

HOSPITAL FOR MENTAL DISEASES.

HOSPITAL FOR MENTAL DISEASES RETURN.

Question I. (Statistical).
GENERAL STATISTICAL TABLE.

	Number of patients Admitted during 1932	Of the foregoing, number known to be suffering from their first attack of insanity	Daily Average Number of patients during 1932	Number of Nurses on 31st December 1932				No. of patients Discharged during 1932					Number of Patients who died in 1932	Average duration of residence of those who, in 1932,			No. of Patients in residence (i.e. on the books of the Hospital) on 31. 12. 1932
				Resident		Non-Resident		Recovered	Relieved	Not improved	Set objects	Set house		Died	Were discharged	Remitted at the end of 1932	
				Employed in Nursing the Patients	Employed as Servants or only partially as Nurses	Employed in Nursing the Patients	Employed as Servants or only partially as Nurses										
Male...	134	84	504	54	18	—	8	44	20	4	13	9	36	days	days	days	513
Female	75	55	449	43	5	—	9	14	15	8	15	4	41	3660	876	4486	432
Total	209	139	953	97	23	—	17	58	35	12	28	13	77	3547	640	4413	945

OBITUARY TABLE.

Number of deceased on Registers	Age of deceased	Sex of deceased	Body condition on admission	Form of Mental Disorder	Date of Admission	Cause of Death	Whether a Coroner's Inquest was held and what was the Verdict	Whether a Post Mortem Examination was held
2298	82	Male	Good	Dementia	16. 5. 1876	Valvular Disease of Heart ...		
4089	57	"	Do.	Lycomania	13. 2. 1900	Enteritis		
6611	72	"	Weak	Cer. Art. Sci.	16. 5. 1928	Apoplexy		
6886	61	"	Do.	Delusional Insanity	15. 4. 1931	Valvular Disease of Heart ...		
6445	49	"	Good	M. D. Insanity	5. 1. 1927	Malignant growth of Stomach ...		
6830	70	"	Weak	Chorea & Insanity	28. 7. 1930	Apoplexy		
6601	49	"	Do.	Cerebral Syphilis	10. 8. 1931	Encephalitis		
6807	32	"	Do.	Dementia Paralytica	20. 5. 1930	Cerebral Syphilis		
6670	53	"	Do.	Melancholia	17. 2. 1932	Apoplexy		
6600	48	"	Do.	Delirium Tremens	7. 2. 1932	Exhaust. from acute alcoh. Del.		
5261	77	"	Good	Delusional Insanity	8. 5. 1914	Valvular Heart Disease		
4617	54	"	Do.	Alcoholism	2. 5. 1906	Fatty Degeneration of Heart ...		
6882	66	"	Weak	Cer. Art. Sci.	26. 3. 1911	Apoplexy		
3458	66	"	Good	Lycomania	6. 7. 1892	Valvular Heart Disease		
6084	33	"	Weak	M. D. Insanity	22. 1. 1923	Enteritis		
5601	67	"	Good	Do.	23. 7. 1918	Fatty Degeneration of Heart ...		
3571	72	"	Do.	Delusional Mania	25.10. 1893	Valvular Disease of Heart ...		
4702	46	"	Do.	Do.	27. 2. 1907	Do.		
3323	65	"	Do.	Mania	17.10. 1890	Enteritis		
6738	80	"	Weak	Melancholia	7. 8. 1929	Do.		
4202	51	"	Good	Mania	7. 6. 1901	Valvular Heart Disease		
7019	32	"	Weak	Do.	2. 7. 1932	Bronchopneumonia		
6575	65	"	Do.	Delusional Insanity	17. 1. 1928	Fatty Degeneration of Heart ...		
7024	67	"	Do.	Cer. Art. Sci.	20. 7. 1932	Valvular Heart Disease	No.	No.
6042	40	"	Do.	Epileptic Delirium	14. 9. 1922	Epilepsy		
6650	62	"	Do.	Cerebral Arteriosclerosis	2. 9. 1928	Cachexia from cancer of penis ...		
5188	56	"	Good	Delusional Insanity	7. 4. 1913	Apoplexy		
6827	66	"	Weak	Senile Insanity	18. 7. 1930	Fatty Degeneration of Heart ...		
7076	78	"	Do.	Arteriopathic Psychosis (presenile) ...	11.11. 1932	Cerebral Haemorrhage		
6501	67	"	Do.	Cerebral Arteriosclerosis	27. 5. 1927	Enteritis		
3339	88	"	Do.	Imbecility	29. 3. 1889	Do.		
6672	84	"	Do.	Cerebral Arteriosclerosis	11. 2. 1931	Senile Decay		
6828	18	"	Do.	Post Encephalitic Psychosis	25. 7. 1930	Exhaustion from Mania		
6642	69	"	Do.	Senile Insanity	21. 9. 1931	Senile gangrene		
6871	42	"	Do.	Cerebral Syphilis	4. 2. 1931	Cerebral Syphilis		
7055	89	"	Do.	Arteriopathic Dementia (Senile) ...	20. 9. 1932	Senile Decay		
4870	37	Female	Do.	Delusional Insanity	10. 8. 1929	Enteritis		
5046	49	"	Do.	Obstruction	17.12. 1931	Apoplexy		
4294	43	"	Do.	Epileptic Delirium	3. 2. 1921	Epilepsy		
5047	85	"	Do.	Senile Insanity	24.12. 1931	Valvular Heart Disease		
4612	21	"	Do.	Dementia Praecox	2. 3. 1926	Myocarditis		
4545	55	"	Do.	Idiocy	22. 4. 1925	Apoplexy		
2717	70	"	Good	Delusional Mania	14. 5. 1891	Fatty Degeneration of Heart ...		
4890	41	"	Weak	M. D. Insanity	26. 6. 1929	Enteritis		
5667	66	"	Do.	Senile Insanity	4. 2. 1932	Apoplexy		
4248	42	"	Do.	Epileptic Insanity	20.10. 1930	Epilepsy		

