either for the patients themselves or for the rest of the family, and very often the pressure comes from neighbours, who resent the presence in their midst of persons whom they regard as objectionable and dangerous.

On the other hand, as the growing amenities of mental hospitals become year by year more obvious to the public, the prejudice against placing patients under the care of the State becomes less and less. This is particularly noticeable in the case of old, infirm, or hopeless patients, but unfortunately does not apply appreciably to the care of recent and curable cases of mental illness. Here the dominant consideration in the minds of friends, and to a large extent of the medical profession itself, is, as it always has been, "Is there any chance that the patient will recover in the course of a few months if kept outside an institution, because, if so, home treatment would be preferable for the rest of the family—indeed, preferable to all concerned." The recovery of a patient in the course of a few weeks or months in a mental hospital is rarely accepted by relations in the proper spirit. Instead of realizing that a total change of environment has proved highly beneficial, and has *hastened* if not *determined* recovery, they are inclined to turn on the family adviser and say, "If you had been a little more far-seeing and patient we should all of us have been spared this humiliation." As long as acknowledged derangement of the bodily organ called the brain is regarded as discreditable, while derangement of any other organ is regarded as interesting and respectable, institutions dealing with so-called "mental disease" will always be confronted with the initial difficulty of rarely receiving patients until their malady has been long established, and has usually reached the stage of being regarded as almost, if not quite, hopeless.

(2.) The *Death-rate*, of course, gives some indication as to the general health of survivors. The average bodily health of the inmates has been good, the total deaths being only 43—that is, 4½ per cent. on the patients under care and treatment, or less than 5½ per cent. on the average population. Two-thirds of the patients who died were over fifty years of age, 10 were between seventy and eighty, 1 was eighty-one, and another eighty-four. Eight were "general paralytics."

(3.) The *Discharge-rate* of patients relieved and recovered for 1909 (viz., 67, out of 181 admissions) is about 10 per cent. below the average, in spite of the fact that the recovery-rate of women was above the average. The low recovery-rate for males is easily accounted for. During the year 20 utterly hopeless male patients suffering from dementia of many years' standing were transferred to Seacliff from other mental hospitals. Properly speaking these should not count as new admissions, since if the intake were composed solely of such patients our recovery-rate would obviously stand at nil—just as it does in any hospital for incurables.

Apart from the transfers, the other main factor responsible for the low recovery-rate for males is the direct admission of an unusually large proportion of absolutely hopeless cases, as will be seen by the following analysis:—

Out of 110 male patients admitted during 1909 there were,—

20	transfers of absolutely hopeless demented cases of long standing from other mental hospitals.
15	general paralytics—all necessarily hopeless.
12	hopeless chronic alcoholic dements of long standing.
12	senile dements ranging from sixty to eighty-four years of age. Of these, one improved sufficiently to be able to return to the care of his family.
8	hopeless cases of fixed delusional insanity of years' standing.
8	hopeless chronic epileptics.
6	imbeciles and idiots, either born defective or whose mental development had become arrested in childhood.
Total, 81.	

Of the remaining 29 admissions, 2 were fatally ill with cancer and pernicious anæmia respectively, leaving 27 cases from which to draw possible recoveries. Twelve out of this 27 were readmissions—patients who had been previously under institutional treatment from once to six times. When it is considered that some of the balance of 15 "first admissions" were of more or less hopeless types (dementia præcox, long-standing chronic insanity, &c.), it will be realized that, notwithstanding the high admission-rate of 110 males, the year's intake afforded singularly little scope for recovery—indeed, had it not been for "recoveries" or "improvements" drawn from the previous year's admissions, the discharge-rate would have shown still lower. On the other hand, some of the 1909 cases are of course recovering in 1910. As a mere coincidence it happens that the recoveries among women stand higher for 1909 than during any preceding year—viz., just on 60 per cent. of the admissions.

Reviewing the destiny of all patients who are brought to the Mental Hospital, it is clear (when every allowance has been made for the admission of an exceptionally hopeless type of males during the past year) that the average prospect of persons certified as insane in advanced states of mental disease (as is usually the case) is poor indeed. Every year of experience impresses one more and more with the conviction that, while in the vast majority of cases early admission to mental hospitals affords the only means of doing justice to the insane, the main hope of keeping down the number of insane in our population lies ultimately in prevention. As long as the comparatively simple chronic degenerations of the spinal cord remain, as they still are, incurable, and for the most part little affected by "treatment," we have no reason to anticipate much success when dealing with organic affections of the infinitely more delicate, complex, and vulnerable brain-tissues—affections for the most part slowly and insidiously led up to by years of ill health and injudicious living acting on nervous systems lacking the average of initial nutritive and resistive powers.