

The total number of patients discharged (excluding transfers) was 360 (m., 171; f., 189), of which 283 (m., 142; f., 141) were discharged as recovered. The remaining 77 (m., 29; f., 48), though not recovered, were sufficiently well to be placed under the care of relatives or friends.

The percentage proportion of recoveries on admissions was 33.73 (m., 32.49; f., 35.07), as against 38.27 (m., 36.38; f., 40.64) in the previous year, and 39.38 (m., 36.92; f., 42.97) in the average for all years since 1876.

The deaths numbered 448 (m., 274; f., 174), giving a percentage of deaths on the average number resident of 9.95 (m., 10.53; f., 9.16), and on the total number (general register) under care during the year of 8.28 (m., 8.86; f., 7.51). The corresponding percentages for the previous year were 7.28 (m., 8.06; f., 6.19) and 6.05 (m., 6.59; f., 5.14) respectively.

As usual, some persons whose condition was doubtful as regards certification as mentally defective have been received for observation at the instance of the Magistrate. At the beginning of the year there were 10 (m., 5; f., 5) such, and 110 (m., 70; f., 40) were received during the year. Of this number, 70 (m., 48; f., 22) were discharged, 39 (m., 18; f., 21) had to be placed under ordinary reception orders, one woman elected to remain on as a voluntary boarder on the completion of the period of observation, 3 men died, and 7 (m., 6; f., 1) were under observation at the end of the year. These cases do not figure in the statistics, nor do the voluntary boarders, of whom there was a daily average of 34 in the State institutions. At the beginning of the year there were 29 (m., 10; f., 19), and 75 (m., 28; f., 47) were admitted during the year. Five (m., 1; f., 4) had ultimately to be placed on the register of patients, 4 (m., 2; f., 2) died, and 44 (m., 15; f., 29) were discharged, leaving 51 (m., 20; f., 31) resident at the end of the year.

The results in the case of persons remanded for observation and in the treatment of voluntary boarders, whereby many are saved from being committed as patients, are distinctly encouraging. Altogether 114 such inmates recovered or left much improved without formal admission as patients. This means a reduction of the recovery-rate in our statistics in the appendix, a factor which should be kept in mind in making comparisons with former years before the present system was established. The above figures disclose an increasing desire to utilize at an early stage of the disorder the improving resources of our mental hospitals, and in not a few instances ex-patients have returned for a period as voluntary boarders.

The recovery-rate is also reduced by the inclusion in the statistics of the mentally deficient, where recovery is manifestly impossible. It is hoped in the near future to segregate younger mentally deficient persons in a separate institution and deal with their statistics apart from those of patients labouring under acquired mental disease. This segregation will be an advantage from all points of view, and will enable these deficient to be classified and trained according to their capacity for improvement. Some can merely be cared for, others, by the exercise of infinite patience, can be taught to dress and feed themselves, others will progress as far as to assist in the work of the ward, and those of higher grade can be taught to be farm and garden workers or domestics, while the best can be taught to pursue some trade. Whether those with sufficient capacity should after training be allowed to compete in the labour-market is another matter and need not be considered now.

A further factor prejudicing the recovery-rate is the undue proportion of senile cases admitted. A large number of these patients could with little difficulty be managed in a properly administered Old People's Home. Over 20 per cent. of the admissions in the year under review were contributed between the congenitally deficient and persons mentally infirm through advancing age. At the present time there are about three hundred patients who could be cared for in some simpler and less expensive institution than a mental hospital.

Yet another source of reduction in the recovery-rate is due to the carelessness of convalescent patients permitted out on probation. Under the Act, such persons should provide a medical certificate of recovery before the expiry of the period of absence on leave, otherwise they must be entered in the register as "not recovered." Some, of course, have not recovered but are harmless and continue well enough to remain in the care of their friends, but in the case of others the Medical Superintendent knows that recovery is almost certain, and frequently the certificate as required by the Act which should convey this information, furnished after making inquiries and appeals, comes too late to permit the recovery being recorded.

For the average of six years ending with the introduction of the Act of 1911 recoveries calculated on the admissions were 37.91 per cent., and the proportion of those discharged unrecovered 5.28, while for the last six years the proportions are 39.84 and 9.21 per cent. respectively. Some part of the higher proportion of "unrecovered" is due to recoveries unacknowledged, because we have been keeping to the letter of the law. These matters are brought forward not because one is dissatisfied with the recovery-rate, but to indicate that it is really higher than represented, and justifies—if such justification were needed—the higher expenditure on our buildings, amenities, and resources for some years past.

Analysing the table of causation, one has to bear in mind that the principal assigned cause is stated, and where no definite conclusion has been come to the cause is stated to be unknown. Heredity is difficult to ascertain, and is therefore inadequately expressed in the table. The inherited tendency to nervous and mental disorders stands in inverse ratio to the stress factor, whatever it may be. Take, for example, such stresses as are associated with puberty, adolescence, and the climacteric, critical periods of adjustment to altering consciousness to which all are subjected in the ordinary course of life, but which prove too great for only a few, the mentally unstable. Another example may be found in the toxic effect of influenza, which large numbers of the community experienced during the epidemic, and in the case of thirty-eight persons only led to mental disorder.