

It will be seen that about 60 per cent. of New-Zealanders is below the age-period of the insane, as against only about 8 per cent. of the rest of the population; or, to put the matter in another way, when looking at the figures in Table A, it may be said that we are comparing the insanity of about 40 per cent. of New-Zealanders with 90-odd per cent. of the rest of the population. It is only right, therefore, to attempt to place them on an equal footing before coming to conclusions. 40·25 per cent. of the New-Zealand-born population is 244014·4, and 92·2 per cent. of the rest of the population is 259800·9; therefore, if, for the sake of argument, all persons under 20 years of age are eliminated (an argument with a bias for the outsider), and the above is taken as the actual population, the ratio of insane to sane should be equal in each group: but the figures are,—

New-Zealand-born	...	...	...	...	1 insane in 246·9
Not New-Zealand-born	...	...	...	...	1 „ 118·9

It must be borne in mind that all the above calculations have been leavened by the inclusion of 47,256 Australians, in whom, taken separately, but one person in 472·5 is insane. The Australian apparently has no difficulty in adjusting himself to our environment, and is either above the average, or encounters less in the way of stress, or acquires a greater resistance. Unfortunately we do not possess the data to calculate the ratio of insanity among the Australian-born in the Commonwealth.

So far, we have compared the immigrant with the New-Zealander, and the comparison suggests that he is not an average type of the country of his origin. The supposition is verified by contrasting our figures with the English figures (only approximate) of 1 insane person below 20 to 2,069 of the population of the same age, 1 in 173 of the population above that age, and 1 in 283 of all ages.

The very few registered insane among the Maori race may or may not be proportional to the incidence of insanity, but worthy of careful investigation as the subject is, it is one on which the Department has no trustworthy information. I have discussed the matter with Dr. Beattie, who will give it his attention.

The outstanding feature disclosed by these calculations is the remarkably low incidence of insanity among New-Zealand-born. We have not the figures at hand to trace the relative incidence at different periods of our history, but one may safely venture the opinion that, on the whole, the issue of the earlier settlers is the more stable. The romance of pioneering attracts the venturesome, the brave, and the vigorous—the best class of Briton. These empire-builders are also the builders of shelters for the less robust, who follow as the country becomes more settled, and who find hardship where the others had found adventure. Thereafter “gold rushes” provided their quota; and, since those days, though we have had and still get many of the best that the older lands can give us, there have been many of the class we all know, “the man who never had a chance,” and, between the two, varying degrees of settlers and unsettlers, the average being, as our figures clearly indicate, below the average of the country of origin.

A similar return with respect to crime and charitable aid would be of considerable interest and value.

It is not too much to assume that the drop from a specially to a carelessly selected parentage must be prejudicial to the offspring.

Dealing, however, with the figures which are facts, and considering that only one or two, it can hardly be said three, generations separate the New-Zealander from the parent stock, it would seem that altered conditions were awakening the dormant prepotencies of the race, and that these were assisting the environment to triumph over evil heredity. This is very stimulating, very hopeful, but it is necessary that stimulation should be followed by action, that hope should not prove a flatterer, that we should not rest content with present achievement nor lose the fear of retrogression. It will have been observed that the incidence of mental disease rises towards maturity, and herein a young nation, about to discard a name which seems to imply tutelage, may read an instructive analogy. The foregoing figures indicate the necessity, where control can be exercised, for better control over immigration. The State may easily lose more over an immigrant who can just pass muster than it is ever likely to gain. I think it would be reasonable, in the case of those assisted with passage-money or otherwise induced to come here, if a medical examination embracing inquiries into neuropathic inheritance were instituted, and if all who did not conform to a strict standard were rejected. This may be considered too sweeping, because the neurotic not always begetting neurotics we would undoubtedly lose some good colonists; but we should go as far as possible without being positively punitive, and most certainly persons who have had an attack of insanity should be disqualified (*vide* the return on page 3). It is no answer that apparently our figures show a great regenerative process, when it is remembered that every group of about 141 English, 124 Scots, and 68 Irish landed here contributes each a patient to our mental hospitals, that there will be certainly others among them afflicted with some of the graver neuroses, and that it is probably the issue of such persons that mainly figure as the insane among the native-born. If, indeed, they are regenerated in process of time, the change is not brought about without much human misery and without great cost to the State. But let us count the initial cost, the mere material cost, by spreading over each group the full expenditure on the patient. It will be found that each person in the first lot costs the State about 6s. 1½d., in the second about 6s. 11¾d., and in the third about 12s. 7¼d. per annum, while, under like conditions, each New-Zealander costs about 1s. 4¾d.

With these facts before us we are naturally led to the consideration of heredity, the influence of inheritance whether of direct insanity or of the allied neuroses. There is nothing in statistics so untrustworthy as this factor. As a rule, it is denied absolutely when the patient is first brought to the hospital, and it is only after one becomes acquainted with relatives that the truth leaks out;