The low mortality from tubercular disease and the absence of dysenteric disorders associated with institutional life speaks well for the health of our institutions. At the same time, it must not be lost sight of that insanity itself is the mental expression of a state of physical disorder which sometimes is a direct cause of death, that an insane person is a sick person more liable to some intercurrent ailments, and generally succumbing to attacks of disease more readily than the average. In the acute stages of insanity, and in recent admissions labouring under organic disease, one would naturally expect less resistance, and this is borne out by statistics. Our Table X, dealing with only 231 deaths, shows that 81 persons died within one year of admission. In the absence of organic disease, when the constitution has adjusted itself to its disabilities, the mental manifestations becoming quiescent, undoubtedly life is prolonged by the regular habits, wholesome food, and prompt attention to minor disorders which form the routine of an institution.

In addition to this obvious reason for the large number of deaths shortly after admission, there is an indication here of what is being complained of at Home as affecting both the recovery and death statistics, and that is the greater readiness with which the infirm are sent to asylums for treatment, when in the past, no doubt, they died in their homes. This mark of public confidence in a great measure explains the fact that the increased structural and scientific efficiency of mental hospitals is not reflected in the recovery and death rates.

Three deaths call for comment on account of the regrettable circumstances connected with them:—

Case of E. V., Auckland Mental Hospital.—Congenital imbecile, phthisical, of degraded habits and requiring frequent bathing, was taken by a junior nurse, with the assistance of Mrs. W., a patient, to the bathroom. The bathing of another patient had just been concluded, and the bath-taps were therefore exposed. Concurrently with the above event, the Acting-Matron with the Visiting Clergyman entered the ward. She sent the acting charge nurse—the Acting-Matron being herself the charge nurse of the ward—on an errand, not remembering that the ward would be left in the charge of a junior, and not knowing that the junior was employed in the bathroom. She and the clergyman then passed on. When E. V. was about to be undressed by the junior, with the assistance of Mrs. W., the door-bell rang and the junior ran to answer it, and estimated that she was away for four minutes (Mrs. W. was trustworthy, and doubtless the matter of the exposed bath-taps, or the idea that Mrs. W. would act in her absence, had never occurred to the junior). In excess of zeal, it would seem Mrs. W. undressed E.V., and placed her in the bath, and turned on the water. When the junior nurse returned she found that E. V., who had not cried out or given any alarm, had been scalded. E. V. survived the shock for about twenty-four hours. The Coroner's jury returned a verdict of death by misfortune, and added a rider that no blame attached to any person. Dr. MacGregor investigated the case, and reported that the Acting-Matron and the junior nurse had both broken regulations, and that their services should be dispensed with. Both resigned.

Case of I. P., Porirua Mental Hospital.—In the ward store-room there are two cupboards side by side, one locks and the other has a sliding door and does not lock. The disinfectant (necessary for sanitary purposes) should have been in the locked cupboard but was in the unlocked one, and I. P. got access to it and drank some. The substance is known as "K.P. Fluid Improved Disinfectant," and proved to be a rapid irritant poison. Mr. Edwin Arnold, J.P., as Official Visitor, was present at the inquest, when the matter was very thoroughly investigated. Each nurse knew the rule about locking up disinfectants, &c., and on oath denied having placed the fluid in the unlocked cupboard. Mr. Arnold's theory that the matter was an error of human imperfection, and that the nurses firmly believed that they were swearing the truth, was, in view of their previous record, accepted by the Department.

Case of J. T., Seacliff Mental Hospital, is set forth in my report on the Hospital, dated the 24th October, 1906. Here the jury found no blame, but the nurse in charge of the patient, having disregarded an order by crossing the road dividing a safe walk from the cliffs, was dismissed.

Proportions of the Sexes.

The markedly smaller number of women in our mental hospitals contrasts strangely with the numbers in the United Kingdom as a whole, though in Ireland the proportion of insane women to men is reversed. It must be remembered that our smaller number is not only absolute but relative. (*Vide* the return on the second page.)

Tracing the percentage ratio of the sexes in the general population through twenty-year periods, we find—

1867	census,	the percentage of	males to	females, 60·02 to 39·80.
1886	,,	,,	,,	53·98 to 46·02.
1906	,,	,,	,,	53·01 to 46·99.

In the first interval there was a progressing approximation, and the process has been exceedingly slow since. The decidedly smaller proportion of women in the earlier periods, and, therefore, fewer women insane, has, of course, left its mark, there being fewer female than male chronic patients among the aged, though the proportion would be modified by the lower death-rate among women. The difference in the 1906 percentage represents 53,438 fewer women than men in the colony, which is, relative to our population, quite an appreciable number, but insufficient to account for the difference between the male and female insane. However, when this deficiency is distributed among the contributary elements, we are, in the light of the calculations in Table A, nearer a solution.