th June, 1922.				Accommodation on 17th June, 1922.			
	Class I, Unsound Mind.		Class II, Mentally Infirm.		Class III, Idiots.		Class IV, Imbeciles.		Class V, Feeble-minded.		Class VI, Epileptics.		Absent on Probation.		Resident in Institution.		Number of Wards.		Bedrooms and Dormitories for	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Auckland ..	314	251	157	46	10	7	99	63	7	29	60	33	8	7	639	422	9	8	629	401
Christchurch ..	251	319	36	30	7	7	39	42	21	12	31	46	20	23	365	43	8	7	403	458
Dunedin (Seacliff and Waitati)	419	319	47	34	12	4	48	38	40	25	54	43	5	6	615	457	11	7	533	456
Hokitika ..	140	43	30	14	..	2	2	4	2	1	10	5	..	..	184	69	4	2	210	64
Nelson (and Stoke)	85	35	20	36	1	..	58	16	1	13	14	7	1	..	178	107	3	4	197	114
Porirua ..	518	398	15	14	3	7	22	28	18	12	56	43	16	33	616	469	10	8	590	403
Tokanui ..	66	50	36	27	..	..	26	16	15	2	4	3	1	..	146	98	3	2	149	100
Totals ..	1,793	1415	341	201	33	27	294	207	104	94	229	180	51	69	2,743	2,055	48	38	2,711	1,996

It will be seen that there is an all-round shortage of accommodation, amounting to 91—of 32 for men and 59 for women.

This return is based on weekly reports furnished from each institution, and in the same reports is a statement of the number of senile patients who would be discharged if any person or body were found willing to exercise custodial care over them. I may add, as a footnote to my remarks on that subject, that at this date these specially-reported-on aged aggregate 159½ (m., 81; f., 78)—Sunnyside heading the list with 60—and, if they could be comfortably lodged elsewhere, we would willingly hand them over, and have our present accommodation problem solved. However, we have much to be thankful for, in that a number of buildings have just been completed, and merely await furnishing—the reception-house at Nelson for 8 men and 8 women; the reception-house for 21 men at Tokanui; an addition of three wards, together housing 81 women, attached to Park House, Auckland; and a new unit for 57 women patients at Waitati, in which, however, 42 patients are already housed at night, so there remains accommodation for 15 only to be added. There are new buildings, therefore, practically available for 133 (m., 29; f., 104). This means that we shall have immediately available an excess of accommodations for 45 women and a deficiency for only 3 men. But the return of patients does not include voluntary boarders, who on the 17th June numbered 92 (m., 36; f., 56), and thus the shortage of accommodation is for 50 (m., 39; f., 11), which means "overcrowding" to the extent of 1·02 per cent. Figures published recently in regard to another country worked out at a shortage of accommodation of over 12½ per cent., and I am grateful, therefore, that in a time of financial stress our building programme, though delayed, was not held up. I trust that the relief of tension which this gratitude voices will not be interpreted as an expression of tranquil satisfaction, for there is much to be done. I must indicate, as I have before, that in fairness to the patients and staff it is necessary to have accommodation, more than just enough; otherwise, from time to time, now this and now that ward will be crowded, patients being distributed in them according to their mental condition, a matter which cannot be estimated with mathematical accuracy. Further, in spite of our high recovery-rate, and in spite of the number discharged before recovery (some of which return), and with a comparatively low death-rate, it is inevitable that each year there will be an accretion to our total. With a rising general population the surplus will rise proportionately, and at present it may be estimated safely that 120 more will need to be provided for. Then again, there are additions which do not add but replace, and there are additions for the accommodation of the staff and the comfort and amenities of the patients, a proportion of which must be included in each year's programme.

I am sure, sir, that you appreciate our difficulties and the justice of the claim outlined on behalf of those unable to state their own case, and that I may look for your support in maintaining a continuous forward movement.

An interesting judgment was given by the Court of Appeal on the interpretation of section 127 of the Mental Defectives Act, 1911. The question was whether "every person" was intended to include the husband, and, with one dissentient, the Court held it was. The first rough draft of the Bill qualified the "knowledge" or attempted "knowledge" with the word "unlawful"; but this was deleted when it was pointed out that it would deprive a woman under oversight for her mental condition from protection against a type of husband who would assert his "rights" without considering her wrongs. The Court has therefore read the words as meaning exactly what they were intended to mean. The principle which this section puts into words has doubtless played a silent part in legislation on divorce on the ground of chronic insanity. There would have been more difficulty in getting such legislation on the statute-book if those voting with the "Ayes" had not considered conjugal relations, under such conditions, an outrage on decency.

It was pointed out that the term "mentally defective" is subdivided into a number of classes, which include not alone the insane but the feeble-minded and "even epileptics"; but I would draw attention to the fact that, however wide the application, every case is governed by an indispensable condition—a state of mind necessitating the oversight, care, and control of the individual. To any person not needing supervision for such special reason the section does not apply.

What, then, of the woman who has practically recovered, and is sent out on trial to home surroundings to complete recovery? She may not now need oversight for her mental condition—

that stage may have happily passed—but must her husband have hanging over him the liability of prosecution should he fail to remember that she is newly recovered and has to be treated with all possible consideration, including the avoidance of emotional strain? The answer, should the husband wish to keep within the law, is to be found in section 80, subsection (5): "Any person so absent on leave may at any time during the currency of his period of leave be discharged on the receipt by the person who granted the leave of a medical certificate," &c.

There are patients discharged as "unrecovered" who enjoyed full parole in the institution, and need at home no oversight as mentally defective. There are also, remaining in their homes, feeble-minded persons not committed because they do not need oversight. The section does not apply to them.

If a house and householder be deemed suitable, and if the medical certificates state that it would be safe and convenient, may not a woman be placed by a Magistrate in her husband's care as a single patient? It is quite possible, the Magistrate having satisfied himself that the husband would be a person capable of ordering his conduct to his wife's mental well-being, and if the medical certificates, given on that understanding, declare it safe and convenient. The wife's mental disorder is the paramount consideration, and want of control on the part of the husband, a desire to claim marital rights, would pronounce him unfit to have the charge of her as she then was, and any breach of the law should be regarded as criminal. He would not be alone in the house with her as presumed, for there would be also servants and nurses.

A hypothetical case was stated of a couple living in such restricted quarters that they were forced to cohabit. The answer, it seems to me, is that such quarters are not suitable for treating such a case;. the patient would not be in "proper care."

The point was raised that incipient cases (notified under section 122, within forty-eight hours, where kept for gain, or within three months if at home) would equally, with those under reception orders, come under section 127. It is intended that they should, as long as they are treated as mentally defective by oversight on account of the mental condition. The law's care is for the well-being of such women, and its consideration exists as long as the need exists.

In the particular event, which led to the prosecution and subsequent legal argument, a man visited his wife at a mental hospital, and asked permission to go out in the garden with her instead of staying indoors on a fine day. As she was neither suicidal nor dangerous, the request was acceded to readily, and the crime was committed. The jury blamed "the hospital authorities for not warning the prisoner." Comment is hardly necessary. I would be surprised if any juryman would not feel a sneaking regard for a husband, so insulted, if he got into trouble for knocking down the "hospital authority" by whom, when he sought leave to wander with his wife in the garden, he was warned against having sexual relations with her.

The section in question, which also has eugenic value, has greatly relieved those entrusted with the medical care of patients in the matter of giving married women liberty to go to their homes for shorter or longer periods.

In regard to expenditure and credits, the last report had a table added covering the period from 1st January to 31st March, 1921, and the present statement is for the last financial year. The expenditure is given in detail in Table XVIII and the credits in Table XVIIIA, while in Table XIX the various items are grouped and stated in terms of per patient per annum. Apart from the increased staff, due to the increased leave, and the all-round increase in salaries, and apart from the progress in which our institutions are participating with similar institutions elsewhere, all making for permanent additional expenditure, we have not yet completed restocking in lines which, during the war and immediately after, we had deliberately allowed to run down. The credits have not fallen as much as I had anticipated. They totalled £115,415, or only £7,523 short of the previous year—£4,355 of this being due to a shrinkage in payments for maintenance, which totalled nearly £92,167. The following is the return of receipts and expenditure for our farms, showing a credit balance of £16,185 5s. 5d. on the year's workings:—

Expenditure.	£	s.	d.
Salaries and wages	9,026	1	4
Feed	4,840	8	11
Seeds, fertilizers, &c.	1,953	8	3
Implements, harness, &c.	1,217	18	0
Stock	1,624	10	2
Rents, rates, &c.	1,903	0	8
Fencing, draining, roading	540	4	8
Harvesting, &c.	658	18	1
Railages	228	5	2
Buildings	149	2	7
Sundries	949	6	10
Balance	16,185	5	5
	£39,276	10	1

Receipts.	£	s.	d.
Live stock and produce—			
Sold	13,619	3	0
Consumed	25,657	7	1
	£39,276	10	1

Before making a brief note of my visits to the institutions certain general remarks will not be out of place in respect to misconceptions of ordinarily well-informed persons with regard to mental disease, and the necessity for the steady growth of mental hospitals. Not a few regard the subject as repellant, and have not troubled, therefore, to inform themselves, treating it as something mysterious; and many, quite apart from the really sad aspect of the disturbance of mind showing itself in conduct appreciated or unappreciated by the patient, regard a patient labouring under mental disorder as lost—"witness the necessity to increase accommodation for them, so different from persons suffering from bodily ailments." Such persons—and they are a large number—can be

best answered by adapting some figures used by a distinguished alienist some thirteen years ago. I quoted them in 1910, and regret that necessity exists to return to the subject. The number of cases admitted to treatment during a given period at the Edinburgh Royal Infirmary was—

	For General Diseases.	For Nervous Diseases.	Total.
	4,082	873	4,955
Percentage discharged recovered	33·7	23·0	32·05
New Zealand Mental Hospitals—			
Percentage discharged recovered on total admissions since 1876			41·34
Percentage discharged recovered of admissions in 1921			42·11

Were we to include voluntary boarders the percentage would be higher still, but we may be well enough satisfied for purposes of comparison to omit them, so that our figures refer to persons found mentally defective by two doctors and a Magistrate; and it will be noted that out of every hundred such admissions ten more recover than out of every hundred admitted to a famous general hospital.

In any case, while the intermittent discharge of the cured from a hospital impresses itself mainly on the limited number directly concerned, public sentiment is influenced by the number remaining at the hospital, including, as it does, the incurable majority. Here it is that the general hospital scores; its numbers do not go up markedly, for the unrecovered are discharged, and the vacancies so created are filled by new patients. The majority of our unrecovered, which cannot be discharged in its own interest or that of the public, makes no vacancies, continues to reside in the institution, and contributes to the annual surplus which has to be accommodated. The growth of buildings captures the imagination, and is wrongly attributed to an alarming increase of insanity.

Patients labour under various forms of mental disorder to which each individual reacts more or less according to his personality. It is, broadly, a population sent to us because it could not adjust itself to its environment, and it remains with us as long as that power is not regained. The environment of the institution being less complex, the apparent mental health of the community is better than it would be outside, because the adjustment is easier. Occupation and recreation, and as large a measure of freedom as possible compatible with safety, lead to contentment, varying, of course, with the mentality of the patient; for there are always a few who regard themselves as labouring under a sense of wrong—persons with irreconcilable delusions, and some maniac depressives who have no real insight into their condition. It is these exceptional cases which are inquired into again and again and left unsatisfied; but they, even, gradually cease to be disgruntled when they occupy themselves. As some patients and most relatives of patients object to inmates being recognized by outsiders who may be actuated by curiosity, and as it is at the same time deemed expedient to let patients feel that they have some one other than stipendiary officials to appeal to, the Act empowers the appointment of persons who, so to speak, represent the general public, and pass through the wards unquestioned and whenever they please. In my last report I gave a list of these District Inspectors and Official Visitors—men and women well known in the locality—whose names are a sufficient guarantee that their labour of love is performed faithfully. One District Inspector in each locality is a barrister or solicitor, who is able to give an authoritative opinion to patients, and to estimate the value of evidence when any matter is referred to him for inquiry. These visitors see the patients frequently, and are required by statute to report to the Minister the case of any patient they consider unjustifiably detained. I take the opportunity to express again my gratitude to them.

At the time of writing I have learned of the death of Mr. F. G. Ewington, who was a true friend to any one in distress. He was Official Visitor at Auckland Mental Hospital for a number of years, until forced to resign on account of ill health three years ago, when he wrote: "Although officially severed from you, Dr. Beattie and the patients, my heart and mind are with you and will be with you until the end." And so indeed it was.

