

By far the largest number of deaths was due to senile decay—namely, 71—representing 23·76 per cent. of all the deaths. Apart from these, there were a number of deaths from other causes in which advancing years was a factor—42·9 per cent. of the patients who died were over sixty years of age. Further, as militating against both the recovery and death rates, it may be mentioned that about 18 per cent. of the patients admitted during the year were over that age. The percentage of deaths due to senile decay in 1910 was 21·91.

General paralysis stands next on the list, having contributed 31 to the total, representing 10·23 per cent., against 14·14 per cent. in the previous year. Next in order are the different manifestations of tuberculosis, contributing 29 deaths, or 9·57 per cent. of the whole. The percentage of deaths due to general paralysis and tuberculosis is considerably less than in the asylums in the Old Country.

Enteric fever contributed 10 deaths—9 at Porirua. The outbreak was thoroughly investigated, was commented upon in the last report, and is dealt with by Dr. Hassell in this.

There were 3 cases of suicide, and 4 deaths due to accident or violence in connection with which, upon investigation, members of the staff were exonerated from blame.

Three patients died while absent on probation.

#### *Causes of Insanity.*

Table XIII in the appendix gives these, as set forth in the admission certificates, which are often filled up by doctors who have never before seen the patient and have to rely on the statement of friends. It is not to be wondered at, therefore, that heredity does not rank as highly as one knows it must. Under the Mental Defectives Act, 1911, the applicant is required to make definite statements regarding the health of certain relatives with respect to insanity and allied neuroses, and the usual medical attendant is directed to be called as one of the certifiers: the presumption is that the information under this head will be more trustworthy. The proportions under the different headings when summarized, in spite of the shortcomings in the past system, are fairly constant. The summary for 1911 in proportions per cent. of all causes is given hereunder, and the totals contrasted with the two previous years:—

	Males.	Females.	Total, 1911.	1910.	1909.
Heredity .. ..	13·30	17·81	15·17	10·15	14·46
Congenital mental deficiency ..	5·76	12·50	8·56	8·63	8·75
Previous attack .. ..	6·87	5·31	6·22	8·12	9·11
Critical periods .. ..	21·29	25·31	22·96	20·18	14·22
Alcohol .. ..	15·74	4·38	11·03	11·68	11·66
Toxic (syphilis, tuberculosis, &c.)	4·66	1·56	3·37	4·95	4·49
Mental stress .. ..	7·99	10·00	8·82	8·25	9·60
Diseases of nervous system ..	7·32	6·25	6·87	5·08	5·47
Other diseases .. ..	2·44	5·62	3·76	5·46	2·31
Puerperal state, &c. .. ..	..	7·50	3·11	3·17	3·16
Physiological defect or error ..	1·55	..	0·91	2·28	3·16
Traumatic .. ..	3·99	0·31	2·47	1·52	1·58
Unknown .. ..	9·09	3·45	6·75	10·53	12·03
	100·00	100·00	100·00	100·00	100·00

The subject of the causation of insanity and other forms of mental defect naturally suggests the question of how far it is possible to reduce the operation of these causes or enable the individual to pass through them unscathed.

One may modify the stress of environment by a mode of life as natural as the circumstances of the everyday world will permit, a regimen which may be epitomized in the factors of fresh air, which, happily, cannot be carried to excess; of proper nourishment, a factor which begins its influence before birth; of exercise, which is not artificial and one-sided, but a healthy co-operation of muscle and brain; and of methods of mental development and subsequent employment adjusted to age and individual capacity. Needless to add, the general including the particular, that excesses of all kinds are excluded. The means are so obvious, so simple, that therein lies the despair of their accomplishment; it is the old story, had the bidding been to "do some great thing, wouldst thou not have done it?" There is no doubt that the operation of the factor of stress, which stands in inverse ratio to heredity, could be lessened, so that a degree of inherent mental instability, capable under less favourable circumstances of turning the balance, would for a generation be inoperative if we went to the statistical returns of insanity for our information. This would not lead to a utopia, but would reduce the margin of mental unsoundness directly due to the artificial and unphysiological conditions of modern civilization: there would always remain those so inherently unstable in mind that they would succumb to a much reduced ratio of stress, individuals who may be said to be predestined to insanity, and those who are mentally deficient at birth. To modify the environment is to consider the individual, to prevent the propagation of the unfit benefits the race; but the solution of that problem is still to be sought. The partial solutions suggested by the knowledge at our disposal are by no means simple; but to say, therefore, that it is impossible to stem the tide of social degeneracy, which has overwhelmed former civilizations, the superficial likeness notwithstanding, is to express a pessimism which is unjustified. No one can fail to observe the public interest which is being aroused on this subject, thanks largely to the work of the Eugenics Education Society, and once that interest is focussed and becomes a conviction a popular ideal will be created which will influence the selection of the parents of the succeeding generation much as religious and social distinctions do at present.