

**Further report of the Statistical Committee : to be presented to the adjourned annual meeting of the association, 19th July, 1905.**

**Contributors**

Medico-psychological Association of Great Britain and Ireland. Statistical Committee.

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MEDICO-PSYCHOLOGICAL ASSOCIATION OF  
GREAT BRITAIN AND IRELAND.

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FURTHER REPORT

OF THE

STATISTICAL COMMITTEE

(APPOINTED AT THE ANNUAL MEETING HELD AT  
LIVERPOOL IN 1902)

TO BE PRESENTED TO THE ADJOURNED ANNUAL  
MEETING OF THE ASSOCIATION, 19TH JULY, 1905.

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—  
1905.

REPORT OF THE

COMMISSIONERS OF THE

LAND OFFICE

STATE OF CALIFORNIA

FOR THE YEAR 1880

AND THE PROCEEDINGS OF THE



# CONTENTS.

	PAGE
List of DEFINITIONS of terms, etc., used in the Report and Tables . . . . .	4
FURTHER REPORT OF THE STATISTICAL COMMITTEE appointed at the Annual Meeting held at Liverpool in 1902 . . . . .	5
 <b>GENERAL TABLES.</b>	
TABLE A1.—Showing the movement of the Asylum Population during the year 19... . . . .	13
TABLE A2.—Showing the movement of the Asylum Population during each year since the year .....together with the Recovery and Death Rates (excluding Voluntary Boarders) . . . . .	14
TABLE A3. <i>Optional.</i> —Showing the Admissions and Recoveries of Persons from.....to 31st December of present year, 19... (.....years). (Voluntary Boarders excluded) . . . . .	15
 <b>ADMISSION-GROUP TABLES.</b>	
TABLE B1.—Analysis of the Admissions during the year 19... (excluding Voluntary Boarders) . . . . .	16
TABLE B2.—Showing the Duration of the present attack of Mental Disorder on Admission in the Admissions during the year 19..., distinguishing between the Direct and the Transfers, and stating (in those not congenital) whether First Attack or not. (Voluntary Boarders excluded) . . . . .	17
TABLE B3.—Showing the Ages and Civil State on Admission, in the Admissions, <i>Direct and Transfers</i> grouped together, and in the Congenital Cases of the Direct Admissions (Voluntary Boarders excluded) . . . . .	18
TABLE B4.—Showing in the <i>Direct Admissions</i> during the year 19..., excluding the Congenital Cases and the cases "Unknown-whether-First-Attack-or-not"—(a) The age at commencement of the Present Attack of Mental Disorder in both the First-Attack and Not-First-Attack cases, respectively arranged according to their civil state; (b) The age on First-Attack in the Not-First-Attack cases; and (c) A statement of the number of Previous Attacks in the Not-First-Attacks, known to have been treated to recovery in an institution or elsewhere. (Voluntary Boarders excluded) . . . . .	18
TABLE B5.—Showing the Form of Mental Disorder on admission in the Direct Admissions and Transfers during the year 19... (Voluntary Boarders excluded) . . . . .	19
TABLE B6.—Showing the Occupations of the Direct Admissions, excluding the Congenital Cases, during the year 19..., distinguishing between First-Attack cases, Not-First-Attack cases, and cases Unknown-whether-First-Attack-or-not; and, in respect of the First-Attack cases, arranged according to the age at Commencement of the Mental Disorder. (Voluntary Boarders excluded) . . . . .	20
TABLE B7.— <b>ÆTIOLOGICAL.</b> —Showing the Ætiological Factors assigned in the Direct Admissions during the year 19..., distinguishing between cases—Congenital, First-Attack, Not-First-Attack," and Unknown-whether-First-Attack-or-not. (Voluntary Boarders excluded) . . . . .	21



CONTENTS (*continued*).

	PAGE
TABLE B8.—ÆTIOLOGICAL.—Showing, in respect of the First-Attack Cases of the Direct Admissions during the year 19..., the full correlation existing between the various Ætiological Factors assigned. (Voluntary Boarders excluded)	22
TABLE B9.—Showing the GENERAL PARALYTICS, in the Direct Admissions during the year 19..., arranged according to their ages at Commencement of the Attack and to their Civil State, and also the number of instances in which the attack was ascertained to have been preceded by Syphilis, together with the age at which the latter was contracted	23
TABLE B10. <i>Optional</i> , HEREDITY TABLE.—Showing the number of Cases in which Hereditary Defect was ascertained, and distinguishing the Instances in which such was confined either to the Paternal or Maternal sides, the instances in which it was present on both sides, and the instances in which there was Fraternal Defect without other Evidence on either Paternal or Maternal side	24
TABLE B11. <i>Optional</i> .—Showing the number of instances in which an Insane Heredity was ascertained in the Parents and Grandparents of the set of cases investigated, distinguishing the instances in which information, positive or negative, was certain and complete, from those in which such information was lacking	25
DISCHARGE- AND TRANSFER-GROUP TABLES.	
TABLE C1.—An analysis of the Discharges and Transfers during the year 19... (Voluntary Boarders excluded)	26
TABLE C2.—Showing in the Total Cases Discharged Recovered during the year 19... the ages in Quinquennial Periods—(a) On Recovery, and (b) at the Commencement of the Recent Attack of Mental Disorder, arranged according to the Total Length of such Attack. (Voluntary Boarders excluded)	27
TABLE C3.—Showing the Form of Mental Disorder, on admission, in those Discharged Recovered during the year 19... (Voluntary Boarders excluded)	28
TABLE C4.—Showing the Ætiological Factors ascertained in the Recoveries during the year 19..., distinguishing between cases—First-Attack, Not-First-Attack, and Unknown-whether-First-Attack-or-not. (Voluntary Boarders excluded)	29
TABLE C5. <i>Optional</i> .—Showing, in respect of the First-Attack Cases in the Recoveries during the year 19..., the full correlation between the various Ætiological Factors ascertained. (Voluntary Boarders excluded)	30
TABLE C6. <i>Optional</i> .—Showing in the RECOVERIES during the year 19... the Duration of the present attack previous to admission, either direct to this Institution or to any other Institution under the existing Reception Order, and also the Duration of Residence (including absence "on leave") in this and any other Institution from which the patient may have been transferred, arranged according to whether the attack is the First, "Not-First," or "Unknown-whether-First-or-not." (Voluntary Boarders excluded)	31



CONTENTS (*continued*).

PAGE

DEATH-GROUP TABLES.

TABLE D1.—Showing all the Causes of Death that entered into the deaths during the year 19..., arranged as PRINCIPAL, CONTRIBUTORY, and the Totals of these; also the number of times each Cause (whether Principal or Contributory) was associated with certain Selected Causes; and the number of occasions each principal Cause of Death was verified by <i>Post-mortem</i> Examination. (Voluntary Boarders excluded) . . . . .	32
TABLE D2.—Showing the Principal cause of death in each death during the year 19..., together with the ages at death in quinquennial periods. (Voluntary Boarders excluded) . . . . .	33
TABLE D3.—Showing the Total Duration of the Present Attack of Mental Disorder in the Deaths during the year 19..., arranged according to the Form of Mental Disorder on admission. (Voluntary Boarders excluded) . . . . .	34

RESIDUE-GROUP TABLES.

TABLE E1.—Showing the ages (in quinquennial periods) of those on the Registers on the 31st December, 19..., arranged according to the Total Duration of present Attack of Mental Disorder. (Voluntary Boarders excluded) . . . . .	35
TABLE E2.—Showing the Form of Mental Disorder on 31st December, 19..., of those on the Registers at that date. (Voluntary Boarders excluded) . . . . .	36

THE REGISTERS.

CIVIL REGISTER . . . . .	37
MEDICAL REGISTER—DIRECT ADMISSIONS . . . . .	38
REGISTER OF DISCHARGES AND TRANSFERS . . . . .	39
REGISTER OF DEATHS . . . . .	40

# EXPLANATORY PREFACE.

## DEFINITIONS OF TERMS USED IN THE REPORT AND STATISTICAL TABLES.

### ADMISSIONS.

**DIRECT ADMISSIONS**—are persons received into an asylum on new certificates and a new order.

**INDIRECT ADMISSIONS**—include

A. Transfers, within the same country :

- (i) From Asylums.
- (ii) „ Registered Hospitals.
- (iii) „ Licensed Houses.
- (iv) „ Single-care (England).

B. Statutory Readmissions :

- (i) After Lapsed Orders.
- (ii) „ irregularities in Order or Certificate.

### DISCHARGES AND TRANSFERS.

**DISCHARGE**—means a patient being absolutely freed from the control of the existing Order.

**TRANSFER**—means a change of habitat, the existing Order remaining in force.

### RECOVERED, RELIEVED, NOT IMPROVED.

The Committee have carefully considered these terms and are unable to suggest any definitions which will be universally acceptable. They feel that they must be left to individual interpretation.

### CONGENITAL OR INFANTILE.

Signifies that the patient has never at any time in his life shown the possession of normal mental faculties ; but does not include those cases of minor mental defect which are not certifiable.

### ATTACK.

**FIRST ATTACK**—is the earliest recognition in the life of a patient by his friends or others of the fact that a patient is becoming insane, whether the progress of the symptoms may or may not lead to control or certification.

**SECOND ATTACK**—is not merely an exacerbation of a continuous mental disorder but implies recovery from a prior attack.

**PREVIOUS ATTACK**—includes defined manifestations of mental disease though such may not have led to control or detention.

### DURATION OF ATTACK, PRIOR TO ADMISSION.

Is the length of time elapsing between admission and the earliest recognition by his friends or others that a person is becoming insane, in the course of the present attack.



## MEDICO-PSYCHOLOGICAL ASSOCIATION.

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FURTHER REPORT OF THE STATISTICAL COMMITTEE TO THE  
ADJOURNED ANNUAL MEETING.

TO BE PRESENTED ON JULY 19TH, 1905.

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SINCE the Adjourned Annual Meeting, held on November 17th, 1904, a report of which will be found in the *Journal of Mental Science* for January, 1905, p. 190, the Committee has met for five whole days in London, York, and Leeds. In addition much correspondence has taken place between it and other bodies and individuals. Further, several personal interviews by the Chairman and the Secretary, on the part of the Committee, have been held with various authorities and persons. The work has been very arduous and of great volume, but the Committee has the satisfaction of feeling that the utmost has been done by it towards endeavouring to adjust differences in those views and wishes that have been pressed on it. The Committee does not pretend to think that it has been entirely successful in satisfying every member on all points, in fact the full adoption of amendments suggested to it would have produced chaos. But it does feel that the Tables and Registers now presented are reasonably full and sufficient for their purpose, which is to bring out and record the main facts relating to the occurrence of insanity without undue labour and prolixity.

