

to the Medical Officer, such lectures cannot be delivered during working-hours without placing an unjustifiable restriction on the patients. It was evident to me that the men were sincere in their statement that they had misunderstood the position, and I was pleased to learn from incidental remarks that they appreciated what had been done for their welfare in this and other directions.

The cottage on the women's side for recent and recoverable patients is pleasant and homelike, and continues to fulfil a useful function. A site has been selected for a similar cottage for men. Quite a small building would meet the requirements, supplementing the classification now being carried out in the library ward. At my last visit additions and alterations were being carried out at "Simla" and the "Byres Building," and the workmen were about to transfer No. 2 dormitory into a day-room. Since then the work has been completed. The Nurses' Home requires the addition of fifteen rooms: these would liberate in the institution single-room accommodation for patients.

The women have for exercise a large area enclosed by a ha-ha. It is the best airing-court I have ever seen, spacious and free from the sentiment of confinement, commanding a beautiful view, and safe.

The men's exercise-park has been added to, and, though not having the levels to enable the fence to be hidden, a clever compromise has been effected by sinking the fence in the direction of the best view: there is a lookout over and between plantations upon ocean and headland. As many as a third of the male patients had a large amount of liberty, but among the other two-thirds there are some who cannot be trusted to walk and work over the estate, and for them the improvements carried out in the exercise-park will be a great boon. Two cricket matches were played during the visits, affording much interest to the players and onlookers. Tennis is also played. Mr. Galloway, the District Inspector, pointed out the desirability of a bowling-green, a suggestion with which I cordially agree. A site has been selected in the vicinity of the library ward.

The general health of the patients was good. The quality of admissions has not been favourable to recovery. At the time of my last visit all but 51 patients were regarded as incurable, and in 7 of these only was the favourable prognosis made without hesitation.

On looking over the case-books I saw evidence of the thorough and conscientious way in which Dr. Tizard did his work. During the years that he had been here as Assistant Medical Officer he enjoyed the confidence and respect of those among whom he worked, and his appointment as Medical Superintendent at Ashburn Hall is a distinct loss to Seacliff. He is succeeded by Dr. Jeffreys, transferred from Porirua, as Senior Assistant, and Dr. Ross, lately Assistant Medical Officer at the Aberdeen Royal Asylum, has been added to the staff. The need having arisen for a second Assistant Medical Officer at the larger mental hospitals a selection was made at Home, and the Department was fortunate in securing the services of Dr. Ross.

I record with regret the retiral of Miss Beswick on penison; it was impending at my last visit, when one could not but observe that she felt greatly severing her connection with the institution and the work which had become a part of her inner life. She is succeeded by Miss McDougall, who was matron at Mount View.

*Hokitika Mental Hospital* was visited in July. The history of this institution is uneventful, which is a good history. Everything moves quietly, and very few of the patients require special care or observation. A number are aged and infirm, 14 being over ninety years of age. All able to do anything are usefully employed. Every part of the institution was scrupulously clean. The meals inspected were of good quality and abundant. Having laid on the water-supply, the workers turned their attention to transforming the old prison, completely altering its character and affording greatly increased accommodation to relieve the pressure at other institutions, immediate and with an eye to the future, for at this institution the tendency is rather to a reduction of numbers. Sixty male patients have been transferred to fill vacancies. Many of the buildings are old, and neither in design nor detail conform to what one expects in a mental hospital, but serve very well for the mentally infirm class of patient, of whom there is a disproportionate number. The buildings are well situated on a plateau, and open on an enclosed garden airing-court with an uninterrupted view of the ocean. To Mr. Downey and his staff credit is due for the kindly relations which exist between them and the patients. No complaints were made, and a number of the inmates expressed themselves as contented.

*Nelson Mental Hospital* I inspected in February and November. On each occasion I visited the Richmond Home, and found all the children in good health and receiving the same parental care as heretofore from Mr. and Mrs. Buttle and the staff. The Home is visited regularly by Dr. Mackay. The children spend most of the day in the open air, the weather is generally good and permits of meals even being taken outside. Some of the boys can do a little work, but the majority are too deficient to train for any useful end. The small area of the estate makes it unsuited for an important institution for the mentally deficient below the standard dealt with by the Education Department. Such being the case, that class will have to be provided for at Tokanui and the Home at Richmond ultimately abandoned. We have planted an orchard and otherwise improved the land, so that when the time comes to part with the property the Government, while feeling that the place has served a useful purpose, will be in a position to dispose of it at a profit.

I found the patients at the Mental Hospital well clad and fed and free from complaint, and the staff working harmoniously—it is a small institution with a good deal of the happy family about it, which is a tribute to Dr. Mackay's management. The proportion of patients requiring special care was small, well below the average for suicidal, dangerous, or epileptic, but, as sometimes happens where numbers are small and a few make a difference, above the average for general paralytics. During the year one patient committed suicide by mechanically obstructing respiration by swallowing the corner of his blanket, a most unusual procedure and quite unlooked-for in the particular case. With this exception the daily round was uneventful. The number of patients of each sex doing useful work