THE REGISTRAR GENERAL'S STATISTICAL REVIEW OF ENGLAND & WALES

FOR THE YEAR 1949

SUPPLEMENT ON GENERAL MORBIDITY, CANCER AND MENTAL HEALTH

LONDON: HER MAJESTY'S STATIONERY OFFICE
1953
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INTRODUCTION

Sickness squanders the true wealth of nations. The object of providing measurements of morbidity, as of mortality, is to help to reduce the ills, expenses and waste which are caused by sickness. In doing this morbidity statistics can supplement mortality statistics and may in some respects prove the better tool, though one which is more difficult to fashion and use.

The contribution of medical statistics generally to better health takes the form of providing clues to the circumstances which appear to encourage development of particular diseases and injuries, thereby assisting in their prevention, and of indicating ways in which resources for combating sickness which has reached a stage of requiring treatment may be better organized. In either rôle expenditure on medical statistics has the character of an investment, from which a full return may be expected only over a period of years. Although doctors, hospitals and others are naturally concerned more directly with the immediate needs of their present patients than with the future health of the community or with providing the means for a health audit of the country, it would be wrong that they should therefore neglect the part they can play in providing for the future.

Mortality statistics have already achieved much in the field of preventive medicine by showing what diseases were taking an unduly heavy toll of life and the broad personal or environmental circumstances in which that toll was heaviest. It was on such statistics, showing where there was most profit in attack, that the great sanitary reforms of the nineteenth century were firmly based. But mortality statistics can tell us nothing about the many cases of sickness which lead to few, if any, deaths and yet produce a very heavy burden of suffering and economic loss. Nor can mortality statistics, of themselves, tell us whether changes in the number of deaths from a disease are due to changing social conditions, changing personal habits, changing virulence of the disease or changing methods of treatment; the general influence of some of these factors may be guessed at, but reliable morbidity statistics could indicate clearly whether there had been changes in the frequency of occurrence of a disease or simply changes in its outcome. Further, since morbidity statistics relate to an earlier stage of disease, the personal and environmental circumstances at the time the data are recorded are likely to be more closely related to the causative factors than those recorded at the time of death. They are therefore likely to be of greater value in disentangling the many circumstances which play a part in producing clinical attacks of chronic diseases.

Mortality statistics have contributed also to the organization of resources for combating established sickness by providing a crude indication of where resources most needed to be applied. With the establishment of a full National Health Service, however, it has become apparent that much too little is known about where and for what diseases better facilities are required or by what means, for example, some hospitals are able to deal with more patients than others.

The need for more information was to some extent anticipated when schemes for collecting statistics from a number of teaching and other hospitals and also from all mental hospitals and mental deficiency institutions were introduced at the beginning of 1949. While these schemes could not help in assessing what was happening in general practice, much valuable information about demands made on general practitioners was, in fact, derived from the Survey of Sickness, conducted on behalf of the Registrar General by the Social Survey organization of the Central Office of Information, a Survey which had been initiated for a rather different purpose in 1943.

While figures from the general Hospital In-Patient Enquiry, referred to above, together with some figures derived from war-time E.M.S. hospital records are being published in a companion volume* to this, the present volume includes, in addition to figures from the Survey of Sickness and from mental hospitals and deficiency institutions, figures derived from the Cancer Registration Scheme, which had been taken over and further developed by the General Register Office at the instance of the Ministry of Health when the Radium Commission ceased operations in 1947. The two volumes together thus form a morbidity supplement to the Registrar General's Statistical Review of England and Wales for the year 1949. They bring together the early results of a number of national enquiries aimed at improving the national morbidity statistics. Two important nation-wide sources of morbidity data are, however, not covered in these volumes, namely, notification of infectious diseases, details of which are published in the annual Statistical Review, Part I, and Text for 1948/49, and claims to sickness benefit under the National Insurance Act, from which the Ministry of National Insurance are preparing statistics.

In the Survey of Sickness, which provides the most comprehensive source of morbidity information dealt with in these volumes, records were made specifically with the object of providing sickness statistics. This involved asking the people themselves about the sicknesses from which they suffered, and thus could not be expected to provide universally precise and detailed statements of diagnosis; this characteristic indicates the main limitations of the value of surveys of this kind, but, despite these limitations, information of value and importance was obtained. The first contact of a sick person with the medical profession, and therefore with a comparatively reliable statement of diagnosis, is likely to be his general practitioner or, less often, the out-patient department of a hospital. It is not yet practicable to arrange for collection of national statistics on a routine basis from these sources except in relation to certain notifiable diseases, but it may be possible to derive valuable sickness statistics for the working population from the claims to sickness benefit received by the Ministry of National Insurance, which cover a large proportion of medically treated sickness so far as the insured population (i.e. about half the total population) is concerned. Statistics derived from sources other than a general

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* *The Registrar General's Statistical Review of England and Wales for the year 1949: Supplement on Hospital In-Patient Statistics. (in preparation)*

sickness survey cannot cover all sickness occurring among all sections of the population and therefore cannot give a complete picture of morbidity. Each source can, however, in addition to providing information valuable in the administration of the particular service from which it is derived, help to build up a more complete picture of the incidence of diseases in the country.

Hospital records, for example, at present provide the most accessible source of information containing reliable statements of diagnosis; the contribution which they may be expected to make to knowledge of the pattern of sickness in the country as well as to the most effective organization of the hospital service is such that the present exploratory in-patient enquiry may be expected to lead in due course to a more comprehensive system of collecting hospital statistics, as is already in force in mental hospitals and mental deficiency institutions. It must be recognized, however, that statistics prepared from such records miss a very large part of the sickness of the community and, therefore, necessarily have serious limitations as indices of incidence.

Apart from their uses in relation to more particular problems, the Survey of Sickness, General Practitioner Records and Hospital Records may all contribute to the general picture of morbidity in the country and the process of their development emphasizes the interaction between morbidity statistics and record-keeping. Where records are required primarily for purposes other than statistics, there may be difficulties in adapting them to provide information in a form suitable for statistical use. The Survey of Sickness is the only case where records were created specifically to provide a basis for statistics. Both in general practice and in hospitals records are accepted as a necessary adjunct to the proper treatment of the patient, but, if designed solely for this purpose, it is unlikely that good statistics could be made from them. Similarly, death certificates and certificates for claims to sickness benefit are designed primarily with an immediate administrative purpose in view, and the medical statistics derived from them are in a sense a by-product. It is largely because records must satisfy a minimum standard of completeness and accuracy and must be kept in a uniform manner before useful statistics can be derived from them that many of the difficulties and delays in collecting morbidity statistics occur. On the other hand, any substantial departure from what is required in the record for the patient's proper treatment or for recognized and immediate administrative needs raises the bogey of additional work and additional cost. It comes about, therefore, that, while experience has shown that recording for statistics also improves the record for treatment and administrative purposes, a minimal standard of recording is essential before morbidity statistics can usefully be collected. It is these considerations which account for what may appear to be a lack of cohesion between different morbidity enquiries, failure to make more rapid progress even in hospitals, where records are comparatively good, and difficulties in obtaining accurate data on items where the information does not appear to serve any useful immediate purpose in treatment or administration. They also account for the fact that in the special field of Cancer Registration it has been possible to make best progress in those centres where a good records discipline had been encouraged by the Radium Commission before the War.

In the present Volume, Part I is concerned with the Survey of Sickness. It outlines the history and methods of the Survey and comments on figures collected for sickness experienced in 1948 and 1949. It shows how the prevalence of sickness, the amount of incapacity it causes, and the extent to which doctors were consulted rose and fell in different periods between 1946 and 1949, notable influences being the weather, an influenza epidemic early in 1949, and the introduction of the National Health Service in 1948. The tables also show the numbers of people affected by sickness, their ages, the regions of the country they lived in, the type of job they were in, their income group and the kind of sickness they suffered from. It has been possible to present in this Volume only a selection of all the analyses of the data which would be of interest, but many of the detailed figures needed for such analyses have already been published, notably in the Registrar General's Quarterly Returns. The Survey of Sickness was suspended at the beginning of 1952, as an economy measure, but further reports relating to the data collected in 1950 and 1951 will be published in due course.

Much of the information published has a bearing on the administration of the Health Service, but a large part of its value rests on the influence it may have on research into causes of, and variation in, the amount of sickness experienced by different groups of the population. It is likely to remain for some time the most comprehensive source of such information, but, so far as medical causes are concerned, doubts have been expressed about the reliability of classifying sickness on the basis of statements not necessarily founded on medical diagnoses; it may be possible by a future enquiry to throw some light on the degree of reliability of the information.

Part II is concerned with statistics of mental health, derived from the records of mental hospitals and mental deficiency institutions within the National Health Service. The difficulty of getting accurate information for statistical purposes where it does not appear to be immediately relevant to treatment or administrative needs has already been noted; this difficulty applies with particular force to some of the questions which are asked on the forms used in this enquiry. Experience has now shown, and this is illustrated in the text of Part II, that the present form is too complex for all its details to be completed easily by the hospitals. Nevertheless, a historical survey of the mental health services and a brief account of the introduction of the present scheme is followed by the presentation of statistics in more detail than has previously been available. General information about the numbers of patients admitted and discharged has been published in the Report of the Board of Control and in the Annual Report of the Ministry of Health; the present account gives greater detail about the age and mental condition of the patients in relation to the diagnoses of their condition and the duration of their stay in hospital. It is hoped that such information, which will be available from year to year, will greatly assist in determining the needs of the mental health services and the way in which these needs are likely to change in the future, while information relating to the patient's environment may assist in elucidating the distribution of mental illness.

Part III is concerned with the numbers of cases of cancer registered in the years 1947 and 1948. The tables include data showing, for various sites of cancer, the age distribution of the cases registered and the delay between first symptoms and the date when treatment was started. Similar figures for cases registered in 1945 and 1946 were published in "Cancer Registration in England and Wales,"* which was supplemented in 1952 by a table showing survival and recovery rates to the third year after first treatment. It is intended in future to publish survival and recovery rates only after five years have elapsed from the date of first treatment, since it is only after the lapse of such a period that the results of treatment can be assessed. The present tables, therefore, indicate simply the progress in the registration scheme, the age incidence of cases registered and the variations in delay before receiving treatment. The scheme cannot yet be considered as fully representative of all cases of cancer in the country, but it is much more representative than the experience of a single centre, and should therefore prove valuable in providing yardsticks, for example, regarding the normal age incidence of cases, with which narrower, but perhaps more detailed, experience can be compared. Its value for such a purpose is likely to increase greatly as it is extended to cover more hospitals and a wider range of cases.

The contributions from different sources contained in these volumes to a large extent serve varying purposes but together cover a substantial part of the national morbidity statistics of England and Wales available for the year 1949. The Ministry of Health and the General Register Office aim at making the best possible use of those records which are in fact available. The records which are being tapped by the General Register Office thus cover statistics of the diseases from which people die, which are published in Part I of the Registrar General's annual Statistical Review; statistics of the diseases for which people are admitted to hospital, which are published in the companion supplement to this volume; statistics about the diseases for which people consult their doctors, which are still in an experimental stage and on which a report is being published in the series of Studies on Medical and Population Subjects; and statistics about the diseases which people believe themselves to be suffering from, which have been derived from the Survey of Sickness, of which the results are published in the present volume. As the diseases which people believe themselves to be suffering from may lead them to consult their doctors and may in turn lead to their being admitted to hospital, or even to their death, it is apparent that the various sources overlap, and it is by assessing the amount of this overlap that a complete picture may be built up. The Cancer Registration Scheme and, to a less extent, the Mental Health Enquiry, the results of which are also published in this volume, constitute the first stage toward building up a complete picture of this kind for particular types of disease. Each of these sources of statistics about disease can serve its own purposes independently, but the closer they can be linked together,

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* *Studies on Medical and Population Subjects. No. 3. Cancer Registration in England and Wales. An Enquiry into Treatment and its Results (By Percy Stocks, C.M.G., M.D., F.R.C.P.). H.M.S.O. price 2s. (by post 2s.2d.)*

the greater will be their usefulness. It is hoped that, in due course, the resources will be available for organizing a coherent and consistent, though not necessarily uniform, system of recording sickness whether it be treated at home, in general practice or in hospital, and of noting the information pertaining to each case which is relevant to the study of cause, prevention or cure.

It is almost unnecessary to say that the statistics contained in this Volume could not have been compiled without the co-operation of those who supplied the facts on which they are based. Thanks are therefore due to those who were interviewed by the staff of the Social Survey and to the interviewers, to the records officers and others in hospitals which supplied data for the mental health enquiry or registered cancer cases. In recording thanks, it may be added that the Ministry of Health and the General Register Office hope that those hospitals which have not so far been able to co-operate, notably in registering cancer cases, will find the means to do so in the future; such a step would greatly increase the value of statistics collected, as well as adding to the usefulness of the records in planning the patients' treatment and in the efficient running of the hospital.

PART I - SURVEY OF SICKNESS

Previous Studies of Sickness

Statistics of sickness produced from records of friendly societies, government departments and other employers have been published in this country for over 100 years (1), but have been confined almost entirely to incapacitating sickness. Farr's suggestion was to take "100,000 persons of given ages, indiscriminately, observing them for one, two, three etc. years". This was in 1839, but the suggestion was never taken up. A vast amount of information was produced from friendly society records, and after 1912, from records of benefits paid by approved societies under the National Health Insurance Acts.

Information resulting from the notification of certain infectious diseases has been available for over fifty years, although many of the notifiable diseases have ceased to be numerically important causes of sickness among the population as a whole. Other large scale morbidity enquiries have been initiated in recent years, but there is no "official" return of the numbers who are sick with some trivial complaint which does not require medical treatment though definitely causing ill-health. None of the previous studies of sickness has done more than measure either a specific disease or a specific group of persons, and the Survey of Sickness was the first real attempt to measure general ill-health on a national basis. One experiment in this direction was that carried on before the war at the Pioneer Health Centre, Peckham. Although the population studied was limited to the families who applied for membership of the Centre all ages were studied and every possible source of ill-health investigated. The scheme took the family as its unit and attempted to test the biological efficiency of the persons rather than merely to decide whether they were sick. The methods used, however, involved the use of qualified persons on a scale impossible in a wider survey.

The Irish were the first to use the Census to obtain direct information about the prevalence of disease, and at each Census from 1851 to 1911, returns were made of those who "laboured under disease" on the night of the Census.

The United States of America who appear to have been the next to conduct an inquiry into sickness among the general population also used the Census, and some figures were prepared from the schedules of the 10th Census in 1880; the Census of 1890 also included an inquiry into sickness. Other surveys were made by Life Insurance Companies in the early part of the 20th Century but the definition of "sickness" used was very stringent (the majority of cases involved incapacity). The majority of these surveys covered selected communities only; and in 1926 the Metropolitan Life Insurance Company of New York took a "Sickness Census" in Montreal and compared the results with surveys they had undertaken in 1915-1917. The various Public Health Departments also carried

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(1) See Appendix II for selected bibliography

out inquiries from time to time in different areas of the country covering both sickness in general and the incidence of specific diseases. At present (1952) a large-scale and very thorough inquiry is being undertaken in California.

In Canada, a survey of sickness was carried out in part of the province of Ontario for one year from March 1949, and a nation-wide survey covered the 12 month period ending November, 1951, when illnesses were recorded during monthly enumeration visits to a representative sample of about 10,000 households covering some 40,000 persons. Verification of the subject's diagnosis was carried out for a period of one or two months, during which the lay statement of illness was checked with the physician's diagnosis.

In Australia, some of the States (Queensland in 1871 and Western Australia in 1881) attempted to ascertain information on sickness and health from the Census returns, but efforts in this direction were abandoned in 1911, when it was stated that the degree of sickness returned on a specified date could not be regarded as representative of the amount of sickness experienced throughout the year.

Other countries which have made surveys based on English or American lines are Denmark, Chile and Japan.

The Survey of Sickness then, although it has been much criticised, has been the first major attempt to investigate general ill-health.

Introduction of the Survey of Sickness

The war-time need for information about the incidence of illness among the civilian population led to a proposed inquiry in 1943 into the demands being made on doctors: this proposal was extended into a general inquiry into levels of sickness and the consequential incapacity and calls upon the services of doctors. A preliminary pilot inquiry was carried out in August, 1943 by the War-time Social Survey now the Social Survey Division of the Central Office of Information, and in the following January regular interviews commenced. Interviews in 1944 were held in January, February, March, July, August, October and December, but as sickness experience was recorded for the three months prior to interview, the continuity of experience is broken by the absence of information about one month only - namely March. Interviews took place each month from the beginning of 1945(1). The series of interviews related to different samples of the adult population, each sample consisting of about 2,500 persons between the ages of 16 and 64, and selected from different parts of the country in such a way as to secure proper representation of the national population at these ages. Specially trained interviewers visited people in their homes and enquired about the illnesses and injuries which they had experienced during the three previous months, the information being

(1) *The Survey of Sickness has now been suspended, the last interviews taking place in March 1952.*

recorded on a designed schedule. In 1945 it was decided to enlarge the size of the samples to about 3,000 and to include persons aged 65 and over. Samples were further increased to 4,000 from the beginning of 1949. Also, from 1946, it was decided to utilise sickness experience recorded in the two months prior to the interview and not three months as previously.

The results of the Social Survey's interviews have been published at intervals from 1944 in the Ministry of Health's Monthly Bulletin, and further commentaries have been given in the Annual Reports of their Chief Medical Officer. Since 1947 detailed results have been regularly published in the Registrar General's Quarterly Return, and a discussion of annual figures for 1946 and 1947 was given in the Medical Text for 1946-7. In addition, information derived from the Survey's interviews has been published in special reports and articles from time to time(1).

In the present volume tables of the results for the years 1948 and 1949 are presented, together with a commentary on the trends of the levels of sickness, incapacity and medical consultations which they show.

The Methods of the Survey

The persons interviewed each month were intended to be a representative sample of the adult population of England and Wales. For this purpose a number of persons were interviewed each month in each of the 11 regions used by the Social Survey, the number being proportional to the population of the region. Each region was divided for the purpose of the Survey into rural districts, and towns of four sizes; then appropriate proportions of the visits to be made in each region were allocated to these classes of area. Finally, specific towns and districts were selected; and within each town or district, a random sample was drawn. This was done originally from Food Office records, then from National Registration records from August 1944(2). For further details of the sampling technique used see the papers listed below(3).

As in all sample inquiries, a certain element of bias is unavoidable. Apart from any defects there may be in the sampling technique employed, the population of the country is not static, and it has been shown(4) that migrants from one local authority area

(1) *Slater, P.* 1946 "Survey of Sickness" October 1943 to December 1945. *The Social Survey.*
Stocks, P. 1949 "Sickness in the Population of England and Wales, 1944-47". H.M.S.O.
(2) *From the Electoral Register from January, 1951.*
(3) *Slater, P.* 1946 "Survey of Sickness" October 1943 to December 1945. *The Social Survey.*
Box, K. and Thomas, G. 1944 "Sampling for the Social Survey" JRSS Vol. CVII. Parts III and IV, p.151.
Gray, P.G. and Corlett, T. 1950 "Sampling for the Social Survey" JRSS Vol. CXIII. Part II, p.150.
Gray, P. G., Corlett, T. and Frankland, Pamela 1950 "The Register of Electors as a Sampling Frame". *The Social Survey, November.*
(4) *Newton, Mary P. and Jeffery, J.* 1951 "Internal Migration". G.R.O. Studies in Population and Medical Subjects No. 5. H.M.S.O.

to another are not generally representative of those who remain. None the less, it is believed that the sampling techniques employed have provided reasonably representative samples of the adult population of the country.

There was no legal compulsion for those selected in the sample to provide all the information asked for at the interview, but in practice the numbers of persons who refused to co-operate was too small to be important. On the other hand, the number of persons drawn in the sample who could not be contacted was high. Many were young people, those with many spare-time activities, shift workers, and people whose occupations took them from home frequently. It is possible that the results were slightly biased by these non-contacts, but it is difficult to estimate to what extent.

The interviewing for the Survey of Sickness was originally carried out by the full-time staff of the Social Survey, but since 1945 has been done by part-time workers under the supervision of Regional organisers. It was emphasised to interviewers that they were to record the illnesses as mentioned by the subject, and not to attempt to affix diagnoses to these illnesses. As would be expected, various difficulties were encountered in the coding of diseases from information supplied, one of the most troublesome being for interviewers and coders to distinguish between separate illnesses and multiple symptoms of one illness, a problem to which a satisfactory solution has not been achieved. In addition, however carefully interviewers are trained, medical information is inevitably recorded incorrectly from time to time. Indeed it is one of the major criticisms of those who have doubted the validity of Survey of Sickness results that, as the medical information was given by non-experts, the scope for error, in the measuring both of general sickness or ill-health and of specific disease was considerable. The Survey, however, was intended to provide an indication of the extent to which persons felt they were ill, or had something wrong with them (whether real or imaginary) which caused them to stay away from work, and/or visit the doctor. In this respect, and within the limitations of memory error (see below), there are no grounds for doubting the general accuracy of the information obtained by the Survey method. Whether the detailed statements of diagnosis obtained at the interviews are sufficiently accurate for medical purposes has yet to be determined. But insofar as the reported incidence of a few important diseases (tuberculosis, diabetes - Stocks, 1949) has been compared with other sources of information the results indicate that the Survey data are fairly good.

The Memory Factor. Since 1946, interviewers have asked for details of sickness experience for each of the two months prior to the interview month (originally the period was three months). Thus the sample is, in effect, "doubled" each month. Those drawn in the sample have no warning that they are to be interviewed and have to rely on their memory to provide the information required. Although an illness may not be completely forgotten, details, such as exactly when the illness started and finished, how many days of incapacity resulted and how many times the doctor was visited, cannot always be remembered accurately, particularly at an interval of a month or two after the events.

Table S.S.1. - Percentages of people reporting some incapacity in each month of 1949 according to interviews in each of the following two months

According to interviews in:	Ages 16-64 Males *A	Ages 16-64 Males B	Ages 16-64 Females A	Ages 16-64 Females B	Ages 65 and over Males A	Ages 65 and over Males B	Ages 65 and over Females A	Ages 65 and over Females B
Month of experience								
January	12	10	13	10	16	16	17	10
February	16	10	15	11	19	12	15	15
March	14	8	15	11	13	12	18	13
April	7	7	9	7	10	11	9	12
May	8	6	8	6	10	9	10	7
June	7	6	6	7	9	5	7	8
July	7	5	8	6	7	3	11	4
August	7	5	7	5	4	7	7	4
September	8	4	7	7	5	6	5	8
October	10	7	12	8	13	11	11	12
November	12	8	13	8	15	11	19	13
December	10	+	11	+	14	+	16	+
Average of Jan.-Nov.	10	7	10	8	11	9	12	10

*A = Month immediately following experience

B = 2nd month following experience

\+ No interviews were held in February, 1950, owing to the General Election.

Table S.S. 1. shows that different levels of incapacity were reported for the same month when interviews took place at different dates. In only a few months does time lag increase the amount of reported incapacity. Thus there appears to be some loss due to the memory factor.

The Use of the Prompt List. As a routine part of each interview and to assist in avoiding undue memory losses, the interviewer is instructed to ask such questions, after a subject has remembered all he can without prompting, as "have you had anything wrong with your eyes, ...ears....., teeth ....., have you had any colds, or catarrh ....., have you had anything wrong with your nerves .....etc." This brings to light many complaints that might otherwise have been omitted.

General Definitions

Four principal rates(1) have been used to measure morbidity in the sample of people interviewed, and are defined as follows:

(1) The general question of terminology in Morbidity Statistics is at present being reviewed by a Sub-Committee of the Registrar General's Advisory Committee on Medical Nomenclature and Statistics. It should be noted that the term "sickness rate" is not here used in the same sense as it is used by actuaries and friendly societies.

(1) Monthly sickness rate; number of persons per 100 interviewed who were ill at any time during the month, irrespective of when the illness began.

(2) Incapacity rate; number of days away from work (or confined to the house) in the period, per 100 interviewed.

(3) Prevalence rate; number of illnesses per 100 persons interviewed, present in the sample at any time during the period, regardless of when they began.

(4) Consultation rates; number of medical consultations in the period, per 100 interviewed.

Definition of Sickness. Definitions of "sick" "healthy" and various ways of measuring illness appeared in an earlier report (Stocks, 1949)(1). For the purposes of the Survey, the definition of a person who is sick is one suffering from, or aware of, the existence of something disturbing his state of health.

Interviewers were required to record whether each ailment began in the month, or whether it was a recurrence of an illness existing before the month or an illness continuing from the previous month. In many cases, however, it was found difficult to distinguish between a "recurrent" and a "continued" ailment although the Survey's definition required that seven days should have elapsed since the termination of one attack and the onset of another. For example, it would be difficult to remember whether there was just under or just over a week between two headaches experienced at the beginning of the survey period (about two months prior to the interview). Some chronic illnesses also cause confusion when the patient is free from the symptoms for periods of time, as for example, peptic ulcer, and certain types of rheumatic diseases. Recurrent illnesses have usually been included with new illnesses in the tables, a fact which, particularly as the distinction between recurrent and continued was not always accurate, has tended to inflate the inception rate (the number of illnesses which began during the Survey period, per stated number of population). The prevalence rate (number of illnesses reported per stated number of population, regardless of when they began) has not been subject to this difficulty.

An attempt has been made to distinguish the degree of severity of an illness or injury by means of five categories: serious; moderate; mild; minor; and ill-defined symptoms. Three axes of classification were used: whether the illness or injury fell in the groups of the classification(2) covering ill-defined symptoms; whether it caused incapacity, and to what extent; whether it is one of the diseases to which a definite seriousness category is allocated on the basis of normal experience of the danger to life

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(1) See footnote on p. 9.

(2) From 1944 to 1948 the classification of diagnoses was made in accordance with the Provisional classification of the M.R.C. (1944, Special Report Series No. 248), and from the beginning of 1949 in accordance with the International Statistical Classification of Diseases, Injuries and Causes of Death. (6th Revision 1948 W.H.O. Geneva).

or the average amount of incapacity it causes. Certain anomalies have been recognised and it is not always possible to compare the severity of the illnesses reported by different groups of persons. For example, a man with tuberculosis who, as a result, lost some time from work during the month would be assigned to the serious category; on the other hand, a woman suffering from the same disease, not normally employed, and recording no incapacity (i.e. not prevented from going out of doors) would be placed in the minor category. Another example of the difficulties occasionally encountered was when illness which appeared to have involved a major operation had to be allocated to the "ill-defined" group as only symptoms were given and no incapacity had occurred during the month. On the other hand all the illnesses of persons "seldom or never out of doors or out of bed" had to be classed as serious, although some, such as headaches or constipation, had no effect on the fact that the person was confined indoors.

The Definition of Incapacity. Any morbidity inquiry which attempts to measure "incapacity" in the general population meets difficulty in framing a definition which can be applied in all cases. The Survey of Sickness uses a three-fold definition:

(1) Unable to go to work

or (2) Confined to bed

or (3) Confined to the house

Persons who normally go to work could return incapacity under any of these, but to persons who do not go to work only (2) or (3) are applicable.

As a result of the three-fold nature of the definition the variation in the amount of "incapacity" reported takes different forms for different groups. For example, while incapacity rates for employed persons aged 16-64 fluctuate throughout the year, rates for persons aged 65 and over show a much more extreme seasonal variation. Married women who are compelled to look after the home and to go out for essential shopping etc. even when very ill will not record any incapacity; and retired persons with complaints that would have prevented their attendance at their former employment are able to go out on fine days. Therefore, caution is required in combining or comparing the recorded incapacity experience of working and non-working people and persons of different age-groups.

A further convention in the recording of incapacity for the purposes of the Survey is that for persons normally confined indoors, incapacity was recorded for days spent in bed, but persons who are in any case seldom or never out of bed were not recorded as having any incapacity.

Factors to which Sickness and Incapacity are related

Occupation and Income. The four main rates(1) calculated by the Social Survey and the actual numbers on which they are based are shown by various occupation and income groups, and the results tabulated in Table H of the Registrar General's Quarterly Return. Only three of the groups - Clerical, Housewives and Retired ..... are strictly occupational, the others being industrial. The Professional and Managerial group chiefly consists of operatives of various grades and types who were stated to be in charge of at least three other persons and only a small proportion consists of those normally regarded as in professional occupations (doctors, lawyers, etc.). Clerical workers in charge of numbers of staff are not included unless they have power to decide policy matters. The different sections of the operatives group are strictly on an industrial basis.

Classification into income groups is difficult owing partly to reluctance of persons interviewed to state precisely their private income, and also because the value of money and wage-levels have been changing considerably over the years during which the Survey have been making their inquiries. Any comparison between the experience of persons with different incomes for different years needs, therefore, to be on the basis of broad income groups only.

The classification into occupational groups is made on the basis of the occupation of the person interviewed. This is not, however, the case when classifying into income groups; the subject was asked to state, not only his own income, but that of the chief wage-earner in his household and grouping is made on the basis of the latter information(2).

Numbers in Household etc. The Survey asked for information on the number of persons in the household and the number of rooms occupied in order to find the effect of overcrowding on levels of sickness.

Regional Analysis. The Survey collected figures for the different regions of the country, distinguishing between Urban and Rural Districts. The constitution of the regions used by the Social Survey is shown in Appendix I.

The sampling technique(3) prevents the comparison of density areas within regions as individual towns below a certain size are included in the sample for only three months at a time.

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(1)
(a) Sickness Rate
(b) Prevalence Rate
(c) Incapacity Rate
(d) Medical Consultations Rate

(2) In May 1950 a change was made, and the income of the head of the household was required to be stated; this has since been used for the Classification.

(3) See p. 9 and footnote.

Sickness, Incapacity and Medical Consultations in 1948 and 1949

Altogether 31,945 men and 38,906 women contributed a month's sickness experience to the 1948 rates, and 40,340 men and 49,622 women to that of 1949. The total illnesses, days of incapacity and medical consultations they reported are shown in Table S.S.2, divided according to those in the working ages of 16-64 and those at or above the common retiring age of 65.

Table S.S.2. - Total Numbers of Persons interviewed, of Illnesses and Injuries, Days of Incapacity and Consultations in 1948 and 1949

	1948				1949			
	Ages 16-64		Ages 65 & over		Ages 16-64		Ages 65 & over	
	Males	Females	Males	Females	Males	Females	Males	Females
Total People interviewed	27,601	33,120	4,344	5,786	35,163	42,216	5,177	7,406
Total Illnesses and Injuries	29,758	50,715	7,297	12,721	39,658	67,947	8,966	16,749
Per 100 interviewed	108	153	168	220	113	161	173	226
Total Days of Incapacity	25,775	26,697	6,720	12,964	33,390	39,025	8,471	14,195
Per 100 interviewed	93	81	155	224	95	92	164	192
Total Consultations	9,789	13,371	2,683	3,742	13,212	19,309	3,487	4,873
Per 100 interviewed	35	40	62	65	38	46	67	66

The number of illnesses and injuries per 100 persons interviewed was in each year and age group greater for women than for men, 1.4 times as great at age 16-64 in both years and 1.3 times at ages 65 and over. Whereas in the older group the women reported more days of incapacity, at ages 16-64 they had less than the men. In the lower age group women consulted a doctor more frequently than men but from 65 onwards there was little difference between the sexes. All three rates were a little higher in 1949 than in 1948 for both men and women of 16-64.

Trends in Different Age-Groups, 1946-49

Table S.S.3. shows the trends in the average monthly rates by quarters from mid-1946 to the end of 1949. Thus if for example, N_1 N_2 and N_3 persons contributed information as to their sickness experience in July, August and September, and if I_1 I_2 and I_3 were the respective numbers who said they were ill at any time in the corresponding month, then:- the average monthly sickness rate in the September quarter

$$= \frac{I_1 + I_2 + I_3}{N_1 + N_2 + N_3} \times 100$$

Table S.S.3. - Trends of monthly Sickness, Prevalence, Incapacity and Medical Consultation rates by quarters, years, and July-June periods, 1946 to 1949 by sex and age

Sickness Rates (Persons sick per 100 interviewed)		Ages 16-44		Ages 45-64		Ages 65 & over		All ages
		Males	Females	Males	Females	Males	Females	Persons
QUARTERS								
1946	September	54	64	65	80	76	85	67
	December	61	71	72	81	81	88	72
1947	March	60	68	68	78	79	86	70
	June	52	61	61	76	76	86	64
	September	51	59	62	74	73	84	62
	December	59	69	67	78	79	88	70
1948	March	55	65	67	75	79	85	67
	June	52	62	61	74	73	83	64
	September	51	62	62	76	75	84	64
	December	60	70	70	81	79	88	71
1949	March	62	73	70	81	82	89	73
	June	56	67	66	79	78	87	68
	September	51	63	64	76	74	85	65
	December	61	70	68	80	76	87	71
YEARS								
1947		55	64	65	76	77	86	66
1948		55	65	65	77	77	85	67
1949		57	68	67	79	78	87	69
JULY-JUNE								
1946-1947		57	66	67	79	78	86	68
1947-1948		54	64	64	75	76	85	66
1948-1949		58	68	67	79	79	87	69

Table S.S.3. (Contd.)

Prevalence Rates (Ailments per 100 persons interviewed)		Ages 16-44		Ages 45-64		Ages 65 & over		All Ages
		Males	Females	Males	Females	Males	Females	Persons
QUARTERS								
1946	September	97	132	128	192	162	221	143
	December	111	153	153	197	186	238	159
1947	March	104	139	138	187	173	227	147
	June	87	127	119	176	158	209	132
	September	86	122	114	173	147	212	129
	December	105	145	131	192	175	231	149
1948	March	97	137	132	179	175	219	143
	June	91	130	115	175	164	212	135
	September	91	125	120	184	155	214	135
	December	107	148	140	200	177	234	153
1949	March	115	162	144	208	189	244	163
	June	100	142	133	195	172	225	147
	September	87	124	120	178	158	212	133
	December	105	145	134	191	173	224	150
YEARS								
1947		95	133	126	182	163	220	139
1948		97	135	127	185	168	220	142
1949		101	143	133	193	173	226	148
JULY-JUNE								
1946-1947		100	138	134	188	170	224	145
1947-1948		95	134	123	180	166	218	139
1948-1949		104	145	135	197	175	230	151

Table S.S.3. (Contd.)

Incapacity Rates ("Days away" per 100 persons interviewed)		Ages 16-44		Ages 45-64		Ages 65 & over		All Ages
		Males	Females	Males	Females	Males	Females	Persons
QUARTERS								
1946	September	64	57	107	71	120	67	72
	December	97	77	141	102	132	122	102
1947	March	112	110	202	188	209	319	158
	June	76	61	102	87	147	122	84
	September	63	48	73	66	92	103	65
	December	84	77	120	98	165	163	100
1948	March	87	71	148	111	203	235	114
	June	68	61	116	65	128	136	82
	September	54	61	123	79	102	184	84
	December	74	83	145	144	183	344	126
1949	March	99	105	154	165	200	220	136
	June	72	61	107	100	151	165	90
	September	63	68	112	76	89	99	78
	December	73	80	135	133	223	296	122
YEARS								
1947		84	75	125	111	153	177	103
1948		71	70	133	100	155	224	102
1949		77	78	127	118	164	192	106
JULY-JUNE								
1946-1947		88	76	139	113	153	157	105
1947-1948		75	64	113	85	148	159	90
1948-1949		76	78	133	123	162	223	110

Table S.S.3. (Contd.)

Medical Consultation Rates (Consultations per 100 persons interviewed)		Ages 16-44		Ages 45-64		Ages 65 & over		All Ages
		Males	Females	Males	Females	Males	Females	Persons
QUARTERS								
1946	September	27	33	35	49	54	58	38
	December	35	39	49	47	60	61	44
1947	March	35	35	59	53	65	80	47
	June	28	33	40	45	57	60	38
	September	29	30	36	42	53	47	35
	December	31	37	43	49	47	63	41
1948	March	33	34	49	52	75	63	44
	June	30	32	41	45	62	55	39
	September	27	32	37	49	48	63	38
	December	32	39	49	59	61	77	46
1949	March	36	45	54	65	73	73	52
	June	32	37	42	54	72	60	43
	September	31	38	41	53	57	60	42
	December	33	37	45	59	66	66	45
YEARS								
1947		31	34	45	47	55	62	40
1948		30	34	44	51	62	65	42
1949		33	39	46	58	67	66	45
JULY-JUNE								
1946-1947		31	35	46	49	59	65	42
1947-1948		31	33	42	47	60	57	40
1948-1949		32	38	46	57	65	69	45

Although it is customary to show rates for calendar years, this has the disadvantage of breaking in two the winter period when sickness is most rife. This drawback becomes especially noticeable when the peak of a winter influenza epidemic comes before Christmas, instead of afterwards as it usually does; for then one year's rates may be inflated by the inclusion of two such epidemics in a year, and the following year's rates correspondingly lowered. For men and women in the three age groups, all four of the rates shown were generally lowest in the year July 1947 - June 1948. For persons of all ages, all four rates were highest in 1948-49.