The Committee begs to offer the following remarks on the individual Tables and Registers:

It will be remembered that at the last meeting it was provisionally agreed that, while the Tables should retain their group arrangement as proposed in the previous report, they should be numbered consecutively. But on further study of this proposal



it was found to be likely to prove extremely inconvenient, as difficulty and confusion would probably arise in introducing any new Tables that the Association might, from time to time, think fit to institute. The Committee has reverted therefore to the original idea of having groups, and numbering the Tables inside the groups. Thus, at any time, a further Table can be added to a group without trouble or dislocation of settled numbers. But it is proposed, in order to facilitate reference, to substitute letters for the names of groups. Thus the General Tables will be docketed "A," the Admission Tables "B," Discharge and Transfer Tables "C," Death Tables "D," and Residue Tables "E."

#### GENERAL TABLES.

*Tables A 1 and A 2* differ in only slight degree from the form in which they have already been submitted. In the latter, three columns have been provided to express the recovery-rate calculated according to three methods:—The first corresponds with the percentage which appears in the Scottish and Irish Annual Reports of the Lunacy Commissioners; the second with that in the Commissioners' Report for England and Wales, where Transfers and Statutory Readmissions are excluded from the admissions; and the third aims at greater *local* accuracy for a particular set of cases, by not only making this exclusion from the admissions, but by also excluding any recoveries which may have taken place in cases admitted as Transfers.

*Table A 3* is old Table IIA retained as an optional one.

#### ADMISSION-GROUP TABLES.

Certain of these Tables, notably B1, B2, and B5, now detail the same information for the Transfers as for the Direct Admissions. This involves to some extent an increase in labour, but it is in compliance with the strong desire felt by some to attain a local completeness of portraiture. The Committee has, however, throughout this group adhered to the principle they laid down in its report of last year, in which it was postulated that, for purposes of collective investigation, and the attainment of results of imperial value, accuracy of induction and the elimination of statistical fallacy



could not be essayed except means are steadily maintained of preventing an admixture of other classes of admissions with the important class signified by the term Direct. As the Committee previously pointed out, proper inquiries into the antecedents of the Transfers are generally impossible, and the relative number of this class seems to be increasing; moreover, the medical facts-on-admission will have already been once recorded and tabulated by both the central authority and locally by the asylum into which the case was originally admitted, and the repetition of these facts involves a gravely false statistic.

In revising certain other Tables, the Committee has taken advantage of the ready acceptance of the next step in classification whereby the cases are subdivided into Congenital, First-Attack, and Not-First-Attack, with a fourth class to take in those cases in which the information to distinguish between the last two classes is lacking, to somewhat extend this principle. It will be observed that it has done so in Tables B<sub>3</sub>, B<sub>4</sub>, B<sub>6</sub>, B<sub>7</sub>, and B<sub>8</sub>, as also in the first Table of the next group. It is a method of treating the cases to which it attaches no small importance, and, if the Association will acquiesce in restricting its request for information upon certain points to the First-Attack cases, a very considerable saving in labour to the compilers will ensue.

*Tables B<sub>3</sub> and B<sub>4</sub>.*—In reviewing the Tables dealing with *Age* the Committee has felt that a statement of the age at commencement of the attack of mental disorder is a fact of greater intrinsic medical importance than the age on admission; both, it is true, will often be practically identical, but not always so, because the latter is not infrequently fortuitous.

*Table B<sub>6</sub>.*—In submitting the very simple form of Table in the Report presented last year, the Committee felt that the labour necessary to tabulate all the individual occupations which may be found in the admissions would, as a matter of fact, be time entirely wasted, except it was done in such a manner as to permit of an accurate comparison between the cases so tabulated and the published returns of the Registrar General. This necessitates the strict and full adoption of his classification of occupations and the arrangement of the cases in precisely similar age-periods, and involves a greater expendi-



ture of labour than the Committee felt prepared to seek until it had received some further mandate from the Association. That it gladly welcomed. It can now report that the English Commissioners in Lunacy have signified their willingness to co-operate and to issue a new schedule of occupations; in this, instead of numerals, as at present, composite symbols will be used. This will not only much facilitate reference but will permit of the necessary revision of the schedule at each census.

*Tables B 7 and B 8.*—The re-drafting of the Ætiological Table, which has been incorporated in the form of these two, has, in attempting to either harmonise or effect a compromise between the various conflicting views, been a serious task. The list of factors has been revised and amended. Their order now fulfils the undertaking given to the Association. The Committee, after very careful consideration, has come to the conclusion that both accuracy and simplicity will be promoted by studying the ætiology of the cases in the same four groups already alluded to. Table B 7 details the ætiology in respect to each of these groups, with a summary, in much the same fashion as is adopted in No. X of the Association's Tables at present in use, except that the terms Principal and Contributory replace Predisposing and Exciting, and that in the column "Principal" only one factor may be assigned for each case. To be content, however, with such a bald tabulation of the incidence of the various factors would, the Committee feel, be the presentment of a very partial truth, giving rise at every turn to questions which could only be answered by a statement of the correlation which existed between the several factors. To furnish the latter is the intention of Table B 8. The Committee is aware that there is more than one method of correlation which might be tabulated, and that, for instance, it might have asked for an expression of the factors (with the number of instances) associated in a contributory relationship with the number of instances any given factor appeared as the Principal: in other words and expressed concretely, if alcohol were returned as the principal factor in thirteen instances, what, if any, were the contributory factors and in how many instances were they present. This, at first sight, is an attractive method to adopt and moreover in the construction of the Table, it involves a considerably less number of entries. It would, in



truth, suffice were it a fact that not more than two factors were ever found in association in the same case. But, there being frequently three, and not uncommonly more, it follows that by this method the association between any two factors, when both happen to be contributory to a third, is entirely lost. The Committee is therefore persuaded that its proper course is to adopt the fuller method, feeling that the labour bestowed upon any less comprehensive method will be largely waste of time, that if accuracy can be attained the *Ætiology Table* may claim a position of first importance in the set, and that no one will grudge the extra labour necessary to compile it in the manner recommended. It will be observed that Table B 8 has reference only to First-Attack cases, and by that limitation a considerable saving of labour will be obtained. It will, of course, be open to any one to repeat the Table either for Congenital or Not-first-attack cases. In abolishing the side columns headed co-existing conditions, the importance of elucidating all that is possible in regard to the *ætiology* of General Paralysis has been recognised by retaining a column for this purpose.

*Tables B 10 and B 11.*—The Committee has prepared these Tables for recording inquiries concerning **Heredity of Insanity**. It proposes that these Tables should be entirely optional, since it recognises that a really reliable inquiry can only be made by those who may be more or less enthusiastic in working out intricate histories. A few such inquiries recorded with solicitous accuracy would be of far more value than a larger bulk of loose data.

The Committee believes that it is following the best advice in suggesting that such enthusiasts should not only furnish the optional Tables in form now submitted, but should also publish in their reports a copy of entries in a special register designed for the purpose of gathering up from time to time the particulars of cases in which inquiry has been successful and accurate, and which the Committee will submit if the principle of these Tables is adopted. The chief value of this procedure will be that the data would be preserved for ever, and therefore any person who was making a special study of the question could, at any future time, take the entries and use them for his own work.

The question of **Alcohol** could, in the Committee's opinion,



be elaborated on similar lines by those who take a special interest in the study. But the Committee, having no instructions, has not gone to the length of preparing any forms. If, however, the Association approves the idea it would undertake the preparation of them for approval hereafter.

#### DISCHARGE- AND TRANSFER-GROUP.

*Table C 1* is an amplification of the corresponding Table submitted last year.

*Table C 2.*—By correlating the age-at-commencement of the attack, instead of that on recovery, with the duration, a means is afforded of comparing the recoveries with the admissions at similar age-periods. A still greater degree of accuracy of comparison would be attained if the cases, previous to correlation, were divided according to the attack into First, Not-first, and Unknown-whether-first-attack-or-not.

*Table C 4 and Table C 5 Optional.*—It has been pressed upon the Committee that it should recommend the Ætiological statistics being worked out, not only in the admissions, but in the successes and failures, including in the latter both deaths and residue. To do that obviously involves a very great expenditure of labour, especially in respect to the failures, much more indeed than it feels justified in asking the Association to sanction. It is, however, of opinion that there is much to be said in favour of adopting this course in respect to the recoveries, and it accordingly recommends the adoption of *Table C 4* on similar lines to *Table B 7*, omitting, of course, the column for Congenital cases, and the adoption of *Table C 5* as optional.

*Table C 6.*—The suggestion of Dr. Chapman has now been incorporated in this Table, but the Committee recognises that the compilation of this Table as a whole will be very laborious. Its main, indeed almost only, deduction will be the pressing home the fact that the earlier a case comes under treatment the sooner will recovery occur, and the better will be the chance for the latter. Is that not now a practically universally accepted doctrine among those to whom such figures have any meaning? Believing that to be the case, the Committee, while recognising the importance of the facts in the Table, recommends that it be regarded as optional.



## DEATH- AND RESIDUE-GROUPS.

The minor alterations that have been made in these probably explain themselves. As promised, the Committee has carefully considered to what extent they might be modified in order to assist in the investigation of the "expectation of life" in the case of the Insane for Assurance purposes. It has, however, been forced to the conclusion that for this purpose a special set of Tables would be necessary. These it is prepared to frame and submit if desired, but it is not of opinion that they can legitimately form part of a series of Tables, the compilation of which the Association advises each asylum to annually undertake.

Certain forms have been prepared for the purpose of facilitating the expedition and accurate expiscation of the Registers in such shape as to render tabulation, a merely mechanical operation. A specimen of one such form will be submitted. The cost of these "compilation forms" is likely to be quite light.

The Committee have come to the conclusion that it would be useful if each year a copy (*a*) of the Tables; (*b*) of the Explanatory Preface; and (*c*) of the compilation forms were sent at the expense of the Association to the Medical Superintendent of each Asylum, Hospital, and Licensed House (of sufficient size) as a matter of course, and also to the authorities of any kindred institution, or to any other authorised persons who may ask for them. If the idea is approved by the Association close estimates would be obtained for submission to either the Association or the Council.

The Committee recommends that it be continued in its work for another year in order to facilitate the initiation of the Scheme as finally approved. Further there will still be some arrangements and negotiations to be carried through, and this can best be done by those who have undertaken them so far.

