#### Report of the Statistical Committee: to be presented to the annual meeting of the association, July 21st, 1904.

#### **Contributors**

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

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# MEDICO-PSYCHOLOGICAL ASSOCIATION OF GREAT BRITAIN AND IRELAND.

# REPORT OF THE STATISTICAL COMMITTEE

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

TO BE PRESENTED TO THE ANNUAL MEETING OF THE ASSOCIATION, JULY 21ST, 1904.

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#### CONTENTS.

	PAGE
GENERAL-TABLES.	
REPORT OF THE STATISTICAL COMMITTEE appointed at the Annual	
Meeting held at Liverpool in 1902	I
GENERAL TABLE I.—Showing the movement of the Asylum Population	11
during the year	
together with the Recovery and Death Rates	12
ADMISSION-GROUP TABLES.	
ADMISSION-GROUP TABLE I.—Being an analysis of the Admissions during the year	13
Admission-Group Table II.—Showing the Duration of the present attack on admission in the Direct admissions during the year (stating	***
whether First Attack or not), and in the Transfers  Admission-Group Table III.—Showing in quinquennial periods the Ages on admission of the Direct admissions during the year, arranged	14
according to their Civil State	15
on admission in the Direct admissions during the year ADMISSION-GROUP TABLE V.—Showing the Occupations of the Direct	16
admissions during the year	17
Admission-Group Table VI.—Ætiological	18
Admission-Group Table VII.—Showing in the "Not First attack"  Direct admissions during the year, the number of Previous Attacks,	
ADMISSION-GROUP TABLE VIII.—Showing among the Direct admissions during the year the number of General Paralytics, arranged accord-	19
ing to their Ages on admission, and their Civil State	20
DISCHARGE-GROUP TABLES.	
DISCHARGE-GROUP TABLE I An analysis of the Discharges during	,
the year	21
COVERIES during the year 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" ,	22
DISCHARGE-GROUP TABLE III.—Showing the Age in quinquennial periods at Recovery of those discharged recovered during the year, arranged according to the <i>Total</i> Duration of the present attack of Mental	
Disorder	23
on admission in those discharged recovered during the year.	24

#### CONTENTS (continued).

DEATH-GROUP TABLES.	PAGE
DEATH-GROUP TABLE I.—Showing all the Causes of Death that entered into the deaths during the year, arranged as PRINCIPAL and Contributory, together with correlations between them and certain Selected Causes. Also the number of instances in which the Cause	
was verified by post-mortem examination	25
quennial periods	26 27
RESIDUE-GROUP TABLES.  RESIDUE-GROUP TABLE I.—Showing the Ages in quinquennial periods of those Resident on the 31st December, arranged according to	
the Total Duration of present attack of Mental Disorder Residue-Group Table II.—Showing the Form of Mental Disorder on	28
December 31st, of those Resident on that date	29
CIVIL REGISTER	30
MEDICAL REGISTER—DIRECT ADMISSIONS	31
REGISTER OF DISCHARGES AND TRANSFERS	32
REGISTER OF DEATHS	33

#### MEDICO-PSYCHOLOGICAL ASSOCIATION.

REPORT OF THE STATISTICAL COMMITTEE APPOINTED AT THE ANNUAL MEETING HELD AT LIVERPOOL IN 1902.

The reference to the Committee was:

"That the Committee be requested to report to the next Annual Meeting upon the statistical tables of the Association as to whether, and if so in what direction, their alteration or amplification would be of advantage; that individual members of the Association be hereby invited to communicate to the Committee any views they may have on the subject; and that such Committee consist of Drs. Bond, Dawson, Easterbrook, Hayes Newington, Hyslop, Nolan, Bedford Pierce, Rayner, R. S. Stewart, Whitwell, and Yellowlees."

The Committee have met several times in London, once in Derby, once in York, and once in Edinburgh. Almost each meeting extended to two days or more.

The Committee at its first meeting appointed Dr. Yellowlees chairman, and Dr. Bond secretary. Communications made by members, as invited by the reference, were duly considered and summarised.

It being found, for reasons then stated, to be impossible to report fully to the Annual Meeting of 1903, an *interim* report was presented, a print of which will be found in the *Journal of Mental Science*, 1903, October No., p. 770.

The work of the Committee having now been virtually com-

pleted, the following report will be submitted to the Annual Meeting on July 21st, 1904.

The members of the Association are aware that the tables in their present form have been in use since 1882, when a Committee brought up a new edition, which was approved of by the Association. A sufficient time has therefore elapsed for proving the value of the propositions then made, and it cannot be doubted that in some directions results have not justified the amount of statistical labour that has been expended.

The Committee have omitted from their scheme of tables those particulars which do not appear to have a general and practical value; but they suggest that it will be quite open to those who may feel sufficient interest in them, to treat them in optional tables and include them as such in their annual reports.

In approaching their work the Committee have steadily kept before them certain broad principles, among which are: first, simplification and ultimate saving of labour; second, the necessity for maintaining, as far as possible, a distinction between certain classes of cases; third, the elimination of information which has not proved itself to be of much value; fourth, the advantages of correlating certain facts; and fifth, the guarding against ambiguities of expression which have in the past led compilers to take varying views of what was really required.

