in the table, 1 to 4 is about the proportion of readmissions to admissions; but be it remembered that readmission is not synonymous with second admission:—

Year.	Ratio to 10,000 of Population of		Number of Persons in Population contributing	
	Admissions.	First Admissions.	One Admission.	One First Admission.
1897	6·31	4·98	1,585	2,008
1898	6·14	5·07	1,627	1,972
1899	5·93	4·71	1,685	2,119
1900	6·39	5·02	1,565	1,990
1901	6·83	5·61	1,464	1,774
Quinquennial average	6·36	5·09	1,580	1,964
1902	6·48	5·07	1,542	1,971
1903	6·78	5·60	1,473	1,783
1904	6·55	5·42	1,526	1,844
1905	6·76	5·59	1,478	1,786
1906	7·16	5·82	1,396	1,718
Quinquennial average	6·76	5·51	1,479	1,814
Decennial average ...	6·56	5·31	1,525	1,881
1907	6·39	5·04	1,567	1,982

It may be mentioned incidentally that the average number of persons within the radius of practice of a doctor in this country is 1,180, and it is therefore obvious that among his patients the average practitioner has only every fifteen months or thereabouts one insane person requiring control. This patient and others in the same category are collected together in special hospitals and the recurring necessity of providing accommodation for those who do not recover or die draws public attention to their number, whereas the public knows little or nothing of the numerous patients labouring under acute and chronic maladies which the practitioner has treated during the same fifteen months. I quote this passage from the Morison lecture for 1907: "Imagine the popular outcry if the unrecovered persons discharged from general hospitals had to be kept for life in those institutions, and the resulting dread of national degeneration!"

Discharges and Deaths.—The total number of persons discharged from the mental hospitals during 1907 was 434 (m., 244; f., 190), of which 299 (m., 160; f., 139) were discharged as recovered, and 135 (m., 84; f., 51) as not recovered. The second group included 100 (m., 62; f.,38) transferred patients whose technical discharge from one hospital coincided with their technical admission into another.

The percentage of recoveries on admissions in 1907 was 49·67 (m., 44·29; f., 57·68) against 42·94 (m., 39·75; f., 47·73) in the previous year. One (male) transferred patient who recovered has been omitted from the calculation. The recovery-rate in 1907 is the highest since 1888, when our record was reached—namely, 57·62 per cent. Previous to that year there had been three higher percentages than the present—those for the years 1876, 1877, and 1878, the rates being 57·56 per cent., 49·72 per cent., and 50 per cent. respectively.

The recovery-rate, satisfactory though it be, is but a rough-and-ready estimate of the value of treatment because its fluctuations depend largely upon the class of patients admitted. Thus, in addition to the curable cases, there are many admitted with disease which will prove fatal within a more or less definite period, in many the alienation is of an incurable type, in many admission has been so long delayed that the mental disorder has become well-nigh intractable, and in some the prognosis is unfavourable because of age. It is the way of statistics that such factors are from year to year found in varying proportions. By eliminating the error of human judgment in regard to prognosis, the result of treatment could be gauged by calculating recoveries on those patients resident during the year whose malady was deemed to be curable, the prognosis to be set down on admission and reviewed annually; but the recovery of patients in whom the prognosis was unfavourable—an experience which most, if not all, alienists have had—would greatly interfere with any such deduction. One factor, however, speaks well for the maintenance of our relatively high recovery-rate, and that is the steadily increasing number of persons admitted in whom the prognosis is unfavourable because of advancing years. In the quinquennium 1882–86 the percentage of persons of sixty years and over admitted was 6·07, while in 1902–6 it was 15·79. These figures have a double interest because they tend to reduce the recovery-rate and increase the death-rate; but it must be pointed out and kept in mind that the increase of such admissions is not out of proportion to the increase of persons of that age in the general population. In the census of 1881 those of sixty-five years of age and upwards were 1·41 per cent. of the total population, whereas in the census of 1906 they represented 4·60 per cent.

The percentage of deaths on the average number resident during the year was 7·39. The percentage for the previous ten years was 6·42; for the previous five, 6·65; and for the previous year,