

for the first time. These facts demonstrate that a large number in last year's comparisons were wrongly counted as sane; and the like error obtains this year. If only for the sake of complete data, I trust that provision for notification will be made in the forthcoming Bill; but better reasons, especially when a patient is kept for profit, will occur to most.

I will now, adding the figures for this year, give the proportion of insane to population during each quinquennial period since 1878, and, as a contrast, the proportion of admissions to population during the same periods. Also, to explain the rise in the one and the fall in the other, certain other returns are added.

Proportion of the Insane to the Population.

(1876)	...	...	...	...	1 in 509 or 1.97 per 1,000.
1878	...	...	...	...	471 „ 2.12 „
1883	...	...	...	...	393 „ 2.54 „
1888	...	...	...	...	361 „ 2.77 „
1893	...	...	...	...	330 „ 3.03 „
1898	...	...	...	...	300 „ 3.33 „
1903	...	...	...	...	284 „ 3.53 „
1904	...	...	...	...	285 „ 3.51 „

Proportion of Discharges and Deaths on Patients treated.

1878	...	...	23.33	1898	...	...	18.39
1883	...	...	18.64	1903	...	...	16.39
1888	...	...	18.27	1904	...	...	14.16
1893	...	...	14.22				

Proportion of Persons over Fifty Years of Age in Asylums.

1878	...	...	17.03	1898	...	...	38.35
1883	...	...	21.08	1903	...	...	39.07
1888	...	...	28.77	1904	...	...	42.13
1893	...	...	36.09				

Proportion of Admissions to Population.

1878	...	...	0.83 per 1,000	1898	...	...	0.63 per 1,000.
1883	...	...	0.78 „	1903	...	...	0.70 „
1888	...	...	0.59 „	1904	...	...	0.68 „
1893	...	...	0.68 „				

Percentage of Admissions over Fifty Years of Age on Total Admissions.

1878	...	...	13.26	1898	...	...	25.61
1883	...	...	16.50	1903	...	...	31.27
1888	...	...	21.60	1904	...	...	26.20
1893	...	...	27.97				

I need not repeat the arguments of my last report, but draw attention to the confirmatory figures supplied by the year under review. These statistics in a great measure explain the paradox of an apparently alarming increase of insanity coexisting with a decrease in the ratio of persons becoming insane. The solatium notwithstanding, it is vain to deny that with our selected population, our general evenly distributed prosperity and less strenuous life, there is too high a proportion of mental disorder in the community.

The intelligent consideration of this complex problem does not begin with—nay, it ends with—the establishment of mental hospitals, which are, in truth, the monuments of failure. It should begin with prophylaxis, and prophylaxis should begin before birth. It would be too great an interference with the liberty of the subject to forbid the marriage of unsuitable persons; and to preach the doctrine of heredity and stress is to speak to the deaf; but with a State insurance system (suggestive of that which obtains in Germany, though wider in scope), one may, on the principle that the issue of such unions may become chargeable to the State, fix a proportionately higher premium, and thus enlighten the contracting parties by the most forceful of arguments.

Prominence has been given recently to questions affecting infant death-rate, and the initiation of the training of midwives and maternity nurses to work among the humbler and the less informed, should be productive of incalculable good. They will be the missionaries of the gospel of proper feeding, of fresh air, and of cleanliness.

The next important period is the school age. Of the highest importance to the future of the State is the physical and mental wellbeing of school-children. They should be scientifically classified according to their abilities and disabilities; and when the time comes for such knowledge should be taught to intelligently understand why Nature is unmerciful when her laws are violated.

Thereafter failure would not be so frequent, and would be the fault of the individual, not the State. All of which is summed up in the direct simplicity of the old proverb, “Prevention is better than cure.”

At present it is cure we have to deal with, and to that end important changes have been made since the date of the last report. The Orokonui Estate has been gazetted an auxiliary to the mental hospital at Seacliff. There are three houses on it available for patients. To one of these male epileptic patients, unfit to be discharged, but sensitive to the influence of environment, have been removed. The other two are in use for the first admission of male patients, after the manner of the reception-