In addition to the visits above referred to, and others from the Head Office, I inspected as follows:—

Auckland.—In May, September, November, December, 1921, and in April of this year. On each visit one is impressed with Dr. Beattie's knowledge of, and his solicitude for, his patients. I interviewed privately a number on each visit—all who asked to see me, and others whose cases we discussed—and heard no complaints which were not manifestly delusional; but, on the other hand, many convalescents testified to the consideration with which they had been treated. The wards were clean, but a lot of painting and renovating has still to be done. I was glad to find the Wolf Home newly painted and looking bright, and its inmates cheerful. Extensive alterations are well advanced in the kitchen department. The kitchen work has been carried out under great difficulties, and I am satisfied to know that these will be largely overcome soon. The staff mess-rooms are now very attractive. At my last visit the additions to Park House were just completed, and these, when furnished, will make three excellent wards. On the same occasion an epidemic of enteric fever had visited the district, and a number of patients in all parts of the institution were simultaneously attacked. Every now and then a "carrier" is admitted or is in residence, and is discovered after a few patients are attacked and the epidemic stamped out; but on this occasion, our drainage-system being all right, and possible sources through food-supply or conveyance by "carrier" being negatived, it was found, on investigation, that the district water-supply was contaminated. Fortunately, having an emergency connection with the city water-main, we immediately substituted it, and the epidemic ceased. A tribute is due to the staff for the devotion and skill with which the patients were nursed.

Christchurch.—Visited in March, May, July, and December, 1921, and in March of this year. The condition of the patients was satisfactory on each of these occasions, and I received no complaints. The additions to the No. 2 Ward day-room were nearing completion, and the addition to the dining-room of the same ward is to be taken next in order. The artisan staff has also completed the head attendant's cottage, alterations and additions at Hornby, including the nurses' home, as well as general repairs. I trust that they may be able to proceed now with the attendants' quarters. We also want a small building for farm-workers at Templeton. "The Lodge," Hornby, is now ready for occupation, and I have circularized the medical profession that we can receive a limited number of patients having the means to pay for what is necessarily an expensive undertaking. The ordinary fees are at the rate of seven guineas a week for the first three months; but patients will not be admitted or continue in residence whose conduct is likely to interfere with the well-being of others. For the present men cannot be received, but it is hoped that a villa will be added for them, as there is space enough on the 50 acres of estate, laid out in garden and pleasure-grounds, for the one not to interfere with the other. Dr. Roberts will reside at "The Lodge," to begin with, paying daily visits to Sunnyside, while Dr. Crosby will visit the patients and have the medical direction of "The Lodge."

Seacliff.—Visited in February and August, 1921, and in March of this year. The comfort and well-being of the patients is studied as heretofore. I learned with regret that, owing to the exigencies of the women's side, it had been found necessary recently to give up temporarily the staffing of Clifton House and the male infirmary by nurses. In saying this I am casting no reflection on the attendant staff, which is competent and trustworthy, but the sentiment which attaches to woman in the capacity of a nurse is, at least, of therapeutic value to the newly admitted patient and to the sick.

While the more expensive schemes with regard to a new kitchen and utilizing the present kitchen for a central bathroom had to stand aside during the financial stringency, other less expensive works have been gone on with. The new unit at Waitati was nearing completion on my last visit, and is now being furnished. The nurses' mess-room, similar to the one provided for and much appreciated by the attendants some time back, is now in occupation. The head attendant is in residence in his new cottage, and a number of other and lesser works have been carried out.

Hokitika.—Visited in March and December, 1921, and in January, March, and May this year. In my last report I stated that after consideration I had advised against the closing of this institution, and you agreed with me that it should be rebuilt, the obsolete parts being replaced in order of urgency. I also expressed regret that the resolution synchronized with a period of financial stringency. Pursuant to this resolution, an architect from the Public Works Department, detailed for the work, spent a week on the site towards the end of July, and plotted out a new institution on the block system. Subsequently, a good deal of publicity was given to the obsolete character of the buildings and the fact that water-closets had not been installed. For some years this institution was awaiting its doom, on the railway-tunnel linking up the West Coast with Canterbury, and new buildings were to be erected near Sunnyside; but the scheme had a set-back when negotiations failed for the purchase of land. Under these conditions the limited sums we had for construction-works were diverted to the reception-hospital blocks at Sunnyside and Porirua, and up-to-date units at Tokanui and elsewhere, which were urgently needed. I feel that any further criticism of the old buildings is unnecessary in order to bring to your notice our requirements, because you saw them in May last, when you definitely stated that drainage-works and the reception-hospital block were to be proceeded with at the same time as the kitchen unit now under construction. However, I may remark of this institution, now fast approaching dissolution, *De mortuis nil nisi bonum*, that it has maintained a good average recovery-rate and, during the quinquennium ending 1920, the death-rate was 6·25 per cent. of those under care, though they included a larger proportion of senile patients (approaching a third) than any of the other institutions.

In regard to the installation of water-closets, we did not get the water-supply which would have enabled this to be carried out till the fate of the institution was in jeopardy. Earth-closets were not strange to the patients, and I explained to the former lay Superintendent the scientific principles underlying Vivian Poore's recommendations, which, if carried out, left these closets with no worse a disqualification than inconvenience. Until recently earth-closets were, and may be still, in use in one of the large English asylums with a population of more than half our total patients, and the soil is used there for its manurial value, which is calculated at 6s. 8d. per individual per annum. But, undoubtedly, inconvenience is attached to the system for us, and water-closets are to be installed in the new building, despite the doubtful efficiency of the town water-supply, which, however, is to be augmented by conserving the rainfall in tanks and reservoirs. As we could not start the new buildings till money was voted by Parliament, workshops were gone on with to facilitate progress when authority was granted. It was generally admitted that the most urgent initial building was one which would replace the inadequate kitchen, the inconveniently placed bakehouse and scattered storerooms, thus permitting a congestion of sheds to be cleared. To the plan of this building was attached a large dining-hall. When everything was ready to start, Dr. Buchanan and I agreed early in the new year that a hospital on the villa system instead of the block plan would be more suitable for the site, and more modern, and that, fortunately, no actual work having been done, now or never was the time to act. We therefore cut out the dining-hall, substituting a staff mess-room and sitting-room and a billiard-room on the ground floor, with nurses' quarters above. There have been delays, but the alteration of plans was the main factor, as the whole block scheme went by the board with its fixed points for drainage. To try to catch up with the time lost the foundation plan of the first unit was forwarded and started on, while detail plans, in keeping with materials already ordered and partly delivered, were under preparation. At the time of writing the plan of the reception hospital is practically completed and its site fixed, so that first the women's side of the main building and then the men's can be removed, while interfering with their interim occupation as little as possible.

The institution, such as it is, is kept scrupulously clean, and the patients are well cared for by the staff. I am glad to learn from Dr. Buchanan that a committee of the staff minister to the patients' recreations, and that people from the town have materially helped. During the next eighteen months will be the hardest time, but thereafter the worst will be over, and ultimately this should prove a model small institution. Dairy-farming, vegetable-growing, and forestry supply outdoor occupations, and Dr. Buchanan, who has been making observations, reported that in spite of all that is said of the climate it was most healthful and well suited to patients.

Nelson.—Visited in July, 1921, and June this year. In the intervals Dr. Gray has come to Wellington to consult me about matters following upon our taking over the Stoke property from the Education Department. During my recent visit I was impressed and pleased with the orderly way in which the initial stages of the transition were being carried out. I heard no complaints, and there was quite a cheery air about both the Nelson and Stoke institutions. As I have asked Dr. Gray to report on the year's work and the scheme for the immediate future of Stoke and Nelson, I need add no more here.

Porirua.—Visited in January, March, June, July, October, and December, 1921, and in January, February, and May this year. There has been an increase of admissions, which has been felt on both sides. The male side was greatly, and the women's side partially, relieved by transfers. I had hoped that the position might be improved by transferring some of the buildings no longer needed at Featherston, but any at all suitable for our requirements were not available. With an inexpensive addition of bedroom and day-room accommodation, and some further adjustments by transfer, we should be able to tide over the needs of the immediate future. There have been a few difficult cases, but, on the whole, the work would have been simple had it not been for the congestion. The general health of the patients has been good. The kinematograph outfit purchased by the late Mr. R. C. Bruce's special bequest has been a great joy to large numbers of patients. The reception building continues to prove, if proof were necessary, entirely suitable. A word of praise is due to the staff, who have faithfully seconded Dr. Jeffreys and his colleagues, and I was glad to note the improvement in their mess-rooms.

Tokanui.—The reception ward on the male side is being finished, and a building to be occupied by thirty working patients will soon be ready. Great strides have been made in the development of the estate. A building at the southern end, remote from patients, has been occupied by specially selected inmates from the neighbouring Waikeria Reformatory, who are developing that portion under arrangement with the Department—work we could not have otherwise tackled for some time without prohibitive expense. When the women's reception ward has been added to the present buildings near the Te Mawhai end of the estate that part will be fairly complete. With an eye to the future, villas will be erected, contributing to the ultimate main institution, near the trig, roughly in the centre of the estate, the concrete blocks for building which are being made near the site by a party of reformatory inmates who are expert in this work. This will save the cost of cartage—a large item in building at Tokanui. Had we been provided with a light railway from Te Mawhai, sa originally projected, it would have saved its cost long before this. The most urgent need here is junctioning up with the Te Awamutu water-supply, and I trust that the pipes will be purchased and laid as soon as possible. The electrical accumulator battery has had its day, and, as the Horahora mains pass through our estate, arrangements should be made for installing a transformer and using the current. The patients have enjoyed good health and are well looked after. Dr. Macpherson, who is enthusiastic in providing for their recreation and well-being, is of great assistance to Dr. Gribben. My visits were most pleasant.

Ashburn Hall.—Visited in February and August, 1921, and in March of this year. As a result of these visits to this licensed mental hospital, it gives me great pleasure to record the evidence of the kindly and personal care of Dr. Will and his staff for the well-being of the patients in their beautiful surroundings.

In conclusion, I have to express appreciation of the interest you have taken in the welfare of our patients and the anxious labours of the Superintendents and staffs of our mental hospitals, to whom my thanks are due; and I wish to tender my thanks to the Head Office staff, whose relations have been characterized by mutual helpfulness and good will, for their ready co-operation and loyalty.

I have, &c.,

Hon. C. J. Parr, C.M.G. FRANK HAY.

MEDICAL SUPERINTENDENTS' REPORTS.

AUCKLAND MENTAL HOSPITAL.

Dr. Beattie reports:—

The year gave us a total of 1,328 patients under care, with an average number resident of 1,062, of whom 15 were voluntary boarders. There were 1,084 remaining at the end of the year.

The number of voluntary boarders was unfortunately small. The old prejudice against mental hospitals persists, and is, I think, likely to persist for a long period. Although I state that the number was unfortunately small, I cannot say that I have much sympathy with the voluntary section of our Act. I would like to see an out-patient department started at the general hospital, with an in-patient ward attached; a psychiatric clinic, which would be convenient for patients and instructive for students.

The chief causes of admission were—heredity, 38; congenital and senility, 28 each; epilepsy, 14; and previous attack, 42. The largest number of patients admitted on the male side were between the ages of forty and fifty. From this period they gradually tapered to either extreme. The chief contributors were labourers, farmers, and Maoris.

The percentage of recoveries was 50·54, as compared with 31·25 last year. The percentage of deaths was 8·25, as compared with 11·98 for last year. The deaths were chiefly due to senile decay, 23; chronic brain-disease, 20; and general paralysis, 10.

The general work of the Hospital and the farm has been carried out normally. The kitchen arrangements, which were largely of a temporary nature owing to increased accommodation being required for nurses' and attendants' dining-rooms, were most unsatisfactory. There is a certainty now of considerable improvement being effected. A large amount of painting of the wards is required.

We have no difficulty now in securing nurses, with the result that our female staff is a very satisfactory one, and one which is working well and harmoniously under a very capable and conscientious matron. On the male side, in spite of the very excellent conditions of service now obtaining, we do not succeed in securing the right class of man from the many applicants, although many of the attendants are competent and well worthy of their positions.

The usual religious services and entertainments are held regularly.

I have to thank my colleagues Drs. Tizard and Dorothy Crawley for loyal and zealous work. I am still convinced that a lady doctor for the women patients is, at least, necessary. I have also to thank the District Inspector and the Official Visitors for their help and sympathy. Our thanks are also due to the *New Zealand Herald* and to many others who have contributed to the interest, amusement, and well-being of our patients.