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OBITUARY TABLE—cont.

Number of days and nights in Registrar	Age of deceased	Sex of deceased	Physical condition on admission	Form of Mental Disorder	Date of Admission	Cause of Death	Whether a Coroner's Inquest was held and what was the Verdict	Whether a Post Mortem Examination was held
4925	80	Female	Weak	Dementia	15. 3. 1930	Apoplexy		
3877	64	"	Good	Melancholia	19. 9. 1914	Do.		
4877	71	"	Weak	Senile Insanity	31. 8. 1929	Do.		
4924	77	"	Do.	Cerebral Arterio Sclerosis	14. 3. 1930	Do.		
5005	40	"	Do.	Melancholia	13.10. 1931	Pulmonary Tuberculosis		
4200	59	"	Do.	Epileptic Delirium	25. 2. 1921	Epilepsy		
5079	57	"	Do.	Melancholia	16. 5. 1932	Fatty Degeneration of Heart		
4856	79	"	Do.	Dementia	19. 6. 1929	Valvular Disease of Heart		
5081	62	"	Do.	Invol. Melanch.	29. 5. 1932	Exhaustion from Melancholia		
5095	75	"	Do.	Cerebral Arterio Sclerosis	1. 2. 1932	Apoplexy		
4819	34	"	Do.	Melancholia	20.11. 1928	Exhaustion from Melancholia		
3217	65	"	Good	Delusional Mania	19.11. 1902	Pulmonary Tuberculosis		
4776	42	"	Weak	Delusional Insanity	5. 5. 1928	Apoplexy		
5097	73	"	Do.	M. D. Insanity	4. 8. 1932	Exhaustion from Mania		
3935	67	"	Good	Delusional Insanity	7. 8. 1905	Myocarditis		
5011	31	"	Weak	Cerebral Syphilis	21. 6. 1931	Cerebral Syphilis	No	No
4908	"	"	Do.	Post Encephalitic Psychosis	20.11. 1930	Meningo Encephalitis		
4431	82	"	Do.	Senile Insanity	14. 8. 1923	Valvular Heart Disease		
4616	67	"	Do.	M. D. Insanity	25. 3. 1925	Apoplexy		
4909	73	"	Do.	Senile Insanity	15. 2. 1926	Fatty Degeneration of Heart		
4177	43	"	Good	M. D. Insanity	7. 6. 1919	Valvular Disease of Heart		
4655	53	"	Weak	Melancholia	28. 9. 1926	Exhaustion from Melancholia		
2808	86	"	Do.	Delusional Mania	19. 9. 1894	Fatty Degeneration of Heart		
3112	80	"	Good	Do.	13. 7. 1900	Apoplexy		
4337	38	"	Do.	Delusional Insanity	11. 1. 1922	Nephritis		
3100	56	"	Do.	Mania	4. 5. 1900	Fatty Degeneration of Heart		
5083	89	"	Weak	Senile Insanity	4. 6. 1932	Enteritis		
5107	74	"	Do.	Arteriopathic Psychosis	10. 9. 1932	Valvular Heart Disease		
5106	76	"	Do.	Do.	7. 9. 1932	Fatty Degeneration of Heart		
5122	59	"	Do.	Do.	28.11. 1932	Myocarditis		
3955	39	"	Do.	Epileptic Insanity	11.12. 1915	Status Epilepticus		