The Committee think that simplification has been promoted by grouping together all the tables dealing with Admissions, Discharges, Deaths, and the Residue respectively, prefacing the groups with two General Tables showing the movements of the asylum population during the year under report, as well as during those which have elapsed since the opening of the institution. With regard to the saving of labour, it will be apparent to those who have compiled the statistics for even a moderately-sized asylum that the work is not at all confined to the statement of figures and working out of the calculations. A source of heavy labour, and possibly irritation, is found in the looking up in various directions of the necessary facts, and in subsequently marshalling them for treatment. The Committee have endeavoured to find some method by which facts should be stated as far as possible, and as correctly as possible, in places where they could be easily found and extracted at the set time. For dealing with the facts concerning the admissions of the year,

naturally the Register of patients admitted would appear to be the readiest source of information, but it is notorious that the information therein contained at present is frequently not the truest and best. The Lunacy Acts require speedy entry of the particulars furnished on the reception papers, which particulars are often short in amount and unreliable, since they may have to be rendered in a hurry by friends or relieving officers. In consequence a reference to the case-book is frequently required. The facts about the register were so well known that the English Lunacy Commissioners have for several vears past issued an Annual Register for the purpose of obtaining more reliable information, supplied by medical officers after inquiry and mature consideration of their cases. In this latter Register the Committee found a suggestion for carrying out their leading idea on the subject. It was considered to be advantageous that the civil and medical facts about a given case, which now are mixed up in one register, should be dissociated, and therefore it has been proposed that there should be a Civil Register and a Medical Register. The latter, perhaps, can be treated with more elasticity than the former in regard to the speedy entering up of particulars on admission. It is, as proposed by the Committee, a modification and amplification of the above mentioned Annual Register, and when it has been fully and correctly filled up, it will be found to contain all those particulars regarding the admissions which are necessary for the compiling of the Admission tables. It has to be added that the Annual Register of the English Commissioners only deals with those cases which the Committee term "direct admissions." It will be necessary to keep a few pages in another part of the same register, or in large asylums a separate volume, for those cases which are transferred into an asylum. By this means all the admissions will be ready to be dealt with for compilation where general results are required, such as the total recovery ratio. Similarly it has been proposed to have separate Registers for Discharges and for Deaths, a system which now obtains in Scotland. The modifications proposed by the Committee in these registers will, in their opinion, lead to readiness and accuracy in working out the tables. A very important point is that when once the facts have been stated in the various registers, as definitely settled by the medical officers, the task of evaluating them becomes clerical,

and these officers can be relieved of much statistical work which has been hitherto left to them by the necessity of working up

medical points simultaneously with calculations.

The Committee experienced genuine satisfaction in being able to state that as a result of several communications and conferences with the various Lunacy Authorities, a general acceptance of the idea involved in the alterations of the registers has been manifested. Further than that, a general approval of most of the details has been expressed, but, of course, as important legal considerations are involved, a final agreement at present cannot be looked for. It is hoped that should this agreement be reached, it will be possible to collate and compare the lunacy statistics from all parts of the kingdom.

With regard to the distinction between certain classes of cases, the Committee think that they will receive general support in their proposal to deal with cases, admitted direct into asylums on fresh orders, on quite a different footing from those which have been transferred from another institution or from single care. It is apparent that proper inquiries into the antecedents of the latter cases is generally impossible. Therefore, for the sake of accuracy as to the majority, it is considered right to entirely ignore these transfer cases (amounting to about II per cent. of all admissions) in those tables which aim at elucidating scientific facts. Then, since the present tables were instituted the new Lunacy Act in England has produced another class of admissions, those resulting from lapse of the original order; and in all divisions of the kingdom there have been, and always will be, instances where failure to comply with legal requirement leads to discharge and readmission. These two classes, unless carefully separated, must destroy accuracy, and therefore the Committee have proposed to strain them off from the total admissions, and to deal for scientific purposes only with "direct admissions," viz., those cases which come into the asylum from the outside world with fresh orders and certificates.

The Committee have given some scope to a feeling expressed in several quarters that distinction can be profitably made between "first" and "not first" attacks, especially with regard to antecedent duration of illness and length of treatment. They have also, where it appeared advisable, separated off the congenital cases.

The elimination of any portions of the scheme instituted by the Committee of 1882 has been a matter of much consideration and hesitancy to the present Committee, who feel that the procedure may appear to be somewhat ungracious. But there can be little question that the endeavours made to discriminate between "persons" and "cases" have not been attended with the success that was expected, and, from experience, they apparently do not advance scientific knowledge to any appreciable extent. On the other hand, the tables which were designed to carry out this discrimination (Tables II and IIA) are well known to cause an immense amount of labour, which the Committee think can be better applied to other calculations. The present Table IV also has not been considered by the Committee to justify the work involved; but, as has been already said, there is no reason why those who value it should not continue to reproduce it.

Correlated information .- The value of this in all statistical inquiries cannot be overestimated. The Committee's predecessors made use of this method of tabulation in Table V, and partly in Table VII; but in the tables now recommended justification has been felt for utilising it much more freely. Thus Admission group Tables II, III, VI, VII, and VIII, Discharge group Tables II and III, Death group Tables I and II, and Residue group Table I are all examples of its adoption. Of necessity, the preparation of such tables implies an increased expenditure of time, but it is probably not going too far to say that, however great pains are bestowed upon accuracy of data, their separate tabulation is in very many instances of small value, indeed, is often misleading, and that it is only when these data are associated and correlated, or, as one may phrase it, "expressed in terms of each other," that their true bearing, on the ætiology and nature of the disorder under investigation, becomes clear and free from fallacy of inference.

Subjoined are some annotations and explanatory remarks with reference to certain of the series of tables now suggested.

#### ADMISSION GROUP TABLES.

A. G. Table II virtually covers the ground of old Table VII as far as admissions are concerned, but expresses the facts in greater detail. It is the only table of the Admission group series in which transfers have been included; their careful

distinction from the direct admissions has, however, been maintained. Their inclusion here was owing to the bearing they have on the recovery rate, and to the fact that the recoveries tabulated in the discharge group tables represent cases from both classes of admissions.

A. G. Table IV.—Though much attention has been bestowed upon this table, its far removal from perfection is fully realised. Some will perhaps feel disappointed that more of the terms used in modern classifications have not been adopted. The Committee did not feel either that the time for this was ripe, or that the suggesting of a new classification really formed part of the task imposed upon them. They have, however, ventured to include certain forms of insanity not in the old tables mainly because so many cases occurred for whom without them there seemed no suitable niche. They have abandoned the ætiological varieties of mania and melancholia; the total number of these cases can be ascertained in a moment from Admission group Table VI, and their separation into mania and melancholia is not always sound.

