

Class A is made up of those left over from A and C of the previous year, a total of 205, but when the prognosis was reviewed 31 (m., 17; f., 14) were rejected from inclusion in this class. Similarly, B is made up of those left over from B and D, a total of 277, to which a proportion of the above 31 should be added. In this section there was a considerable rejection, especially from the residue of the former Class B, in which was included a large proportion of patients given the benefit of a very liberally interpreted doubt.

In Class A the percentage of recoveries was 57.5 (m., 63.1; f., 49.3) and in Class C 54.4 (m., 59; f., 50), making the rate for the more favourable classes 55.4 (m., 60.6; f., 49.8). But, as stated above, some of the "unrecovered" may possibly have recovered when on probation and have failed to forward certificates, and there has not yet been time for all to recover in whose case the prognosis of the malady was favourable. That this is a very important factor is evident when the recovery rate of Class A, the brought-forwards of the previous year, is taken into consideration. The systematic recording of the prognosis of each case has not been in operation a sufficient number of years to enable generalizations of any value to be made, but the trend of the figures points to about an 80-per-cent. chance of recovery where the prognosis has been more favourable.

The percentage of deaths calculated on the average number resident was 7.57 (m., 8.99; f., 5.61), in 1911 the proportion was 8.41 (m., 9.41; f., 7.02); calculated on the total number under care (less transfers) the proportion per cent. in 1912 was 6.09 (m., 7.20; f., 4.54), and in the previous year 6.83 (m., 7.59; f., 5.74).

In England and Wales the percentage, in 1910, calculated on the daily average number resident, was the lowest on record 9.26 (m., 10.56; f., 8.14).

A Coroner's inquest is held in every case of death in an institution, irrespective of the cause. Analysing Table XII in the appendix, one finds that 46.76 per cent. of those who died were over sixty years of age, and in 22.86 per cent. senile decay was the cause of death. Death resulted from diseases of the nervous system in 29.64 per cent., general paralysis contributing 11.78 per cent. (15.54 per cent. of the male deaths). Consumption and other forms of tuberculosis contributed 10 per cent. None of the remaining causes accounted for a sufficient number of deaths to make its proportion per cent. of any value, but it should be mentioned that six deaths were due to enteric—four at Auckland and two at Porirua—and that one patient was suffocated during an epileptic fit. There was no case of suicide.

In England and Wales during 1910 the percentage of deaths due to general paralysis of the insane was 17.24 (for males 26.52) and to tuberculosis 16.20.

Causes of Insanity.

The following is a summary for 1912 of proportions per cent. contrasted with the three previous years:—

	Males.	Females.	Total, 1912.	Total, 1911.	Total, 1910.
Heredity	13.16	17.18	14.97	15.17	10.15
Congenital mental deficiency	6.58	6.60	6.59	8.56	8.63
Previous attack	8.55	13.20	10.66	6.22	8.12
Critical periods	21.27	22.69	21.92	22.96	20.18
Alcohol	17.98	5.02	12.09	11.03	11.68
Toxic (syphilis, tuberculosis, &c.)	7.46	2.12	5.03	3.37	4.95
Mental stress	4.83	11.35	7.78	8.82	8.25
Diseases of nervous system	5.26	1.85	3.71	6.87	5.08
Other diseases	2.85	6.55	4.55	3.76	5.46
Puerperal state, &c.	..	9.50	4.31	3.11	3.17
Physiological defect or error	1.54	0.25	0.96	0.91	2.28
Traumatic	1.75	0.25	1.08	2.47	1.52
Unknown	8.77	3.44	6.35	6.75	10.53
	100.00	100.00	100.00	100.00	100.00

The varying number classified as unknown will for purposes of comparison vary the percentage proportion ascribed to each cause in the above table, but it will be noted that this number is diminishing. Allowing for this factor, it will be seen that the proportions ascribed to heredity, to the critical periods, and to alcohol are fairly constant.

With regard to the last of these, it should be stated that first symptoms are sometimes mistaken for causes; nevertheless, indulgence where there is mental instability acts and reacts, and establishes a vicious circle, and at times, even where instability is not readily recognized, alcohol is a potent factor in the causation of insanity. One has merely to observe a person in a state of intoxication to realize that alcohol brought into direct contact with the higher nerve-centres has produced a condition of affairs which, were it prolonged instead of being temporary, would unhesitatingly be classed as insanity; one has merely to observe this, without any knowledge of degenerative processes set up in the brain and other tissues by repeated poisonous doses, to infer that a proportion of such persons is destined to be mentally defective more or less permanently. In the year under review, the number of such victims admitted was 101 (m., 82; f., 19), and though some of them may have been so unstable as to have succumbed to a less destructive exciting cause, there is no doubt that the total represents a large proportion of preventable insanity.

The returns with respect to heredity do not, and never do, represent its total incidence. One may hold that the stress alleged as the cause was of itself insufficient to disorder a stable brain, but can enter only what is acknowledged, and one may observe nervous peculiarities among visiting relatives, pointing to common inheritance; but the knowledge cannot always be used in compiling statistics,