Bound up in these alterations is the matter of enlarging the entertainment-hall and improving the facilities for the cooking and serving of meals. In this connection plans are well forward for the erection of several small kitchens to serve separate groups of wards, thus following so far as may be possible the system which we have found so advantageous in the villa hospitals. All these changes take time, and one part of the programme has to await until another has been completed, but each year sees marked progress.

Nelson.—The new Nurses' Home has been started, and should be in occupation early in 1939.

Hokitika.—It is hoped to erect two new villas during the year.

Christchurch.—The results of the occupational classes have been most encouraging, and a separate block for this work will be erected at an early date.

Seacliff.—It is proposed to make several improvements to the buildings, both at Seacliff and Waitati.

Proposed New Mental Hospital.

Towards the close of the year a property was acquired in the Marton area for the purpose of establishing a new mental hospital which will serve the needs of the northern part of the Wellington Province and Taranaki and so relieve the pressure upon the accommodation at Porirua.

The estate is approximately 541 acres in extent, is well watered, has a good northern aspect, and is generally well adapted to the erection of a new institution on the villa system.

It is situated about midway between Bulls and Marton, and is sufficiently secluded, but has a good access to the main north road to Taranaki.

In the meantime the contours are being prepared and other necessary preliminary work is being carried out.

Insulin Treatment.

Considerable interest has been aroused during the year by well-accredited reports upon the treatment of schizophrenia by repeated doses of insulin.

As schizophrenia is the form of mental disorder which accounts for about 16 per cent. of our admissions and is the psychosis from which at least 60 per cent. of our chronic mental patients were suffering upon admission, any well-authenticated reports as to treatment and cure demand serious investigation. Unfortunately, some of the accounts of the treatment which have appeared in the lay press have not come from authoritative or well-informed sources, and have given rise to hopes which cannot be realized, and must cause disappointment.

Briefly stated, the treatment consists of the injection of insulin in increasing doses until the patient goes into a state of deep coma. The "shock dose," once ascertained, is given almost daily for about two months. The treatment is not without its dangers, and the patient requires constant and immediate medical and nursing supervision.

It is evident that a considerable amount of improvement occurs in many cases during the course of treatment, but it would be altogether premature at this stage to regard the results as being permanent or to refer to them as "cures."

It is in the early cases that the treatment appears to produce results, but it is also in those early cases that remission of symptoms not infrequently occurs, even without insulin treatment.

The real test of the treatment is the permanency of the result, and that cannot yet be determined.

Occupational Therapy.

During the year a considerable extension has been achieved in the organization of occupational classes, and I hope the day is not far distant when every patient will have some form of occupation, however elementary its nature. Many wards in institutions overseas have lost their title to the term "refractory" through the introduction of the patients to the pleasure of doing arts and handicrafts, and the effect is very striking. On the other hand, our farms and gardens are much more extensive than those attached to British hospitals, and our patients engage in larger numbers in outside work, but there are still many patients whose mental or physical state renders such occupations impossible or undesirable, and for these the classes provide a valuable outlet for their energies.

Occupational therapy is being already carried out in the following hospitals to the extent indicated:—

Auckland.—Mrs. Ohms and Mrs. Morrison hold classes for poker-work and brass beating once weekly during the winter. Mrs Wigg teaches weaving and spinning weekly during the winter. Miss Johnson conducts classes for fancy dancing. I was present at an exhibition held at the hospital of the products of these classes, and was very pleased with the really high standard achieved.

Kingseat.—Mrs Waugh has held classes in arts and handicraft, and many useful articles have been made.

Porirua.—We have a paid instructor on the male side, who teaches basket and cane work, and a lady instructress for weaving.

Hokitika.—One of the charge nurses has undertaken the work here, which is mainly fancy-work, rugs, baskets, and trays. Arrangements are in hand to train other nurses.

Christchurch.—Miss Bowron has made an excellent start with a wide variety of handicrafts, and I have had some most encouraging reports upon individual cases benefited. It is intended to erect a special block at Sunnyside for occupational work. Several nurses are being trained so as to carry the work into the wards to certain patients who cannot in the meantime attend the classes.