A. G. Table V.—The groupings adopted by the Registrar-General for census purposes have been followed here.

A. G. Table VI has occupied very much of the Committee's time. The very nature of the table-ætiology-makes it one of prime importance. In almost every case of mental disease its causation is a complex in which the entering factors play a disproportionate part. It was felt that it would be a great gain in summing up the ætiology of any given case, to be able to state what, in the medical officer's opinion, was the most important causative agent, and to give it its due prominence in a tabular form. Hence the first column in the table, into which one and one only cause may be entered for each case. Certain cases present themselves in which it would be extremely difficult to assign a principal cause, and for these provision has been allowed. An increase in the number of scheduled causal factors has been made and spaces left for still further additions under appropriate headings. And lastly, but probably of chief importance, a method of cross reference has been framed whereby the extent to which other factors were found in association with any given factor can be seen at a glance. The potentialities of this are too apparent to need enlargement upon. On the right hand side of the table are

columns enabling the association of certain conditions to be

recorded in a valuable manner.

A. G. Table VIII has been suggested in order to follow in various localities the inferences of the valuable similar table published by the English Lunacy Commissioners in reference to general paralytics.

#### DISCHARGE GROUP TABLES.

DI. G. Table I is on parallel lines to the analysis of the

admissions in the first Table of the previous group.

DI. G. Table II.—It is believed that by this table the importance of early treatment will be brought out in strong relief. The information at present given in old Table VI as regards recoveries can be obtained here, except that "duration of residence" has not been limited to the particular asylum.

#### DEATH GROUP TABLES.

Many adverse criticisms have been levelled at the present mode of death tabulation. As a matter of fact they apply to practically all death tables, owing to the fact that, just as in the case of the ætiology of insanity, so also is the cause of death almost invariably a complex. It seldom happens that there are less than two important factors entering into the cause of death, and, while deprecating any attempt at a pathological index of all morbid conditions found at death, the Committee feel that an immense step forward would be attained if it could be found practicable to record in tabular form two or three causes (when present) of death. This is especially important in dealing with preventable diseases, because if two causes contributed to the death, as not infrequently happens, while only one cause can be tabulated, it of necessity follows that the totals can never accurately represent the incidence of any disease as a cause of death.

DE. G. Table I.—The Committee have set themselves earnestly to the task of meeting these difficulties, and offer this table as a solution. It is intended that the diseases tabulated shall be enumerated in the order and groups agreed upon by the Registrars-General for the three divisions of the kingdom, which is based on the nomenclature of the Royal College of

Physicians. As in the ætiological table, a column is provided for the instances when any disease acted as a principal cause of death; but the Law does not recognise the possibility of uncertainty as to which is the principal cause, therefore it is impossible to allow latitude here in that respect. In the second column any other diseases entering into the cause of death will find their places. Sub-columns to each of these indicate verification by post-mortem examination. It will be noticed that the terms "principal" and "contributory" appear here in a manner analogous to their use in A. G. Table VI, and replace the terms "primary" and "secondary" customarily used in death returns.

Further, it was felt that certain diseases had a specific relationship either to insanity—in one or other of its varieties—or at least to inmates of asylums, and that when these caused death or contributed thereto, a means of tabulating their association with other causes of death would be of very great value. Accordingly, and again in a manner parallel with the ætiology table, columns have been added to express this. Twelve diseases have been selected whose association with other diseases it is desirable that all asylums should show, but there are vacant columns for other diseases according to the demands of the locality.

DE. G. Table II is virtually the same as old Table V. It is of course recognised that all statistical inquiries into causes of death are worthless, for purposes of comparison, without a statement of the age at death in relation to each cause of death. This is best made in quinquennial periods as is the case at

present in old Table V.

DE. G. Table III replaces that portion of old Table VI which expresses the length of residence of those dying during the year. Again, it has been the question of transfers that was the determining factor in the scope of this table. It is of merely local value, and that probably not great, to know that a patient dying had been resident in that asylum, say, three years, when possibly he had been transferred there from another asylum where he had been perhaps fifteen years. Hence it was decided that the "total duration of the present attack of mental disorder" should be the subject-matter asked for. In discussing the causes of a high or low death-rate the table will be of much value.

#### RESIDUE GROUP TABLES.

R. G. Table I.—A statement of the ages of all asylum inmates resident at the end of the year is required by some authorities; information which, standing alone, is of little value, but, correlated with the duration of the attack of mental disorder in regard to which they are under certificates, does shed a very valuable light on the character of the asylum's population. With reference to the cases falling within the first four named durations, the facts of this table, taken in conjunction with A. G. Table II for the ensuing year, are of the utmost value in examining an apparently high or low recovery rate. The Committee accordingly resolved to recommend this table, which is a correlation between the age of the patient and the duration of his present attack of mental disorder.

Other tables have suggested themselves to your Committee, partly in the course of their deliberations, and partly by the replies received from their original circular of inquiry. The policy followed, however, had in view the limitation of the number of tables strictly to those which might be expected, when summarised, to yield results of imperial value, in contradistinction to those whose utility is necessarily restricted and local.

Having now concluded the review of the work done, the Committee have to remark that they desire to submit to the Association a satisfactory heredity table for the preparation of which there has not been sufficient time. They feel also that they may be able to make further recommendations for the facilitation of statistical work, e.g. by the suggestion of forms for use in compiling the tables. There is also, if the Committee's suggestions are carried through, further work to be done in bringing into operation the new scheme in all its bearings. For the above reasons the Committee is of the opinion and recommend that it be re-appointed for another year.

(Sgd.) DAVID YELLOWLEES, Chairman. C. Hubert Bond, Secretary.

GENERAL TABLE I.—Showing the movement of the Asylum Population during the year 19...