If individual quarters be considered, Fig. S.S.I. shows the seasonal trends in sickness rates, with winter maxima and summer minima. Throughout the period July 1946 - to December 1949 the monthly sickness rates for women aged 16/44 corresponded

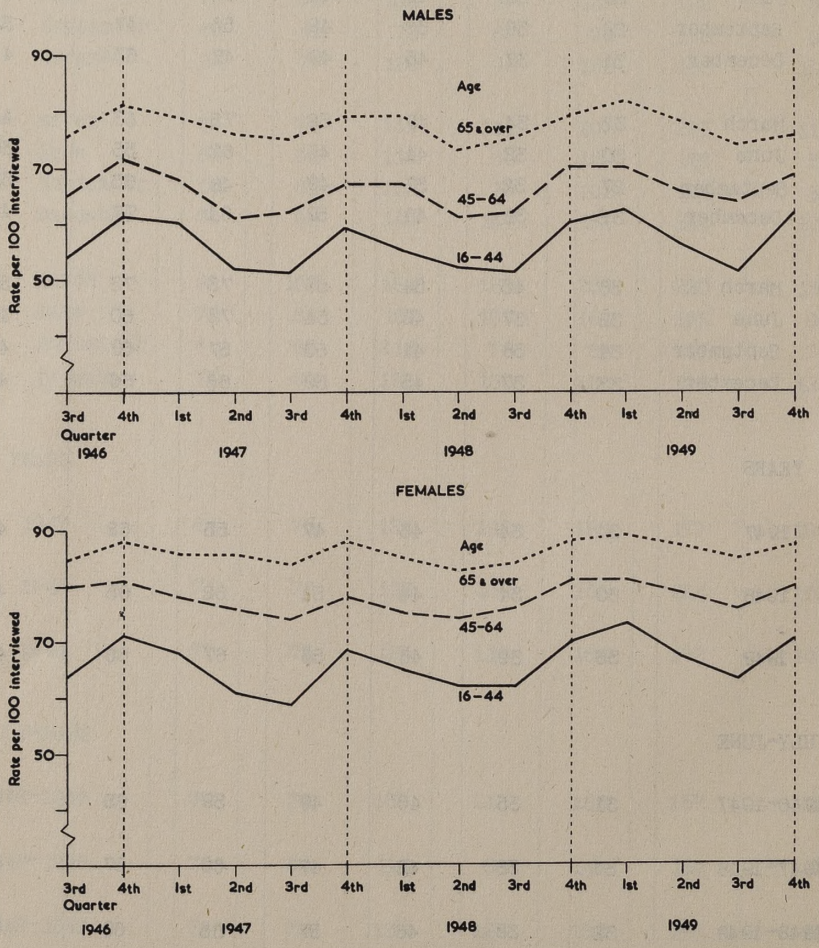

Fig. S.S.I. - Sickness Rates per 100 Males and Females aged 16-44, 45-64 and 65 and over. 1946-49

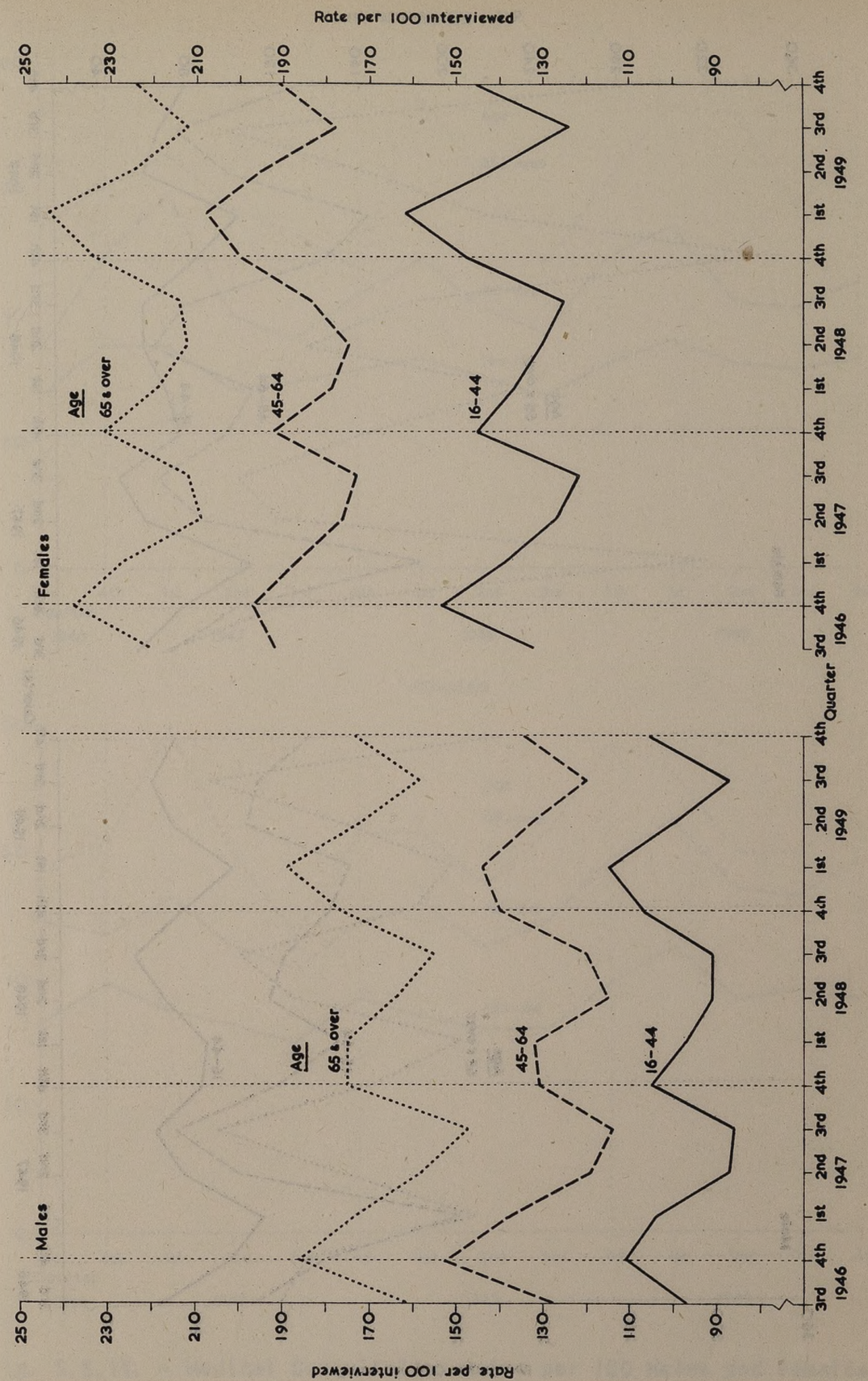

Fig. S.S.11. - Prevalence Rates per 100 Males and Females aged 16-44, 45-64 and 65 and over. 1946-49

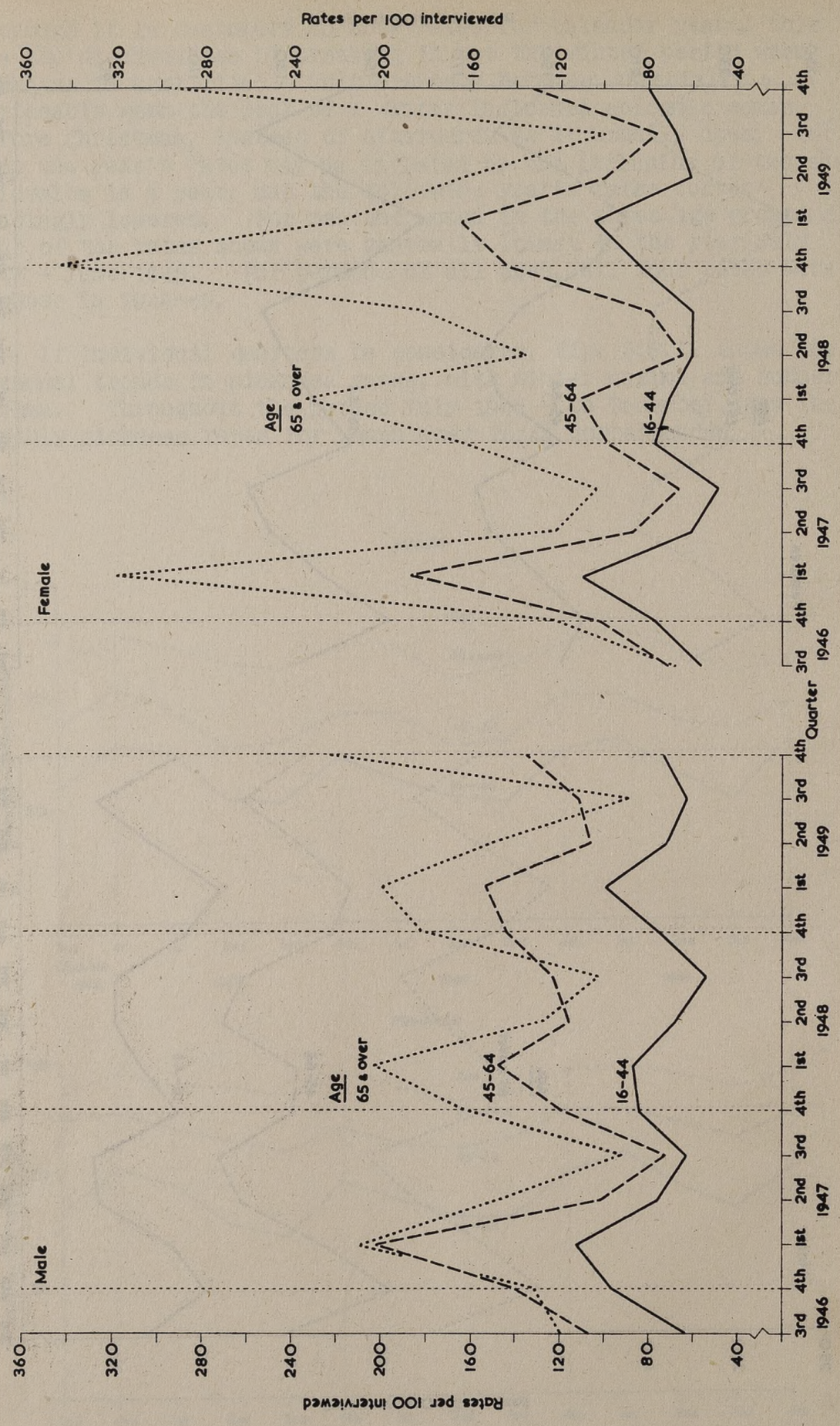

Fig. S.S.III. - Incapacity Rates per 100 Males and Females aged 16-44, 45-64 and 65 and over. 1946-49

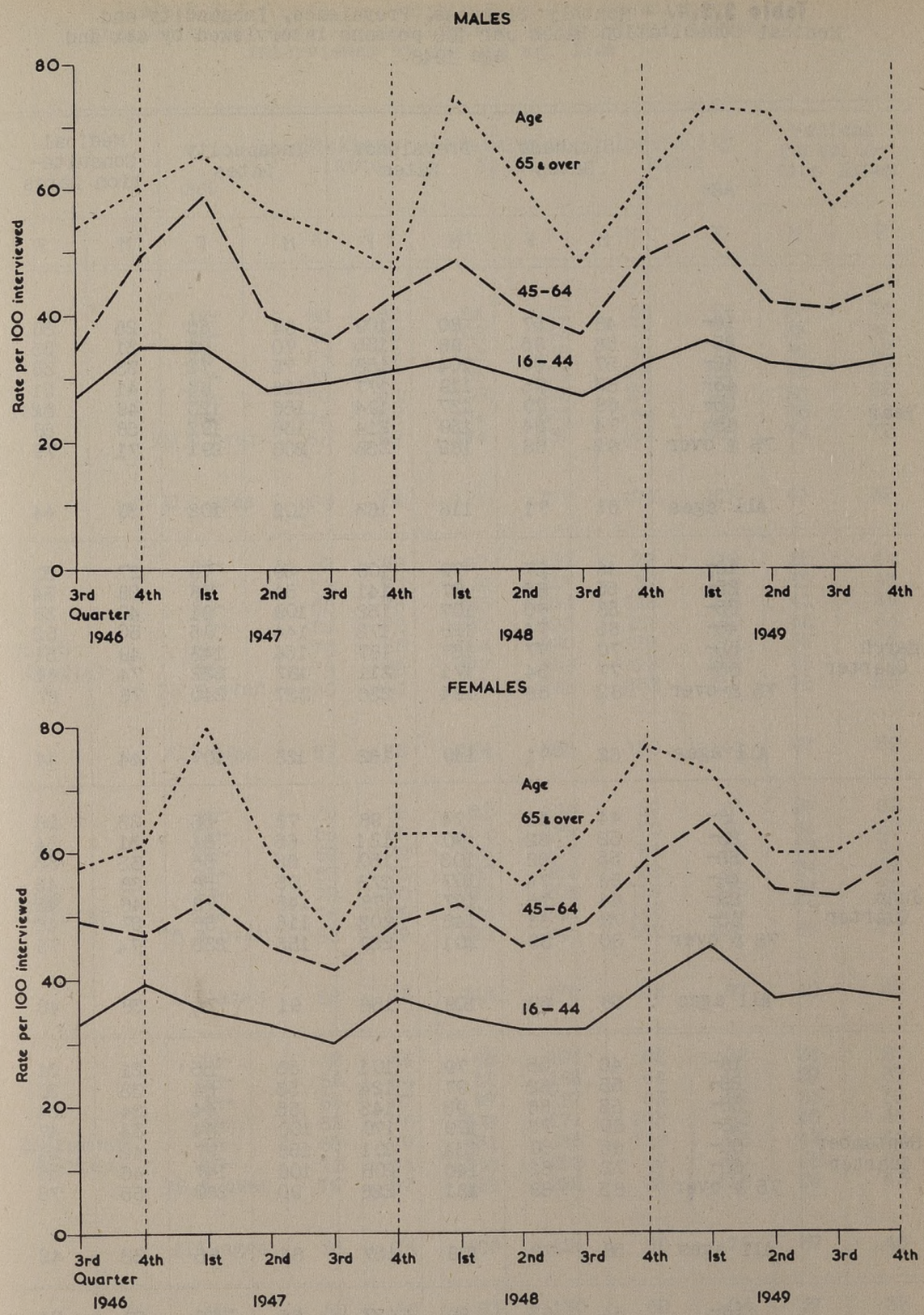

Fig. S.S.IV. - Medical Consultation Rates per 100 Males and Females aged 16-44, 45-64 and 65 and over. 1946-49

Table S.S.4. - Monthly Sickness, Prevalence, Incapacity and Medical Consultation Rates per 100 persons interviewed by sex and age 1948

	Age	Sickness Rates		Prevalence Rates		Incapacity Rates		Medical Consultation Rates	
		M	F	M	F	M	F	M	F
Year	16–	48	57	80	109	64	66	25	30
	25–	56	65	98	135	70	69	31	35
	35–	57	69	104	153	75	72	33	36
	45–	63	75	119	177	116	84	41	51
	55–	68	79	137	194	156	120	49	52
	65–	74	84	159	214	136	192	58	58
	75 & over	82	88	189	233	200	291	71	79
	All ages	61	71	116	163	102	102	39	44
March Quarter	16–	46	57	79	108	59	78	27	30
	25–	55	66	97	141	81	76	28	34
	35–	58	70	107	152	109	61	40	38
	45–	65	74	128	172	144	85	50	52
	55–	70	77	137	187	154	143	49	51
	65–	77	84	171	211	187	232	74	61
	75 & over	82	86	184	236	237	240	76	67
	All ages	62	71	119	162	123	107	44	44
June Quarter	16–	44	52	74	98	78	55	23	26
	25–	52	62	90	131	65	61	31	34
	35–	55	68	103	150	65	66	33	33
	45–	59	74	107	173	95	58	38	45
	55–	64	75	127	178	145	76	46	45
	65–	70	81	148	203	116	88	57	46
	75 & over	80	89	201	229	155	235	74	75
	All ages	58	69	109	156	91	74	38	40
September Quarter	16–	46	55	79	101	53	55	21	31
	25–	55	62	97	124	53	64	33	30
	35–	52	66	93	143	55	64	24	34
	45–	60	73	109	170	100	64	34	47
	55–	65	80	134	201	156	97	42	51
	65–	72	82	146	208	106	147	46	56
	75 & over	83	88	181	226	90	260	55	78
	All ages	58	70	109	157	81	85	33	42
December Quarter	16–	54	63	89	127	65	76	29	34
	25–	61	69	108	143	80	75	32	41
	35–	63	74	115	167	74	98	35	39
	45–	69	79	132	193	127	131	41	59
	55–	71	83	149	208	169	161	58	59
	65–	77	88	172	232	138	300	56	68
	75 & over	84	88	190	241	302	449	75	99
	All ages	66	76	126	176	111	139	41	50

Table S.S.4. (Contd.) - Monthly Sickness, Prevalence, Incapacity and Medical Consultation Rates per 100 persons interviewed by sex and age 1949

	Age	Sickness Rates		Prevalence Rates		Incapacity Rates		Medical Consultation Rates	
		M	F	M	F	M	F	M	F
Year	16–	50	62	84	120	65	86	28	36
	25–	58	68	102	142	78	74	33	38
	35–	61	72	112	160	83	78	36	42
	45–	65	77	126	184	106	108	42	54
	55–	70	81	143	203	156	129	50	62
	65–	76	86	164	221	163	168	65	62
	75 & over	83	89	194	237	164	238	74	72
	All ages	63	74	121	171	104	107	41	49
March Quarter	16–	57	68	97	139	78	118	25	44
	25–	62	71	114	157	97	105	38	46
	35–	65	78	125	181	112	98	41	44
	45–	69	78	137	198	137	160	55	64
	55–	72	85	154	220	179	171	53	66
	65–	78	88	177	243	178	220	65	73
	75 & over	90	91	217	245	253	219	92	85
	All ages	67	78	134	188	130	141	47	56
June Quarter	16–	50	59	83	114	59	61	29	32
	25–	56	68	102	139	70	59	31	33
	35–	59	72	108	165	81	62	33	44
	45–	63	78	123	185	68	87	34	52
	55–	70	80	146	206	159	115	53	57
	65–	76	85	164	216	146	131	75	54
	75 & over	82	89	191	240	162	228	66	71
	All ages	62	73	119	170	92	87	40	45
September Quarter	16–	42	56	68	101	62	82	31	37
	25–	52	64	88	128	64	60	29	37
	35–	55	67	97	137	63	66	33	39
	45–	62	75	112	171	108	62	40	48
	55–	68	79	131	185	116	93	43	60
	65–	73	84	146	203	89	90	53	58
	75 & over	79	87	188	229	88	115	68	65
	All ages	58	71	106	154	82	75	37	46
December Quarter	16–	55	66	91	130	60	84	27	33
	25–	60	69	103	144	81	71	34	36
	35–	64	73	116	155	72	87	36	39
	45–	66	79	131	183	107	127	40	53
	55–	70	82	140	200	175	140	53	66
	65–	75	86	171	220	257	235	66	65
	75 & over	80	87	176	232	141	416	68	67
	All ages	65	76	123	171	112	130	42	48

approximately to those of men of 45-64, and those for women aged 45-64 to those of men aged 65 and over while rates for older women were correspondingly higher. For males in the three age groups the sickness rates in the four quarters of 1948 were lower than those in the corresponding quarters of 1947 but this improvement was followed by an increase in each quarter of 1949. For women in the two lower age groups the rates in the autumn and winter of 1947-48 were lower than those of 1946-47 but in 1948-49 they had returned to about their former level. The rates for those aged 65 and over followed much the same annual pattern up to the end of 1948, but from January to September 1949 they were higher than in the corresponding quarters of 1948.

Fig. S.S.II shows the variations in incapacity rates. For all age groups the highest incapacity rates occurred in the March quarters, except for women of 65 and over in 1949; in the winter of 1948-49 the high rate of 344 was reached in the December quarter. From the September quarter of 1946 to the June quarter of 1948, incapacity rates for men aged 16-44 and 45-64 were greater than those for women in these age groups, although the women had higher sickness rates. The winter rates for elderly women were considerably higher than those of elderly men but in the summer there was not much difference between them.

Prevalence rates, shown in Fig. S.S.III, were slightly higher for women aged 16-44 than for men aged 45-64, and for those aged 45-64 than for men of 65 and over. The quarterly rates in all sex-age groups were lower in July 1947 - June 1948 than in the preceding twelve months, but roughly regained their previous level in 1948-49.

The trends of medical consultation rates are shown in Fig. S.S.IV. The abnormally low rates for males of 65 and over in the December quarter of 1947 will be noticed. Comparison with the sickness rates shows that in the winter months an increase in sickness rates is accompanied by a much greater increase in consultation rates, especially among older men and women.

Table S.S.4 shows the four basic rates by quarters for 1948 and 1949, sub-divided into seven age-groups. Both male and female sickness and prevalence rates increased steadily with age in each quarter, except for males aged 35-44 in the September quarter of 1948 when their rates were slightly less than for men of 25-34. Medical consultation rates also showed on the whole an increase with increasing age, whereas incapacity rates, while generally highest in the oldest age groups, showed more variation among the young people.

Table S.S.5. - Ratio of Rates for those aged 75 and over to those at ages 16-24, in each quarter.

	Sickness Rates		Prevalence Rates		Incapacity Rates		Consultation Rates	
	Males	Females	Males	Females	Males	Females	Males	Females
1948. Year	1.7	1.5	2.4	2.1	3.1	4.4	2.8	2.6
March Qtr.	1.8	1.5	2.3	2.2	4.0	3.1	2.8	2.2
June Qtr.	1.8	1.7	2.7	2.3	2.0	4.3	3.2	2.9
September Qtr.	1.8	1.6	2.3	2.2	1.7	4.7	2.6	2.5
December Qtr.	1.6	1.4	2.1	1.9	4.6	5.9	2.6	2.9
1949. Year	1.7	1.4	2.3	2.0	2.5	2.8	2.6	2.0
March Qtr.	1.6	1.3	2.2	1.8	3.2	1.9	3.7	1.9
June Qtr.	1.6	1.5	2.3	2.1	2.7	3.7	2.3	2.2
September Qtr.	1.9	1.6	2.8	2.3	1.4	1.4	2.2	1.8
December Qtr.	1.5	1.3	1.9	1.8	2.4	5.0	2.5	2.0

Table S.S.5 shows in each year and quarter the ratio of the rates of the highest to those of the lowest age groups. For sickness rates these were fairly steady, the lower ratios for the December quarters being due to an increase in sickness among younger people rather than to a decrease among the elderly. The same is broadly true of prevalence rates. The ratios of incapacity rates showed more variation and for the most part were lower in 1949 than in 1948. The low ratio of 2.4 for males in the December quarter of 1949 was due to a low incapacity rate of 141 at 75 and over compared with 175 and 257 for men aged 55-64 and 65-74 respectively. Women aged 75 and over recorded incapacity rates 5.9 times as high as those aged 16-24 in the last three months of 1948, and 5 times as high in the corresponding quarter of 1949, attaining the rates of 449 and 416 respectively. Young women of 16-24 had higher incapacity rates in each quarter of 1949 than they had in 1948. Young people of both sexes had more medical consultations in 1949 than in 1948, particularly in the June and September quarters. The high incapacity rates of old people of 75 upwards in the last quarter of 1948 were accompanied by increased consultation rates of 75 and 99 for males and females respectively, compared with 68 and 67 for 1949.

Severity of Sickness

In Table S.S.6 is shown the distribution of illness among people aged 16-64 and 65 and over, according to whether it was serious, that is endangering life or incapacitating for 1 month or more, moderate or mild, minor, that is causing incapacity for 0, 1 or 2 days, or whether it was merely an ill-defined symptom like shortness of breath or pain in the limbs. In both 1948 and 1949 .8 per cent of illnesses reported by those aged 16-64 were in the categories severe, moderate or mild, but the percentage of minor illness decreased from 70 in 1948 to 64 in 1949. Serious and moderate and mild injuries decreased in 1949, the former from 12 per cent to 8 per cent and the latter from 29 per cent to 20 per cent. The percentage of serious moderate and mild illnesses reported by people of 65 and over was 16 in 1948 and 17 in 1949, but the percentage of all injuries in these categories fell from 42 in 1948 to 28 in 1949, a decrease of 33 per cent.

Table S.S.6 - Distribution of Illnesses and Injuries experienced by persons aged 16-64 and 65 and over according to severity 1948 and 1949

			Serious	Moderate Mild	Minor	Ill defined	Total
			1948				
Ages 16-64	Illnesses	Number	1,787	4,493	55,342	17,844	79,466
		Per cent of total	2	6	70	22	100
	Injuries	Number	122	287	585	13	1,007
		Per cent of total	12	29	58	1	100
Ages 65 and over	Illnesses	Number	2,278	1,013	13,429	3,118	19,838
		Per cent of total	11	5	68	16	100
	Injuries	Number	39	36	103	2	180
		Per cent of total	22	20	57	1	100
			1949				
Ages 16-64	Illnesses	Number	2,549	6,065	67,931	29,405	105,950
		per cent of total	2	6	64	28	100
	Injuries	Number	33	330	1,189	3	1,655
		per cent of total	8	20	72	0	100
Ages 65 and over	Illnesses	Number	3,141	1,202	15,593	5,436	25,372
		per cent of total	12	5	62	21	100
	Injuries	Number	53	43	247	-	343
		per cent of total	15	13	72	-	100

Frequency of Sickness

In Table S.S.7 males and females are distributed according to the number of separate illnesses and injuries they reported in the average month during 1948 and 1949. The percentage of persons recording freedom from illnesses and no medical consultations were, in each of the four sex-age groups shown, less in 1949 than in 1948, and in each case the female percentage was lower than the male. (Fig. S.S.V). For those at the working ages the percentage of women with 4 or more ailments per month was double that of men. The numbers of days of incapacity show the customary maxima at 7 days, particularly marked at ages 16-64. It is difficult to see how this can be avoided with a scheme of social insurance based on weekly payments. The proportion aged 16-64 who reported a week or more of incapacity in the month was 4.9% and 4.2% for men and women in 1948, but increased to 5.0% and 5.1% in 1949.

Table S.S.7 - Distribution of Persons aged 16 and over according to Numbers of separate Illnesses and Injuries reported*, Days of Incapacity, and Numbers of Medical Consultations in a month, by age and sex, 1948 and 1949

	1948				1949			
	Ages 16-64		Ages 65 and over		Ages 16-64		Ages 65 and over	
	Males	Females	Males	Females	Males	Females	Males	Females
Number of illnesses or injuries								
0	11,473	10,267	1,012	857	13,819	11,775	1,153	968
1	8,227	9,138	1,293	1,449	10,762	11,933	1,556	1,859
2	4,462	6,174	954	1,333	5,969	8,340	1,140	1,729
3	1,974	3,758	583	950	2,642	5,160	641	1,270
4	892	1,996	286	623	1,196	2,628	395	811
5	377	1,062	134	322	506	1,400	165	418
6	152	492	52	146	184	633	94	223
7	33	156	18	70	66	235	26	74
8 and over	11	77	12	36	19	112	7	54
Days of incapacity								
0	25,339	30,463	3,888	5,042	32,184	38,371	4,639	6,596
1	230	274	15	18	334	383	18	20
2	280	348	35	39	364	485	38	31
3	178	276	37	50	224	325	27	35
4	118	191	38	38	148	269	25	40
5	71	115	19	22	106	132	9	22
6	45	65	20	20	59	105	3	13
7	299	338	41	69	376	561	71	83
8	47	47	10	7	52	72	9	13
9	29	20	3	7	34	55	6	11
10	94	98	13	32	107	152	33	39
11-	306	362	62	107	452	541	79	125
18-	173	191	35	51	237	301	55	72
25 and over	392	332	128	284	486	464	165	306
Number of Consultations								
0	24,021	27,874	3,372	4,368	30,235	34,368	3,899	5,393
1	1,480	2,275	403	593	2,117	3,690	556	911
2	829	1,237	233	366	1,074	1,790	306	486
3	368	451	72	99	492	658	106	142
4	497	752	160	200	694	974	182	314
5	86	149	24	39	160	207	29	47
6	102	95	18	41	104	141	21	36
7	39	51	6	7	50	70	8	12
8	69	107	22	36	78	122	25	21
9	9	21	4	4	22	36	7	10
10-	75	91	24	26	115	133	23	30
20 and over	26	17	6	7	22	27	15	4
Total People	27,601	33,120	4,344	5,786	35,163	42,216	5,177	7,406
Total Illnesses and Injuries	29,758	50,715	7,297	12,721	39,658	67,947	8,966	16,749
Total Days of Incapacity	25,775	26,697	6,720	12,964	33,390	39,025	8,471	14,195
Total Consultations	9,789	13,371	2,683	3,742	13,212	19,309	3,487	4,873

** Including new and continued illness or injury affecting the person during a month. Some of the "separate" illnesses and injuries described were merely symptoms, but no grouping together of these is practicable for the purpose of these tables.*

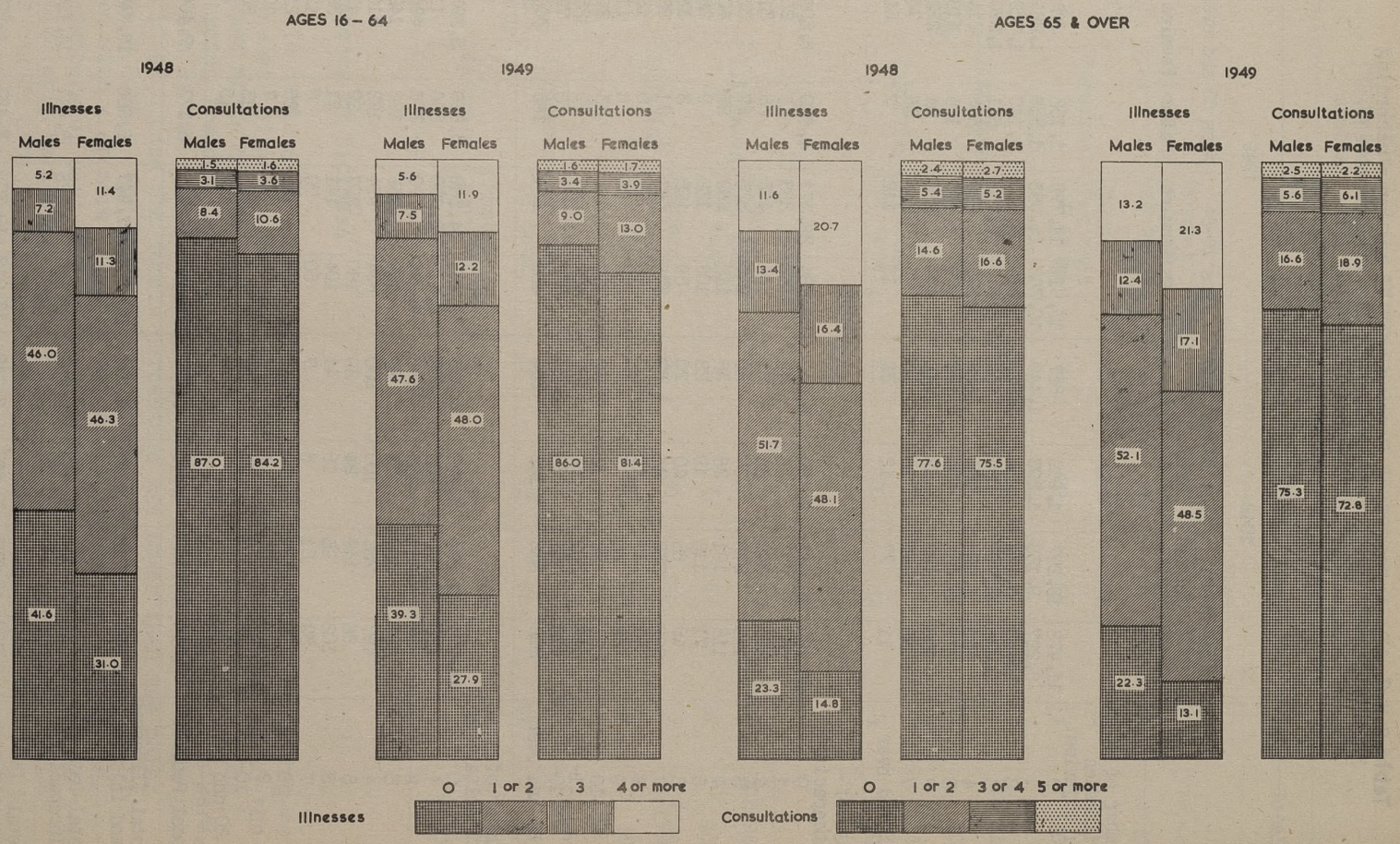

Fig. S.S.V. - Percentage distribution of Persons aged 16 and over according to Number of illnesses and of Medical Consultations reported, 1948 and 1949

Table S.S.8 - Monthly Sickness, Prevalence, Incapacity and Consultation Rates per 100 persons interviewed. Regional Analysis, 1949

	Northern	N.Eastern	N.Midland	Eastern	Gtr.London	Southern	S.Western	Wales	Midlands	N.Western	S.Eastern	All Regions
No. of Persons Interviewed	5,996	9,093	7,494	6,507	17,967	5,596	5,813	5,573	10,086	14,737	5,030	93,892
No. Reporting Some Ailment	4,464	6,272	5,020	4,549	12,316	3,635	3,996	4,072	6,899	10,160	3,491	64,874
Sickness Rate	74.4	69.0	67.0	69.9	68.5	65.0	68.7	73.1	68.4	68.9	69.4	69.1
No. of Illnesses and Injuries	9,996	13,526	10,924	10,104	25,950	7,619	8,139	8,939	14,604	21,656	7,433	138,890
Prevalence Rate	166.7	148.8	145.8	155.3	144.4	136.2	140.0	160.4	144.8	146.9	147.8	147.9
No. of Days of Incapacity	7,078	12,205	7,015	6,853	15,580	4,487	5,585	7,438	10,236	18,770	4,544	99,791
Incapacity Rate	118.0	134.2	93.6	105.3	86.7	80.2	96.1	133.5	101.5	127.4	90.3	106.3
No. of Medical Consultations	3,126	4,505	2,799	2,395	7,774	1,766	2,390	3,649	3,989	7,923	2,188	42,504
Consultation Rate	52.1	49.5	37.3	36.8	43.3	31.6	41.1	65.5	39.5	53.8	43.5	45.3

NOTE: The annual facts and rates have been corrected to allow for the results for December, expected from two month's interviews.

