

Admissions.—Exclusive of 28 men and 79 women who were merely transferred from one mental hospital to another, the admissions numbered 716 (m., 419; f., 297). Of the 716 so admitted, 575 were placed on our general register for the first time, and of the 141 whose names had been previously entered therein all but 25 returned to the hospital whence they had been last discharged. Some of the 575 admitted for the first time had been insane before, but the 141 patients readmitted, while not representing the full number of relapses, sufficiently illustrate the well-known liability of mental disease to recur. Commenting on this in my last report, I said,—

“This tendency to recurrence is one of the anxieties surrounding the question of discharge. While some patients make an apparently complete and lasting recovery, and some relapse after a long period of sanity, some, who remain well in an institution sufficiently long to justify their discharge, to claim it as a right, soon relapse when exposed to the influences of the larger world. During the past year we have been fortunate in the recoveries being to all appearance more stable, and in the relapsed cases of former years having been returned without any untoward event resulting from their insane conduct. Though naturally gratifying, it must be allowed that this is not a matter of skill but of good fortune.”

Shortly after the above report was presented, an ex-patient was responsible for a tragedy. Because his first attack was due to poisoning by alcohol and “pain-killer,” the patient was kept in the mental hospital by moral suasion long after he could have claimed a legal right to be discharged. A question asked in the House last session elicited the fact that this patient had left in sound mind, that circumspection had been exercised in discharging him, and that the second attack followed quickly upon a relapse into intemperance.

The public, naturally shocked by such an event, tends to desire a restriction of the liberties of the patients, and, on the other hand, requests are made for the discharge of patients against the advice of the responsible medical officers. One must, as heretofore, pursue the only wise policy, that of reviewing all attendant circumstances and treating every case on its merits. The legal standard of a patient's fitness for discharge should be determined by considering whether he requires any longer to be under oversight, care, or control for his own good or in the public interest.

The following is the return for 1909 of immigrants who became insane within one year of landing on our shores. The average for the three previous years is nearly 24:—

Native of	No History of Previous Attack.	History of Previous Attack.	Total.
United Kingdom	16	2	18
Commonwealth	5	2	7
Other parts of Empire	1	1	2
Foreign countries	1	...	1
Total	23	5	28

Ratio of Admissions to Population.—Excluding the Native race (9 male and 4 female patients) and all transfers, the proportion of admissions (whether first or not) and first admissions to the estimated general population stands respectively at 7.15 and 5.76 per 10,000, or, in other words, every 1,398 persons in the general population contributed an admission and every 1,737 a first admission.

Hereunder are tabulated the returns since 1899:—

Year.	Ratio to 10,000 of Population of		Number of Persons in Population contributing	
	Admissions.	First Admissions.	One Admission.	One First Admission.
1899	5.93	4.71	1,685	2,119
1900	6.39	5.02	1,565	1,990
1901	6.83	5.61	1,464	1,774
1902	6.48	5.07	1,542	1,971
1903	6.78	5.60	1,473	1,783
Quinquennial average	6.50	5.22	1,540	1,915
1904	6.55	5.42	1,526	1,844
1905	6.76	5.59	1,478	1,786
1906	7.16	5.82	1,396	1,718
1907	6.39	5.04	1,567	1,982
1908	7.63	6.24	1,311	1,604
Quinquennial average	6.92	5.64	1,445	1,774
Decennial average ...	6.72	5.44	1,488	1,837
1909	7.15	5.76	1,398	1,737

One has merely to glance at the ratio for 1908 to notice the improved position this year, especially with regard to first admissions.