TOKANUI MENTAL HOSPITAL.

Dr. Gribben reports:—

On the first day of the year there were on the register 145 male and 95 female patients, total 240; also 1 male and 1 female voluntary boarder. During the year 1 male patient was readmitted under Part IV, Mental Defectives Act, 1911, and 10 male and 10 female patients were received on transfer. One male voluntary boarder was also admitted. Five males and 1 female were discharged, and 1 female was transferred to another institution. Two voluntary boarders were discharged, and 3 patients—1 male and 2 female—died during the course of the year, thus leaving on the register on the 31st December, 1921, 150 male and 101 female patients, making a total of 251 patients, and 1 female voluntary boarder. The average number of patients resident during the year was 243.

Of the 3 deaths, 1 was due to phthisis, 1 to heart-disease, and 1 to carcinoma.

The health of the patients has been very good, and especially so bearing in mind that most of them are chronic cases, and many advanced in years.

The work of building the male reception block by the Public Works Department is proceeding. The blockmaking-shed at No. 1 Camp is approaching completion. A dam to catch the supply of two streams about half a mile from the shed will give a gravitation water-supply.

Work on the farm has proceeded satisfactorily. By employing patients more extensively in wagon and team work it has been possible to reduce the staff of paid farm hands to two. The Department's policy in employing inmates from Waikeria Reformatory will, I am sure, be productive of good results. During the coming autumn there will be some 350 acres of new country ploughed and in grass, and it should be possible to bring in a larger area next year. The provision of labour will be further available for blockmaking for the building of the main institution.

In the way of recreation for patients we have had fortnightly dances during the winter months, concerts and other entertainments at intervals, also fortnightly visits to the picture-theatre in Te Awamutu for workers of both sexes.

Religious services were conducted twice monthly during the year.

I wish to tender my thanks to Dr. Macpherson for his enthusiastic co-operation, and to the staff generally, whose loyal support has considerably lightened the work of administration.

PORIRUA MENTAL HOSPITAL.

DR. JEFFREYS reports:—

The number of patients under care during the year was 1,363 (males, 782; females, 581); the average number resident being 1,119 (males, 654; females, 465). In addition there were 56 voluntary boarders under treatment, the average number being 25 (males, 10; females, 15). Exclusive of transfers from other institutions there were 257 admissions (males, 133; females, 124), and 102 patients were discharged recovered, the recovery-rate being 39·3 per cent.

The deaths during the year were 82, or a little more than 7 per cent. of the average number resident. The chief causes of death were—cardiac disease, 14; pulmonary tuberculosis, 12; senility, 11; and general paralysis, 10. Fifty-one of those who died were over fifty years of age. There were two deaths from typhoid fever on the female side. Three "carriers" have been discovered, and these have been isolated as far as possible, but, owing to our lack of accommodation and to the fact that two of them are very difficult patients to deal with, complete isolation is impossible without a special ward. The general health of the patients has been very satisfactory in spite of the congested state of many of the wards.

Our numbers continue steadily to increase, and there is now considerable difficulty in finding accommodation for new admissions, as already we have far too many shakedowns in day-rooms and corridors, and there is urgent need of more day-room space.

The kinematograph plant has been installed, and the patients thoroughly appreciate the pictures, many of the older inmates never having seen a moving picture before. The male dining-hall, which is also the recreation-hall, is hardly large enough to accommodate all the patients who are fit to go, and if the suggestion to utilize the present engine-room block for the kitchen were carried out the recreation-hall could be enlarged by taking in part of the kitchen.

In addition to the religious services, pictures, and usual fortnightly dances, we have been fortunate in having a number of excellent concert parties from Wellington, and I desire to thank all those who have helped to bring a little brightness into the lives of the unfortunate inmates whose liberty has of necessity been taken from them.

I have to thank my colleagues Drs. Prins and Monaghan, other officers, and the staff, for their loyal co-operation in carrying on the work of the institution.

NELSON MENTAL HOSPITAL.

DR. GRAY reports:—

At the beginning of 1921 there were upon the register 206 patients—99 males and 107 females. During the year we had 37 admissions (26 males and 11 females), and at the close of the period under review there remained 215, an increase of 9.

There were 10 deaths, giving a mortality-rate of 4·6 per cent. upon the average number resident. Our recoveries totalled 12, or 32·4 per cent. on the admissions. The general health of the patients has been good, and we have been almost free from zymotic diseases.

Several important structural alterations have been carried out during the year. On the male side the bathing-facilities have been greatly improved, and a commodious staff dining and recreation room provided. On the female side the wing hitherto occupied by the boys has been completely renovated and reserved for the recently admitted cases. The system of dormitory observation for depressed cases adds materially to the comfort and well-being of this class of patient, and to such an extent does it lessen the anxiety involved to the staff that I am strongly of opinion that it should be laid down as a regulation that no depressed patient should be treated in a single room.

The outstanding event of the year has been our entry into possession of Stoke Farm, with a view to the foundation of a mental hospital upon the "villa system." Having had four years' experience in a villa mental hospital in Scotland, I have no doubt whatever as to the superlative merits of the scheme, and I consider the acquisition of this property to be a very big advance towards that perfect classification which we all desire. Secluded, yet easy of access, commanding a magnificent view of mountain, bush, and sea, and with natural advantages in regard to sun, water, and drainage, Stoke Farm is ideally situated for our purpose. The buildings generally are in a very good state of repair, and, with few additions and alterations, will form a good nucleus of a large mental hospital. At the time of writing there are over 70 male patients in residence, and the establishment is conducted on villa lines. There are no airing-courts or parks, and every patient is free to roam within the estate, provided that he occupies his time usefully and punctually obeys the few rules of the institution. The freedom from irksome restraint and the sense of being "on parole" have a wonderfully tranquillizing effect upon the patients, and I would like to emphasize the following three facts: (1) Every inmate who is physically fit is usefully employed (92 per cent.); (2) we have had no escape, nor attempt at escape; (3) there has not been a single injury, however trifling, inflicted by any patient upon another. As one recently admitted patient remarked, "This is not an asylum, it's a rest camp." Our staff is enthusiastic in regard to the system—we had some sceptics to start with—we have none now.

A very suitable cottage on the estate has been reserved for female cases, and is in frequent use. The routine followed will approximate that laid down and so successfully carried out by Dr. Truby King at Seacliff Cottage.

The reception-block at Nelson may be in occupation when this report is presented, and we shall then be within sight of a very complete system of classification. The reception-block will be used as a clinique and admission-ward for borderland cases, neurasthenic types, and incipient melancholics, which cases may never require to go to the main hospital at Stoke. We are being consulted with increasing frequency in reference to cases in the pre-certifiable stage, and one hopes that the provision of this clinique, which is quite separate from the mental hospital, will induce patients' friends to bring them under observation and treatment at an earlier stage than has hitherto been the custom. Cases which require to go to Stoke can also be classified, and when we have an observation villa and a closed villa at the institution we shall be quite abreast of modern requirements.

The old Nelson Mental Hospital will be used as a home for imbecile children, whose segregation from the adults is very necessary, but the arrival of the first batch of boys from Porirua has accentuated the need for despatch in the erection of the closed villa at Stoke.

I am glad to report that, while these changes have involved some extra strain upon the staff, they have also brought out the utmost loyalty and enthusiasm for the betterment of the patients—I am very fortunate in my officers.

Thanks are also due to the Nelson Ministers' Association for regular Sunday services, and to the cinema-proprietors for free passes to patients.

HOKITIKA MENTAL HOSPITAL.

Dr. Buchanan reports:—

On the first day of the year we had on our register 264 patients, made up of 191 males and 73 females. Admissions during the year were 23—18 males and 5 females. Discharges during the year were 16—10 males and 6 females. The deaths during the year amounted to 18—15 males and 3 females. The total number of patients on the register on the 31st December, 1921, was 253—males 184 and females 69. Speaking generally, the patients' physical health has been good.

I would take this opportunity to thank the local people for their kindness in getting up concerts for the patients' benefit, and for their contributions, which so materially helped to make the patients' summer picnic such a success. My thanks are also due to the Official Visitors, who have taken an interest in the patients' welfare. To the whole staff I owe much for the loyal manner in which they have co-operated with me.

During the year there have been several constructions completed—namely, workshop, cow-byres, henhouse, new roads, garage, and scullery for the female cottage—so that they are now supplied with hot water. The artisans' time has been fully occupied. The calls for repairs and other requirements have been infinite. But in spite of all this the main fact remains that there is no alteration or betterment in the patients' bad living-conditions. A new block—kitchen, bakehouse, store, staff quarters unit—has been mooted since April, 1921. At the actual date of writing this report—*i.e.*, May, 1922—the foundations of this block are not completed, nor are the detailed plans to hand. It will be realized that this most necessary construction only affects the patient indirectly. The patients' quarters remain as they are. This block will take at least eighteen months to construct: if we have to wait till its completion before we are able to start on the building of a proper reception-house, then it follows that there can be no amelioration of the patients' present conditions till another two or three years have elapsed. There can be no proper treatment for the mentally unsound until such a building is completed.

There has been nothing done anent the drainage except that a survey has been taken of the ground. The existing system of bucket closets for a community of this size and nature is both dangerous and disgusting. This matter is one of the greatest urgency. Laundry-work is now done at the Westland Hospital's steam laundry. This is a very great improvement on the old system, but I think that it is proving an expensive one. As far as I can estimate it is going to cost us about £1,000 per annum. The attendants' accommodation is bad. In many instances attendants have to sleep in a room shared by three others. There is no bath for male attendants distinct from the patients' baths. The farm buildings are literally rotten. There are no facilities whatsoever for recreation for either patients or staff. The most urgent needs for this institution are a reception-house and an adequate drainage-system.

SUNNYSIDE MENTAL HOSPITAL.

Dr. Crosby reports:—

The year opened with 788 patients in the institution, and closed with the names of 823 on our books—viz., 378 men and 445 women. The work of the year included the admission and treatment of 159 patients, of whom 64 men and 64 women had not been under treatment previously, whilst 25 were readmissions and 6 were transferred here from other mental hospitals. Of the 69 patients discharged during the year, 46 were regarded as recovered, 15 as relieved, 6 unrecoverable patients were transferred to other institutions, and 2, also unrecoverable, were discharged to the care of their relatives. In addition to the above-mentioned admissions, the work of the year also included the care and treatment of 29 voluntary boarders and of 36 patients remanded to Sunnyside by the Magistrates for observation. Of these, 10 voluntary boarders and 14 "remand cases"—not included in the above recovery-rate—were discharged. This left 19 voluntary boarders; and, after the necessary certification of 15 "remand cases," 5 remained on our books at the end of 1921.

Fifty-five deaths occurred, which gives a death-rate of 7 per cent. on our average population of 777. The number of admissions was 2 below that of 1921, and the number of deaths was 20 below that year.

The ordinary work of the institution went on uninterruptedly, being unmarred by any epidemic. The building of No. 2 Ward extension progressed steadily throughout the year, and is now almost complete. The corresponding enlargement of No. 1 Ward is an equally urgent matter. The addition to the laundry was finished in April, 1921, and has been instrumental in effecting a saving of £156 in the latter eight months of the year as compared with the same months of 1920. The saving would have been greater had not the outside laundry which we employ raised its prices from the 1st August about a third, for the articles we still have to send, which are mainly mole clothing.

The female reception-block was furnished and put into use in the middle of the year. Though we still prefer to receive the new admissions in the annex ward until their mentality is known, the new reception-ward has proved of the utmost value for classification purposes.

On the male side the accommodation often has been severely taxed. The separate building it is proposed to erect for the unmarried attendants will at the same time render the rooms they now use available for patients, and will add greatly to the comfort of the staff.

Farm-work for the patients has continued on lines similar to those of previous years. Despite the fall in the value of primary produce, the receipts from cash sales, though lower than last year, were substantial. The excellent butchering arrangements inaugurated by my predecessor in 1917, and judiciously carried into effect by our farm-manager here, resulted in the cost of meat to the institution averaging 3·87d. per pound for mutton and 3·7d. per pound for beef. The poultry-farm, which was reorganized some eighteen months ago, has developed well. At the beginning of June, 1920, we had 690 birds, but by the end of December, 1921, the number had risen to 1,262. The estimated value of the products from the poultry-farm, including cash sales, amounted to £567. Steady progress has been made in cleaning, fencing, and cultivating the farm at Templeton. Forty acres there were put down in permanent pasture, and 195 acres on various crops. Making allowance for the dry season experienced, the results were satisfactory. The wheat averaged only 40 bushels per acre, but an exceptionally good yield of turnips was obtained. By concentrating on the production of green feed at Templeton we have been enabled to carry as much stock as we did when we leased the land recently relinquished at Cashmere. It would lessen the cost of farm labour considerably if we had some accommodation at Templeton to house farm-workers from Sunnyside. This building, together with new stables for the home farm and the completion of the drainage system from the cow-byres, are our most urgent requirements for carrying on our farm-work.