	Ce	ertif	ied	Pat	ient	s.	Vol	unt	ary	Boa	rde	rs.
	M.	F.	т.	м.	F.	т.	M.	F.	т.	M.	F.	Т.
On the Asylum Registers, Jan. 1st, 19. Total cases admitted during the year.												
Total cases under treatment in the year.												
Cases discharged or transferred as— Recovered												
Relieved												
Total cases discharged and died during the year												
On the Asylum Registers, Dec. 31st, 19												
Average daily number resident during the year												

[In the following Tables the term "Direct Admission" is used as excluding those transferred from other Asylums, Registered Hospitals, Licensed Houses, and from Certified Single-care; those irregularly admitted and those readmitted in consequence of Reception Order having expired.]

GENERAL TABLE II.—Showing the movement of the Asylum Population (excluding Voluntary Boarders) during each year since the year....., and a Summary of the same, together with the Recovery and Death Rates.

	Total Admis-	Total No.	D	ischarge	d.	Died.	Re- maining	Aver- age Daily	Per- centage of Total Reco- veries	Per- centage of Total Reco-	of Deaths on
Year.	sions.	under treat- ment.	Reco- vered.	Re- lieved.	Not im- proved.	Died.	on Registers Dec. 31st.	Num- ber Resi- dent.	on the Total Number of Admis- sions.	veries on the Direct Admis- sions.	Average Daily Number Resident.
	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											

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

## DMISSION GROUP, TABLE I.—Analysis of the Admissions during the year 19... (excluding Voluntary Boarders).

	п	DIRECT ADMISSION	8.		TRANSFERS Asylums,	etc., and	
		Acquired.			admissions, due to lapse	irregular or d orders, etc.	GRAND TOTAL.
Congenital.	First attack.	Not first attack.	Unknown whether first attack or not.	Total.	Transfers.	Lapsed orders, etc.	
м. ғ. т.	М. Г. Т.	M. F. T.	M. F. T.	M. F. T.	м. г. т.	M. F. T.	M. F. T.

ADMISSION GROUP, TABLE II.—Showing the Duration of the present attaction on Admission in the Direct Admissions during the year 19... (stating whether First Attack or not) and in the Transfers (Voluntary Boarder excluded).

	100				Dir	ect /	Admis	sions								Tota		-
Duration of mental disorder prior to		Firs			ot fir			knov ther k or	first	1	Total.		Tra	ınsfe	rs.		and	
aumission.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	т.	М.	F.	1
Within 2 weeks																		THE RESIDENCE OF THE PARTY OF T
Congenital cases																		
Totals						BA												

### [The following Tables, of the Admission Group, refer to Direct Admissions only.]

ADMISSION GROUP, TABLE III.—Showing, in quinquennial periods, the Ages on Admission of the Direct Admissions during the year 19..., arranged according to their Civil State and distinguishing the Congenital Cases (Voluntary Boarders excluded).

					Con	geni	ital	S	ingl	e.	Ma	arrie	d.	Wi	dow	ed.	Un	kno	wn.	r	ota	1.
	Ag	es.			M.	F.	T.	М.	F.	T.	M.	F.	T.	М.	F.	T.	М.	F.	T.	м.	F.	T.
Under 10	yea	ers of	age																			
10 to 14					1																	
15 to 19														100								
20 to 24					1												1					
25 to 29														1			100			135		
30 to 34														-								
35 to 39																						
40 to 44																	100					
45 to 49					1												100					
50 to 54																				- 73		
55 to 59				*																100		
60 to 64																	00					
65 to 69																				1		
70 and ov	er							1														
											1											
Tot	tal	*						1 88														
Ave	erag	ge age	e .																			
Civil State	e of	the (	Cong	enit	al C	ases	s .						49	-								

ADMISSION GROUP, TABLE IV.—Showing the Form of Mental Disorder on admission in the Direct Admissions during the year 19... (Voluntary Boarders excluded).

Forn	ns of mental o	lisorde	r.			M.	F.	т.
Congenital or infantil	e mental de	ficien	cv:					
(a) Without (b) With epi Epileptic insanity General progressive p Mania { Recent *	epilepsy							
(b) With epi	lepsy .			100				
Epileptic insanity .								
General progressive p	aralysis							
Mania   Recent * .								
Chronic .								
Melancholia S Recen	t* .							
Chron	ic .							
Alternating insanity Volitional and moral								
Delusional insanity								
Stupor and states of o	confusion			77.00				
Primary	(including	Deme	ntia pra	ecox)				
Dementia J Senile								
Organic	and paralyt	tic						
Dementia Senile Organic Seconda	ry .	0.00		100				
		1000		-	-	-		-
	Total							

<sup>\*</sup> The period of one year is taken as the limit of the term recent.

Admission Group, Table V.—Showing the Occupation of the Direct Admissions during the year 19... (Voluntary Boarders excluded).

	Oc	cupatio	ons.			М.	F.	т.
Professional								
Commercial			100					-
Agricultural		200						
r Wo	rking in	mills,	manufa	ctories				
Industrial \ Wo	rking at l	handi	crafts					
Industrial Wo	nual labor	ur, he	avier kir	nd .				
Domestic .								
Unknown and n	o occupa	tion						
				Total				

ADMISSION GROUP:-Table VI-ÆTIOLOGICAL.