SPACE AND ACCOMMODATION TABLE

Description of Rooms	Number of such Rooms	Gross Cubic Space of all such Rooms	Gross Superficial Area of all such Rooms	Amount of superficial space allowed per Patient	Height of Rooms. Each different height to be specified with Number of Rooms of each height	Average Temperature		Total Area of Window Space
						Winter	Summer	
Dormitories ...	87	886,166	45,850	48.4	17 feet for large dormitories and halls, and 15' 3" for the smaller ones.			80 feet 7,447
Day Rooms and Corridors used as Day Rooms	31	695,422	38,522	40.7	In the convalescent ward 3 Dormitories and 2 Day Rooms 12'10"; 1 Dormitory 14'8"; Corridor 11'3".	61	79	3,946
Single Rooms ...	71	119,235	7,442	7.8				1,081

What is the source of the Water Supply ; the quality of the Water ; and the amount of Water available for all purposes, expressed in gallons per Patient per day ?

The source of the water supply is a natural spring ; the quality of the water is good and the quantity is unlimited.

1. Lavatories—

What is the total number, and average number of Patients to each ?

34 — 29 patients.

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II. Baths—

a) What is the total number, and average number of Patients to each?	32 — 30 patients.
b) How often are the Patients bathed?	As often as required.
c) Is fresh water given to every Patient?	Yes.
d) Is the supply of hot water adequate?	Yes.
e) Is a responsible official or nurse always present during bathing?	Yes.

III. Latrines—

What is the total number, and average number of Patients to each seat?	39 — 24 patients.
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Question II. (Management).

Is a physical examination of each Patient made by a Medical Practitioner immediately on admission?	Yes.
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RESTRAINT.

Restraint	Seclusion, i.e., the isolation of a Patient by the closing, by any means whatsoever, of the door of the room in which the Patient is, between one hour after the day-staff commences duty and 7 p.m.		Mechanical Restraint	
	Males	Females	Males	Females
The number of times resorted to ...	Nil.	5	Nil.	Nil.
The number of persons subjected to ...	Nil.	1	Nil.	Nil.
The greatest duration of, in any single instance	Nil.	6 hours	Nil.	Nil.

In reference to the above table state:—

I. By whose authority Patients are restrained?

By the written authority of the Medical Officers.

II. What kinds of mechanical restraint are in use?

None.

III. Whether any, and if any, how many cases of cruelty by nurses to patients have been brought to the notice of the proper authority, and what was the result in each case?

None.

IV. What was the number of cases of injury to patients—

a) Self-inflicted?

