

The proportion in England at 31st December last was 1 in 362; and, at the end of 1877, it was—in the Colony of Victoria, 1 in 313; in Tasmania, 1 in 317; in New South Wales, 1 in 362. Although the proportion in New Zealand is thus seen to be smaller than in these countries at present, there can be no doubt that after a lapse of a few years it will begin to increase, owing to the accumulation of chronic cases. The proportion of persons admitted into asylums in the course of the year to the general population is a more accurate test of the extent to which insanity prevails in a community. The admissions during the year into asylums in this colony are in the ratio, to the population at 31st December, 1878, of 1 in 1,144: from this calculation are excluded Maoris, and also all cases of mere temporary derangement from drink, remanded for medical treatment and observation. This ratio is higher than that which obtains in England, where it was, for the year 1878, only 1 in 1,888. In Victoria, in 1877, it was 1 in 1,260; and in New South Wales, for the same year, 1 in 1,449. Such calculations as these, although they tend to show how common a disease insanity is, yet fail to bring this out as distinctly as has been recently done by statistics collected by the English Commissioners in Lunacy. Dr. Algernon Chapman, in an elaborate analysis of these in the *Journal of Mental Science* (April number, 1879,) shows that, “3·5 per cent. of those who attain the age of twenty ultimately become inmates of Asylums;” and he adds the remark “that, in the course of their lives, 1 in 30 of the adult population are, according to the present practice, sent to asylums is a fact that will be startling to some. What the proportion is of those who become insane I cannot say, but it must be larger than this, probably nearly double.”

The comparatively large number of admissions in New Zealand asylums is partly explained by the frequency with which persons suffering from *delirium tremens* are committed as lunatics, especially at Dunedin—a thing which rarely happens, except by mistake, in England—and by the absurd practice sanctioned by the 21st section of “The Lunatics Act, 1868,” of sending habitual drunkards to lunatic asylums, where, as a rule, they get no good, and do much harm. Ten such cases were admitted at Christchurch, and two at Dunedin. The fact that so many as 9 patients were admitted within a month after their arrival in the colony, 3 of whom were sent straight from their ships, also suggests a partial explanation.

The causes of insanity in the admissions, so far as they could be ascertained, are shown in Table IX. It is, however, quite impossible to state these with precision in a tabular form, even where the histories of the patients are well-known, there being generally several combined together either as predisposing or exciting causes. There are, nevertheless, a few facts clearly enough brought out by this Table, despite its defects. It shows that the alleged causes are all physical or moral, none being intellectual; that 30 per cent. of the cases among males were due, more or less directly, to intemperance—which is, in all probability, much within the mark; and it shows, above all, to how large an extent insanity would prove to be a preventible disease, were people properly educated and trained to habits of intelligent self-control. “Were men with one consent,” says Dr. Maudsley, “to give up alcohol and other excesses—were they to live temperately, soberly, and chastely, or, what is fundamentally the same thing, holily, that is healthily—there can be no doubt that there would soon be a vast diminution in the amount of insanity in the world. It would be lessened in this generation, but still more so in the next generation; a part of which, as matters stand, will be begotten and bred under the pernicious auspices of parental excesses, and the infirmities and diseases engendered by them. But it is quite certain that men will not abandon their excesses in this day or generation; that they will not adopt self-denying ordinances; that they will not be at the pains to cherish their bodies, so as to develop their powers to the best advantage, and to make them the ready servants of an enlightened and well-developed will. They will go on as before, producing insanity from lack of self-denial; and, when admonished of the steep and arduous path which they should follow, will go away, like one of old, sorrowful, because they have many passions. It is to the perfecting of mankind by the thorough application of a true system of education that we must look for the development of the knowledge and the power of self-restraint which shall enable them, not only to protect themselves from much insanity in one generation, but to check the propagation of it from generation to generation.”\*

*Discharges.*—The number of patients discharged recovered during the year 1878 was 189, which is in the ratio of 50 per cent. on the admissions. In the Wellington and Christchurch Asylums the ratio was 56 per cent., and in those of Hokitika and Dunedin 64 and 67 per cent. respectively. The high rate of recovery in the asylums of this colony as compared with that of asylums at Home is to a slight extent explained by the fact that many discharged patients are returned as recovered who certainly would not be considered to be recovered in the sense in which that word is used by the medical officers of English asylums. One instance which happened this year will serve to illustrate this: that of a patient who was examined by three medical men and discharged as recovered, one of the doctors certifying that he was not insane, and that “the only subject on which he could be suspected of insanity was a delusion that his wife was the Holy Virgin, Elias, daughter of the Empress of Russia.” The chief cause, however, undoubtedly lies in the very favourable nature of the cases admitted, and the rapidity with which, as a rule, they are placed under treatment. In the annual reports of English asylums it is usual to divide the admissions into four classes, according to the duration of the disease, in the manner shown in Table IV.; and such a table generally gives a very accurate idea of the curability of the cases received. The first class of cases includes only those in which the insanity has been of less than three months’ duration on admission, and the fourth class includes those in which it has lasted for more than a year. If we examine from this point of view the admissions of the Dunedin Asylum and those of an English county asylum, such as that, for example, of Cumberland and Westmorland, the annual report of which for 1878 has just come to hand, we shall at once see that a much higher recovery-rate is to be looked for in the former than in the latter; for, of the Dunedin admissions, 79 per cent. come under the first or most curable class, and only 5 per cent. come under the fourth or worst class; whereas at the Cumberland and Westmorland Asylum only 36 per cent. are found in the first class, while as many as 23 per cent. are in the fourth; and accordingly the recoveries at the former asylum are 8 per cent. more numerous than those at the latter, which is well known as one of the very best in England.

\* “Responsibility in Mental Disease;” by Henry Maudsley, M.D., page 286.