The religious needs of the institution have been met, as heretofore, by the appreciated and regular visits of the clergy of various denominations. Recreation of the patients also has been arranged on the customary lines. Unfortunately, the onset of the financial stringency rendered it expedient to forego the annual staff ball, attendance at which in the past had grown to rather formidable proportions.

Mr. H. D. Acland, who during the year accepted the position of District Inspector at Sunnyside, made several inspections. His practical advice and comments, based on a wide knowledge of affairs, have been most welcome. Miss Colborne-Veel, our Official Visitor, has been the means of bringing much happiness to the women patients by her visits and kindly ministrations. I sincerely trust her health will enable her to continue the good work she does here. The patients also have much reason to be thankful for the appointment of Mr. D. Souter as Patients' Friend. Ever since he started on his duties here their welfare has been paramount with him, and he has succeeded in doing much to brighten their lives.

Personally, I have to thank you, sir, for allotting me so agreeable and capable a colleague as Dr. C. R. S. Roberts to help with the work of the institution. To him and to Dr. Beale, as well as to the officers and members of the staff individually, I have to express my sincere thanks for the willing co-operation and help given in carrying out the institutional work of the year.

SEACLIFF MENTAL HOSPITAL.

Dr. McKillop reports:—

At the beginning of the year the number of patients on the register was 1,055 (618 males and 437 females). The admissions during the year were 143 (76 males and 67 females). The total number under care during the year was 1,198 (694 males and 504 females), and on the 31st December 1,062 patients (611 males and 451 females) remained in the institution. Fifty-eight patients were discharged recovered—the recovery-rate being 40·5 per cent. of the number admitted.

During the year 51 voluntary boarders (25 males and 26 females) received treatment; 22 (10 males and 12 females) were discharged recovered; 4 (1 male and 3 females) were committed as ordinary patients, leaving 24 (13 males and 11 females) remaining here.

The general health of the patients has been very satisfactory. The deaths during the year were 61 (44 males and 17 females), being less than 6 per cent. of the average number resident; 32 of the deaths, including 13 patients over eighty, were due to senile causes.

I am pleased to state that the female annexe at Orokonui Home, Waitati, is nearing completion, and will greatly relieve the congestion on the female side at Seacliff. Similar provision for the male patients is an urgent necessity. A new mess-room for the nurses is in course of erection, and several alterations of minor importance have been carried out in connection with the convalescent cottage and the main building. I trust money will soon be available to allow us to make proper provision for cooking, bathing, and laundry-work.

The farm has had another successful year. I regret to state that the farm-buildings are in a very unsatisfactory state, and very soon will have to be entirely renewed.

The question of housing the married attendants should receive urgent attention. A large proportion of the staff have of necessity to live at a distance—many at Dunedin and Waikouaiti. This state of affairs is not satisfactory to the institution or to the individuals concerned.

The Deputy Inspector, Mr. Gallaway, takes a keen interest in the institution and its inmates, as do the Official Visitors, Miss Monson and Mr. Slater; and I desire to record my appreciation of their visits, which were a pleasure alike to the patients and staff. Mr. Cumming continues to do excellent work as the Patients' Friend. I have to thank the clergymen of all denominations for their regularity in conducting Divine services, and for the interest they have taken in the patients in general.

Early in the year Dr. Buchanan was appointed Superintendent at Hokitika, and Dr. Lee, Sunnyside, succeeded him here. To Drs. Lee, Roberts, and Caselberg (Waitati) I tender my thanks for their loyal co-operation. I have to thank Mr. Hughes and the office staff for their unfailing assistance, and to the Matron, head attendant, and nursing staff I desire to convey my appreciation of their devotion to the patients and loyalty to the service of the institution.

APPENDIX.

TABLE I.—SHOWING THE ADMISSIONS, READMISSIONS, DISCHARGES, AND DEATHS IN MENTAL HOSPITALS DURING THE YEAR 1921.

	M.	F.	T.	M.	F.	T.
In mental hospitals, 1st January, 1921				2,717	2,037	4,754
Admitted for the first time	414	324	738			
Readmitted	65	78	143	479	402	881
Total under care during the year				3,196	2,439	5,635
Discharged and died—						
Recovered	178	193	371			
Relieved	30	21	51			
Not improved	15	9	24			
Died	201	117	318			
(Not including transfers—Males, 25; females, 17.)				424	340	764
Remaining in mental hospitals, 31st December, 1921				2,772	2,099	4,871
Increase over 31st December, 1920				55	62	117
Average number resident during the year				2,723	2,031	4,754

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 1921.

Mental Hospitals.	In Mental Hospitals on 1st January, 1921.			Admissions in 1921.									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	636	419	1,055	131	98	229	20	22	42	2	0	2	789	539	1,328
Christchurch	362	426	788	64	64	128	14	11	25	5	1	6	445	502	947
Dunedin (Seacliff)	618	437	1,055	62	46	108	10	19	29	4	2	6	694	504	1,198
Hokitika	191	73	264	15	3	18	1	2	3	2	0	2	209	78	287
Nelson	99	107	206	23	9	32	3	0	3	0	2	2	125	118	243
Porirua	647	455	1,102	117	101	218	16	23	39	2	2	4	782	581	1363
Tokanui	145	95	240		..		1	0	1	10	10	20	156	105	261
Ashburn Hall (private mental hospital)	19	25	44	2	3	5	0	1	1		..		21	29	50
Totals	2,717	2,037	4,754	414	324	738	65	78	143	25	17	42	3,221	2,456	5,677

Mental Hospitals.	Patients discharged, transferred, and died.												In Mental Hospitals on 31st December, 1921.		
	Discharged recovered.			Discharged not recovered.			Transferred.			Died.			Total discharged, transferred, and died.					
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Auckland	74	65	139	9	6	15	2	0	2	51	37	88	136	108	244	653	431	1,084
Christchurch	22	24	46	8	9	17	4	2	6	33	22	55	67	57	124	378	445	823
Dunedin (Seacliff)	27	31	58	10	5	15	2	0	2	44	17	61	83	53	136	611	451	1,062
Hokitika	3	4	7	5	2	7	2	0	2	15	3	18	25	9	34	184	69	253
Nelson	8	4	12	2	3	5	1	0	1	4	6	10	15	13	28	110	105	215
Porirua	41	61	102	7	5	12	12	12	24	52	30	82	112	108	220	670	473	1,143
Tokanui	2	1	3	3	0	3	0	1	1	1	2	3	6	4	10	150	101	251
Ashburn Hall (private mental hospital)	1	3	4	1	0	1	2	2	4	1	0	1	5	5	10	16	24	40
Totals	178	193	371	45	30	75	25	17	42	201	117	318	449	357	806	2,772	2,099	4,871

Mental Hospitals.	Average Number resident during the Year.			Percentage of Recoveries on Admissions during the Year.			Percentage of Deaths on Average Number resident during the Year.			Percentage of Deaths on the Admissions.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Auckland	645	417	1,062	49·00	54·17	51·10	7·91	8·85	8·29	33·77	30·83	32·46
Christchurch	362	415	777	28·21	32·00	30·07	9·11	5·30	7·09	42·31	29·33	35·95
Dunedin (Seacliff)	611	439	1,050	37·50	47·64	42·34	7·20	3·87	5·81	61·11	26·14	43·16
Hokitika	186	70	256	18·75	80·00	33·33	8·17	4·29	7·03	93·75	60·00	85·71
Nelson	102	104	206	30·77	44·44	34·28	3·92	5·77	4·85	15·39	66·66	28·58
Porirua	654	465	1,119	31·06	48·80	39·69	7·97	6·45	7·33	39·39	24·00	31·90
Tokanui	146	97	243		..		0·68	2·06	1·24		..	
Ashburn Hall (private mental hospital)	17	24	41	50·00	75·00	66·66	5·88	0·00	2·44	50·00	00·00	16·66
Totals	2,723	2,031	4,754	37·23	47·88	42·11	7·38	5·76	6·69	44·14	29·03	36·09

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	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
From 5 to 10 years	1	2	3	1	2	3	1	1	2	..			2	1	3	2	3	5	..			..			7	9	16
„ 10 „ 15 „	2	2	4	1	0	1	..			..			1	0	1	1	1	2	..			..			5	3	8
„ 15 „ 20 „	2	1	3	4	3	7	9	3	12	..			3	0	3	9	3	12	..			..			27	10	37
„ 20 „ 30 „	26	19	45	15	11	26	15	15	30	2	0	2	2	2	4	23	28	51	1	0	1	2	0	2	86	75	161
„ 30 „ 40 „	36	31	67	21	13	34	14	10	24	4	0	4	6	1	7	26	27	53	..			..			107	82	189
„ 40 „ 50 „	32	35	67	9	13	22	13	10	23	3	3	6	3	1	4	38	22	60	..			0	1	1	98	85	183
„ 50 „ 60 „	13	14	27	13	10	23	10	14	24	1	1	2	2	3	5	14	19	33	..			0	1	1	53	62	115
„ 60 „ 70 „	21	5	26	7	11	18	3	6	9	2	0	2	4	1	5	10	9	19	..			0	1	1	47	33	80
„ 70 „ 80 „	8	5	13	6	6	12	4	5	9	..			1	0	1	5	6	11	..			0	1	1	24	23	47
„ 80 „ 90 „	4	4	8	1	4	5	3	1	4	2	0	2	2	0	2	4	4	8	..			..			16	13	29
„ 90 „ 100 „	..			..			..			2	0	2	..			1	0	1	..			..			3	0	3
„ 100 „ 105 „	..			..			..			..			..			..			..			..			..		
Unknown	6	2	8	0	2	2	..			0	1	1	..			0	2	2	..			..			6	7	13
Transfers	2	0	2	5	1	6	4	2	6	2	0	2	0	2	2	2	2	4	10	10	20	..			25	17	42
Totals	153	120	273	83	76	159	76	67	143	18	5	23	26	11	37	135	126	261	11	10	21	2	4	6	504	419	923

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)	108	83	191	31	25	56	31	21	52	6	2	8	7	4	11	56	40	96	..			1	1	2	240	176	416
Second Class (first attack above 3 months and within 12 months on admission)	9	3	12	14	18	32	6	7	13	4	0	4	3	1	4	27	29	56	..			0	1	1	63	59	122
Third Class (not first attack, and within 12 months on admission)	1	1	2	13	15	28	20	24	44	3	1	4	3	2	5	22	27	49	1	0	1	1	1	2	64	71	135
Fourth Class (first attack or not, but of more than 12 months on admission)	33	33	66	20	17	37	15	13	28	3	2	5	13	2	15	28	28	56	..			0	1	1	112	96	208
Unknown	..			..			..			..			..			..			..			..			..		
Transfers	2	0	2	5	1	6	4	2	6	2	0	2	0	2	2	2	2	4	10	10	20	..			25	17	42
Totals	153	120	273	83	76	159	76	67	143	18	5	23	26	11	37	135	126	261	11	10	21	2	4	6	504	419	923

Table V.—Ages of Patients discharged "Recovered" and "Not Recovered" during the Year 1921.

