

ing to their department of origin; and when the place of origin shall be unknown, according to the department wherein they shall have acquired their legal residence. The foreign insane shall be set down collectively, without distinction of origin.

Such are the statistical documents which appear to us desirable to ask, each year, from all institutions for the insane. The Commission is not ignorant of the fact, that still more might be prepared, but it has thought it better, at least for the present, to confine itself to the foregoing.

A great result would already have been obtained if these should be all and everywhere properly filled.

OBSERVATIONS

RELATIVE TO THE TABLES.

The typical forms inscribed at the heads of tables II, to XII., XVI. to XXIX. and XXXI., should be understood as follows:

1st. *Simple insanity* comprehends the different varieties of mania, melancholia and monomania, circular insanity and mixed insanity delusion of persecution, moral insanity, and the dementia following these different forms of insanity.

2nd. *Epileptic insanity* means insanity with epilepsy, whether the convulsive affection has preceded the insanity, and has seemed to have been the cause, or whether it has appeared, during the course of the mental disease, only as a symptom or complication.

3rd. *Paralytic insanity*, or dementia, should be considered as a distinct, morbid entity, and not at all as a complication, a termination of certain forms of insanity. There should be comprehended, then, under the name of paralytic insane, all the insane who show, in any degree whatever, the characteristic symptoms of this disease.

4th. *Senile dementia* is the slow and progressive enfeeblement of the intellectual and moral faculties consequent upon old age.

5th. *Organic dementia* embraces all the varieties of dementia other than the preceding, and which are caused by organic lesions of the brain, nearly always local, and presenting, as almost constant symptoms, hemiplegic occurrences more or less prolonged.

6th. *Idiocy* is characterized by the absence or arrest of development of the intellectual and moral faculties, *imbecility* and *weakness of mind* constituting two degree or varieties.

7th. *Cretinism* is characterized by a lesion of the intellectual faculties, more or less analogous to that observed in idiocy, but with which is uniformly associated a characteristic vicious conformation of the body, an arrest of the development of the entirety of the organism.

Under the titles *ill defined forms, other forms*, are to be set down all the varieties of mental alienation which it shall seem impossible to associate with any of the preceding typical forms.

There will be mentioned only in table I., patients attacked with delirium tremens, the *delirium of acute diseases, traumatic delirium, or simple epilepsy*, which shall have been received into the institution by error or otherwise.

TABLE I.—*The average population* is obtained by dividing the sum of the days of presence of each class of patients by 365 or 366, according as the year is or is not bissextile. It may be obtained again, but a little less exactly, by adding to the number of residents on January 1st, half the sum of admissions, and subtracting therefrom half the sum of discharges by recovery, death, or otherwise.

TABLES II. to XIII.—To avoid double insertion, there should be set forth, in these tables, only the insane *admitted for the first time into an asylum*. There should be comprehended herein, then, neither the relapses nor the re-admissions of any kind whatever, nor the transients, nor the insane transferred from one asylum to another.

TABLE II.—To determine the duration of the disease prior to admission, one should take, as a starting point, not the precursors of the mental alienation, but exclusively its first manifestations.

TABLE VIII.—There should be set forth in this table only concomitant diseases and morbid phenomena demonstrated on admission. There is no necessity for totalising the figures.

TABLES IX., XX., and XXVI.—There should be established with a rigorous exactitude, at the heads of these tables, the number of patients regarding whom there shall have been obtained sufficiently precise information to make it possible to determine, with a fair degree of precision, the cause or the causes of mental alienation, or the probable absence of every sort of cause, whether predisposing or exciting.

One should not, by any means, limit himself to assigning only a single cause for each case of insanity. He should set forth, on the contrary, in these tables, all the causes which may appear to have had an important influence upon the development of the disease. There will, therefore, be no need of totalising them.

TABLE X.—Married women who engage in no business, should be set down under the title, *without profession*, whatever may be that of their husbands.

TABLE XXV.—There should be mentioned in this table only such incidental diseases as shall have necessitated special treatment, and accidents of considerable gravity.

TABLE XXIX.—It is not, by any means, the number of workers turned out during the last days of December, that should be carried into this table, but rather that of patients who shall have been occupied, during the last six months, at the average rate of at least ten entire days a month, whatever may have been the nature and importance of the work done. All others should be considered as unoccupied.

Recoveries, mortality.—To establish the proportion of cures, one will compare the annual number of recoveries with that of admissions, deduction being made of the transients, the transferred, and the re-admitted after escape or departure before recovery, upon the condition of deducting from the number of cures the contingent which these different categories shall have furnished to the recoveries.

To determine the relative mortality of an asylum, in such manner as to be able to compare it at once with that of the general population, and with that of other institutions, whatever may be the elements of their population, it is necessary to settle the proportion of deaths. 1st, to the average population. 2nd, to the number treated.

STATISTICS OF THE INSANE,

For the Year 18 .

NOMENCLATURE OF THE TABLES.

A.—MEDICAL STATISTICS.

1. General progression of the }
population }
2. Insane admitted for the first } Duration of the disease prior to admission.
time into an asylum .. . }
3. Months of admissions.
4. Civil state.
5. Amount of Education.
6. Age at time of admission.
7. Age at the time of development of the disease.
8. Aggravating circumstances and complications.
9. Supposed causes of insanity.
10. Professions.
11. Religion.
12. Place of origin ; density of the population.
13. Place of origin ; configuration of the ground.
14. Insane admitted during the }
year..... } Curables and incurables.
15. } After relapse.
16. Insane recovered during the }
year..... } Age at time of recovery.
17. Duration of residence in the asylum or of treatment.