#### Admission Group:—Table VI—ÆTIOLOGICAL.

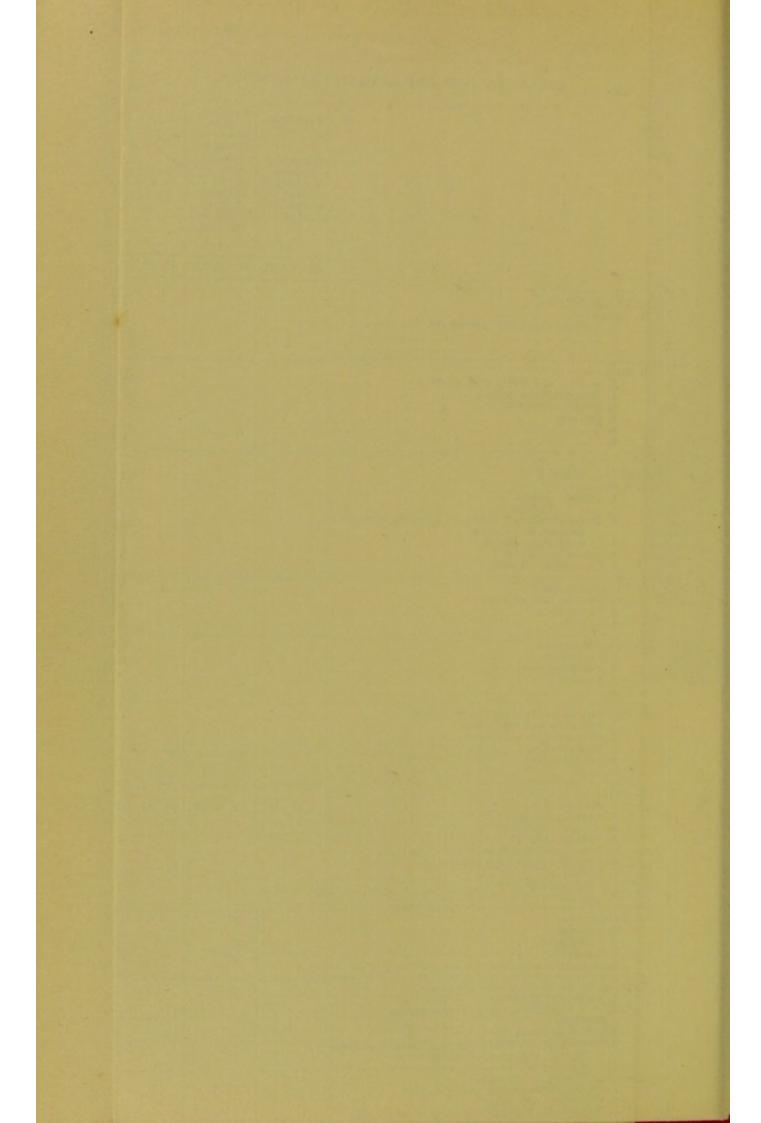
With reference to the Direct-Admissions during the Year 19..... (Voluntary Boarders excluded.)

	PRINCIPAL.	Instances		Me	ental ress.		В	ferediti	ies.		Criti	ical pe	riods.		defects		To	skie.			of z	seases nervou		infan-	, G	d with			ongen		fects.
	Instances where regarded as the essential or chief factor.	where regarded as contributory or associated factors.	TOTAL INCI- DENCE.	> Sudden.		C 1, 2			O Alcoholic.	O Tubercular.	U Puberty and	Climacteric.	g Senility.	or Child-bearing.	Physiological defects	D Alcohol.	Syphilis.	D Tuberculosis.	o Other toxic	H Traumatic.	Lesions of brain, cord,	Epilepsy and other	other bodily aff				seneral p	Mental, to complete as	Moral.	Showing marked	Fith dep
-	м. г. т.	M. F. T.	M. F. T.	M. F.	M. F.	M. F.	M. F.	м. г.	M. F.	м. г.	м. ғ.	м. ғ.	м. г.	F.	М. F.	м. ғ.	М. Г.	М. F.	М. F.	M. F	. M. F	. м. г	F. M. 1	M. 1	F. M. F	M. F	M. F.	W P	M. F	M F	M P
ENTAL STRESS— A. SUDDIN— 1. Nervous shock and intense emotion 2																												Ja. 1.			
B. Peccovern—  1. Anxiety and worry (not sudden)  2. Disappointed affection  3. Mental overwork  4. Solitude  5. 6.																															
IYSICAL STRESS— C. HEREDITY— 1. Insane—Direct 2. Collateral 3. Neurotic—Direct (epilepsy, hysteria, spasmodic asthuna, and chorea) 4. Of paralyses—Direct 5. Alcoholic—Direct 7. Tubercular—Direct 7. Tubercular—Direct																															
D. CRITICAL PERIODS—  1. Puberty and adolescence 2. Climacteric 3. Senility																															
E. CHILD-BEARING—  1. Pregnancy 2. Prepress state 3. Lactation 4.																															
F. PRYSOCOGICAL DEFECTS AND EXPONS—  1. Privation and starvation  2. Over-exertion (physical)  3. Massurbation  4. Sexual excess  5.																															
G. Toxte—  1. Alcohol 2. Syphilis—congenital 3. Tubercolos-cquired 5. Drug-habit inexplie, cocaine, etc.) 6. Lead and other such poisons 7. Influenza 8. Other specific fevers 9.	3 7 10	12 8 20	15 15 30		2	4			3			5					1								4	2	1	1			
H. TRAUMATIC—  1. Injuries 2. Operations 3. Sunstroke 4.																										1					
I. Diseases of the Nievots System—  1. Lesions of the brain 2. of the spinal cord and nerves 3. Epilepsy 4. Neurotic disthesis 5. Other neuroses (viz. hysteria, chorea, spasmodic asthma, and occupation neuroses)																															
J. OTHER BOBLY AFFECTIONS—  1. Hemopoletic system (ansemia, etc.)  3. Respiratory system (excluding tuberculosis)  4. Gastro-intestinal system  5. Renal and vesical system  6. Generative system  7. Other diseases (stating them), *, \$.  4. Diabotes  5. Myxodema  9. Myxodema  9. Myxodema																	+														
K. CONGENITAL AND INFANTILE MENTAL DEFECT .									-	-	-	-	-	-	-			-	-							-			-	-	
L. PERVIOUS ATTACKS																											-			-	
M. Cases in which no PRINCIPAL Cause could with certainty be assigned			-																												
Total		>	5																							'			-	-	
N. None Assignable notwithstanding full history and	observation														-	_	-5-			-											

One entry, and one only, to be made in this column for each case admitted; thus the total of this column will equal the number of direct admissions during the year.

