The ratio of admissions to population (excluding Maoris) was 7.21 per 10,000, and of first admissions 5.98: that is to say, every 1,386 persons in the general population contributed one admission, and every 1,673 persons a first admission. This ratio of occurring insanity in the population is a much better guide to its incidence than figures based on the total number of mental-hospital patients.

The total discharges (excluding transfers) numbered 487 (m., 219; f., 268). Of these, 310 (m., 162; f., 148) were discharged as recovered, and 177 (m., 57; f., 120), though not recovered, were deemed to be sufficiently well to be returned to the care of relatives or friends. The proportion of recoveries calculated on the admissions was 35.51 per cent. (m., 35.63; f., 35.32). The deaths numbered 376 (m., 210; f., 166), giving a percentage on the average number resident of 8.08 (m., 7.85; f., 8.40) and on the total number of patients under care of 6.96 (m., 6.67; f., 6.72).

An increasing number of persons were received as voluntary boarders—93 altogether—and 7.5 per cent. only were ultimately admitted as patients. About 70 per cent. recovered without being formally committed as patients. If the voluntary boarders were included among patients in the statistics the recovery rate would approximate 40 per cent. The daily average number of voluntary boarders in the State institutions was 71, and the number in residence at the end of the year 86 (m., 32; f., 54).

Out of a total of 89 persons held on remand for brief periods for observation under Magistrate's direction, 36 only were ultimately committed as patients, and 1 remained on as a voluntary boarder. Of the remainder a proportion would undoubtedly have drifted into pronounced or more permanent insanity but for the treatment which was accorded during the brief period of observation, pending the determination of the application for a reception order.

These persons and the voluntary boarders who recovered as such, though a loss to mere statistics, which deal with cases under reception orders only, are a decided gain to the individual, and a strong argument for early treatment. At the request of the Hospitals Commission, I forwarded a statement on this subject to be incorporated in its report.

In the following table the patients in the different State institutions are divided, as on the 18th June, 1921, according to their mental state, broadly into the classes found in the interpretation of mentally defective, together with the available accommodation at that date, and the number of wards into which such accommodation is divided for purposes of classification.

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Mental Hospital.		Mentally Defective Patients on Register as classified on 18th June, 1921.												Patients on Register.				Accommodation on 18th June, 1921.			
		Class I, Unsound Mind.		Class II, Mentally Infirm.		Class III, Idiots.		Class IV, Imbeciles.		Class V, Feeble- minded.		Class VI, Epileptics.		Absent on Pro- bation.		Resident on 18th June, 1921.		Number of Wards.		Total.	
		M.	F.	м.	F.	м.	F.	М.	F.	М.	F.	м.	F.	м.	F.	M.	F.	м.	F.	м.	F.
Auckland		317	240	155	48	9	6	96	63	5	30	61	31	5	9	638	409	9	8	628	395
Christehurch		230	300	37	33	8	- 8	37	42	21	12	40	43	11	19	362	419	7	6	403	458
Dunedin (Sea	acliff	441	314	45	34	- 11	4	41	34	41	24	31	28	2	4	608	434	11	7	530	394
and Waita	ti)	1							ĺ				1			1					
Hokitika	٠	156	44	17	14	١	2	1	1	2	5	12	6	1	2	187	70	4	2	206	64
Nelson		26	35	38	36	11	7	13	10	6	8	- 11	8			105	104	2	3	78	115
Porirua		536	370	18	14	5	6	25	26	16	12	51	40	11	15	640	453	9	8	590	403
Tokanui	٠.	20	3 0	40	14	• • •	2	4	3	79	40	1	4	2	1	142	92	3	2	148	100
Totals		1,726	1,333	350	193	44	35	217	179	170	131	207	160	32	50	2,682	1,981	45	36 2	,583	1,929

It will be seen that there is a shortage of accommodation amounting to 99 on the male and 52 on the women's side; but, as voluntary boarders have not been included in the table, nor the few persons at any one time under remand, the total accommodation will be short by nearly 100 more, or, in round figures, by about 250 in all.

By taking the figures near the date of writing rather than at the end of the year under review one arrives more closely to actual present conditions calling for remedy

one arrives more closely to actual present conditions calling for remedy.

We are on the eve of a reform the necessity for which I have often drawn attention—namely, the segregation of the idiot and imbecile children in some institution apart from a mental hospital for adults. This has been rendered possible by your agreement with an arrangement made with the Education Department to take over the institution at Stoke near Nelson, and incorporate it with the Nelson Mental Hospital. I am looking forward before the end of the year to remove practically all patients under fifteen years of age to Nelson, and so providing, incidentally, for 112 patients (m., 64; f., 48) at the institutions from which the children will be transferred by the Education Department.

Meantime a male admission block is nearing completion at Tokanui; a three-story extension of Park House, Auckland, is progressing favourably; a unit for women at Waitati is well advanced; and a very excellent little reception-house for patients of both sexes is nearing completion at Nelson. Synchronously with these additions, some of the old buildings at Seacliff have been pulled down, and a like fate awaits the main institution at Hokitika. It was under consideration to abandon this institution when trains ran through the tunnel; but it will be a decidedly more economical arrangement to rebuild on the present site, replacing the present worn-out buildings in order of urgency. The scheme is now in hand. Certain buildings are also in progress which will not affect the dormitory accommodation, such as the large extension of two of the day-rooms at Sunnyside, the addition of a nurses' dining-room at Seacliff, and other similar extensions are projected to improve the amenities for the patients and staff.

In my capacity as a member of the Prisons Board it was my privilege to join in discussing the cases of certain prisoners who could not be classed as "mentally defective" in terms of the Act, and yet in