

Discharges and Deaths.

Omitting transfers, where discharge from one institution is coincident with admission into another, the number of cases discharged from the mental hospitals was 426 (m., 211; f., 215), and the deaths numbered 307 (m., 196; f., 111). The total number under care during the year, deducting transfers, was 4,697 (m., 2,739; f., 1,958). The corresponding figures for the previous year were 402, 280, and 4,595 respectively. Had the previous year's relation of discharges and deaths to the total number under care been maintained in 1913, there would have been 15 fewer discharges and 21 fewer deaths.

Of the patients discharged, 337 (m., 175; f., 162) were classed as recovered. In 1912 the number discharged as recovered was 325 (m., 184; f., 141). The percentage of recoveries calculated upon admissions was 42·98 (m., 37·55; f., 50·94), as against 38·74 (m., 40·17; f., 37·01) in the previous year. In the summary of total admissions since 1876 the percentage of recovery works out at 39·87 (m., 37·39; f., 43·58).

In England and Wales (exclusive of idiot establishments) the rate for 1912 was 34·76.

The recovery rate is above our average. A lower may well have been anticipated under the Act of 1911 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. Unfortunately, people get careless about sending reports after they have left the institution, and their recovery is lost to statistics.

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 1913 are shown in the table hereunder :—

Showing as on 31st December, 1913, the Discharges, Deaths, and Length of Residence of those remaining, after the Exclusion of all Cases deemed incurable on 1st January, 1913, or on Admission in Cases admitted during the Year.	Of 3,913 Patients resident on 1st January, 1913.						Of 892 Patients admitted during 1913.						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.	
	95	100	195	150	155	305	129	135	264	82	79	161	224	235	459	232	234	466	456	460	925	
Discharged recovered	49	61	110	35	30	65	75	61	136	16	10	26	124	122	246	51	40	91	175	162	337	
" unrecovered	14	17	31	11	23	34	..	7	7	3	6	9	14	24	38	14	29	43	28	53	81	
Died	2	1	3	1	1	2	3	3	6	3	2	5	5	4	9	4	3	7	9	7	16	
Remaining, residence 1 month or less	..	..	..	..	..	..	17	14	31	6	10	16	17	14	31	6	10	16	23	24	47	
Ditto, over 1 and under 3 months ..	..	..	..	..	..	..	12	23	35	10	11	21	12	23	35	10	11	21	22	34	56	
" 3 to 6 months	..	..	..	..	..	..	9	11	20	13	14	27	9	11	20	13	14	27	22	25	47	
" 6 to 9 "	..	..	..	..	..	..	8	10	18	14	11	25	8	10	18	14	11	25	22	21	43	
" 9 to 12 "	..	..	..	..	..	..	4	5	9	15	12	27	4	5	9	15	12	27	19	17	36	
" over 12 "	30	21	51	103	101	204	1	1	2	2	3	5	31	22	53	105	104	209	136	126	262	
Total remaining	30	21	51	103	101	204	51	64	115	60	61	121	81	85	166	163	162	325	244	247	491	

This table is sufficiently established to pass over without explanation. It is perhaps necessary to repeat that transfers are included, and that the figures are not comparable with the return of recoveries on admission. Of the patients on the register at the beginning of the year, 87·2 per cent. were incurable, and 4·99 per cent. were expected to recover, but in as many as 12·8 per cent. there was deemed to be a chance of recovery. These are average proportions, and it is mainly upon this margin that the medical work of the institution is focussed. The factor of expense should not be considered in providing what is adequate. The cost of the necessary treatment, even if the patient could be retained in private care, is beyond the ordinary private purse. It is a matter for gratification that proper admission buildings are going up, and it must be understood that the maintenance of patients in these buildings will cost considerably above the average, if for no other reason than the larger proportion of nursing staff necessary for supervision and to give individual attention.

The percentage of deaths calculated on the average number resident was 7·98 (m., 8·70; f., 6·96), in 1912 the proportion was 7·57 (m., 8·99; f., 5·61); calculated on the total number under care (less transfers) the proportion per cent. in 1913 was 6·53 (m. 7·17; f., 5·67), and in the previous year 6·09 (m., 7·20; f., 4·54).

In England and Wales the percentage, in 1912, calculated on the daily average number resident, was 9·70 (m., 10·96; f., 8·61).

A Coroner's inquest is held in every case of death in an institution, irrespective of the cause. Analysing Table XII in the appendix one finds that about 55 per cent. of those who died were over sixty years of age, and in 34·53 per cent. senile decay was the cause of death. Death resulted from diseases of the nervous system in 25·08 per cent., general paralysis among males contributing 11·22 per cent. Consumption and other forms of tuberculosis contributed 8·79 per cent. None