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	..	..	..	1	0	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
„ 10 „ 15 „	..	..	..	1	0	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
„ 15 „ 20 „	..	..	..	..	..	..	3	1	4	..	..	..	4	0	4	..	..	..	..	..	..	..	..	..
„ 20 „ 30 „	15	13	28	3	2	5	3	4	7	0	2	2	6	6	12	0	1	1	..	..	..	1	1	2
„ 30 „ 40 „	15	23	38	1	0	1	6	7	13	5	2	7	4	11	15	3	0	3	1	0	1	..	..	..
„ 40 „ 50 „	18	15	33	1	1	2	4	9	13	2	3	5	7	6	13	4	1	5	1	1	2	1	1	2
„ 50 „ 60 „	11	8	19	1	0	1	4	1	5	1	0	1	3	6	9	2	0	2	0	2	2	2	0	2
„ 60 „ 70 „	11	5	16	..	..	..	1	2	3	0	1	1	1	1	2	1	1	2	1	1	2	..	..	..
„ 70 „ 80 „	..	..	..	1	2	3	1	0	1	0	1	1	1	1	2	0	2	2	..	..	..	1	0	1
„ 80 „ 90 „	0	1	1	..	..	..	..	..	..	..	..	..	1	0	1	..	..	..	..	..	..	..	..	..
„ 90 „ 100 „	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Unknown	4	0	4	0	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Transfers	..			2	0	2	..			4	2	6	..			2	0	2	..			1	0	1
Totals ..	74	65	139	11	6	17	22	24	46	12	11	23	27	31	58	12	5	17	3	4	7	7	2	9

Ages.	Nelson.				Porirua.				Tokanui.				Ashburn Hall (Private M.H.).				Total.					
	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	..	..	..	..	..	..	..	..	..	0	1	1	..	..	..	..	..	..	1	1	2			
„ 10 „ 15 „	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	0	1			
„ 15 „ 20 „	0	1	1	..	1	0	1	1	1	2	..	..	..	..	..	..	8	2	10	1	1	2		
„ 20 „ 30 „	1	0	1	..	7	13	20	1	0	1	..	..	1	0	1	..	32	36	68	6	7	13		
„ 30 „ 40 „	1	1	2	10	14	24	2	1	3	..	..	..	0	1	1	..	36	57	93	12	4	16		
„ 40 „ 50 „	5	1	6	..	14	15	29	2	1	3	..	1	0	1	0	1	49	48	97	11	7	18		
„ 50 „ 60 „	0	1	1	1	1	2	5	14	19	1	0	1	1	0	1	1	0	1	25	32	57	10	1	11
„ 60 „ 70 „	2	0	2	..	4	4	8	..	..	1	1	2	..	..	..	0	1	1	21	15	36	1	2	3
„ 70 „ 80 „	..	..	..	..	0	1	1	..	..	..	..	..	..	..	..	..	..	..	..	2	2	4	2	5	7
„ 80 „ 90 „	..	..	..	..	..	..	..	0	1	1	..	..	..	..	..	..	..	..	..	1	1	2	0	1	1
„ 90 „ 100 „	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Unknown	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	4	0	4	0	1	1
Transfers	..			1	0	1	..			12	12	24	..			0	1	1	..			2	2	4
Totals ..	8	4	12	3	3	6	41	61	102	19	17	36	2	1	3	3	1	4	1	3	4	3	2	5

Ages.	Recovered.			Not recovered.			Total.					
							Recovered.			Not recovered.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 5 years ..	..	..	..	..	..	..	178	193	371	70	47	117

Table VI.—Ages of Patients who died.

Ages.	Auckland.			Christchurch.			Dunedin (Seacliff).			Hokitika.			Nelson.			Porirua.			Tokanui.			Ashburn Hall (Private M.H.).			Total.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
From 5 to 10 years	..	..	..	1	0	1	1	0	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	0	2
„ 10 „ 15 „	0	1	1	..	..	..	..	..	..	0	1	1	..	..	..	..	..	..	..	..	..	..	..	..	0	2	2
„ 15 „ 20 „	0	2	2	2	0	2	..	..	..	..	..	..	..	..	..	1	0	1	..	..	..	..	..	..	3	2	5
„ 20 „ 30 „	5	1	6	..	..	..	4	1	5	..	..	..	..	..	..	2	5	7	..	..	..	..	..	..	11	7	18
„ 30 „ 40 „	6	6	12	5	3	8	8	1	9	1	0	1	..	..	..	7	4	11	0	1	1	..	..	..	27	15	42
„ 40 „ 50 „	14	11	25	8	4	12	2	4	6	2	0	2	0	1	1	7	5	12	0	1	1	..	..	..	33	26	59
„ 50 „ 60 „	6	8	14	4	4	8	5	5	10	2	0	2	1	1	2	16	7	23	..	..	..	1	0	1	35	25	60
„ 60 „ 70 „	10	2	12	8	3	11	5	3	8	1	0	1	1	0	1	10	5	15	1	0	1	..	..	..	36	13	49
„ 70 „ 80 „	8	4	12	5	7	12	7	2	9	1	0	1	0	2	2	6	2	8	..	..	..	..	..	..	27	17	44
„ 80 „ 90 „	2	2	4	0	1	1	10	1	11	5	2	7	1	0	1	3	2	5	..	..	..	..	..	..	21	8	29
„ 90 „ 100 „	..			..			2	0	2	3	0	3	..			..			..			..			5	0	5
Unknown	..			..			..			..			1	2	3	..			..			..			1	2	3
Totals	51	37	88	33	22	55	44	17	61	15	3	18	4	6	10	52	30	82	1	2	3	1	0	1	201	117	318

Table VII.—Condition as to Marriage.

—	Admissions.			Discharges.			Deaths.		
Auckland—	M.	F.	T.	M.	F.	T.	M.	F.	T.
Single	82	41	123	54	23	77	25	19	44
Married	59	65	124	29	42	71	21	13	34
Widowed	10	14	24	0	6	6	5	5	10
Unknown		..			..			..	
Transfers	2	0	2	2	0	2		..	
Totals	153	120	273	85	71	156	51	37	88
Christchurch—									
Single	43	23	66	20	13	33	18	3	21
Married	30	38	68	9	15	24	14	17	31
Widowed	3	13	16	1	5	6	0	2	2
Unknown	2	1	3		..		1	0	1
Transfers	5	1	6	4	2	6		..	
Totals	83	76	159	34	35	69	33	22	55
Dunedin (Seacliff)—									
Single	47	27	74	18	13	31	28	10	38
Married	21	31	52	17	21	38	11	5	16
Widowed	4	7	11	1	2	3	5	2	7
Unknown		..		1	0	1		..	
Transfers	4	2	6	2	0	2		..	
Totals	76	67	143	39	36	75	44	17	61
Hokitika—									
Single	9	0	9	6	2	8	10	1	11
Married	4	5	9	2	4	6	2	0	2
Widowed	3	0	3		..		3	2	5
Unknown		..			..			..	
Transfers	2	0	2	2	0	2		..	
Totals	18	5	23	10	6	16	15	3	18
Nelson—									
Single	18	1	19	6	3	9	3	2	5
Married	8	8	16	4	4	8	1	4	5
Widowed		..			..			..	
Unknown		..			..			..	
Transfers	0	2	2	1	0	1		..	
Totals	26	11	37	11	7	18	4	6	10
Porirua—									
Single	88	54	142	11	28	39	25	12	37
Married	34	47	81	35	25	60	21	10	31
Widowed	11	23	34	2	13	15	6	8	14
Unknown		..			..			..	
Transfers	2	2	4	12	12	24		..	
Totals	135	126	261	60	78	138	52	30	82
Tokanui—									
Single		..		4	0	4	1	1	2
Married	1	0	1	1	1	2	0	1	1
Widowed		..			..			..	
Unknown		..			..			..	
Transfers	10	10	20	0	1	1		..	
Totals	11	10	21	5	2	7	1	2	3
Ashburn Hall—									
Single	2	0	2	1	1	2		..	
Married	0	3	3	1	2	3	1	0	1
Widowed	0	1	1		..			..	
Unknown		..			..			..	
Transfers		..		2	2	4		..	
Totals	2	4	6	4	5	9	1	0	1
Totals—									
Single	289	146	435	120	83	203	110	48	158
Married	157	197	354	98	114	212	71	50	121
Widowed	31	58	89	4	26	30	19	19	38
Unknown	2	1	3	1	0	1	1	0	1
Transfers	25	17	42	25	17	42		..	
Totals	504	419	923	248	240	488	201	117	318

Table VIII.—Native Countries.

Countries.	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.
England and Wales	135	67	202	83	107	190	100	54	154	39	12	51	2	6	8	153	89	242	30	14	44	4	5	9	546	354	900
Scotland	27	12	39	19	24	43	84	67	151	10	5	15	5	3	8	47	25	72	15	6	21	2	1	3	209	143	352
Ireland	58	36	94	44	36	80	59	44	103	37	11	48	4	3	7	58	49	107	9	17	26	..	..	..	269	196	465
New Zealand	261	239	500	204	252	456	312	255	567	65	37	102	79	49	128	328	265	593	79	62	141	9	6	25	1,337	1,175	2,512
Australian States	38	20	58	11	10	21	23	24	47	11	3	14	0	3	3	36	19	55	6	2	8	1	2	3	126	83	209
France	2	0	2	..			..			..			1	0	1	2	1	3	..			..			5	1	6
Germany	6	2	8	2	2	4	5	1	6	3	0	3	..			7	6	13	1	0	1	..			24	11	35
Austria	22	1	23	1	2	3	1	0	1	..			1	0	1	0	1	1	3	0	3	..			28	4	32
Norway	3	1	4	..			3	0	3	1	0	1	0	1	1	3	1	4	..			..			10	3	13
Sweden	4	1	5	3	0	3	4	0	4	5	0	5	1	0	1	4	1	5	..			..			21	2	23
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	5	0	5	..			2	0	2	1	0	1	..			13	0	13
China	2	0	2	1	0	1	9	0	9	5	0	5	..			..			..			..			17	0	17
Maoris	24	20	44	0	1	1	2	0	2	..			2	3	5	6	7	13	..			..			34	31	65
Other countries	26	7	33	3	6	9	4	3	7	3	1	4	1	0	1	19	5	24	5	0	5	..			61	22	83
Unknown	39	25	64	5	4	9	2	2	4	..			14	37	51	0	2	2	..			..			60	70	130
Totals	653	431	1,084	378	445	823	611	451	1,062	184	69	253	110	105	215	670	473	1,143	150	101	251	16	24	40	2,772	2,099	4,871

Table IX.—Ages of Patients on 31st December, 1921.

Ages.	Auckland.			Christchurch.			Dunedin (Seacliff).			Hokitika.			Nelson.			Porirua.			Tokanui.			Ashburn Hall (Private M.H.).			Total.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
From 1 to 5 years	0	1	1	0	4	4	0	1	1	..			0	1	1	..			..			..			0	7	7
„ 5 „ 10 „	3	2	5	2	3	5	3	2	5	..			6	1	7	4	4	8	..			..			18	12	30
„ 10 „ 15 „	4	4	8	3	3	6	10	2	12	..			6	1	7	7	8	15	2	1	3	..			32	19	51
„ 15 „ 20 „	10	5	15	8	10	18	15	11	26	1	0	1	13	2	15	15	14	29	7	5	12	..			69	47	116
„ 20 „ 30 „	78	49	127	39	38	77	60	40	100	9	1	10	16	11	27	77	51	128	28	23	51	..			307	213	520
„ 30 „ 40 „	122	74	196	83	79	162	144	75	219	36	10	46	17	10	27	131	94	225	50	25	75	2	2	4	585	369	954
„ 40 „ 50 „	171	112	283	82	112	194	156	123	279	42	19	61	16	20	36	173	101	274	29	25	54	1	7	8	670	519	1,189
„ 50 „ 60 „	114	90	204	65	91	156	92	104	196	39	17	56	13	28	41	116	99	215	18	20	38	7	7	14	464	456	920
„ 60 „ 70 „	86	56	142	58	59	117	87	52	139	25	5	30	14	16	30	90	58	148	7	1	8	3	5	8	370	252	622
„ 70 „ 80 „	31	16	47	25	30	55	35	31	66	19	8	27	6	9	15	46	33	79	..			2	2	4	164	129	293
„ 80 „ 90 „	8	2	10	11	14	25	8	10	18	6	3	9	1	1	2	9	9	18	..			1	1	2	44	40	84
Upwards of 90 years	2	0	2	..			1	0	1	..			..			1	1	2	..			..			4	1	5
Unknown	24	20	44	2	2	4	..			7	6	13	2	5	7	1	1	2	9	1	10	..			45	35	80
Totals	653	431	1,084	378	445	823	611	451	1,062	184	69	253	110	105	215	670	473	1,143	150	101	251	16	24	40	2,772	2,099	4,871

Table X.—Length of Residence of Patients who died during 1921.