As ascernal factors will sometimes be entered in this column for one case, and, on the other hand, sometimes there may be none, it would be valueless to totalise it and the following columns.

XXASXFORY EXAMPLE.—The hypothetical figures inserted opposite the factor "Alcohol" show that in 7 females it was the Principal factor, and that in 8 others it was a contributory one. That there was an association between alcoho (whether actions as spiningular or contributory factor) and prolonged mental stress. It is also as a factor 5 were in the climateteric period, 1 had contracted synhiss at some period or other, 4 had had prior attacks, 1 was a general paralytic, and 1, although not actually an inbetile or rotted, yet into, yet had a recognised midd degree of mental weakness. The actual decample of the 2 associated with prolonged mental strain, exactly which of the subtivisions of mental strain these belonged to; to do that the Table would have to be extended to the right hand to a very cumbrou degree. Further, it can be seen from the vertical column M, that of the 8 grand cases where alcohol was returned as a contributory factor, there were 2 instances in which no original factor could with creatingly he assigned as the strength of the subtivisions of the subtivisions of the subtivisions of the subtivisions of mental strain these belonged to; to do that the Table would have to be extended to the right hand to a very cumbrou degree. Further, it can be seen from the vertical column M, that of the 8 grand cases where alcohol was returned as a contributory factor, there were 2 instances in which no original factor could with creatingly he assigned as the vertical column M.



ADMISSION GROUP, TABLE VII.—Showing in the "Not First Attack" Direct Admissions during the year 19..., the number of Previous Attacks arranged according to the age on First Attack (Voluntary Boarders excluded).

							Age	Age on first attack.	statta	ck.					
Number of attack known to have been treated to recovery in an Institution or elsewhere.	Under	1 41	15- 19	100	25-	34	35-	1 7	49	40- 45- 50- 55-	9 -68	- \$9 - o9 - o9	- 70 and above	known Un-	Total.
	M. F.	M. F.	M. F.	M.F.	M. F.	M. F.	M.F.	M. F. 1	4. F. N	1. F. N	F. F.	. F. M.	M. F. T.	. M. F.	M.F.T.
Have had I prior attack															
" 2 prior attacks.															
" 3 or more prior attacks								7 18							
Not first attack, but number of prior attacks un-															
Totals															

ADMISSION GROUP, TABLE VIII.—Showing among the Direct Admissions during the year 19..., the number of General Paralytics arranged according to their ages on admission and their civil state.

Single	The same of the sa			-						Ag	Ages on admission.	admis	sion.						
pg		Civil state.		Und	er 10	15-	24		30-	35-	04 4	45-	50-	- 68	-\$9 -09 -\$\$ -\$9 t9 -6\$	5- 70 69 al	70 and above, Un-	Un- known,	Total.
				M.	F. M.	E. M.	F. M.F	. M. F	. M. F.	M. F.	M. F.	M. F.	M. F. 7	d. F. n	4. F. M	I. F. M	I. F.	M. F.	M. F. T.
	Single .																		
	Married .				-										N.		16		
	Widowed .		100																
	Unknown .											1		1		+			
Totals			Total																

## DISCHARGE GROUP, TABLE I.—An analysis of the Discharges during the year 19... (Voluntary Boarders excluded).

							М.	F.	T.
Disabangad on so	anyorod.			1					
Discharged as re First attack ca					-				
Not first attack					200				
Unknown whet		attack or n					-		
Unknown when	ther mist	attack of in			400		100		
		Total							
		1000			198		=		
Discharged as no	ot recover	red—Total							
and of these	there were	e-Sent to o	are of fr	iends, I	V., F.,	T.			
,,		Relieved				"			
"	"	Not imp	roved		11 11	,,			
Transferred to of	ther insti-	tutions .				7.00			
		m . 1			13	-	-	=	-
		Total	discharg	ed and	transfe	erred			
						-	=	===	
	time of d	liccharge.						1 3	
laccification at	time of u	The state of the s					The state of the s	Buch	
Classification at			100			*	***	***	**
Rate-paid.			1000				100		

DISCHARGE GROUP, TABLE II. 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).

		Grand Total.	M.F.T.		
ent may	Un-	known whether First Attack or not.	M.F.T.		
the patie		Total.	M. F. T.		
which		3 yrs. and over.	M. F.		
n from		and and and and and 2 yrs. 3 yrs.	M. F.		
titutio	ttack.	r yr. and under 2 yrs.	M. F.		
ier Ins	Not First Attack.	6 m. 9 m. 1 yr. 2 yrs. and and and and under under under 9 m. 1 yr. 2 yrs. 3 yrs.	M. F.		
any oth	Not	6 m. 9 m. 1 yr. 2 yrs. and and and and under under under 9 m. 1 yr. 2 yrs. 3 yrs.	M. F.		
, and ;		3 m. and under 6 m.	M. F.		
in this		The second liverage and the se	M. F.		
een tra		Under and I m. 1 m. and sm.	M. F.		
Duration of Residence (including any absence "on leave") in this, and any other Institution from which the patient may have been transferred here.		Total,	M.F.T.		
y abser		3 yrs. and over.	M. F.		
ing any		yr. 2 yrs. nd and oder under yrs. 3 yrs.	. F. M. F. M. F.		
includi	Cases.	9 m. 1 yr. 2 yrs. and and under under under under 1 yr. 2 yrs. 3 yrs.	M. F.		
lence (	First Attack Cases.	g m. and under	M. F.		
f Resid	First A	6 m. and under 1 9 m.	M. F.		
ation o		3 m. 6 m. and and under under 6 m. 9 m.	M. F.		
Dur		and inder	M. F.		
		Under and 1 mth. under 3 m.	M. F. M. F. M. F. M. F. M. F. M		
	Duration of this Attack Previous to Admission either to this Institution			Within 2 weeks 2 weeks and within 1 month 1 month 2 months 2 months 2 years 2 years 2 years 2 years 2 Longer periods specified	Totals

