The population of this institution has increased far beyond the limit which is recognized to make for the highest efficiency, and no additions to patients' accommodation are contemplated. There are, however, certain amenities which should be provided, such as an entirely detached hospital block, and I intend to submit proposals in this connection during the current year.

It has for long been obvious that the administrative buildings—including kitchen, laundry, and boiler-house—have lagged behind the increase in population, and proposals for a complete rearrangement of these sections are under consideration. I hope something may be done in this direction during next year.

Nelson and Stoke Farms (£956).

Early in the year a contract was let for the erection of three villas at Stoke Farm, but these will not be available for occupation before June, 1930. A contract has also been let for the erection of a bakehouse, which will serve the needs of Nelson and Stoke.

The acquisition of a contiguous estate opens the way for the further development of the villa system, for which the land is admirably suited. A survey has been made in anticipation of securing adequate water-supply.

Hokitika (£401).

Expenditure has been upon general renovations and maintenance. A contract was let for the erection of a concrete water-tower, and the erection of a laundry is now proceeding.

It is proposed during the coming year to erect a villa, the first of a series, in which transfers from other institutions can be housed.

Christchurch (£7,777).

Additions completed during the year at this institution include an auxilliary sewage system and a new boiler-house and stock.

The accommodation for low-grade defectives at B Block is no longer suitable for occupation, and is overdue for replacement. Templeton Farm will shortly be devoted exclusively to the care and training of higher-grade defectives, and a second villa is already in course of erection.

Seacliff (£27,132).

The bulk of the expenditure at Seacliff has been for the new administrative buildings, comprising kitchen, laundry, and stores. These are almost completed, and will add very much to the smooth running of the institution. Extensive additions have been made to G Ward. Sixteen rooms were added to the Nurses' Home, which is still too small for an institution of this size. A new Home should be built, and the present one made use of for patients. New day-room accommodation is wanted for several of the wards at Seacliff.

Waitati (£853).

A small laundry has been erected, and additional sanitary conveniences constructed at one of the villas. Plans have been prepared for a new villa for fifty women patients.

Overcrowding.

In my last annual report I gave a detailed statement as to the gravely overcrowded state of our institutions, and as you, sir, have recently taken the opportunity of becoming personally acquainted with the resultant conditions, I need not repeat the plea I then made for increased financial appropriations. It will be sufficient for me to point out that buildings now in course of erection and likely to be occupied by the end of the year will barely provide accommodation for our estimated annual increase of patients.

During recent years a very great deal has been done to provide proper classification and adequate treatment for recent and recoverable cases, and it was imperatively necessary that this should have been a first consideration; but unless a considerable speeding-up can be effected in the provision of accommodation for the chronic patients we shall become progressively less able to maintain the institutions at that pitch of efficiency which merits public confidence.

Cases of Senile Decay.

On the 31st December there were in our mental hospitals 462 patients who were seventy years or upwards in age, and of these ninety-two had been admitted during the year. Senility took second place amongst the assigned causes of insanity. The mild restlessness and excitement which finally cause the admission of these old folk into our institutions is nearly always very transient in character, and could often, with patience and sympathetic understanding, be controlled in a private house. It is fundamentally wrong, and a reproach on our reputation for sound social legislation, to allow them to spend the evening of life amongst the insane, and special institutions or homes should be established for this purpose. Not only would this be of benefit to the senile patients concerned, but an appreciable amount of infirmary space occupied by them would be freed for more legitimate purposes. If any legislation in this direction is contemplated, I think that our Medical Superintendents should be empowered to discharge suitable senile patients to the new institutions.