2
2 Slight.

b) By other Patients?

Nil.

c) By Nurses?

4 Slight.

d) As the result of accident?

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(OCCUPATION).

State the extent of—

(I) The airing court.

ACRES R.P.

1 1 17

(II) And other grounds.

17 3 19

} Belonging to the Hospital.

Are the Patients, as a rule, given daily exercise, their health permitting?

Yes.

Are they confined to airing courts, or allowed to walk in other grounds, and sent beyond the Hospital?

Some are confined in airing courts, some are allowed to walk in the grounds and some are sent beyond the Hospital.

Are any means taken to amuse the patients or to induce them to amuse themselves? Detail them.

Yes: cards, periodicals, pleasure trips, musical entertainments

How many religious services were held in 1932?

514 services.

What was the average attendance?

211—Males 104. Females 107.

In what building and how many could it contain?

In the Chapel which has accommodation for 160 patients.

Daily Average Number of Patients who were employed in 1932.

Distinguishing the Sexes	Specifying the character of the Employment		
	Agriculture and gardening	Trades	Householdwork, Drawing Water &c.
Males	51	76	60
Females	—	61	55

Question III. (Diet).

Dietary Table.

(For patients on ordinary diet exclusive of extra articles of diet.)

Bread 20 oz. Meat $4\frac{1}{2}$ oz.—Paste or Rice 3 oz.—Vegetables $1\frac{1}{2}$ ration.Fruit 1 ration—Milk 2 oz.—Coffee $\frac{1}{2}$ pint and Sugar $\frac{1}{2}$ oz.

Question IV. (Inspection).

Divide the Patients in the Hospital into the following Classes:—

	MALES.	FEMALES.
I. Idiots and Imbeciles	52	34
Of whom are Epileptics	11	13
II. Presumably recoverable	64	60
III. Chronic and presumably irrecoverable	449	372
Of whom are:—		
(a) Turbulent and dangerous	97	80
(b) Suicidal	4	2
(c) Sick and Infirm	62	69
(d) General Paralytics	7	1
(e) Epileptics	24	36
(f) Senile Dements	83	71
(g) Able-bodied and not included in any of the headings (a) to (f)	172	113
Population	513	432
Total	945	

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Number of Visits of Inspection paid to the Hospital in 1932.

Visits in which all patients were seen and every part of the building visited, and Visits of Partial Inspection	Official Positions of the Visitors				
	By the Governor or Colonial Secretary		By a Government Inspector	By a Committee of the Governing Body	By an Inspector specially charged to ascertain the continued Mental Infirmary or otherwise of the Patients
	By Appointment	Of Surprise			
1. Complete Inspections...	1 on 28.9.32	Nil.	The Comptroller of Charit. Institutions visits weekly the Hospital by appointment or by surprise. The Chief Govt. Medical Officer visits the Hospital once a month by surprise.	A Board inspects the Hospital once a week.	This duty is performed by the Resident Physician. A Board meets weekly to testify to the insanity of the patients admitted during the week, and to sanction the discharge of patients.
2. Partial Inspections ...	Nil.	Nil.			

State how many Reports of the following kinds have come under the notice of the Governor:—

(I.) Financial and Statistical (showing, amongst other things, on what system the Money and Store Accounts are kept and audited.)

(II.) Reports by the Person or Persons charged with the immediate management of the Hospital.

(III.) Reports by an Official Inspector independent of the Governing body of the Hospital.

(I.) The Comptroller of Charitable Institutions renders to the Treasurer his money Accounts monthly, and to the Auditor a Store Account, annually, according to Regulations.

(II.) The Medical Superintendent of the Hospital sends weekly, monthly, quarterly and annual statistical returns and monthly financial reports to the Comptroller of Charitable Institutions. He also furnishes other reports regarding the management of the Hospital.

(III.) The Comptroller of Charitable Institutions performs this duty, and reports to the Government the result of his inspections when necessary. He also furnishes an annual report on the working of the Department.