Resident in Hospital on 31st July, 1906 Absent on probation on 31st July, 1906	••		Males. 255 20	$\begin{array}{c} \textbf{Females.} \\ \textbf{244} \\ \textbf{3} \end{array}$	Total. 499 23
On register on 31st July, 1906			275	${247}$	$\overline{522}$
Admitted since 31st July, 1906	• •	• •	34	27	61
Total number under care Males.	 Females.	 Total.	309	274	583
Discharged recovered 14	11	25			
Discharged unrecovered 6	1	7			
Died 14	10	24			
Total discharged and died —			3 4	22	56
On register on 14th February, 1907 Absent on probation on 14th February, 19	07		${275}$	$\frac{}{252}$	527
mosent on probation on 14th represely, 13	01	• •	13	3	16
Resident in Hospital on 14th February, 19	07		$\overline{262}$	249	 511

It will be seen, therefore, that after six months there is an increase of 5 patients (all women) on the numbers on the register, and of 12 patients (7 men and 5 women) on the number resident. In judging our accommodation it has been the custom to estimate only the patients actually resident, and this is convenient because it gives a true picture of the dormitory-space at the time; but one must be careful not to lose sight of the fact that patients on probation remain patients, and may all be returned to the Hospital before the probationary period expires. At present the available dormitory accommodation for men is in excess of requirements, but there are 8 women in excess of the statutory cubic space. These could, however, be placed in the so-called dressing-room in the attics were they of a class that could be trusted there. During the same period 5 attendants and 9 nurses have entered the service, and 3 attendants and 8 nurses have resigned. Two attendants have died, and 1 nurse resigned immediately upon being suspended. On the staff at present there are 26 attendants (plus 4 artisans who do ward duty) and 24 nurses. There have been in the service for five years and upwards of the above attendants and nurses 34.6 per cent. and 12.5 per cent. respectively. The staff bears the following ratio to patients: Day attendants (24), 1 to 10.9 patients; night attendants (2), 1 to 131 patients; day nurses (22), 1 to 11.3 patients; night nurses (2), 1 to 124.5 patients. This ratio must be corrected in terms of the actual effective members, because the large measure of leave compared with that given in similar institutions in Great Britain falsifies deductions. With us over a sixth of the staff is off duty. The night-staff numbers do not vary, and therefore the actual or effective ratio of the day-staff is: Attendants, 1 to 13.9 patients; nurses, 1 to 13.6 patients. Two attendants are on special duty with a patient who is deemed to be dangerously homicidal, and the percentage of other patients requiring special attention is noted hereunder:

Tending to be wet or dirty		 $^{ m Males.}$ $7\cdot 6$	Females. 16.0	Total. 11:7
Actually at date wet or dirty		 0.38	0.8	0.58
Epileptic	• •	 4.9	8.8	6.8
Actively suicidal		 0.38	0.8	0.58
General paralytics		 1.14	0.4	0.78

To these must be added the sick. At present there are confined to bed 3 men and 10 women—5 of the women on account of their mental state, 4 of these being in seclusion, and 2 women are practically bedridden. Two men are suffering from diarrhœa, which is very prevalent in Christchurch, and 1 from valvular disease of the heart. One woman has a leg ulcer, 1 a trivial scald on the back of the neck, and I has a double Pott's fracture. All are receiving proper care and attention, and only the last on the list calls for special mention. I investigated this case on the 29th January. The woman had precipitated herself from a height of 22 ft., from the top of the sanitary annexes at the back of D ward, having climbed up a ladder. Repairs were being carried out in the locality, and the ladder was enclosed in a hoarding and protected against suspected patients, but this woman was not of that number. She had long been trusted, and was working in the nurses' mess-room in daily contact with lethal weapons. It is now evident that she had either restrained an unsuspected desire towards self-destruction until resistance was overcome, or an impulse may have been suddenly awakened and acted upon, an exacerbation of the malady which was quite unlooked-for. These cases occur every now and then; they are very disquieting; they cannot be guarded against without absolutely unjustifiable restriction, and are among the anxieties inseparable from the office of a Medical Superintendent. I do not hold any one blameworthy. The patient has since confessed that the idea of suicide has from time to time occurred to her, but she has put it aside because she thought that if anything happened to her the nurses, from whom she had received much kindness, would get into trouble. The register of mechanical restraint has entries regarding 2 patients-1 a homicidal male patient during the journey when he was being transferred from one institution to another, and the other a man who was picking his face, and after the failure of other means was made to wear locked gloves for 144 hours. On ten occasions patients have escaped, and 4 of these were brought back the same day. One of the 4 was a woman, the only woman on the list. One patient having overstayed the statutory limit was written off the register, and one who left on the 14th has not yet been found. He was employed about the estate, and it is presumed that he saw in the paper a notice of sale of some property which belonged to him, and that this influenced his action. The case of one patient who twice escaped calls for some comment in that he was detained as a criminal of unsound mind, and the ordinary mental hospital is no place for the class. Through the