vital that unless the offence is one that calls for serious punishment recourse should be had to some alternative to imprisonment, rather than that the initial dread be minimized through the serving of a short sentence less irksome than anticipated. There is no doubt that the probability of relapse increases with the number of previous sentences.

It is significant that of the total number of persons received under sentence last year 33 per cent. had not been previously convicted, and of the balance 22 per cent. previously had been dealt with other than by imprisonment, but of the total received only 15 per cent. had previously served a substantial term in prison or Borstal. It is thus clear that comparatively few persons return to prison after serving a year or more, and that the greatest amount of recidivism is amongst those committed for short sentences.

In last year's report special reference was made to the desirability of introducing legislation along the lines of the Criminal Justice Administration Act in England providing for the allowance of time to pay fines in instalments as an alternative to imprisonment. The passing of this legislation was the precursor of a phenomenal drop in the commitments to prison in England, and it is hoped that similar legislation will shortly be introduced in New Zealand.

Punishments and Infractions of Discipline.

Capital Punishment.—No executions took place during the year.

Floggings.—No floggings were administered.

Corporal Punishment.—Recourse has not been had to corporal punishment or mechanical restraint upon any refractory prisoner for a breach of the Prisons Regulations for many years. There is no statutory provision for any form of corporal punishment for breach of discipline in either prisons or borstals in New Zealand.

Escapes.—Nineteen persons escaped during the year, and all were recaptured. these were from prisons and nine from Borstal. This number is not higher than the average. It will be obvious that at the farms and camps, where there is necessarily and designedly a greater degree of trust reposed in the inmates, greater opportunities for escape exist. It is considered that in view of the small percentage who betray this trust it would be retrogressive to attempt to make the system watertight by curtailing the honour system, which is undoubtedly a force in the development

An unprecedented and unfortunate incident occurred in the National Park area, where a small party of prisoners broke bounds from their roadside huts at night, appropriated a car, and burgled two storekeepers in the district. Considerable cunning was displayed in the mauner in which the hut-doors were tampered with to prevent detection. The occurrences, fortunately, were fairly soon discovered, and most of the stolen goods restored, though damaged through being buried. The prisoners involved were duly prosecuted before the Courts and the road sub-camp has been closed.

HEALTH OF PRISONERS.

The health of the prisoners has been uniformly good throughout the year, there being no illnesses of any epidemic character. The daily average on the sick list 15, representing 1.5 per cent. of the daily average in custody. There were 58 admissions to the hospital and there were 5 deaths during the year-2 from pneumonia, 1 from cancer, 1 from tuberculosis, and 1 (a Chinese) from the effects of drug addiction.

Last year the dietary scale was further improved by the inclusion of 2 oz. of butter in the daily ration. The dietary scale is exceedingly liberal and well balanced and is reflected in the almost invariable

improvement in the physical condition of prisoners.

Thirty-eight persons were transferred to the mental hospitals for treatment, and in every case where a prisoner's behaviour has indicated mental impairment an examination by a specialist has been arranged. The ready co-operation of Dr. Buchanan at Mount Eden, Dr. Tothill at Waikeria, Drs. Russell and Hart at Wellington, Dr. McKillop at Paparua, Dr. Hayes at Invercargill, and Dr. Allen at New Plymouth, all qualified psychiatrists, has been of helpful benefit to the inmates and of valuable guidance to the Department. The arrangement made with the Director-General of Mental Hospitals, whereby his specialist officers would be available to examine any accused person facing his trial, where his mentality is in question, and to make the report of such examination available to both the defence and the prosecution, has worked satisfactorily and furthered the ends of justice. It is desirable that the Courts should be aware of the offender's mental condition before sentence rather than that examination should be deferred until the offender is sent to prison. Even where the crime for which an offender is charged can be traced to some nervous instability there cannot always be immunity from punishment, for the law does not recognize nervous disorder as a legal defence. Certifiable insanity is a defence, but in such cases society is protected as the person who would be found guilty but for his insanity is not released. He is placed in a Mental Hospital. Nervous disorder though not of a certifiable degree however, may justify leniency in the direction of probation with special conditions, or it may be that custodial treatment and an ordered regimen is desirable in the interests of the offender himself. In this connection the remarks of Dr. Norwood East, Medical Commissioner of English Prisons, and undoubtedly the greatest practical authority on forensic psychiatry, are apropos and illustrative of

similar conditions in New Zealand:—

"It is suggested sometimes in defence of a prisoner on trial that he requires medical treatment instead of imprisonment, and medical men are exploited sometimes for this purpose in cases which are quite unsuitable. The result is unfortunate, for if the prisoner evades the consequences of his misconduct no useful purpose is served by non-effective treatment at a clinic or elsewhere. If a sentence of imprisonment is ordered the prisoner endeavours to use treatment as a means of obtaining preferential consideration, and when this is denied attributes future anti-social behaviour to medical ineptitude.