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	9	16	3	5	8	2	3	5	3	0	3	1	1	2	5	5	10	..			..			21	23	44
From 1 to 3 months	7	7	14	3	2	5	2	3	5	3	0	3	..			4	1	5	..			..			19	13	32
„ 3 „ 6 „	7	4	11	1	0	1	5	1	6	..			0	1	1	1	1	2	..			..			14	7	21
„ 6 „ 9 „	5	2	7	1	1	2	4	0	4	1	0	1	..			4	1	5	..			..			15	4	19
„ 9 „ 12 „	1	2	3	1	0	1	1	2	3	..			..			6	1	7	..			..			9	5	14
„ 1 „ 2 years	5	0	5	4	1	5	4	1	5	2	0	2	1	0	1	8	6	14	..			..			24	8	32
„ 2 „ 3 „	3	3	6	3	1	4	2	0	2	..			..			5	2	7	..			1	0	1	14	6	20
„ 3 „ 5 „	5	2	7	3	1	4	6	0	6	1	1	2	..			5	4	9	..			..			20	8	28
„ 5 „ 7 „	2	1	3	3	1	4	4	0	4	1	0	1	0	1	1	4	2	6	0	1	1	..			14	6	20
„ 7 „ 10 „	1	0	1	3	2	5	..			1	0	1	1	0	1	1	1	2	..			..			7	3	10
„ 10 „ 12 „	2	2	4	2	0	2	..			..			..			0	3	3	0	1	1	..			4	6	10
„ 12 „ 15 „	1	2	3	0	1	1	2	4	6	1	0	1	0	2	2	2	1	3	..			..			6	10	16
Over 15 years	5	3	8	6	5	11	12	3	15	2	2	4	1	1	2	6	2	8	1	0	1	..			33	16	49
Died while absent on trial		..		0	2	2		..			..			..		1	0	1	..			..			1	2	3
Totals	51	37	88	33	22	55	44	17	61	15	3	18	4	6	10	52	30	82	1	2	3	1	0	1	201	117	318

Table XI.—Length of Residence of Patients discharged "Recovered" during 1921.

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.		M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 1 month	5	4	9		..		2	0	2	1	1			..			..			..			..		8	5	13
From 1 to 3 months	16	17	33	7	4	11	10	7	17		..		4	2	6	10	14	24	..			0	2	2	47	46	93
„ 3 „ 6 „	15	14	29	3	4	7	4	10	14	0	2	2	2	1	3	12	12	24	..			..			36	43	79
„ 6 „ 9 „	11	11	22	4	4	8	5	6	11	1	0	1		..		5	13	18	..			..			26	34	60
„ 9 „ 12 „	2	3	5	2	3	5	0	2	2		..		1	0	1	3	3	6	..			..			8	11	19
„ 1 „ 2 years	12	7	19	4	5	9	5	2	7		..		1	1	2	8	10	18	..			0	1	1	30	26	56
„ 2 „ 3 „	2	4	6	2	2	4	1	2	3		..			..		2	5	7	..			..			7	13	20
„ 3 „ 5 „	1	2	3	0	2	2	0	2	2		..			..		1	3	4	1	0	1	1	0	1	4	9	13
„ 5 „ 7 „	2	2	4		..			..		0	1	1		..			..		0	1	1		..		2	4	6
„ 7 „ 10 „	2	1	3		..			..			..			..			..		1	0	1		..		3	1	4
„ 10 „ 12 „	3	0	3		..			..			..			..			..			..			..		3	0	3
„ 12 „ 15 „	3	0	2		..			..		1	0	1		..			..			..			..		3	0	3
Over 15 years	1	0	1		..			..			..			..		0	1	1		..			..		1	1	2
Totals	74	65	139	22	24	46	27	31	58	3	4	7	8	4	12	41	61	102	2	1	3	1	3	4	178	193	371

TABLE XII.—CAUSES OF DEATH.

Causes.	Auckland.		Christchurch.		Dunedin (Seacliff).		Hokitika.		Nelson.		Porirua.		Tokanui.		Ashburn Hall (Private Mental Hospital).		Total.	
I.—GENERAL DISEASES.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Tuberculosis—																		
General	..		..		1	0	..		..		..		..		..		1	0
Of lungs	2	2	4	1	5	2	..		0	1	6	6	0	1	..		17	13
Influenza	..		2	0	..		..		..		..		..		..		2	0
Pyæmia	..		..		..		..		0	1	..		..		..		0	1
Septicæmia	..		..		..		1	0	..		0	1	..		..		1	1
Epithelioma	..		..		..		..		..		1	0	..		..		1	0
Carcinoma	0	2	1	1	..		0	1	..		1	0	1	0	..		3	4
Diabetes	..		1	0	..		1	0	..		0	1	..		..		2	1
Anæmia (pernicious)	1	0	..		1	0	..		..		..		..		..		2	0
Enteric fever	..		..		..		..		..		0	2	..		..		0	2
Rheumatic fever	..		..		..		0	1	..		..		..		..		0	1
II.—DISEASES OF THE NERVOUS SYSTEM.																		
Adolescent insanity, exhaustion from	1	0	..		..		..		..		..		..		..		1	0
Chorea, exhaustion from ..	..		..		..		..		..		1	0	..		..		1	0
Mania, exhaustion from ..	1	0	..		1	2	..		..		..		..		..		2	2
Melancholia, exhaustion from ..	..		..		1	2	..		..		2	2	..		..		3	4
General paralysis of insane ..	10	0	4	0	3	0	1	0	1	0	10	0	..		1	0	30	0
Locomotor ataxia	..		1	0	..		..		..		..		..		..		1	0
Organic brain-disease	7	13	..		1	0	..		..		1	0	..		..		9	13
Cerebral tumour	1	0	..		..		..		..		1	0	..		..		2	0
Cerebral hæmorrhage	2	1	1	2	0	1	..		..		5	1	..		..		8	5
Epilepsy	2	2	2	0	..		1	0	0	1	4	3	..		..		9	6
Marasmus	0	1	..		..		..		..		..		..		..		0	1
III.—DISEASES OF THE RESPIRATORY SYSTEM.																		
Pneumonia	4	2	1	2	2	2	2	0	1	0	0	3	..		..		10	9
Pneumonia, hypostatic ..	..		0	1	..		..		..		..		..		..		0	1
Pulmonary congestion ..	1	0	..		..		..		..		..		..		..		1	0
Bronchitis	0	1	1	0	..		..		..		0	1	..		..		1	2
IV.—DISEASES OF THE CIRCULATORY SYSTEM.																		
Heart-disease	2	3	2	5	2	2	9	1	0	1	9	5	0	1	..		24	18
Valvular disease of the heart ..	..		1	0	5	3	..		1	1	..		..		..		7	4
Myocarditis	..		..		..		..		..		0	1	..		..		0	1
V.—DISEASES OF THE DIGESTIVE SYSTEM.																		
Intestinal obstruction ..	0	1	..		..		..		..		..		..		..		0	1
Enteritis	0	2	..		1	0	..		..		..		..		..		1	2
Malignant disease of pancreas ..	..		1	0	..		..		..		..		..		..		1	0
Peritonitis	..		..		..		..		..		1	0	..		..		1	0
VI.—DISEASES OF THE GENITO-URINARY SYSTEM.																		
Bright's disease	1	0	..		..		..		0	1	..		..		..		1	1
Nephritis	..		..		1	0	..		..		0	1	..		..		1	1
VII.—DISEASES OF THE BONES.																		
Rheumatoid arthritis ..	..		0	1	..		..		..		..		..		..		0	1
Osteo-myelitis	..		1	0	..		..		..		..		..		..		1	0
VIII.—OLD AGE.																		
Senile decay	16	7	9	7	20	3	..		1	0	9	2	..		..		55	19
IX.—EXTERNAL CAUSES.																		
Suicide	..		1	0	..		..		..		0	1	..		..		1	1
X.—DIED WHILE ON TRIAL ..	..		0	2	..		..		..		1	0	..		..		1	2
Totals	51	37	33	22	44	17	15	3	4	6	52	30	1	2	1	0	201	117

TABLE XIII.—PRINCIPAL ASSIGNED CAUSES OF INSANITY.

Causes.	Auckland.		Christchurch.		Dunedin (Seacliff).		Hokitika.		Nelson.		Porirua.		Tokanui.		Ashburn Hall (P.M.H.).		Totals.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Heredity	21	7	9	3	11	9	4	0	2	0	7	15	..		1	0	55	34
Congenital	21	17	4	8	11	6	2	0	10	1	21	13	..		..		69	45
Previous attack	15	27	13	16	11	16	1	1	..		16	7	..		..		56	67
Puberty and adolescence	0	2	2	0	3	4	..		..		8	23	..		..		13	29
Climacteric	0	7	0	4	0	12	..		0	1	0	23	..		0	2	0	49
Senility	21	7	10	16	8	7	4	0	2	0	11	17	..		0	1	56	48
Puerperal	0	7	0	1	0	4	..		0	3	0	11	..		..		0	26
Mental stress—																		
Sudden	1	0	1	1	8	3	0	1	..		..		..		..		10	5
Prolonged	15	16	6	3	5	1	0	2	0	1	6	0	..		1	0	33	23
Shell-shock	..		..		..		1	0	..		..		..		..		1	0
Solitude	1	2	..		..		..		..		..		..		..		1	2
Alcohol	15	1	10	2	6	1	1	0	5	0	8	7	1	0	..		46	11
Syphilis	11	0	6	0	3	0	1	0	1	0	9	1	..		..		31	1
Toxæmia	1	0	..		..		..		..		..		..		..		1	0
Traumatic	1	0	0	1	..		..		..		3	0	..		..		4	1
Post-operative	0	7	..		..		..		..		..		..		..		0	7
Epilepsy	6	8	4	5	2	1	..		3	0	7	3	..		..		22	17
Arterio-sclerosis	..		..		..		..		..		8	0	..		..		8	0
Chorea	..		..		..		..		..		1	0	..		..		1	0
Heart-disease	1	0	..		..		..		..		1	0	..		..		2	0
Graves' disease	..		..		..		..		0	1	..		..		..		0	1
Bright's disease	..		..		..		..		0	1	..		..		..		0	1
Phthisis	0	1	..		..		..		..		..		..		..		0	1
Ill health	1	6	5	9	..		..		..		5	0	..		..		11	15
Pernicious anæmia	..		..		1	0	..		..		..		..		..		1	0
Influenza	3	1	..		3	0	..		3	1	..		..		..		9	2
Cerebral hæmorrhage	1	0	..		0	1	..		..		..		..		..		1	1
Cerebral tumour	1	0	..		..		..		..		1	0	..		..		2	0
Overwork	0	2	..		..		..		..		..		..		..		0	2
Religion	4	1	..		..		..		..		..		..		..		4	1
Unknown	10	1	8	6	..		2	1	..		21	4	..		0	1	41	13
Not insane	1	0	..		..		..		..		..		..		..		1	0
Transfers	2	0	5	1	4	2	2	0	0	2	2	2	10	10	..		25	17
Totals	153	120	83	76	76	67	18	5	26	11	135	126	11	10	2	4	504	419

TABLE XIV.—FORMER OCCUPATIONS OF PATIENTS.

