During the year 389 estates of mental patients, with assets of a total value of £406,067, were reported to the Public Trustee for administration, and on the 31st March last there were 1,549 of these estates, with assets valued at £1,729,302, under the control of the Office.

A number of the estates reported are of very small value. Nevertheless they necessitate a certain amount of inquiry and duties of various kinds to afford protection to the patient and others concerned. The powers conferred on the Public Trustee enable this class of estate to be administered with economy and afford advantages to the mental patient and his family, which is a consideration of no small moment to a large number of persons in the community. The legislation governing this work authorizes prompt and inexpensive administration by the Public Trustee from the time that the committal deprives the estate of the care of its owner until the mental incapacity ceases or, on the death of the patient, the administration is undertaken by the executor or administrator.

64. As I set out in my report of last year, the administration of the estate of a mental patient is governed by principles very different from those applying in the administration of the estates of deceased persons. In the administration of the estate of a deceased person the lawful debts must be provided for before the beneficiaries can receive any benefit. In the administration of the estate of a mental patient the leading principle and paramount consideration is the interest of the patient himself: *In re Smith* (1927 G.L.R. 274). The policy followed in the administration —at least, so long as the patient has any prospect of recovery—is to keep the estate, so far as is justifiable, intact, and unchanged, and the assets are conserved in order that the patient upon discharge will not find himself destitute.

65. The Public Trustee, as statutory committee of a patient's estate, is primarily concerned with the proper administration of the estate; but at the same time there rests upon him a certain degree of responsibility to arrange that the patient is maintained in a manner befitting his station in life, having regard to the value of his estate and the demands upon it. Of course, in the majority of cases relatives and friends of the patients visit them and make arrangements or representations for comforts beyond those which are provided in the ordinary hospital routine. Where relatives or friends attend adequately to the wants of a patient the Office is careful not to trespass on such arrangements. There are, however, numbers of patients who have no friends or relatives in the Dominion to make any arrangements on their behalf, and for patients such as these the Public Trustee ensures that any steps possible to add to their comfort are taken. There is close co-operation between the Mental Hospitals authorities and the Office in this matter of providing additional comforts or services, and no arrangements are made in this direction without consulting the hospital authorities, as, of course, they are in the best position to say what is for the good of the patients under their control.

I wish to place on record the willing manner in which the Mental Hospitals Department co-operates with this Office in its work, and the valuable advice and assistance which it affords.

Careful consideration is also given to the making of provision for the requirements of the wife and family in cases where it is possible and proper to do so.

66. The powers, duties, and functions of the Public Trustee in regard to the estate of a patient cease when the patient is discharged in accordance with the Act and when it appears from the notice of discharge that he is able to manage his own affairs. When a patient is completely recovered the Mental Hospitals authorities issue what is known as a "discharged recovered" certificate, upon receipt of which the Public Trustee hands over to the discharged patient the control of his estate. There are, however, a number of persons who have been inmates of mental hospitals and who recover sufficiently to be liberated from the institutions but whose mental condition is such that they will never completely recover. In these cases the Mental Hospitals authorities quite properly could not issue a "discharged recovered" certificate. Nevertheless, the mental condition of a number of these is such that they are capable of managing themselves and their own affairs with ordinary prudence and in doing so will not be at a disadvantage in dealing with their normal fellows. Until 1914 there was no provision for the resumption of the control of their affairs by people of this description. In that year, however, was passed