the washing-machines and other newly received apparatus. Once installed this will be a great relief from recent makeshift methods, not to mention the expense of having so much of the washing done in Dunedin. The various parts of the institution were found in good order, but the "upper building" contrasts badly with the rest. Each year it becomes more of an anachronism, and one looks hopefully forward to the time when, all the needs of patients able to appreciate their environment being supplied, one will be in a position to turn to the better housing of those who react negatively to their surroundings. This is, of course, the common-sense order, and one cannot recommend otherwise. Apart from the danger from fire (and new hydrants are about to be placed inside the building) one must concede that the impression made is largely sentimental, and that renovation and painting would modify it, but beyond this the experience that attendants tend to live up to or down to their surroundings is not to be lost sight of. The clothing and bedding of the patients is good and suitable. The food inspected was of excellent quality and well cooked. The kitchen arrangements are very satisfactory. The same enlightened management of the institution and considerate care of the patients, as before commented upon, is observable. Dr. Tizard, who has had a large experience in the treatment of the insane in England, entered upon his duties as Assistant Medical Officer in June, and has quite identified himself with the interests of his new sphere of usefulness. I think that the Department is to be congratulated on the appointment. The statutory books and registers were examined and found regularly and correctly kept.

11th February, 1907.—From the 4th to the 8th inclusive, and again to-day, I paid a series of visits to the Seacliff Mental Hospital and to the auxiliary institution at Orokonui, Waitati. On the afternoon of the 4th and the morning of the 5th the Hon. the Minister also visited the institutions. The undernoted figures have reference to the population as on the 8th instant :—

	Males.	Females.	Total.
On the register	479	278	757
Absent on probation	9	3	12
Resident	470	275	745

On the 24th October, 1906, the period of my last visit, there were 746 patients on the register, and 6 were absent on trial. There is now, therefore, an increase of 11 on the total and 5 on the numbers resident. The following changes have produced the result :—

	Males.	Females.	Total.
Admitted since 24th October, 1906	17	16	33
Discharged recovered	5	4	9
Discharged unrecovered	3	3	6
Died	3	4	7
Total discharged and died	—	—	— 11
	11	11	22
Excess of admissions over discharges and deaths	6	5	11

During the same period 5 attendants and 14 nurses have entered the service, and 5 attendants and 9 nurses have resigned. There have been no dismissals. The number of attendants at Seacliff is 45—plus 10 artisans, &c., whose ward duty is occasional only—and at Orokonui there are 5 attendants, plus 2 outside hands doing occasional ward duty. The number of nurses at Seacliff is 37. It would at first sight appear that the proportion of attendants and nurses to patients may be thus stated :—Seacliff: Day attendants (41), 1 to 10·6 patients; night attendants (4), 1 to 108·5 patients; day nurses (34), 1 to 8·1 patients; night nurses (3), 1 to 90·7 patients. Orokonui: Day attendants (5), 1 to 7 patients; night attendants (1), 1 to 35 patients. This proportion should be corrected, however, to allow for the numbers effective, because there are many always away on leave. It has also to be remembered that the number on night duty is constant, and that for a considerable portion of the year the day staff is doing relieving night duty. When these allowances are made the proportion will be approximately thus: Day attendants, Seacliff, 1 to 13·4 patients; day nurses, Seacliff, 1 to 10·5 patients; day attendants, Orokonui, 1 to 8·75 patients. I may here add that 33·3 per cent. of the attendants and 24·3 per cent. of the nurses have been in the service for five years and upwards. The percentage of patients requiring special attention and supervision because of their indifference to the calls of nature, or who are epileptic or suicidal or labour under general paralysis, is as follows :—

	Per Cent.		
	Males.	Females.	Total.
Wet and dirty	4·0	2·9	3·6
Epileptic (including 12 men in home at Orokonui)	7·4	9·4	8·2
Actively suicidal	1·7	3·2	2·3
General paralytics	2·7	..	1·7

During the period since the last report no women patients have been under restraint, but the register of mechanical restraint has entries referring to 5 men—to 1 patient for a single occasion when he became actively dangerous to others, to another on four occasions to prevent self-injury, and to the remaining 3 to check the habit and to prevent persistent destructiveness, on many occasions five, fifteen and nineteen respectively. In no case was the restraint continued beyond a period of six hours, and I am satisfied that it was not resorted to when manual control would have been equally good for the patient and equally effective for the purpose, and I am also satisfied that the methods employed were the least irksome to meet the circumstances. Ten patients (all men) escaped, and of these 3 were replaced the same day, and 2 were not retaken within the statutory limit, and were therefore written off the books. As a general rule obvious restriction raises the desire for liberty, and directs the attention to the devising of means to obtain freedom. It is found that, where a large measure of liberty is part of the routine treatment, chafing against detention is not so great, and the number of escapes is fewer. Dr. King's settled policy of risking the escape of a few to whom such general