DISCHARGE GROUP, TABLE III.—Showing the age in quinquennial periods at recovery of those Discharged Recovered during the year 19..., arranged according to the Total Length of the present Total. 70 and over. 109 The age on recovery. 30-35-40-45attack of Mental Disorder (Voluntary Boarders excluded). 24 29 15-Under M. F. Total length of this attack of mental disorder. Totals I month and within 3 months 2 years (Longer periods specified) 12 Within I month . 3 months 2 years 12 6

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

Forms of Mental Disorder.	м.	F.	т.
The foregoing Terminology of Table IV, Admission Group, to be used here as far as possible.			
Total			

19..., arranged as PRINCIPAL and CONTRIBUTORY, together with correlations between them and certain DEATH GROUP, TABLE I.—Showing all the Causes of death that entered into the deaths during the year Selected Causes. Also the number of instances in which the Cause was verified by post-mortem examination (Voluntary Boarders excluded).

7			li li	1
		M. F.		
		F.		
given Cause of Death (whether acting		Z.		
er a		I. F.		
heth 18es.	the heart.	F. M.		
h (w	degeneration of	M.		
Seat	heart disease.	H.		
of I	Valvular	F. M.		
ause	Chronic Bright's disease.	M. I		
en C subjo	paralysis.	田		
	General	M.		
any	Cerebral hæmorrhage.	M. F		
reen (ku	sarcoma.	E.		
betw	Carcinoma and	N.		
tion	Pulmonary tuberculosis.	M. F.		1
relat or Ce		F. N		
cor	Erysipelas.	F. M.		-
tota	The total infective enteritis.  Dysentery  Dysentery  Dysentery  Principal or Contributory)  Principal or Contributory  Pulmonary  Pulmonary  Pulmonary  Pulmonary  Tuberculosis.  Carcinoma and sarcoma.  Carcinoma and the sarcoma.  Carcinoma and the sarcoma.			1
the P.				I
ving	Dysentery	M. F		
Shov	thos and infec- tive enteritis.	E.		
1	Epidemic diar-	F. M.		
	Influenza.	M. I		
	ul nce.	T		
	Total incidence.	F.		
	Ë	M.		
	No. verified P.M.	-		
-		1		
	s ned	T.		
1	Instances when returned as CONTRIBUTORY.	E.	+	
1	Instrien r			
	Cos	M.		
-	No. verified P.M.	-		
		Ι.		
	on and and and and and and and and and an	T.		
	Instances when returned as PRINGIPAL.	F.		
	Tr. Pr.	M.		
			0	
	į.		As grouped by the Registrar-General, and using the nomenclature of the Royal College of Physicians	
	dea		d by Gen g th re c lleg ians	al
	Names of ses of deat		rouped by strar-General using the enclature or	Total
1	Names of causes of death.		As grouped by the Registrar-General and using the omenclature of the Royal College of Physicians	
	9		As Reg	
1			-	

† Any cause other than the principal to be entered in this column; there may of course be no secondary cause, or there may be two or more. \* One cause only, and that the principal, must be entered in this column.

DEATH GROUP, TABLE II.—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).

					Ages	at De	eath in	Quin	quent	nial pe	riods.				
Principal Causes of Death.	Under	10-	15-	20-	25-	30-	35-	40-	45-	50-	55-	60- 64.	65— 69.	70 & over.	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.T.
As grouped by the Registrar- General, and using the Terminology of the Royal College of Physicians.															
Totals .															

DEATH GROUP, TABLE III.—Showing the Total duration of the present attack of Mental Disorder in the deaths during the year 19... (Voluntary Boarders excluded).

	-		-			-	-			-		
Wii	thin I mon	th										
	month and											
2 1	months			"								
6		"				3					-	
		"		"			-		-			
	"			"					2			
12	"			years		*						
2 )	years	33	3	11					2			
3	"	1)	5	"				10				
3 5	"	>>	10	,,			*					1 1135
10		))	15	,,								
15	"	>>	20	,,								1
Lor	iger period	s sp	ecifie	d .							No. of the last	100
								340				
					Total							

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

			Ag	es in q	nbuind	ennial	perio	ds of t	hose re	ssiden	t Dece	mber 3	Ages in quinquennial periods of those resident December 31st, 19			
Total duration of present attack of mental disorder.	Under 10.	101	15-	20-		25- 30- 35- 40- 45-	35-	10+	45- 49.	50-	55- 59.	60 6	5- au	65- and Un- 69. over, known.	n. Total.	Te
	M. F.	M. F.	M.F.	M.F.	M.F.	M. F.	M.F.	M.F.	M. F.	M.F.	M.F.	1. F. N	. F. M.	M. F. M.F. M.F. M.F. M.F. M.F. M.F. M.F	3. M.F.	T.
Under 3 months																
3 months and within 6 months													-			
6 " " 12 "								171-5								
12 ,, 2 years																Ville
2 years " 3 " · ·																
3 " " 5 "													-			
Io "	•															
And afterwards in decennial periods .						1			İ	1		-	-	-		1
Total																
The state of the s																

Residue-Group, Table II.—Showing the Form of Mental Disorder on December 31st, 19..., of those resident on that date (Voluntary Boarders excluded).

