I wish to make reference to two among the many subjects we have discussed—the care of persons launched into life mentally ill-equipped, and the care of persons nearing the end of the voyage mentally worn.

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.

To the case of the senile, whose mental mechanism is running down slightly in advance of bodily decay, I have often drawn attention, as did my distinguished predecessor. None will deny that a proportion are properly mental hospital patients, but nothing like all the aged sent to us under reception orders, many of whom we keep simply because those whose responsibility it was to look after them apparently shirked that responsibility when they sent them to us, and are not likely to do better were we to set these old folk adrift. The "mentally infirm" were included in the 1911 Act in order to legalize the state of affairs existing. They were 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. Before the 1911 Act they were certified to as being "lunatics," and since, more often than not, they come to us classed as "persons of unsound mind," and not as "mentally infirm"; but it is not so much a matter of whether the old man or woman can be made to fit into the above definition, but whether all who can, interpreting it reasonably, are proper subjects for mental hospital care and treatment. Surely it is only when circumstances urgently demand it that they should be committed to us as patients. Experience has taught us to discount bad histories, for, after a few days, the greater number of these senile cases give little or no trouble on account of their mental symptoms, becoming mere infirmary cases, cases which could be managed quite well in a division of an Old People's Home if tactfully nursed and considerately guided. If you turn to Table III in the Appendix you will note that in the year under review we admitted 47 persons between the ages of 70 and 80, 29 between 80 and 90, and 3 between 90 and 100, and of the admissions of known age these contributed 9 per cent. Apart from the fact that such admissions vitiate our statistics, reduce the recovery-rate and add to our death-rate—over 23 per cent. of deaths were due to senile decay—they could be adequately provided for less expensively than in the infirmary divisions of mental hospitals, and should be, if for no other reason than to protect our legitimate sick from the depressing environment of decay.

As I stated above, recognizing that there were homes in which it was practically impossible to retain a restless aged member, we, in the absence of other provision, included as expedient the mentally infirm in the Act, but if that provision is to be employed to dump in our institutions persons labouring under physiological decay, of a class we would unhesitatingly discharge to the care of relatives able to look after them, I may have to seek your assistance to repeal the section and then to stand by the Department when it discharges the patients to the care of organizations for the aged poor. If, on the other hand, their directing boards acknowledge inability to supervise senile patients, and care to make terms for their maintenance with us, we shall be willing to consider the question of looking after them separately from our other patients.

Nearly thirty years ago Dr. Macgregor wrote: "Our peculiar system of local government has the effect of crowding into our asylums . . . an unusually large number of aged people suffering merely from senile decay, people who elsewhere find refuge in workhouses and other similar institutions. In fact, the proportion depends on the issue in each case of a struggle between the local bodies, who are anxious to relieve the local rates, and the General Government officers, who try to defend the consolidated revenue. The Stipendiary Magistrate has the power of admission on the certificate of two medical men, while the officers of the General Government cannot venture to discharge unsuitable admissions unless they previously can provide some means of providing for them, either with friends or in some local refuge."