admission there—and be discharged—one recovery from hospital B: altogether three recoveries, or three cases, and it may be four or five, and yet only one person.

We do not really separate our first from subsequent admissions except in hospitals individually, and to attain greater accuracy it will be necessary to imagine that all the hospitals are one, when a readmission will have its true value. Table IV does this to some extent, and would still be required to chronicle attacks passed through before coming to the colony or for which hospital treatment was not necessary; but it could profitably be correlated with the discharge record in Table XI. It would then be found that, given an ordinary curable case, the shorter the duration of the disorder on admission the shorter would be the length of residence and the greater the chance of recovery. A certain number of patients recover, whatever treatment they receive, and therefore it may be taken for granted that those whose duration of disorder before admission is from, say, three months upwards have received their chance outside, and are admitted as failures, for, did they show sign of improvement, they would not be sent. Recovery in their number is therefore particularly noteworthy. There is no doubt that the best chance of recovery lies in early admission, and, provided the recovered person do not procreate, the State gains the value of a citizen, and is saved the loss of maintaining a patient.

The scheme for reception houses to be placed in the vicinity of but apart from mental hospitals, to be administered by the medical staff of the mental hospital adjacent, together with a provision for the admission of voluntary boarders, should materially contribute towards the early treatment of insanity on scientific principles, and therefore to a larger proportion of recoveries among the recoverable. The provision for voluntary boarders is a necessary corollary of the scheme, for very few of the certificated cases now admitted into the mental hospitals could with justice be first admitted into a reception house without entirely altering its character. It should also be kept in mind that at any one time there are comparatively few curable cases in a mental hospital—they do not form the abiding population. These houses are therefore dependent on legislation for the admission of voluntary boarders, but sketch-plans are under consideration which can be gone on with without delay.

There will always be a difficulty with persons who are "medically" but not "legally" insane, persons who cannot be certified as insane, who do not appreciate their own condition, and who refuse to become voluntary boarders. They cannot be deprived of liberty, and, believing themselves well, having possibly an exaggerated sense of well-being, scout the idea of treatment. Such persons at times baffle certification until the commission of some untoward act, or until they have ruined their business. They form quite a large number of the cases which ultimately drift into mental hospitals, but their early treatment is a very difficult problem.

Our recovery and death rates bear favourable comparison with the United Kingdom figures:—

	Percentage of Recoveries on Admissions.			Percentage of Deaths on Average Number resident.		
	Males.	Females.	Totals.	Males.	Females.	Totals.
New Zealand	39·75	47·73	42·94	8·1	6·71	7·48
England and Wales	34·81	41·18	37·79	11·2	8·66	9·75
Scotland	38	38·1	38	9·7	10	9·8
Ireland (district asylums)	34·6	39·6	36·8	7·9	7·4	7·7

A high recovery-rate is, of course, an immediate saving to the State, but it has another side which, not being immediate in its effects, is not so obviously impressive. On that other side, one notes that more than four-fifths of the men and about three-fourths of the women discharged recovered were capable of handing down the burden of heredity, and of the 334 persons returned to their homes last year 133 were married!

The causes of death will be found detailed in Table XII. According to law, a coroner's inquest is held in each case irrespective of the cause of death. The number of *post-mortem* examinations is comparatively few, which is to be regretted.

A case of enteric fever in the Auckland Mental Hospital ended fatally. It was a case of isolated infection. The habits of the patient were most degraded, and it is supposed that he must have eaten some decaying matter turned up in the excavations for the new exercise-ground for untrustworthy patients. The assistant clerk-storekeeper and two attendants were attacked concurrently, but on investigation Dr. Beattie was convinced that the infection in their case came from outside the Mental Hospital altogether, and was probably caused by the drinking of infected water when out cycling together.

Only thirteen deaths were due to tubercular disease—in Auckland, 6 (12 per cent.); Seacliff, 3 (6 per cent.); Porirua, 2 (5·5 per cent.); and Nelson and Hokitika, 1 each. This makes a death-rate of 3·45 per thousand inmates under care, and gives a percentage of such deaths on the total number of deaths from all causes of 5·6, while the figures for the general population of the colony are 0·80 and 8·63 respectively.

In England and Wales the asylum death-rate from tubercular diseases in 1905 per thousand living was 16·4—"a mortality from these affections which is more than nine times that of the general population in England and Wales"; and for 100 deaths in the asylum and 100 in the whole country, the number due to this cause was 16·3 and 11·3 respectively.