MEDICO-PSYCHOLOGICAL ASSOCIATION.

REPORT OF THE STATISTICAL COMMITTEE, APPOINTED AT THE ANNUAL MEETING HELD AT LIVERPOOL IN 1902, PRESENTED TO THE ANNUAL MEETING OF THE ASSOCIATION, JULY 21ST, 1904.

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 years 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 11 *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...

	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 in the year .				
Cases discharged or transferred as—				
Recovered				
Relieved				
Not improved				
Died.				
Total cases discharged and died during the year.				
On the Asylum Registers, Dec. 31st, 19				
Average daily number resident during the year				

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[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.*

Year.	Total Admissions.	Total No. under treatment,	Discharged.			Died.	Remaining on Registers Dec. 31st.	Average Daily Number Resident.	Percentage of Total Recoveries on the Total Number of Admissions.	Percentage of Total Recoveries on the Direct Admissions.	Percentage of Deaths on Average Daily Number Resident.
			Recovered.	Relieved.	Not improved.						
	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.

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

Direct Admissions.					Transfers from other Asylums, etc., and admissions, irregular or due to lapsed orders, etc.		Grand Total.
Congenital.	Acquired.			Total.			
	First attack.	Not first attack.	Unknown whether first attack or not.		Transfers.	Lapsed orders, etc.	
M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.

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

Duration of mental disorder prior to admission.	Direct Admissions.				Transfers.	Total Direct Admissions and Transfers.
	First attack.	Not first attack.	Unknown whether first attack or not.	Total.		
	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.
Within 2 weeks . . .						
2 weeks and within 1 month .						
1 month „ 3 months .						
3 months „ 6 „ .						
6 „ „ 9 „ .						
9 „ „ 12 „ .						
12 „ „ 18 „ .						
18 „ „ 2 years .						
2 years „ 3 „ .						
3 „ „ 5 „ .						
Longer known periods to be specified.						
Duration unknown . . .						
Congenital cases						
Totals . . .						

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[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*).

Ages.	Congenital Cases.	Single.	Married.	Widowed.	Unknown.	Total.
	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.
Under 10 years of age						
10 to 14						
15 to 19						
20 to 24						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 and over						
Total						
Average age						
Civil State of the Congenital Cases						

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

Forms of mental disorder.	M.	F.	T.
Congenital or infantile mental deficiency:			
(*a*) Without epilepsy			
(*b*) With epilepsy			
Epileptic insanity			
General progressive paralysis			
Mania — Recent*			
Mania — Chronic			
Melancholia — Recent*			
Melancholia — Chronic			
Alternating insanity			
Volitional and moral insanities			
Delusional insanity			
Stupor and states of confusion			
Dementia — Primary (including Dementia præcox)			
Dementia — Senile			
Dementia — Organic and paralytic			
Dementia — Secondary			
Total			

* 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*).

Occupations.	M.	F.	T.
Professional			
Commercial			
Agricultural			
Industrial — Working in mills, manufactories			
Industrial — Working at handicrafts			
Industrial — Manual labour, heavier kind			
Domestic			
Unknown and no occupation			
Total			

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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*).

Number of attack known to have been treated to recovery in an Institution or elsewhere.	Age on first attack.															
	Under 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 above	Unknown.	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.
Have had 1 prior attack																
„ 2 prior attacks																
„ 3 or more prior attacks . .																
Not first attack, but number of prior attacks unknown																
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.*

Civil state.	Ages on admission.																			
	Under 10		10—14		15—19		20—24		25—29		30—34		35—39		40—44		45—49		50—54	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Single																				
Married																				
Widowed																				
Unknown																				
Totals . .																				

Civil state.	Ages on admission.																			
	55—59		60—64		65—69		70 and above.		Unknown.		Total.									
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	T.							
Single																				
Married																				
Widowed																				
Unknown																				
Totals . .																				

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

	M.	F.	T.
Discharged as recovered:			
First attack cases	...	...	...
Not first attack	...	...	...
Unknown whether first attack or not	...	...	...
Total	...	...	...
Discharged as not recovered—Total	...	...	...
and of these there were—Sent to care of friends, M., F., T.			
" " *Relieved* " " "			
" " *Not improved* " " "			
Transferred to other institutions	...	...	...
Total discharged and transferred	...	...	...
Classification at time of discharge:			
Rate-paid	...	...	...
Private	...	...	...
Criminal (not included under private)	...	...	...

