

The proportion per cent. of each class, calculated on the number resident, is as follows :—

	Male.	Female.	Total.
Epileptics	7.29	8.25	7.68
General paralytics	1.79	0.59	1.30
Suicidal	3.01	4.38	3.58
Dangerous (not included above)	7.66	11.96	9.44

Accommodation.—The average number resident during the year by a strange coincidence was exactly the 3,240 with which the year began, and therefore the 174 added to the population by the end of the year represents that number above the average, and means that during the year there were times when the number was well below the average. To cope with this unexpected influx has been a most difficult problem, and that difficulty has been accentuated by the decision to proceed forthwith with the erection of Government House on the Mount View site. The abandonment of Mount View fitted into plans for the future as a gradual process, but already the foundations of Government House stretch across the front of the institution, and it is clear that the exodus cannot be delayed beyond the completion of the structure, probably during the early part of 1910.

A suitable and sufficient site for the Central Mental Hospital has been selected, and, for the time being, the matter is one for surveyors and other necessary preliminaries to acquisition. Pioneer works, taking a little time, will be needed before patients can be removed thither, but once a start is made the site will be found admirably adapted for a scheme of detached buildings to be proceeded with as opportunity offers or necessity dictates.

In the meantime, accommodation has to be found elsewhere. At Seacliff, an additional building for women is, and one for men will soon be, completed. Further building-plans are sketched to fit a beautiful site on the Orokonui estate (Seacliff auxiliary), at Waitati. At Nelson considerable additions have been made, and are in progress, the chief being the removal and re-erection of the Toi Toi Valley School. At Hokitika, the closing of the prison, which adjoins our property, will, when police-gaol accommodation is provided, give us a building capable of being adapted for our requirements for a small outlay. For Porirua, plans are drawn for an additional wing for noisy women patients, in order to remove them from the main building, and for an extension of the auxiliary building for men. The necessity for placing shutters over windows in single rooms occupied by disturbed patients restricts the means for adequate natural ventilation; therefore, in the women's wing the design provides for a flat roof on the passage between the single rooms, and permits proper cross-ventilation for each room.

At Auckland, the Superintendent's late house (really a number of rooms in the main building) is being altered for the accommodation of patients, and plans and specifications are completed for the reception house, the site for which has already been purchased. This special hospital it is proposed to name after Arthur Edwin Wolfe, of Whangarei, who bequeathed £2,820 for the benefit of mental-hospital patients in Auckland. Obviously, the money will not cover the entire cost, but that detail should not stand in the way of a generous recognition of Mr. Wolfe's sympathy for the unsound in mind. It is pleasing to record such kindly consideration, because we have got so in the habit of looking to appropriations and rates to provide for the sick, the infirm, and the poor, that there is a tendency for the well-springs of charity to dry—springs which should overflow to supply life and vigour to the character-growth of our people.

The Wolfe Bequest Hospital, developing the general hospital ideals as far as desirable, is designed for the early treatment of mental disease. As sufficient interest is assured for the new departure, a lithograph of the plan is incorporated in this report. It is proposed to repeat the same plan, with some necessary modifications, at Christchurch and Porirua. The building is distributed so as to concentrate supervision, while providing sunlight and free air-circulation for each dwelling-room. Entering at the north front, there is on the right hand a suite of rooms for the sister in charge, and a bedroom for two nurses; on the left, a visitors' room, a doctor's office or consulting-room having a separate entrance, and a single room for any special case of either sex. From the administrative block proceeds a passage to the station for the night nurse, a space between the male and female sides of the hospital. On either side of the night nurse's room are special observation dormitories for eight men and women respectively.

To the south of these dormitories is a glazed covered way, the windows of which allow a free passage of air through the corresponding dormitory-windows, while above the roof of the covered way, and similarly over that of the verandah, as may be seen in the elevations, are windows admitting direct air and light. At the opposite end of the dormitory from the night nurse's room is, on each side, a day or living room, made interesting by its shape and different ceiling-levels. If in the day-time for any reason (such as extremely inclement weather) the beds are not placed outside, the supervision of patients in the observation dormitory would be carried out by the staff in the living-room. It is intended to wheel patients undergoing rest-in-bed treatment to the verandah (running from the living-room to the administrative block), where they will look on a lawn and garden-plot on the further side of which, just screening them, will be a trellis covered by creepers. As there is no sudden difference in level from the dormitory-floor to the gutter round the lawn, the nurses will be able to wheel the beds in and out with no great effort, and from one side to another, according to the direction of the sun, wind, &c. Coming from outside occupation, walks, &c., the patients enter an octagonal hall which is lighted from above. In it they will change their boots, and from it pass to the sanitary block, to the day room, dining-room, or to the remaining bedrooms. Of the last-named, the nearest is a dormitory for six, the inner angular end of which is low-ceiled and flat-roofed, allowing windows to be placed in the gable end rising from the flat, and insuring through ventilation. The room nearest the sanitary block is a store; the rest are bedrooms, two of which, to provide for any emergency, are, on each side of the hospital, for nurses and attendants respectively. Midway between the sanitary blocks are the boiler-