

The deaths numbered 318 (m., 205; f., 113), giving a percentage of deaths on the average number resident of 7·28 (m., 8·06; f., 6·19), and on the total number (general register) under care during the year of 6·05 (m., 6·69; f., 5·14). The corresponding percentages for the previous year were 6·80 (m., 8·42; f., 4·52) and 5·63 (m., 6·93; f., 3·77) respectively.

As usual, some persons whose condition was doubtful as regards certification as mentally defective have been received for observation at the instance of the Magistrate. At the beginning of the year there were 7 (m., 3; f., 4) such inmates, and 79 (m., 44; f., 35) were received during the year. Of this number, 46 (m., 27; f., 19) were discharged, 29 (m., 15; f., 14) had to be placed under ordinary reception orders, one woman elected to remain on as a voluntary boarder on the completion of the period of observation, and 10 (m., 5; f., 5) were in residence at the end of the year. These cases do not figure in the statistics, nor do the voluntary boarders, of whom there was a daily average of 20 in the State institutions. At the beginning of the year there were 27 (m., 11; f., 16), and 49 (m., 15; f., 34) were admitted during the year. Twelve only, or 6 of each sex, had ultimately to be placed on the register of patients, 1 died, and 34 (m., 10; f., 24) were discharged, leaving 29 (m., 10; f., 19) resident at the end of the year.

The results in the case of persons remanded for observation and in the treatment of voluntary boarders is very gratifying; many are thereby saved from being committed as patients. Altogether 80 such inmates recovered or left much improved without formal admission as patients, which is highly satisfactory. It means a statistical reduction of the recovery rate, but that is of no real moment. The figures disclose an increasing desire to utilize at an early stage of the disorder the resources of the mental hospital, and in not a few instances ex-patients have returned for a period as voluntary boarders.

The year under review, being two and a half subsequent to the outbreak of war, may be accepted as a typical war year, and some provisional conclusions may be approached on the effect of war conditions on the population of New Zealand in relation to the incidence of mental disorder by analysing the following table.

People are apt to be carried away into hasty conclusions by the total number of those resident in mental hospitals showing a yearly increase, forgetting that accumulation is inevitable. We have a comparatively low death-rate, and though we have a comparatively high recovery-rate and a few patients are discharged unrecovered, the deaths and discharges cannot balance the admissions, and the difference, for the most part, is made up of incurable cases. These patients in institutions live longer than they would outside, and so year after year the numbers go up and become disproportionate to the general population. The true test of the extent of mental disorder in the population is to be found in "occurring" insanity, of which admissions to mental hospitals furnish the best record.

The figures in the table represent the ratio of the patients to 10,000 of the general population in the mean of three pre-war years and in 1917. The patients are divided into age-groups. The exclusion of Maoris from the age-groups from 1910 to 1912 would have entailed much unnecessary labour, and therefore they have not been excluded from the corresponding groups in 1917; but in all cases they are excluded from the total. The value of the figures for comparison is not affected materially; but, as the calculations are based on the general population exclusive of Maoris, the ratio of mentally defective in age-groups including Maori patients will be a fraction too high.

MENTALLY DEFECTIVE PERSONS TO 10,000 OF THE GENERAL POPULATION.

Age-groups.	Mean of Years 1910 to 1912: Admitted in One Year.			1917: Admitted.		
	Males.	Females.	Total.	Males.	Females.	Total.
Under 20	1·13	1·04	1·09	1·62	1·26	1·45
20 to 30	9·29	8·01	8·68	10·42	7·44	8·64
30 to 40	12·07	11·38	11·75	12·38	9·77	11·01
40 to 50	14·79	14·25	14·57	15·35	13·58	14·51
50 to 60	15·95	12·91	14·61	11·75	10·99	11·40
60 to 70	15·72	13·20	14·60	17·67	11·55	14·93
Over 70	31·25	20·72	26·96	23·64	20·71	22·36
All ages	8·42	6·99	7·74	8·45	6·60	7·52

From a glance at the ratio totals it is clear that there is no increase in the incidence of mental disorder. Larger numbers were admitted in 1917, but the population was larger, and relatively to the population the number of males is practically unchanged—of females a fraction fewer—the difference for both sexes representing about 24 patients fewer than warranted by the increase of population since the control pre-war period.

Passing to the analysis of the age-periods, it will be noted that there is a fractional increase in the proportion of males of military age. Since the 1911 census there has been an actual diminution of the general male population between the ages of 20 and 35, and a diminished increase to the age of 45, due to depletion for the Expeditionary Force and restricted immigration. The less physically fit and, broadly speaking, more likely to be subject to mental disorder have been left behind. Further, to the general population of military age was added 6,131 returned soldiers, and 31 of these were received into mental hospitals as patients. Had the returned soldiers been ordinary immigrants one would have expected them to contribute about 7 patients; but these