

Repairs and renovations include a renewal of the main sewer for a length of 5 chains, renovations to sanitary conveniences in several of the wards, and a new floor in the general dining-hall. In Female Ward No. 4 smaller tables and chairs were installed, and this will be carried out in other wards as opportunity arises. The floor in the day-room of E Ward was renewed in jarrah. A considerable amount of painting has been carried out in the main building and outside units.

Operations in connection with the farm have been carried out in accordance with the policy laid down. The top-dressing of pastures has produced beneficial results. An increased area has been sown in root crops during the spring, and at present the prospects appear good. It is also proposed to cut a larger acreage of grass for hay and ensilage, and given favourable weather conditions there should be an abundance of winter fodder. A plentiful supply of vegetables has been available, and the upkeep of the gardens generally has been creditably maintained.

The weekly clinic at Dunedin Hospital is being increasingly availed of, and is, I am convinced, appreciated by those desiring advice in connection with mental and nervous troubles.

As in previous years, regular picture-shows have been held for the patients, as well as dances during the winter months. When the weather has been favourable there have been picnics for different groups of patients, and a number visited the Summer and Winter Shows in Dunedin. Entertainments have been given by the Ancient Order of Buffaloes, the Commercial Travellers' Association, the Dunedin Male Choir, the Dunedin Pipe Band, and the band of the First Battalion, Otago Regiment. The annual sports meeting, which was favoured by good weather, was again a pronounced success.

I have to express my thanks to Mr. Slater (Official Visitor) and to Mr. Cumming (Patients' Friend). Mr. Cumming, in addition to his other work, has been a great help in obtaining employment for patients on their discharge, and helping them after they have left the Hospital. I desire also to acknowledge my indebtedness to members of the staff for their co-operation in the work of the institution.

STATISTICAL.

The patients on the register at the end of the year numbered 5,902 (m. 3,274, f. 2,628), or 229 (m. 127, f. 102) more than at the beginning; and the daily average under treatment during the year was 5,579 (m. 3,120, f. 2,459), or 184 (m. 98, f. 86) more than in the previous year, while the total under care was 6,696. Patients belonging to the Native race numbered 83 (m. 46, f. 37) at the end of the year.

The admissions numbered 956 (m. 506, f. 450), or 11 more (m. 25 less and f. 36 more) than in the previous year. Of these, 149 had been previously under care, making the proportion of readmissions 15·58 per cent., and 807 patients were admitted for the first time.

The ratio to population of all admissions (exclusive of Maoris) was 6·76 (m. 6·99, f. 6·51) to 10,000, and of first admissions 5·73 (m. 6·03, f. 5·43), so that 1,479 persons in the general population contributed one patient, and 1,742 contributed a patient admitted for the first time.

The discharges (excluding transfers) numbered 359, or 31 less than in 1927. 110 (or 5 less) harmless unrecovered persons were returned to the care of friends, and 249 (m. 115, f. 134) recovered—36 less than last year, representing a percentage of 26·04 (m. 22·72, f. 29·77) on the total admitted. With voluntary boarders added the percentage rises to 35·95. Altogether, 44·78 per cent. of the inmates admitted were able to leave institutional care.

Of a total of 6,696 patients under care, 368 (m. 207, f. 161) died, or 6·59 per cent. on the average number resident. An inquest is held in the case of every death, whatever the cause. The causes are detailed in Table XII, and the following is the percentage of causes mainly contributing: Senile decay, 27·17; disease of the brain and nervous system group, 30·43; heart-disease, 17·39; tuberculosis, 6·00.

In Table XIII the principal causes assigned for the mental breakdown in the admissions are stated; but as a matter of fact they are merely approximations, and these, with the small numbers with which we have to deal, show such divergencies from year to year that the proportion assigned to any one cause in any one year cannot be assumed to be our average incidence. Causation is always complex, and the most potent factor is the individual. Hereunder the assigned causations in the table referred to are grouped and shown in their relative proportions:—

	Males.		Females.		Total.
Heredity	19·36		20·00		19·66
Congenital	9·68		10·44		10·04
Predisposed by previous attack	11·06		9·55		10·41
Critical periods	18·77		30·22		24·16
Child-bearing (puerperal, non-septic, and lactation)	..		4·88		2·30
Mental stress	14·62		11·11		12·97
Physiological defect and error	0·40		1·55		0·84
Toxic, including					
Syphilis	M. 8·30	F. 1·11			
Alcohol	6·91	2·00			
Traumatic	0·98		0·44		0·72
Disorder of nervous system, including—	M. F.				
Epilepsy	4·34	3·77	6·91	5·33	6·17
Other bodily affections	..	..	0·98	1·55	1·25
No definite cause assigned	..	..	1·43	1·38	1·44
	100·00		100·00		100·00