Occupations.	Auckland.	Christchurch.	Dunedin (Seacliff).	Hokitika.	Nelson.	Porirua.	Tokanui.	Ashburn Hall (P.M.H.)	Total.
MALES.									
Accountants	1	..	..	..	..	..	1	..	2
Bakers	1	3	..	..	..	1	..	..	5
Bank-manager	..	1	..	..	..	..	..	..	1
Barman	..	..	..	..	..	1	..	..	1
Blocklayer	..	1	..	..	..	..	..	..	1
Boilermaker	..	1	..	..	..	..	..	..	1
Book-keeper	..	..	..	..	..	1	..	..	1
Bootmakers	1	3	1	1	..	1	..	..	7
Bricklayers	1	..	..	..	..	1	..	..	2
Bushmen	2	..	..	2	..	..	..	..	4
Butchers	..	..	1	..	..	2	..	..	3
Buttermaker	1	..	..	..	..	..	..	..	1
Cabinetmakers	2	..	..	..	..	1	..	..	3
Canvassers	..	2	..	..	..	..	..	..	2
Caretakers	..	1	..	..	..	2	..	..	3
Carpenters	2	1	2	1	..	9	..	..	15
Carters	2	..	..	..	..	..	..	..	2
Chauffeur	..	..	1	..	..	..	..	..	1
Chemist	..	..	..	..	..	1	..	..	1
Civil servants	..	1	..	..	2	1	..	..	4
Cleaner	1	..	..	..	..	..	..	..	1
Clergyman	..	1	..	..	..	..	..	..	1
Clerks	2	2	..	..	..	7	..	..	11
Coal-merchant	..	..	..	..	..	1	..	..	1
Commercial travellers	..	..	1	..	..	3	..	..	4
Company-director	..	1	..	..	..	..	..	..	1
Compositors	1	1	..	..	..	..	..	..	2
Confectioner	..	1	..	..	..	..	..	..	1
Contractor	1	..	..	..	..	..	..	..	1
Cooks	1	..	..	..	..	2	..	..	3
Dentist	1	..	..	..	..	..	..	..	1
Draper	1	..	..	..	..	..	..	..	1
Electrician	1	..	..	..	..	..	..	..	1
Engineers	3	1	1	..	..	1	..	..	6
Engine-driver	..	..	1	..	..	..	..	..	1
Factory-manager	..	..	1	..	..	..	..	..	1
Farmers	14	10	11	2	5	12	..	1	55
Farm hands	4	4	..	..	..	4	..	..	12
Firemen	2	2	..	..	..	1	..	..	5
Fishermen	1	1	..	..	..	..	..	..	2
Flax-cutter	..	..	..	..	..	1	..	..	1
Fruiterers	2	..	..	..	1	..	..	..	3
Gardeners	6	3	2	..	..	4	..	..	15
Grocers	1	1	..	..	..	2	..	..	4
Gum-buyer	1	..	..	..	..	..	..	..	1
Gum-digger	1	..	..	..	..	..	..	..	1
Hawkers	1	1	1	..	..	..	..	..	3
Horse-trainers	..	1	..	..	1	..	..	..	2
Hotelkeeper	..	1	..	..	..	..	..	..	1
Inmates of special schools	..	..	6	..	5	..	..	..	11
Ironmonger	1	..	..	..	..	..	..	..	1
Jockey	..	..	..	..	..	..	..	1	1
Kitchenman	1	..	..	..	..	..	..	..	1
Labourers	37	13	26	3	6	43	..	..	128
Letter-carrier	..	1	..	..	..	..	..	..	1
Liftman	1	..	..	..	..	..	..	..	1
Machinist	1	..	..	..	..	..	..	..	1
Maoris	11	..	..	..	..	1	..	..	12
Masseur	..	..	..	..	..	1	..	..	1
Medical practitioner	..	..	1	..	..	..	..	..	1
Merchant	..	..	1	..	..	..	..	..	1
Metal-polisher	..	..	..	..	..	1	..	..	1
Mill hands	2	..	..	..	..	..	..	..	2
Millowner	..	..	1	..	..	..	..	..	1
Mine-manager	..	..	1	..	..	..	..	..	1
Miners	3	1	..	7	..	..	..	..	11
Mining expert	1	..	..	..	..	..	..	..	1
Motor mechanic	..	..	..	..	..	1	..	..	1
Orchardist	..	..	..	..	..	1	..	..	1
Painters	2	1	1	..	..	..	..	..	4
Pedler	..	..	..	..	..	1	..	..	1
Pensioners	2	..	3	..	1	..	..	..	6
Photographer	1	..	..	..	..	..	..	..	1
Plumbers	2	..	..	..	..	1	..	..	3
Porters	1	1	..	..	..	..	..	..	2
Printer	1	..	..	..	..	..	..	..	1
Prisoners	4	..	..	..	..	..	..	..	4
Railway employee	1	..	..	..	..	..	..	..	1
Ropemaker	..	1	..	..	..	..	..	..	1
School-teachers	1	..	..	..	..	1	..	..	2
Seamen	1	1	2	..	..	..	..	..	4
Sexton	1	..	..	..	..	..	..	..	1
Shearer	..	1	..	..	..	..	..	..	1
Slaughterman	..	..	1	..	..	..	..	..	1
Soldiers	3	..	..	..	..	3	..	..	6
Stereotyper	..	..	..	..	..	1	..	..	1
Stewards	..	..	..	..	..	2	..	..	2
Storekeepers	1	..	..	..	1	1	..	..	3
Students	..	1	..	..	..	..	..	1	2
Tailors	1	1	..	..	..	..	..	..	2
Timber-worker	..	1	..	..	..	..	..	..	1
Tinsmith	..	..	..	..	..	1	..	..	1
Tramway employee	..	1	..	..	..	..	..	..	1
Trimmer	..	..	..	..	..	1	..	..	1
Waterside workers	2	..	..	..	..	1	..	..	3
Unknown	..	3	..	..	..	..	..	..	3
No occupation	11	6	6	..	4	12	..	..	39
Transfers	2	5	4	2	..	2	10	..	25
Totals	153	83	76	18	26	135	11	2	504
FEMALES.									
Barmaids	..	..	..	..	..	2	..	..	2
Clerks	1	..	..	..	..	1	..	..	2
Confectioner	1	..	..	..	..	..	..	..	1
Domestic duties	93	59	52	5	8	100	..	4	321
Dressmakers	2	1	1	..	..	1	..	..	5
Factory employee	..	1	..	..	..	..	..	..	1
Inmates of special schools	..	..	1	..	1	..	..	..	2
Maoris	6	..	..	..	..	1	..	..	7
Nurses	4	1	..	..	..	4	..	..	9
Pensioners	..	3	4	..	..	2	..	..	9
Prisoners	2	..	..	..	..	2	..	..	4
Saleswoman	..	1	..	..	..	..	..	..	1
School-teachers	2	1	..	..	..	1	..	..	
Student	1	..	..	..	..	..	..	..	1
Tailoress	1	..	..	..	..	..	..	..	1
Waitress	..	..	..	..	..	1	..	..	1
No occupation	7	4	7	..	..	9	..	..	27
Unknown	..	4	..	..	..	..	..	..	4
Transfers	..	1	2	..	2	2	10	..	17
Totals	120	76	67	5	11	126	10	4	419

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.
1875 ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	482	254	736	..	..	..	..	..	..	..	..	..
1876 ..	221	117	338	129	79	208	17	8	25	2	8	10	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	5	25	3	2	5	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	4	4	8	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	9	4	13	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	9	2	11	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	6	11	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 ..	246	133	379	95	76	171	10	5	15	25	2	27	73	22	95	981	542	1,523	965	528	1,493	38·62	57·14	45·12	7·56	4·16	6·36
1886 ..	207	165	372	99	60	159	11	17	28	12	7	19	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	3	5	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	1,046	660	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	171	405	88	74	162	33	24	57	14	..	14	79	41	120	1,115	734	1,849	1,089	699	1,789	37·61	43·27	40·00	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	714	1,839	38·53	48·10	42·42	6·58	4·76	5·87
1893 ..	281	179	460	101	89	190	17	12	29	10	8	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 ..	270	176	446	107	76	183	15	11	26	5	4	9	64	35	99	1,308	860	2,168	1,241	812	2,053	39·63	43·13	41·03	5·16	4·31	4·82
1895 ..	252	165	417	105	77	182	24	19	43	1	2	3	101	42	143	1,329	885	2,214	1,313	849	2,162	41·67	46·66	43·64	7·69	4·94	6·61
1896 ..	278	159	437	104	70	174	25	16	41	2	1	3	86	32	118	1,390	925	2,315	1,347	882	2,229	37·41	44·02	39·13	6·38	3·63	5·29
1897 ..	284	193	477	102	73	175	17	12	29	10	..	10	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 ..	254	212	466	114	110	224	13	23	36	7	1	8	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 ..	259	199	458	88	99	187	15	19	34	2	1	3	114	43	157	1,512	1,045	2,557	1,487	1,004	2,491	33·98	49·49	40·83	7·67	4·28	6·30
1900 ..	300	202	502	103	96	199	29	10	39	..	4	4	99	46	145	1,581	1,091	2,672	1,534	1,049	2,583	34·33	47·54	39·64	6·45	4·38	5·61
1901 ..	320	223	543	125	104	229	20	17	37	..	2	2	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 ..	355	226	581	144	101	245	26	24	50	..	2	2	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 ..	332	236	568	157	106	263	24	11	35	1	..	1	120	70	190	1,801	1,237	3,038	1,780	1,198	2,978	47·59	44·91	46·30	6·74	5·84	6·38
1905 ..	360	251	611	149	121	270	29	24	53	..	..	..	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 ..	395	264	659	157	126	283	28	22	50	..	1	1	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 ..	359	241	600	160	139	299	22	13	35	..	..	..	168	64	232	1,909	1,331	3,240	1,851	1,285	3,136	44·29	57·68	49·84	9·08	4·98	7·39
1908 ..	426	318	744	180	146	326	9	12	21	1	..	1	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 ..	419	297	716	179	170	349	17	11	28	1	..	1	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 ..	474	314	788	182	145	327	29	27	56	..	..	..	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 ..	448	317	765	163	168	331	23	16	39	4	2	6	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 ..	458	381	839	184	141	325	17	44	61	11	5	16	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 ..	466	318	784	175	162	337	35	48	83	1	5	6	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 ..	509	359	868	207	162	369	27	29	56	6	9	15	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 ..	450	361	811	202	157	359	26	32	58	10	11	21	172	112	284	2,448	1,752	4,200	2,391	1,703	4,094	44·89	43·21	44·88	7·19	6·58	6·94
1916 ..	518	361	879	160	171	331	35	34	69	7	8	15	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 ..	470	374	844	171	152	323	32	20	52	6	5	11	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 ..	437	402	839	142	141	283	17	36	53	12	12	24	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 ..	512	371	883	190	147	337	37	44	81	9	13	22	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
1920 ..	455	418	873	162	148	310	27	37	64	6	10	16	210	166	376	2,717	2,037	4,754	2,674	1,980	4,654	35·63	35·32	35·51	7·85	8·40	8·08
1921 ..	479	402	881	178	193	371	30	21	51	15	9	24	201	117	318	2,772	2,099	4,871	2,723	2,031	4,754	37·23	47·88	42·11	7·38	5·76	6·69
	15,207	10,624	25,831	6,071	4,912	10,983	1,107	976	2,083	278	193	471	5,461	2,698	8,159	..	..	..	..	..	..	..	..	..	..	..	..

Excluding transfers between institutions—1,359 males, 980 females.

TABLE XVI.—SHOWING THE ADMISSIONS, DISCHARGES AND DEATHS FROM 1ST JANUARY, 1876, TO 31ST DECEMBER, 1921 (EXCLUDING TRANSFERS).

	M.	F.	T.
In hospitals 31st December, 1875	482	254	736
Admissions	15,207	10,624	25,831
	15,689	10,878	26,567
Discharged—	M.	F.	T.	
Recovered	6,071	4,912	10,983	
Relieved	1,107	976	2,083	
Not improved	278	193	471	
Died	5,461	2,698	8,159	
				12,917	8,779	21,696
Remaining on 31st December, 1921				2,772	2,099	4,871

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

	Males.	Females.	Both Sexes.
Recovered	38·31	45·16	41·34
Relieved	7·05	8·97	7·84
Not improved	1·13	1·77	1·77
Died	34·81	24·80	30·71
Remaining	18·70	19·30	18·34
	100·00	100·00	100·00

Table XVIII.—Expenditure for Year Ended 31st March, 1922.

