

brain-disease needing nursing, care, and medical treatment. It is noteworthy that 11 boarders only, representing 5.24 per cent. of the total under care, showed mental disease in degree sufficiently pronounced and sustained to render it improper for them to continue as voluntary boarders, and they had to be transferred to the register of patients. The discharges numbered 87 (m., 39; f., 48), and 10 died, leaving at the end of the year 103 (m., 43; f., 60). The daily average of voluntary boarders was 98 (m., 38; f., 60).

Of a total of 5,710 patients under care, 395 (m., 211; f., 184) or 6.92 per cent. died. The causes of death are stated in the appendix, and on comparing these with last year's return it will be noted that 41 more are entered under the heading of "Senile decay," which accounts for more than half of the larger number of deaths in 1922 over 1921, when the death rate was remarkably low.

In my last report, addressed to your predecessor, the Hon. C. J. Parr, I drew particular attention to two classes of patients, the mentally deficient and the senile. I am tempted to repeat some of the remarks, as they embody my personal opinion and, I believe, that of all my medical officers, and can therefore be placed before you as the confession of faith and policy of the Department. I said,—

"In regard to the mentally deficient, it is necessary first and foremost to separate their problem from that of the backward child, and, having done that, to inquire what is our duty towards the deficient. The answer which common-sense dictates is to place them in an environment where with their little comprehension they will not feel their disability; where they will be as happy as possible; where they will be trained for, and engage in, simple employments according to their capacity; where, as children, they will not, by association, prejudice the outlook of their normal brothers and sisters; and where, as adults, they will not have the opportunity to come in conflict with the law or to reproduce their kind. Cases of development of exceptional qualities are quoted now and again, and can be treated as exceptional; but for the bulk of the trainable cases, field or domestic employment or methodical work at simple handicrafts, useful to their limited community, are most likely to bring content to themselves, and lighten the burden which their care and control places upon the conscience and resources of the community. To the environment above indicated, much less complex than that beyond their colony, they can in a measure adjust themselves; and for the vast majority, in its interest and the public's, this should be the permanent home. For us is to teach and labour truly, so they may, in their narrow limits, endeavour to get their own living and to do their duty in that state of life unto which it has pleased an inscrutable Providence to call them. There are difficulties ahead. When petitions for freedom are made on behalf of a young man or woman, of appearance not unpleasant, who has attained some proficiency at a handicraft, or as a domestic worker, the real trouble will begin. Such persons, the 'intellectuals' in the colony and below the average outside it, would fail in free competition and be the most likely to fall into temptation with dire consequences. Sentiment must not be permitted to overreach duty, nor threats to overawe.

"I am fully aware that this is not the time to embark on an undertaking involving much expenditure, but I have set down in general terms the guiding principles of a policy to indicate the direction in which work may be done in a small way with the ultimate goal in view."

I am happy to be in a position to report that a modest but real start in this connection has been made at Nelson, whither deficient boys have been sent from all the other institutions. I wish I could say "all" the boys, but such is not the case, for in each locality there have been a few parental objections to transfer, which have been respected. In the emotion of the moment one must expect some mothers not to discern clearly what is the best for the little ones; but that will all come right before very long, just as soon as it is realized that for many years to come such special institutions cannot be in each locality. The boys at Nelson are under the care of nurses. At this date, the number in residence is 52, including some mere babes, who have a beautiful nursery.

With regard to the problem of the senile whose mental reduction keeps pace with and sometimes proceeds slightly in advance of bodily decay, I stated that some, undeniably, but nothing like all the aged sent under reception orders, were properly mental-hospital patients. Ordinary physiological decay is reflected in weak and disordered bodily functions with the mental accompaniment of dementia, and the real reason why such a patient is sent to us is because he has lost the power to adjust himself to a more or less complex environment. To call this state "second childhood" is a misnomer. The child is learning from each mishap, the man is forgetting; but, even so, the term suggests an illustration. No one would think of placing the child in an adult environment, because it is realized, with his undeveloped though bright and expanding mind, he would be incapable of looking after himself. If the same common-sense were applied in the case of the senile—if it were realized that a simple and suitable environment had to be made for and adjusted to the individual, just as the child's is—the necessity for treating as morbid a condition common to all who live long enough would pass. There are homes in which on account of the absence of help it becomes practically impossible to retain a restless, aged relative. Before the 1911 Act such persons were certified as "lunatics," and they were kept by us because we could not set them adrift. They improved rapidly in the simpler environment, the tendency to bed-sores was checked, and it was almost a straining of the law to retain them, which we had to do for their own good because there was nowhere to send them. To put on a proper footing the case of those who had to be sent because they could not be cared for, and not to encourage the sending to mental hospitals of the aged who could be managed outside if tactfully nursed and intelligently guided, we included in the 1911 Act the "mentally infirm"—that is, persons who owing to their mental condition required oversight, care, or control for their own good or in the public interest, such condition being one of mental infirmity arising from age or the decay of their faculties rendering them incapable of managing themselves or their affairs. It is not a question of whether the condition of an aged man or woman can be made to fit in with the above definition, but whether, interpreting it reasonably, he or she is more properly a subject for a mental hospital than for some recognized retreat for the aged.