Signed,

D. YELLOWLEES,  
*Chairman.*

C. HUBERT BOND,  
*Secretary.*



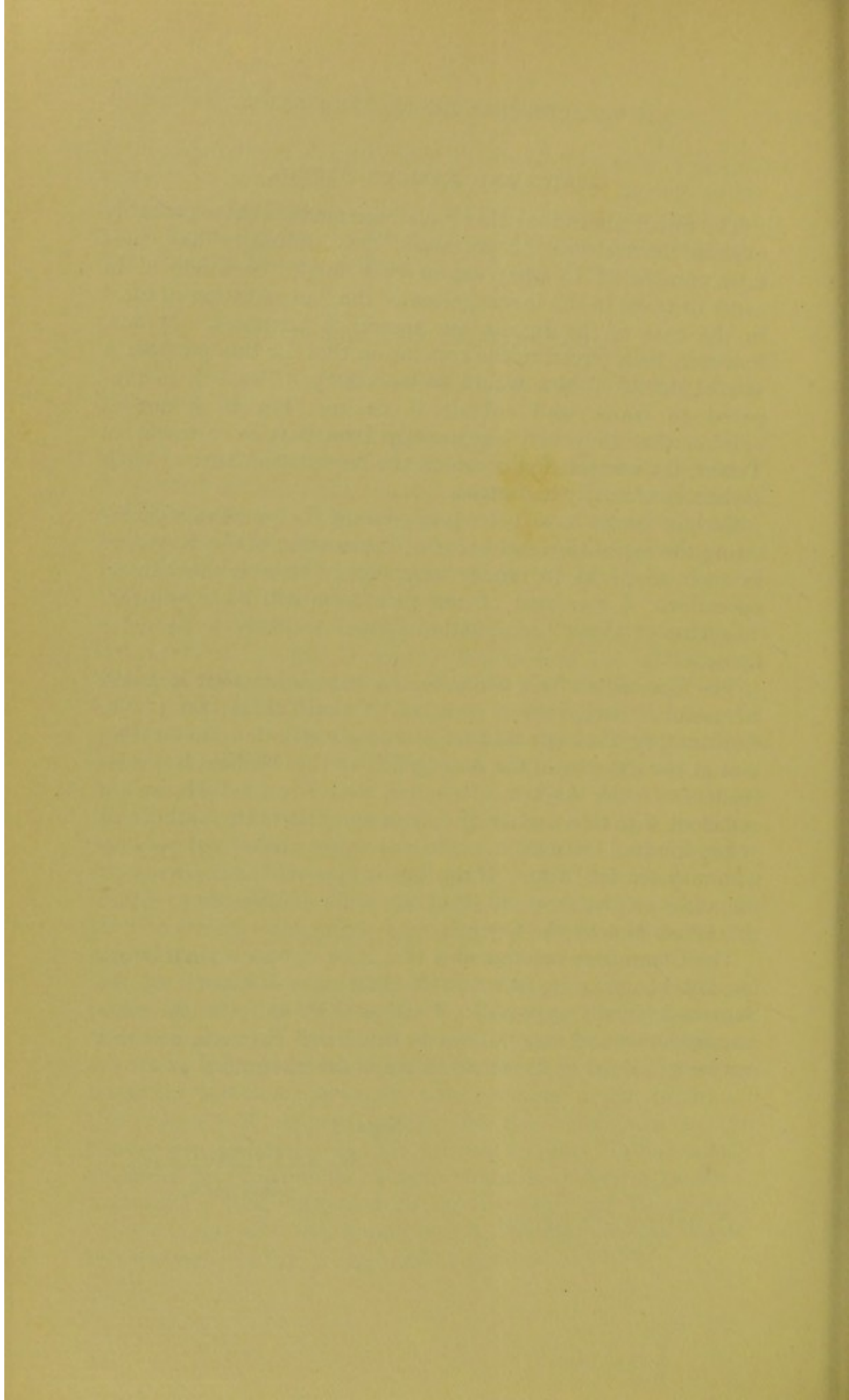


TABLE AI.—GENERAL TABLE, showing the movement of the Asylum Population during the year 19...

	Certified Patients.		Voluntary Boarders.	
	M. F. T.	M. F. T.	M. F. T.	M. F. T.
On the Asylum Registers, Jan. 1st, 19 . . . . .	...	...	...	...
Total cases admitted during the year . . . . .	...	...	...	...
Total cases under treatment during the year . . . . .		...		...
Cases discharged or transferred, during the year, as—				
Recovered . . . . .	...		...	
Relieved . . . . .	...		...	
Not improved . . . . .	...		...	
Died during the year . . . . .	...		...	
Total cases discharged, transferred, and died during the year . . . . .		...		...
On the Asylum Registers, Dec. 31st, 19 . . . . .	...	...	...	...
Average daily number on the Registers during the year . . . . .		...		...

CERTIFIED PERSONS (i.e. separate persons in contradistinction to "cases," which may include the same individual more than once).

„ under care during the year . . . . .	M.	;	F.	;	T.	.
„ admitted . . . . .	„	;	„	;	„	.
„ recovered . . . . .	„	;	„	;	„	.



TABLE A2.—GENERAL TABLE, showing the movement of the Asylum Population during each year since the year ....., together with the Recovery and Death Rates (excluding Voluntary Boarders).

Year.	Admissions.		Total No. under treatment.	Discharged or Transferred.			Died.	Remaining on Registers 31st Decem-ber.	Aver- age Daily Num- ber on Regis- ters.	Per- centage of Total Recov- eries on the Total Number of Admis- sions.	Per- centage of Total Recov- eries on the Direct Admis- sions.	Per- centage of Recov- eries yielded by Direct Admis- sions on the Direct Admis- sions.	Per- centage of Deaths on Aver- age Daily Num- ber on Regis- ters.
	Direct.	In- direct.		Total.	Reco- vered.	Re- lieved.							
	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.
*													
Total													

\* The date and figures in respect of the year under report to be printed in bold type.

TABLE A3.—OPTIONAL.

*Showing the Admissions and Recoveries of Persons\* from.....  
to 31st December of present year, 19... (.....years).  
(Voluntary Boarders excluded.)*

	M.	F.	T.
<i>Persons</i> admitted during the      years ...			
<i>Persons</i> discharged recovered during the } same period, being      per cent. of <i>persons</i> } admitted    ...      ...      ...      ...      ... }			
Of whom were readmitted relapsed      ...			
Recovered <i>persons</i> who have not relapsed ...			
Relapsed <i>persons</i> discharged recovered      ...			
Net† recovered <i>persons</i> , being      per cent. } of <i>persons</i> admitted      ...      ...      ... }			

N.B.—If not practicable to obtain these figures from the opening of the Asylum, it is suggested that the information will be carried back as far as possible. In any case the same period must be covered by admitted and recovered persons.

\* *Persons*, that is separate persons in contradistinction to *cases*, which may include the same individual more than once. *Readmission* applies only to readmission into this Asylum.

† *i. e.* recovered persons sane at the present time so far as this Asylum statistics show.



TABLE B1.—*Analysis of the Admissions during the year 19...*  
*(excluding Voluntary Boarders).*

CLASSES OF ADMISSIONS.	CONGENITAL.	ACQUIRED.			TOTAL.
		First attack.	Not first attack.	Unknown whether first attack or not.	
		M. F. T.	M. F. T.	M. F. T.	
DIRECT .....					
INDIRECT { Transfers..... Statutory readmissions					
TOTAL ADMISSIONS.					

TABLE B2.—Showing the Duration of the present attack of Mental Disorder on Admission in the Admissions during the year 19..., distinguishing between the Direct and the Transfers, and stating (in those not congenital) whether First Attack or not (Voluntary Boarders excluded).

Duration of mental disorder prior to admission.	DIRECT ADMISSIONS.				TRANSFERS.				TOTALS OF DIRECT ADMISSIONS AND TRANSFERS.	
	First attack.	Not first attack.	Unknown whether first attack or not.	Total.	First attack.	Not first attack.	Unknown whether first attack or not.	Total.		
										M. F. T.
Less than 2 weeks . . . . .										
2 weeks and less than 1 month . . . . .										
1 month . . . . .										
3 months . . . . .										
6 " . . . . .										
9 " . . . . .										
12 " . . . . .										
18 " . . . . .										
2 years . . . . .										
3 " . . . . .										
5 " . . . . .										
Longer known periods to be specified.										
Duration unknown . . . . .										
Congenital cases . . . . .										
Totals . . . . .										



TABLES B<sub>3</sub> AND B<sub>4</sub>.

TABLE B3.—Showing the Ages and Civil State on Admission, in the Admissions, Direct and Transfers grouped together, and in the Congenital Cases of the Direct Admissions. (Voluntary Boarders excluded.)

CLASSES OF ADMISSIONS.	AGES ON ADMISSION.															TOTAL.	CIVIL STATE.				
	Average ages.	Less than 10 years of age.	10—14.	15—19.	20—24.	25—29.	30—34.	35—39.	40—44.	45—49.	50—54.	55—59.	60—64.	65—69.	70—74.		Greater ages specified in quinquennia.	Single.	Married.	Widowed.	Unknown.
	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.		M. F. T.	M. F. T.	M. F. T.	M. F. T.	
ADMISSIONS—DIRECT AND TRANSFERS, GROUPED TOGETHER . . . . .																					
CONGENITAL CASES OF THE DIRECT ADMISSIONS . . . . .																					

TABLE B4.—Showing in the Direct Admissions during the year 19... , excluding the Congenital Cases and the cases "Unknown whether First Attack or not"—(a) The age at commencement of the Present Attack of mental disorder in both the First-Attack and Not-First-Attack cases, respectively arranged according to their civil state ; (b) The age on First-Attack in the Not-First-Attack cases ; and (c) A statement of the number of Previous Attacks in the Not-First-Attacks, known to have been treated to recovery in an institution or elsewhere. (Voluntary Boarders excluded.)

