The figures in this return are obviously more serviceable than those calculated on numbers resident, but in drawing conclusions between the further and nearer quinquennium there must be kept in mind the fact that accretion plays a part in the growth of our population, and that insanity is a disease of adult life.

Deaths and Discharges.—The total number of cases under care during the year was 4,237 (m., 2,444; f., 1,793); of these (excluding transfers), 377 (m., 197; f., 180) were discharged, and 204 (m., 136; f., 68) died. In 1908 the number under care was 3,984, the discharges numbered 348, and the deaths 222.

The percentage of deaths calculated on the average number resident was 6·05 (m., 6·90; f., 4·84). The figures for the previous year were 7·39 (m., 9·08; f., 4·98). With the proportions per cent. calculated on the total number under care, the figures for 1909 and the previous year are respectively 4·81 and 5·55.

The percentage of deaths due to general diseases was 22·06, of which tuberculosis contributed 13·23; to diseases of the nervous system 33·33, of which general paralysis contributed 13·23; to diseases of the heart and blood-vessels 19·12; and to senile decay 18·63. The percentage due to other causes was insignificant.

Of the patients discharged, 349 (m., 179; f., 170) were classed as recovered, and 135 (m., 46; f., 89) as unrecovered, 107 of these (m., 28; f., 79) being transfers.

The percentage of recoveries calculated on admissions was 48·74 (m., 42·72; f., 57·24). The recovery-rate the previous year was 43·82 per cent. (m., 42·25; f., 45·91), and the average since 1876 stands at 40·69 (m., 38·65; f., 43·71).

In the last report was introduced a table giving the discharges, deaths, and number remaining of patients deemed to be recoverable. The innovation had to be explained, and, as the table may be unfamiliar still, in giving the results for 1909 a part of that introduction is quoted. The recovery-rate based on admissions "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 to recovery was persevered in. The rest of the inmates are omitted, being those the nature of whose malady precluded the possibility of cure."

I would further state that, though the prognosis is boldly expressed, the classification under classes A and C includes patients whose chance of recovery is about and above the average, and under classes B and D are placed those whose chance is below the average right down to the border-line of the incurable. These classes may be roughly divided into those above and those below a 40-per-cent. chance of cure.

Though confident that the medical officers have all patients capable of improvement marked out for special treatment, the value of this table is not merely in the return furnished, but in the knowledge that there is a yearly review in the case of all patients resident and a balancing of pros and cons with regard to prognosis in the case of each patient on admission.

Showing as on 31st December, 1909, the Discharges, Deaths, and Length of Residence of those remaining, after the Exclusion of all Cases deemed incurable on 1st January, 1909, or on Admission in Cases admitted during the Year.	Of 3,414 Patients resident on 1st January, 1909.						Of 823 Patients admitted during 1909.						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.
	79	72	151	69	71	140	122	105	227	99	90	189	201	177	378	168	161	329	369	338	707
Discharged recovered	63	59	122	29	31	60	65	55	120	22	25	47	128	114	242	51	56	107	179	170	349
„ unrecovered	7	1	8	7	1	8	..	..	..	6	2	8	7	1	8	13	3	16	20	4	24
Died	2	1	3	4	2	6	..	2	2	2	3	5	2	3	5	6	5	11	8	8	16
Remaining, residence 1 month or less	..	..	..	..	..	..	15	13	28	10	8	18	15	13	28	10	8	18	25	21	46
Ditto 2 to 3 months	..	..	..	..	..	..	16	16	32	18	16	34	16	16	32	18	16	34	34	32	66
„ 3 to 6 „	..	..	..	..	..	..	13	13	26	15	18	33	13	13	26	15	18	33	28	31	57
„ 6 to 9 „	..	..	..	..	..	..	5	4	9	19	9	28	5	4	9	19	9	28	24	13	37
„ 9 to 12 „	..	..	..	..	..	..	8	2	10	7	9	16	8	2	10	7	9	16	15	11	26
„ over 12 „	7	11	18	29	37	66	..	..	..	..	..	..	7	11	18	29	37	66	36	48	84
Total remaining	7	11	18	29	37	66	57	48	105	69	60	129	64	59	123	98	97	195	162	156	318

An analysis of this table discloses some points of interest:—

Class A, numbering 151, is made up principally of the undischarged remainder of Class C of the year before, which numbered 95. Of Class A of the year before, 29 were left, and under ordinary circumstances some of these would drop into Class B or out of this table, having been under treatment for over a year; but adding the whole 29 to the 95 we are still 27 patients short of the number which started the year under Class A. This means that a number of less hopeful cases (Classes B and D) had responded to treatment so effectually that when the prognosis of last year's residuum was reviewed they were placed in the higher class.

Subtracting the 151, so composed, from the total of last year's figures of those remaining, we get 168, or 28 in excess of Class B in the above table. These 28 represent the measure of