H.--7.

and is detrimental by overcrowding, the reduced attention it necessitates, and other means, such as the prevention of proper classification, to the best interests of the inmates proper.

But there is another aspect from which, I fear, this increased proportion of hopeless admissions (epileptics and imbeciles) must be regarded. As before stated, it has impressed itself forcibly on me for some years past, and a long experience of asylum administration enables me to speak with confidence on the subject in expressing the opinion that there is some patent cause for the physical and mental deterioration the above fact implies. Whether it be due to the class of immigrant imported by the public-works policy of former years, and a desire for increased population at all costs, which brought into the country waifs and strays, the vicious, intemperate, and others of low and feeble mental organization, without due regard to posterity, I am strongly of opinion that we have been replenishing our population from a stock mentally and physically diseased, for be it remembered that physical disease, such as phthisis, is frequently the basis and cause of mental degeneration.

If the increased admissions were due to cases of acute insanity the above conviction would not be forced on me so strongly, for such do not in my judgment imply the same low type of mental development in the ancestors, but I cannot fail to be struck by the frequent connection of these cases with the obvious mental and, very often, physical ill-development of one or both parents, who, because they are not actually under control themselves, are regarded by the world as sane, so that the case is not classified as due to heredity unless the medical officer happens to know the

family history, and thus this cause is never credited with its due proportion of insanity.

This brings me to another aspect of the subject, and I trust its importance may be sufficient excuse for the digression—viz., the ill-assorted marriages which come under my notice almost daily, and the repeatedly renewed cohabitation of so-called recovered patients discharged from asylums. How often have I known the same patients of both sexes—aye, even husband and wife—leave the Asylum discharged recovered, because, being legally cured, they cannot be legally detained, to return to cohabitation and the propagation of a necessarily tainted and neurotic offspring. very few indeed, of such persons have any proper sense of their moral obligations, the result being that we are going the best possible way about recruiting our asylum population of the future in their discharge without any restraint or regard for posterity.

It is not for me to suggest a remedy, but certain I am that, sooner or later, society must demand, and medical or surgical science will be ready to supply, a cure for this defect of our social system. It is, to say the least, strange that we should be so careful in the selection and mating of the lower animals-so careful to weed out the weak, diseased, and vicious, and only to breed from the best types and specimens of the genus-while we are so blind and care-

less in the case of the human race.

This view and feeling is coming to the front in England amongst medical men connected with asylums, and no doubt will, sooner or later, develop into a strong force in influencing public opinion.

The British Medical Journal of the 15th January, 1898, commenting on the "increase of lunacy in the metropolis," at page 168, says, "The reports of the medical officers do not mince matters, and from that of Dr. Claye Shaw, of Banstead, we learn that, in his opinion, as regards the future of lunacy, we are doing all in our power not to stamp it out, but to increase it, if, that is, there is anything in the principle of hereditary transmission." The same article quotes further in the same direction on the influence of heredity from the report of Dr. Jones, of the Claybury Asylum, and these two authorities are amongst the most experienced Medical Superintendents of the largest asylums in England the largest asylums in England.

I regret that you could not see your way to adopt my suggestion (made in my report last year) for the more frequent exchange of patients between the asylums of the colony, by way of change for curative purposes, which I feel convinced would have a very beneficial effect. I regret this all the more when I reflect how we are handicapped as compared with the asylums of other countries in our efforts for the curative treatment of our patients, as briefly referred to previously, and with general hospitals for the treatment of ordinary disease, and this is all the more reason why we should not neglect any available means to that end. Our recovery rate must necessarily compare unfavourably with that of general hospitals for many reasons, but chiefly because our patients rarely come under our care till the disease is well advanced, or has become actually confirmed and

In this connection I have noted with pleasure the awakening of the medical profession to a sense of its duty and responsibility in regard to the committal of patients to our asylums. May I venture to hope that one result of this awakening will be a fuller and more generally scientific style of medical certificate—a more careful and accurate statement of the "facts indicating lunacy observed by themselves"—for in a large proportion of the committals the facts stated are exceedingly meagre, and in some conspicuous only by their absence. Such statements, for example, as "patient refuses to answer questions," &c., unsupported by other facts, are not necessarily evidence of insanity; in fact, I should say his reticence, under the circumstances, rather indicated intelligence and wisdom. In other cases, again, certifying doctors apparently think that it should be sufficient for legal requirements to state that the patient suffers from suchand-such form of mental disease; it may be well here to remind medical men that a diagnosis may or may not be correct, and it is, to say the least, risky to certify a person as a lunatic and deprive him of his liberty unless he (the doctor) can afterwards produce the "facts observed by himself" on which he based his certificate.

I have read with interest the remarks of Dr. Collins, embodied in a paper on the subject of "the reform of the lunacy laws, &c.," read before the New Zealand branch of the British Medical Association, at its recent meeting in Wellington, in which he introduces many points of great public interest—such as the nomenclature of the subject; the mode of committal through the medium of the police; the establishment of special hospitals for inebriates, &c.; heredity; classifi-