Table S.S.9 - Monthly Sickness, Prevalence, Incapacity and Medical Consultation Rates per 100 persons interviewed, by sex and income group 1948

	Income Group of Chief Wage Earner	Sickness Rates		Prevalence Rates		Incapacity Rates		Medical Consultation Rates	
		M	F	M	F	M	F	M	F
Year	Under £3	81	81	191	211	237	184	88	57
	£3-£10	60	70	110	156	94	91	35	42
	£10 and over	59	68	114	150	67	91	42	47
	Not known	56	70	108	167	75	83	25	43
	Total	61	71	116	163	102	102	39	44
March Quarter	Under £3	83	82	199	214	266	204	94	56
	£3-£10	61	70	113	153	112	93	38	42
	£10 and over	60	68	112	157	94	87	59	47
	Not known	59	71	119	171	122	95	38	46
	Total	62	71	119	162	123	107	44	44
June Quarter	Under £3	81	80	192	204	190	128	102	49
	£3-£10	56	68	102	149	88	66	33	40
	£10 and over	55	68	109	154	46	91	38	58
	Not known	55	65	101	154	43	38	20	31
	Total	58	69	109	156	91	74	38	40
September Quarter	Under £3	79	80	179	204	233	152	77	59
	£3-£10	56	69	103	152	71	77	29	40
	£10 and over	54	64	102	128	59	59	37	33
	Not known	55	71	111	166	61	102	21	46
	Total	58	70	109	157	81	85	33	42
December Quarter	Under £3	81	84	193	223	257	249	77	63
	£3-£10	65	75	122	170	105	126	40	49
	£10 or over	65	73	128	159	70	124	35	50
	Not known	55	74	103	180	82	101	23	50
	Total	66	76	126	176	111	139	41	50

Table S.S.9 (Contd.) - Monthly Sickness, Prevalence, Incapacity and Medical Consultation Rates per 100 persons interviewed, by sex and income group 1949

	Income Group of Chief Wage Earner	Sickness Rates		Prevalence Rates		Incapacity Rates		Medical Consultation Rates	
		M	F	M	F	M	F	M	F
Year	Under £3	82	83	198	214	261	159	89	63
	£3-£10	62	73	116	165	97	102	39	46
	£10 and over	59	71	110	158	66	85	36	47
	Not known	59	73	109	164	69	94	33	48
	Total	63	74	121	171	104	107	41	49
March Quarter	Under £3	86	85	217	229	305	191	90	68
	£3-£10	67	76	129	181	123	133	45	53
	£10 and over	60	79	116	187	77	126	35	61
	Not known	62	79	116	202	37	155	41	64
	Total	67	78	134	188	130	141	47	56
June Quarter	Under £3	81	82	194	211	242	135	105	61
	£3-£10	60	73	114	166	83	83	36	44
	£10 and over	59	70	112	155	60	51	33	40
	Not known	58	70	111	159	122	86	34	40
	Total	62	73	119	170	92	87	40	45
September Quarter	Under £3	77	82	173	198	178	84	74	58
	£3-£10	57	70	103	149	78	79	34	44
	£10 and over	54	64	95	135	53	49	42	35
	Not known	53	67	98	144	54	49	29	46
	Total	58	71	106	154	82	75	37	46
December Quarter	Under £3	81	84	209	218	323	235	86	66
	£3-£10	64	74	117	164	101	112	39	44
	£10 and over	64	72	121	150	76	124	31	55
	Not known	63	76	114	168	67	115	33	48
	Total	65	76	123	171	112	130	42	48

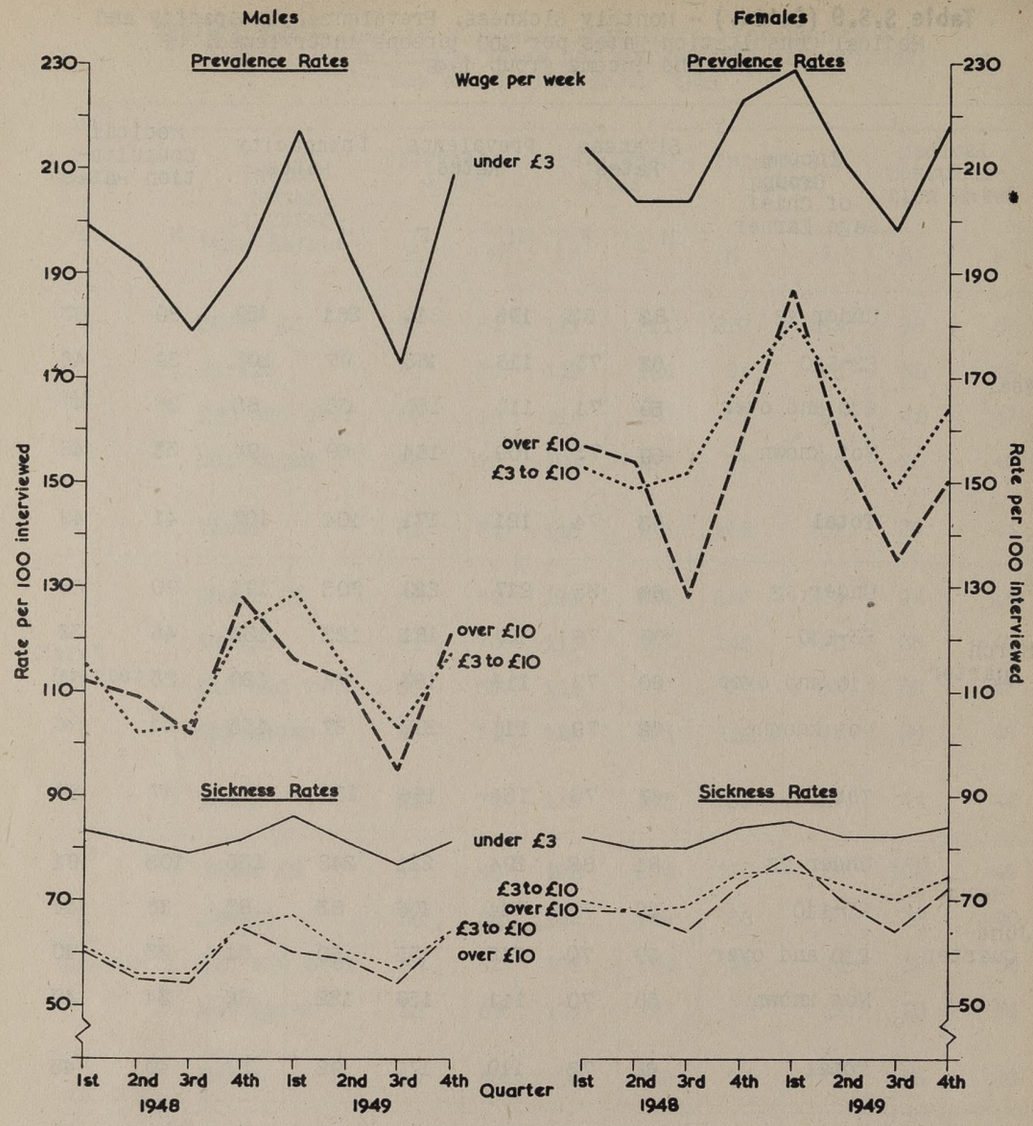

Fig. S.S.VI. - Quarterly Sickness and Prevalence Rates per 100 Males and Females, according to income of chief wage earner. 1948 and 1949

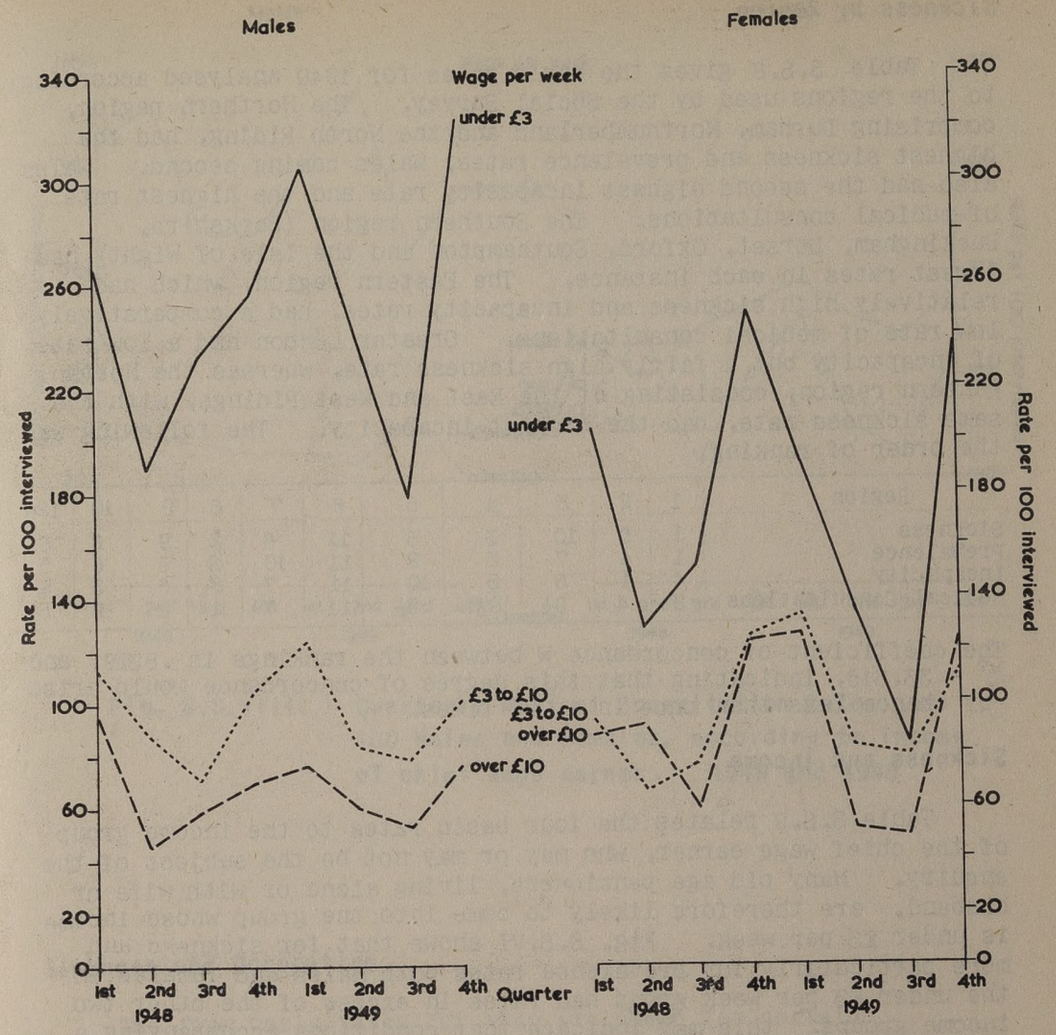

Fig. S.S.VII. - Quarterly Incapacity Rates per 100 Males and Females, according to income of chief wage earner, 1948 and 1949

Sickness by Region

Table S.S.8 gives the basic rates for 1949 analysed according to the regions used by the Social Survey. The Northern region, comprising Durham, Northumberland and the North Riding, had the highest sickness and prevalence rates, Wales coming second. Wales also had the second highest incapacity rate and the highest rate of medical consultations. The Southern region (Berkshire, Buckingham, Dorset, Oxford, Southampton and the Isle of Wight) had lowest rates in each instance. The Eastern region, which had relatively high sickness and incapacity rates, had a comparatively low rate of medical consultations. Greater London had a low rate of incapacity but a fairly high sickness rate, whereas the North Eastern region, consisting of the East and West Ridings, with the same sickness rate, had the highest incapacity. The following was the order of ranking.

Region	1	2	3	4	5	6	7	8	9	10	12*
Sickness	1	6	10	3	6	11	6	2	9	6	6
Prevalence	1	4	7	3	9	11	10	2	8	6	5
Incapacity	4	1	8	5	10	11	7	2	6	3	9
Medical Consultations	3	4	9½	9½	5½	11	7	1	8	2	5½

The coefficient of concordance W between the rankings is .8329, and χ^2 = 33.316, indicating that this degree of concordance would arise by chance less than once in 1,000 times.

Sickness and Income

Table S.S.9 relates the four basic rates to the income group of the chief wage earner, who may or may not be the subject of the enquiry. Many old age pensioners, living alone or with wife or husband, are therefore likely to come into the group whose income is under £3 per week. Fig. S.S.VI shows that for sickness and more particularly for prevalence rates both males and females in the under £3 per week group had rates in excess of the other two income groups; this may indicate that conditions accompanying a low income or age are responsible for a more or less continuous lack of health and vice versa. The sickness rates in the low-income group were similar for both sexes whereas the male prevalence rate in this group was lower than the female. There was less variation between the prevalence rates for the two higher income groups, but those of females, varying between 128 and 187, were considerably in excess of the male rates, which varied between 95 and 129. Sickness rates in the higher income groups varied little as between groups, but female rates were higher than male in both groups. In contrast, incapacity rates in the lowest income group were higher for men than women (Fig. S.S.VII), and were low for both sexes in the September quarter of 1949. Incapacity rates for men where the chief wage earner's income was £10 or more were rather lower than in the other two groups, possibly because the subject was able to take things more easily when feeling unwell and so was not compelled to stay away. Men in the lowest income group had high rates for medical consultations compared with women in this group and also with males and females in the two highest groups (Fig. S.S.VIII).

** Region 11, Scotland, is excluded.*

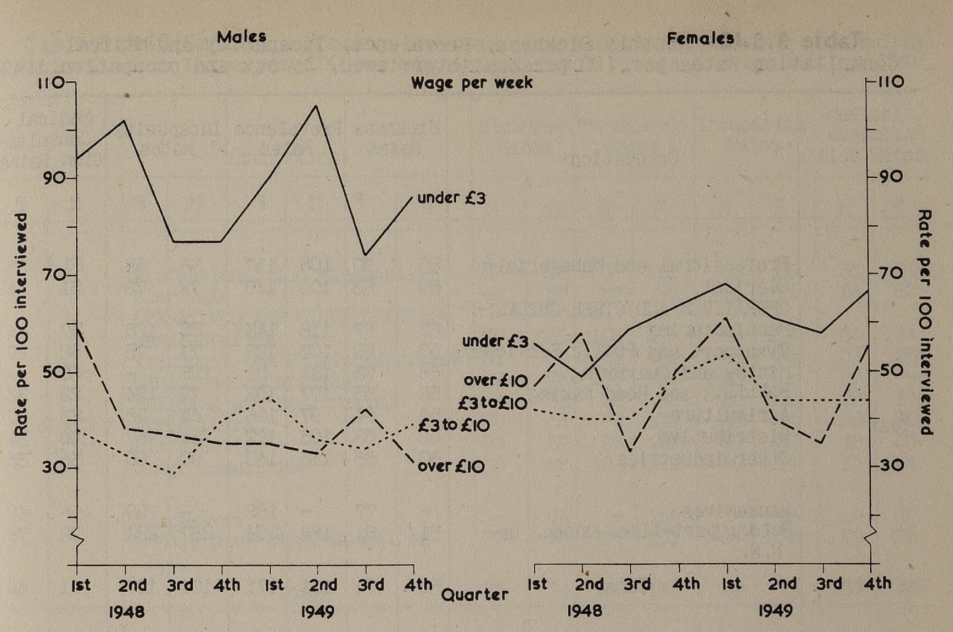

Fig. S.S.VIII. - Quarterly Medical Consultation Rates per 100 Males and Females, according to income of chief wage earner. 1948 and 1949

Sickness and Occupation

The four basic rates for 1949 are shown for certain occupational groups in Table S.S.10; the groupings are those used by the Social Survey and differ from those used by the Registrar General in his Census Reports. Men engaged in mining and quarrying had in each case the highest rates, for individual quarters and for the year as a whole. The days of incapacity per 100 persons reached the very high level of 233 in the months July to September, whereas in the following quarter the rate was only 154. The contrast between the experience of men in these occupations and that of males in professional and managerial employment is shown in Fig. S.S.IX. The prevalence rates for the latter are not much lower than for the miners, but their incapacity rates are vastly lower, reflecting the fact that the professional workers are in a better position to arrange their times and work so as to avoid complete absence in a way which is not possible for shift workers. Housewives had higher sickness and prevalence rates than women in other occupations for the year as a whole and in most separate quarters. They also had high rates of incapacity, but not as high as those returned by women in manufacturing trades. Both these and housewives had high rates for medical consultations.

Table S.S.10 - Monthly Sickness, Prevalence, Incapacity and Medical Consultation Rates per 100 persons interviewed, by sex and occupation 1949

	Occupation*	Sickness Rates		Prevalence Rates		Incapacity Rates		Medical Consultation Rates	
		M	F	M	F	M	F	M	F
Year	Professional and Managerial†	59	60	105	117	58	85	31	37
	Clerical	59	63	109	118	72	79	31	34
	OPERATIVES AND OTHER GRADES:-								
	Manufacturing	62	67	115	143	82	128	37	44
	Transport and Public Services‡	58	59	103	128	71	75	32	29
	Mining and Quarrying	68	73	131	82	198	-	52	-
	Building and Road making	58	53	107	102	72	134	29	32
	Agriculture	56	64	97	116	64	58	23	30
	Distributive	58	63	105	127	54	57	26	34
	Other industries	60	68	113	140	90	80	36	35
	Housewives	-	77	-	182	-	99	-	49
	Retd., part-time, unocc. or N.S.	81	81	188	202	257	221	92	78
	Total	63	74	121	171	104	107	41	49
March Quarter	Professional and Managerial†	60	66	113	129	63	123	35	53
	Clerical	67	67	127	135	106	114	38	38
	OPERATIVES AND OTHER GRADES:-								
	Manufacturing	67	69	127	160	103	157	39	45
	Transport and Public Services‡	64	63	120	143	103	137	39	40
	Mining and Quarrying	70	-	140	-	195	-	52	-
	Building and Road making	61	73	113	145	105	27	35	9
	Agriculture	61	75	106	152	90	145	28	43
	Distributive	63	67	128	142	78	90	29	57
	Other industries	65	69	127	150	117	108	41	34
	Housewives	-	80	-	199	-	134	-	56
	Retd., part-time, unocc., or N.S.	85	84	202	215	303	231	102	86
	Total	67	78	134	188	130	141	47	56
June Quarter	Professional and Managerial†	58	56	107	111	53	53	29	28
	Clerical	59	62	108	122	47	48	26	30
	OPERATIVES AND OTHER GRADES:-								
	Manufacturing	60	70	112	146	62	122	33	45
	Transport and Public Services‡	56	38	101	54	57	70	27	35
	Mining and Quarrying	66	67	133	67	197	-	51	-
	Building and Road making	56	36	105	55	45	291	25	36
	Agriculture	52	65	89	119	47	33	16	29
	Distributive	57	60	98	130	44	20	25	23
	Other industries	58	66	107	136	77	50	34	33
	Housewives	-	76	-	182	-	83	-	46
	Retd., part-time, unocc. or N.S.	82	79	189	193	270	184	100	75
	Total	62	73	119	170	92	87	40	45

* *Groups used by the Social Survey*

† *Includes Inspectors and Supervisors*

‡ *Includes Shipping, Fishing, Gas, Water and Electricity Works*

Table S.S.10(Contd.) - Monthly Sickness, Prevalence, Incapacity and Medical Consultation Rates per 100 persons interviewed, by sex and occupation 1949

	Occupation*	Sickness Rates		Prevalence Rates		Incapacity Rates		Medical Consultation Rates	
		M	F	M	F	M	F	M	F
September Quarter	Professional and Managerial†	53	56	86	111	52	85	31	31
	Clerical	48	55	86	99	51	71	24	32
	OPERATIVES AND OTHER GRADES:-								
	Manufacturing	59	63	105	128	60	116	34	44
	Transport and Public Services‡	51	63	85	125	58	55	31	28
	Mining and Quarrying	67	75	126	88	233	-	59	-
	Building and Road making	54	31	98	62	60	108	23	31
	Agriculture	50	53	88	100	43	24	20	30
	Distributive	53	57	86	105	37	37	18	23
	Other industries	56	62	101	121	60	74	31	34
	Housewives	-	74	-	166	-	65	-	47
	Retd., part-time, unocc. or N.S.	77	78	171	190	190	138	79	75
	Total	58	71	106	154	82	75	37	46
December Quarter	Professional and Managerial†	64	63	115	119	63	79	27	38
	Clerical	63	67	112	121	85	90	38	35
	OPERATIVES AND OTHER GRADES:-								
	Manufacturing	63	67	115	141	109	118	41	43
	Transport and Public Services‡	60	68	109	192	66	55	32	16
	Mining and Quarrying	68	71	121	86	154	-	45	-
	Building and Road making	64	75	111	150	83	117	33	50
	Agriculture	60	67	103	93	76	19	28	8
	Distributive	60	69	106	138	56	94	32	41
	Other industries	61	75	116	160	104	95	38	42
	Housewives	-	78	-	180	-	115	-	48
	Retd., part-time, unocc. or N.S.	79	83	190	209	265	352	84	77
	Total	65	76	123	171	112	130	42	48

* *Groups used by the Social Survey*

† *Includes Inspectors and Supervisors*

‡ *Includes Shipping, Fishing, Gas, Water and Electricty Works*

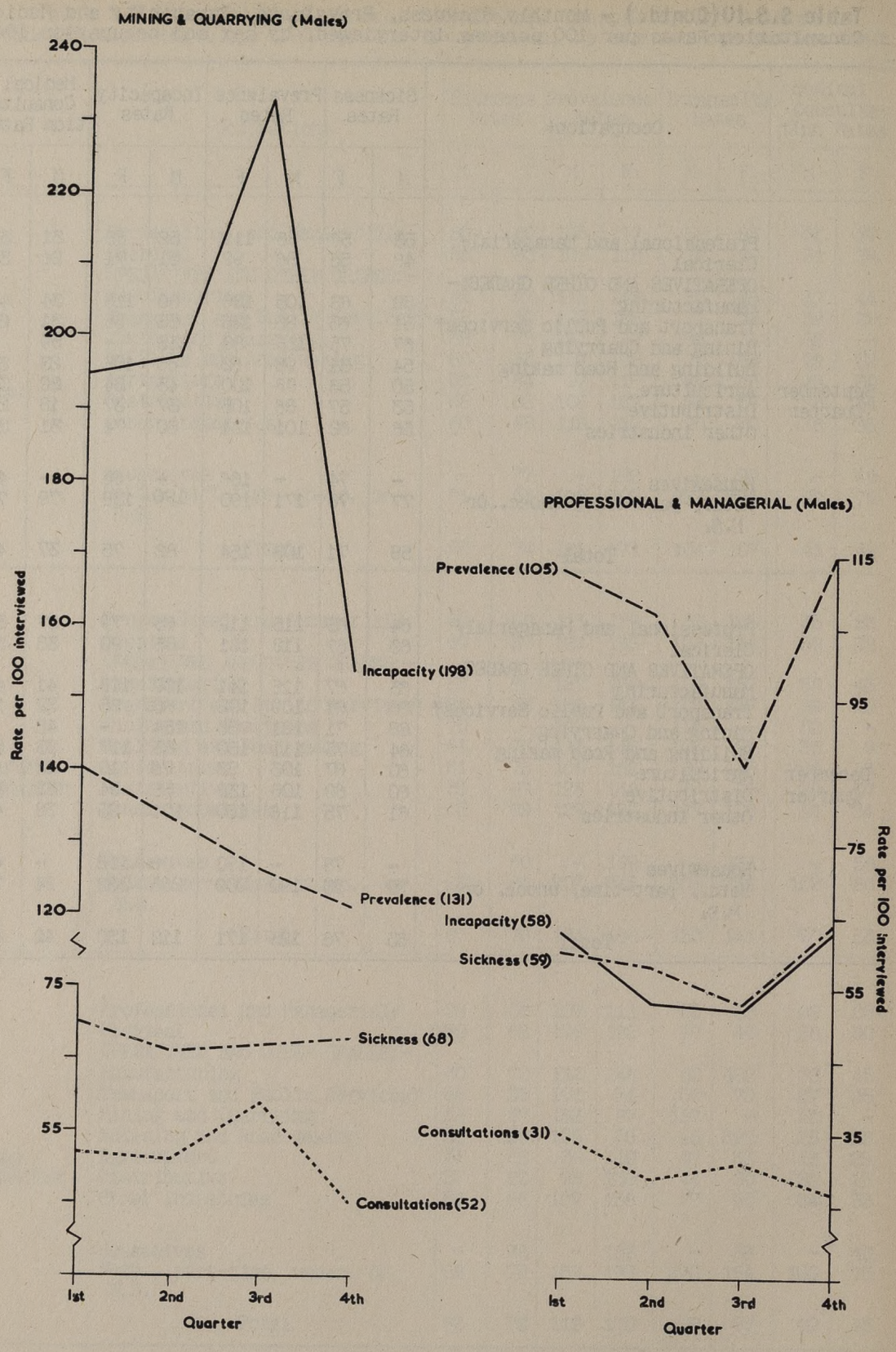

Fig. S.S.IX. - Sickness, Prevalence, Incapacity and Consultation Rates of Males engaged in Professional and Managerial occupations and in Mining and Quarrying. 1949

Table S.S.11 - Number and Average Monthly Percentage Distribution of Illnesses and Injuries according to the Short List by Sex and Age 1949

Nature of Illness or Injury	Ages 16 to 64				Ages 65 and over				All Ages	
	Males		Females		Males		Females		Persons	
	Number	Per cent of all causes	Number	Per cent of all causes	Number	Per cent of all causes	Number	Per cent of all causes	Number	Per cent of all causes
1. Tuberculosis of lungs	166	0.4	127	0.2	6	0.1	10	0.1	309	0.2
2. Psychoneuroses, mental disorders	227	0.6	341	0.5	26	0.3	51	0.3	645	0.5
3. Eye affections	1,825	4.6	2,811	4.1	564	6.3	1,170	7.0	6,370	4.8
4. Ear and mastoid	1,338	3.4	1,392	2.0	595	6.6	749	4.5	4,074	3.1
5. Rheumatism (1)	3,767	9.5	7,756	11.4	1,452	16.2	3,158	18.8	16,133	12.1
6. Heart and arteries	540	1.4	1,263	1.9	358	4.0	717	4.3	2,878	2.2
7. Affections of veins	740	1.9	2,084	3.1	187	2.1	436	2.6	3,447	2.6
8. Colds, Influenza	5,641	14.2	6,859	10.1	645	7.2	970	5.8	14,115	10.6
9. Sore throat (2)	266	0.7	521	0.8	20	0.2	49	0.3	856	0.6
10. Other respiratory	3,923	9.9	3,924	5.8	891	9.9	904	5.4	9,642	7.2
11. Dental disorders	2,002	5.0	2,999	4.4	121	1.3	167	1.0	5,289	4.0
12. Ulcer of stomach and duodenum	685	1.7	157	0.2	67	0.7	60	0.4	969	0.7
13. Other stomach	2,968	7.5	3,733	5.5	519	5.8	1,088	6.5	8,308	6.2
14. Other digestive (3)	982	2.5	3,261	4.8	295	3.3	827	4.9	5,365	4.0
15. Diseases of skin (4)	1,544	3.9	1,583	2.3	192	2.1	307	1.8	3,626	2.7
16. Other defined illness	2,584	6.5	6,751	9.9	908	10.1	1,333	8.0	11,576	8.7
17. Ill-defined symptoms	9,346	23.5	21,843	32.2	1,996	22.4	4,535	27.0	37,720	28.3
18. Injuries	1,114	2.8	542	0.8	124	1.4	218	1.3	1,998	1.5
Total	39,658	100	67,947	100	8,966	100	16,749	100	133,320	100

(1) All forms except chronic heart affections of rheumatic origin; (2) Including chronic tonsillar conditions;
(3) Except hernia; (4) Including cellular tissue.

Table S.S.11 (Contd.) - Number and Average Monthly Percentage Distribution of Incapacity according to Short List of Illnesses and Injuries by Sex and Age 1949

Nature of Illness or Injury	Ages 16 to 64				Ages 65 and over				All Ages	
	Males		Females		Males		Females		Persons	
	Number	Per cent of all causes	Number	Per cent of all causes	Number	Per cent of all causes	Number	Per cent of all causes	Number	Per cent of all causes
1. Tuberculosis of lungs	906	2.7	370	0.9	-	-	21	0.1	1,297	1.4
2. Psychoneuroses, mental disorders	615	1.8	876	2.2	78	0.9	30	0.2	1,599	1.7
3. Eye affections	272	0.8	351	0.9	47	0.5	445	3.1	1,115	1.2
4. Ear and mastoid	256	0.8	251	0.6	89	1.1	243	1.7	839	0.9
5. Rheumatism (1)	2,314	6.9	2,755	7.1	788	9.3	2,297	16.3	8,154	8.5
6. Heart and arteries	1,073	3.2	1,435	3.7	559	6.6	612	4.3	3,679	3.8
7. Affections of veins	412	1.2	1,270	3.3	228	2.7	343	2.4	2,253	2.4
8. Colds, influenza	5,096	15.3	7,439	19.1	901	10.6	1,957	13.8	15,393	16.1
9. Sore throat (2)	537	1.6	1,336	3.4	25	0.3	24	0.2	1,922	2.0
10. Other respiratory	3,908	11.7	3,572	9.2	1,518	17.9	1,985	14.0	10,983	11.6
11. Dental disorders	227	0.7	320	0.8	23	0.3	49	0.3	619	0.7
12. Ulcer of stomach and duodenum	1,466	4.4	164	0.4	169	2.0	63	0.4	1,862	2.0
13. Other stomach	960	2.9	794	2.0	207	2.4	496	3.5	2,457	2.6
14. Other digestive (3)	550	1.6	1,613	4.1	140	1.7	385	2.7	2,688	2.8
15. Diseases of skin (4)	1,756	5.3	1,013	2.6	217	2.6	312	2.2	3,298	3.5
16. Other defined illness	3,634	10.9	7,255	18.6	1,629	19.1	1,519	10.7	14,037	14.8
17. Ill-defined symptoms	4,398	13.2	6,708	17.2	1,385	16.5	2,914	20.6	15,405	16.1
18. Injuries	5,010	15.0	1,503	3.9	468	5.5	500	3.5	7,481	7.9
Total	33,390	100	39,025	100	8,471	100	14,195	100	95,081	100

(1) All forms except chronic heart affections of rheumatic origin; (2) Including chronic tonsillar conditions;
(3) Except hernia; (4) Including cellular tissue.

Table S.S.11 (Contd.) - Number and Average Monthly Percentage Distribution of Medical Consultations according to Short List of Illnesses and Injuries by Sex and Age 1949

Nature of Illness or Injury	Ages 16 to 64				Ages 65 and over				All Ages	
	Males		Females		Males		Females		Persons	
	Number	Per cent of all causes	Number	Per cent of all causes	Number	Per cent of all causes	Number	Per cent of all causes	Number	Per cent of all causes
1. Tuberculosis of lungs	295	2.2	330	1.7	-	-	13	0.3	638	1.6
2. Psychoneuroses, mental disorders	182	1.4	313	1.6	10	0.3	33	0.7	538	1.3
3. Eye affections	259	2.0	400	2.1	115	3.3	227	4.7	1,001	2.4
4. Ear and mastoid	259	2.0	271	1.4	63	1.8	81	1.7	674	1.6
5. Rheumatism (1)	844	6.4	1,670	8.6	327	9.4	727	14.9	3,568	8.7
6. Heart and arteries	387	2.9	814	4.2	345	9.9	434	8.9	1,980	4.8
7. Affections of veins	148	1.1	522	2.7	57	1.6	89	1.8	816	2.0
8. Colds, influenza	1,299	9.8	1,613	8.4	205	5.9	340	7.0	3,457	8.5
9. Sore throat (2)	229	1.7	416	2.2	12	0.3	32	0.7	689	1.7
10. Other respiratory	1,398	10.6	1,281	6.6	451	13.0	379	7.8	3,509	8.6
11. Dental disorders	109	0.8	141	0.7	11	0.3	8	0.2	269	0.7
12. Ulcer of stomach and duodenum	622	4.7	118	0.6	61	1.7	39	0.8	840	2.1
13. Other stomach	490	3.7	565	2.9	104	3.0	238	4.9	1,397	3.4
14. Other digestive (3)	217	1.6	586	3.0	47	1.3	153	3.1	1,003	2.5
15. Diseases of skin (4)	1,099	8.3	1,007	5.2	117	3.4	128	2.6	2,351	5.8
16. Other defined illness	1,640	12.4	4,300	22.4	698	20.0	703	14.4	7,341	17.9
17. Ill-defined symptoms	1,807	13.7	4,168	21.6	683	19.6	1,054	21.5	7,712	18.8
18. Injuries	1,928	14.7	794	4.1	181	5.2	195	4.0	3,098	7.6
Total	13,212	100	19,309	100	3,487	100	4,873	100	40,881	100

(1) All forms except chronic heart affections of rheumatic origin; (2) Including chronic tonsillar conditions;
(3) Except hernia; (4) Including cellular tissue.

Table S.S.12 - Illnesses and Injuries according to Short List distinguishing Numbers, and Percentages, with and without Incapacity, and Medical Consultations, Persons aged 16 and over. 1949

Nature of Illness or Injury	Total Ailments	Incapacity				Medical Consultations			
		With	Per cent of Total	Without	Per cent of Total	With	Per cent of Total	Without	Per cent of Total
1. Tuberculosis of lungs	309	70	23	239	77	178	58	131	42
2. Psychoneuroses, mental disorders	645	115	18	530	82	223	35	422	65
3. Eye affections	6,370	146	2	6,224	98	594	9	5,776	91
4. Ear and mastoid	4,074	94	2	3,980	98	336	8	3,738	92
5. Rheumatism (1)	16,133	697	4	15,436	96	1,640	10	14,493	90
6. Heart and arteries	2,878	291	10	2,587	90	922	32	1,956	68
7. Affections of veins	3,447	188	5	3,259	95	406	12	3,041	88
8. Colds, influenza	14,115	2,274	16	11,841	84	1,777	13	12,338	87
9. Sore throat (2)	856	237	28	619	72	277	32	579	68
10. Other respiratory	9,642	842	9	8,800	91	1,340	14	8,302	86
11. Dental disorders	5,289	119	2	5,170	98	153	3	5,136	97
12. Ulcer of stomach and duodenum	969	135	14	834	86	365	38	604	62
13. Other stomach	8,308	344	4	7,964	96	771	9	7,537	91
14. Other digestive (3)	5,365	241	4	5,124	96	410	8	4,955	92
15. Diseases of skin (4)	3,626	281	8	3,345	92	878	24	2,748	76
16. Other defined illness	11,576	1,302	11	10,274	89	3,094	27	8,482	73
17. Ill-defined symptoms	37,720	1,697	4	36,023	96	3,908	10	33,812	90
18. Injuries	1,998	566	28	1,432	72	956	48	1,042	52
Total	133,320	9,639	7	123,681	93	18,228	14	115,092	86

(1) All forms except chronic heart affections of rheumatic origin; (2) Including chronic tonsillar conditions;
(3) Except hernia; (4) Including cellular tissue.

Causes of Sickness

The frequency with which various groups of illness and injury were reported is shown in Table S.S.11. Generally the ailments with the highest frequency of occurrence were ill-defined symptoms such as appear in Numbers 780-789 of the International Classification, colds and influenza, rheumatism, and 'other respiratory diseases' (bronchitis, pneumonia, etc.). Injuries, though not making a large contribution to the total number of ailments, required a high percentage of the total medical consultations for men of the working ages. The percentages of these ailments among the total number of illnesses and injuries, medical consultations and days of incapacity were as follows:-

	Males 16-64			Females 16-64			Males 65 and over			Females 65 & over		
	Ill-nesses	Con-sulta-tions	Days Away	Ill-nesses	Con-sulta-tions	Days Away	Ill-nesses	Con-sulta-tions	Days Away	Ill-nesses	Con-sulta-tions	Days Away
Symptoms	23.5	13.7	13.2	32.2	21.6	17.2	22.4	19.6	16.5	27.0	21.5	20.6
Colds and influenza	14.2	9.8	15.3	10.1	8.4	19.1	7.2	5.9	10.6	5.8	7.0	13.8
Rheumatism	9.5	6.4	6.9	11.4	8.6	7.1	16.2	9.4	9.3	18.8	14.9	16.3
"Other respiratory"	9.9	10.6	11.7	5.8	6.6	9.2	9.9	13.0	17.9	5.4	7.8	14.0
Injuries	2.8	14.7	15.0	0.8	4.1	3.9	1.4	5.2	5.5	1.3	4.0	3.5

Tuberculosis of the lungs and psychoneuroses and mental disorders were the least frequently recorded illnesses; many sufferers from these conditions might be expected to be in hospital and therefore outside the scope of the survey. Gastric and duodenal ulcers were also in the five lowest percentages in each sex-age group.

From Table S.S.12 it will be seen that altogether only 7 per cent of the illnesses reported to the interviewer were said to have caused incapacity and only 14 per cent required a medical consultation. Twenty-eight per cent of sore throats and of injuries caused loss of time and 23 per cent of cases of tuberculosis. Although rheumatism was reported frequently only 4 per cent of the attacks were incapacitating, but 10 per cent required a doctor's advice. Since it is known how many illnesses were incapacitating, and the number of days lost, the average number of days lost per 100 ailments can be calculated and similarly for medical consultations. The results are as follows.

Disease Group	Incapacity			Medical Consultations		
	No. of ailments with	Total Number of Days	Average Days per 100 Illnesses	No. of ailments with	Total Number	Average Consultations per 100 Illnesses
1. Tuberculosis of lungs	70	1,297	1,853	178	638	358
2. Psychoneuroses and mental disorders	115	1,599	1,390	223	538	241
3. Eye affections	146	1,115	764	594	1,001	169
4. Ear and mastoid	94	839	893	336	674	201
5. Rheumatism	697	8,154	1,170	1,640	3,568	218
6. Heart and arteries	291	3,679	1,264	922	1,980	215
7. Affections of veins	188	2,253	1,198	406	816	201
8. Colds, influenza	2,274	15,393	677	1,777	3,457	195
9. Sore throat	237	1,922	811	277	689	249
10. Other respiratory	842	10,983	1,304	1,340	3,509	262
11. Dental disorders	119	619	520	153	269	176
12. Ulcer of stomach and duodenum	135	1,862	1,379	365	840	230
13. Other stomach	344	2,457	714	771	1,397	181
14. Other digestive	241	2,688	1,115	410	1,003	245
15. Diseases of skin	281	3,298	1,174	878	2,351	268
16. Other defined illness	1,302	14,037	1,078	3,094	7,341	237
17. Ill-defined symptoms	1,697	15,405	908	3,908	7,712	197
18. Injuries	566	7,481	1,322	956	3,098	324
	9,639	95,081	986	18,228	40,881	224

Since monthly experiences are being dealt with, the days of incapacity cannot exceed the number of days in a month. The figures do not represent the real duration of these illnesses.

Dental Consultations

Table S.S.13 shows the trend of dental consultation rates per thousand persons interviewed by six-monthly periods from 1947 to 1949. Throughout the period women averaged more dental consultations than men, and the rates were much higher for young adults than for the elderly.

There was a large increase in the rates at each age in 1949 compared with the two previous years; between July-December 1947 and July-December, 1949 the rate for men of all ages increased by 70 per cent, and for women by 85 per cent. For the year 1949 as a whole, adults averaged 0.47 dental visits per person.

Table S.S.14 shows for 1949 the number of times in a month each person interviewed had consulted a dentist. 97.8 per cent of men and 97.1 per cent of women reported no dental consultations; while those who did attend a dentist averaged 1.5 visits in the month.

Table S.S.13 - Average monthly dental consultation rates per 1,000 people interviewed, based on half-yearly periods July 1947 to December 1949

	Ages 16-44		Ages 45-64		Ages 65 and over		All Ages	
	Males	Females	Males	Females	Males	Females	Males	Females
July-Dec. 1947	32	40	12	7	5	1	22	25
Jan.-June 1948	29	36	17	14	4	5	21	25
July-Dec. 1948	27	41	17	18	8	4	22	29
Jan.-June 1949	39	60	22	27	7	12	30	43
July-Dec. 1949	50	63	26	32	8	14	37	46

Table S.S.14 - 1949: Distribution of persons interviewed according to number of dental consultations reported in a month

Number of consultations	Ages 16-44		Ages 45-64		Ages 65 and over		All Ages	
	Males	Females	Males	Females	Males	Females	Males	Females
0	21,835	25,964	12,460	14,880	5,148	7,352	39,443	48,196
1	468	719	132	204	21	30	621	953
2	124	208	46	66	7	13	177	287
3	43	79	12	26	1	7	56	112
4	24	41	7	7	-	3	31	51
5	6	8	-	2	-	-	6	10
6	2	4	1	-	-	-	3	4
7	-	5	-	-	-	-	-	5
8	1	2	1	-	-	1	2	3
9	1	-	-	-	-	-	1	-
10 and over	-	1	-	-	-	-	-	
Total persons	22,504	27,031	12,659	15,185	5,177	7,406	40,340	49,622

Table S.S.15. - Distribution of persons interviewed according to number of days in hospital and days in bed reported in a month

	Ages 16-44		Ages 45-64		Ages 65 and over		All Ages	
	Males	Females	Males	Females	Males	Females	Males	Females
A. Days in hospital								
0	22,402	26,857	12,599	1,5094	5,146	7,376	40,147	49,327
1	7	7	2	14	-	1	9	22
2	17	13	7	7	-	2	24	22
3	3	12	3	6	-	-	6	18
4	4	7	2	4	1	1	7	12
5	5	8	1	2	1	2	7	12
6	2	12	3	4	-	1	5	17
7	7	16	3	10	1	1	11	27
8	-	6	-	1	1	-	1	7
9	1	5	1	1	2	-	4	6
10	8	18	3	7	-	1	11	26
11-	23	23	15	19	6	6	44	48
18-	9	20	10	8	8	9	27	37
25 and over	16	27	10	8	11	6	37	41
B. Days in bed								
0	21,666	25,682	12,072	14,303	4,896	6,934	38,634	46,919
1	166	258	77	108	18	30	261	396
2	166	283	104	147	41	52	311	482
3	123	184	73	123	28	42	224	349
4	58	100	40	84	19	43	117	227
5	54	43	28	29	12	23	94	95
6	19	38	20	26	8	16	47	80
7	92	165	83	127	40	73	215	365
8	17	26	8	12	3	9	28	47
9	5	15	5	6	5	5	15	26
10	29	45	27	35	12	29	68	109
11-	73	107	58	100	40	66	171	273
18-	12	41	33	42	19	33	64	116
25 and over	24	44	31	43	36	51	91	138
Total Persons	22,504	27,031	12,659	15,185	5,177	7,406	40,340	49,622

Days in Hospital and in Bed

Table S.S.15 shows the numbers of days spent in hospital (Section A) and the number of days spent in bed (Section B), by sex and age. Of all the people interviewed, 0.5% stated that they had spent some time in hospital during the month in question; of those who had been in hospital, the average length of stay was about two weeks for men of all ages and slightly less for women, although more women than men had been in hospital - the greatest difference being in the age group 16-44; while for persons aged 65 and over, more men than women spent some time in hospital. Elderly people who were in hospital spent on the average half as long again there as persons aged 16-44 (between two and three weeks, as compared with under two weeks.)

