delayed for a year or more 10 percent would be a good record of recoveries.

An editorial by the well-known psychologist, Dr. D. Hack Tuke, in the July number for 1893 of the *Journal of Mental Science*, in commenting on my report for 1892, bewails with me the fact that the system of voluntary admission is not permitted by our laws, and I deeply regret that, in the recent amendments to the Lunacy Acts, the Government has taken no steps toward remedying this, which, in the eyes of all broad-minded alienists, is a grave defect.

DISCHARGES.

Of the 71 patients discharged during the year, 48, or 46.60 percent on those admitted in the same period, went out recovered; 17, or 16.50 percent, improved; and 6, or 5.82 percent, unimproved. The total percentage of discharges on admissions was 68.93.

Of those discharged recovered, 39 had been insane less than a year before admission, the duration of the disease in 25 of these being less than one month. Of those insane over a year before reception but 8 were fully restored.

The average length of residence of those discharged in the year was about 7½ months, the shortest time under treatment being 15 days, the longest 3 years, 1 month and 23 days. Both of these patients left recovered. 9 patients had been with us under 1 month and 15 over 1 year.

Of probational discharges there were 43, resulting as follows:—25 discharged recovered, 5 improved, 2 unimproved, 8 returned, and 3 still out on trial.

DEATHS.

The death rate for the year was 8.62 percent on the number under treatment. This increase over the preceding year was not due to any unusual occurrence, but simply to the fact of the existence in the majority of wasting, incurable disease, while a number had reached an age when death is to be looked for in the natural course of events. Acute disease of a serious nature was rare.

Coincident with our experience of two years ago, we were visited by the prevailing epidemic of "Grippe" just about the time of our Christmas festivities. Both patients and employees suffered, and for a time, luckily short, we were considerably hampered in our work. But one death was directly traceable to the disease, though many were left weak and out of sorts for some time after.

Of our deaths 6 were due to phthisis, 4 to heart disease, and 3 to general paresis. Epilepsy, apoplexy and marasmus were accountable for 2 each, and exhaustion of acute mania, pulmonary embolism, inflammation of the bowels, and softening of the brain for one each. One patient undoubtedly succumbed to the exhaustion incident to removal to the hospital while in a very weak state.