6 were admitted from gaol; 15 were said to be suicidal, 21 violent or dangerous, and 12 both suicidal and dangerous.

With respect to physical condition on entry, 23 were in bad health and exhausted condition, 47 in indifferent health and reduced condition, and 33 in average health and condition.

As the causative agency ascribed to the production of the brain disease, mental anxiety, as usual, held first place, with domestic troubles second. In 23 of the cases, or 22⅓ percent, the cause was said to be unknown.

Heredity was admitted in 40 percent of the admissions and denied in 38 percent, while in 22 percent the facts bearing on this point were not ascertainable.

In 29 cases there had been previous attacks of insanity, and about 26 percent of the admissions were advanced in years, 13 being over 50 years of age, 8 over 60, 5 over 70, and 1 over 80.

The prevailing form of brain disease among those received was acute mania, 28 out of the 103 cases being of this type. 20 were cases of chronic mania, 8 of chronic dementia, 7 of recurrent mania, 6, each, of acute melancholia and general paresis, 5, each, of congenital mental deficiency, senile dementia and puerperal insanity, 4 of epileptic insanity, 3 of acute dementia, 2, each, of chronic melancholia and toxic insanity, and 1, each, of recurrent melancholia and paralytic insanity.

There were about 45 percent of those admitted during the year whose histories held out a fair prospect of recovery. The balance was of a class in which no such result, except in rare instances, could be looked for. Some of them were primarily affected with forms of mental disorder which gave no hope of recovery from the onset, while others had been so long deranged that the chance of recovery was practically lost. The care of such patients can be, for the most part, merely custodial, much, however, can often be done for them even if we cannot completely restore them to mental health. They may be so much benefited by systematic care and appropriate treatment as to be enabled to live at home with safety or at least derive more pleasure from hospital life.

The average duration of insanity prior to admission in those received may be estimated at about 1⅞ years; 15 of the cases were from 2 to 5 years standing, 4 from 5 to 10 years, 2 from 10 to 15 years, and 2 from 20 to 30 years; 5 were congenital and 1 unknown. Were it possible to have all the insane receive proper hospital treatment on the first appearance of the symptoms, the results obtained would be far ahead of anything now seen, and wards devised for hospital purposes would not so quickly become mere asylums for incurables. I do not think I exaggerate in saying it is probable that were all cases, uncomplicated with organic disease, sent to a properly managed hospital within a month of the onset, from 75 to 80 percent would be restored to their homes, whereas if this admission be