It must be remembered however that only limited significance as to the extent of hospitalisation can be attached to these figures because of the small numbers of persons who stated that they had been in hospital, the exclusion of chronically ill in hospital (unless full information can be obtained by proxy) and the possibility of overlap of experience from one month to another - those who spent one or two days in hospital in any one month may already have spent several days there in the preceding month, a limitation that is not confined to the measurement of days in hospital.

The second part of Table S.S.15 shows the numbers of days spent in bed according to sex and age groups. On the average 5% of persons interviewed in 1949 spent some time in bed during any month, women showing a higher proportion than men. As would be expected elderly persons tend to spend more time in bed than do young persons. Of those who were ill enough to stay in bed, the average time spent there was seven days for all ages and ten days for persons aged 65 and over. There was less difference between the two sexes for the amount of time spent in bed than for the actual proportions who were confined to their beds.

A comparison can be made between the number of days spent in bed and the number of days of incapacity in the various sex and age groups (see Table S.S.7). In 1949, of the total interviewed, 10% reported that they had been incapacitated during a month of experience, and 5% had been confined to bed. Approximately one-third of the average monthly days of incapacity were spent in bed. Amongst those aged 65 and over, 11% were incapacitated and 6% confined to their beds. 8.7% of all men experienced some days of incapacity and 4.2% spent some time in bed; and for women the proportions were 9.4% and 5.4% - thus relatively more of the incapacity reported by women than by men took the form of confinement to bed.

Appendix I

Regions used by the Social Survey

Region 1 (Northern)

- Northumberland
- Durham
- Yorkshire, N. Riding

Region 2 (North Eastern)

- Yorkshire, W. Riding
- Yorkshire, E. Riding

Region 3 (North Midland)

- Derbyshire
- Nottinghamshire
- Lincolnshire
- Leicestershire
- Northamptonshire
- Rutland
- Soke of Peterborough

Region 4 (Eastern)

- Norfolk
- Suffolk
- Essex (excl. Gtr. London parts)
- Hertfordshire (excl. Gtr. London parts)
- Bedfordshire
- Huntingdonshire
- Cambridgeshire

Region 5 (Greater London)

- Counties of London and Middlesex and parts of Essex, Hertford, Surrey and Kent

Region 6 (Southern)

- Oxfordshire
- Buckinghamshire
- Berkshire
- Hampshire
- Dorset
- Isle of Wight

Region 7 (South Western)

- Gloucestershire
- Wiltshire
- Somerset
- Devon
- Cornwall

Region 8 (Wales)

- Wales, including Mon.

Region 9 (Midlands)

- Herefordshire
- Worcestershire
- Warwickshire
- Staffordshire
- Shropshire

Region 10 (North Western)

- Cheshire
- Lancashire
- Westmorland
- Cumberland

Region 12 (South Eastern)

- Surrey (excl. Gtr. London parts)
- Kent (excl. Gtr. London parts)
- Sussex

N.B. Region 11 comprises the whole of Scotland.

APPENDIX II

Selected Bibliography of Sickness Statistics

United Kingdom

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PART II - MENTAL HEALTH STATISTICS

Historical Review

There are several sources from which a statistical picture of institutional mental treatment in this country may be gained, and which reveal that many of the difficulties existing today are not essentially different from those which have always faced the authorities, although changing attitudes to the whole problem of mental disease coupled with the effects of an increasedly complex socio-economic structure have undoubtedly aggravated their significance.

The principal records are contained in:-

(a) Reports of the Commissioners in Lunacy. These cover the work of the Commission from its inception in 1845 until its replacement by the Board of Control following the Mental Deficiency Act of 1913.

(b) Reports of the Board of Control from 1914 onwards.

(c) Reports of the Metropolitan Asylums Board.

(d) Census Reports.

A study of the reports (a) and (b) shows that the amount of accommodation available has continually lagged behind that demanded. In 1855 the Commissioners reported that in six counties they had had to make additions to existing accommodation owing to overcrowding; six new County Asylums were opened but there were still a number of counties with no provision for pauper lunatics. In 1869 a serious shortage was reported in Middlesex, where over 600 patients were awaiting admission; temporary relief was obtained by the exchange with workhouses of acute for chronic cases. The following year the waiting list was 927, but it was relieved by opening Leavesden and Caterham Asylums. Reports in succeeding years continued to call attention to the shortage. In 1903 there was a fire at Colney Hatch in which 51 females died; this resulted in enquiries into the use of temporary buildings and concern was expressed at the increase in the size of the county asylums. During the First World War there were high death rates (see Appendix Table M.I, p.126) so that when in 1920 there were 94 asylums in full use with room for 104,298 patients, there were actually vacancies for 10,470. For the next few years stringent financial economies were enforced and only the more urgent cases could be admitted. The report for 1928 called attention to the lack of space for mental defectives - it was then estimated that although 70% of such patients were receiving some kind of institutional care, only about 20% were dealt with under the Mental Deficiency Acts. In the following year attention was drawn to the need for space for over 30,000 trainable defectives and more than 2,000 'urgent' cases. Provision had however been made for 161 occupational and industrial centres, mostly by the work of voluntary associations. By 1930, 39 estates had been acquired to serve 74 authorities in providing places for mental defectives of whom it was estimated that of 100,000 in need

of residential care only 24,000 were provided for. In 1931 however, an economic blizzard again slowed up progress.

From 1930 onwards, when out-patient clinics received statutory recognition under the Mental Treatment Bill, these made rapid progress, but by 1933 the Commissioners were reporting the second impediment to a good mental health service, shortage of staff. In 1938 overcrowding in mental hospitals reached 2,993 resident in excess of the recognised bed-space. With the Second World War began a further period of shortages of nursing and medical staff due to the call-up and of hospitals owing to requisitioning, despite the fact that the Ministry of Labour gave high priority to the needs of mental nursing. By 1945 the difficulty of recruiting staff resulted in inability to make full use of accommodation for the mentally deficient, while in mental hospitals in 1946 overcrowding amounted to 13.1% on the basis of the recognised bed-space, and the shortage of nursing staff, especially female, continued to be serious. The report for 1947 showed that some progress had been made in recovery from war conditions. Overcrowding was 14,668 in mental hospitals, compared with 16,662 at the end of 1946. There were nevertheless 5,509 mental hospital beds still diverted to wartime purposes and 1,981 not in use due to shortage of nursing staff, and many hospitals were confining admissions to certified patients, an unfortunate state of affairs when the aim is to encourage voluntary admissions.

The reasons for the increase in the numbers requiring treatment were said in 1855 to be five-fold; several are applicable today. First was the increase in the number of chronic and incurable cases due to lower mortality rates. There was stricter provision and enforcement of the law regarding the detention of lunatics and a more comprehensive and scientific view was being taken by both doctors and public. There were in addition the results of the exertions of local medical officers whose duties included visits to chargeable lunatics who were living at large and finally the efforts of the Commissioners themselves. If admissions were numerous the toll taken by epidemics of infectious diseases was not inconsiderable; typhoid, enteric fever, erysipelas, cholera, dysentery, smallpox, colitis and in the twentieth century influenza were rife among the inmates. While such epidemics as that of cholera in 1866-7 affected the whole country, much of the illness in the asylums was attributed in the reports to overcrowding and insanitary conditions. Tuberculosis also was responsible for many deaths.

That there existed a feeling for the protection of the inmates was shown for example in the 1851 report where comment was made on the very defective state of the law and its administration as regards the property and income of lunatics and the injustice and hardship thereby entailed upon them. In that and the following year objections were raised to the admission of criminal lunatics to ordinary asylums. In 1857 it was recommended that acute cases should be separated from chronic and accommodation of a less expensive nature provided for the latter, but this was rejected by the Commissioners. In the same year a Mr. Charles Snape was prosecuted on a charge of manslaughter arising from the death of an

insane patient at the Surrey County Asylum after being given 'shower bath treatment'; following this a series of regulations were issued by the Commissioners on the use of baths. In 1860 a public sensation was caused by the setting at large of insane soldiers with a view to passing the burden of their maintenance onto the parish in which they were found wandering.

The reports of the Metropolitan Asylums Board reflect conditions in the country as a whole. In one report after another it is pointed out that the majority of admissions are of aged and infirm patients. That the lot of the Medical Superintendent was one of anxiety may be gathered from the report from Leavesden for 1901. Commenting on the high proportion of 40% of deaths due to tuberculosis the Superintendent urged the segregation of tuberculous patients; that most had contracted the disease since their admission could be attributed to the fact that 'patients mainly consist of broken-down human wreckage'. At the same time anxiety was expressed about the water supply which, coming from a well, was subject to pollution. In 1904 the Superintendent of Caterham was deprecating the practice of certifying senile cases with defective memory and thus branding them with the stigma of insanity. Rochester House was in this year visited by a dental surgeon, who, owing to the diseased condition of their teeth, had to operate on all the patients with a subsequent improvement in their general health, especially that of the epileptics. Tooting Bec Asylum designed to take 750 helpless and aged patients had been opened in 1903; by 1906 it was found necessary to reduce the cubic space per patient so as to provide an additional 105 beds. At Leavesden in 1907 more members of the staff were allowed to sleep out, the accommodation thus liberated being used as an infirmary ward. The tuberculosis problem remained acute; at Caterham in 1909 out of 128 deaths 16 were due to tuberculosis, of whom 9 were recent admissions. Nevertheless, by remeasuring the wards it was found possible to fit in 166 additional beds. The following year at Leavesden the upholsterers' shop was adapted as a ward for advanced tuberculosis cases. An increase in salaries of all grades of attendants was made in 1912 in order to attract candidates for existing vacancies. Considerable efforts were made in the case of Leavesden, Darenth and Caterham, where alone mixing prevailed, to separate improvable from unimprovable cases, and by 1912 all unimprovable patients had been removed from Darenth and feeble-minded patients transferred there; the name being changed from Asylum to Industrial Colony. The feeble-minded and certified imbeciles had been completely separated, even to the extent of attending different Sunday services, but this did not result in better classification, since the position arose that some patients certified as imbeciles had better mental capabilities than some received as feeble-minded. The First World War brought shortages of medical nursing and domestic staff, but the 1919 report of the Metropolitan Asylums Board shows the beginning of the struggle to improve the status of mental hospital work and to remove the stigma attached to the patients; the designation 'asylum' was to be changed to 'mental hospital' and that of 'asylum attendant' to 'mental nurse'. The change from an attitude of protecting the patient to that of trying to cure or at least improve him was also becoming apparent. In 1914 provision was to be made for research

work in connection with mental diseases, and the setting up of a laboratory of experimental psychology at Darenth was approved. Leavesden provided an operating theatre in 1919 and furnished the laboratory with modern apparatus and the Fountain Hospital also set up a well-equipped laboratory, while more entertainments were provided to relieve the monotony of institutional life.

Some information about mental illhealth is given in the Census reports of 1851 to 1911. In 1851 the number of inmates of lunatic asylums was given as 18,803; 8,999 males and 9,804 females, but this did not include insane paupers in workhouses as they were not given separately in the returns. In 1871 there was the first attempt to ascertain the number of idiots or imbeciles 'by means of an instruction in the householders' schedules'; they numbered 29,452 or 13 per 10,000 of the population. One of the principal causes of imbecility was said to be 'residence in deep valleys,

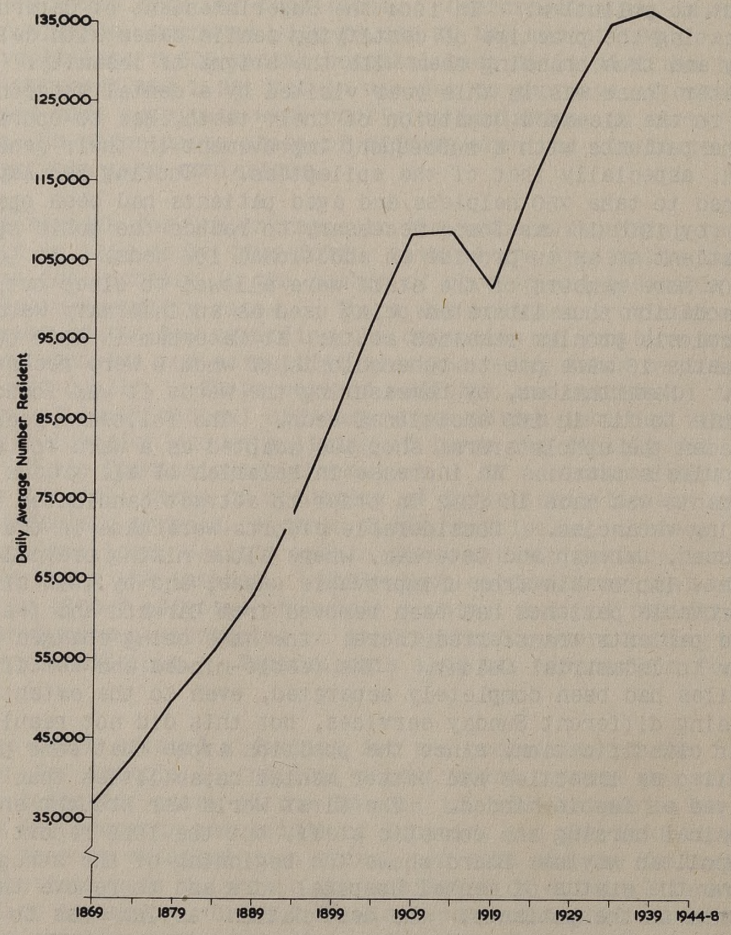

Fig. M.I. - Daily Average Number Resident during five year periods (1869-1912, excluding Idiot Establishments: 1913-1948 Lunacy only)

damp and unwholesome climate, crowded dwellings and other unhealthy conditions and intermarriages among a limited number of families'. Lunatics numbered 39,567, or 1 in 574 of the general population. It was said that 'intemperance is the most prolific cause of insanity, especially among the working classes'. By 1881 the conclusion was reached that the numbers of idiots and imbeciles could not be accepted as even approximate owing to the unwillingness of a parent to return her child, aged two or three years, as an idiot. This was confirmed by obtaining from the managers of a large idiot asylum the addresses of the families of all those idiots who had been admitted into the institution in the year commencing the day of the census. The schedules handed in by these families were examined and it was found that in half the cases no mention had been made in the schedules of the existence of mental incapacity. An attempt to overcome this difficulty was made by substituting 'Feeble-minded' for 'Idiot' on the Occupier's Schedule, and this met with some success but the figures obtained could not be used for comparative purposes, and after the 1911 Census the questions were discontinued.

Appendix Table M.I has been compiled in as complete a form as possible from the reports of the Commissioners in Lunacy and the Board of Control. Fig. M.I shows the variation in the daily average number resident, the only set-backs in the increasing rates occurring during the two wars. The death-rates as percentages of the daily average resident were between 9 and 11 in the years up to 1914, during 1915-19 owing to increased deaths from influenza they were considerably higher, reaching 19.56 in 1918, and since then have varied between 6 and 9 per cent. Fig. M.II shows the results

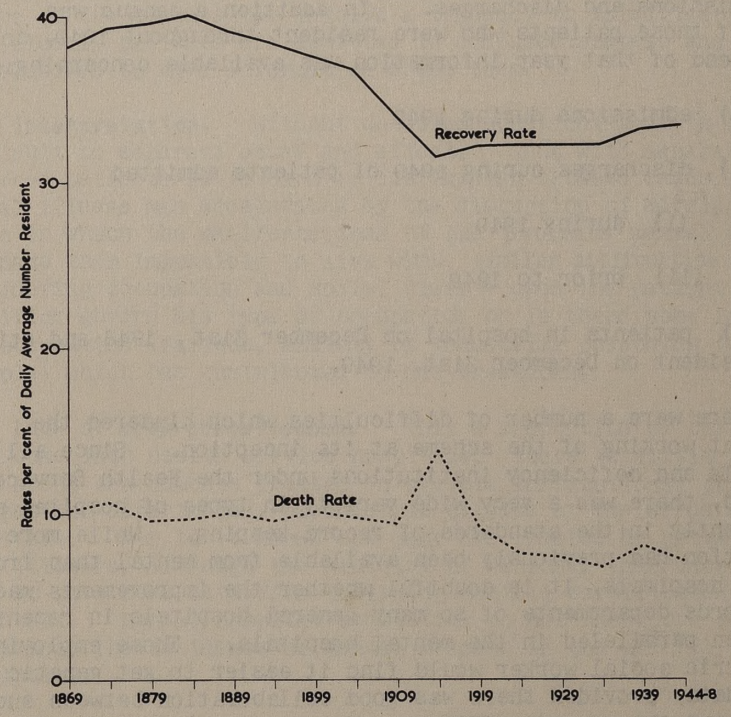

Fig. M.II. - Death and Recovery Rates per cent of Daily Average Number Resident, during five year periods 1869 to 1948

of taking five-yearly averages of the death and recovery rates. The latter, which had been decreasing since 1884 have improved since 1914. Appendix Table M.2 shows the disposition of patients according to different types of hospitals.

The Present Enquiry

When the National Health Service Act came into operation, the occasion was taken to re-organise the collection of mental hospital statistics. It was hoped to obtain fairly detailed information about patients entering and leaving mental hospitals and mental deficiency institutions and also about long-term residents. After a pilot trial, the two index cards shown in Appendix A were put into use at the beginning of 1949. It was intended that one copy of the index card should serve as the front sheet of the patient's case history, a second would enable the hospital to establish a card index of patients and the third would be used by the General Register Office in the preparation of punched cards and tabulation of annual statistics. By using the cards instead of book records for making up annual returns, the hospitals would be able to lighten the work of the clerical staff, and by incorporating the card in the front sheet of the case history the information required for statistical and record purposes was available in the exact form in which it was required, thus facilitating copying. Writing on the cards was reduced to a minimum.

The new system came into operation on January 1st, 1949, for all admissions and discharges. In addition a census was taken of those patients who were resident throughout 1949, so that by the end of that year information was available concerning:-

(a) admissions during 1949

(b) discharges during 1949 of patients admitted

(i) during 1949

(ii) prior to 1949

(c) patients in hospital on December 31st, 1948 and still resident on December 31st, 1949.

There were a number of difficulties which hindered the efficient working of the scheme at its inception. Since all mental hospitals and deficiency institutions under the Health Service were included, there was a very wide variety in types of hospital and consequently in the standards of record keeping. While more information had previously been available from mental than from general hospitals, it is doubtful whether the improvements made in the records departments of so many general hospitals in recent years have been paralleled in the mental hospitals. Those employing a psychiatric social worker would find it easier to get genetic and social data, provided there was good collaboration between such workers and the records officer. In some hospitals this difficulty was overcome by sending a questionnaire to the patient's relatives.

There were also the inevitable difficulties of adjusting to a new scheme; thus short order patients were wrongly included by some hospitals, there was a lack of uniformity in interpreting legal definitions - large numbers of patients who were discharged 'recovered' were shown as 'not now insane' - and many hospitals did not realise the necessity for sending a 'nil' return for months in which there had been no changes in the hospital population.

When a scheme is tried on a large scale inherent defects may become apparent that are not shown up in a small pilot survey, and it has been discovered that some of the information asked for is impossible to get accurately, that a few questions have been so worded as to invite wrong or ambiguous answers and that in places the instructions are not clear. Some of these defects have been remedied and others are being tackled by a wholesale revision of the cards. At the same time, since good hospital records are the essential basic data for administrative as well as medical purposes, there seems to be every reason for efforts to improve their quality, as for example by giving the responsibility for maintaining the records to one person, whether for a single hospital or for a group.

Lest there should be any temptation to draw conclusions from mental hospital statistics which the data do not warrant, it is desirable to consider some of the limitations and difficulties.

Accuracy. It is debatable how much reliance can be placed on any information which cannot be verified by the hospital. The nature of the disease may involve a tendency to falsification, while many elderly patients are admitted in confused states, and may have no relatives to give information about them.

Interpretation. Without detailed questioning it is extremely difficult to separate cause and effect. Thus with separated or divorced patients it is hard to distinguish between cases in which mental illness was accelerated by the disruption of marriage and those in which the manifestations of the patients' mental condition had made them impossible to live with. Similar difficulties arise in considering occupation and social class - does the patient's mental condition govern his type of occupation or is there some factor in the occupation (fatigue, anxiety or industrial poisoning for example) which has contributed to his breakdown.

Lack of comprehensiveness. Only a proportion of the mentally sick come into health service hospitals; there is little information about the numbers treated in private institutions, prisons, out-patient departments, psychiatric clinics or the wards of general hospitals. Nor is it known how many are treated by private practitioners, although the Ministry of National Insurance may be able to give some data from analysing medical certificates by diagnosis. Mental hospital statistics do not therefore indicate completely the incidence of mental disease in the general population.

Trends in hospitalisation. Increases or decreases in the numbers being treated do not necessarily reflect corresponding variations in incidence. In recent years there has been a change in attitude to mental treatment to which the experience of the many service patients treated during the 1939-45 war may have been a contributory cause. In this country the demand for mental hospital treatment has persistently exceeded the supply. Some beds in mental hospitals are closed through lack of nurses, while others are occupied by old people or mental defectives many of whom in another century would have been cared for at home. Failure to care for the sick, the aged and the incapable may however in itself be a commentary on the mental health of the community. American experience has shown that hospitalisation of the mentally sick depends to some extent on the proximity of the hospital; social factors are also brought into play, since a person with mental symptoms may be able to live successfully under some conditions but would break down under others. It is clear that the mental hospital population is highly selected but at present the principles of selection are not clearly understood.

Diagnosis. Since the symptoms shown in mental illness vary greatly from patient to patient, definite diagnosis is always difficult, and there may be considerable variation also in diagnostic criteria. The Expert Committee on Mental Health of the World Health Organisation* comments "In the field of psychiatric disorders, the impressions of incidence gained from hospital populations and out-patient attendances are often completely false. The Committee is of the opinion that only by sampling studies can an understanding of the true incidence of psychological disorders be obtained. The few sampling studies of this type which have been undertaken have shown that psychological disorders frequently masquerade, in the statistics of health administrations, under misleading physical diagnoses." The diagnoses on the index cards have been coded according to the Manual of the International Statistical Classification of Diseases, Injuries and Causes of Death, since it is hoped by the use of a common classification there will be some homogeneity in the different diagnostic groups. A special short list of 147 causes was drawn up and is shown in Appendix B, together with the corresponding International List Numbers.

Despite these limitations, it has been thought desirable to make a detailed analysis of the results obtained, not as forming the basis from which any immediate conclusions can be drawn, but as showing what sort of results are likely to accrue and perhaps indicating which lines should be followed up and which left alone.

There are several ways of considering hospital statistics; thus we may think of

(I) Persons - numbers treated, and for what illnesses, irrespective of how many visits any person pays for the same complaint.

* *Expert Committee on Mental Health. Report on the First Session. W.H.O. Technical Report Series No. 9, Geneva. World Health Organisation, 1950.*

(II) Events - numbers of admissions or discharges, etc., each admission or discharge of the same person being counted separately.

(III) Diseases - the contribution of particular diseases to the total hospital load.

Of these the third is easier to deal with in general than in mental hospitals, since in the former the clinical entities treated are for the most part much more clearly defined than in the latter. Ideally a system of mental health statistics should be based on persons, showing who is mentally sick, what is the illness, why they are ill, what indications of mental illness have been shown previously, what treatment is received, for how long and with what results, and what is their subsequent history. To get the kind of information suggested, a scheme for following up patients would be necessary, which in 1949 was not deemed practicable. For one thing it might not always be possible to re-admit a patient to the same hospital as that in which he had previously been treated and without a central index it is difficult to trace admissions from one hospital to another. For the present, therefore, emphasis has been laid on the number of events, rather than on the number of individuals treated. The numbers of direct admissions, departures, discharges and deaths during a given period are verifiable facts and indicate the size of the burden due to mental illness which the public is bearing at the time, even though this may be only a proportion of the true load which the hospital service should be carrying. Similarly no great effort has been made at this stage to separate first from subsequent admissions; this is a worthwhile refinement which may be easily introduced when the general quality of the data has been improved. At present there is no internationally agreed definition of a first admission, so that in the discussion of the tables which follows, it will be assumed to mean a first admission to a mental hospital or deficiency institution in the Health Service. It cannot be regarded as synonymous with first treatment, and numbers of first admissions will not shed much light on inception rates; it is in fact very difficult to assign a time to the onset of mental disease. Moreover, the number of first admissions is liable to overstatement if patients or their relatives should wish to conceal the fact of the patient having been in a mental hospital before. From the number of first admissions may be calculated the proportion of the population likely to be committed to mental hospital care at least once. Estimates of possible future demands upon mental hospital accommodation can be made only roughly since in addition to the usual assumptions made when applying life-table techniques, there are a number of unpredictable factors involved. The increase in demand for hospital treatment following the introduction of the National Health Service in 1948 constituted one such factor. Similarly it would be difficult to foresee the effect of new campaigns to encourage people to seek treatment, of the large scale provision of new housing, the withdrawal of many married women from paid employment, and the availability of accommodation outside the provisions of the Act for high-grade defectives. If the position should be reached in which the supply of hospital beds is about equal to the demand, the variations in the first admission rate will become much more

meaningful, both as indicating changing incidence and as a basis for calculating future demand. Such a state of affairs is more likely to arise in small administrative units than on a nation-wide scale.

While an organised public health service can obtain much valuable information relating to mental disease, it was pointed out at the Second Session of the W.H.O. Expert Committee on Mental Health that 'statistics of hospital admissions or of administrative certification have serious limitations as a method of testing specific etiological hypotheses. The effects on personality of different methods of child-rearing, of such medical and religious procedures as circumcision, of different educational methods (e.g. of co-education), to quote but a few examples, can be assessed only by combining the techniques of the clinical study of personality and the field planning of epidemiological studies. For mental hygiene to achieve its full applicability in public-health practice, much more needs to be known of the influence of the family, the social environment and many other factors upon the "epidemiology of psychiatric disorders". ..... Psychiatrists, as a result of their clinical work, have formulated many hypotheses regarding etiology which cannot be fully tested in therapy. The organised public health service, however, can undertake the testing of such hypotheses in the field. It is important that they should be encouraged to do so if we are to expand the body of assured knowledge of etiological factors in psychiatric disorders on which the mental hygiene of public health practice must be based'.

Experience in working the new scheme during 1949, and the subsequent survey of the results has suggested that there is a need for considerable simplification of the original index cards, and that the lines of future development should be to collect a minimum number of essential facts about every patient and to supplement this by more detailed studies done on a sampling basis and for a limited period.

Statistics of Admissions and Discharges in 1949. Some re-organisation and re-grouping of hospitals took place in 1949, so that by the end of the year 219 mental hospitals and 188 institutions with their ancillary premises were using the index cards. During the year the number of direct admissions to mental hospitals was 55,785 and to mental deficiency institutions 2,712. The proportions of males and females among the former were 42 per cent and 58 per cent respectively and in the latter 60 per cent and 40 per cent. Female patients predominate in mental hospitals, and males in mental deficiency institutions. The female excess in admissions to mental hospitals has been apparent for a long time, although in the last century it was not as marked as it is now. In 1913 when the Board of Control came into existence the percentage of males among direct admissions was 48, compared with 47 in 1919, 45 in 1929 and 44 in 1939.

Table M.1. - Numbers of Direct Admissions, Discharges and Deaths in 1949

	Males	Females	Persons
Mental Hospitals:			
Direct admissions	23,596	32,189	55,785
(First admissions)	16,074	21,843	37,917
Discharges (excluding transfers out and deaths)	17,534	24,748	42,282
(of persons admitted before 1949)	4,734	7,072	11,806
(of persons admitted during 1949)	12,800	17,676	30,476
Deaths	5,203	6,686	11,889
Number in residence 31st December, 1949	61,680	82,926	144,606
Mental Deficiency Institutions:			
Direct admissions	1,634	1,078	2,712
Discharges and removals	432	460	892
(of persons admitted before 1949)	415	447	862
(of persons admitted during 1949)	17	13	30
Deaths	368	292	660
Number in residence on 31st December, 1949	28,127	25,671	53,798

At the end of 1949, the proportions per 1,000 of the civilian population in mental hospitals were males 3.00, females 3.68, persons 3.36, and in mental deficiency institutions males 1.37, females 1.14, persons 1.25. The proportions of direct admissions in 1949 resulting in discharge during that year were: hospitals, males 54 per cent, females 55 per cent; institutions, males 1.0 per cent, females 1.2 per cent. Similar figures for deaths were 8 per cent, 7 per cent; 2 per cent, 3 per cent. Sixty-eight per cent of direct admissions to hospitals were stated to be first admissions.

Mental Hospitals: General Statistics 1949

Table M.2 shows the age distribution of patients directly admitted to hospital and of those resident on 31st December, 1949 and their proportion per 100,000 persons in each sex-age group.

Table M.2. - Mental Hospitals. Age distribution of direct admissions and patients resident on 31st December, 1949

			0-	16-	20-	25-	35-	45-	55-	65+	All
Mental Hospitals											
Direct Admissions	Numbers	M	202	716	2134	4985	4327	3683	3309	4240	23596
		F	216	809	1757	5389	6059	6249	5200	6510	32189
	Rates per 100,000	M	4	83	154	159	130	134	163	215	115
		F	4	71	117	166	177	205	209	237	143
Residents on 31/12/1949											
	Numbers	M	275	523	1787	7828	11946	13871	12215	13235	61680
		F	197	484	1432	6338	12003	17081	18783	26608	82926
	Rates per 100,000	M	5	60	129	250	358	506	603	673	300
		F	4	43	95	195	360	560	754	968	368
Mental Deficiency Institutions											
Direct Admissions	Numbers	M	751	387	145	152	110	64	23	2	1634
		F	427	273	109	121	79	48	16	5	1078
	Rates per 100,000	M	15	45	10	5	3	2	1	0	8
		F	9	24	7	4	2	2	1	0	5
Residents on 31/12/1949											
	Numbers	M	3882	3105	3999	7201	5676	3056	936	272	28127
		F	2243	2050	2954	6361	5814	4105	1639	505	25671
	Rates per 100,000	M	76	359	288	230	170	112	46	14	137
		F	46	181	196	196	170	135	66	18	114

A break in the age-grouping has been made at 16 years for two reasons. In mental deficiency institutions intelligence quotients are estimated for patients under 16 and mental ages for those of 16 and over. Further, 16 is the usual age for starting work and thus introducing young people into a new environment with consequent strains and stresses.

As will be seen from Figure M.3a, for mental hospitals the male admission rates increased with age up to 25-34, then decreased in the two groups 35-54, afterwards increasing again, whereas the female rates showed a continuous increase with age. The rates of the resident population on 31st December, 1949 showed a much steeper increase with increasing age for both sexes. Male rates were greater than female at younger ages; at later ages the female rates exceeded the male. By contrast the admission and 'residents' rates for mental institutions (Fig.M.3b) reached maxima in the younger age-groups. It will be noticed that at the end of 1949, 39,843 beds in mental hospitals and 777 in mental deficiency institutions were occupied by people of ages 65 and over. These old people formed 15 per cent of male residents and 25 per cent of female, and for both sexes they had the highest admission rates to mental hospitals. While many of them were a legacy from those hospitals which were formerly public assistance institutions, it is clear that the high admission rate is also contributing to the large proportion of elderly patients, and it is possible that some could be discharged from hospital had they some alternative form of accommodation. Table M.3 shows the age distribution of patients in mental hospitals at the end of 1949 who had been there one year or more, according to the type of hospital. (For a regional analysis see Appendix Table M.3). The proportion of residents of at least one year's standing who were aged 65 and

over at the end of 1949 was males 41%, females 61% in former public assistance institutions compared with males 21%, females 31% in former county or county borough mental hospitals.

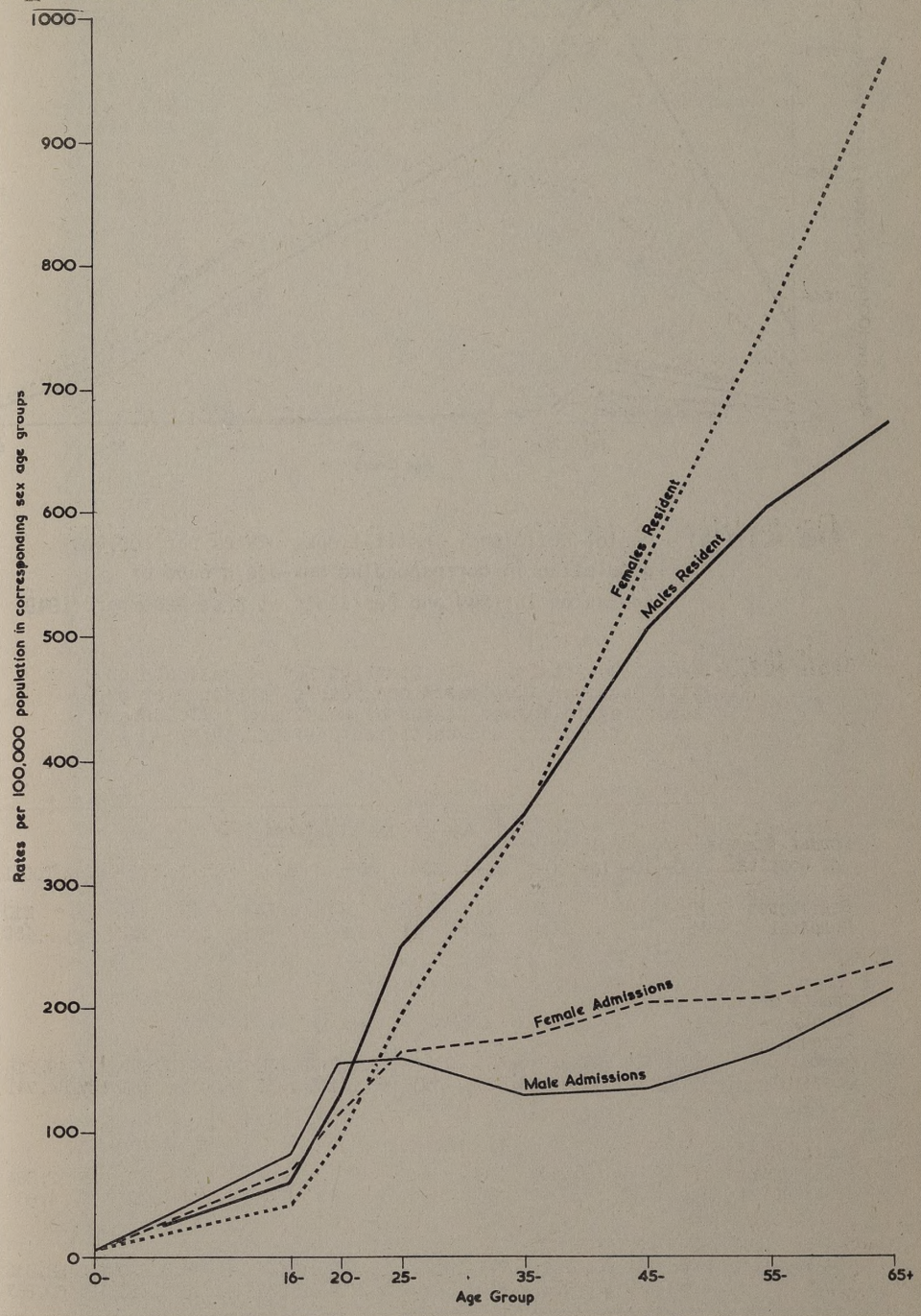

Fig. M.III(a) - Mental Hospitals. Rates per 100,000 population in corresponding sex-age groups of Admissions in 1949 and Residents at 31st December, 1949.

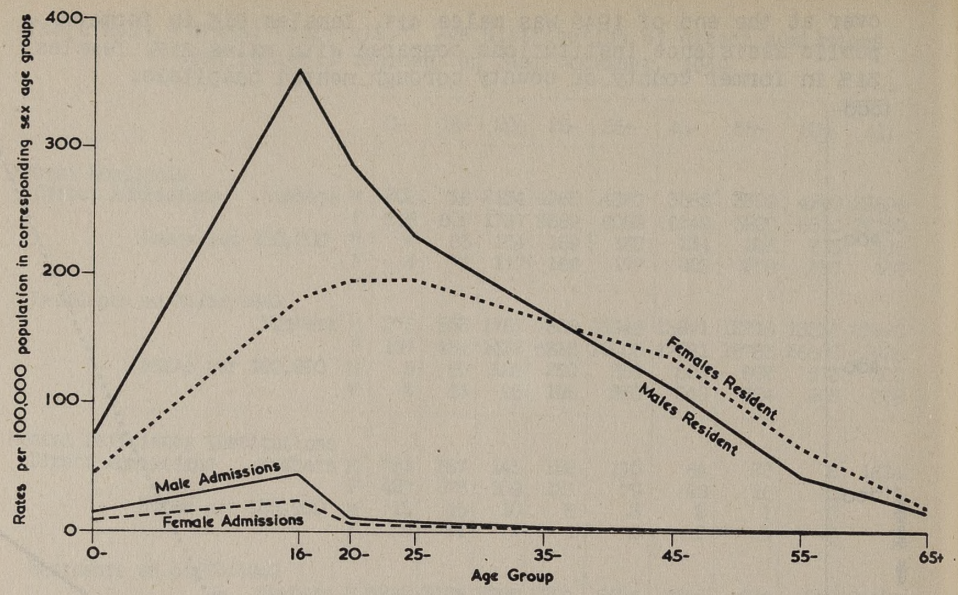

Fig. M.III(b) - Mental Deficiency Institutions. Rates per 100,000 population in corresponding sex-age groups of Admission in 1949 and Residents at 31st December. 1949.