CIVIL STATE.	AGES IN QUINQUENNIAL PERIODS.															Age unknown.	TOTALS.																																																																																							
	Less than 10 years of age.	10—14.	15—19.	20—24.	25—29.	30—34.	35—39.	40—44.	45—49.	50—54.	55—59.	60—64.	65—69.	70—74.	Greater ages specified in quinquennia.																																																																																									
	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.																																																																																									
FIRST-ATTACK CASES. THE AGES AT COMMENCEMENT OF THE PRESENT ATTACK.	Single . . . . .																																																																																																							
	Married . . . . .																																																																																																							
	Widowed . . . . .																																																																																																							
	Unknown . . . . .																																																																																																							
	Totals . . . . .																																																																																																							
NOT-FIRST-ATTACK CASES. THE AGES ON FIRST-ATTACK IN THE NOT-FIRST-ATTACK CASES .	Single . . . . .																																																																																																							
	Married . . . . .																																																																																																							
	Widowed . . . . .																																																																																																							
	Unknown . . . . .																																																																																																							
	Totals . . . . .																																																																																																							
Totals of First-Attack and Not-First-Attack cases . . . . .																																																																																																								
<p>Number of Previous Attacks, in the Not-First-Attack Direct Admissions, known to have been treated to recovery in an Institution or elsewhere.</p> <table border="0"> <tr> <td>Have had 1 previous attack . . . . .</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>M.</td><td>F.</td><td>T.</td> </tr> <tr> <td>Have had 2 previous attacks . . . . .</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>M.</td><td>F.</td><td>T.</td> </tr> <tr> <td>Have had 3 or more previous attacks . . . . .</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>M.</td><td>F.</td><td>T.</td> </tr> <tr> <td>Not the first attack, but number of previous attacks unknown . . . . .</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>M.</td><td>F.</td><td>T.</td> </tr> </table>																					Have had 1 previous attack . . . . .																		M.	F.	T.	Have had 2 previous attacks . . . . .																		M.	F.	T.	Have had 3 or more previous attacks . . . . .																		M.	F.	T.	Not the first attack, but number of previous attacks unknown . . . . .																		M.	F.	T.
Have had 1 previous attack . . . . .																		M.	F.	T.																																																																																				
Have had 2 previous attacks . . . . .																		M.	F.	T.																																																																																				
Have had 3 or more previous attacks . . . . .																		M.	F.	T.																																																																																				
Not the first attack, but number of previous attacks unknown . . . . .																		M.	F.	T.																																																																																				



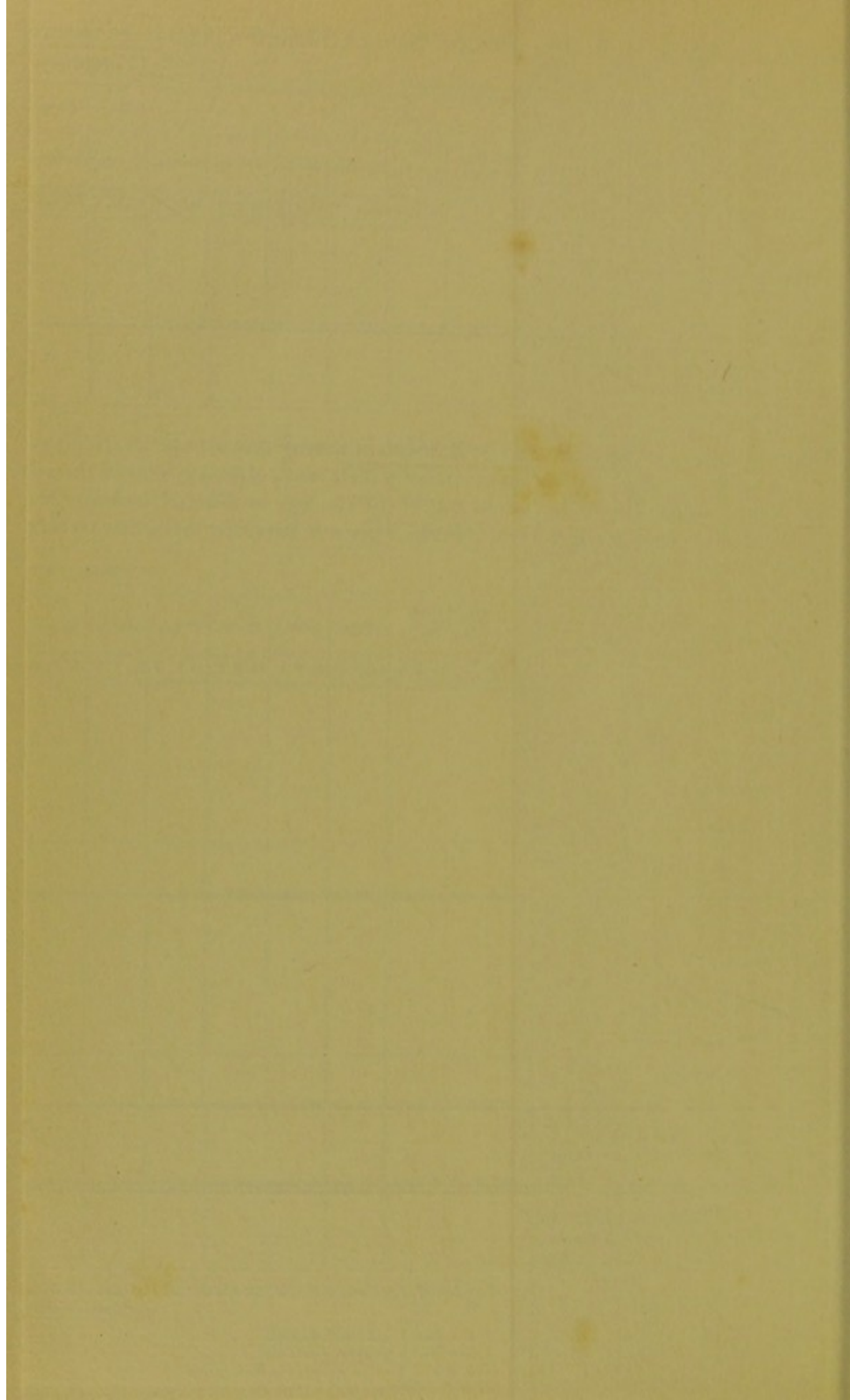


TABLE B 5.—*Showing the Form of Mental Disorder on admission in the Direct Admissions and Transfers during the year 19... (Voluntary Boarders excluded).*

Forms of mental disorder.	Direct admissions.			Transfers.			Total.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Congenital or infantile mental deficiency:									
(a) Without epilepsy . . . . .									
(b) With epilepsy . . . . .									
Epileptic insanity . . . . .									
General paralysis of the insane . . . . .									
Dementia from tumours, coarse brain lesions, etc. . . . .									
Mania { Recent* . . . . .									
{ Chronic . . . . .									
Melancholia { Recent* . . . . .									
{ Chronic . . . . .									
Alternating insanity . . . . .									
Volitional and moral insanities . . . . .									
Delusional insanity . . . . .									
Stupor and states of confusion . . . . .									
Dementia { Primary . . . . .									
{ Senile . . . . .									
{ Secondary . . . . .									
Total . . . . .									

\* The period of one year is taken as the limit of the term "recent."



TABLE B 6  
TABLES B 7 AND B 8.—ÆTIOLOGICAL.

TABLE B-6.—Showing the Occupations of the Direct Admissions, including the Occupational Cases, during the year 1910, as distinguished between First-Attack Cases, and Non-First-Attack Cases, and as to whether they are Voluntary Boarders or not; and, in respect of the First-Attack Cases, arranged according to the age at Commencement of the Mental Disorder. (Voluntary Boarders excluded.)

Occupations	First Attack Cases												Non-First-Attack Cases	Total	Voluntary Boarders	Non-Voluntary Boarders	Total	
	Age at commencement of the Mental Disorder																	
	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69						70 and over
H	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
<b>A. Clerical or Legal Secretaries of the Country.</b>																		
a. National Government																		
b. Local Government																		
<b>B. Sales and the Clergy.</b>																		
a. Sales																		
b. Story and Mission (Alone and in Part)																		
<b>C. Professions, Occupations and their Subclasses.</b>																		
a. Clerical																		
b. Laying																		
c. Medical																		
d. Teaching																		
e. Engineering and Drafting																		
f. Printing and Bookbinding																		
g. Farming, Gardening, and Stockraising																		
h. Miscellaneous, Clerical, etc.																		
<b>D. Domestic Offices of the Home.</b>																		
a. Domestic Labor Service																		
b. Domestic Outside Service																		
<b>E. General Occupations.</b>																		
a. General Services, Administration																		
b. Commercial or Business Clerks																		
c. Dealers in Realty																		
d. Insurance																		
e. Miscellaneous																		
<b>F. Commercial and Retail Goods and Merchandise.</b>																		
a. Dry Goods																		
b. Oil, Paper, Books and Stationery																		
c. Druggists, Perfumery and Toilet Goods																		
d. Groceries, Provisions and Leguminous																		
e. Hardware, Paints and Varnishes																		
f. Miscellaneous																		
<b>G. Agriculture.</b>																		
a. Dry Farming, Trucking and Horticulture																		
b. Stock Raising, Poultry and Swine																		
<b>H. Fishing, Logging, and other Occupations.</b>																		
a. Fishing, Logging																		
<b>I. In and About and Working with the Products of the Mine and Quarry.</b>																		
a. Quarrying																		
b. Mining																		
c. Metallurgy, Refining and Smelting																		
d. Transportation and Station Working																		
e. Trenching, Drilling, etc.																		
f. Typing																		
g. Miscellaneous																		
<b>J. Printing, Publishing, and the Book Trade.</b>																		
a. Printing and Bookbinding																		
b. Stationery																		
c. Miscellaneous																		
<b>K. Printing, Publishing, and the Book Trade.</b>																		
a. Printing and Bookbinding																		
b. Stationery																		
c. Miscellaneous																		
<b>L. Retail and Wholesale Trade.</b>																		
a. Retail																		
b. Wholesale																		
<b>M. Wholesale and Retail Trade.</b>																		
a. Wholesale																		
b. Retail																		
<b>N. Other.</b>																		
a. Miscellaneous																		
<b>O. Chemicals, Oil, Gas, Soap, Kiosk, etc.</b>																		
a. Chemicals																		
b. Oil																		
c. Soap																		
d. Kiosk																		
<b>P. Miscellaneous.</b>																		
a. Miscellaneous																		
<b>Q. Printing, Publishing, and the Book Trade.</b>																		
a. Printing and Bookbinding																		
b. Stationery																		
c. Miscellaneous																		
<b>R. Textile, Paper, and Leather.</b>																		
a. Textile																		
b. Paper																		
c. Leather																		
<b>S. Food, Drink, and Lodging.</b>																		
a. Food																		
b. Drink																		
c. Lodging																		
<b>T. Miscellaneous.</b>																		
a. Miscellaneous																		
<b>U. Miscellaneous.</b>																		
a. Miscellaneous																		
<b>V. Other General and Unclassified Workers and Occupations.</b>																		
a. General																		
b. Unemployed																		
c. Miscellaneous																		
<b>W. Without Special Classification.</b>																		
a. Without Special Classification																		

N.B.—It is not intended that all the figures and sub-figures should be taken literally, but only such as are so intended.