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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).*

Duration of this Attack Previous to Admission either to this Institution or to any other Institution under the existing Reception Order.	Duration of Residence (including any absence "on leave") in this, and any other Institution from which the patient may have been transferred here.																			Unknown whether First Attack or not.	Grand total.
	First Attack Cases.									Not First Attack.											
	Under 1 mth.	1 m. and under 3 m.	3 m. and under 6 m.	6 m. and under m.	9 m. and under 1 yr.	1 yr. and under 2 yrs.	2 yrs. and under 3 yrs.	3 yrs. and over.	Total.	Under 1 m.	1 m. and under 3 m.	3 m. and under 6 m.	6 m. and under 9 m.	9 m. and under 1 yr.	1 yr. and under 2 yrs.	2 yrs. and under 3 yrs.	3 yrs. and over.	Total.		
	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F. T.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F. T.	M. F. T.	M. F. T.
Within 2 weeks . . .																				
2 weeks and within 1 month																				
1 month „ 3 months																				
3 months „ 6 „																				
6 „ „ 9 „																				
9 „ „ 12 „																				
12 „ „ 18 „																				
18 „ „ 2 years																				
2 years „ 3 „																				
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 attack of Mental Disorder* (*Voluntary Boarders excluded*).

Total length of this attack of mental disorder.	The age on recovery.																			
	Under 10		10—14		15—19		20—24		25—29		30—34		35—39		40—44		45—49		50—54	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Within 1 month																				
1 month and within 3 months																				
3 months „ 6 „																				
6 „ „ 9 „																				
9 „ „ 12 „																				
12 „ „ 18 „																				
18 „ „ 2 years																				
2 years „ 3 „																				
(Longer periods specified)																				
Totals																				

Total length of this attack of mental disorder.	The age on recovery.																			
	55—59		60—64		65—69		70 and over.		Unknown.		Total.									
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	T.							
Within 1 month																				
1 month and within 3 months																				
3 months „ 6 „																				
6 „ „ 9 „																				
9 „ „ 12 „																				
12 „ „ 18 „																				
18 „ „ 2 years																				
2 years „ 3 „																				
(Longer periods specified)																				
Totals																				

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.	M.	F.	T.
The foregoing Terminology of Table IV, Admission Group, to be used here as far as possible.			
Total . .			

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DEATH GROUP, TABLE I.—*Showing all the Causes of Death that entered into the Deaths during the year* 19..., *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* (*Voluntary Boarders excluded*).

Names of causes of death.	Instances when returned as PRINCIPAL.	No. verified P.M.	Instances when returned as CONTRIBUTORY.	No. verified P.M.	Total Incidence.	Showing the total correlation between any given Cause of Death (whether acting as Principal or Contributory) and the subjoined selected causes.															
						Influenza.	Epidemic diarrhœa and infective enteritis.	Dysentery (*Colitis*).	Pneumonia.	Erysipelas.	Pulmonary tuberculosis.	Carcinoma and sarcoma.	Cerebral hemorrhage.	General paralysis.	Chronic Bright's disease.	Valvular heart disease.	Fatty degeneration of the heart.				
	M. F. T.		M. F. T.		M. F. T.	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.
As grouped by the Registrar-General, and using the nomenclature of the Royal College of Physicians.			†																		
Total . . .																					

* One cause only, and that the principal, must be entered in this column.
† 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.

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*).

Principal Causes of Death.	Ages at Death in Quinquennial Periods.															
	Und'r 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.	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*).

Duration of Present Attack of Mental Disorder.	M.	F.	T.
Within 1 month			
1 month and within 3 months			
3 months „ 6 „			
6 „ „ 9 „			
9 „ „ 12 „			
12 „ „ 2 years			
2 years „ 3 „			
3 „ „ 5 „			
5 „ „ 10 „			
10 „ „ 15 „			
15 „ „ 20 „			
Longer periods specified			
Total			

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RESIDUE GROUP, TABLE I.—*Showing the Ages (in quinquennial periods) of those resident on December 31st, 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 in Quinquennial Periods of those resident December 31st, 19....																					
	Und'r 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.		Unknown.		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.
Under 3 months																															
3 months and within 6 months . . .																															
6 „ „ 12 „ . . .																															
12 „ „ 2 years . . .																															
2 years „ 3 „ . . .																															
3 „ „ 5 „ . . .																															
5 „ „ 10 „ . . .																															
And afterwards in decennial periods . .																															
Total																															

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 Disorder.	M.	F.	T.
Congenital or infantile mental deficiency:			
(*a*) Without epilepsy			
(*b*) With epilepsy			
Epileptic insanity			
General progressive paralysis			
Mania — Recent *			
Mania — Chronic			
Melancholia — Recent *			
Melancholia — Chronic			
Alternating insanity			
Volitional and moral insanities			
Delusional insanity			
Stupor and states of confusion			
Dementia — Primary (including dementia præcox)			
Dementia — Senile			
Dementia — Organic and paralytic			
Dementia — Secondary			
Total			

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

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CIVIL REGISTER.