Table M.3. - Mental Hospitals. Age Distribution of patients on 31st December, 1949 with one year's residence or more according to former status of hospital. (Voluntary, temporary and certified patients only)

Former Status of Hospital		Age groups at end of 1949											
		0-	10-	16-	20-	25-	35-	45-	55-	65-	75+	N.S.	Total
Registered Hospital	M				3	14	20	34	54	45	40		210
	F				6	12	41	63	93	132	103		450
County or County Borough Mental Hospital	M	64	106	217	929	5,624	9,867	11,840	10,270	7,425	2,689	187	49,218
	F	33	61	172	742	4,320	9,506	14,104	15,631	13,524	6,461	187	64,741
Public Assistance Institution	M	4	5	7	19	133	367	575	576	623	570	5	2,884
	F	2	9	7	9	98	325	547	813	1,160	1,689	7	4,666
Total, all types	M	68	111	224	951	5,771	10,254	12,449	10,900	8,093	3,299	192	52,312
	F	35	70	179	757	4,430	9,872	14,714	16,537	14,816	8,253	194	69,857

In the past although various methods of treatment were available mental care consisted to some extent in putting the patient in a place where he would be safe and other people would be safe from him. Now, with many new methods of treatment, the emphasis is on cure, and this changing attitude is reflected in the numbers who are admitted to mental hospitals as voluntary patients.

Table M.4. - Mental Hospitals. Percentage of Voluntary Patients among Direct Admissions in 1949 by Sex, Age and Hospital Region.

Hospital Region	MALES									FEMALES								
	0-	20-	25-	35-	45-	55-	65-	75+	All	0-	20-	25-	35-	45-	55-	65-	75+	All
Newcastle	80	73	72	70	71	68	44	16	66	70	71	76	74	64	63	49	21	65
Leeds	90	66	66	68	69	58	47	29	63	66	61	71	62	62	60	42	22	58
Sheffield	64	67	63	60	66	61	45	45	60	67	62	67	67	65	57	46	34	60
Cambridge	76	75	76	73	68	72	58	30	68	73	70	71	76	68	66	46	22	64
North West Metropolitan	62	65	64	71	67	59	46	22	61	67	65	70	68	62	58	47	8	58
North East Metropolitan	51	63	59	60	76	69	52	25	61	62	59	60	64	64	60	48	32	58
South East Metropolitan	67	63	61	65	71	65	51	23	61	67	63	66	61	62	55	44	19	55
South West Metropolitan	83	71	68	69	76	73	41	17	63	82	73	72	68	67	61	41	9	59
Oxford	71	73	80	69	75	80	56	47	71	69	67	79	79	70	71	57	35	69
Bristol	66	75	72	74	77	72	60	41	70	84	64	74	77	69	63	53	27	64
Wales	85	78	81	77	79	76	53	28	73	83	75	80	81	80	77	66	24	75
Birmingham	63	62	66	63	65	60	39	20	58	62	61	66	63	57	56	41	14	55
Manchester	57	55	53	55	54	47	19	14	47	39	40	53	47	47	37	22	9	40
Liverpool	75	64	62	68	63	48	32	20	57	60	53	59	62	53	46	25	10	49
All Regions combined	72	68	67	67	70	66	45	25	62	71	64	69	67	64	59	44	18	59

Table M.4 shows the percentage of voluntary patients among direct admissions to mental hospitals in 1949. The hospital regions of Wales and Oxford had the highest percentage of voluntary patients at all ages for both sexes, and Manchester and Liverpool the lowest. The proportions at ages 65 and over were generally less than at other ages, and in no region were as many as half the admissions at age 75 and over in the voluntary category. It will be seen from Table M.5 that the majority of patients admitted to former registered hospitals entered as voluntary patients; at ages under 65 about two-thirds of the admissions to former county and county borough mental hospitals were in this category and far less in former public assistance institutions.

Table M.5. - Mental Hospitals. Percentage of Voluntary Patients among Direct Admissions in 1949 by Sex, Age and former Status of Hospital.

Former Status of Hospital		0-	2-	25-	35-	45-	55-	65-	75+	All
Registered Hospitals	M	90	92	92	93	92	93	73	83	90
	F	92	89	92	95	91	94	90	72	92
County and County Borough Mental Hospitals	M	73	69	68	68	71	67	51	33	65
	F	72	65	70	68	65	61	48	22	61
Public Assistance Institutions	M	56	38	42	41	44	31	15	7	28
	F	28	14	41	40	28	21	9	3	19

Table M.6. - Mental Hospitals. Direct Admissions 1949, by Region, Sex and Age.

Region		AGE AT ADMISSION											
		0-	10-	16-	20-	25-	35-	45-	55-	65-	75+	N.S.	Total
Newcastle-on-Tyne	M	1	6	44	122	327	234	225	159	137	55	4	1,314
	F	4	8	54	113	299	312	322	262	209	77	–	1,660
Leeds	M	3	10	49	152	340	284	258	245	168	86	–	1,595
	F	–	8	45	118	338	395	409	377	311	110	–	2,111
Sheffield	M	14	13	58	206	410	378	318	303	239	122	1	2,062
	F	7	13	74	149	470	545	588	437	382	188	–	2,863
Cambridge	M	2	8	24	69	147	120	111	133	100	50	–	764
	F	1	1	24	63	165	190	263	185	135	73	–	1,100
N.W. Metropolitan	M	1	6	45	150	324	312	253	211	155	106	–	1,563
	F	–	15	48	131	424	504	451	333	287	192	5	2,390
N.E. Metropolitan	M	1	6	38	136	268	245	213	167	166	67	–	1,307
	F	–	7	48	119	326	372	357	308	204	116	1	1,858
S.E. Metropolitan	M	10	10	46	117	301	281	216	228	173	73	1	1,456
	F	3	10	30	113	331	353	391	391	309	181	3	2,115
S.W. Metropolitan	M	13	49	142	363	945	812	634	598	567	409	4	4,536
	F	21	50	167	336	1,145	1,214	1,235	1,022	839	652	4	6,685
Oxford	M	1	2	14	51	181	114	118	90	82	55	1	709
	F	2	7	20	45	158	173	175	131	122	71	–	904
Bristol	M	1	10	42	147	338	336	341	307	230	128	–	1,880
	F	1	17	71	114	368	461	504	436	389	248	4	2,613
Wales	M	–	4	56	172	354	293	251	239	172	88	2	1,631
	F	1	15	48	118	325	362	445	337	199	110	2	1,962
Birmingham	M	4	15	75	190	473	468	342	312	231	153	1	2,264
	F	–	17	90	153	520	586	497	453	384	198	2	2,900
Manchester	M	2	6	50	159	321	261	249	189	185	98	–	1,520
	F	–	2	47	93	240	322	370	316	200	102	–	1,692
Liverpool	M	–	3	33	98	253	187	152	126	98	45	–	995
	F	–	5	42	91	276	266	238	209	134	84	1	1,346
All Regions	M	53	148	716	2,132	4,982	4,325	3,681	3,307	2,703	1,535	14	23,596
	F	40	175	808	1,756	5,385	6,055	6,245	5,197	4,104	2,402	22	32,189

Table M.7. - Mental Hospitals. Proportional Distribution of Direct Admissions by Age and Region.

Region	MALES						FEMALES					
	0-	16-	25-	45-	65 & over	Total	0-	16-	25-	45-	65 & over	Total
Newcastle	5	127	428	293	147	1,000	7	101	368	352	172	1,000
Leeds	8	126	391	316	159	1,000	4	77	347	372	200	1,000
Sheffield	13	128	383	301	175	1,000	7	78	356	359	200	1,000
Cambridge	13	122	350	319	196	1,000	2	79	323	407	189	1,000
N.W. Metropolitan	4	125	407	297	167	1,000	6	75	389	329	201	1,000
N.E. Metropolitan	5	133	393	291	178	1,000	4	90	376	358	172	1,000
S.E. Metropolitan	14	112	400	305	169	1,000	6	68	324	370	232	1,000
S.W. Metropolitan	14	111	388	272	215	1,000	11	75	353	338	223	1,000
Oxford	4	92	416	294	194	1,000	10	72	366	339	213	1,000
Bristol	6	101	358	345	190	1,000	7	71	318	360	244	1,000
Wales	2	140	397	301	160	1,000	8	85	350	399	158	1,000
Birmingham	8	117	416	289	170	1,000	6	84	381	328	201	1,000
Manchester	5	138	383	288	186	1,000	1	83	332	406	178	1,000
Liverpool	3	132	442	279	144	1,000	4	99	403	332	162	1,000
All Regions	9	121	394	296	180	1,000	7	80	355	356	202	1,000

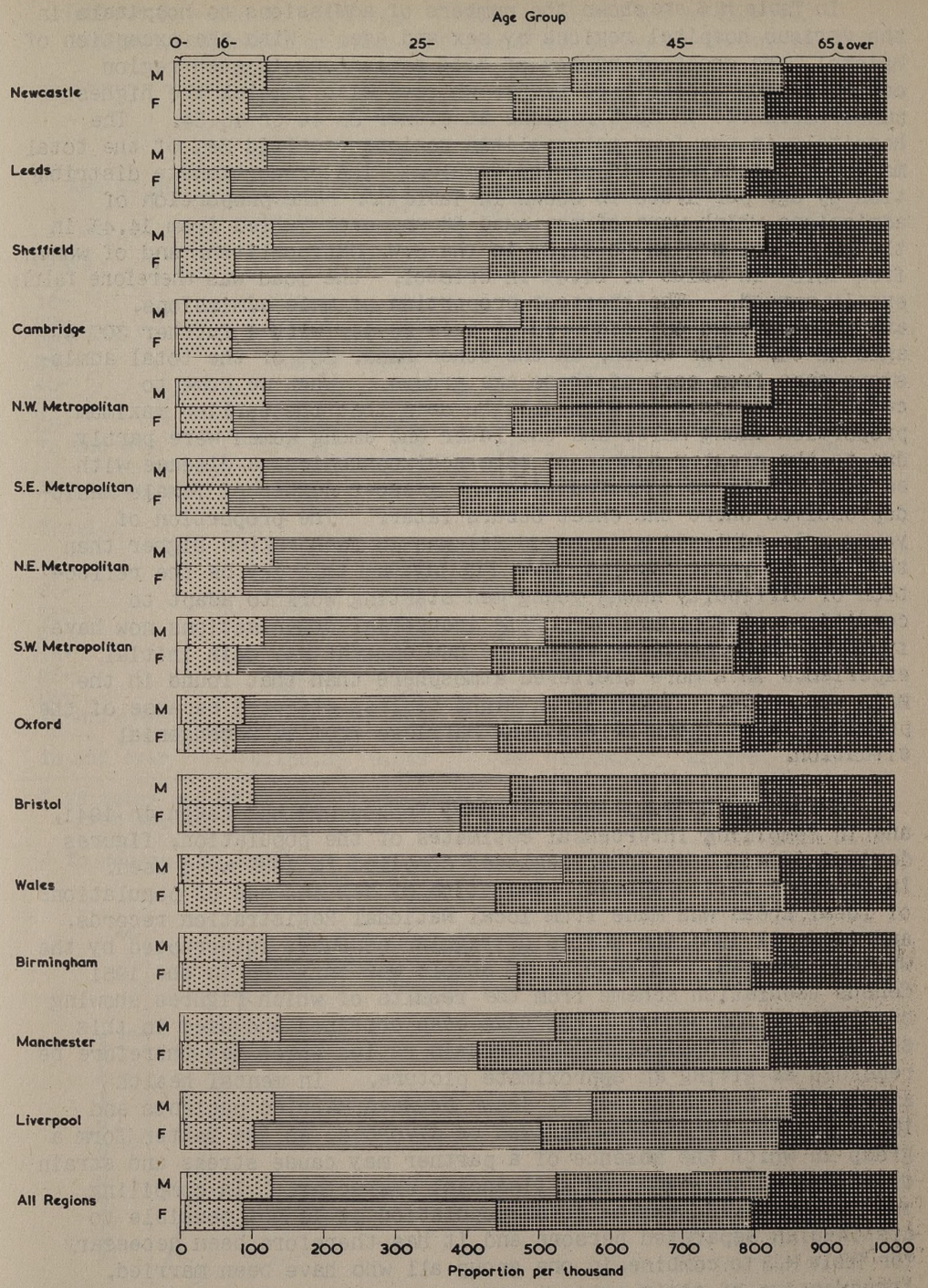

Fig. M.IV. - Mental Hospitals. Proportionate Age Distribution of Direct Admissions, 1949

In Table M.6 are shown the numbers of admissions to hospitals in the various hospital regions by sex and age. With the exception of Bristol, the greatest number of male admissions in each region occurred among those aged 25-34, whereas with females the highest number occurred in most regions at either 35-44 or 45-54. The hospitals in the four metropolitan regions received 38% of the total male admissions and 41% of the female. The proportionate distribution by age per 1,000 is shown in Table M.7. The proportion of admissions which were of men aged 65 and over varied from 14.4% in the Liverpool region to 21.5% in the S.W. Metropolitan, and of women from 15.8% in Wales to 24.4% in Bristol; the load was therefore fairly evenly spread. The greatest proportion of male admissions, averaging around 40% occurred at ages 25-44, with a further 30% at ages 45-64. For women, on the other hand, 35% of the total admissions came from each of these age groups. When we come to consider diagnosis it will also be seen that the earlier maximum proportion among males and the later one among women were partly due to the greater number of male schizophrenics, a disease with earlier onset, as compared with the greater number of female manic-depressives where the onset occurs later. The proportion of young male admissions (ages 16-24) was in each region higher than that of the young females, (see Fig.M.IV) and this may be the reflection of difficulty among young men starting work to adapt to conditions of employment. Some industrial organisations now have training departments in which the new entrant may gain initial experience in a more sheltered atmosphere than that found in the main workshops. Young women might be less affected because of the probability of being released by marriage from an uncongenial situation.

Owing to the war, the customary Census was not taken in 1941, and in compiling intercensal estimates of the population, figures derived from the National Register compiled in 1939 were used. In December 1947 a special tabulation by sex and age of populations of local areas was made from local National Registration records, and in April 1951 the series of regular censuses interrupted by the war was resumed. A special 1% sample was included in the 1951 Census tabulation scheme from the results of which figures showing civil state and social class have been obtained and used in this study as the denominators for certain ratios which may therefore be regarded as giving an approximate picture. In mental health statistics, a distinction is drawn between married patients and those who are separated, widowed or divorced, as the latter form a group in which the absence of a partner may cause stress and strain of either an emotional or a financial character. In compiling marital condition estimates of population it is not possible to distinguish separated persons and it has therefore been necessary for Table M.8 to combine in one group all who have been married, irrespective of their present state.

Table M.8. - Mental Hospitals. Ratio of Single and of Married, Widowed, Separated or Divorced Persons* among 1949 Admissions to corresponding numbers in 1951 census.

Age Group	Single			Married, Widowed, Separated and Divorced		
	Census 1951 ≠ (from 1% Sample)	Mental Hospitals, 1949	Ratio per 10,000	Census 1951 ≠ (from 1% Sample)	Mental Hospitals, 1949	Ratio per 10,000
Males						
16-	1,030,4	712	7	7,8	3	4
20-	1,071,9	1,914	18	340,7	213	6
25-	839,1	3,126	37	2,282,7	1,846	8
35-	395,0	1,455	37	2,919,3	2,856	10
45-	259,6	816	31	2,600,5	2,858	11
55-	169,0	513	30	1,867,7	2,784	15
65-	116,6	320	27	1,243,1	2,373	19
75 and over	48,4	126	26	548,9	1,390	25
16 and over	3,930,0	8,982	23	11,910,7	14,323	12
Females						
16-	1,037,8	749	7	61,5	59	10
20-	775,4	1,165	15	726,8	590	8
25-	578,8	2,012	35	2,625,8	3,371	13
35-	458,6	1,652	36	2,953,0	4,399	15
45-	469,3	1,564	33	2,657,8	4,675	18
55-	392,3	1,115	28	2,143,5	4,078	19
65-	301,7	826	27	1,584,2	3,269	21
75 and over	154,3	466	30	791,2	1,932	24
16 and over	4,168,2	9,549	23	13,543,8	22,373	17

* *78 males and 31 females whose status was unknown have been excluded from the admissions total.*

≠ *To nearest hundred.*

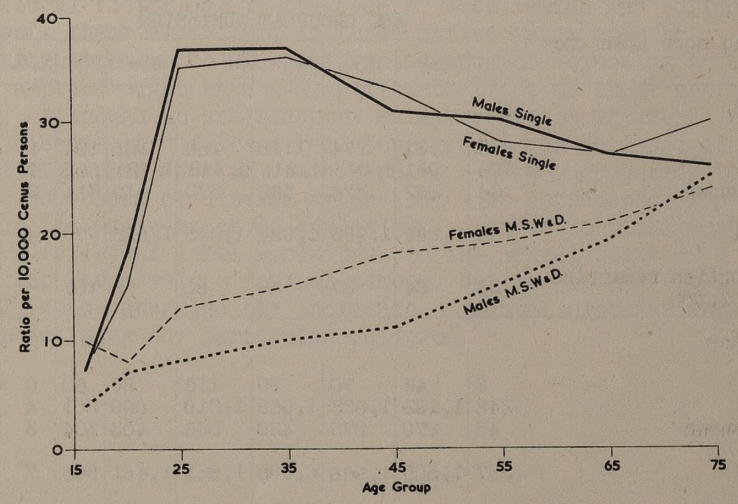

Fig. M.V. - Mental Hospitals Admission Ratios of Single and Married Widowed, Separated and Divorced Persons. 1949

The ratios of admissions of single men and women to the corresponding numbers from the census returns differed only slightly at ages up to 75, after which the female ratio was rather higher than the male. For those who had been married at least once, the female ratio was greater than the male, except at ages 75 and over (See Fig.M.V).

Those patients who had been married were asked whether or not they had been married more than once, and the proportions per 10,000 men and women are shown in Table M.9. In over one-fifth of the cases there was no information. Just over 6% of males and nearly 5% of females had been married a second time and about 72% of each sex had not. The proportion of admissions for which there was no information seems unduly high in the lower age groups, where one might expect more certainty, and there seems to be no particular reason for wishing to suppress information.

Unfortunately it is not possible to show a comparable table for the general population, nor do we know whether those who remarried were widowed or divorced so that there is no means of estimating whether those people who are admitted to mental hospitals have a past history of marital instability greater or less than that of the population as a whole. The table has been included, however, partly because it shows that the information required is not easy to get on a large scale, which may help others embarking upon similar studies, and partly because individual workers may like it for comparison with their own results.

Table M.9. - Mental Hospitals. Proportionate Distribution per 10,000 Male or Female Patients, by age and according to whether married more than once.

Married more than once	AGE GROUP AT ADMISSION								All Ages
	-25	25-	35-	45-	55-	65-	75+	N.S.	
Males									
Yes	3	31	74	118	158	125	104	1	614
No	124	991	1,543	1,514	1,413	1,121	552	1	7,259
Not known	24	267	376	362	372	410	314	2	2,127
Total	151	1,289	1,993	1,994	1,943	1,656	970	4	10,000
Proportion remarried per 1,000	20	24	37	59	81	75	107	-	61
Females									
Yes	2	43	70	99	116	89	60	0	479
No	242	1,192	1,523	1,558	1,319	969	501	4	7,308
Not known	43	270	375	429	386	403	304	3	2,213
Total	287	1,505	1,968	2,086	1,821	1,461	865	7	10,000
Proportion remarried per 1,000	7	29	36	47	64	61	69	-	48

Table M.10, which attempts to show for married, widowed, divorced and separated patients the mental state of their partners, and whether or not the couples were related by blood, is a further example of the difficulty of obtaining information.

Table M.10. - Mental Hospitals. Proportionate distribution per 10,000 Male or Female Patients by Spouse's Mental state and whether Patient was a Blood Relation to Spouse.

Blood Relation to Spouse	MALES					FEMALES				
	Spouse's Mental state					Spouse's Mental state				
	Dlt. with under L.M.T. Acts	Dlt. with under M.D.Acts	Not dealt with	Not Known	All Males	Dlt. with under L.M.T. Acts	Dlt. with under M.D.Acts	Not dealt with	Not Known	All Fe-Males
Yes	2	1	66	17	86	1	0	66	15	82
No.	100	19	6,297	842	7,258	99	21	6,167	977	7,264
Not known	10	-	237	2,409	2,656	10	1	245	2,398	2,654
Total	112	20	6,600	3,268	10,000	110	22	6,478	3,390	10,000

No analysis is presented of the religious affiliations of patients admitted in 1949. It is impossible to obtain reliable population figures for the numbers of adherents to different religions, and such figures as are available are compiled on varying bases and in some cases give adult membership only. In 1950 the number of admissions in which the patient was described as a member of the Church of England represented about 80% of total admissions, whereas official figures show that the numbers on the electoral roll plus clergy totalled about three million or roughly 6% of the whole population. There are further difficulties, in that children will be classified by their parents' religion while many persons who are not active members of any religious group will describe themselves as Church of England. In the Jewish group it would be difficult to separate the religious from the cultural factor and in the case of both Jewish and Polish immigrants their experience in their native lands and the difficulties common to all immigrant groups of adjusting to a new social pattern might have a significant effect on their mental state. Although no satisfactory estimate of the incidence of mental disease in different religious groups can be made, it might be possible, when several years results can be aggregated, to compare the types of disease among them with corresponding proportions in the whole batch of admissions. It is doubtful what effect a religious label would have on the mental state of a person who was merely a nominal member, but it would be well-nigh impossible to determine the incidence of mental diseases among those practising any particular religion.

Table M.11. - Mental Hospital Admissions. Classification and Status of Patient, according to former status of hospital.

Former Status of Hospital	Status of Patient	MALES					FEMALES				
		Private	Health Service	Criminal	Total	1st Admissions	Private	Health Service	Criminal	Total	1st Admissions
Registered Hospital	V	203	94	-	297	216	367	130	-	497	360
	T	14	2	-	16	13	12	2	-	14	12
	C	12	6	-	18	12	24	7	-	31	21
County or County Borough Mental	V	183	13,921	-	14,104	9,488	377	17,864	-	18,241	12,155
	T	9	428	-	437	362	14	862	-	876	715
	C	7	7,033	97	7,137	4,744	31	10,621	16	10,668	7,068
Public Assistance Institution	V	-	314	-	314	221	-	279	-	279	198
	T	-	14	-	14	10	-	46	-	46	40
	C	-	811	-	811	597	-	1,121	-	1,121	873
Total, all Hospitals	V	386	14,329	-	14,715	9,925	744	18,273	-	19,017	12,713
	T	23	444	-	467	385	26	910	-	936	767
	C	19	7,850	97	7,966	5,353	55	11,749	16	11,820	7,962

Table M.11 shows that 98% of male and 97% of female admissions were Health Service patients. Admissions of criminal patients numbered 97 males and 16 females. Of private patients 90% of both male and female admissions were voluntary and 4% and 7% respectively certified. The percentage of voluntary and certified patients among admissions under the Health Service were males 63% and 35%, females 59% and 38%. The percentages of first admissions were:- former registered hospitals, males and females 73%, former county and county borough hospitals 67% for both sexes; former public assistance institutions 73% males and 77% females.

Mental Hospitals: Statistics showing Diagnoses

Instructions for recording diagnosis stated that where there was a known physical cause of the mental disorder or defect it should be entered as the principal diagnosis with the accompanying disorder or defect as secondary cause, but otherwise the principal mental condition should be entered as principal diagnosis and a secondary mental condition if there was one, as secondary diagnosis. The results of tabulating the diagnosis showed that what was entered in many cases was a mental condition and an accessory acute condition which happened to be present at the time. Hence where the secondary diagnosis appeared to have no recognised connection with the physical condition given as primary, but was generally accepted as a cause of admission to a mental hospital, the secondary diagnosis was preferred for purposes of compiling a diagnostic table, but otherwise the principal diagnosis was used. The diagnoses on admission in four main groups following Section V of the International Statistical Classification of Diseases, Injuries and Causes of Death (1948) were as follows:-

Diagnostic Groups	Males		Females	
	Numbers	Proportion	Numbers	Proportion
Psychoses (excluding puerperal)	15,494	656	23,507	730
(Puerperal psychosis)	-	-	(377)	(12)
Psychoneuroses	3,507	149	4,729	147
Behaviour, character and intelligence disorders	1,808	77	1,127	35
Others	2,787	118	2,449	76
All Causes	23,596	1,000	32,189	1,000

Table M.12. - Mental Hospitals. Direct Admissions 1949, for certain diagnostic groups, per million persons in sex-age groups at 10 years and over, and at all ages.

Basic Diagnosis and International List Number	Sex	AGE GROUPS									
		10-	16-	20-	25-	35-	45-	55-	65-	75 & over	All
Schizophrenia (3000-3007)	M	19	416	869	748	323	126	44	23	8	267
	F	27	278	464	499	346	224	124	55	15	221
Manic-depressive reaction (3010-3012)	M	3	35	120	189	322	512	687	497	167	265
	F	2	61	181	423	656	871	1,019	666	159	468
Senile psychosis (304)	M	-	-	-	-	1	2	61	703	1,774	105
	F	-	-	-	-	-	5	69	857	1,979	160
Psychosis, all forms except puerperal (300-309)	M	23	460	1,016	996	769	832	1,121	1,523	2,203	753
	F	31	352	686	998	1,196	1,599	1,681	1,893	2,317	1,044
Anxiety reaction (310)	M	4	28	96	156	118	114	71	26	7	75
	F	2	35	77	150	143	86	60	36	4	72
Hysterical reaction (311)	M	1	18	40	45	44	37	23	6	-	25
	F	14	76	74	99	84	59	27	17	1	49
Neurotic-depressive reaction (314)	M	-	2	22	38	47	60	61	22	10	31
	F	1	19	43	94	89	71	64	24	11	50
Psychoneuroses, all forms (310-318)	M	8	75	210	314	267	267	195	82	32	170
	F	19	157	226	406	379	274	198	111	20	210
Pathologic personality (3200-3207)	M	3	95	134	116	52	32	19	3	3	46
	F	9	50	59	40	20	10	5	2	-	18
Mental deficiency (3250-3255)	M	15	79	54	34	30	27	19	10	2	25
	F	17	40	43	39	30	23	12	9	1	22
Behaviour, character and intelligence disorders, all forms. (320-326)	M	38	193	201	160	109	85	60	23	8	88
	F	40	114	155	91	62	45	22	14	3	50
Syphilis (020-029)	M	1	-	-	6	28	38	44	21	5	17
	F	-	4	2	6	10	18	20	6	1	8
Epilepsy (3530-3533)	M	13	72	78	78	63	43	29	13	-	41
	F	13	53	58	55	48	38	21	10	4	31

Table M.12 shows the numbers of direct admissions per million persons in sex-age groups at 10 years and over, for some selected diagnoses. While the admission rates for all forms of psychoses among women increased steadily with age, male admissions reached a peak in the age group 20-24, decreased up to age 44 and then increased with advancing age (Fig.M.VI). Admission rates for psychoneuroses for both males and females increased to a maximum

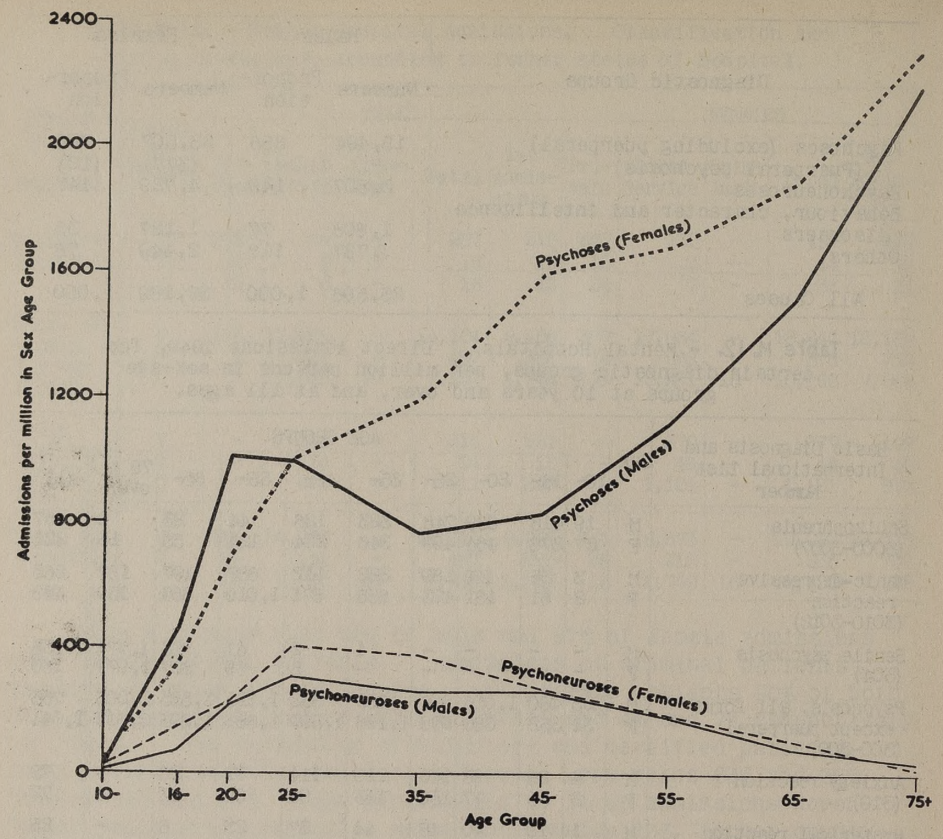

Fig. M.VI. - Mental Hospitals Admission Rates per Million Persons in Sex-Age Groups for Psychoses and Psychoneuroses. 1949

at ages 25–34 and then decreased steadily. Admissions for all forms of behaviour, character and intelligence disorders were highest in the age groups 16–19 and 20–24 for both sexes. The relative variations in admission rates for schizophrenia and manic-depressive reaction may be seen in Fig. M.VII). The sex-ratios of the rates for these two conditions were as follows:-

Ratio Male / Female	10-	16-	20-	25-	35-	45-	55-	65-	75 & over	All Ages
Schizophrenia	.7	1.5	1.9	1.5	.9	.6	.4	.4	.5	1.2
Manic-Depressive Reaction	1.5	.6	.7	.4	.5	.6	.7	.7	1.05	.6

The numbers of admissions in each hospital region for various diagnoses are shown in Table M.13). Except in the Liverpool region manic-depressive reaction was the principal psychotic cause of admission. Direct admissions for alcoholic psychosis and for alcoholism were relatively frequent in the Welsh region, forming 8.9 and 7.2 per 1,000 respectively of the total admissions. Anxiety reaction made the chief contribution to admissions for

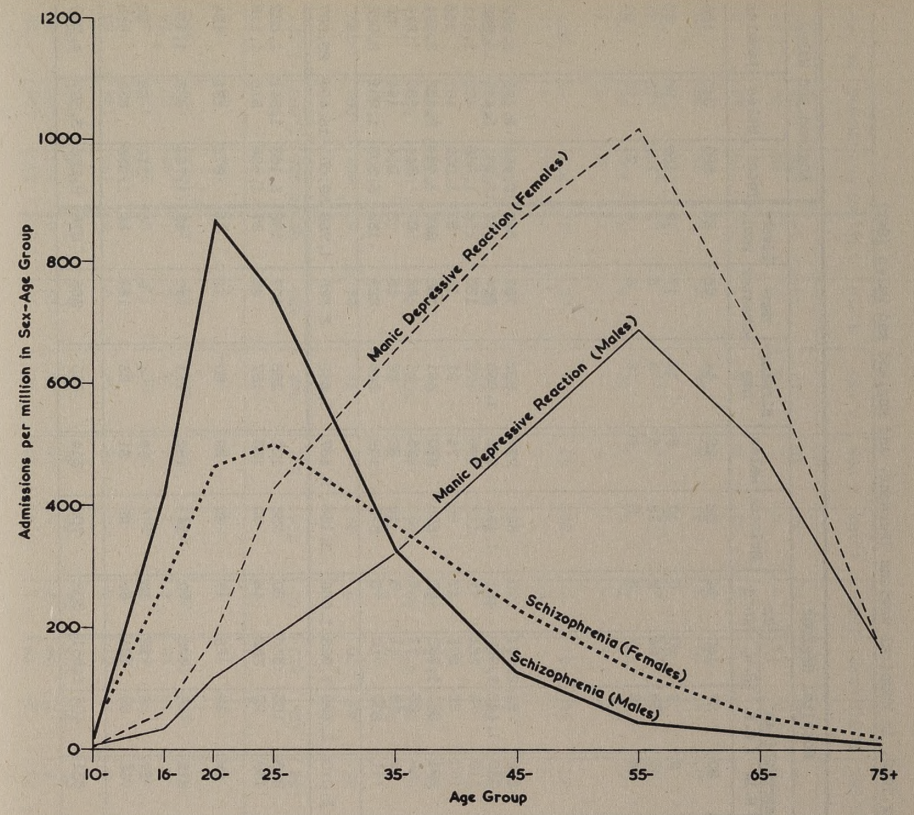

Fig. M.VII. - Mental Hospitals Admission Rates for Schizophrenia and Manic Depressive Reaction. 1949

psychoneurosis except in the Sheffield, N.E. Metropolitan and Welsh regions where the first place went to neurotic-depressive reaction. In all 1,015 admissions were for mental deficiency; some of these might be patients with a superimposed psychosis, or they might be patients for whom no accommodation was available in deficiency institutions. There were also 1,556 admissions for epilepsy. Appendix Table M.4 shows the regional admission rates per million in sex-age groups from 20 onwards for schizophrenia, manic depressive reaction, anxiety reaction, antisocial personality and epilepsy.

