public and more carefully studied by physicians, much could be done to avert the disease. Failing this, there are but few cases in which early removal to a hospital does not hold out the best prospect of recovery. The bulk of the cases of insanity, whether melancholia or mania (the two most common types of mental disorder) are ultimately sent to an asylum, and were this done in the early stages of the disease, many of those doomed to end their days there would leave it to again assume their proper places in the world. In addition, much needless suffering would be saved the patient, much worry, discomfort and risk, the friends.

As usual, heredity was traceable in a large proportion of the admissions, nearly 40 per cent., and were it possible to make a careful study of the histories of all those received, I have no doubt there would be revealed the fact, that in the vast majority of them an inherited, unstable nervous-organization underlaid the assigned causes. In other words, they were brougnt into the world illy fitted to buffet with the waves of adverse fortune, and sank, while others, born under happier conditions, breasted its billows with impunity. And here I would remark, that to inherit this unstable, nervous-organization does not necessarily imply the presence of actual insanity in progenitors, kindred diseases, such as alcoholism, epilepsy and hysteria, are equally potent to produce it.

DISCHARGES.

The discharge rate on admissions was 56.94 per cent. as against 47.91 per cent. in 1894, but the percentage of recoveries was a trifle less, being 37.50 per cent. as against 40·97 per cent. The cause of this falling off is ascribable to the fact that, of the cases admitted, over 64 per cent. were suffering from chronic insanity, terminal dementia, general paresis, epilepsy or idiocy, and when received were manifestly incurable. Only 35 per cent. of the admissions could be looked upon as hopeful. Considering the poor quality of the material to work upon, the number of recoveries is a good average. Hospitals where precedence is given to acute cases can always show a much higher percentage of cures than such as ours where all classes are received indiscriminately.

The average length of residence of those discharged during the year was nearly $7\frac{1}{3}$ months.

DEATHS.

The death rate was higher than in 1894, being 8·35 per cent. on the number under treatment.

The percentage of deaths is always to a certain degree accidental, depending largely on the age of the patients received, the form of their mental disorder, the extent to which this has progressed on admission, and the presence of organic disease elsewhere than in the brain. The deaths at Verdun, during the past year, were mainly the