Analysing this table, it will be seen that Class A, numbering 140, must be made up chiefly of those patients belonging to Class C of the previous year who were in residence on the 1st January, 1910. They, as a matter of fact, numbered 105, whereas those left over from Class A numbered 18, making a total of 123, or 17 short of the estimate of patients with a 40-per-cent. chance of recovery. Doubtless, some of the 105, and almost certainly some of the 18, sunk into Class B; but it is clear when the time came for the condition of the patients to be reviewed the results of treatment were manifested by the promotion of some of the 129 left over of D, and possibly some of the 66 left over from B, to the more hopeful class. Subtracting the 140 estimated in 1910 as belonging to Class A from the general total of patients in the table remaining at the end of last year, one gets 178 persons who have to be accounted for. Some of these may have dropped out of the table, but the fact remains that the estimate for Class B, which is comprised of patients who on the 1st of January, 1910, were deemed to have a chance of recovery under 40 per cent., is 189, or 11 in excess of last year's residuum. Thus there has not only been a promotion from a lower to a higher class, but some of the seemingly incurable have so far responded to treatment that they have been promoted to the curable class. This table shows in a manner that ordinary returns do not show the skill and care which has been exercised in the study and treatment of the patients.

Turning to the admissions, one notes that about 44 per cent. are classed as curable, and about 26 per cent. only are placed in the more hopeful class. Here, then, is a measure of the quality of the admissions. In this table, also, is a measure, good enough for all practical purposes, of the proportion of patients in an average mental hospital who at any one time may be regarded as curable, and as such get special treatment. On the 1st January, 1909, the proportion under Classes A and B was 8·52 per cent. of the patients resident, and under Class A 4·42 per cent., the figures for the corresponding date of the year under review are 9·27 and 3·95 per cent. respectively.

Causes of Insanity.—For the purposes of treatment, the causes as given on the admission-papers have, for the most part, to be set aside. In about 10 per cent. of the admissions the cause is entered as unknown, or is so classed after admission because the ascribed causes are obviously incorrect or insufficient; and, doubtless, further investigation of causes which have been provisionally accepted would add to that proportion. There has been no opportunity, so far, to follow up a sufficient number of cases to set forth a table with cross references giving for each case all the factors contributing. Neither of the certificates accompanying a patient on admission is, as a rule, given by his ordinary medical attendant, with the result that, while fulfilling legal obligations, such certificates are of very little assistance to the medical staff. In the Bill there is a direction that one of the certifiers should be the usual medical attendant of the patient, and among other advantages one may expect to get thereby will be trustworthy information with respect to causation, and perhaps something more definite on the question of heredity. For practical purposes, one has to assume, first that there has been some tendency to mental disorder, and next that the unstable organism has been subjected to some toxic influence, either introduced or a fault in the chemical laboratory within the body, and thus arrive at indications for restoring the physical and thereby the mental well-being.

Hereunder Table XIII in the Appendix is summarized with the proportions per cent. under each heading. The transfers are excluded:—

	Males.	Females.	Total.
Heredity	8·65	12·42	10·15
Congenital mental defect	6·99	11·11	8·63
Previous attack	7·38	9·24	8·12
Critical periods	19·20	21·66	20·18
Alcohol	16·67	4·14	11·68
Other toxins	7·17	1·60	4·95
Mental stress	5·06	13·06	8·25
Disease of nervous system	4·85	5·42	5·08
Other bodily disorders	5·48	5·42	5·46
Child-bearing, &c.	...	7·97	3·17
Physiological defect or error	3·58	0·32	2·28
Traumatic	2·32	0·32	1·52
Unknown	12·65	7·32	10·53
	100·00	100·00	100·00

Under the heading of "Admissions" the question of heredity was introduced, and, lest it should be supposed that the pronouncement there was too strong in view of the proportion above given, it is well to state that 10 per cent. represents facts obtainable and not the actual incidence.

Popular talk in recent years on the subject of heredity, at a time when the phases of opinion held by scientists have been under discussion and less dogmatic views are expressed by publicists, has left the man in the street wondering if there is anything in it after all. There being so many men in the street, it is well that they should be told that the leaders of all the schools are agreed that commonly the important factor which makes the difference when one individual does and another does not become insane under a like stress is a tendency which may be and commonly is transmitted by heredity. In this connection it may not be out of place to express a hope that the community will take full advantage of the Eugenics Education Societies which have been founded. The mating of individuals, as matters are, is thought to be the outcome of free choice; but to the right and left are artificial barriers which few overleap—such as social position and religion—and eyes are not turned from the path which leads to limited selection. With the spread of knowledge and higher ideals, it is not too much to hope that in time there will arise the eugenic barrier which will as naturally exclude from selection the palpably unfit.