

admissions was 43·27 (m., 36·38 ; f., 53·00), as against 41·50 (m., 38·40 ; f., 46·18) in the previous year. In the summary of total admissions since 1876 the percentage of recovery works out at 40·33 (m., 37·96 ; f., 43·85).

Other things being equal, the recovery-rate depends, obviously, upon the quality of the admissions. To arrive at this a prognosis is made in each case upon or shortly after admission, and the result of this scrutiny in 1911 was that of the 777 patients admitted, 307 were regarded as incurable. In the case of 299 the chance of recovery was looked upon as fairly good, equivalent, at any rate, to two-fifths in their favour, while for the remaining 171 the prospects, though not deemed to be good, were not distinctly bad. Expressed in proportions per cent., 38·48 represents the class with the better prognosis, taking the average of all the mental hospitals. There is a wide range of variation, explaining, without going more deeply into the matter, the difference in the recovery-rate in different institutions. In this particular year, the least promising of the admissions were those received at Seacliff, 13·47 per cent. only being returned in the more favourable section with regard to prognosis, and the most promising were admitted to Sunnyside, there being a good to moderately good prognosis in 54·92 per cent. At the beginning of the year, the cases of the 3,670 patients then resident were reviewed ; those deemed incurable were excluded, and the remainder, amounting to 397 patients, were classified according to prognosis. Those with a prospect of recovery, estimated at a 40-per-cent. chance, were placed in the higher class ; the remainder began at those just excluded from this class and ended with those just excluded from the incurables.

In the following table the patients at the beginning of the year and those received during the year are classified according to prognosis, and their after-history traced, as to whether they were discharged or died during the year, or, if left in residence, the duration of such residence at the end of the year :—

Showing as on 31st December, 1911, the Discharges, Deaths, and Length of Residence of those remaining, after the Exclusion of all Cases deemed incurable on 1st January, 1911, or on Admission in Cases admitted during the Year.	Of 3,670 Patients resident on 1st January, 1911.									Of 777 Patients admitted during 1911.									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.						
	78	93	171	124	102	226	170	129	299	92	79	171	248	222	470	216	181	397	464	403	867						
Discharged recovered	50	78	128	23	23	46	68	52	120	22	15	37	118	130	248	45	38	83	163	168	331						
" unrecovered	2	..	2	5	4	9	3	2	5	4	1	5	5	2	7	9	5	14	14	7	21						
Died	1	1	2	6	2	8	4	4	8	7	8	15	5	5	10	13	10	23	18	15	33						
Remaining, residence 1 month or less .. ..	..	..	..	..	..	..	15	9	24	8	9	17	15	9	24	8	9	17	23	18	41
Ditto 2 to 3 months .. ..	..	..	..	..	..	..	33	20	53	16	10	26	33	20	53	16	10	26	49	30	79
" 3 to 6 .. ..	..	..	..	..	..	..	21	19	40	10	11	21	21	19	40	10	11	21	31	30	61
" 6 to 9 .. ..	..	..	..	..	..	..	16	14	30	12	12	24	16	14	30	12	12	24	28	26	54
" 9 to 12 .. ..	..	..	..	..	..	..	10	11	21	15	13	28	10	11	21	15	13	28	25	24	49
" over 12	25	17	42	90	74	164	..	..	..	..	..	..	25	17	42	90	74	164	115	91	206
Total remaining	25	17	42	90	74	164	95	73	168	61	55	116	120	90	210	151	129	280	271	219	390						

The general total of patients remaining in the 1910 table was 401 (m., 197 ; f., 204), and it will be seen that at the beginning of 1911, when the prognosis of all the patients was reconsidered, 9 women were rejected (very probably from the residue of Class B) as no longer curable ; but 5 men hitherto regarded as incurable, having shown signs of improvement, were promoted, making the total in Classes A and B—males, 202 ; females, 195.

Calculating on the patients resident, one can arrive at the proportion per cent. at a given date of those not incurable (Classes A and B) and of those in whom the chance of cure is fairly good (Class A). On the 1st January, 1911, the proportions were 10·82 and 4·66 per cent. respectively. On the 1st January, 1910, the proportions per cent. were 9·27 and 3·95 ; and on that date in 1909 they were 8·52 and 4·42 respectively. In giving a prognosis, allowance must necessarily be made for the personal equation ; but the increase in the proportion of recoverable patients recorded each new year would seem to imply a larger proportion of patients admitted at a more hopeful stage of their malady.

To appreciate the significance of the length of residence of those remaining when the year closed, turn to Table XI in the appendix, and it becomes clear that those admitted towards the end of the year have not had time to recover in the under-six-months period in which over 40 per cent. of all recoveries take place, and that hope need not by any means be abandoned in the case of those with longer residence.

The percentage of deaths on the average number resident was 8·41 (m., 9·41 ; f., 7·02) ; in 1910 the proportion was 8·15 (m., 9·17 ; f., 6·71). As the average number resident varies with the length of residence (*e.g.*, those resident throughout the year contribute 1 to the average, those half the year 0·5, and so forth), as any one of all the persons resident in 1911 may have died, and as a number of those admitted are aged or suffer from debilitating diseases, and, with the supervention of acute exhausting insanity, die soon after admission (*vide* Table X in the appendix), the calculation of the percentage of deaths on the total number under care (less transfers) is more accurate than the general practice. Thus estimated, the proportion per cent. in 1911 was 6·83 (m., 7·59 ; f., 5·74), and in 1910 it was a fraction less, 6·53 (m., 7·27 ; f., 5·45).

Irrespective of the cause, an inquest is held on every death which takes place in an institution.