

In the matter of negative eugenics we made a great advance in the Mental Defectives Act, 1911, which permits the segregation of the feeble-minded.

I have pointed out to you, Sir, in discussing the subject, that the difficulties and complexities of the problem of rendering sterile by surgical means persons likely to transmit mental defect to their offspring are very great. If legislation permitted the operation on persons about to be discharged from our institutions, it would perceptibly hinder the admission of patients who should be under skilled treatment from the onset of the malady, and would be relatively insignificant in its effect, for the number of those so discharged who under ordinary circumstances would have become parents would be small compared with the number of their relatives (and the relatives of patients unfit for discharge), many of whom, provided that the disorder were hereditary, would be as likely to transmit the instability to their offspring. I agree, however, that the matter is one requiring serious consideration, and that it would be wise to collect for investigation all the available evidence for and against.

Special Oversight, Care, or Control.

The number of patients actively treated with a view to recovery comes under this heading; but their case, having already been analysed, need not be reconsidered here. Their daily average was somewhere about 10 per cent., but if only the more hopeful were counted, about 4·5 per cent. All patients require, in different degrees and kind, the observation implied, but here we are dealing with those who differ from the average.

Patients who are actively dangerous or suicidal are placed under constant-observation notices issued by the Medical Officer. In order that the attendant may carry out his duties intelligently, the notice contains a statement of the reasons necessitating such observation. He has to read and sign this notice, and it has to be read and signed by each relieving attendant before he takes over the duty. Being confined in their application to patients from whom immediate harm is apprehended, the notices do not lose in force. The percentage proportion of patients under these notices was on the average 2·99 (m., 2·25; f., 3·98); the highest average was at Auckland 5·27 (m., 2·69; f., 9·61), and the lowest at Nelson (no males and 0·36 of the female population). The next highest to Auckland was at Seacliff, 3·81 (m., 3·60; f., 4·11). As these notices mainly relate to the actively suicidal, that class will not need separate enumeration.

With respect to the dangerous it is different. Many patients classed as dangerous are harmless in the simpler environment of an institution, and some are dangerous at intervals, requiring special observation during such time only, otherwise the constraint implied would tend to make the dangerous propensities more constant and pronounced. The average for the year classed as dangerous was 6·57 per cent. (m., 3·85; f., 10·39). The highest was at Seacliff, 9·29 (m., 1·80; f., 20·58), the next highest at Auckland, 8·32 (m., 5·49; f., 13·06), and the lowest at Hokitika, 1·70 (m., 1·59; f., 1·96).

It will be noticed that women largely preponderate. At individual institutions this is explained by transfers in the past, because it is obvious that dangerous patients are seldom transferred, and the balance is destroyed as between institutions; but the general average shows that women patients are relatively more dangerous than men. In the previous year the difference was a fraction greater. This is rather more than can be explained by periodicity of outbreaks or type of mental disorder, including the fact that epileptic women were relatively more numerous.

When one observes among male patients that the potentially dangerous after some months of well-regulated open-air work are classed among the harmless, it is borne in upon one that, however satisfying domestic duties may be to the normal woman, they have not the same power to subdue the disordered mind as active work in a garden or on a farm, work to which most women are unaccustomed. It is not easy to teach and interest a patient in unaccustomed labours, but the provision of outside work for women will be one of the features in the new mental hospital at Tokanui.

The proportion of epileptics was 7·46 per cent. (m., 6·90; f., 8·26). The majority of these patients require oversight and care, not only because they are liable, mostly without warning, to have seizures endangering life and limb, but because epileptic insanity is characterized by impulsive violence, making these patients the most difficult with which we have to deal in institutions, and when apparently recovered raise the most anxious problems with respect to discharge from care and control. It will be gathered that a proportion coincide with the former class. The Mental Defectives Act, 1911, permits epileptics to seek admission as voluntary patients, and also extends the admission under Magistrate's order of those less mentally deranged than implied by the definition of the term "lunatic." One may expect in the future under this heading a less formidable class to deal with, and in time, when the number warrants it, the establishment of an epileptic colony. Epilepsy is a disease which, in the vast majority of cases, commences before marriageable age, and when present is always present despite the objective manifestations being occasional only; and its inheritance is potent for evil. Judging by the number of epileptics who are married, neither this aspect, nor the mental stress and anxiety suffered by the healthy partner, the tragedy of such a union, seems to have impressed itself upon the public mind. Porirua and Seacliff had the largest proportion, 8·23 and 8·10 respectively, the next in order being Auckland with 7·94 per cent.

General paralytics requires special care throughout the varying phases of the malady to its fatal termination. The number of victims in this country is small, the proportion was 1·42 per cent. (m., 2·02; f., 0·58). In the previous year the proportion was practically identical, 1·45 per cent.

The daily percentage proportion of patient kept in bed from whatever cause—rest for mental state or physical enfeeblement, or sickness—amounted to 2·69 (m., 2·06; f., 3·58). Of the larger institutions, the highest average was in Auckland, 3·71 per cent., Porirua following with 3·15, and the lowest was at Seacliff, 1·31. While there is no attempt to keep the numbers down (there is no particular merit