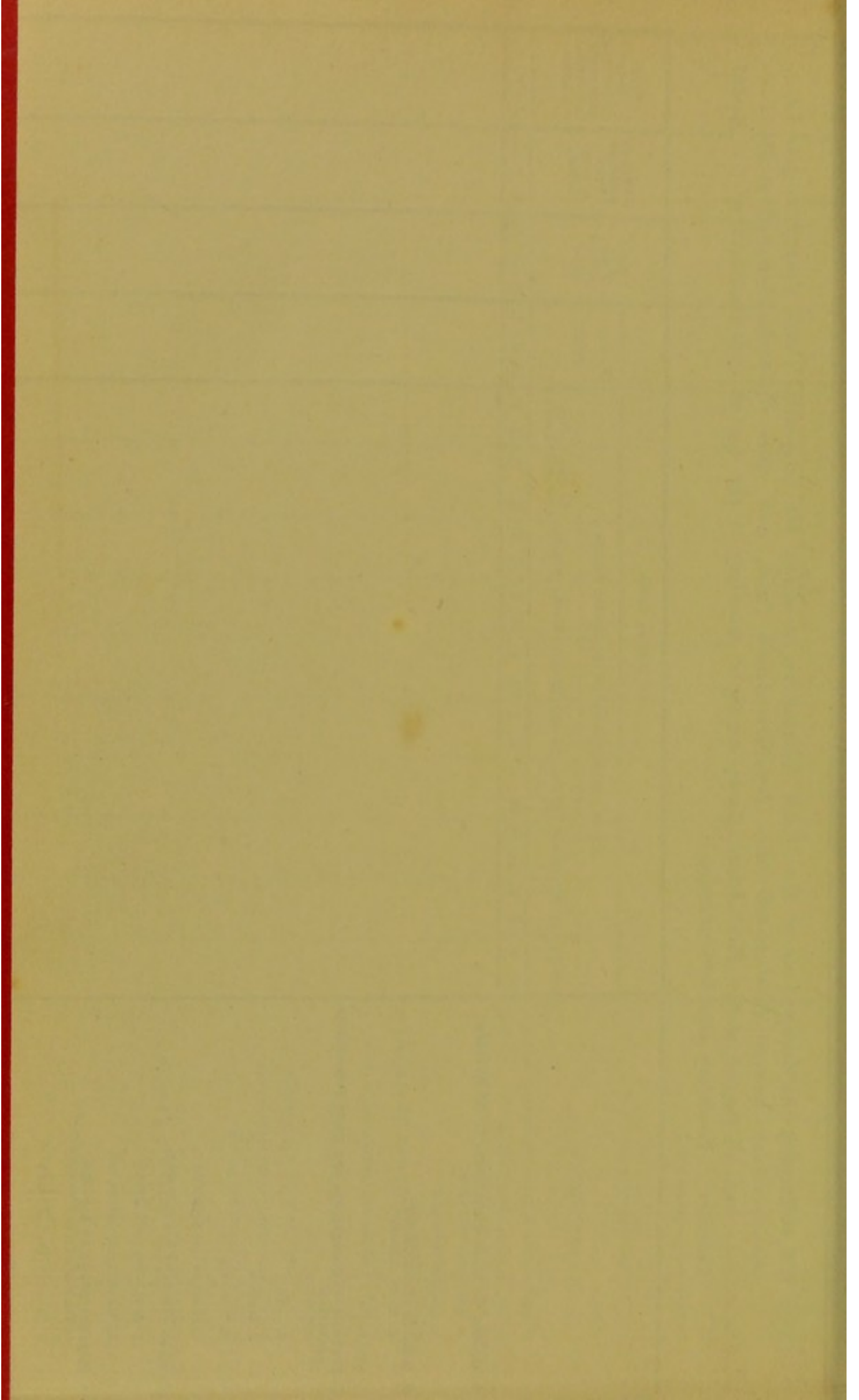
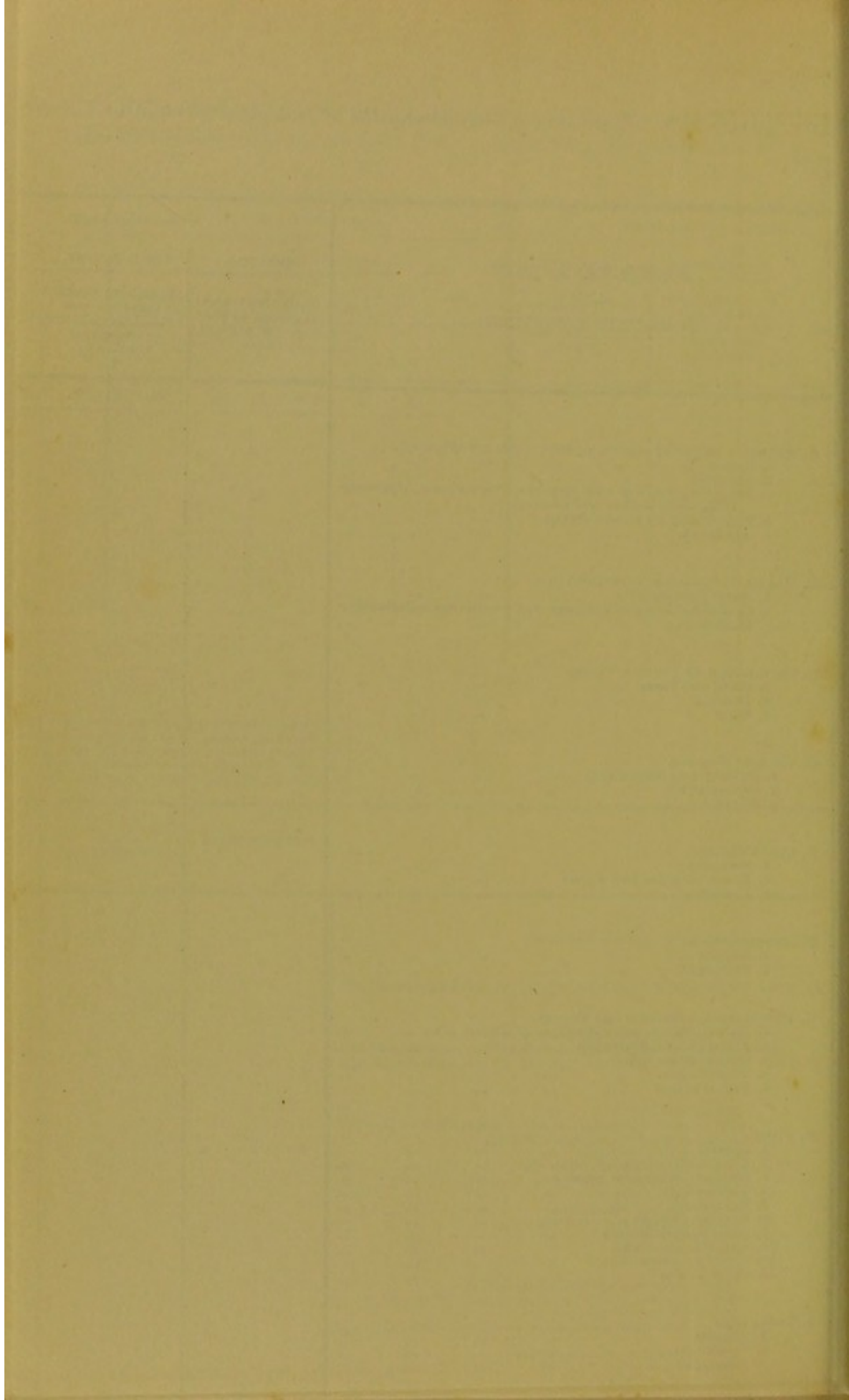


TABLE B 7.—ETIOLOGICAL.—Showing the *Etiological Factors and Associated Conditions assigned in the Direct Admissions during the year 19...*, distinguishing between cases—*Congenital, First-Attack, Not-First-Attack, and Unknown-whether-First-Attack-or-Not.* (Voluntary Boarders excluded.)

ETIOLOGICAL FACTORS AND ASSOCIATED CONDITIONS.	CONGENITAL CASES.			FIRST-ATTACK CASES.			NOT-FIRST-ATTACK CASES.			CASES UNKNOWN-whether-FIRST-ATTACK-or-not.			TOTAL DIRECT ADMISSIONS.		
	PRINCIPAL.	CONTRIBUTORY.	TOTAL.	PRINCIPAL.	CONTRIBUTORY.	TOTAL.	PRINCIPAL.	CONTRIBUTORY.	TOTAL.	PRINCIPAL.	CONTRIBUTORY.	TOTAL.	TOTAL PRINCIPAL.	TOTAL CONTRIBUTORY.	GRAND TOTAL.
	Instances where regarded as the essential or chief factor.	Instances where regarded as a contributory factor or associated condition.	INCIDENCE.	Instances where regarded as the essential or chief factor.	Instances where regarded as a contributory factor or associated condition.	INCIDENCE.	Instances where regarded as the essential or chief factor.	Instances where regarded as a contributory factor or associated condition.	INCIDENCE.	Instances where regarded as the essential or chief factor.	Instances where regarded as a contributory factor or associated condition.	INCIDENCE.	Total instances where regarded as the essential or chief factor.	Total instances where regarded as contributory factor or associated condition.	INCIDENCE.
	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.
<b>I. HEREDITY (including consanguinity, inbreeding, and offspring).</b>															
1. Idiocy ... ..															
2. Epilepsy ... ..															
3. Neurotic (including only Hysteria, Neurasthenia, Spasmodic (Idiosyncratic) Asthma and Chorea.) ... ..															
4. Excentricity (in marked degree) ... ..															
5. Alcoholism ... ..															
<b>II. MENTAL INSTABILITY, as revealed by—</b>															
1. Moral Deficiency ... ..															
2. Congenital Mental Deficiency, not amounting to Imbecility ... ..															
3. Excentricity ... ..															
<b>III. DEPRIVATION OF SPECIAL SENSES.</b>															
1. Smell and Taste ... ..															
2. Hearing ... ..															
3. Sight ... ..															
<b>IV. CRITICAL PERIODS.</b>															
1. Puberty and Adolescence ... ..															
2. Climacteric ... ..															
3. Senility ... ..															
<b>V. CHILD-BEARING.</b>															
1. Pregnancy ... ..															
2. Puerperal State (not septic) ... ..															
3. Lactation ... ..															
<b>F. MENTAL STRESS.</b>															
1. Sudden ... ..															
2. Prolonged ... ..															
<b>G. PHYSIOLOGICAL DEFECTS AND EXCESS.</b>															
1. Malnutrition in early life (signs of Rickets, etc.) ... ..															
2. Prolonged and Starvation ... ..															
3. Over-exertion (physical) ... ..															
4. Masturbation ... ..															
5. Sexual excess ... ..															
<b>H. TOXIC.</b>															
1. Alcohol ... ..	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2. Drug habits (morphine, cocaine, etc.) ... ..															
3. Lead and other such poisons ... ..															
4. Tuberculosis ... ..															
5. Influenza ... ..															
6. Typhoid Fever ... ..															
7. Other Specific Fevers ... ..															
8. Syphilis, acquired ... ..															
9. Syphilis, congenital ... ..															
10. Other Toxins ... ..															
<b>I. TRAUMATIC.</b>															
1. Injuries ... ..															
2. Operations ... ..															
3. Strains ... ..															
<b>J. DISEASES OF THE NERVOUS SYSTEM.</b>															
1. Lesions of Brain ... ..															
2. " " of Spinal Cord and Nerves ... ..															
3. Epilepsy ... ..															
4. Other defined Neurones (limited to Hysteria, Neurasthenia, Spasmodic Asthma, Chorea) ... ..															
5. Other Neurones, which occurred in Infancy or Childhood (limited to Convulsions and Night-terrors) ... ..															
<b>K. OTHER BODILY AFFECTIONS.</b>															
1. Hemorrhagic System (Leucemia, etc.) ... ..															
2. Cardio-vascular degeneration ... ..															
3. Valvular Heart Disease ... ..															
4. Respiratory System (including Tuberculosis) ... ..															
5. Gastro-intestinal System ... ..															
6. Renal and Vesical System ... ..															
7. Genesive System (including Syphilis) ... ..															
8. Other General Affections not above included (e.g. Diabetes, Myxedema, etc.) ... ..															
<b>L. CASES IN WHICH NO PRINCIPAL FACTOR COULD WITH CERTAINTY BE ASCERTAINED, but in which one or more factors were ascertained, and were retained as contributory.</b>															
<b>M. NONE ASCERTAINED, notwithstanding full History and Observation.</b>															
<b>N. NONE ASCERTAINED, History defective.</b>															
	Total Congenital cases.			Total First-Attack cases.			Total Not-First-Attack cases.			Total Cases Unknown-whether-First-Attack-or-not.			Total Direct Admissions.		

