therefore, that the recovery-rate is not a standard for weighing the value of treatment, and even$if the calculation be based on types of insanity in which there is a fair prospect of recovery, there are matters relating to the underlying physical condition and the life-history which turn the scale and are too complex and individual to express in general statistics. However, to arrive at something more definite than the percentage of recoveries calculated on admissions, a return is here presented of the year's history of patients in whose case treatment with a view of recovery was persevered in, the rest of the inmates are omitted, being those the nature of whose malady precluded the possibility of cure.

Showing as on 31st December, 1908, the Discharges, Deaths, and Length of Residence of those remaining, after the Exclusion of all Cases deemed incurable on 1st January, 1908, or on Admission in Cases admitted during the Year.	Of 3,240 Patients resident on 1st January, 1908.						Of 759 Patients admitted during 1908.						Totals								
	Class A. Number expected to be discharged as recovered.			Class B. The Remainder after excluding Incurables.			Class C. Number expected to be discharged as recovered.			Class D. The Remainder after excluding Incurables.			Of Classes A and C.			Of Classes B and D.			General.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
	82	78	160	60	57	117	156	109	265	79	71	150	238	187	425	139	128	267	377	315	692
Discharged recovered	61	63	124	10	13	23	102	62	164	7	8	15	163	125	288	17	21	38	180	146	326
„ unrecovered	3	3	6	5	9	14	2	1	3	1	1	2	5	4	9	6	10	16	11	14	25
Died	1	..	1	2	2	4	3	..	3	8	6	14	4	..	4	10	8	18	14	8	22
Remaining, residence 1 month or less	..	..	..	..	..	..	6	9	15	2	6	8	6	9	15	2	6	8	8	15	23
Ditto 2 to 3 months	..	..	..	..	..	..	19	13	32	15	18	33	19	13	32	15	18	33	34	31	65
„ 3 to 6 „	..	..	..	..	..	..	14	15	29	23	9	32	14	15	29	23	9	32	37	24	61
„ 6 to 9 „	..	..	..	..	..	..	4	5	9	13	14	27	4	5	9	13	14	27	17	19	36
„ 9 to 12 „	..	..	..	..	..	..	6	4	10	10	9	19	6	4	10	10	9	19	16	13	29
„ over 12 „	17	12	29	43	33	76	..	..	..	..	..	..	17	12	29	43	33	76	60	45	105
Total remaining	17	12	29	43	33	76	49	46	95	63	56	119	66	58	124	106	89	195	172	147	319

To interpret this table aright it must be remembered that the prognosis expressed in Classes A and C, though boldly favourable, must not be taken to imply an expectation of anything like cent. per cent. of recoveries. The actual results are much in advance of reasonable anticipations. The patients here classified are those of whom the medical officer would say to himself that some 55 per cent. resembling this type and 65 resembling that recover, and, no untoward symptoms having hitherto shown themselves, the prognosis is favourable. Class A yields a recovery-rate of 77·6 per cent., and as the 29 patients remaining at the end of the year had already been over twelve months in residence, we may take it that time will not materially increase the above percentage. In Class C the percentage is 61·9, and as a fair proportion of those remaining at the end of the year may be expected to recover (figuring as Class A in the following year), the proportion per cent. would, in all likelihood, have been very high had there been time enough to pursue the treatment. The analysis of the length of residence of patients remaining demonstrates this very clearly. The proportion of recoveries from B and D is obviously low, because these classes include all cases from those rejected in selecting the higher class down to the border-line of the incurable. As long as the selection is made on these broad principles, the largest possible number is marked out for curative treatment.

Though the general total shows that during the year there were 692 patients who were classed as more or less curable, yet the proportion of curable cases at any one time is a small fraction of the number resident. Take, for an example, the relative position on the 1st January, the figures for which we possess. On that date for only 4·94 per cent. of the inmates was there reasonable expectation of recovery, and, even when possibilities are added to probabilities the proportion is merely advanced to 8·55 per cent. Incidentally, it may be observed that less than half of such cases would be suitable for reception-house treatment, and this knowledge has been applied in designing a type of special hospital for the early treatment of mental disease.

The percentage of deaths calculated on the average number resident during the year was 6·85 (m., 7·81 ; f., 5·50). The figures for the previous year were 7·39 (m., 9·08 ; f., 4·98). Altogether, 222 persons died during 1908, and 232 in 1907.

A reference to Table X will show that a substantial number of patients die before they have added materially to figures representing the average resident during the year. In 1908 as many as 28 patients (representing 13 per cent. of the deaths) died in periods after admission varying from two to twenty-eight days. Seven of the above were cases of senile decay, 5 were in an advanced stage of general paralysis, 4 succumbed to exhaustion from the acute nature of their mental malady, 2 deaths each were ascribed to brain disease, tuberculosis. and pneumonia, and the remaining 4 to separate causes operating before admission. Because of the influx of such patients in the final stages of decay or mortal illness or with the germs of disease sown before admission, I have always thought that it would be fairer to calculate deaths on the total number of cases under care rather than on the average number resident during the year—3,984, as against 3,240 in 1908.

The total under care in 1907 was 3,806, and the deaths numbered 232 ; therefore, had the conditions of 1907 prevailed in 1908, there would have been 243 deaths instead of 222, and there would have been 21 less patients to add to the annual increment. But, calculated on the same basis, there would have been actually 13 fewer recoveries—313, instead of 326—and, as these differences practically cancel, it is clear that our explanation for the large residuum at the end of the year is not to be sought in a falling-off of the outgoings but in the larger incoming. And be it noted that 329 of these incomings were hopelessly insane on admission, and will in all probability remain in one or other of our mental