best answered by adapting some figures used by a distinguished alienist some thirteen years ago. I quoted them in 1910, and regret that necessity exists to return to the subject. The number of cases admitted to treatment during a given period at the Edinburgh Royal Infirmary was—

	For General Diseases.	For Nervous Diseases.	Total.
	4,082	873	4,955
Percentage discharged recovered	33·7	23·0	32·05
New Zealand Mental Hospitals—			
Percentage discharged recovered on total admissions since 1876			41·34
Percentage discharged recovered of admissions in 1921			42·11

Were we to include voluntary boarders the percentage would be higher still, but we may be well enough satisfied for purposes of comparison to omit them, so that our figures refer to persons found mentally defective by two doctors and a Magistrate; and it will be noted that out of every hundred such admissions ten more recover than out of every hundred admitted to a famous general hospital.

In any case, while the intermittent discharge of the cured from a hospital impresses itself mainly on the limited number directly concerned, public sentiment is influenced by the number remaining at the hospital, including, as it does, the incurable majority. Here it is that the general hospital scores; its numbers do not go up markedly, for the unrecovered are discharged, and the vacancies so created are filled by new patients. The majority of our unrecovered, which cannot be discharged in its own interest or that of the public, makes no vacancies, continues to reside in the institution, and contributes to the annual surplus which has to be accommodated. The growth of buildings captures the imagination, and is wrongly attributed to an alarming increase of insanity.

Patients labour under various forms of mental disorder to which each individual reacts more or less according to his personality. It is, broadly, a population sent to us because it could not adjust itself to its environment, and it remains with us as long as that power is not regained. The environment of the institution being less complex, the apparent mental health of the community is better than it would be outside, because the adjustment is easier. Occupation and recreation, and as large a measure of freedom as possible compatible with safety, lead to contentment, varying, of course, with the mentality of the patient; for there are always a few who regard themselves as labouring under a sense of wrong—persons with irreconcilable delusions, and some maniac depressives who have no real insight into their condition. It is these exceptional cases which are inquired into again and again and left unsatisfied; but they, even, gradually cease to be disgruntled when they occupy themselves. As some patients and most relatives of patients object to inmates being recognized by outsiders who may be actuated by curiosity, and as it is at the same time deemed expedient to let patients feel that they have some one other than stipendiary officials to appeal to, the Act empowers the appointment of persons who, so to speak, represent the general public, and pass through the wards unquestioned and whenever they please. In my last report I gave a list of these District Inspectors and Official Visitors—men and women well known in the locality—whose names are a sufficient guarantee that their labour of love is performed faithfully. One District Inspector in each locality is a barrister or solicitor, who is able to give an authoritative opinion to patients, and to estimate the value of evidence when any matter is referred to him for inquiry. These visitors see the patients frequently, and are required by statute to report to the Minister the case of any patient they consider unjustifiably detained. I take the opportunity to express again my gratitude to them.

At the time of writing I have learned of the death of Mr. F. G. Ewington, who was a true friend to any one in distress. He was Official Visitor at Auckland Mental Hospital for a number of years, until forced to resign on account of ill health three years ago, when he wrote: "Although officially severed from you, Dr. Beattie and the patients, my heart and mind are with you and will be with you until the end." And so indeed it was.

In addition to the visits above referred to, and others from the Head Office, I inspected as follows:—

Auckland.—In May, September, November, December, 1921, and in April of this year. On each visit one is impressed with Dr. Beattie's knowledge of, and his solicitude for, his patients. I interviewed privately a number on each visit—all who asked to see me, and others whose cases we discussed—and heard no complaints which were not manifestly delusional; but, on the other hand, many convalescents testified to the consideration with which they had been treated. The wards were clean, but a lot of painting and renovating has still to be done. I was glad to find the Wolf Home newly painted and looking bright, and its inmates cheerful. Extensive alterations are well advanced in the kitchen department. The kitchen work has been carried out under great difficulties, and I am satisfied to know that these will be largely overcome soon. The staff mess-rooms are now very attractive. At my last visit the additions to Park House were just completed, and these, when furnished, will make three excellent wards. On the same occasion an epidemic of enteric fever had visited the district, and a number of patients in all parts of the institution were simultaneously attacked. Every now and then a "carrier" is admitted or is in residence, and is discovered after a few patients are attacked and the epidemic stamped out; but on this occasion, our drainage-system being all right, and possible sources through food-supply or conveyance by "carrier" being negatived, it was found, on investigation, that the district water-supply was contaminated. Fortunately, having an emergency connection with the city water-main, we immediately substituted it, and the epidemic ceased. A tribute is due to the staff for the devotion and skill with which the patients were nursed.