\* One entry, and one only, to be made in this column for each case recorded in it; thus the total of the columns will equal the number of cases belonging to that particular class.  
 † As several factors will sometimes be entered in this column for one case, and, on the other hand, sometimes there may be some to enter, no attempt should be made to totalize in and the following column.  
 ‡ These hypothetical figures refer to a footnote, Table B 8.  
 § The figures in this column, so far as the end of Group K, should be repeated in Table B 8 in the column marked I.









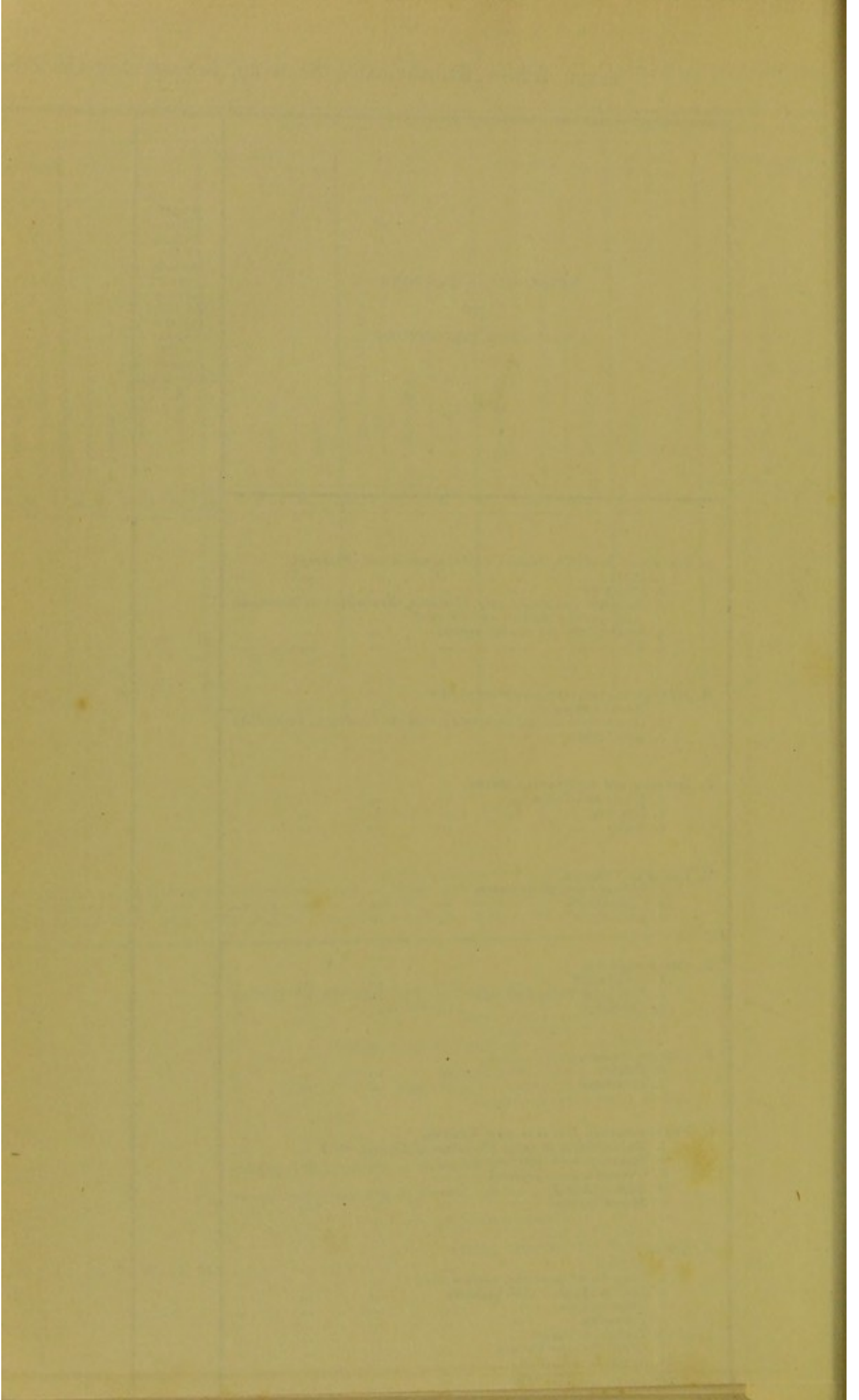






TABLE B 10, OPTIONAL.—HEREDITY.

TABLE B 10. *Optional.*

HEREDITY TABLE.

Showing the number of Cases in which Hereditary Defect was ascertained, and distinguishing the Instances in which such was confined either to the Paternal or Maternal Sides, the instances in which it was present on both sides, and the instances in which there was Fraternal Defect without other Evidence on either Paternal or Maternal Side.

It will be observed that where a parent or grandparent is affected, or where both these relationships are affected, affection of an uncle or aunt on the same side is not specifically recorded, but is merged in the other; similarly, when a parent is affected, affection in either grandparent of that side is also merged, and likewise, fraternal affection is only specifically recorded when there is no indication as to from which of the two sides the taint proceeds.

Collateral affection—meaning thereby, affection of cousins, nephews, nieces, children or grandchildren of the patient—is not recorded at all.

Headings (twenty-four), under one, and only one of which, each admission must be entered.	Showing the age at onset of the insanity (in the first attack) in the admissions.					
	Con- genital.	Not congenital.			Not known.	Total.
		Under 25.	25-50.	60 and over.		
	M. F.	M. F.	M. F.	M. F.	M. F. T.	
<b>A. Paternal side affected; maternal side exempt. With or without fraternal taint:</b>						
1. Father, without either grandparent and with or without one or more paternal uncles and aunts...						
2. Father and one or both paternal grandparents						
3. Paternal grandfather						
4. Paternal grandmother						
5. Both paternal grandparents						
6. Paternal uncles and aunts, one or more, but without father or either paternal grandparent						
<b>B. Maternal side affected; paternal side exempt. With or without fraternal taint:</b>						
1. Mother, without either grandparent and with or without one or more maternal uncles and aunts...						
2. Mother and one or both maternal grandparents						
3. Maternal grandfather						
4. Maternal grandmother						
5. Both maternal grandparents						
6. Maternal uncles and aunts, one or more, but without mother or either maternal grandparent						
<b>C. Both paternal and maternal sides affected. With or without fraternal taint:</b>						
1. Father and mother, with or without { one or more of the four grandparents one or more paternal or maternal uncles and aunts } ...						
<b>Father without mother, but with or without { one or more paternal uncles and aunts: one or both paternal grandparents:</b>						
2. Father and one or both maternal grandparents, with or without one or more paternal or maternal uncles and aunts						
3. Father and one or more maternal uncles and aunts, without either maternal grandparent						
<b>Mother without father, but with or without { one or more maternal uncles or aunts: one or both maternal grandparents:</b>						
4. Mother and one or both paternal grandparents, with or without one or more paternal or maternal uncles and aunts						
5. Mother and one or more paternal uncles and aunts, without either paternal grandparent						
<b>Grandparent(s) without parents:</b>						
6. One or both paternal and one or both maternal grandparents, with or without one or more uncles and aunts on either side						
7. Paternal grandparents (one or both) and { Without either maternal grandparent one or more maternal uncles or aunts } With or without one or more paternal uncles or aunts...						
8. Maternal grandparents (one or both) and { Without either paternal grandparent one or more paternal uncles and aunts } With or without one or more maternal uncles or aunts...						
<b>Uncles or aunts without parents or grandparents:</b>						
9. One or more paternal, and one or more maternal uncles or aunts (without father, mother, or either grandparents) ...						
With or without fraternal taint { Total cases with paternal, without maternal, taint... Total cases with maternal, without paternal, taint... Total cases with both paternal and maternal taint... }						
<b>D. Fraternal taint without other evidence on either paternal or maternal side:</b>						
One or more brothers and sisters						
<b>E. Cases in which the only known taint was in a grandparent, uncle or aunt (or in a combination of these relationships) and in which the side so affected (paternal or maternal) was not specified</b>						
Total cases with ascertained hereditary defect						
<b>F. Cases in which no taint was found in any member of the family, or in which it was confined to nephews, nieces, cousins, children, or grandchildren of the patient</b>						
Total set of cases investigated						