The regional admission rates so far discussed have been the number of admissions to hospitals proportionate to the number of people living in the region. It is possible, however, that some people are entering hospitals outside their regions of residence. Table M.14 shows the admission rates for certain diseases according to the type of density aggregate in which the patient resided before admission. For all psychoses, male rates for residents in county boroughs outside London were greater than those for Greater London at ages 25-64, but at ages 65 and over the rates for Greater London were far in excess of those in any of the other three aggregates (Fig.M.VIII). Residents in rural districts had the lowest

Table M.13. - Mental Hospitals. Direct Admissions during 1949, in Hospital Regions (Persons) and England and Wales (Sex)

Internat. List No:	Basic Diagnosis	Hospital Regions													England and Wales		
		New-castle	Leeds	Shef-field	Cam-bridge	Metropolitan N.W.	Metropolitan N.E.	Metropolitan S.E.	Metropolitan S.W.	Ox-ford	Bristol	Wales	Birming-ham	Man-chester	Liver-pool	Total	Males	Females
020-029	Syphilis	31	40	38	12	28	20	27	120	14	32	28	44	63	23	520	340	180
082-083	Acute infectious encephalitis and effects	16	13	12	1	9	9	4	20	6	10	8	14	17	19	158	95	63
193,223,237	Neoplasms, brain and C.N.S.	5	3	7	2	3	6	36	24	2	15	6	6	6	3	124	73	51
252-3,260) 281,2890,) 290)))	Thyrotoxicosis, myxoedema, diabetes, pellagra, lipidosis, pernicious and other hyperchromic anaemias	9	8	2	1	8	4	2	7	2	3	6	12	2	5	71	10	61
300	Schizophrenia	640	614	796	291	757	589	724	2,201	270	591	775	852	727	647	10,474	5,495	4,979
301	Manic depressive reaction	717	1,032	1,426	700	1,363	779	1,142	2,967	431	1,414	902	1,650	884	574	15,981	5,449	10,532
302	Involutional melancholia	79	129	238	53	96	110	79	354	71	113	186	173	136	116	1,933	422	1,511
303	Paranoia, paranoid states	24	43	63	17	125	100	82	204	47	85	74	91	14	37	1,006	401	605
304	Senile psychosis	243	364	504	180	342	284	321	1,380	185	508	370	481	362	222	5,746	2,152	3,594
305	Presenile psychosis	16	16	18	13	18	29	25	71	6	30	26	21	28	27	344	130	214
307	Alcoholic psychosis	9	12	14	2	13	8	16	41	3	19	32	29	13	3	214	164	50
308,309	Psychoses, other and N.O.S.	185	290	251	125	171	111	209	710	75	373	102	348	221	132	3,303	1,281	2,022
	Total psychoses	1,913	2,500	3,310	1,381	2,885	2,010	2,598	7,928	1,088	3,133	2,467	3,645	2,385	1,758	39,001	15,494	23,507
310	Anxiety reaction	241	321	153	104	267	205	153	636	90	338	121	265	107	162	3,163	1,541	1,622
311	Hysterical reaction	120	98	168	32	117	130	92	352	48	99	133	157	45	37	1,628	516	1,112
313	Obsessive-compulsive reaction	26	23	33	11	25	28	13	85	17	32	29	30	12	11	375	181	194
314	Neurotic-depressive reaction	79	69	218	42	94	212	65	392	70	141	182	111	40	48	1,763	633	1,130
315-7	Neurosis with somatic symptoms	1	7	19	6	2	11	2	12	13	6	18	4	9	4	114	58	56
312,318	Neuroses, other and N.O.S.	64	122	147	85	50	45	80	184	64	92	31	63	152	14	1,193	578	615
	Total psychoneuroses	531	640	738	280	555	631	405	1,661	302	708	514	630	365	276	8,236	3,507	4,729

3200	Schizoid personality	12	15	21	2	34	12	3	46	1	8	10	16	15	15	210	145	65
3203	Inadequate personality	11	4	14	-	15	6	7	39	9	4	16	11	10	5	151	108	43
3204	Antisocial personality	44	76	91	12	50	41	70	173	34	60	39	75	31	15	811	547	264
3201-2; 5-7	Other pathological personality	8	6	22	2	11	8	7	51	6	10	13	19	7	7	177	144	33
321	Immature personality	6	18	15	7	6	21	8	25	6	4	4	4	8	2	134	61	73
322	Alcoholism	11	14	15	3	12	12	8	56	9	20	26	20	11	8	225	177	48
323	Other drug addiction	1	1	-	-	3	2	1	28	2	1	4	2	2	1	48	20	28
325	Mental deficiency	65	83	141	47	45	51	45	123	22	101	87	128	50	27	1,015	520	495
324,326	Other character, behaviour and intelligence disorders	2	19	17	2	7	5	3	78	1	8	2	17	1	2	164	86	78
	Total character, behaviour and intelligence disorders	160	236	336	75	183	158	152	619	90	216	201	292	135	82	2,935	1,808	1,127
330-334	Vascular lesions of C.N.S.	19	15	45	6	27	65	38	70	7	17	46	72	24	3	454	257	197
340-345	Inflammatory diseases of C.N.S.	11	4	7	2	5	1	24	12	1	10	3	6	4	1	91	47	44
353	Epilepsy	110	90	131	63	73	85	93	271	49	124	148	168	86	65	1,556	849	707
350-2; 4-5	Other diseases of brain	45	33	52	19	68	34	62	146	13	105	68	50	16	21	732	365	367
450-6;) 4221))	Diseases of arteries; myocardial degeneration with arteriosclerosis	61	40	131	16	44	54	28	116	12	39	48	84	33	18	724	371	353
440-7	Hypertensive diseases	9	18	6	-	3	16	1	27	1	7	4	26	3	1	122	38	84
635X, 688X	Neuroses of menopause, puerperium	-	1	-	-	2	3	-	-	6	1	-	-	1	-	14	-	14
6881	Puerperal psychosis	15	36	35	2	26	41	14	61	5	25	11	41	22	43	377	-	377
752,7531,) 7582)	Congenital malformations	-	-	-	-	-	-	2	1	-	-	-	-	-	-	3	2	1
794	Senility without psychosis	7	3	27	-	11	5	10	24	1	5	2	20	6	3	124	52	72
780-781	Symptoms, sense system, nerves	3	8	7	-	6	7	9	35	5	15	8	11	4	2	120	56	64
800-4,) 850-6)	Head injuries	3	3	8	3	6	6	3	10	3	9	3	14	4	3	78	63	15
960-79	Poisoning	1	-	2	-	-	-	-	2	-	2	3	9	-	-	19	10	9
308	Mental disease secondary to other causes	2	2	1	1	3	2	5	11	-	3	7	3	7	1	48	30	18
	Other causes	23	13	20	-	8	8	58	56	6	14	12	17	29	14	278	129	149
	Total, all causes	2,974	3,706	4,915	1,864	3,953	3,165	3,571	11,221	1,613	4,493	3,593	5,164	3,212	2,341	55,785	23,596	32,189

Table M.14. - Mental Hospitals. Admission Rates per million in Sex-age groups, by place of Residence

	MALES							FEMALES						
	16-	25-	35-	45-	55-	65+	All	16-	25-	35-	45-	55-	65+	All
Schizophrenia														
Greater London	821	756	322	117	34	18	292	416	560	400	282	120	48	262
County Boroughs	765	793	326	126	41	22	285	380	498	349	214	148	37	222
Urban Districts	600	685	293	124	40	17	236	377	470	290	208	116	38	201
Rural Districts	528	551	259	93	51	16	199	325	427	339	186	94	44	188
Manic Depressive Reaction														
Greater London	107	169	298	447	595	444	249	148	449	682	906	1,126	624	520
County Boroughs	77	174	318	569	737	421	271	127	411	626	857	1,037	540	463
Urban Districts	85	197	316	487	675	359	257	122	392	608	797	943	415	427
Rural Districts	66	191	330	484	645	354	251	111	430	714	927	984	400	459
Senile Dementia														
Greater London	-	-	-	2	26	1,373	121	-	-	-	2	35	1,680	201
County Boroughs	-	-	-	2	76	1,040	101	-	-	-	3	80	1,237	154
Urban Districts	-	-	3	1	63	888	95	-	-	-	10	79	1,091	148
Rural Districts	-	-	-	-	49	824	95	-	-	2	2	61	975	132
All Psychoses														
Greater London	948	983	729	765	1,003	2,385	802	588	1,077	1,256	1,664	1,816	2,720	1,192
County Boroughs	866	1,025	779	874	1,199	1,715	767	536	995	1,218	1,590	1,767	2,117	1,051
Urban Districts	701	929	715	803	1,062	1,481	688	528	932	1,056	1,503	1,586	1,755	956
Rural Districts	608	800	713	739	1,043	1,389	646	468	934	1,232	1,589	1,480	1,584	942
Anxiety State														
Greater London	78	140	92	104	57	6	68	56	134	123	83	52	14	66
County Boroughs	82	182	147	141	103	29	93	66	176	158	91	58	37	81
Urban Districts	67	154	113	100	54	17	69	46	139	140	84	64	21	67
Rural Districts	42	119	102	91	59	26	58	62	130	144	73	63	23	66

Hysteria														
Greater London	49	38	36	35	21	-	25	67	103	82	50	25	-	49
County Boroughs	23	35	44	33	13	7	21	70	111	88	73	24	19	53
Urban Districts	28	46	49	32	25	2	25	79	80	81	48	23	11	44
Rural Districts	27	58	34	42	36	7	26	79	104	75	62	34	13	49
All Neuroses														
Greater London	180	260	222	236	184	56	157	179	373	337	267	238	77	208
County Boroughs	178	363	322	294	235	83	198	220	466	436	299	205	112	237
Urban Districts	148	304	253	246	186	60	159	173	379	352	263	173	64	191
Rural Districts	110	265	233	253	153	66	142	193	359	361	238	175	59	185
Antisocial Personality														
Greater London	61	57	26	22	8	3	25	39	28	17	8	6	2	14
County Boroughs	82	78	31	18	10	2	30	22	37	17	5	-	1	12
Urban Districts	68	56	22	11	9	2	22	26	15	13	5	6	1	9
Rural Districts	53	32	18	10	10	2	16	28	20	8	15	-	-	10
All Behaviour Disorders														
Greater London	180	129	93	86	34	15	77	125	83	48	46	27	15	50
County Boroughs	223	187	119	100	55	29	102	107	87	67	52	25	7	52
Urban Districts	193	146	101	71	62	12	79	96	83	55	35	18	8	43
Rural Districts	133	103	87	45	74	7	60	117	100	70	45	11	11	49
Epilepsy														
Greater London	44	52	46	34	21	9	29	44	58	40	20	10	12	26
County Boroughs	101	80	72	49	38	13	48	68	62	51	46	29	7	37
Urban Districts	88	76	56	34	33	9	40	49	46	43	39	18	8	28
Rural Districts	40	96	64	42	18	5	37	53	50	63	38	18	6	31
All Admissions														
Greater London	1,371	1,450	1,178	1,257	1,462	2,849	1,160	979	1,659	1,775	2,080	2,230	3,089	1,564
County Boroughs	1,404	1,712	1,412	1,473	1,770	2,249	1,230	1,007	1,731	1,859	2,100	2,233	2,576	1,494
Urban Districts	1,163	1,484	1,194	1,237	1,540	1,838	1,044	910	1,552	1,576	1,909	1,943	1,987	1,297
Rural Districts	908	1,298	1,149	1,156	1,519	1,710	960	882	1,548	1,793	1,994	1,830	1,824	1,285

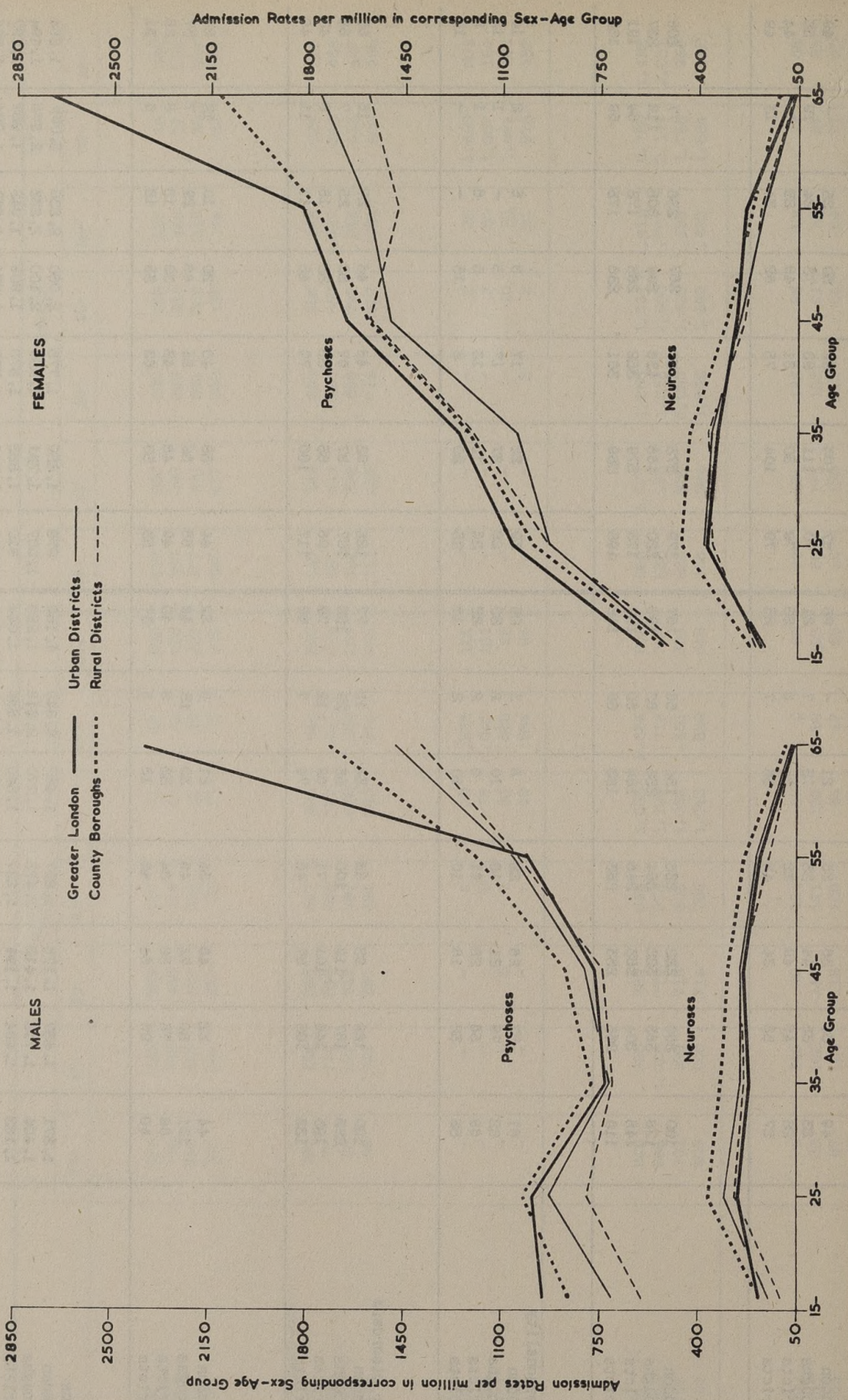

Fig. M.VIII. - Mental Hospitals. Admission Rates by place of residence, Density Aggregates, 1949.

admission rates among men, but women's rates in rural districts were higher than those in urban districts at ages from 25-54. The rates for females resident in Greater London were higher than in the other aggregates and except at ages 16-24 they were higher than for men in the corresponding age groups. The highest rates for neurosis of both men and women occurred in the county boroughs; in each of the four aggregates they decreased with age from 25 years onwards. Taking individual causes, the highest rates for schizophrenia for both males and females tended to occur in Greater London and the county boroughs, whereas rates for manic-depressive reaction showed no particular trend. Senile dementia admission rates increased with the degree of urbanisation for both men and women. Admission rates for males with the diagnosis anti-social personality were lowest in the rural districts while rates for epilepsy were generally lowest in Greater London.

The International Statistical Classification distinguishes seven forms of schizophrenia by separate code numbers and provides an eighth for other and unspecified forms. Table M.15 enables a comparison to be made between the proportions with which these diagnoses appeared in 1,000 schizophrenic men and women in different regions.

Table M.15. - Mental Hospitals. Proportionate Distribution per 1,000 Schizophrenic Males and Females according to form of schizophrenia, by regions.

Region	Schizophrenic Disorders															
	Simple		Hebe-phrenic		Cata-tonic		Paranoid		Acute reaction		Latent		Schizo-affective		Other & unspec.	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Newcastle	242	97	57	180	57	49	114	107	11	45	3	-	3	24	513	498
Leeds	289	66	48	135	3	12	76	160	3	16	21	8	3	29	557	574
Sheffield	127	84	119	284	55	33	55	89	25	15	2	-	2	15	615	480
Cambridge	328	267	64	183	29	50	76	50	12	-	-	-	29	8	462	442
N.W.Metropolitan	6	8	100	233	14	23	103	68	8	20	-	-	34	3	735	645
N.E.Metropolitan	59	45	84	186	41	97	115	127	9	41	3	4	25	26	664	474
S.E.Metropolitan	54	12	48	147	31	6	148	123	5	12	5	-	3	-	706	700
S.W.Metropolitan	56	29	53	148	19	29	146	145	8	22	7	2	11	8	700	617
Oxford	92	125	84	203	14	39	113	117	7	-	35	-	14	86	641	430
Bristol	212	226	95	132	25	22	104	53	18	8	3	-	12	8	531	551
Wales	115	66	63	97	47	60	205	154	5	12	-	3	32	51	533	557
Birmingham	93	91	131	168	35	16	90	47	10	85	12	-	2	5	627	588
Manchester	108	226	80	151	14	45	88	136	6	16	3	-	23	35	678	391
Liverpool	152	135	81	115	9	32	176	183	-	3	15	-	3	-	564	532
Total	121	84	77	167	28	34	121	118	9	23	7	1	13	17	624	556

In the N.W. Metropolitan region, schizophrenia simplex was recorded only 6 and 8 times in every 1,000 male and female admissions for schizophrenia, and relatively seldom in the other metropolitan regions. The catatonic form had low frequencies in Leeds. In Birmingham women's admissions for schizophrenia were assigned to acute schizophrenic reaction 85 times per 1,000 and a similar high proportion of 86 per 1,000 women's admissions were diagnosed as schizo-affective psychosis in the Oxford region. Except in Cambridge, over half the male admissions for schizophrenia were undifferentiated, and from 40 to 70 per cent of the female.

Table M. 16. - Mental Hospitals. Direct Admissions, showing numbers of previous admissions.

Diagnosis		Number of Previous Admissions									% of First Admissions
		0	1	2	3	4	5 or 6	7-9	10+	Total	
Syphilis	M	240	65	26	6	2	-	1	-	340	71
	F	128	28	16	4	1	3	-	-	180	71
Schizophrenia	M	3,131	1,454	541	200	93	56	13	7	5,495	57
	F	2,989	1,236	442	165	67	53	19	8	4,979	60
Manic-Depressive Reaction	M	3,380	1,207	434	201	89	73	48	17	5,449	62
	F	6,139	2,418	950	433	203	197	125	67	10,532	58
Senile Psychosis	M	1,858	211	53	16	8	4	1	1	2,152	86
	F	3,133	322	85	30	9	8	2	5	3,594	87
Anxiety Reaction	M	1,207	254	59	11	5	5	-	-	1,541	78
	F	1,283	242	52	22	9	13	-	1	1,622	79
Hysterical Reaction	M	372	94	32	10	4	4	-	-	516	72
	F	788	190	74	29	13	13	4	1	1,112	71
Neurotic-depressive Reaction	M	486	114	18	4	5	3	1	2	633	77
	F	862	176	53	20	8	4	4	3	1,130	76
Pathologic Personality	M	583	228	80	29	8	9	4	3	944	62
	F	232	96	45	16	5	8	1	2	405	57
Mental Deficiency	M	355	124	28	5	2	5	1	-	520	68
	F	319	115	39	10	5	7	-	-	495	64
Epilepsy	M	540	190	61	27	15	6	5	5	849	64
	F	447	183	32	24	8	8	4	1	707	63
All Causes	M	16,074	4,763	1,572	592	269	199	87	40	23,596	68
	F	21,843	6,297	2,150	874	396	351	178	100	32,189	68

Table M. 16 shows the distribution according to the number of previous admissions. For all causes combined the percentage of first admissions was 68 for both males and females. The highest percentages of first admissions, 86 and 87 per cent for men and women respectively, were observed in the case of senile psychosis. There was a significant sex-difference between the percentages of first admissions for schizophrenia and manic-depressive reaction, but not for the other diagnoses distinguished in Table M. 16. The differences between the percentages and twice the standard error of the differences were as follows:-

Schizophrenia	3 ± 1.93	Manic-depressive reaction	4 ± 1.63
Senile dementia	1 ± 1.86	Anxiety reaction	1 ± 2.92
Hysterical reaction	1 ± 4.80	Neurotic depressive reaction	1 ± 4.20
Pathologic personality	5 ± 5.85		
Epilepsy	1 ± 4.90	Mental deficiency	4 ± 5.95

The proportionate distribution per 1,000 admissions of those with 0, 1, 2 ... previous admissions is as follows for schizophrenia, manic-depressive reaction and all causes.

Diagnosis		0	1	2	3	4	5 or more	All
Schizophrenia	M	570	265	98	36	17	14	1,000
	F	600	248	89	33	14	16	1,000
Manic-depressive reaction	M	620	222	80	37	16	25	1,000
	F	583	230	90	41	19	37	1,000
All causes	M	681	202	67	25	11	14	1,000
	F	678	196	67	27	12	20	1,000

The proportion of manic-depressives who were paying their sixth or more visit was 25 per 1,000 for males and 37 for females. The manic-depressives seem to return more frequently to hospital, but allowance must be made for the average age of male and female patients admitted for schizophrenia being 31 years 5 months and 36 years 0 months and that for manic-depressives 50 years and 5 months and 49 years 5 months.

Owing to the large number of replies of "not known" to the genetic questions, in Tables M. 17 and M. 18 the proportionate distributions are based on definite replies only, and in the columns headed N.K. the percentage ratio of indefinite replies to the total with definite answers will be found. h Thus Table M. 17 shows that for every 100 definite answers to the question mother's age at patient's birth there were an additional 122 for males and 128 for females in which "not known" was recorded. The tables are presented here as they reinforce what has been said above about the difficulty of collecting data on a national scale. Had better results been obtained, it was hoped that Tables M. 17 and M. 18 would have enabled some comparison to be made between the fertility of parents of the mental hospital population and the fertility of that population.

Table M.17. - Mental Hospital Admissions. Proportionate Distribution by Mother's Age at Patient's Birth and Number of Sibs and Half-sibs

DIAGNOSIS		Mother's Age at Patient's Birth								Total	Number of Sibs and Half-Sibs											
		NK	<20	20-	25-	30-	35-	40-	45+	1,000	0-	1-	2-	3-	4-	5-	6-	7-	8-	9-	10+	NK
Syphilis	M	168%	39	252	275	268	87	55	24	1,000	30	99	94	125	129	120	94	64	77	43	125	46%
	F	181%	31	235	313	250	109	31	31	1,000	40	24	120	96	136	168	104	72	64	64	112	44%
Schizophrenia	M	69%	22	192	261	260	170	85	10	1,000	55	149	166	143	134	98	74	59	44	28	50	29%
	F	89%	22	179	269	264	176	78	12	1,000	54	142	166	140	129	97	78	56	46	34	58	29%
Manic - Depressive Reaction	M	125%	26	227	255	235	161	84	12	1,000	39	89	118	134	123	120	94	78	62	48	95	30%
	F	120%	34	204	256	252	164	75	15	1,000	34	87	118	135	130	118	96	82	62	46	92	31%
Rest of Psychoses	M	277%	39	209	240	247	149	101	15	1,000	31	73	97	127	137	114	111	82	64	55	109	56%
	F	218%	30	227	275	248	129	78	13	1,000	29	75	111	120	128	118	100	87	63	53	116	51%
Anxiety Reaction	M	83%	34	196	284	239	158	76	13	1,000	61	122	153	142	121	97	84	72	56	30	62	26%
	F	72%	39	195	265	253	155	80	13	1,000	33	102	155	140	154	103	89	58	55	44	67	20%
Hysteria	M	109%	28	239	215	267	182	65	4	1,000	62	102	153	126	128	99	67	91	59	46	67	38%
	F	95%	33	205	269	247	142	93	11	1,000	44	116	158	129	123	98	82	72	62	38	78	32%
All Neuroses	M	92%	32	212	270	234	161	77	14	1,000	57	113	143	143	118	101	92	74	53	40	66	31%
	F	85%	32	203	271	239	160	81	14	1,000	39	111	150	133	138	103	87	66	55	42	76	25%
Mental Deficiency	M	119%	34	181	220	283	177	97	8	1,000	83	103	146	157	92	80	80	92	32	46	89	49%
	F	94%	24	180	216	259	192	86	43	1,000	49	84	170	133	162	66	69	61	61	58	87	43%
All Behaviour, Character and Intelligence Disorders	M	99%	45	215	251	264	145	69	11	1,000	69	146	165	146	125	92	74	59	42	29	53	40%
	F	104%	31	202	251	244	165	78	29	1,000	62	114	172	145	143	75	90	51	47	34	67	41%
Epilepsy	M	94%	37	230	272	237	148	62	14	1,000	60	103	151	161	137	90	82	73	33	36	74	34%
	F	93%	33	202	276	254	156	60	19	1,000	39	118	123	143	125	118	84	89	63	35	63	32%
All Diagnoses	M	122%	30	211	259	247	158	82	13	1,000	47	109	135	138	128	107	91	72	55	41	77	37%
	F	128%	31	203	267	250	158	76	15	1,000	38	99	131	132	131	111	93	75	58	45	87	36%

Table M.18. - Mental Hospital Admissions. Patient's age at first marriage by number of children born alive.

Age at first marriage	Number of Children												Total
	0	1	2	3	4	5	6	7	8	9	10+	N.K.	
						MALES							
15-	25	58	60	56	34	21	26	21	11	5	29	11	357
20-	436	690	818	541	331	221	169	97	84	55	93	80	3,615
25-	949	1,282	1,174	708	321	184	133	73	36	34	47	122	5,063
35-	323	197	140	62	30	23	7	9	5	2	2	29	829
45+	144	32	9	7	4	-	-	1	-	-	-	6	203
N.S.	309	311	305	163	116	65	48	28	17	16	21	2,862	4,261
All Ages	2,186	2,570	2,506	1,537	836	514	383	229	153	112	192	3,110	14,328
						FEMALES							
15-	160	379	427	316	220	141	89	68	54	35	84	23	1,996
20-	851	1,738	1,788	1,078	600	345	227	181	97	57	121	95	7,178
25-	1,325	1,751	1,279	636	329	167	78	47	25	12	11	107	5,767
35-	450	173	69	20	10	2	2	1	-	-	1	30	758
45+	212	10	1	2	5	-	-	-	-	-	-	12	242
N.S.	522	705	613	328	178	111	62	45	40	24	51	3,769	6,448
All Ages	3,520	4,756	4,177	2,380	1,342	766	458	342	216	128	268	4,036	22,389

Table M.19 shows, for certain diagnoses, the answers obtained to the question of whether the patient's parents were related by blood and in case of twins whether the other twin was affected by mental illness.

Table M.19. - Mental Hospitals. Proportionate Distribution per 1,000 Admissions according to whether
(a) Parents were related by blood.
(b) In case of multiple births, other twin(s) were affected.

Diagnosis (selected list)	Sex	Parents related by blood			Total	Whether twin etc. & whether other twin(s) affected													Not known
						Not a twin	Twin, same sex			Twin, other sex			Twin, sex unknown			Triplet, etc.			
		Yes	No	NK			Yes	No	NK	Yes	No	NK	Yes	No	NK	Yes	No	NK	
Syphilis	M	12	665	323	1,000	747	-	6	-	-	3	-	-	-	-	-	-	-	244
	F	11	645	344	1,000	738	-	6	-	-	-	-	-	6	11	-	-	-	239
Schizophrenia	M	19	734	247	1,000	799	1	5	6	1	4	4	-	1	1	-	0	0	178
	F	15	725	260	1,000	801	2	6	3	-	5	5	-	1	1	-	-	-	176
Manic-depressive reaction	M	14	734	252	1,000	802	0	4	5	-	1	3	-	-	1	-	0	0	184
	F	16	734	250	1,000	803	1	4	3	1	3	3	-	0	1	-	0	0	181
Other psychoses	M	9	627	364	1,000	718	-	5	2	-	2	2	-	0	1	-	0	0	270
	F	10	652	338	1,000	734	0	4	3	0	3	3	-	0	1	-	0	-	252
Anxiety state	M	11	773	216	1,000	827	-	4	4	1	3	4	-	-	1	-	-	1	155
	F	9	801	190	1,000	858	-	5	5	1	4	4	-	1	1	-	1	-	120
Hysteria	M	12	726	262	1,000	796	-	4	2	-	2	-	-	-	2	-	-	-	194
	F	14	729	257	1,000	803	-	5	5	-	1	5	-	-	1	-	1	-	179
All Neuroses	M	13	751	236	1,000	811	-	4	7	0	3	2	-	0	2	-	-	1	170
	F	11	778	211	1,000	834	0	5	6	0	3	3	-	0	1	-	1	-	147
Mental Deficiency	M	12	625	363	1,000	711	4	4	4	-	2	4	-	2	2	2	-	-	265
	F	16	667	317	1,000	770	2	4	4	-	-	2	-	-	-	-	-	-	218
All Behaviour, Character & Intelligence Disorders	M	12	679	309	1,000	753	1	4	2	-	4	4	-	1	2	1	-	-	228
	F	15	690	295	1,000	773	1	4	5	-	4	3	-	-	1	-	-	-	209
Epilepsy	M	13	683	304	1,000	780	-	6	5	-	5	4	-	4	1	-	-	-	195
	F	13	711	276	1,000	807	-	4	1	-	3	3	-	-	1	-	1	-	180
All Diagnoses	M	13	702	285	1,000	776	0	4	5	0	3	3	-	1	1	0	0	0	207
	F	13	711	276	1,000	783	1	4	4	0	3	3	-	0	1	-	0	0	201

Table M.20. - Mental Hospitals. Admission Rates per million Males by Social Class and Age, (based on the Social Class Distribution of the 1951 Census.)

	Class	20-	25-	35-	45-	55-	65 & over	All over 20
Schizophrenia	I	389	329	134	104	29	15	160
	II	465	369	164	83	19	6	149
	III	625	550	261	96	36	18	287
	IV	856	733	354	75	45	19	330
	V	1,791	1,865	762	242	78	17	695
% Ratio with Social Class not stated		8.3	5.0	1.6	0.9	0.2	0.3	2.4
Manic - Depressive Reaction	I	78	119	193	501	679	535	340
	II	64	113	194	357	483	342	279
	III	96	151	293	419	674	385	316
	IV	127	246	344	458	660	280	365
	V	176	397	643	842	815	349	585
% Ratio with Social Class not stated		1.1	0.5	0.7	1.7	2.2	3.8	1.6
Psychoses, all forms	I	466	494	452	720	1,113	1,932	804
	II	538	509	446	621	790	1,296	683
	III	742	738	648	678	1,043	1,664	842
	IV	992	1,041	811	668	1,025	1,414	957
	V	2,049	2,454	1,720	1,397	1,424	1,663	1,749
% Ratio with Social Class not stated		9.7	5.7	2.8	3.2	4.7	16.4	6.7
Anxiety State	I	-	101	117	104	43	30	80
	II	91	110	77	91	67	12	75
	III	86	155	120	108	74	27	107
	IV	80	172	100	80	69	13	92
	V	157	186	176	146	61	10	122
% Ratio with Social Class not stated		0.5	0.4	0.3	0.3	0.2	0.2	0.3
Hysteria	I	-	27	59	31	29	-	30
	II	18	13	11	26	8	-	13
	III	37	41	41	25	25	4	32
	IV	42	34	55	40	27	13	37
	V	44	96	80	70	12	-	52
% Ratio with Social Class not stated		0.3	0.3	0.2	0.1	0.2	0.0	0.2
Neurotic-Depressive Reaction	I	-	27	34	31	87	45	38
	II	9	20	31	36	49	18	30
	III	18	41	44	61	60	18	43
	IV	19	34	53	52	63	16	42
	V	57	51	74	76	52	17	56
% Ratio with Social Class not stated		0.1	0.1	0.1	0.2	0.3	0.1	0.1
Neuroses, all forms	I	-	183	243	251	173	74	180
	II	164	163	149	185	151	47	145
	III	192	319	266	251	197	82	240
	IV	160	291	254	209	185	51	206
	V	333	460	449	373	189	47	313
% Ratio with Social Class not stated		1.5	1.0	0.7	0.7	0.9	0.5	0.8
Anti-social Personality	I	-	18	34	10	29	15	20
	II	9	38	18	10	8	-	15
	III	42	61	21	17	12	1	29
	IV	56	57	26	15	6	3	27
	V	277	144	65	29	9	3	70
% Ratio with Social Class not stated		0.9	0.3	0.2	-	-	-	0.2
Total Behaviour, Character & Intelligence Disorders	I	-	55	159	94	289	59	116
	II	55	68	77	65	38	18	57
	III	111	124	61	52	38	10	72
	IV	216	151	104	63	45	10	94
	V	585	384	262	162	64	20	216
% Ratio with Social Class not stated		2.3	1.1	1.3	0.8	0.6	0.3	1.0
All Causes	I	518	759	921	1,242	1,777	2,437	1,239
	II	793	780	733	957	1,179	1,641	1,001
	III	1,099	1,258	1,084	1,121	1,515	2,062	1,290
	IV	1,482	1,589	1,301	1,034	1,464	1,754	1,405
	V	3,250	3,659	2,838	2,194	2,010	2,060	2,611
% Ratio with Social Class not stated		15.0	8.9	6.1	5.9	7.3	20.7	10.2

As with the General Hospital In-patient Enquiry, great difficulty was experienced in getting codable statements of occupation and industry. Among male admissions occupation was unknown in about 10 per cent of the cases, and hence the social class could not be decided. In 18,749 or 58 per cent of female admissions the occupation was not stated, though presumably in many cases it was housewife. The social class, which for married women not gainfully employed should depend on the husband's occupation, could not be assigned in 13,192 or 41% of the admissions. Hence there was no possibility of associating certain forms of mental disease with either occupation or social class. The rates in Table M.20, which is for males only, are based on the social class distribution of the 1 per cent Sample Census, 1951, as it is unlikely that this would differ greatly from that obtaining in 1949. The additional percentage of returns in each age group for which there was no information is also shown. For each of the diagnoses in Table M.20 and for all causes Class II had the lowest rates at ages 20 and over and Class V the highest. The ratios of the rates in Class V to those in Class I in the corresponding age-groups were as follows:-

	20-	25-	35-	45-	55-	65 & over	All Ages
Schizophrenia	4.6	5.7	5.7	2.3	2.7	1.1	4.3
Manic-depressive reaction	2.3	3.3	3.3	1.7	1.2	.7	1.7
All Psychoses	4.1	5.0	3.8	1.9	1.3	.9	2.2
All Causes	6.3	4.8	3.1	1.8	1.1	.8	2.1

Table M.21 shows the distribution of admissions according to the patient's occupation; the number of females classed as either retired or unoccupied or as not known will be noticed.

Table M.21. - Mental Hospitals. Admissions according to Type of Occupation of Patient.

Diagnosis		Retired and Unoccupied	Agriculture Forestry	Metal Manufacture	Textile and Clothing	Building Decorating	Transport	Commerce and Finance	Professional Technical Administrative	Personal Service	Clerical	Unskilled	Other Occupations	Not stated	Total
Schizophrenia	M	161	454	679	162	343	351	236	222	229	374	1,032	745	507	5,495
	F	425	42	36	217	5	28	168	264	684	516	220	137	2,237	4,979
Manic - Depressive Reaction	M	86	494	607	190	373	472	397	303	278	404	759	787	299	5,449
	F	1,486	44	45	277	7	50	219	416	1,156	367	139	114	6,212	10,532
Senile psychosis	M	95	207	172	90	134	167	171	93	75	64	222	329	333	2,152
	F	702	3	4	73	1	3	31	97	229	10	10	12	2,419	3,594
Psychosis, all forms	M	381	1,320	1,697	522	1,008	1,184	1,006	747	754	951	2,344	2,234	1,346	15,494
	F	3,168	102	104	705	15	91	489	920	2,572	1,022	428	312	13,579	23,507
Psychoneuroses, all forms	M	43	178	479	117	244	339	254	183	203	286	436	553	192	3,507
	F	547	21	15	121	5	25	143	244	460	263	111	90	2,684	4,729
Pathological personality	M	12	41	95	24	57	83	48	48	89	78	181	116	72	944
	F	40	7	1	13	-	4	12	43	96	15	14	10	150	405
Mental deficiency	M	1	52	11	16	18	14	9	-	20	1	121	42	215	520
	F	29	6	3	11	-	2	2	-	87	4	19	8	324	495
All Behaviour, Character and Intelligence Disorders	M	14	103	132	41	88	116	94	101	143	96	332	185	363	1,808
	F	81	14	5	27	2	8	19	61	216	30	39	22	603	1,127
All Causes	M	482	1,781	2,569	759	1,496	1,848	1,543	1,153	1,239	1,474	3,562	3,368	2,322	23,596
	F	4,165	140	133	926	22	136	690	1,293	3,469	1,380	624	462	18,749	32,189

For males only the proportions of admissions in each occupational group diagnosed as psychosis, neurosis, behaviour character or intelligence disorders and other causes are shown:-

Occupation Group	Psychoses	Psycho-neuroses	Behaviour, etc. Disorders	Other Causes	Total
Retired and unoccupied	79	9	3	9	100
Agriculture, forestry	74	10	6	10	100
Metal manufacture	66	19	5	10	100
Textiles and clothing	69	16	5	10	100
Building, road-making, decorating	67	16	6	11	100
Transport	64	19	6	11	100
Commerce and finance	65	17	6	12	100
Professional, technical and administrative	64	16	9	11	100
Personal service	61	16	12	11	100
Clerical	64	19	7	10	100
Unskilled	66	12	9	13	100
Other occupations	66	16	6	12	100
Total	66	16	7	11	100
Extra percentage unstated	9.5	5.6	25.1	17.8	10.9

There was a higher proportion of psychoses among admissions of those engaged in agriculture and forestry than in the other employed groups, 28 per cent being for manic-depressive psychosis as compared, for example, with 24% among metal manufacturing workers and 28% of those in the textile and clothing group. Since many of the jobs in agriculture are solitary it may be that this attracts the shy and solitary type of worker; it is possible also that there is a greater proportion of older workers in agriculture than in industry, which may help to account for the higher psychosis ratio. The personal service group had a lower psychosis proportion, but the highest percentage of admissions for behaviour, character and intelligence disorders. Those engaged in metal manufacture, transport and clerical work had the highest percentages of admissions for psychoneuroses.

Mental Hospitals: Departures, Discharges and Deaths in 1949

There were 42,282 departures and discharges from mental hospitals during 1949, 17,534 of males and 24,748 of females. Of these 12,800 males (73%) and 17,676 females (71%) had been admitted during 1949. Table M.22 shows the distribution of stay in hospital of all departures and discharges during 1949.

Table M.22. - Mental Hospitals. Duration of stay of all patients discharged in 1949, irrespective of year of admission.

	Under 1 wk.	1 wk-	1 mth-	2 mths-	3 mths-	6 mths-	9 mths-	12 mths-	18 mths-
Male	1,026	3,771	3,644	2,357	3,465	1,136	543	486	215
Female	940	4,686	5,610	3,564	5,089	1,788	808	711	355
	2 yrs-	3 yrs-	5 yrs-	10 yrs-	15 yrs-	20 yrs-	25 yrs-	30 yrs +	Total
Male	256	193	193	105	54	40	23	27	17,534
Female	326	289	289	147	66	42	19	39	24,748

The proportions per 1,000 discharges for various lengths of stay were:-

	Under 1 mth	1 mth-	2 mths-	3 mths-	6 mths-	12 mths-	2 yrs-	5 yrs-	20 yrs +	All
Males	273	208	134	198	96	40	26	20	5	1,000
Females	227	227	144	205	105	43	25	20	4	1,000

Thus over a quarter of the male leavers and nearly a quarter of the female had been in hospital for less than a month. The median stay was, males 2.1 mths, females 2.3 mths. When a follow-up scheme can be brought into operation it will be possible to see if short periods in hospital are positively correlated with a high re-admission rate. In Table M.23 a general picture is shown of the relation between age at admission and duration of stay for those both admitted and discharged in 1949.

Table M.23. – Mental Hospitals. Departures and Discharges during 1949 of Patients Admitted during 1949, by age at admission and duration of stay.

Age at Admission	Duration of Stay in Hospital							
	Under 1 wk.	1 week-	1 mth.-	2 mths.-	3 mths.-	6 mths.-	9 mths.+	Total
				M A L E S				
0-	2	5	4	6	5	-	-	22
10-	4	19	20	11	16	5	2	77
16-	45	112	90	48	107	14	2	418
20-	148	360	257	145	315	75	7	1,307
25-	323	876	672	447	548	113	21	3,000
35-	220	808	759	395	420	81	15	2,698
45-	132	678	630	372	383	60	18	2,273
55-	80	467	490	326	360	59	14	1,796
65-	37	237	288	152	166	51	7	938
75 up	19	73	70	39	47	12	2	262
Not stated	2	2	2	1	1	1	-	9
All Ages	1,012	3,637	3,282	1,942	2,368	471	88	12,800
				F E M A L E S				
0-	3	7	5	2	5	-	-	22
10-	6	29	27	14	16	8	2	102
16-	50	115	96	77	127	30	7	502
20-	97	272	251	170	235	54	10	1,089
25-	256	977	925	575	624	137	15	3,509
35-	220	1,115	1,177	652	665	145	14	3,988
45-	167	1,004	1,206	634	699	146	26	3,882
55-	84	600	869	518	628	99	15	2,813
65-	37	316	426	277	316	64	11	1,447
75 up	20	71	78	47	70	22	4	312
Not stated	-	2	3	1	2	2	-	10
All Ages	940	4,508	5,063	2,967	3,387	707	104	17,676

The percentage of total discharges of males for durations of less than 1 week was highest between 16 and 34, and after a downward trend from age 35 to 64, increased again for the age group 75 and over. Percentages for females showed a steady decrease from 9.96 at age 16-19 to 2.55 at age 65-74, followed by an increase at ages 75 and over. The percentage whose stay had lasted a week but not as long as a month was fairly constant for men between 25 and 54. (See Fig. M.IX).