—	Auckland.	Christchurch.	Dunedin (Seacliff).	Dunedin (Waitati).	Hokitika.	Nelson.	Porirua.	Tokanui.	Head Office.	Totals.
	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
Salaries	25,992 10 1	33,977 17 11	40,620 19 1	6,442 9 10	11,865 19 5	10,154 17 8	38,447 8 8	12,521 18 9	4,724 15 0	184,748 16 5
Official Visitors	46 4 0	21 18 6	44 2 0	..	8 8 0	..	2 0 0	..	12 12 0	135 4 6
Advertising, photographs, books, &c.	80 12 4	79 7 5	32 3 11	..	57 14 6	9 3 5	87 11 3	14 1 4	12 11 2	373 5 4
Amount required to recoup Imprest Accounts	..	..	..	..	..	..	..	..	4 1 3	4 1 3
Audit fees	..	..	..	..	..	..	1 6 8	..	12 13 4	14 0 0
Bacteriological research	..	2 3 6	..	..	87 12 2	..	..	..	..	89 15 8
Bedding and clothing	7,041 6 11	7,143 13 11	10,614 7 6	758 16 0	3,337 16 3	2,103 1 0	4,176 8 8	2,324 0 5	..	37,499 10 8
Buildings, including additions, &c.	599 19 5	447 13 2	2,112 3 4	44 13 3	899 11 0	1,005 17 0	1,070 16 1	657 5 3	..	6,837 18 6
Caretaker Hornby, wages of	..	145 16 0	..	..	..	..	..	..	..	145 16 0
Compassionate allowance, Mrs. J. Kavanagh	..	..	..	..	295 0 0	..	..	..	..	295 0 0
Dental services	..	25 0 0	25 16 0	..	9 5 0	..	3 3 0	1 15 0	..	64 19 0
Developmental work	..	..	..	..	..	..	..	1,672 6 6	..	1,672 6 6
Farms, maintenance of	912 13 2	2,354 10 10	3,755 11 6	592 0 1	506 9 3	3,978 6 4	2,243 14 7	2,381 5 9	..	16,724 11 6
Fencing, draining, and roading	..	60 7 2	46 9 1	5 16 8	27 16 10	..	173 1 8	91 3 9	..	404 15 2
Freight, cartage, and transport	273 14 11	898 8 10	4,118 4 8	166 9 11	473 18 3	437 18 11	2,748 19 7	2,364 12 7	..	11,482 7 8
Fuel, light, power, and water	4,112 9 11	5,325 11 11	4,701 12 7	645 4 2	334 14 6	908 12 1	5,397 6 11	1,380 7 1	..	22,805 19 2
Funerals, expenses of	61 7 6	60 0 0	10 0 0	..	6 0 0	39 0 0	79 5 0	20 12 6	..	276 5 0
Furniture and fittings	99 7 4	59 17 7	612 6 11	..	77 10 4	129 0 0	100 0 1	28 16 10	..	1,106 19 1
Gardens and shrubberies	2 12 9	114 7 8	22 15 4	0 9 2	6 8 0	38 6 5	32 8 3	23 1 5	..	240 9 0
Grant to Seacliff Staff Club	..	..	20 0 0	..	..	..	..	..	..	20 0 0
Inquiries under Public Service and Mental Defectives Acts	..	2 2 0	..	..	..	..	..	..	..	2 2 0
Law-costs	..	7 7 0	1 1 0	..	..	..	..	..	..	8 8 0
Laundry	479 7 4	508 5 9	1,129 0 3	505 7 8	39 5 11	16 9 7	432 16 5	163 7 0	..	3,273 19 11
Machinery	33 15 3	213 13 8	971 1 11	1 2 6	13 16 5	108 17 6	309 10 3	510 5 4	..	2,162 2 10
Maintenance fees overpaid, refund of	1 5 8	..	..	..	..	7 13 8	64 19 8	..	2 8 8	76 7 8
Medical fees	..	..	..	..	..	2 2 0	..	..	2,102 1 0	2,104 3 0
Nursing staff—										
Engagement of	..	..	..	..	..	..	21 4 0	..	..	21 4 0
Uniforms	426 8 5	619 14 8	877 7 1	115 1 6	250 6 7	181 19 3	719 17 3	212 3 4	..	3,402 18 1
Patients—										
Gratuities	100 4 6	3 17 8	252 10 11	..	..	98 3 6	75 6 10	37 12 7	..	567 16 0
Friends	..	91 13 4	100 0 0	..	..	..	..	..	..	191 13 4
Recreation	175 12 0	1,033 6 0	1,804 11 9	31 17 9	151 8 11	57 8 11	..	230 18 11	..	3,485 4 3
Transfer	9 4 0	26 8 2	66 6 3	8 6 2	25 12 3	..	61 9 3	2 3 9	..	199 9 10
Postage, telegrams, &c.	57 15 11	111 4 6	144 10 8	10 0 0	22 10 7	27 10 0	134 10 0	41 16 8	204 10 0	754 8 4
Printing and stationery	107 5 3	170 16 1	167 7 5	14 3 5	73 5 0	31 2 0	142 9 2	52 5 4	116 15 6	875 9 2
Rations	16,200 13 1	11,196 0 8	15,853 8 2	1,296 2 5	4,354 10 10	3,118 2 11	14,603 3 7	2,879 16 4	..	69,501 18 0
Rents and rates	..	2,046 12 9	270 0 11	8 0 0	..	2 0 0	50 3 0	..	..	2,376 16 8
Stores	743 9 5	1,511 3 5	1,093 11 3	182 10 4	559 7 10	1,211 3 3	1,010 3 2	216 8 2	..	6,527 16 10
Surgery—										
Drugs	283 9 10	255 13 7	406 5 6	12 6 3	105 17 4	104 10 4	322 6 11	36 18 8	..	1,527 8 5
Wines	22 10 7	4 17 6	7 4 2	..	7 14 2	5 2 0	5 12 2	2 12 8	..	55 13 3
Telephone services	38 12 6	77 10 0	155 3 1	1 19 2	9 5 9	63 5 0	32 15 1	..	45 10 0	424 0 7
Travelling allowances and expenses	62 3 10	117 0 11	561 12 10	8 6 0	88 10 10	37 8 6	69 1 1	80 1 11	468 3 0	1,492 8 11
Treatment and maintenance in general hospital—										
Patients	..	14 5 6	86 14 0	2 0 0	..	23 8 0	0 15 0	9 6 0	..	136 8 6
Staff	..	21 5 0	..	..	5 9 0	..	50 0 0	..	..	76 14 0
Contingencies	24 18 6	54 16 6	14 12 0	..	..	0 5 9	18 12 11	31 9 9	283 11 7	428 7 0
Totals	57,989 14 5	68,804 9 1	90,699 1 1	10,853 2 3	23,701 4 11	23,900 15 0	72,688 6 2	27,988 13 7	7,989 12 6	384,614 19 0
Credits	21,916 18 0	22,359 18 10	28,347 9 0	(with Seacliff)	3,288 10 9	5,186 16 8	27,338 1 2	5,788 1 7	1,189 16 4	115,415 12 4
Net cost	36,072 16 5	46,444 10 3	62,351 12 1	10,853 2 3	20,412 14 2	18,713 18 4	45,350 5 0	22,200 12 0	6,799 16 2	269,199 6 8

Table XVIIIa—Showing Details of Credits.

Credits.	Auckland.	Christchurch.	Dunedin (Seacliff).	Hokitika.	Nelson.	Porirua.	Tokanui.	Head Office.	Total.
	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
Receipts for maintenance	19,774 10 5	15,968 18 7	23,316 17 0	2,715 18 11	4,092 2 9	23,708 1 8	2,590 6 6	..	92,166 15 10
For sales of stock, produce, &c. ..	1,601 4 3	5,978 10 11	4,266 14 2	363 18 9	1,021 2 4	3,047 10 11	1,445 19 1	..	17,725 0 5
Miscellaneous	541 3 4	412 9 4	763 17 10	208 13 1	73 11 7	582 8 7	1,751 16 0	1,189 16 4	5,523 16 1
Totals	21,916 18 0	22,359 18 10	28,347 9 0	3,288 10 9	5,186 16 8	27,338 1 2	5,788 1 7	1,189 16 4	115,415 12 4

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

—	Average Number resident.	Salaries.	Bedding and Clothing.	Buildings and Repairs.	Farm.	Fuel, Light, Water, and Cleaning.	Rations.	Surgery and Dispensary.	Wines, Spirits, and Ales.	Miscellaneous.	Total Cost per Patient.	Repayment for Maintenance.	Other Repayments.	Net Cost per Patient.	Net Cost previous Year.	Decrease in 1921–22.	Increase in 1921–22.
		£ 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	1,077	24 3 6½	6 10 9	0 11 2¾	0 16 10½	3 16 4½	15 0 10¼	0 5 3	0 0 5	2 11 7	53 16 10½	18 7 2½	1 19 9¼	33 9 10¾	30 12 8½	..	2 17 2¼
Christchurch ..	794	42 18 7½	8 19 11½	0 11 3½	2 19 4	6 14 1¾	14 2 0¼	0 6 5½	0 0 1½	10 1 1½	86 13 1	20 2 2¾	8 0 11¾	58 9 10½	65 5 10	6 15 11½	..
Dunedin (Seacliff) ..	1,072	44 0 9¼	10 12 2¼	2 0 2¾	4 1 1¼	4 19 9	15 19 11¼	0 7 9¾	0 0 1½	12 12 8½	94 14 7½	21 15 0	4 13 10½	68 5 9¼	56 2 1¼	..	12 3 8
Hokitika	254	46 15 0	13 2 9¾	3 10 10	1 19 10½	1 6 4¼	17 2 10½	0 8 4¼	0 0 7¼	8 19 6½	93 6 3	10 13 10¼	2 5 1	80 7 3¾	37 16 5¼	..	42 10 10½
Nelson	211	48 2 6¾	9 19 4¾	4 15 4	18 17 1	4 6 1½	14 15 6¾	0 9 10	0 0 5¾	11 19 1	113 5 5½	19 7 10¾	5 3 9¼	88 13 9½	55 1 0¼	..	33 12 9¼
Porirua	1,160	33 2 11	3 12 0¼	0 18 5½	1 18 8¼	4 13 0¾	12 11 9¼	0 5 6¾	0 0 1	5 10 8¼	62 13 3	20 8 9	3 2 7	39 1 11	39 19 4	0 17 5	..
Tokanui	246	50 18 0½	9 8 10¼	2 13 5½	16 9 5¾	5 12 2¾	11 14 1½	0 3 0	0 0 2½	16 16 1¼	113 15 6	10 10 7¼	12 19 11¾	90 4 6	94 5 9¾	4 0 10¾	..
Averages ..	4,814	37 9 2¾	7 15 9½	1 8 5	3 16 7	4 14 8	14 8 9	0 6 4¼	0 0 2¾	8 4 8¼	78 4 8½	19 2 11	4 11 7¾	54 10 1¾	48 17 2½	..	5 12 11¼

Table XIXa.

	£ 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 Head Office charges, Table XVIII ..	..	..	..	..	..	..	..	..	..	79 17 10¾	..	0 4 11¼	55 18 4¾	50 13 1½	..	5 5 3¼

TABLE XX.—EXPENDITURE, OUT OF PUBLIC WORKS FUND, ON MENTAL HOSPITAL BUILDINGS, ETC., DURING THE FINANCIAL YEAR ENDED 31ST MARCH, 1922, AND LIABILITIES AT THAT DATE.

Mental Hospitals.	Net Expenditure for Year ended 31st March, 1922.	Liabilities on 31st March, 1922.
	£	£
Auckland	9,013	7
Tokanui	9,774	..
Porirua	5,969	..
Christchurch (Sunnyside)	3,494	..
Hornby..	2,682	1,079
Seacliff	3,389	10
Waitati	3,217	301
Hokitika..	984	585
Nelson	3,316	..
Totals	41,838	1,982

TABLE XXI.—TOTAL EXPENDITURE, OUT OF PUBLIC WORKS FUND, FOR BUILDINGS AND EQUIPMENT AT EACH MENTAL HOSPITAL FROM 1ST JULY, 1877, TO 31ST MARCH, 1922.

Mental Hospitals.	1877–1913.	1913–14.	1914–15.	1915–16.	1916–17.	1917–18.	1918–19.	1919–20.	1920–21.	1921–22.	Total Net Expenditure, 1st July, 1877, to 31st March, 1922.
	£	£	£	£	£	£	£	£	£	£	£
Auckland	109,232	8,908	23,434	2,774	76	1,048	1,171	543	8,040	9,013	164,239
Reception-house at Auckland	5,059	..	..	..	..	..	..	..	..	..	5,059
Motuihi Island	..	561	..	..	..	..	..	..	..	..	561
Tokanui	26,404	8,874	10,379	10,640	5,639	6,188	8,105	4,111	5,381	9,774	95,495
Wellington	29,656	..	..	*Cr.* 15	..	..	..	..	..	..	29,641
Wellington (Porirua)	155,195	1,951	6,552	17,518	11,722	10,399	2,462	638	724	5,969	213,130
Christchurch (Sunnyside)	128,733	616	5,107	15,157	24,346	7,647	1,238	2,490	5,139	3,494	193,967
Hornby	..	..	..	..	..	..	..	7,370	928	2,682	10,980
Seacliff	161,679	3,257	7,413	6,721	997	597	966	2,069	40	3,389	187,128
Waitati	5,109	1,634	911	671	24	88	498	848	3,620	3,217	16,620
Dunedin (The Camp)	4,891	..	..	..	..	..	..	..	..	..	4,891
Napier	147	..	..	..	..	..	..	..	..	..	147
Hokitika	3,727	..	..	..	..	..	..	..	..	984	4,711
Richmond	1,097	..	..	..	..	..	..	..	..	..	1,097
Nelson	21,695	200	200	1,417	1,798	535	200	208	3,496	3,316	33,065
Totals	652,624	26,001	53,996	54,883	44,602	26,502	14,640	18,277	27,368	41,838	960,731

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