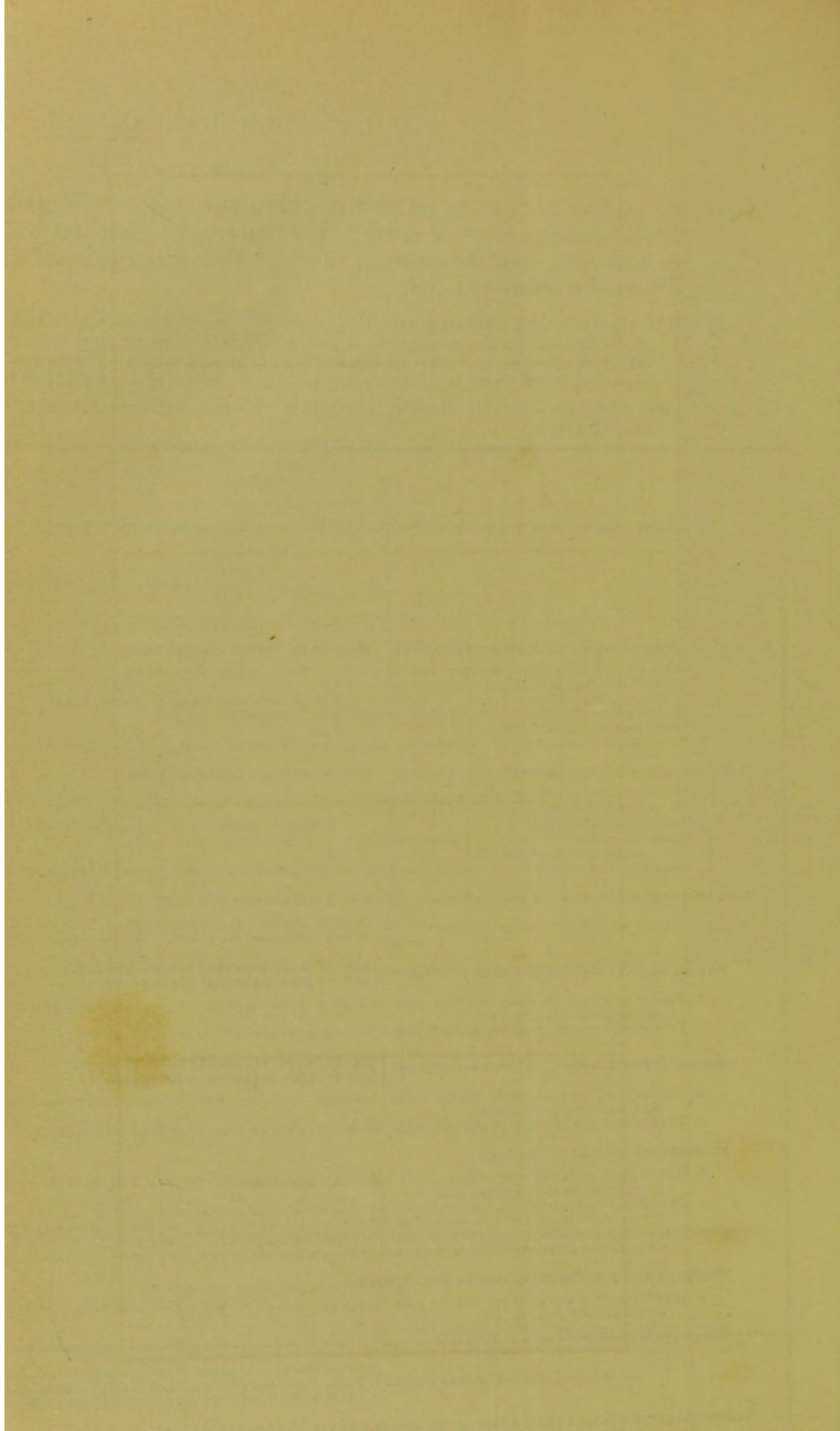


TABLE B I I.—OPTIONAL.

*Showing the number of instances in which an Insane Heredity was ascertained in the Parents and Grand-parents of the set of cases investigated, distinguishing the instances in which information, positive or negative, was certain and complete, from those in which such information was lacking.*

	Known to be Alive.				Known to be Dead.			Unknown whether Alive or Dead.			Totals.			
	Insane at some time.	As yet never Insane.	Un-known whether ever Insane.	Totals still alive.	Insane at some time.	Never Insane.	Un-known whether ever Insane.	Total Dead.	Known to have been some time Insane.	Un-known whether ever Insane.	Totals un-known whether alive or dead.	Known to have been at some time Insane.	Known to have been as yet never Insane.	Un-known whether ever Insane.
Relatives of the cases investigated.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.
Paternal grandfather . . . . .														
"    grandmother . . . . .														
Maternal grandfather . . . . .														
"    grandmother . . . . .														
Father . . . . .														
Mother . . . . .														
Totals . . . . .														



TABLE C I.—*An Analysis of the Discharges and Transfers during the year 19... (Voluntary Boarders excluded.)*

	M. F. T.	M. F. T.	M. F. T.
<b>DISCHARGED AS RECOVERED.</b>			
From Direct Admissions.			
First-Attack Cases . . . . .	.....		
Not First-Attack Cases . . . . .	.....		
Cases unknown whether First Attack or not . . . . .	.....		
Total from Direct Admissions . . . . .		.....	
From Transfers.			
First-Attack Cases . . . . .	.....		
Not First-Attack Cases . . . . .	.....		
Cases unknown whether First Attack or not . . . . .	.....		
Total from Transfers . . . . .		.....	
Total Discharged as Recovered . . . . .		.....	
<b>DISCHARGED (NOT RECOVERED) AS—</b>			
RELIEVED . . . . .		.....	
NOT IMPROVED . . . . .			.....
Total . . . . .		.....	.....
<b>REASONS FOR SUCH DISCHARGE.</b>			
To go to care of friends . . . . .	.....		
" workhouse . . . . .	.....		
" metropolitan asylum ( <i>England</i> ) . . . . .	.....		
To be boarded out . . . . .	.....		
Statutory, by irregularity in Reception Order . . . . .	.....		
" by lapsing of " " . . . . .	.....		
Other reasons ( <i>specifying them</i> ) . . . . .	.....		
Total . . . . .	.....		
<b>TRANSFERRED AS—</b>			
RELIEVED . . . . .		.....	
NOT IMPROVED . . . . .			.....
Total . . . . .		.....	.....
<b>DESTINATIONS OF SUCH TRANSFERS.</b>			
To other asylums, reg. hospitals, and licensed houses . . . . .	.....		
To "single care" . . . . .	.....		
Other destination ( <i>specifying such</i> ) . . . . .	.....		
Total . . . . .	.....		
<b>TOTAL DISCHARGED AND TRANSFERRED AS—</b>			
RELIEVED . . . . .		.....	
NOT IMPROVED . . . . .			.....

TABLE C 2.—Showing in the Total Cases Discharged Recovered during the year 19... the ages in Quinquennial Periods—(a) On Recovery, and (b) at the Commencement of the Recent Attack of Mental Disorder, arranged according to the Total Length of such Attack. (Voluntary Boarders excluded.)

AGE PERIODS {	Less than 10.	10—14.	15—19.	20—24.	25—29.	30—34.	35—39.	40—44.	45—49.	50—54.	55—59.	60—64.	65—69.	70—74.	Greater ages in quinquennia	Age un-known.	Total.
	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F. T.	
AGE ON RECOVERY																	
Total Length of this Attack of Mental Disorder.																	
Less than 1 month .....																	
1 month and less than 3 months .....																	
3 months " 6 " .....																	
6 " 9 " .....																	
9 " 12 " .....																	
12 " 18 " .....																	
18 " 2 years .....																	
2 years " 3 " .....																	
3 " 5 " .....																	
Longer periods specified in quinquennia .....																	
Duration unknown .....																	
Totals .....																	

AGE AT COMMENCEMENT OF RECENT ATTACK OF MENTAL DISORDER.



TABLE C 3.—*Showing the Form of Mental Disorder, on admission, in those Discharged Recovered during the year 19... (Voluntary Boarders excluded).*

Forms of Mental Disorder (on Admission).	M.	F.	T.
<p>The foregoing Terminology (see Table B 5) to be used here as far as possible.</p>			
Totals . . .			

TABLE C4.—*Showing the Ætiological Factors ascertained in the Recoveries during the year 19..., distinguishing between cases—First-Attack, Not-First-Attack, and Unknown-whether-First-Attack-or-not. (Voluntary Boarders excluded.)*

The Table arranged precisely as Table B 7, except that columns for Congenital Cases will be omitted.



TABLE C5.—OPTIONAL.

*Showing in respect of the First-Attack Cases in the Recoveries during the year 19... the full correlation between the various Ætiological Factors ascertained. (Voluntary Boarders excluded.)*

It is intended that the form of this Table shall precisely follow that of Table B 8.





