and 4,435 respectively. Had the previous year's relation of discharges and deaths to the total number under care been maintained in 1912, there would have been 17 fewer discharges and 32 more deaths.

Of the patients discharged, 325 (m., 184; f., 141) were classed as recovered. In 1911 the number discharged as recovered was 331 (m., 163; f., 168). The percentage of recoveries calculated upon admissions was 38·74 (m., 40·17; f., 37·01), as against 43·27 (m., 36·38; f., 53·00) in the previous year. In the summary of total admissions since 1876 the percentage of recovery works out at 39·96 (m., 37·61; f., 43·46.)

In England and Wales (exclusive of idiot establishments) the rate for 1910 was 34·31, and the average for the ten years ending 1910 was 36·49 per cent.

A lower recovery-rate was anticipated under the new Act on account of a larger proportion of mentally deficient and mentally infirm admissions, on account of a certain proportion of persons coming as voluntary boarders and recovering as such, instead of as patients, and because previously when a patient was discharged on probation it was often taken for granted that he had recovered; but under the new Act such persons have to be regarded as unrecovered unless there is medical evidence of recovery at the end of the probationary period. This last factor will in time make a material difference, but the procedure is a very proper one. To demonstrate this, one has merely to reflect upon legal complications which could arise if, judging by the convalescent condition of a patient when leaving, he were as a matter of course discharged as recovered at the end of the probationary period. Unfortunately, people get careless about sending reports after they have left the institution, and their recovery is lost to statistics. Bearing this out is the fact that, excluding the incurable, 71 patients were discharged as unrecovered during the year under review, as against 21 in the previous year when the Act was not in force. Probably more than one-half of that number actually recovered and would previously have been returned as recovered, but if only a half were, the recovery rate would have been higher than in 1911.

For some years a prognosis has been made upon the admission of each patient, and at the end of the year the case of every patient is reviewed and his further detention depends upon the granting of a certificate that it is necessary for his own good or in the public interest. Incidental to this review is a reconsideration of the prognosis. The first stage is to set aside those whose malady is definitely incurable, and then to separate from the remainder the more hopeful cases.

The results for 1912 are shown in the table hereunder :—

Showing as on 31st December, 1912, the Discharges, Deaths, and Length of Residence of those remaining, after the Exclusion of all Cases deemed incurable on 1st January, 1912, or on Admission in Cases admitted during the Year.	Of 3,756 Patients resident on 1st January, 1912.						Of 987 Patients admitted during 1912.						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.
	103	71	174	110	105	215	161	166	327	103	103	206	264	237	501	213	208	421	477	445	922
Discharged recovered	65	35	100	14	14	28	95	83	178	11	10	21	160	118	278	25	24	49	185	142	327
,, unrecovered	3	17	20	15	13	28	..	11	11	7	5	12	3	28	31	22	18	40	25	46	71
Died	1	3	4	4	4	8	3	4	7	4	1	5	4	7	11	8	5	13	12	12	24
Remaining, residence 1 month or less	..	..	..	..	..	..	3	6	9	9	10	19	3	6	9	9	10	19	12	16	28
Ditto, over 1 and under 3 months ..	..	..	..	..	..	..	19	15	34	11	17	28	19	15	34	11	17	28	30	32	62
,, 3 to 6 months	..	..	..	..	..	..	15	19	34	22	21	43	15	19	34	22	21	43	37	40	77
,, 6 to 9 ,, ...	..	..	..	..	..	..	15	19	34	16	16	32	15	19	34	16	16	32	31	35	66
,, 9 to 12 ,, ...	..	..	..	..	..	..	8	8	16	15	16	31	8	8	16	15	16	31	23	24	47
,, over 12 ,, ...	34	16	50	77	74	151	3	1	4	8	7	15	37	17	54	85	81	166	122	98	220
Total remaining	34	16	50	77	74	151	63	68	131	81	87	168	97	84	181	158	161	319	255	245	500

Classes A and B being respectively the more and the less hopeful of the patients resident at the beginning of the year, and C and D of the admissions during the year. The column in which A and C are combined gives the history of the more hopeful cases, and that in which B and D are combined the history of the less hopeful.

A proportion of those classed as remaining may have passed or may pass in due course from the more to the less favourable column, or may pass out of this table; but it will be apparent on consulting Table XI in the appendix that patients admitted towards the second half of the year have not yet had time to recover.

Transfers are not excluded from this return—it will be observed that there are, under the columns dealing with admissions, 19 patients remaining whose residence is over twelve months. These patients are obviously in the discharged unrecovered list of one hospital and the admission list of another. As a rule, however, the transfers are not among the curable, and as there were as many as 145 during the year under review, they interfere with figures giving the percentage proportion of the admissions deemed to be curable. Making allowance for this, the percentage is not materially different from that of last year. Of the patients on the register at the beginning of the year, 89·4 per cent. were incurable, and in 4·74 per cent. the prognosis was favourable. There is nothing unusual about these proportions when it is remembered that the incurable are mainly those patients who remain in residence year in and year out.