I mentioned last year that since the 1911 Act sanctioned the admission of voluntary boarders an increasing number each year has taken advantage of the provision, as demonstrated in the following table. It is necessary for an applicant to comprehend the meaning of the procedure, and in practice we find that, while a large number may be classed as new cases of unconfirmed mental disorder, a fair proportion of recurrent cases seek admission on recognizing the early symptoms of relapse in the hope that an oncoming attack may be warded off or modified. Among the hopeful cases are a proportion of neurasthenics, but, on the other hand, some persons, labouring under organic disorders of the brain and cord, come for nursing care.

VOLUNTARY BOARDERS.

Year.			First Admission.			Not First Admission.			Total Admissions.		Transferred to Register of Patients.			Died.		Discharged.		Remaining on 31st December.					
1010			М.	F.	T.	м.	F.	т.	М.	F.	т.	М.	F.	Т.	М.	F.	т.	М.	F.	т.	М.	F.	Т.
1912	• •		6	17	23	0	0	0	6	17	23	1	3	4	0	0	0	4	.3	7	<u> </u>	11	12
1913			18	19	37	0	2	2	18	21	39	2	5	- 1	0	1.	ı	12	12	24	5	14	19
1914			17	19	36	3	$^{2}$	5	20	21	41	7	5	12	1	l	2	- 11	15	$^{26}$	6	14	20
1915			15	17	32	1	$^{2}$	3	- 16	19	35	3	4	7	0	ı	I	8	14	22	11	14	$^{25}$
1916			13	23	36	5	- 8	13	. 18	31	49	4	4	8	1	$^{2}$	3	14	14	28	10	15	25
1917			14	21	35	1	13	14	15	34	49	- 6	6	12	0	1	1	10	23	33	9	19	28
1918			23	38	6.1	5	11	16	28	49	77	1	4	5	2	2	4	15	30	45	1.9	32	51
1919			31	39	70	5	19	24	36	58	94	3	3	6	0	2	2	26	42	68	26	43	- 69
1920			26	38	64	16	12	28	42	50	92	3	4	7	1	2	3	33	33	66	31	54	85
1921			39	39	78	11	15	26	50	54	104	2	3	5	5	i	6	38	41	79	36	63	99
1922			47	38	85	10	16	26	57	54	111	6	5	11	4	4	8	40	48	88	43	60	103
1923		• • •	44	50	94	15	21	36	59	71	130	3	6	9	3	3	6	47	47	94	49		

It will be noted that there were 130 voluntary admissions in the year under review, that 94 were discharged, and that 9 boarders, representing only 3.86 per cent. of the total under care, had to be transferred to the register of patients (having shown mental disorder in degree sufficiently pronounced and sustained to render it improper for them to be continued as voluntary boarders), while the proportion of deaths was 2.57 per cent. The column devoted to "Not First Admissions" records readmissions on a return of illness in those previously treated to recovery as voluntary boarders. The figures above are an indication of public confidence and of good work being done. The average daily number of voluntary boarders in 1923 was 113 (m., 49; f., 64).

In Table XIII 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, and the most potent factor is the individual. Thousands of persons have passed unscathed through physical or mental stresses which have proved too much for these patients. Take, for example, the critical periods (puberty, adolescence, the climacteric, and old age), which accounted for 18 per cent. of the admissions, or the physiological act of child-bearing, which was assigned as a cause in about 5 per cent. of the women admitted. Clearly there must be and is a predisposing instability also, and when this is not directly traceable to inheritance it will be disclosed in ignorance or careless nurture and upbringing when the individual was young, or in a disregard of the laws of wholesome and healthy living after the individual became a free agent, just those simple, almost obvious, requirements which when carried out faithfully ensure the state of well-being which comes from mental and bodily fitness and reacts in modifying an evil heredity. Hereunder the assigned causations in the table referred to are grouped and shown in their relative proportions:—

						M.	F.	Т.				
Heredity						11.99	$14 \cdot 21$	12.99				
Congenital						15.38	9.01	12.50				
Predisposed by p	previous at	tack				9.73	19.94	14.35				
Critical periods	• •					17.64	18.58	18.08				
Child-bearing (pr	aerperal, n		0.00	5.19	$2 \cdot 35$							
Mental stress						10.18	6.56	8.58				
Physiological def	ect and er	ror				0.45	2.46	1.36				
Toxic, including-			М.	F.	т.							
Syphilis			5.88	0.37	3.34	14.71	3.55	9.65				
Alcohol			7.69	1.67	4.95	brace 14.71	9.99	ə*0ə				
Traumatic						0.68	0.55	0.62				
Disorder of nervous system, including—												
	·		M.	F.	$^{\mathrm{T}}.$							
$\mathbf{E}_{\mathbf{pilepsy}}$			4.30	6.25	4.95	$5 \cdot 66$	7.38	6.41				
Other bodily affe	ections					3.85	6.83	5.19				
No definite cause	e assigned					9.73	5.74	7.92				
						100.00	100.00	100.00				

The voluntary boarders have increased so largely that one must include them hereafter when detailing the number of inmates in relation to accommodation in the yearly returns of the patients on the Register of State Institutions distributed as hereunder, classified under the Act, showing the number