acknowledged failure, a number which is remarkably low considering that 105 of the patients left over from last year had been more than a year in residence and that 76 of these were already in the lower grade. The inference is that the largest possible number has been included, and this is as it should be.

The recovery-rate per cent. in Class A works out at 80·8, against 77·6 in the previous year, and in class C at 52·8, against 61·9. Patients admitted in the last months of the year tell against Class C, and will figure in the recoveries of Class A in the ensuing year. Class A approximately represents the result of treatment not hampered materially by a time-limit.

These percentage figures must not be compared with those in the tables in the Appendix, where all the recoveries (no matter when the recovered patient was admitted) are calculated on the admissions during the year under review.

Another point brought out by the table is, taking the 1st January as a standard, the small proportion of curable patients in the mental hospitals on any given date. Though there were 707 more or less curable cases (378 more and 329 less) treated during the year, at the beginning of it 8·52 per cent. represented the proportion of the patients for which cure was possible, and 4·42 per cent. the proportion for which cure was probable. The figures on the corresponding date of the previous year were 8·55 and 4·94 respectively.

I have for convenience been using the word "cure" as synonymous with the term "recovery"; but such use is inexact. When one speaks of recovery one implies an ability on the part of the patient discharged to resume his place in the world for a longer or shorter period, or till death. Though there may be cases of cure, of complete removal of disease, of any tendency of the past to react prejudicially on the future, it would indeed be rash to class recoveries as cures.

Early Treatment.—There is no panacea in the treatment of insanity; but a state of physical well-being must be established as soon as possible, lest the highly complex brain-tissue undergo changes which no after-effort can undo. The best hope, therefore, lies in early treatment, and skilled treatment—treatment directed with all the understanding which the present state of science gives. This may not be much, but it is all. Do or say what one may, there are a number of people who will not send relatives to mental hospitals in the early stages of insanity. They shrink from the required legal procedure, from acknowledging the nature of the malady to themselves, from being deprived of the euphemistic description of it given to neighbours, and, being ignorant of the paramount value of skilled early treatment, intrust the patient to the keeper of some so-called nursing home, who evades prosecution. Medical men freely express their difficulty in treating such cases, and of the necessity for special training. The matter has been much discussed in Britain, where in the chief towns specialists can be consulted, and strenuous efforts are being made to place the value of early treatment in a proper light, to popularize it. Over here, apart from the question of whether the chief centres are populous enough to warrant setting aside for the early treatment of mental disease special wards in general hospitals, it is doubtful if specially trained physicians—a *sine qua non*—would always and everywhere be available to take charge of such wards and of out-patient departments attached thereto. The wards and the men will come in due course, and, recognizing this fact, provision is made in the Bill you are about to introduce in Parliament which will give effect to the general-hospital treatment of mental defectives without undue legal harassments.

The Medico-Psychological Association of Great Britain and Ireland, recognizing as great a necessity for post-graduate work in psychological medicine as in public health or tropical diseases, has drawn up a provisional syllabus of subjects and regulations for a diploma; and their adoption by some of the universities is a matter of time only, and a short time. But the public cannot look forward with any certainty to supplying its needs in the Dominion from Home sources, though in the matter of assistant medical officers the Department has in the past and may in the future. The suggested diploma would be a guarantee of fitness to recognize in certain vague symptoms, varying in each case, the indication of insanity in an incubation stage, and the employment of such knowledge, as far as lies in the power of the physician, to ward off the threatened attack; or, upon insanity supervening, to decide promptly on the line of treatment indicated by the special needs of the case, to heal the mental wound by first intention (if one may be permitted the analogy), preventing where possible secondary complications and disfiguring scars. When the new Bill becomes law, the admission of voluntary boarders may help to bring patients in these early stages under treatment in mental hospitals; but it is to be feared that many will continue, as at present, in outside care till, may be, recovery or till the malady is confirmed. It must not be forgotten that some patients recover in spite of treatment—there were records of recovery before Pinel—but if we are going to do the right thing, if we are going to progress, we must expend our energy on those who are doomed to stray in a direction leading to mental extinction unless skilfully guided. We must take advantage of the valuable work now being done in the older countries, extending the understanding of mental disease, and checking the tendency towards vague speculations.

Neuro-pathological Laboratory.—I trust that in the next report I may be in a position to say that we are contributing our share in neuro-pathological investigations, through the generosity of Drs. Alexander and Gavin, of Dunedin. The first has offered to build and provide the initial equipment for a special laboratory, the second to do the work required by Government institutions without fee or salary, provided that the Department bears the annual outgoing expenses (estimated at £200) in connection with work done for it. The importance of this offer you recognized in authorizing its acceptance, and I look forward hopefully to Dr. Gavin's work in our midst. He is recognized in England as one of a small band of diligent, enthusiastic, and original investigators, and the contribution promised of an annual report of his work should be interesting and valuable. I introduced this matter when speaking of the necessity for early treatment, and to