

The staff has not yet approached its normal numbers after the severe depletion caused by the war. In the Head Office we elected to carry on understaffed rather than introduce temporary clerks where so much of the work is confidential, but at the institutions the shortage of the nursing staff had to be made up the best way it could, and there is no denying the fact that many of the stop-gap appointments have been a source of anxiety, and that we shall be greatly relieved when the transition period is over. The responsible and senior officers must be complimented on their loyal co-operation, especially on distributing the duties so as to make the best use of the more promising probationers. The shortage among the attendants is easily explained, but the shortage was and is more felt among the female staff. This complaint is not confined to mental hospitals. Naturally the avenues for women's work were widened on the withdrawal of the fittest men, and the wages earned by them were so much above the usual average that one must expect some time to elapse before the vacancies are suitably filled. Meantime the Public Service Commissioners have raised the salaries in a classification about to be gazetted, which should prove very satisfactory to the nursing staff, who, except in the case of married attendants, are affected very little by the increased cost of living, being provided with free residence and certain emoluments, and are charged for board a sum that is actually under cost. Certain officers—*e.g.*, medical officers, clerks, engineers, farm-managers—were in the past given a salary of so-much cash and found (themselves and families). The system had been in operation *ab urbe condita*, but was manifestly unequal, and the opportunity was taken of commuting the allowances for a cash payment absorbed in the new salary and requiring these officers to find themselves, providing, however, free residence, fire, and light because of the advantage to the institution to have them resident on the estate. On the estimates it will appear that these officers are having their salaries unduly increased, but in point of fact they are not, for a considerable portion of the increment they are getting in money was paid to them heretofore in food, which we purchased with that money and gave to them. These officers are given the privilege of purchasing supplies from the institution stores. We should like to be in a position to extend this principle to all employees, but there are grave difficulties in the way. The Public Service Association has, I understand, made arrangements for getting its members a reduced tariff at certain hotels, and would be fulfilling a helpful function in extending the principle by getting tenders from certain firms for the supply of goods to its members at special rates. This would be more satisfactory than the Government providing advantages to one Department over another. In the absence of some generally applicable scheme it may be possible for us to arrange with our contractors to supply our employees at reduced rates, if they combined to send orders sufficiently adequate to make it worth while for the contractor. The matter would not have arisen had we not done away as far as possible with the old system and allowed the officers who hitherto drew their supplies from our stores to substitute buying from the stores. In course of time the origin of this privilege will be lost sight of, and officers not possessing it will tend to consider that they have a grievance.

I have touched on the subject of certain officers—happily only a few—being unsatisfactory, and when these by effluxion of time are placed on the permanent staff there is a difficulty in dispensing with their services unless they acknowledge their offence when charged. Proof frequently needs the evidence of patients, and we are not going to subject patients to cross-examination or the odium of sympathisers, and therefore unsatisfactory officers have to be retained until a charge of inefficiency is supported by flagrant neglect of duty. This is very unfair to the Superintendents, who are responsible for the care and control and general well-being of the patients, the real sufferers when discipline slackens; and it is also unfair to the charges or other senior officers, of whose devotion to duty and to their patients I cannot speak too highly. In the interests of the patients the least I can suggest is an extension of the probationary period, so that the inefficient and otherwise unsuitable may be weeded out and pass on to some employment for which they are temperamentally fitted.

The number of patients and extent of accommodation in the different institutions at this date is stated below, the patients being classified according to the nature of their mental disorder or deficiency in terms of the definition of "mentally defective person" in the Act.

Mental Hospital.	Mentally Defective Persons.											Accommodation.						
	Class I. Unsound Mind.		Class II. Mentally Infirm.		Class III. Idiots.		Class IV. Imbeciles.		Class V. Feeble-minded.		Class VI. Epileptics				Total.			
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	T.	M.	F.	T.
Auckland ..	297	220	170	35	8	4	67	24	47	74	61	35	650	392	1,042	645	385	1,030
Christchurch ..	171	212	64	68	6	2	35	37	20	26	30	35	326	380	706	330	385	715
Dunedin (Seacliff and Waitati)	472	325	44	37	10	3	39	31	7	9	57	35	629	440	1,069	532	403	935
Hokitika ..	148	42	20	14	2	1	7	2	4	8	14	5	195	72	267	206	64	270
Nelson ..	25	32	35	41	13	7	10	10	6	6	9	7	98	103	201	88	118	206
Porirua ..	474	353	27	18	4	3	25	21	16	18	40	30	586	443	1,029	590	403	993
Tokanui ..	109	39	..	..	0	1	1	2	1	0	1	1	112	43	155	152	49	201
Totals ..	1,696	1,223	360	213	43	21	184	127	101	141	212	148	2,596	1,873	4,469	2,543	1,807	4,350

Analysing the classification above, it may be stated that all persons in Class I would have been included under the old term "lunatic"; that of Class II a proportion would come under the same term, but a fair number could be treated in Old Persons' Homes as senile patients did these institutions possess the requisite simple nursing facilities. Classes III, IV, and V include persons exhibiting mental deficiency in different degrees. Nearly all these patients should be segregated from the other classes,