H.-7.

## Additional Provisions Needed in the Near Future.

In my last year's report I made little or no reference to certain other highly desirable or necessary provisions in connection with the mental hospitals, not because they were unimportant, but simply because they were not so urgently needed as the foregoing, which I did ask for. It was useless to expect that the country would vote enough money in any one year to make good deficiencies mostly dating back five or ten years, and some of them for a quarter of a century. I now submit the following list of essentials which I hope can be undertaken at an early date and completed within, say, eighteen months of the present time:—

## I. Separation of Boy and Girl Patients from Adults, and Adequate Provision for their Classification, Care, Education, Training, and Treatment.

Reference has been made in previous annual reports to the necessity for providing separate colonies for defective children, whose association with adult patients is recognized to be not only highly undesirable but indeed harmful to both child and adult, and in 1922 a small beginning was made in this direction in the Nelson District. The Department had at that time recently acquired the Stoke Farm Estate for the purpose of establishing a villa mental hospital to take the place of the Nelson institution; and, as part of the general policy, it was proposed that, as the transfers from Nelson to Stoke made the necessary accommodation available, Nelson Mental Hospital should be altered and adapted as a colony for juvenile defectives of both sexes.

On the transfer of the first party of male patients to Stoke, about four years ago, the auxiliary building at Nelson was remodelled, and the vacancies filled by boys from other institutions, and since that time the numbers resident have steadily increased until at present the accommodation is

greatly overtaxed.

While the segregation of boys marked a distinct advance, it was recognized that this was merely preliminary to the establishment of a separate colony for boys and girls respectively, where

adequate facilities would be available for classification, training, and treatment.

A certain number of mentally deficient children are capable of being taught to engage, under supervision, in simple manual occupations, and to acquire the habits of self-control and cleanliness; and while it is obviously to their disadvantage to be associated with adults, it is equally wrong to retain them in wards occupied mainly by degraded imbeciles and idiots who merely require custodial care and attention to their organic necessities.

In the emotion of the moment it is difficult for many parents to realize that the removal of a defective child to an institution is of benefit not only to the other members of the family but to the child, who is placed in an environment less complex and exacting than that outside, and in which he will never be made to realize his inferiority. From a eugenic point of view the early segregation of these cases is most desirable; but if we are to overcome the natural prejudice of the parents we must gain their confidence by showing them that everything possible is being done in the matters of classification, education, care, and treatment.

It is estimated that provision is needed for about two hundred children of both sexes, and with certain additions and alterations this can be afforded most suitably and economically at Nelson; but, of course, the further progress of this very essential reform depends upon the rate of development of the new villa Mental Hospital at Stoke Farm.

## II. Isolation Shelters for Patients Suffering from Phthisis.

We estimate that there are from eighty to a hundred mental patients in our institutions suffering from active infective pulmonary tuberculosis. These patients ought to be treated apart from the rest of the inmates—

(1.) On general grounds, applying to all institutions where human beings live in enforced proximity to one another:

(2.) On grounds which apply specially to mental hospitals, because-

(a) The insane as a class cannot be induced to observe the habits and precautions needed to minimize the risk of spreading the disease by careless coughing, spitting, &c.;

(b) The depressed vitality (bodily and mental) of the insane, especially the recent and curable young melancholics, makes them peculiarly liable to contract tuberculosis.

The minimal total cost of the necessary isolation shelters and other accommodation needed for eighty to a hundred patients would be from £5,000 to £6,000.

## III. Separate Quarters for the Lodgment and Treatment of Epileptic Mental Patients.

With the single exception of Otago, nothing whatever has been attempted in this direction; and even in Otago the provision made is inadequate for males and non-existent for women. Wherever a fair trial has been made it is universally recognized by competent authorities that facilities for separation and classification of epileptics prove an equal boon to the ordinary chronic population of mental hospitals and for the epileptics themselves. Each of these classes is more or less repugnant and objectionable to the other class. The sight of violent epileptic fits is startling and distressing to many of the ordinary patients; and, on the other hand, the vagaries and humiliating or displeasing manifestations of many of the ordinary patients may be equally annoying to the epileptics. It might be assumed, a priori, that the epileptics would be specially distressed by seeing their fellow-unfortunates contorted by convulsions; but in reality this very rarely proves to be the case—assuming, of course, that reasonable care is exercised in the classification of the epileptics themselves.