The duration of stay of those admitted with a diagnosis of schizophrenia or manic-depressive psychosis, irrespective of date of admission but discharged in 1949, was as follows:-

		-1 mth	1 mth-	6 mths-	12 mths-	18 mths-	2 yrs-	5 yrs-	10 yrs+	Total	Median
Schizophrenia	M	182	533	146	46	19	40	17	17	1,000	3.6 mths
	F	125	550	179	51	22	40	20	13	1,000	4.2 mths
Manic-depressive reaction	M	226	594	97	23	11	25	15	9	1,000	2.2 mths
	F	210	610	95	25	14	24	12	10	1,000	2.2 mths

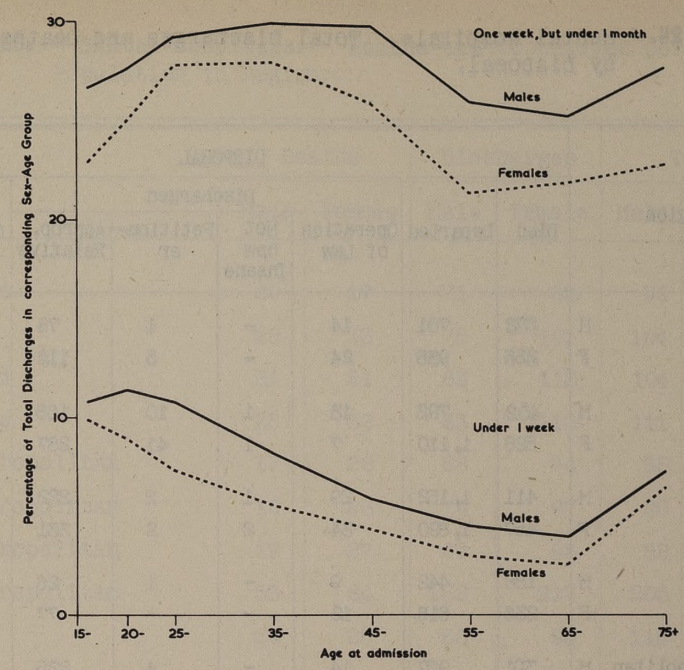

Fig. M.IX. - Mental Hospitals Percentage of discharges in 1949 among those admitted in 1949 who had been in hospital (i) under 1 week (ii) 1 week but under 1 month

Hence although the number of discharges following manic-depressive reaction (4,878 males; 9,774 females) is greater than after schizophrenia (4,114 males; 3,915 females), the average stay is less, suggesting more frequent and shorter visits to hospital in the former case. For duration of stay for a number of individual causes see Appendix Table M.5).

Table M.24 shows the total discharges and deaths during 1949, irrespective of year of admission. Within these totals the percentages of deaths were males 22.9, females 21.3. The proportion of female deaths in the Newcastle region was low at 16.7. The death and discharge rates per 100,000 population in the region in which the hospital is situated are shown in Table M.25.

Death and discharge rates based on the population in the region appear high in the S.W. Metropolitan region, but this is because of a concentration of mental hospitals in the region. If the four metropolitan regions be counted as one, the death rates would be males 28, females 38 per 100,000 residents in the region; discharge rates, males 95, females 133. Deaths in mental hospitals were classified in the usual way and tabulated according to the Abridged List of 150 Causes. The numbers of deaths by age groups are shown in Table M.26. Arteriosclerotic and degenerative heart disease formed the largest contributory

Table M.24. - Mental Hospitals. Total Discharges and Deaths in 1949 by Disposal.

Region		DISPOSAL							
		Died	Departed	Discharged				Other	Total
				Operation of Law	Not now Insane	Petitioner	Approp. Relative		
Newcastle	M	272	701	14	-	1	78	185	1,251
	F	255	935	24	-	5	112	199	1,530
Leeds	M	402	792	13	1	10	165	115	1,498
	F	528	1,110	7	1	41	287	143	2,117
Sheffield	M	411	1,152	29	1	2	222	216	2,033
	F	457	1,690	34	2	2	331	345	2,861
Cambridge	M	186	442	9	-	1	26	74	738
	F	236	616	12	-	-	77	112	1,053
N.W.Metropolitan	M	301	907	14	-	4	225	92	1,543
	F	555	1,310	17	-	8	338	201	2,429
N.E.Metropolitan	M	230	778	43	2	8	87	130	1,278
	F	354	1,069	63	-	12	144	225	1,867
S.E.Metropolitan	M	281	751	11	-	6	119	140	1,308
	F	446	1,032	11	-	3	224	277	1,993
S.W.Metropolitan	M	1,116	2,508	53	-	21	314	311	4,323
	F	1,478	3,794	61	-	48	629	475	6,485
Oxford	M	157	457	3	-	2	53	56	728
	F	179	545	5	-	4	51	74	858
Bristol	M	410	1,126	13	-	1	102	167	1,819
	F	569	1,464	7	-	-	236	177	2,453
Wales	M	312	1,028	8	-	1	65	125	1,539
	F	324	1,313	12	-	-	110	140	1,899
Birmingham	M	505	1,169	25	3	4	326	185	2,217
	F	587	1,453	26	-	2	506	250	2,824
Manchester	M	411	625	16	-	9	195	232	1,488
	F	452	645	21	-	5	226	388	1,737
Liverpool	M	209	523	13	1	1	99	128	974
	F	266	653	4	-	1	204	200	1,328
All Regions	M	5,203	12,959	264	8	71	2,076	2,156	22,737
	F	6,686	17,629	304	3	131	3,475	3,206	31,434

Table M.25. - Mental Hospitals. Deaths and Discharges per 100,000 Population in Region.

	Deaths		Discharges		Total	
	Male	Female	Male	Female	Male	Female
Newcastle	20	17	71	85	91	102
Leeds	28	33	76	101	104	134
Sheffield	21	21	83	113	104	134
Cambridge	28	32	83	112	111	144
N.W. Metropolitan	17	28	68	94	85	122
N.E. Metropolitan	16	23	74	97	90	120
S.E. Metropolitan	19	27	69	95	88	122
S.W. Metropolitan	53	64	152	217	205	281
Oxford	24	25	88	95	112	120
Bristol	32	41	111	135	143	176
Wales	25	24	100	117	125	141
Birmingham	24	26	83	98	107	124
Manchester	20	20	51	56	71	76
Liverpool	21	25	77	97	98	122
All Regions	25	30	85	110	110	140

group, followed by all forms of pneumonia. Mulvaney (1952) found that in 1951 forty patients died at Royal Park Hospital (Australia) of general medical conditions a few days after their admission and that about 18 of them were found at autopsy to have pneumonia.* The percentage of deaths in mental hospitals of those in the whole population is shown for certain causes in Table M.27.

*Med. Journ. Australia. Vol. XI. No. 21.

Table M.26. - Mental Hospitals. Causes of Death

Cause of Death	Abridged List A		Age Group 0-	16-	20-	25-	35-	45-	55-	65-	75+	All
Respiratory Tuberculosis	1	M		6	13	73	66	63	72	40	13	346
		F	1	2	12	41	55	42	35	30	6	224
Tuberculosis, other forms	2-5	M	1		2	1	4	4	5	1	1	19
		F		1	2	2	4	3	3	1	2	18
General Paralysis of the Insane	9	M			1	3	14	36	37	25	2	118
		F	1			2	9	24	12	3		51
Other syphilis	6, 7, 8, 10	M		3	2	2	2	2	9	16	7	43
		F	1			1		3	2	2	6	15
Other infectious diseases	11-43	M			3	4	8	4	4	2		25
		F			2	2	8	7	7	2	4	32
Malignant neoplasms of digestive organs and peritoneum	45-48	M					5	14	39	43	18	119
		F					7	15	34	62	41	159
Malignant neoplasms of respiratory system	49, 50	M			1		7	8	22	22	9	69
		F						6	6	4	9	25
Malignant neoplasms of breast and genito-urinary system	51-54	M						1	2	6	10	19
		F				3	9	21	37	35	28	133
Malignant neoplasms of other sites	44, 55-57	M				3	6	12	28	22	14	85
		F				3	9	20	30	36	19	117
Other neoplasms	58-60	M				2	14	13	17	7	4	57
		F				3	7	11	18	14	3	56
Allergic, endocrine, metabolic and nutritional. Blood and blood-forming organs	61-66	M		2		3	4	6	15	18	6	54
		F		1	2	3	16	5	23	23	12	85
Psychoses	67	M	1		2	11	12	17	28	33	39	143
		F			3	14	22	24	39	41	67	210
Neuroses and personality disorders	68	M				1	1	3	1	1		7
		F		1	2		1		1	1		6
Mental Deficiency	69	M	3			2	2	1	2			10
		F				1			1			2
Vascular lesions of central nervous system	70	M				4	9	26	73	142	93	347
		F				2	4	28	74	179	123	410
Epilepsy	73	M	2	5	4	9	17	15	10	6	2	70
		F	1		4	10	18	19	13	4	3	72
All other diseases of nervous system and sense organs	71, 72, 74-78	M	2	1	2	3	6	11	17	9	4	55
		F	1	1		6	11	10	11	5	8	53
Rheumatic fever and rheumatic heart disease	79-80	M	1	1	1	3		12	11	11	4	44
		F	1		1		12	22	21	33	15	105
Arteriosclerotic and degenerative heart disease	81	M			3	13	31	77	286	694	894	1,998
		F			1	6	38	108	342	946	1,376	2,817

Other heart disease	82	M					2	6	6	5	3	22
		F			1		3	4	12	10	14	44
Hypertension, with or without heart disease	83, 84	M					3	12	24	46	38	123
		F						15	35	64	56	170
Arteriosclerosis	85(1)	M					1	4	13	98	76	192
		F						3	24	64	115	206
Other diseases of arteries	85(2)	M						1	3	6	1	11
		F		1		1	1	2	2	6	4	17
Other diseases of circulatory system	86	M					1		3	2	4	10
		F			1	1	3	8	12	5	3	33
Influenza	88	M				2	1	2	6	10	20	41
		F	1			2	8	7	9	19	12	58
Pneumonia, all forms	89-91	M	4	3	4	15	32	52	82	136	119	447
		F	3		5	34	46	67	115	195	224	689
Bronchitis, all forms	92-93	M				1	2	7	30	34	42	116
		F			1	3	2	5	11	35	55	112
Other respiratory disease	87, 94-97	M				3	2	4	24	24	18	75
		F			3	2	4	9	10	19	26	73
Diseases of digestive system	98-107	M	1	1	2	3	8	26	22	20	6	89
		F			3	2	8	12	15	31	28	99
Nephritis, all forms	108-109	M			2	1	5	11	20	20	16	75
		F				5	12	14	28	33	22	114
Other diseases of genito-urinary system	110-114	M				3	2	8	7	31	31	82
		F		1	1	1	4	6	6	12	6	37
Pregnancy and complications	115-120	F			2	3	1					6
Skin and musculoskeletal system	121-126	M				1	1	1	1	2	2	8
		F					1	4	4	10	3	22
Congenital malformations, birth injuries, neonatal	127-135	M				2		1	1		1	5
		F			2	2	3	2	1	1	1	12
Senility without psychosis	136	M								43	137	180
		F						1	6	64	219	290
Ill-defined and unknown	137	M				1		2	4	2	1	10
		F				1	1	2		3	3	10
Head Injury	N138, 143	M				1	1	1	4	1		8
		F				1	1	2	1	4	2	11
Fractures (not skull)	N139-140	M					2		2	6	9	19
		F					1	4		12	28	45
Other effects of external causes	N141-142, 144-150	M			2	6	13	10	14	15	2	62
		F			1	8	12	5	9	8	5	48
Suicide and self inflicted injury	E148	M			2	2	5	5	7	8	1	30
		F			1	6	2	4	2	2		17
Other external causes	E138-147, 149-150	M				5	11	6	13	14	10	59
		F				3	12	7	8	22	35	87
Total all causes		M	15	22	44	176	284	473	944	1,599	1,646	5,203
		F	10	8	49	165	341	540	1,009	2,016	2,548	6,686

Table M.27. - Mental Hospitals. Deaths in hospital as percentages of total deaths in England and Wales assigned to the same cause

Cause of Death	AGE GROUPS													
	20-		25-		45-		55-		65-		75+		All Ages	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F
All Causes	6.5	4.2	7.8	11.0	5.0	14.2	4.5	10.1	4.6	7.3	3.7	4.2	4.3	6.0
Respiratory Tuberculosis	2.4	1.2	3.9	3.0	2.7	5.4	3.1	5.7	3.1	7.0	5.5	4.6	3.2	3.3
General Paralysis of Insane	25.0	-	85.0	91.7	87.8	77.4	68.5	85.7	65.8	50.0	66.7	-	73.3	78.5
Psychosis, all forms	33.3	75.0	67.6	94.7	77.3	57.1	82.4	79.6	41.3	29.1	26.0	24.1	43.5	38.0
Epilepsy	12.1	10.3	18.7	20.0	21.7	23.8	20.0	27.7	12.8	12.1	11.1	11.1	14.5	16.4
Arteriosclerotic and degenerative heart	13.6	7.1	3.8	10.5	1.8	7.0	2.5	6.0	3.2	5.2	3.1	3.4	2.9	4.3
Hypertension, with or without heart	-	-	1.4	-	1.9	3.0	1.5	2.5	1.6	2.2	1.4	1.5	1.5	1.9
Pneumonia, all forms	9.1	12.5	10.7	19.0	7.2	16.2	5.1	12.0	5.4	9.1	4.2	5.9	4.3	7.2
Bronchitis, all forms	-	6.3	1.0	3.2	0.5	1.2	0.8	0.9	0.6	1.1	0.7	0.9	0.7	1.0

The proportion of deaths, departures and discharges in 1949 per 1,000 patients admitted in that year is shown by r region and by residence in Appendix Table M.6.

The index cards provided for recording a change of diagnosis on discharge from that made on admission. Of those discharged in 1949 who had been admitted in that year such a change was made for 324 out of 12,800 males and 437 out of 17,676 females, or 2.5 per cent in both cases. The largest number of changes occurred in the following groups:-

	M	F
International List No. 3007. Schizophrenia, other and unspecified	48	29
Changed to		
other forms of schizophrenia in 3000-3006	16	14
other psychoses	15	9
psychoneuroses	4	2
behaviour, character and intelligence disorders	10	4
other diagnoses	3	0
Number 3011. Manic-depressive reaction (depressive)	66	116
Changed to		
other forms of manic-depressive reaction	7	18
other psychoses	29	40
psychoneuroses	20	41
behaviour, character and intelligence disorders	4	6
other diagnoses	6	11
Number 310. Anxiety reaction without somatic symptoms	25	32
Changed to		
psychoses	16	16
other forms of psychoneurosis	3	12
behaviour, character and intelligence disorders	4	0
other diagnoses	2	4

Mental Hospitals: Long-stay Patients

The term "Long-stay Patients" is used in relation to patients admitted before January 1st, 1949 and still resident on December 31st, 1949.

At the end of 1949 there were 61,680 males and 82,926 females in residence in mental hospitals, of whom 52,312 males (85%) and 69,857 females (84%) had been continuously in hospital for 1 year or more. The age distribution of these 'long-stay' patients is shown by regions in Table M.28.

Table M.28. - Mental Hospitals. Patients admitted before January 1st, 1949 and still in residence on December 31st 1949

Region		AGE GROUP AT END OF 1949								
		0-	25-	35-	45-	55-	65-	75+	N.S.	Total
Newcastle	M	110	404	629	784	664	448	139	16	3,194
	F	56	290	505	740	740	560	248	21	3,160
Leeds	M	100	469	784	1,082	933	631	237	9	4,195
	F	92	377	764	1,166	1,434	1,196	508	17	5,554
Sheffield	M	124	455	766	928	740	633	241	10	3,897
	F	104	357	771	1,067	1,086	961	489	7	4,842
Cambridge	M	31	121	259	361	373	265	114	2	1,526
	F	25	149	294	510	599	512	222	3	2,314
N.W. Metropolitan	M	85	398	807	903	758	567	224	24	3,766
	F	56	321	803	1,126	1,298	1,178	660	18	5,460
N.E. Metropolitan	M	59	334	661	734	665	449	161	15	3,078
	F	48	237	563	945	1,128	967	446	14	4,348
S.E. Metropolitan	M	97	341	588	759	653	558	217	8	3,221
	F	67	265	671	935	1,225	1,179	651	10	5,003
S.W. Metropolitan	M	164	907	1,608	1,915	1,698	1,487	758	29	8,566
	F	176	677	1,674	2,644	3,096	3,118	2,331	9	13,725
Oxford	M	64	162	289	367	347	283	118	1	1,631
	F	45	128	307	519	531	491	258	-	2,279
Bristol	M	70	318	651	820	800	596	237	10	3,502
	F	65	300	723	1,187	1,301	1,181	655	12	5,424
Wales	M	95	446	760	859	736	477	211	22	3,606
	F	55	241	522	680	670	527	319	9	3,023
Birmingham	M	164	539	900	1,077	945	718	291	21	4,655
	F	115	431	942	1,363	1,403	1,297	718	62	6,331
Manchester	M	109	521	917	1,134	1,008	674	229	13	4,605
	F	94	441	951	1,422	1,621	1,333	609	4	6,475
Liverpool	M	82	356	635	776	580	307	122	12	2,870
	F	43	216	382	410	405	316	139	8	1,919
All Regions	M	1,354	5,771	10,254	12,449	10,900	8,093	3,299	192	52,312
	F	1,041	4,430	9,872	14,714	16,537	14,816	8,253	194	69,857

The numbers at the working ages of 16-64 who had been in hospital at least one year were 40,549 men and 46,489 women, thus representing a loss to the community during 1949 of 87,038 work-years. The percentage of patients at different ages resident on December 31st, 1949, who had been in hospital a year or more was as follows, (those with age not known having been rateably distributed).

	0-	25-	35-	45-	55-	65+	All ages
Males	53	74	86	90	90	86	85
Females	49	70	82	86	88	87	84

For diagnostic tables of long-stay patients in the fourteen hospital regions, see Appendix Table M.8.

The duration of stay of those who had been in hospital a year or more by the end of 1949 is shown in Table M.29.

Table M.29. Mental Hospitals. Patients admitted before January 1st 1949 and still in residence on December 31st 1949, according to duration of stay.

Age at end of 1949	DURATION OF STAY IN HOSPITAL										
	1 yr-	1½ yrs-	2 yrs-	3 yrs-	5 yrs-	10 yrs-	15 yrs-	20 yrs-	25 yrs-	30 yrs+	Total
	MALES										
0-	18	8	18	18	6	-	-	-	-	-	68
10-	19	11	15	26	31	9	-	-	-	-	111
16-	41	39	48	52	24	17	3	-	-	-	224
20-	141	109	182	288	189	21	15	6	-	-	951
25-	551	404	691	1,145	1,875	814	196	58	25	12	5,771
35-	519	368	629	1,144	2,452	2,503	1,688	686	196	69	10,254
45-	439	322	480	791	1,908	2,461	2,242	1,814	1,347	645	12,449
55-	396	277	458	674	1,271	1,561	1,527	1,414	1,447	1,875	10,900
65-	375	253	348	563	999	1,106	871	763	873	1,942	8,093
75 and over	232	130	206	266	437	395	291	257	269	816	3,299
Not known	15	4	11	10	50	23	21	14	20	24	192
All Ages	2,746	1,925	3,086	4,977	9,242	8,910	6,854	5,012	4,177	5,383	52,312
Proportion	52	37	59	95	177	170	131	96	80	103	1,000
	FEMALES										
0-	5	4	10	10	6	-	-	-	-	-	35
10-	17	4	7	17	19	6	-	-	-	-	70
16-	44	27	38	41	11	17	1	-	-	-	179
20-	115	92	143	215	154	16	18	4	-	-	757
25-	387	309	523	861	1,421	691	173	37	17	11	4,430
35-	554	391	723	1,219	2,599	2,170	1,398	572	192	54	9,872
45-	632	432	761	1,304	2,858	3,006	2,395	1,633	1,129	564	14,714
55-	709	422	783	1,151	2,710	3,125	2,285	1,870	1,722	1,760	16,537
65-	763	465	821	1,129	2,225	2,304	1,804	1,517	1,364	2,424	14,816
75 and over	636	282	568	796	1,249	1,111	742	638	643	1,588	8,253
Not known	11	5	9	25	30	35	27	19	18	15	194
All Ages	3,873	2,433	4,386	6,768	13,282	12,481	8,843	6,290	5,085	6,416	69,857
Proportion	55	35	63	97	190	178	127	90	73	92	1,000

The median duration of hospitalisation was 12.3 yrs. for men of all ages and 11.7 for women.

Mental Deficiency Institutions

In 1949 direct admissions to Mental Deficiency Institutions numbered 1,634 males and 1,078 females. The direct admission rates per 100,000 of the population were 8 for males and 5 for females; male rates were at a maximum of 45 in the age-group 16 to 19 and female rates at 24 in the same age-groups (see Table M.2 and fig. III(b) page 66).

Table M.30 shows the numbers of admissions to mental institutions in the hospital regions. The institutions in the five northern regions, Newcastle, Leeds, Sheffield, Manchester and Liverpool admitted 536 males and 320 females, compared with 618 males and 389 females admitted in the four metropolitan regions.

Table M.30.- Mental Institutions. Direct Admissions by Region, Sex and Age.

Regions		Age Groups at Admission											All Ages
		0-	2-	5-	10-	16-	20-	25-	35-	45-	55-	65+	
Newcastle	M	-	9	15	15	20	3	9	10	8	1	-	90
	F	-	6	13	8	14	5	12	4	1	-	1	64
Leeds	M	-	10	26	24	32	14	9	16	6	3	1	141
	F	1	2	10	12	8	13	6	9	4	1	-	66
Sheffield	M	1	6	19	20	45	17	18	10	3	1	-	140
	F	2	4	10	14	24	13	20	13	6	6	-	112
Cambridge	M	-	5	6	4	4	4	6	2	2	1	-	34
	F	-	6	5	7	11	1	3	3	3	-	-	39
N.W. Metropolitan	M	2	15	19	11	30	9	12	9	7	2	-	116
	F	3	7	11	7	12	4	11	5	7	2	1	70
N.E. Metropolitan	M	1	10	9	11	27	10	2	6	4	1	-	81
	F	-	3	9	9	25	13	3	7	2	2	-	73
S.E. Metropolitan	M	-	9	14	20	41	15	14	10	7	4	1	135
	F	-	2	5	13	28	11	12	8	5	-	1	85
S.W. Metropolitan	M	9	40	65	58	46	20	26	13	6	3	-	286
	F	6	22	27	36	28	13	16	9	3	1	-	161
Oxford	M	1	11	14	12	15	3	6	5	2	-	-	68
	F	-	3	4	7	12	5	7	4	4	-	-	46
Bristol	M	2	13	21	19	39	10	9	7	10	4	-	134
	F	-	3	13	26	31	9	9	7	6	3	2	109
Wales	M	-	-	11	17	6	4	3	-	1	-	-	42
	F	1	4	9	8	9	4	3	2	2	-	-	42
Birmingham	M	3	18	36	41	25	9	12	6	5	1	-	156
	F	2	9	21	29	32	11	11	5	4	-	-	124
Manchester	M	1	6	30	32	47	12	15	8	2	1	-	154
	F	-	3	5	17	24	6	8	3	1	1	-	68
Liverpool	M	-	-	-	1	4	1	-	5	-	-	-	11
	F	-	-	-	1	8	1	-	-	-	-	-	10
Rampton and Moss Side	M	-	-	1	8	7	14	11	3	1	1	-	46
	F	-	-	-	2	7	-	-	-	-	-	-	9
Total	M	20	152	286	293	388	145	152	110	64	23	2	1,634
	F	15	74	142	196	273	109	121	79	48	16	5	1,078

In Table M.31 the percentage distribution of admission is shown. The highest proportion of admissions occurred most commonly at ages 16-19, that is, the usual age of commencing work.

Table M.31.- Mental Institutions. Proportionate Distribution of Admissions by age and region.

Regions		Age Group at Admission									
		0-	5-	10-	16-	20-	25-	35-	45-	55+	Total
Newcastle-on-Tyne	M	10	17	17	22	3	10	11	9	1	100
	F	9	20	12	22	8	19	6	2	2	100
Leeds	M	7	19	17	23	10	6	11	4	3	100
	F	5	15	18	12	20	9	13	6	2	100
Sheffield	M	5	14	14	32	12	13	7	2	1	100
	F	5	9	13	21	12	18	12	5	5	100
Cambridge	M	15	17	12	12	12	17	6	6	3	100
	F	15	12	18	28	3	8	8	8	-	100
N.W. Metropolitan	M	15	16	9	26	8	10	8	6	2	100
	F	14	16	10	17	6	16	7	10	4	100
N.E. Metropolitan	M	14	11	14	33	12	2	8	5	1	100
	F	4	12	12	34	18	4	10	3	3	100
S.E. Metropolitan	M	7	10	15	31	11	10	7	5	4	100
	F	2	6	15	33	13	14	10	6	1	100
S.W. Metropolitan	M	17	23	20	16	7	9	5	2	1	100
	F	17	17	22	17	8	10	6	2	1	100
Oxford	M	18	20	18	21	4	9	7	3	-	100
	F	7	9	15	26	11	16	9	9	-	100
Bristol	M	11	16	14	29	7	7	5	8	3	100
	F	3	12	24	28	8	8	6	6	5	100
Wales	M	-	26	41	14	10	7	-	2	-	100
	F	12	21	19	21	10	7	5	5	-	100
Birmingham	M	13	23	26	16	6	8	4	3	1	100
	F	9	17	23	26	9	9	4	3	-	100
Manchester	M	5	19	21	30	8	10	5	1	1	100
	F	4	7	25	35	9	12	4	2	2	100
Liverpool	M	-	-	9	36	9	-	46	-	-	100
	F	-	-	10	80	10	-	-	-	-	100
Rampton and Moss Side	M	-	2	17	15	31	24	7	2	2	100
	F	-	-	22	78	-	-	-	-	-	100
Total	M	10	17	18	24	9	9	7	4	2	100
	F	8	13	18	26	10	11	7	5	2	100

The percentage causes of admission in each age group were analysed with the following results:-

	AGE AT ADMISSION									
	0-	5-	10-	16-	20-	25-	35-	45-	55 and over	Total
	MALE									
Idiocy	38	24	7	2	3	5	1	2	-	11
Imbecility	45	48	36	18	19	19	28	25	40	31
Feeblemindedness	4	15	50	75	74	70	61	64	48	50
Mongolism	7	6	2	1	1	1	5	3	-	3
Other causes	6	7	5	4	3	5	5	6	12	5
Total	100	100	100	100	100	100	100	100	100	100
	FEMALE									
Idiocy	35	30	9	2	3	5	5	-	5	10
Imbecility	37	44	42	19	27	21	39	36	28	31
Feeblemindedness	7	17	44	75	67	65	49	54	62	51
Mongolism	10	4	2	1	-	2	3	2	-	3
Other causes	11	5	3	3	3	7	4	8	5	5
TOTAL	100	100	100	100	100	100	100	100	100	100

At ages under 5 the commonest causes of admission were idiocy and imbecility; at ages 5-9 imbecility was predominant. In the 10-15 age group feeble-mindedness and imbecility were the main reasons, and from age 20 onwards feeble-mindedness remained the chief cause.

The marital status of patients on admission is shown in Table M.32; 2.8 per cent. of males and 2.2 per cent. of females admitted aged 16 and over had been married at least once.

Table M.32.- Mental Institutions. Age groups at Admission by Marital Status.

Marital Status		Age Group at Admission								
		0-	16-	20-	25-	35-	45-	55-	65 and over	All Ages
Single	M	751	386	139	144	102	62	23	2	1,609
	F	427	273	108	116	72	48	16	4	1,064
Married	M	-	1	6	8	7	1	-	-	23
	F	-	-	1	4	4	-	-	-	9
Widowed	M	-	-	-	-	-	-	-	-	-
	F	-	-	-	1	2	-	-	1	4
Separated	M	-	-	-	-	1	1	-	-	2
	F	-	-	-	-	1	-	-	-	1
Divorced	M	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-
Total	M	751	387	145	152	110	64	23	2	1,634
	F	427	273	109	121	79	48	16	5	1,078

Of the 25 men who had been married, 2 in the age group 25-34 had been married more than once, 19 had not, and for 4 there was no information. None of the females were known to have been married more than once. The result of questioning those who had been married about their spouse's mental state was that for 16 of the 25 males there was no information, 1 wife had been dealt with under the Lunacy and Mental Treatment Acts, none under the Mental Deficiency Acts and eight had not been dealt with. Of the 14 women, 2 affirmed that their husbands had not been dealt with under the Acts and for 12 there was no information. Fourteen of the men and 8 of the women could not say if they were related by blood to their spouses. One of the 14 females had 5 and another 6 children.

Table M.33.- Mental Institutions. Admission rates per million in sex-age groups, by density aggregates.

	AGE GROUPS						
	0-	16-	25-	35-	45-	55 and over	All
	MALES						
Greater London	172	207	32	23	20	4	74
County Boroughs	151	273	48	41	23	4	86
Urban Districts	122	204	49	22	19	6	67
Rural Districts	122	179	42	31	16	7	65
	FEMALES						
Greater London	103	116	32	18	18	4	45
County Boroughs	81	127	27	22	11	4	43
Urban Districts	77	139	39	25	14	2	45
Rural Districts	84	159	43	23	13	7	50

Male admission rates for those living in each density aggregate were highest at ages 16-24, and then showed a decrease with increasing age (Table M.33); female rates were also highest in the 16-24 age group. The range of rates between aggregates was greater for males at ages under 24 than for females. Whereas males aged 16-24 had high admission rates in county boroughs outside Greater London, females had high rates for rural districts. In the higher age groups the rates converged (see Fig. M.X). The direct admissions are analysed by mother's age at patient's birth in Table M.34. It will be noticed that for feebleminded patients the mother's age was not ascertained in more than half the admissions, and for idiots and imbeciles in more than one-third of the admissions. While the number of unknowns is so high, no conclusions

Table M.34.- Mental Deficiency Institutions. Direct Admissions analysed by Mother's Age at Patient's Birth.

Diagnosis		Mother's Age at Patient's Birth								Extra % not known
		-20	20-	25-	30-	35-	40-	45+	Total	
Feeblemindedness	M	58	223	240	234	132	99	14	1,000	110
	F	48	263	230	244	153	57	5	1,000	144
Idiocy	M	9	235	226	269	182	70	9	1,000	55
	F	14	155	296	268	197	70	-	1,000	54
Imbecility	M	29	253	237	241	133	97	10	1,000	62
	F	20	200	249	263	146	112	10	1,000	66
All Diagnoses	M	37	237	230	240	147	97	12	1,000	83
	F	35	217	253	242	160	84	9	1,000	96

can be drawn, but it would be useful if the figures could be compared with results from individual hospitals where the "not known" proportion may be negligible.

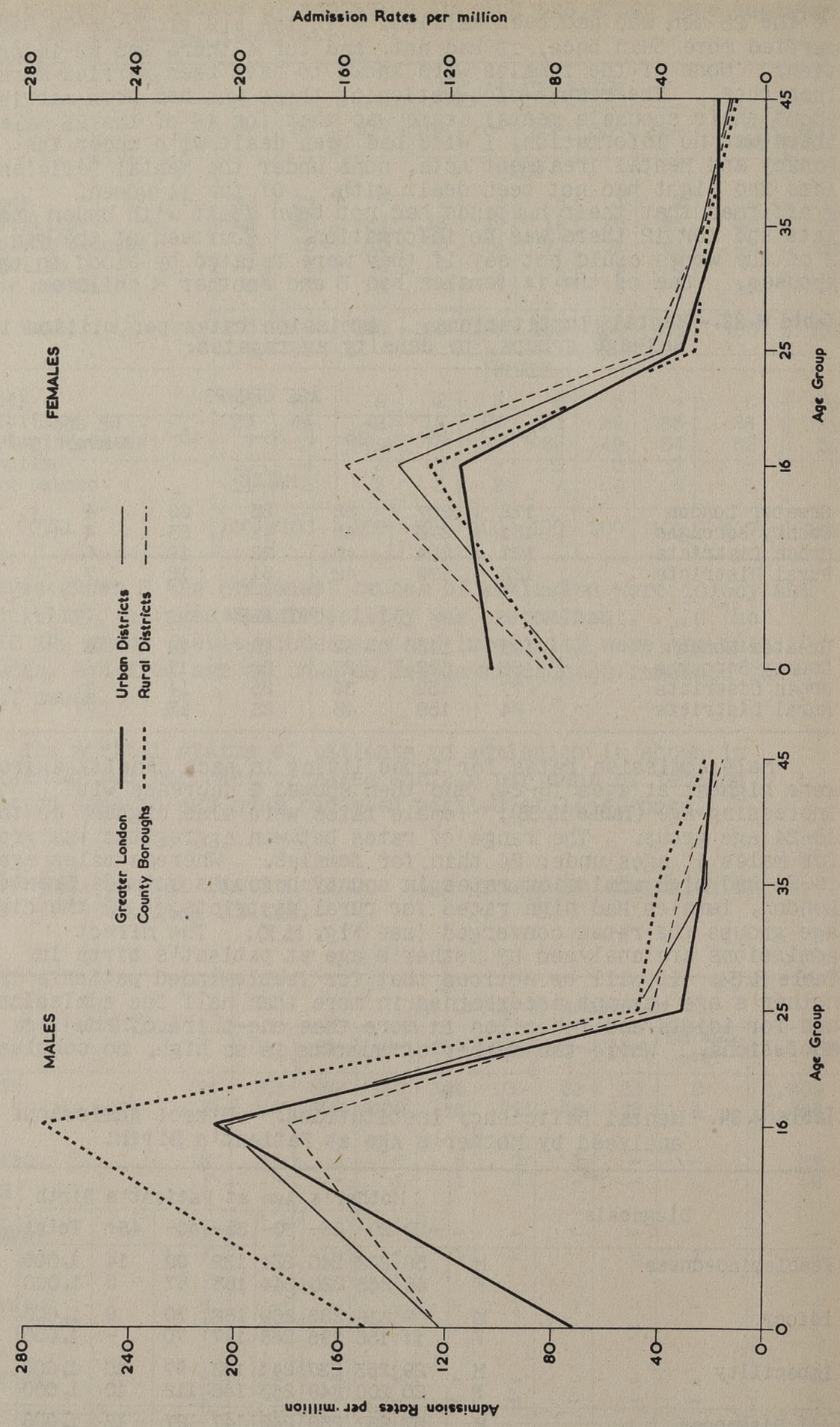

Fig. M.X. - Mental Institutions. Admission Rates by place of residence, Density Aggregates, 1949.

Table M.35. -Mental Institutions. Direct Admissions by Social Class.

Diagnosis	Social Class						Extra % not stated
	1	2	3	4	5	All	
				MALES			
Feeblemindedness	8	16	179	268	529	1,000	54.7
Idiocy	112	133	388	214	153	1,000	81.6
Imbecility	47	85	407	203	258	1,000	111.4
All Causes	34	57	285	233	391	1,000	72.2
				FEMALES			
Feeblemindedness	17	24	145	527	287	1,000	72.6
Idiocy	18	228	386	175	193	1,000	91.2
Imbecility	7	75	440	284	194	1,000	153.7
All Causes	16	70	266	404	244	1,000	97.4

The percentage of records for which no social class could be assigned exceeded those in which it was known by from 55 to 153 per cent. (Table M.35). This was much greater than in the mental hospital records, because more of those admitted to mental institutions were younger and would have the social class assignment of their parents which in many cases was not recorded.

For those under sixteen years of age, the intelligence quotient on admission and discharge was calculated, and the mental age for those of sixteen and over. The results are shown in Table M.36.

Table M.36. -Mental Institutions. Direct Admissions by Intelligence Quotient for those under 16 and by Mental Age for those aged 16 and over. 1949.

Intelligence Quotient	Age Group at Admission					Mental Age	Age Group at Admission							
	0-	2-	5-	10-15	Total		16-	20-	25-	35-	45-	55-	65+	Total
					MALES									
0-	2	4	3	1	10	0-	9	-	9	2	2	1	-	23
10-	2	19	23	10	54	3-	21	14	10	17	14	2	1	79
20-	3	26	45	34	108	5-	55	14	18	23	13	8	-	131
30-	3	29	58	42	132	7-	48	23	23	17	14	4	-	129
40-	1	7	40	62	110	8-	144	49	47	27	11	4	-	282
50-	1	4	22	63	90	10-	47	21	16	8	3	1	-	96
60-	-	1	14	47	62	11-	22	4	6	1	-	-	-	33
70-	-	2	3	7	12	12-	6	4	7	4	-	-	-	21
80-	-	-	2	1	3	13-	4	1	-	-	-	-	-	5
90-	1	2	-	1	4	14-	3	1	3	1	-	-	-	8
100+	-	-	-	-	-	15-	-	-	1	-	-	-	-	1
Not stated	5	26	26	10	67	16+	-	-	-	-	1	-	-	1
Not tested	2	32	50	15	99	Not stated	22	7	6	7	5	1	-	48
						Not tested	6	7	6	3	1	2	1	26
Total	20	152	286	293	751	Total	387	145	152	110	64	23	2	883
					FEMALES									
0-	1	1	2	2	6	0-	5	4	5	2	1	-	-	17
10-	2	10	15	8	35	3-	24	13	13	13	9	4	1	77
20-	-	11	28	22	61	5-	42	14	20	24	11	7	2	120
30-	4	5	20	41	70	7-	51	20	14	7	9	2	1	104
40-	2	8	22	38	70	8-	88	32	34	15	5	1	1	176
50-	1	5	13	43	62	10-	31	8	11	4	1	-	-	55
60-	1	-	5	18	24	11-	12	6	5	2	-	-	-	25
70-	-	-	2	3	5	12-	4	4	2	2	1	-	-	13
80-	-	-	1	1	2	13-	4	-	-	-	-	-	-	4
90-	-	1	-	-	1	14-	1	-	-	-	-	-	-	1
100+	-	-	-	-	-	15-	-	-	-	-	-	-	-	-
Not stated	2	13	19	11	45	16+	-	-	1	-	-	-	-	1
Not tested	2	20	15	9	46	Not stated	8	5	11	8	10	2	-	44
						Not tested	3	3	5	2	1	-	-	14
Total	15	74	142	196	427	Total	273	109	121	79	48	16	5	651

The average intelligence quotients in the four age groups shown were, for males, 32, 31, 37 and 47 and for females 35, 33, 36 and 44. The average mental ages in the first five age groups were, men 8.4 yrs., 8.4 yrs., 8.1 yrs., 7.4 yrs., and 6.5 yrs.; women 8.1 yrs., 7.8 yrs., 7.6 yrs., 6.9 yrs., 6.5 yrs. Taking 16 years as being the adult age, the average mental ratios would be 52, 52, 51, 46 and 41 for men; 50, 48, 47, 43 and 40 for women. The average is fairly constant therefore, for the age groups up to 34, and then decreases.