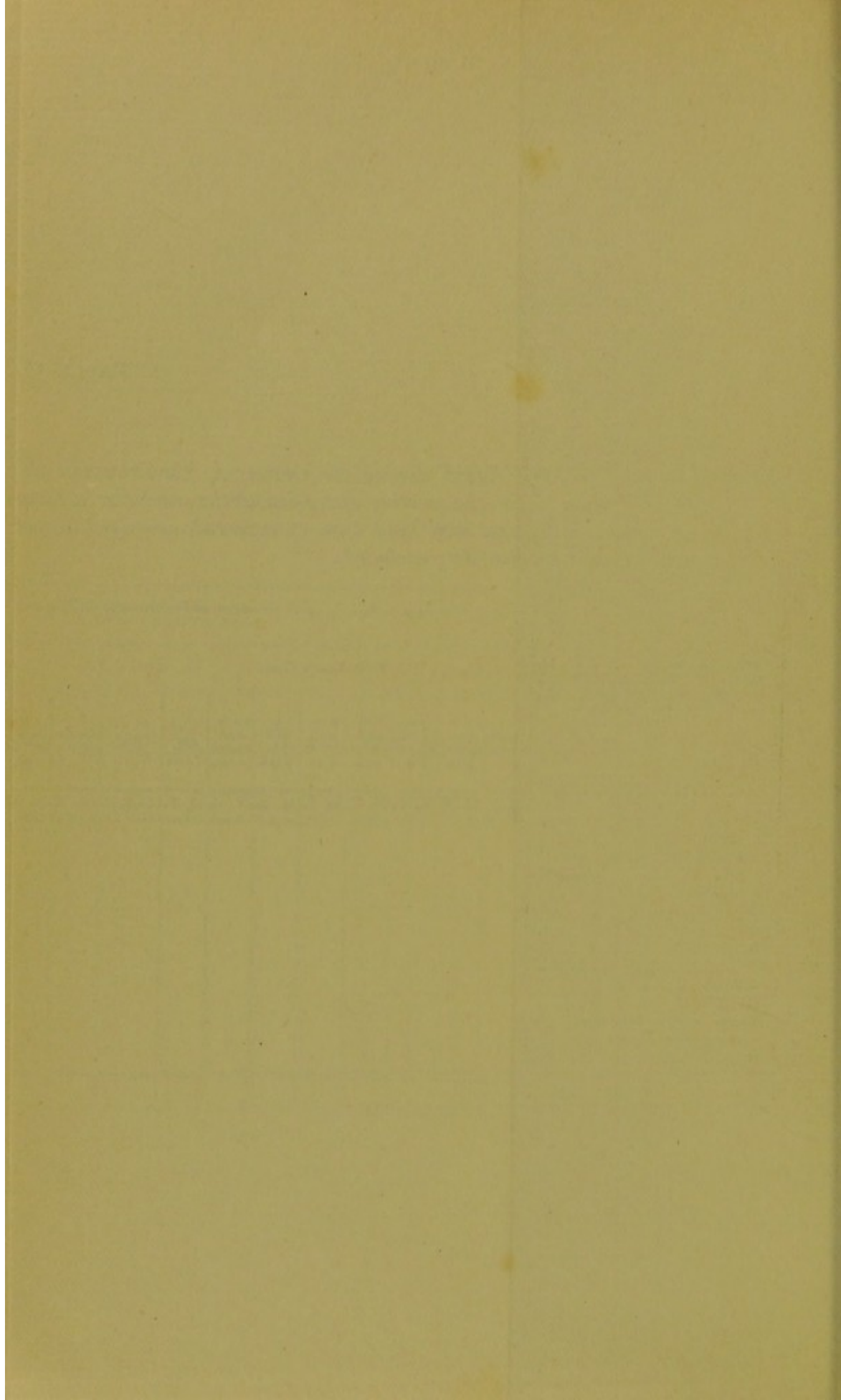


TABLE C 6.—OPTIONAL.



TABLE D 1.—Showing all the Causes of Death that entered into the Deaths during the year 19..., arranged as PRINCIPAL, CONTRIBUTORY, and the Totals of these; also the number of times each Cause (whether Principal or Contributory) was associated with certain Selected Causes; and the number of occasions each principal Cause of Death was verified by Post-mortem Examination. (Voluntary Boarders excluded.)

Names of causes of death.	* Instances when returned as PRINCIPAL.			No. verified P.M.			Instances when returned as CONTRIBUTORY.			Total incidence.			Showing the total correlation between any given Cause of Death (whether acting as Principal or Contributory) and the subjoined selected causes.																								
	M.	F.	T.				M.	F.	T.	M.	F.	T.																									
As grouped by the Registrar-General, and using the nomenclature of the Royal College of Physicians																																					
													M.	F.	T.																						

\* The figures in this column should correspond with those in the column indicated by an asterisk in Table D 2.

Total

TABLE D 2.—*Showing the Principal cause of death in each death during the year 19..., together with the ages at death in quinquennial periods. (Voluntary Boarders excluded.)*

Principal Causes of Death.	Ages at Death in Quinquennial periods.														Total.	
	Less than 10.	10—14.	15—19.	20—24.	25—29.	30—34.	35—39.	40—44.	45—49.	50—54.	55—59.	60—64.	65—69.	70 & over.		
	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.		
As grouped by the Registrar-General, and using the Terminology of the Royal College of Physicians.																*
Totals																

\* The figures in this column should correspond with those in the column indicated by an asterisk in Table D 1.



TABLE D 3.—Showing the Total Duration of the Present Attack of Mental Disorder in the Deaths during the year 19..., arranged according to the Form of Mental Disorder on admission. (Voluntary Boarders excluded.)

Form of Mental Disorder (on admission).	Total duration of Present Attack of Mental Disorder.												Un- known.	Totals.			
	Less than one month.	1 m. and less than 3 m.	3 m. and less than 6 m.	6 m. and less than 9 m.	9 m. and less than 12 m.	12 m. and less than 2 yrs.	2 yrs. and less than 3 yrs.	3 yrs. and less than 5 yrs.	5 yrs. and less than 10 yrs.	10 yrs. and less than 15 yrs.	15 yrs. and less than 20 yrs.	Longer periods specified in quinquennia.					
Congenital or infantile mental deficiency (a) Without epilepsy . . . . . (b) With epilepsy . . . . . Epileptic insanity . . . . . General paralysis of the insane . . . . . Dementia from tumours, coarse brain lesions, etc. . . . . Mania { Recent* . . . . . { Chronic . . . . . Melancholia { Recent* . . . . . { Chronic . . . . . Alternating insanity . . . . . Volitional and emotional insanities . . . . . Delusional insanity . . . . . Stupor and states of confusion . . . . .	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	
Dementia { Primary . . . . . { Senile . . . . . { Secondary . . . . . Totals . . . . .	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.

\* The period of one year is taken as the limit of the term "Recent."

TABLE E I.—Showing the ages (in quinquennial periods) of those on the Registers on the 31st December, 19...., arranged according to the Total Duration of present Attack of Mental Disorder. (Voluntary Boarders excluded).

Total duration of present attack of mental disorder.	Ages on 31st December, 19..... of those on Registers at that date.													Totals.			
	Less than 10.	10—14.	15—19.	20—24.	25—29.	30—34.	35—39.	40—44.	45—49.	50—54.	55—59.	60—64.	65—69.		70 and over.	Un-known.	
	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.		M. F.	M. F. T.	
Congenital . . . . .																	*
Less than 3 months . . . . .																	
3 months and less than 6 months . . . . .																	
6 " " 12 " " . . . . .																	
12 " " 18 " " . . . . .																	
18 " " 2 years . . . . .																	
2 years " " 3 " " . . . . .																	
3 " " 5 " " . . . . .																	
5 " " 10 " " . . . . .																	
And afterwards in decennial periods . . . . .																	
Totals . . . . .																	

\* The figures here should correspond with the total of (a) and (b), Congenital Cases, in Table E 2.



TABLE E 2.—*Showing the Form of Mental Disorder on 31st December, 19... , of those on the Registers at that date. (Voluntary Boarders excluded).*

Forms of Mental Disorder on 31st December.	M.	F.	T.
Congenital or infantile mental deficiency :			
(a) Without epilepsy . . . . .			
(b) With epilepsy . . . . .			
Epileptic insanity . . . . .			
General paralysis of the insane . . . . .			
Dementia from tumours, coarse brain lesions, etc. . . . .			
Mania { Recent * . . . . .			
{ Chronic . . . . .			
Melancholia { Recent * . . . . .			
{ Chronic . . . . .			
Alternating insanity . . . . .			
Volitional and moral insanities . . . . .			
Delusional insanity . . . . .			
Stupor and states of confusion . . . . .			
Dementia { Primary . . . . .			
{ Senile . . . . .			
{ Secondary . . . . .			
Totals . . . . .			
Prospect of mental recovery { Favourable . . . . .			
{ Doubtful . . . . .			
{ Unfavourable . . . . .			

\* The period of one year is taken as the limit of the term "Recent."





### MEDICAL REGISTER—DIRECT ADMISSIONS.

Date of Admission.	No. in Civil Register.	Name.	Attack. †	Age.	Civil State.	Occupation.			Form of Mental Disorder.				Bodily State on Admission.		Observations.		
			Congenital. First Attack. Not First Attack. Unknown whether First Attack or not.	On Present Admission. * At commencement of Present Attack. * On First Attack (if a Not First Attack admission).	Single. Married. Widowed. Unknown.	Name of Of Group (capital letter). Of Sub-group (small letter). Of Subdivision (numeral).	* Duration of Present Attack from its commencement until the Present Admission, expressed in years, months and decimals of a month.	Principal.  One entry and one only to be made for each case in this column.	Contributory.  As many contributory factors as are found to be entered here.	Schedule Symbol.  At many contributory factors as are found to be entered here.	Instances of Epilepsy in Class "Congenital." Epileptic Insanity. General Paralysis of the Insane. Dementia from tumours, coarse brain lesions, etc. Mania:—Recent (R.), Chronic (C.). Melancholia:—Recent (R.), Chronic (C.). Alternating Insanity. Volitional and Moral Insanities. Delusional Insanity. Stupor and States of Confusion. Primary Dementia. Senile Dementia. Secondary Dementia.	Deemed Suicidal by the Medical Officer.	General Health.	Name of Bodily Disease (if any).			
Brought forward.																	
Totals where possible.																	

**NOTE.**—It will probably be convenient to use another book as a Register for Transfers. In small Institutions the use of another portion of the same book, substituting the word *Transfer*, for *Direct Admissions* at the head of the page, would possibly suffice. It is intended that separate Registers for the Sexes shall be used.

\* Where the information asked for in columns marked with an asterisk is unknown, U.K. should be entered to signify this. In cases where the age on present admission is not with certainty known, an approximate age should be entered.

† Each case must be entered in only one of these four columns.



REGISTER OF DISCHARGES AND TRANSFERS.

Date of discharge or Transfer.	Date of last admission.	No. in civil register.	Name.	Sex.	Classification.	DISCHARGED.		TRANSFERRED.		Class of Admission.	Attack.	Age.	Duration of present attack of mental disorder (in years, months, and decimals of a month).			Form of mental disorder on admission.	Observations.
						Of those discharged as relieved and not improved.	Relieved.	Not improved.	Relieved.				Not improved.	Since admission on such order.	Prior to admission on present or original order.		
				Male.	Rate-paid.					A direct admission.	First attack.				Epileptic insanity.		
				Female.	Private.					Received as a transfer.	Not-first-attack.				Mania:—Recent (R), Chronic (C).		
					Criminal (not included under Private).						Unknown-whether-first-attack-or-not.				Melancholia		
											On Recovery.				Allopathic insanity.		
											At commencement of recent attack of mental disorder.				Delusional insanity.		
															Stupor and states of confusion.		
															Primary dementia.		
															Senile dementia.		
															Secondary dementia.		

In large institutions it would be probably convenient to have two such registers, one for each sex. Where one register serves for both sexes, it is suggested, in order to facilitate arriving at totals, that entries for females be in red ink.



### REGISTER OF DEATHS.

Date of Death.	Date of last Admission.	No. in Civil Register.	Name.	Sex.		At Death.	Age.		Class.	Duration of Present Attack of Mental Disorder ( <i>in years, months, and decimals of a month</i> ).			Causes of Death.		Form of Mental Disorder ( <i>as returned in Statement of Death</i> )*.	Observations.	
				M.	F.		At Commencement of Present Attack of Mental Disorder.	At First Attack (if not a First Attack Case).		Rate-Paid.	Private.	Criminal ( <i>not included under Private</i> ).	Before Admission under Certificates.	Since Admission.			Total Duration.
															On Admission.	At Death.	

\* The words in italics are only provisionally inserted. They have reference to a variation in the form of Statement of Death, which the Committee understand to be in contemplation.