addition to the bathing facilities. Alterations to the hot-water service and dormitory accommodation of the female cottage were in progress, now enabling this unit to deal more effectively with new admissions.

The Dunedin Clinic continues bi-weekly, and about the same number of new cases were seen this year as last. The details are:—

Source: Wards, 81; practitioners, 30; spontaneous, 7; otherwise, 16: Total, 134.

Disposal: Committed, 27; voluntary boarders, 15; treated and discharged, 39; referred to other hospitals or institutions, 5: report or opinion supplied, 28; advice not followed, 11; under treatment at end of year, 9: Total, 134.

Classification: G.P.I. and cerebral syphilis, 6; organic dementias, 8; other organic mental disorders, 16; adolescent instability, 2: hysteria, 22; schizophrenia, 18; paranoid states, 4; anxiety states, 16; manic depressive insanity, 7; reactive depression, 7; involutional melancholia, 6; congenital mental defect, 11; other conditions, 11: Total, 134.

These figures are for new cases only.

The Invercargill Clinic has been conducted by Dr. Brown, who submits the following figures: New cases numbered 39, of whom 7 were recommended by practitioners, and 4 were from the Riverton Hospital, the remainder being seen in Southland Hospital. Of these 39 cases, 6 were committed, and 1 admitted as a voluntary boarder. There were four cases under treatment at the end of the year. A number of cases on probation in the Southland district also were glad to attend the clinic during their period of trial.

While the clinics perform useful functions in treating the neurotics and inducing mild psychotics to seek mental-hospital treatment early, there is a definite difficulty in treating these cases at Seacliff. I refer to the insufficient suitable accommodation for recoverable male admissions. Clifton House with 13 beds caters for perhaps half of such cases, but it could be enlarged to accommodate twice that number, as well as a number of convalescents. Such a proposal is contemplated for next year.

Another difficulty is the number of dangerous male criminal cases of all types. It is inevitable in these circumstances that the custodial aspect of the nursing duties receives undue emphasis. When your proposed separate institution for dangerous defectives removes such cases from this hospital, then considerable improvements in the treatment, particularly with regard to airing court conditions, could be effected.

Concerts have been given to the patients by the Justices of the Peace, Royal Male Choir, and other bodies, to whom we are deeply indebted. I have also to thank the visiting clergy for their interest in the institution, and also the Official Visitor, Mr. Louden.

Mr. Cummings, the the Patient's Friend, has visited the hospital during the year, and his long association with both staff and patients is reflected in the appreciation of his visits. The Patients' and Prisoners' Aid Society, whose activities form a very useful link between hospital and community, has performed much useful work for us, including assisting patients when discharged, arranging probations, and also in providing entertainment for the hospital generally. The Society's Agent and Chaplain, Mr. A. Steven, pays a weekly visit and also conducts religious services as well. I must express our thanks, both patients' and staff, to this society for the services rendered through its chaplain.

I have to thank my colleagues for their loyal co-operation during the year. In February Dr. Hay was transferred from Auckland, and so terminated a period of short staffing during which Dr. Brown and Dr. Bowell carried out many extra duties willingly.

In conclusion, I wish to thank the matrons, head attendants, the various executive officers, and the staff generally, for their work and loyal support during the year.

STATISTICAL.

The patients on the register at the end of the year numbered 7,687 (m. 4,282, f. 3,405), or 254 (m. 149, f. 105) more than at the beginning; and the daily average under treatment during the year was 7,114 (m. 4,003, f. 3,111), or 176 (m. 104, f. 72) more than in the previous year; while the total under care was 8,502. Patients belonging to the Native race numbered 118 (m. 75, f. 43) at the end of the year.

The admissions numbered 1,069 (m. 567, f. 502), or 86 more than in the previous year. Of these 158 had been previously under care, making the proportion of readmissions 14·78 per cent., and 911 patients were admitted for the first time.

The ratio to population of all admissions (exclusive of Maoris) was 7·07 (m. 7·34, f. 6·79) to 10,000, and of first admissions 6·03 (m. 6·48, f. 5·55), so that 1,413 persons in the general population contributed one patient, and 1,660 contributed a patient admitted for the first time.

The discharges (excluding transfers) numbered 380, or 16 less than in 1934. 127 (or 9 less) harmless unrecovered persons were returned to the care of friends; and 253 (m. 117, f. 136) recovered—7 less than last year—representing a percentage of 23·67 (m. 20·63, f. 27·09) on the total admitted. With voluntary boarders added the percentage rises to 36·49. Altogether, 47 per cent. of the inmates admitted were able to leave institutional care.

Of a total of 8,502 patients under care, 435 (m. 229, f. 206) died, or 6·11 per cent. on the average number resident. An inquest is held in the case of every death, whatever the cause. The causes are detailed in Table VI, and the following is the percentage of causes mainly contributing: Senile decay, 28·97; diseases of the brain and nervous system group, 22·53; heart-disease, 17·41; tuberculosis, 4·14.

In Table VII the principal causes assigned for the mental breakdown in the admissions are stated; but as a matter of fact they are merely approximations, and these, with the small numbers with which we have to deal, show such divergencies from year to year that the proportion assigned to any one cause in any one year cannot be assumed to be our average incidence. Causation is always complex,