Date of Previous Admission (if any).	
No. in Order of Admission.	
Date of Admission.	
Date of Urgency Order.	
Date of Reception Order.	
Date of Continuation Order.	
A Transfer.	
A Re-admission after previous irregularity or lapsing of Order.	
Christian and Surname.	
Class. — Rate-paid.	
Class. — Private.	
Class. — Criminal (*not included under Private*).	
Sex. — Male.	
Sex. — Female.	
Civil State. — Single.	
Civil State. — Married.	
Civil State. — Widowed.	
Civil State. — Unknown.	
Previous Place of Abode. — Usual Place of Abode.	
Previous Place of Abode. — Wh'nce brought	
Union or County to which chargeable.	
By whose Authority sent. Name and Address of Petitioner (if any).	
Date of Medical Certificate and by whom signed.	
Dis. chrgd. — Recovered.	
Dis. chrgd. — Relieved.	
Dis. chrgd. — Not improved.	
Transferred.	
Died.	
Date of Discharge, Transfer, or Death.	
Observations.	

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MEDICAL REGISTER—DIRECT ADMISSIONS.

Date of Admission	No. in Civil Register.	Name.	Attack.	Age	Civil State.	Occupation.	Duration of Present Attack from its Commencement until the Present Admission, expressed in Years, Months, and Decimals of a Month.	Causal Factors.		Form of Mental Disorder.		Deemed Suicidal by the Medical Officer.	Bodily State on Admission.		Observations.
								Principal.	Contributory.						
			Insane for First Time.		Single.	Name of		One factor and one only to be entered for each case in this column.	As many contributory factors as are found to be entered here.				General Health.	Name of Bodily Disease (if any).	
			No. of Previous Attacks.		Married.										
			Unknown whether first attack or not.		Widowed.	Index No.									
			If Previously Certified.		Unknown.										
			On Present Admission.												
			On First Attack.												
		Brought forward						Index Symbol.	Index Symbol.	Congen. Ment. Defcy.—Without Epily.					
										" " " With Epilepsy.					
										Epileptic Insanity.					
										General Progressive Paralysis.					
										Mania—Recent (R.), Chronic (C.).					
										Melancholia—Recent (R.), Chronic (C.).					
										Alternating Insanity.					
										Volitional and Moral Insanities.					
										Delusional Insanity.					
										Stupor and States of Confusion.					
										Primary (including D. Præcox.					
										Senile.					
										Organic and Paralytic.					
										Secondary.					
		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.

Register of Discharges and Transfers.

Date of Discharge.	Date of last Admission.	No. in Civil Register.	Name.	Sex.	Class.			Discharged.				Transfers and where transferred to.			Columns to be filled in only in the case of those discharged recovered.							Observations.
					Rate-paid.	Private.	Criminal (*not included under Private*).	Recovered.	Relieved.	Not improved.	Of those discharged, relieved, and not improved, where sent.	Name of asylum, etc., to which patient was removed.	Relieved.	Not improved.	Duration of present attack of mental disorder.			Attack.			Age on Recovery.	Form of mental disorder on admission.	
															Prior to admission on present or original order.	Since admission on such order.	Total duration.	First.	Not first.	Unknown whether first or not.			

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.

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REGISTER OF DEATHS.

Date of Death.	Date of last Admission.	No. in Civil Register.	Name.	Sex.		Age at Death.	Class.			Duration of Present Attack of Mental Disorder.			Causes of Death.		Verified by *post-mortem* Examination.	Form of Mental Disorder at Death (*as returned in Statement of Death*). (1)	Observations.
				M.	F.		Rate-paid.	Private.	Criminal (*not include l under Private*).	Before Admission under Certificates.	Since Admission.	Total Duration.	Principal. (One cause, and one only must be entered here.)	Contributory.			

(1) 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.