The staff has not yet returned to its normal proportions, but there are indications that the new salary scale, with the less than wholesale cost deducted for maintenance, makes the remuneration attractive when contrasted with the substantial reduction of wages in other occupations by the high cost of living, and not a few members of the nursing staff who left to better themselves under the lure of shorter working-hours and these seemingly higher wages have applied to re-enter the service. The unmarried nursing staff is in a better position than the rest of the community with regard to cost of living, but the Government has generously not considered this fact when allotting the cost-of-living bonus. Unmarried members of the nursing staff are charged £25 for complete maintenance, and the married £15 for meals when on duty. Their respective salaries, after making these deductions and without adding any bonus, are as follows: Nurses, £90 to £115. Attendants—Unmarried, £150 to £170; married, £180 to £200. Charge nurses, £130 to £145. Charge attendants—Unmarried, £185 to £200; married, £215 to £230. The maintenance deduction in the case of Matrons is £50, making their net salary—Class C, £160; Class B, £170 to £180; and Class A, £190 to £210. Head attendants are provided, where possible, with residence, fire, and light at a charge of £45, and have the privilege of dealing at the institution store, because formerly they drew free rations from the store, and this payment in kind was commuted for cash when the salaries were readjusted. Where the house cannot be provided, and the above privilege with it, the deduction is only £20 for meals when on duty. Deducting the full £45, the net salary is—Class B, £280 to £300; Class A, £320 to £340.

There have been many changes among the probationers and junior members of the staff, and these have naturally increased the responsibility of the seniors, whose intelligent oversight, sympathetic care, and kindly control of the patients I am glad to be in a position to record. Such devotion to duty more than anything else stimulates the desire to improve their conditions whenever and wherever possible; but before much can be done we must have a full staff, and be in a position to effect some structural changes to improve the mess-rooms, &c., in some of the institutions. We have set our own example in the Nurses' Home at Sunnyside, and the cottages for married men at Tokanui.

There have been some changes in the higher staff, and it will be as well to bring the record up to date. Dr. Gray Hassell, after thirty-two years' service, retired on superannuation in May, 1920. His knowledge and ripe experience as an alienist, his urbanity, his judicial calm, and his kindly disposition contributed to making a personality which will long be associated with Porirua. When he came to that institution as its first Medical Superintendent the place must have been desolate; and the transformation to its present beauty of recreation-grounds, trees, shrubberies, and colour testify to his energy and skill in landscape gardening and the accomplishment of his desire to improve the amenities of the patients. The thanks of the Government and the appreciation of his medical colleagues expressed on his retiring was no mere compliment.

Dr. Truby King, after an absence of two years on special service in England, returned to Seacliff at the beginning of this year, and Dr. Jeffreys, who was relieving him, resumed duty at Nelson, and was subsequently promoted to succeed Dr. Hassell at Porirua. Dr. McKillop, who had been appointed Medical Superintendent at Hokitika, never entered upon his duties there, but relieved and afterwards succeeded Dr. Jeffreys at Nelson.

The Comptroller-General of Prisons, wishing to place the Waikeria Reformatory on a scientific footing, asked for and obtained the loan of Dr. Gribben, the Medical Superintendent of Sunnyside Mental Hospital. This reformatory being within easy distance of the Tokanui Mental Hospital, Dr. Gribben also exercises supervision over Tokanui, an experienced Assistant Medical Officer being resident. Dr. Crosby, who has done such excellent pioneer work at Tokanui, was transferred to Sunnyside, where many years ago he had been Assistant Medical Officer under Dr. Levinge.

Mr. Souter, Chief Clerk at the Head Office, retired on superannuation after thirty years' devoted service. Mr. J. E. Russell, the much-esteemed senior clerk in the Service, was appointed to succeed him. As Mr. Russell's health had been indifferent, and was getting worse, he was granted six months' sick-leave, but did not long survive. With him there passed from the Public Service an efficient and conscientious officer and a loyal gentleman. On hearing of Mr. Russell's illness, Mr. Souter, whose leave on retirement had not yet expired, returned to his desk until another appointment should be made. I wish to take this opportunity to express to Mr. Souter my appreciation of the matter-of-course manner in which he came to our assistance in the emergency. Following upon Mr. Russell's coming to Wellington, Mr. Thomas, at his own request, was transferred to Sunnyside, and Mr. Hughes was appointed Chief Clerk at Seacliff.

Mr. Barnes, Head Attendant at Porirua, was, at his own request, transferred to Sunnyside, and Mr. Quill, of Seacliff, was promoted to succeed Mr. Barnes at Porirua. The vacancy at Sunnyside was caused by the death of Mr. Harris, who had thirty-one years' faithful service to his account. Mr. Harris had been on sick-leave for some months, and his loss will be felt by the patients to whom his kindly genial manner had endeared him. Miss McDougall, Matron of Seacliff, has been transferred to Auckland, and Miss Mayze was promoted to succeed Miss Hanna, who was appointed to the Head Office as Inspecting Matron—technically an Assistant Inspector. Miss Hanna's qualifications had much to do with the creation of the new office. I felt the need of some one thoroughly acquainted with the ways of patients and the domestic economy of mental hospitals to inspect the women's side of these institutions; and for each inspection to last over some days, so that every aspect of a patient's life may come under critical and helpful review—*e.g.*, bathing, dressing (including the quality of the clothing), food and its service, work, recreation, undressing, night supervision, and so forth.

Works in Progress and in Prospect, and Visits of Inspection.

I have mentioned our difficulties in getting materials and labour for building, and some urgent works are progressing very slowly. This naturally means a degree of congestion in the wards which the additions were designed to relieve. Nevertheless, both with the shortage of accommodation and in the numbers of the nursing staff, the work of the year has been remarkably free of untoward incidents, and the general health of the patients has been good. Once again I have to express my thanks to the District Inspectors and Official Visitors for their undiminished interest in their respective