The farm-produce grown on our estates and consumed in the institutions was valued at £17,301, and in addition we received £9,578 for cash sales. The sales are £2,883 higher in Table XXA, which includes credits for hides, fat, &c., not directly produced on our farms. After deducting expenditure, we had a credit balance on the year's work of £8,381.

The buying of stock to provide for our own supply of beef and mutton continues to work satisfactorily at Christchurch, Seacliff, and Hokitika, and an abattoir is about to be erected at

Tokanui.

The staff has been much depleted by the number of trained men, including Medical Officers, who have gone to the front. I trust that we shall be in a position to publish a complete Roll of Honour in the next report, and suggest that a memorial be placed in each of the institutions. Great credit is due to the seniors left behind in grappling with the problem of carrying on their duties with an undue proportion of probationers, and I am glad that their devotion and the nature of their duties generally have been recognized by a substantial increase in the salary scale. Very reluctantly we were compelled to appeal for exemption from military service of a number of officers, and I believe against their will. We have gone on the principle that the war was paramount, and that in common with others we would have to suffer some loss of efficiency, and it was only when we reached the limit of safety, when further depletion would have been unfair to the patients, that we appealed for men of some length of service capable of assisting and directing the probationers. Discipline has, of course, suffered from the undue number of new hands, and also from a cause I mentioned in my last year's report—the loss of local control under the Public Service Act. One should have the power to deal with minor delinquents promptly and on the spot, or a certain amount of slackness is bound to creep in, and will in time increase the anxiety of responsible officers from charge attendants and nurses upwards. The probationary period should be increased from one year to three—that is, until a probationer passes the Senior Examination. With local or effective control during the first three years' service our difficulties under the Public Service Act will be largely modified.

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The following is the distribution of patients resident in the State mental hospitals on the 29th June, 1918, and the sleeping-accommodation in associated dormitories allowing 600 cubic ft.

per bed, and in single rooms :-

Mental Hospital.		Patients.			Accommodation.		
		Males.	Females.	Totals.	Males.	Females.	Totals.
Auckland		658	395	1,053	623	359	982
Seacliff (and Waitati)		604	443	1,047	532	403	9 3 5
Porirua` ´		580	433	1,013	586	403	989
Christchurch		325	378	703	330	385	715
Hokitika		204	62	266	196	72	268
Nelson		98	105	203	101	107	208
Tokanui		120	44	164	152	49	201
Totals		2,589	1,860	4 ,449	2,520	1,778	4,298

Over all, this shows a shortage of accommodation equivalent to placing 31 beds in a 30-bed dormitory, or a loss of 20 cubic feet of space per bed. Were the distribution of the patients in different institutions, or in different wards of the same institution, at all uniform, this shortage of accommodation, especially under present conditions, would be negligible. The locality distribution of admissions and discharges is irregular, and cannot be equalized by periodic transfers; there are also many factors limiting the number and classes of transferable patients. In the large institutions male patients are classified in eight to ten wards, and women patients in seven or eight, planned for an average distribution. Thus when a particular class of patient is in excess a particular ward gets crowded, and the excess has to be distributed at night as best it can, and be collected again in the morning. There is a want of elasticity in function in the older type of building, which began as a completed whole for about 600 patients, without any prevision of demands for more than that number. When extensions were carried out it was no easy problem to redistribute the wards in terms of special adaptability for any particular class of cases. The newer type of building, with separate units each for about 50 patients, permits of units being added according to necessity without interfering with the existing structure or its particular function. This is the type which is being built at Tokanui and adapted in most of our recent additions.

At Auckland an addition to the infirmary ward is about completed, and a unit should be added to each of the new auxiliaries, both to meet the need for accommodation and to further classify the patients.

With regard to Seacliff, additional dormitory accommodation has been authorized to enable us to close the institution at The Camp, Otago Peninsula. The Camp was purchased many years ago for the criminal insane, but people in the locality protested against such an institution being started there, and triumphed. The place became an encumbrance. Because of its relatively small size and its distance from supervision, it could be used for a few patients only and of a class which is better and more economically maintained elsewhere. To cut short the unnecessary

expenditure it has been decided to remove to Seacliff the 27 patients now resident at The Camp.

Other additions at the southern institution are being carried out at Waitati at the Epileptic Cottage, and two 50-patient units are also to be erected there.