Forms of Mental	Disorde	r.			М.	F.	т.
Congenital or infantile mental of	leficien	cv:					
(a) Without epilepsy (b) With epilepsy.  Epileptic insanity  General progressive paralysis  Mania { Recent *							
(b) With epilepsy .					100		
Epileptic insanity	18	- 1					
General progressive paralysis							
Mania Recent *					1100		
Chronic							
Melancholia   Recent * .				-			
Chronic .			1.0				
Alternating insanity Volitional and moral insanities							
							1000
Delusional insanity Stupor and states of confusion							
(Primary (including	Deme	ntia pra	ecox)	201			
Senile .	Deme	min pro					
Dementia Organic and paraly	tic						
Dementia Senile Organic and paraly Secondary .							
Tota	1 .						1

<sup>\*</sup> The period of one year is taken as the limit of the term recent.

# CIVIL REGISTER.

	Observation	
1	Discharge, Transfer, or Death.	
	Died.	
	Trans- ferred.	
ed.	Not improved.	
harg	Relieved.	
Discharged.	Recovered.	
The second second		
	Medical Certifi- cate d. and by of whom signed.	
By whose autho-	rity sent. Name and ad- dress of Peti- tioner (if any).	
Union	County towhich charge- able.	
s Place	Usual Whence Place of brought	
Previous Place of Abode.	Usual Place of Abode.	
	Unknown.	
Civil State.	Widowed.	
ivil 8	Married.	
0	Single.	
3	Female.	
Sex.	Male.	
00	Criminal (not included under Private).	
Class.	Private.	
	Rate-paid.	
	Christian and Surname.	
after larity rder.	A Readmission of Previous irregul O lo gaisqui to	
	A Transfer.	
rg-	Date of Continu	
uoi	Date of Recept	
A	Date of Urgenc	
	Date of Admiss	
	No. in order of Admission.	
·(Áu)	Date of Previous (if a	

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REGISTER-1

				Observations			In small Institutions the use of another portion of the same book,				
Bodily State	Admission.	•(.	śur	Name of Bodily Disease (if a			portic				
Bodill				General Health.			other				
	- 3	1 Officer.	ica	Secondary.  Deemed Suicidal by the Med	-		an				
		ei -		Organic and Paralytic.	i		_ jo				
er.	De-			Senile,			- se				
ord			'XC	Primary (including D. Præce			- n				
Dis			uo	Delusional Insanity.  Stupor and States of Confus			- th				
al al	-		Sar	Volitional and Moral Insanit			ns				
ent	-		201	Alternating Insanity.			Lio				
M		Maia: - Recent (R.), Chronic (C.).									
Form of Mental Disorder.		General Progressive Paralysis.									
отп		Epileptic Insanity.									
T	_	Epileptic Insanity.									
		Congen. Mental Deficy.—With Epilepsy.									
-	Congen. Mental Deficy.—Without Epilepsy.										
		Contributory.									
		but		As many contributory factors as are found to be entered here.			9				
ors		ifi		rnib ors nad red		104					
act		Con		ds.			Su				
H				Index Symbol.			- 2				
isa		-					1				
Causal Factors,		ipa		only teres			5				
		Principal.		One factor and one only to be entered for each case in this column.			Register for Transfers.				
		on, expre	Diss	Duration of Present Attack fi ment until the Present Admis years, months and decimals o			Totals where possible.				
· i		1	-	Index No.	1	1	1				
Occupation				The same of the sa	1		4				
edn				Name of			10				
)cc				Yar			1				
-		1	-		-		- 3				
=	ie.			Widowed. Unknown,	1		- 9				
Civil	Sta			Married.	1						
				Single.	1						
Age.	0			On First Attack.	-						
V		1		On Present Admission.	1		- 3				
:		127011 10	NO	Unknown whether First Atta	-		-				
ack		400.10	-lo-	No. of Previous Attacks.	1						
Attack.				Insanc for First Time.	T						
					d.						
					Brought forward	The second second	Totals where possible.				
1				me.	OF		possible.				
				Name.	at t		SSi				
					Ign		Po				
1					Sro						
				No. in Civil Register,	1		- 2				
		WITTEN		THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	1		1				
				Date of Admission.		The second second	1				
1				Date of missic		THE TOTAL PROPERTY.	1				
				Adı	-						
-				The second secon	1		-				

Note.—It will probably be convenient to use another book as a Register for Transfers. In small institutions are convenient to use another book as a Register for I ransfer, for DirectAdmissions at the head of the page, would possibly suffice. It is intended that separate Registers for the Sexes shall be used.

REGISTER OF DISCHARGES AND TRANSFERS,

		Observa- tions,	
e of		Age on recovery.	
cas	-	Age on recovery.	
d'e		,30n 10 j	
th	ac	Unknown, whether first	
ove	First.		
rec			
0,0			
illed in	attaclier.	Total dura- tion.	
Columns to be filled in, only in the case of those discharged recovered.	Duration of present attack of mental disorder.	Prior to admission on present admission or or or such order.	
Colui	Duration of me	Prior to admission on present or original order.	
here.		Not improved.	
ed.		Relieved.	
Transfers and where transferred to.		Name of asylum, etc., to which patient was removed.	
Discharged.	ged, im- nt.	Of those dischargrelieved, and not proved, where se	
chi		Not improved.	
Dis		Relieved.	
-		Recovered.	
	pəpnj	Criminal (not inc under Private).	
Class.		Private.	
		Rate-paid.	
		Sex.	
	ne i Sa	Name.	
-11	tain9	No. in civil r	
	The state of	Date of last admission.	
		Date of discharge,	

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.

		-	
Observations,			
Form of Mental Disorder at Death (an refurned in Statement of Death).			
Verified by Post- mortem Examina- tion.			
Causes of Death.	Con- tributory.		
	Principal. (One cause, and one only, must be entered here.)		
Duration of Present Attack of Mental Disorder.	Total Duration.		
	Since Admission.		
	Before Admission under Certificates.		
Class.	Criminal (not included under Private).		
	Private.		
	Rate-Paid.		
Age at Death.			
Sex.		E.	
		M.	
Name.			
No. in Civil Regis- ter.			
Date of last Admission.			
Date of 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.