Deaths, Departures and Discharges. During 1949, 368 males and 292 females died in mental deficiency institutions. The age distribution of those who died was:-

	0-	2-	5-	10-	16-	20-	25-	35-	45-	55-	65+	All
Males	10	26	23	34	29	38	73	55	38	23	19	368
Females	3	18	15	22	18	29	58	40	36	32	21	292

The proportionate age distribution of deaths in institutions compared with that of the whole population showed an excess in the younger age groups:-

		0-	10-	20-	25-	35-	45-	55-	65+	All
England and Wales	M	68	9	9	21	40	88	176	589	1,000
	F	52	8	9	22	34	66	127	682	1,000
Mental Institution Patients	M	160	171	103	199	150	103	62	52	1,000
	F	123	137	99	199	137	123	110	72	1,000

In all there were 432 male and 460 female discharges (excluding transfers out and deaths) in 1949, of whom 17 males and 13 females had been admitted in 1949. The diagnoses of those discharged are shown in Table M.37.

Table M.37. -Mental Institutions. Diagnosis of discharges in 1949 by age on leaving, irrespective of year of admission.

Diagnosis		Age Group on Leaving										
		0-	2-	5-	10-	16-	20-	25-	35-	45-	55+	All
Congenital Syphilis	M	-	-	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	2	-	-	-	2
Feeble-mindedness	M	-	-	3	6	22	93	159	63	14	2	362
	F	-	-	2	1	13	90	139	101	54	11	411
Amentia	M	-	-	-	-	-	3	4	-	-	-	7
	F	-	-	-	-	-	2	6	2	1	-	11
Moron, High grade defect	M	-	-	-	-	2	1	1	3	-	1	8
	F	-	-	1	-	-	2	1	2	1	-	7
Idiocy	M	-	1	-	1	-	-	-	-	-	1	3
	F	-	-	1	-	-	1	-	-	-	-	2
Imbecility	M	-	2	4	6	3	7	9	5	1	-	37
	F	-	-	3	2	3	3	6	4	-	-	21
Borderline Intelligence	M	-	-	-	-	-	-	1	-	-	-	1
	F	-	-	-	-	-	1	-	-	-	-	1
Mongol	M	-	-	2	1	-	-	-	-	-	-	3
	F	-	-	1	-	-	-	-	-	-	-	1
Others	M	-	-	-	1	-	3	4	1	2	-	11
	F	-	-	-	1	-	-	1	1	-	1	4
All Causes	M	-	3	9	15	27	107	178	72	17	4	432
	F	-	-	8	4	16	99	155	110	56	12	460

Feeble-minded persons formed 84% of male and 89% of female discharges; of these 44% of males and 34% of females were in the age group of 25-34. The duration of stay of these cases was:-

	- 1 wk	1 wk-	1 mth-	2 mth-	3 mth-	6 mth-	9 mth-	12 mth-	18 mth-
Males	1	2	5	3	6	3	9	31	13
Females	-	-	4	1	8	7	1	11	5

	2 yrs-	3 yrs-	5 yrs-	10 yrs-	15 yrs-	20 yrs-	25 yrs-	30 yrs+	Total
Males	34	51	119	90	37	15	11	2	432
Females	36	51	139	101	51	27	15	3	460

The median period of stay was about 7 years 5 months for men and 8 years 10 months for women.

Long Stay Patients. At the end of 1949 there were in mental deficiency institutions 25,810 men and 23,990 women who had been in residence one year or more, i.e. 13 and 11 per 10,000 population respectively. To these the name 'Long-stay' patients has been applied. Their age distribution is shown by region in Table M.38, the average age being about 30 for males and 34-35 for females.

Table M.38. - Mental Institutions. Patients admitted before January 1st 1949 and still in residence on December 31st 1949.

Region		Age Groups at end of 1949										
		2-	5-	10-	16-	20-	25-	35-	45-	55-	65+	All
Newcastle-upon-Tyne	M	4	35	96	154	189	344	265	125	38	4	1,254
	F	-	21	58	106	139	318	277	198	55	21	1,193
Leeds	M	3	54	165	173	201	431	338	195	51	8	1,619
	F	6	43	97	105	124	315	311	237	86	18	1,342
Sheffield	M	3	65	133	145	187	333	272	143	66	16	1,363
	F	1	34	91	117	202	443	437	299	108	31	1,763
Cambridge	M	2	18	39	74	66	136	98	57	27	15	532
	F	1	10	32	32	75	153	159	95	42	20	619
N.W. Metropolitan	M	5	58	153	170	256	512	502	350	108	27	2,141
	F	1	17	74	77	154	449	435	389	201	79	1,876
N.E. Metropolitan	M	4	33	69	106	210	453	306	159	45	23	1,408
	F	2	19	47	104	188	446	366	264	95	25	1,556
S.E. Metropolitan	M	-	21	67	149	205	519	499	311	118	27	1,916
	F	-	13	32	76	176	396	419	282	126	34	1,554
S.W. Metropolitan	M	39	206	436	444	604	861	681	322	104	35	3,732
	F	23	149	233	222	373	731	649	420	180	62	3,042
Oxford	M	5	26	50	51	73	159	109	55	13	10	551
	F	4	32	49	76	91	207	210	141	65	14	889
Bristol	M	7	81	282	364	575	881	644	297	64	21	3,217
	F	4	60	168	295	467	873	758	507	182	43	3,357
Wales	M	4	37	70	86	82	187	139	48	17	2	672
	F	4	18	53	74	86	210	246	165	45	16	919
Birmingham	M	5	98	204	301	433	760	528	294	81	24	2,728
	F	6	49	103	145	276	614	596	424	180	50	2,443
Manchester	M	1	93	374	365	503	915	811	473	124	40	3,699
	F	2	44	163	191	285	617	570	433	183	72	2,560
Liverpool	M	-	-	-	2	29	49	29	7	1	1	118
	F	-	-	1	21	39	122	72	64	32	11	362
Rampton and Moss Side	M	-	5	11	39	144	317	216	86	29	13	860
	F	-	2	8	21	76	205	131	62	9	1	515
All Regions	M	82	830	2,149	2,623	3,757	6,858	5,437	2,922	886	266	25,810
	F	54	511	1,209	1,662	2,753	6,099	5,636	3,980	1,589	497	23,990

The median duration of stay in hospital of this group of patients was 9.9 years for men and 10.9 years for women. The duration in hospital by the patients' ages at the end of 1949 is shown in Table M.39. The average age of women for each duration is about three or four years higher than that of the men, except for those who have been in institutions for 20-24 years where the difference is only 1 year 8 months.

Table M.39. - Mental Institutions. Patients resident one year or more on December 31st 1949, according to length of stay

Duration of Hospitalisation at 31/12/49	Age at end of 1949									Median Age
	0-	16-	20-	25-	35-	45-	55-	65+	All Ages	
	MALES									
1 yr-	635	491	321	358	215	101	30	2	2,153	19 yrs 7 m
2 yrs-	1,286	954	940	686	435	220	72	18	4,611	20 yrs 4 m
5 yrs-	999	731	1,609	1,673	671	375	128	28	6,214	24 yrs 3 m
10 yrs-	139	422	888	2,524	1,217	651	212	72	5,905	31 yrs 9 m
15 yrs-	3	26	191	1,263	1,395	746	246	66	3,936	38 yrs 6 m
20 yrs-	-	-	10	254	722	196	60	17	1,259	40 yrs 1 m
25 yrs-	-	-	-	95	663	422	74	22	1,276	43 yrs 2 m
30 yrs+	-	-	-	2	117	232	64	41	456	49 yrs 9 m
Total	3,062	2,624	3,759	6,855	5,435	2,923	886	266	25,810	30 yrs 1 m
	FEMALES									
1 yr-	319	334	252	327	202	154	54	12	1,654	23 yrs 6 m
2 yrs-	765	612	804	724	472	307	104	27	3,815	23 yrs 4 m
5 yrs-	619	418	1,151	1,669	865	558	198	58	5,536	28 yrs 6 m
10 yrs-	70	271	414	2,058	1,362	937	391	121	5,624	35 yrs 0 m
15 yrs-	1	28	131	1,049	1,453	1,000	437	138	4,237	41 yrs 3 m
20 yrs-	-	-	2	198	713	306	109	33	1,361	41 yrs 9 m
25 yrs-	-	-	-	72	482	444	160	49	1,207	46 yrs 2 m
30 yrs+	-	-	-	2	83	276	136	59	556	52 yrs 0 m
Total	1,774	1,663	2,754	6,099	5,632	3,982	1,589	497	23,990	34 yrs 6 m

Table M.40 shows the diagnostic groups of longstay patients. Feeblemindedness contributed 51.3 per cent to the male total and 58.0 per cent to the female, while imbecility and idiocy contributed 36.9 and 5.9 per cent for males and 30.8 and 5.1 per cent for females. There were 244 males and 175 females described as mongols, but only 94 males and 114 females in the institution for a year or more had a diagnosis of high grade defect.

Table M.40. - Mental Institutions. Patients who had been in residence one year or more on December 31st 1949, by diagnosis and region

	Newcastle-on-Tyne		Leeds		Sheffield		Cambridge		N.W. Met.		N.E. Met.		S.E. Met.	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Syphilis	-	-	1	-	-	-	-	-	1	-	-	-	-	1
Acute infectious encephalitis	-	-	-	-	-	-	-	-	3	-	-	-	-	1
Post-encephalitic changes	-	-	1	1	-	1	-	-	-	-	-	1	4	6
Myxoedema and cretinism	-	-	1	1	-	1	-	-	-	1	-	-	-	-
Schizophrenia	-	-	4	-	-	-	-	-	1	1	-	-	-	-
Other psychoses	-	-	-	-	-	-	-	-	-	2	1	-	1	1
Psychoneuroses	-	-	-	-	-	-	-	-	1	-	-	-	-	-
Antisocial personality	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Asocial personality	10	2	-	7	11	9	-	1	1	-	1	-	2	-
Alcoholism	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Idiocy	73	56	73	74	114	83	63	46	102	89	131	128	24	10
Imbecility	233	221	532	383	600	492	262	211	851	566	475	387	469	444
Feeblemindedness	914	892	937	802	627	1,156	204	355	1,143	1,179	667	986	1,323	972
Amentia	-	-	-	-	-	-	-	-	1	-	-	-	-	-
Moron, high grade defect	-	1	-	1	-	-	-	-	1	1	-	-	3	2
Mongolism	2	3	10	10	4	2	2	2	3	3	49	35	37	21
Phenylketonuria	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Mental deficiency	1	-	8	6	1	-	1	3	2	-	-	10	1	4
Vascular lesions of C.N.S.	-	-	1	4	-	-	-	-	-	-	-	-	-	-
Meningitis, not meningococcal	-	-	-	1	-	-	-	-	-	-	-	-	-	-
Multiple sclerosis	-	-	1	-	-	-	-	-	-	-	-	-	-	-
Epilepsy, grandmal	-	-	-	-	-	-	-	-	9	13	-	-	1	2
Epilepsy, other	21	18	31	44	6	19	-	-	3	7	84	9	26	55
Encephalitis, not acute	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Late effects intracranial abscess	-	-	-	-	-	-	-	-	3	-	-	-	2	-
Cerebral spastic paraplegia	-	-	10	4	-	-	-	-	4	3	-	-	17	-
Other cerebral paralysis	-	-	3	-	-	-	-	1	11	7	-	-	1	-
Brain disease, unspecified	-	-	-	-	-	-	-	-	-	2	-	-	-	1
Congenital malformations of skull or brain	-	-	6	3	-	-	-	-	1	-	-	-	2	3
Head injury, not skull fracture	-	-	-	1	-	-	-	-	-	-	-	-	-	-
Other causes	-	-	-	-	-	-	-	-	-	2	-	-	3	31
Total, all causes	1,254	1,193	1,619	1,342	1,363	1,763	532	619	2,141	1,876	1,408	1,556	1,916	1,554

S.W. Met.		Oxford		Bristol		Wales		Birmingham		Manchester		Liverpool		Rampton and Moss Side		All Regions	
M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
1	1	-	-	-	-	-	-	-	-	3	2	-	-	-	-	6	4
-	2	-	-	-	-	-	-	-	-	-	1	-	-	24	18	27	22
1	-	-	-	-	-	-	-	2	1	21	16	-	-	21	25	50	51
-	2	-	-	-	1	-	-	-	-	2	5	-	-	-	-	3	11
-	-	-	-	-	1	-	-	-	-	16	31	-	-	-	-	21	33
-	-	-	-	-	1	-	-	-	-	2	5	-	-	-	-	4	9
-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	2	-
-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	1	-
4	-	1	-	8	6	-	1	-	-	10	6	-	-	17	2	65	34
-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	1	-
161	140	28	26	224	203	46	39	130	75	342	258	1	2	5	5	1,517	1,234
1,650	1,165	208	234	998	847	258	240	1,382	1,041	1,447	946	75	164	72	59	9,512	7,400
1,797	1,598	313	627	1,584	1,894	341	601	1,040	1,091	1,645	1,211	41	177	652	369	13,228	13,910
-	-	-	-	340	363	-	3	-	-	37	1	-	-	-	-	378	367
1	-	-	-	5	1	20	21	64	87	-	-	-	-	-	-	94	114
48	33	-	-	14	19	1	6	11	23	62	18	1	-	-	-	244	175
1	-	-	-	-	-	-	-	-	-	2	-	-	-	-	-	3	-
12	27	1	1	32	16	-	2	27	34	7	1	-	19	-	-	93	123
1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	4
3	10	-	-	-	-	-	-	-	-	4	-	-	-	1	-	8	11
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	10	15
41	36	-	1	9	4	3	4	71	90	24	6	-	-	67	37	386	330
2	3	-	-	-	-	-	-	-	-	1	-	-	-	-	-	3	3
4	2	-	-	-	-	-	-	-	-	22	2	-	-	-	-	31	4
-	-	-	-	-	-	-	-	1	1	34	13	-	-	-	-	66	21
1	-	-	-	2	-	-	-	-	-	-	-	-	-	-	-	18	8
-	1	-	-	-	-	-	-	-	-	-	28	-	-	-	-	-	32
2	18	-	-	-	-	-	-	-	-	5	3	-	-	-	-	16	27
-	-	-	-	-	-	-	-	-	-	11	2	-	-	1	-	12	3
2	4	-	-	-	1	3	2	-	-	-	5	-	-	-	-	8	45
3,732	3,042	551	889	3,217	3,357	672	919	2,728	2,443	3,699	2,560	118	362	860	515	25,810	23,990

Conclusion

The awakening realisation of the importance of medical statistics shown in this century has led to the development of a number of projects in this country. Cancer Registration, the Survey of Sickness among the general population, the National Morbidity Enquiry into hospitalised sickness, an investigation of the use which may be made of the records of general practitioners and the survey of Mental Health statistics of which a preliminary account has been given here, have all been started in the last ten years. Hence, with no precedent to follow, progress can only be guided by trial and error. It may perhaps be said without injustice that the chief fault of most present-day investigations is a tendency to overload the basic questionnaire. This can be the result of too great an enthusiasm, for information is needed about so many things that it is hard to resist the temptation to add one or two more questions. Moreover it is justifiable to ask some questions which are perhaps not absolutely necessary in themselves if they lead up to and prepare the subject for the really vital ones.

When an enquiry is being conducted by interview it is easier to get the answers, since some questions may be asked again in a different way if they fail to elicit a response at first. Certainly it is better to put in all the questions it is considered essential to ask, even if some have to be discarded later, than to realise half-way through the project that something is missing. But what is true of personal investigations of a limited nature does not necessarily apply to enquiries conducted on a national scale. In the case of hospital enquiries answers may have to be obtained from patients or their relatives under conditions of shock or strain quite prejudicial to clear thinking, or information may have to be compiled from case-histories after the subject has left the hospital. There is a great deal to be said for sending a questionnaire for the relatives to fill in at home. Large numbers of completed forms need several clerks to code them, and hence while individuals may receive the impression that certain questions have been badly answered, no judgment can be made until the results of machine tabulation are available. It is therefore some time before unnecessary questions can be discarded. The inference, which is confirmed by the first year's experience of the mental health statistics scheme, is that a very simple questionnaire should be used.

The new developments in health statistics have also shown the vital need for securing general agreement on names and definitions of the concepts involved. The definition assumed here for a first admission, namely a first admission to a hospital within the National Health Service is an administrative one. Clinically such an admission may be the latest link in a chain of attendances at child guidance clinics, homes for maladjusted children, psychiatric clinics and psychiatric wards in general hospitals. Even more difficult to formulate are concepts connected with patients who have left mental hospitals, and it is necessary to define and measure rates which will distinguish between the patient who is able to resume paid employment and is sufficiently adjusted to his environment to be a pleasant person to live with, at one end of the scale, through various gradations, down to the person who is

completely dependent financially and whose condition of mind remains a source of continual friction in his family and a constant worry to those responsible for him. Since absolute standards in this sense would be difficult to determine, it may be that the best means of measuring improvement would be by a comparison of post-treatment with pre-treatment condition in the individual. It is considered most desirable that efforts should be made to reach agreement on terms and definitions while the science of mental health statistics is still at a comparatively undeveloped stage.

In conclusion it is desired to thank all those who have participated in the enquiry for the care and labour which they have put into the task and for the patience and courtesy with which they have replied to the correspondence involved.

APPENDIX A.

Index Cards for Mental Hospitals and Mental Deficiency Institutions

MENTAL HEALTH SERVICE

Hospital Index Card I — Mental Disorder

(Confidential record for statistical purposes only)

PART A. To be completed for all admissions

1. Date of Admission and Birth	2. Hospital	3. Region	4. Patient's General Reference Number
Admission / Birth — Day | Mth. | Year			

5. Surname (Block Capitals) / Christian Names	6. Home Address	7. Sex	8. Age (last birthday) at admission	9. Marital State	10. Religion
		Male 1 Female 2		Single 1 Married 2 Widowed 3 Judicially separated 4 Divorced 5 Not known V	C. of E. 1 R.C. 2 Non-Con. 3 Jewish 4 Other 5 No religion 6 Not known V

11. Status	12. Type of Admission	13. Classification	14. Special Category	15. Previous Direct Admissions	16. Occupation and Industry
Vol. 1 Temp. 2 Cert. 3 Other 4	Direct 1 Transfer from Hospital 2 Single care 3	Health Service 1 Private 2	None 1 Criminal 2 C.J. Act (Sec. 4) 3 C.J. Act (Sec. 24) 4	To this Hospital / To other Hospitals This year Before this year Date of last previous admission to this hospital :—	Patient's own 1 Other person's 2 None stated 3 A. Immediately before admission Occupation .... Industry .... B. Regular (if different from A) Occupation .... Industry .... Code Number (leave blank)

17. Diagnosis on Admission	Code Number (leave blank)	18. Particulars of later Indirect Admissions	Dates
(a) Principal Condition		Admission regularised	
(b) Secondary Condition		Lapse of R.O. (new order made)	
		Regrading to	on

19. Patient's General Reference Number(s) at Earlier and Later Admissions

	1st (Earliest) Admission	2	3	4	5	6
Admissions before this one						
Subsequent admissions (if any) ... ... (To be filled in only if patient is admitted again later)	1st (Subsequent) Admission	2	3	4	5	6

G.R.O. (HOSP. 1)

MENTAL HEALTH SERVICE
Hospital Index Card 1 — Mental Disorder

PART A — continued

20. Twin, Triplet, etc.

Not a twin, etc. XX
Not known VV

If a twin, etc., has other twin, etc., been dealt with under L. & M. T. Acts

	Yes	No	Not known
Twin, same sex	21	22	23
Twin, different sex	34	35	36
Twin, sex unknown	47	48	49
Triplet etc.	50	6.	7C

21. Parents related by blood

Yes 1
No 2
Not known V

22. Patient related by blood to first spouse

Yes 1
No 2
Not known V

23. First Spouse's Mental State

Dealt with under L. & M. T. Acts 1
Dealt with under M. D. Acts 2
Not dealt with 3
Not known V

24. Age of Mother at birth of patient

Not known VV

25. No. of sibs and half-sibs born alive to patient's mother

Not known V

26. No. of Patient's children born alive

Not known V

27. (a) Age at first marriage

Not known VV

(b) Duration of first marriage

Not known VV

28. Age of first wife at marriage to patient (Men only)

Not known VV

29. Married more than once

Yes 1
No 2
Not known V

PART B. To be completed for all deaths, removals, transfers and discharges

30. Date of :—

	Day	Mth.	Year
Leaving or dying ...			
Admission			

31. Period of stay in this hospital

Days	Mths.	Years

32. Status on leaving or dying

Voluntary 1
Temporary 2
Certified 3
Other 4

33. Outcome

Recovered 1
Relieved 2
Not Improved 3
Died 4

34. Disposal

Died 1
Departed 2
Transferred 3

Discharged :—
Operation of Law 4
Not now insane 5
Petitioner 6
Appropriate relative 7
Other 8

35. Diagnosis on leaving (if different from that on admission)

(a) Principal Condition

(b) Secondary Condition

Coding

36. Address to which patient left

37. Causes of death as written on death certificate

Ia
Ib
Ic
II

Coding

38. Was P.M. performed

Yes 1
No 2

39. Age on leaving or dying

MENTAL HEALTH SERVICE
Hospital Index Card 2 — Mental Deficiency
(Confidential record for statistical purposes only)

PART A. To be completed for all admissions

1. Date of Admission and Birth

	Day	Mth.	Year
Admission....			
Birth			

2. Institution

3. Region

4. Patient's General Reference Number

5. Surname (Block Capitals)

Christian Names

6. Home Address

7. Sex

Male 1
Female 2

8. Age (last birthday at admission)

9. Marital State

Single 1
Married 2
Widowed 3
Judicially separated 4
Divorced 5
Not known V

10. Religion

C. of E. 1
R.C. 2
Non-Con. 3
Jewish 4
Other 5
No religion 6
Not known V

11. I.Q. or M.A. (on admission) (Binet type)

12. Type of Admission

Direct 1
Indirect, by transfer from:—
Institution 2
Guardianship 3

13. Classification

Health Service 1
Private 2

14. Mode of Admission

Sec. 3 1
Sec. 6 2
Sec. 8 3
Sec. 9 4
Other 5

15. Previous Admissions to Mental Hospitals

Not so admitted 1
Under Section 16 2
Not under Section 16 3
Both under Section 16 and otherwise 4
Not known V

Date of first statutory admission

16. Occupation and Industry

Patient's own 1 Other person's 2 None stated 3

A. Immediately before admission

Occupation .....

.....

Industry.....

B. Regular (if different from A)

Occupation .....

.....

Industry.....

Code Number (leave blank)

17. Diagnosis on Admission

(a) Principal Condition

(b) Secondary Condition

Code Number (leave blank)

18. Particulars of later Indirect Admissions

Dates

Admission regularised .....

Lapse of R.O. (new order made) .....

19. Patient's General Reference Number(s) at earlier and later admissions

	1st (Earliest) Admission	2	3	4	5	6
Admissions before this one — —						
Subsequent admissions (if any) .... (To be filled in only if patient is admitted again later)	1st (Subsequent) Admission	2	3	4	5	6

G.R.O. (HOSP. 4)

Index Cards for Mental Hospitals and Mental Deficiency Institutions

MENTAL HEALTH SERVICE
Hospital Index Card 2 — Mental Deficiency

PART A — continued

20. Twin, Triplet, etc.	21. Parents related by blood	22. Patient related by blood to first spouse	23. First Spouse's Mental State
Not a twin, triplet, etc. IX Twin, same sex 2 Twin, different sex 3 Twin, sex unknown 4 Triplet, etc. 5 Not known VX If a twin, triplet, etc., has other twin been dealt with under L. & M. T. Acts Yes 6 No 7 Not known V	Yes 1 No 2 Not known V	Yes 1 No 2 Not known V	Dealt with under L. & M. T. Acts 1 Dealt with under M. D. Acts 2 Not dealt with 3 Not known V

24. Age of Mother at birth of patient	25. No. of sibs and half-sibs born alive to patient's mother	26. No. of Patient's children born alive	27. (a) Age at first marriage	28. Age of first wife at marriage to patient (Men only)	29. Married more than once
Not known VV	Not known VV	Not known VV	Not known VV (b) Duration of first marriage Not known VV	Not known VV	Yes 1 No 2 Not known V

PART B. To be completed for all deaths, removals, transfers and discharges

30. Date of :—	Day	Mth.	Year
Leaving or dying			
Admission			

31. Period of stay in this hospital — Days | Mths. | Years

32. Period of licence prior to leaving or dying: Not on licence X; Under 1 year 0; Years 1— 1; 2— 2; 3— 3; 4— 4; 5— 5

33. I.Q. or M.A. on leaving (Binet type)

34. Disposal: Died 0; Removed by relative or guardian 1; Transferred to:— Another Institn. 2; Mental Hospital 3; Guardianship 4; Discharged:— By Bd. of Cont. 5; S. R. & C. 6; Order lapsed while A.W.O.L. 7; Reaching age of 21 8; Other 9

35.

36. Address to which patient left

37. Causes of death as written on death certificate — Code Number (leave blank)

Ia

Ib

Ic

II

38. Was P.M. performed: Yes 1; No 2

39. Age on leaving or dying

APPENDIX B.

SPECIAL SHORT LIST OF 147 CAUSES FOR MENTAL HEALTH STATISTICS

Mental Short List Number	International List Number	Diagnosis
1	0201	Juvenile neurosyphilis
2	024	Tabes dorsalis
3	025	General paralysis of insane
4	026 0200 0202 021, 022, 023	Other syphilis of central nervous system
5	027–029	Other forms of syphilis
6	082	Acute infectious encephalitis
7	081	Late effects of acute poliomyelitis
8	0830	Late effects of acute infectious encephalitis
9	0831	Postencephalitic personality and character disorders
10	0832	Postencephalitic psychosis
11	0833	Other postencephalitic conditions
12	193	Malignant neoplasm of brain and other parts of nervous system
13	223	Benign " " " "
14	237	Unspecified " " " "
15	252	Thyrotoxicosis with or without goitre
16	260	Diabetes mellitus
17	281	Pellagra
18	2901	Subacute combined degeneration of spinal cord
19	2900, 2902	Pernicious anæmia; other hyperchromic anaemias
20	253	Myxœdema and cretinism
21	2890	Lipidosis
22	3000	Schizophrenic disorders, simple type
23	3001	" " hebephrenic type
24	3002	" " catatonic type
25	3003	" " paranoid type
26	3004	" " acute schizophrenic reaction
27	3005	" " latent schizophrenia
28	3006	" " schizo-affective psychosis
29	3007	" " other and unspecified
30	3010	Manic-depressive reaction; manic and circular
31	3011	Manic-depressive reaction; depressive
32	3012	Manic-depressive reaction; other
33	302	Involutional melancholia

APPENDIX B. (Contd.)

Mental Short List Number	International List Number	Diagnosis
34	303	Paranoia and paranoid states
35	304	Senile psychosis
36	305	Presenile psychosis
37	307	Alcoholic psychosis
38	309	Other and unspecified psychoses
39	310	Anxiety reaction without mention of somatic symptoms
40	311	Hysterical reaction without mention of anxiety reaction
41	312	Phobic reaction
42	313	Obsessive-compulsive reaction
43	314	Neurotic-depressive reaction
44	3150	Neurocirculatory asthenia
45	3151	Other heart manifestations specified as of psychogenic origin
46	3152	Other circulatory manifestations of psychogenic origin
47	3160	Mucous colitis specified as of psychogenic origin
48	3161	Irritability of colon specified as of psychogenic origin
49	3162	Gastric neuroses
50	3163	Other digestive manifestations specified as of psychogenic origin
51	3170	Psychogenic reactions affecting respiratory system
52	3171	Psychogenic reactions affecting genito-urinary system
53	3172	Pruritus of psychogenic origin
54	3173	Other cutaneous neuroses
55	3174	Psychogenic reactions affecting musculoskeletal system
56	3175	Psychogenic reactions affecting other systems
57	3180	Hypochondriacal reaction
58	3181	Depersonalization
59	3182	Occupational neurosis
60	3183	Asthenic reaction
61	3184	Mixed psychoneurotic disorders
62	3185	Psychoneurosis, other and unspecified
63	3200	Schizoid personality
64	3201	Paranoid personality
65	3202	Cyclothymic personality
66	3203	Inadequate personality
67	3204	Antisocial personality
68	3205	Asocial personality
69	3206	Sexual deviation
70	3207	Other and unspecified pathologic personality
71	3210	Emotional instability
72	3211	Passive dependency
73	3212	Aggressiveness

APPENDIX B. (Contd.)

Mental Short List Number	International List Number	Diagnosis
74	3213	Enuresis characterising immature personality
75	3214	Other symptomatic habits except speech impediments
76	3215	Other and unspecified signs of immature personality
77	3220	Alcoholism, acute
78	3221	" chronic
79	3222	" unspecified
80	323	Other drug addiction
81	324	Primary childhood behaviour disorders
82	3260	Specific learning defects
83	3261	Stammering and stuttering of non-organic origin
84	3262	Other speech impediments of non-organic origin
85	3263	Acute situational maladjustment
86	3264	Other and unspecified disorders of character, behaviour or intelligence
87	3250	Mental deficiency, idiocy
88	3251	" " imbecility
89	3252 pt.	" " feeble-mindedness
90	3252 pt.	" " amentia
91	3252 pt.	" " moron, high-grade defect
92	3253	" " borderline intelligence
93	3254	" " mongolism
94	3255 pt.	" " phenylketonuria
95	3255 pt.	" " amaurotic family idiocy, cerebromacular degeneration; Tay-Sachs disease
96	3255 pt.	" " mental retardation, deficiency, oligophrenia
97	330	Subarachnoid hæmorrhage
98	331	Cerebral hæmorrhage
99	332	Cerebral embolism and thrombosis
100	333	Spasm of cerebral arteries
101	334	Other and ill-defined vascular lesions affecting the C.N.S.
102	3403	Meningitis, except meningococcal and tuberculous, unspecified cause
103	3400-3402	Meningitis, except meningococcal and tuberculous, (due to H. influenzæ, Pneumococcus or other specified organism)
104	345	Multiple sclerosis

APPENDIX B. (Contd.)

Mental Short List Number	International List Number	Diagnosis
105	3530	Epilepsy, petit mal
106	3531	" grand mal
107	3532	" status epilepticus
108	3533	" other and unspecified
109	341	Phlebitis and thrombophlebitis of intracranial venous sinuses
110	342	Intracranial and intraspinal abscess
111	343	Encephalitis, myelitis and encephalomyelitis (except acute infectious)
112	344	Late effects of intracranial abscess or pyogenic infection
113	350	Paralysis agitans
114	351	Cerebral spastic infantile paralysis
115	352	Other cerebral paralysis
116	354	Migraine
117	355	Other diseases of brain
118	4221	Myocardial degeneration with arteriosclerosis
119	440-443	Hypertension with heart disease
120	444-447	" without heart disease
121	450	General arteriosclerosis
122	451-456	Other diseases of arteries
123	635 pt.	Psychoneurosis associated with the menopause
124	688 pt.	Psychoneurosis associated with the puerperium
125	6881	Puerperal psychosis
126	752	Congenital hydrocephalus
127	7531	Other congenital malformations of the brain, etc.
128	7582	Congenital malformation of skull
129	794	Senility without mention of psychosis
130	7800	Coma and stupor
131	7801	Delirium
132	7802	Convulsions
133	7803	Jacksonian epilepsy
134	7804	Abnormal involuntary movement
135	7805	Disturbance of co-ordination
136	7806	Vertigo
137	7807	Disturbance of sleep
138	7808	" " memory
139	7819	Hallucinations
140	7809, 7810-7818	Other symptoms referable to nervous system and special senses
141	N800-804	Fracture of skull
142	N852	Concussion
143	N850, 851, 853-856	Other head injuries

APPENDIX B. (Contd.)

Mental Short List Number	International List Number	Diagnosis
144	N971	Poisoning by barbituric acid and derivatives
145	N960-970, 972-979	Poisoning, other substances
146	308	Mental disease secondary to other conditions
147	Others	Other causes

Appendix Table M. 1. Admissions, Recoveries and Deaths and Daily Average Number Resident

(a) Commissioners in Lunacy Reports (1859-1912)

(County and Borough Asylums, Registered Hospitals, Licensed Houses, Naval and Military Hospitals, Criminal Asylums and Private Single care)

	First admissions	Direct Admissions		Recovered		Not Recovered		Deaths		Daily Average Number Resident		Death Rate % of D.A.N.R.		Recovery Rate % of Direct Admissions	
		excluding Idiot Estabs.	* including Idiot Estabs.	excluding Idiot Estabs.	* including Idiot Estabs.	excluding Idiot Estabs.	* including Idiot Estabs.	excluding Idiot Estabs.	* including Idiot Estabs.	excluding Idiot Estabs.	* including Idiot Estabs.	excluding Idiot Estabs.	* including Idiot Estabs.	excluding Idiot Estabs.	* including Idiot Estabs.
		Including Transfers and Re-admissions				Including Transfers									
1859			9,310		3,270		2,850		2,332		23,555		9.90		35.12
1860			9,512		2,954		2,671		2,757		24,437		11.28		31.06
1861			9,329		3,182		2,110		2,657		25,726		10.33		34.11
1862			9,078		3,342		1,963		2,637		26,988		9.77		36.81
1863†			8,914		3,150		1,958		2,747		27,992		9.81		35.34
1864			9,473		3,256		1,950		3,174		29,183		10.88		34.37
1865			10,424		3,290		2,515		3,161		30,341		10.42		31.56
1866			10,051		3,439		2,229		3,337		31,520		10.59		34.22
1867			10,631		3,581		2,327		3,377		32,822		10.29		33.68
1868			11,213		3,707		2,617		3,367		34,437		9.78		33.06
		Excluding Transfers													
		M	F	M	F										
1869		5,283	5,189	5,352	5,222	3,800	3,801	2,236	2,304	3,779	3,825	35,055	35,669	10.78	10.72	36.28
1870‡		5,045	5,174	5,139	5,215	3,968	3,968	2,801	2,853	3,772	3,805	36,341	36,969	10.37	10.29	38.82
1871		5,301	5,227	5,435	5,269	4,150	4,151	4,229	4,270	3,783	3,822	36,605	37,325	10.33	10.23	39.41
1872		5,255	5,349	5,366	5,408	4,245	4,246	3,053	3,092	3,511	3,547	37,755	38,559	9.29	9.19	40.03
1873		5,535	5,677	5,643	5,744	4,144	4,144	264	321	3,984	4,021	38,673	39,563	10.30	10.16	36.96
1874		5,963	5,949	6,080	6,021	4,828	4,828	2,737	2,800	4,166	4,210	39,945	40,910	10.42	10.29	40.53
1875 $		6,210	6,232	6,333	6,300	4,908	4,909	3,413	3,493	4,536	4,592	41,248	42,285	10.99	10.85	39.44
1876		6,366	6,491	6,514	6,568	5,103	5,106	3,392	3,469	4,349	4,405	42,570	43,682	10.21	10.08	39.69
1877		6,516	6,453	6,643	6,520	4,838	4,842	4,792	4,879	4,417	4,476	43,986	45,180	10.04	9.90	37.30
1878		6,657	6,686	6,811	6,759	5,330	5,332	3,370	3,464	4,657	4,715	45,889	47,140	10.14	10.00	39.94
1879		6,342	6,759	6,473	6,818	5,306	5,310	3,287	3,389	4,989	5,066	47,054	48,342	10.60	10.47	40.50
1880		6,364	6,876	6,503	6,948	5,335	5,338	3,863	3,979	4,445	4,498	48,210	49,532	9.22	9.08	40.29
1881		6,653	6,851	6,771	6,922	5,365	5,366	2,890	3,008	4,654	4,715	49,668	51,027	9.37	9.24	39.72

1882		6,665	6,956	6,793	7,036	5,369	5,372	3,989	4,081	4,737	4,785	51,145	52,538	9.26	9.11	39.41
1883		7,013	7,454	7,134	7,547	5,571	5,574	3,281	3,398	5,074	5,135	52,752	54,186	9.62	9.47	38.50
1884		7,044	7,268	7,177	7,335	5,773	5,775	4,991	5,108	5,288	5,332	54,560	56,044	9.69	9.51	40.33
1885		6,426	6,928	6,557	7,000	5,608	5,610	3,161	3,281	5,264	5,318	55,216	56,722	9.53	9.37	41.99
1886		6,651	6,912	6,821	7,009	5,583	5,587	3,242	3,375	5,667	5,756	55,818	57,358	10.15	10.03	41.16
1887		7,032	7,263	7,150	7,334	5,513	5,513	3,322	3,419	5,539	5,600	56,978	58,578	9.72	9.56	38.56
1888		7,157	7,617	7,309	7,698	5,720	5,721	3,753	3,873	5,730	5,806	58,302	59,924	9.82	9.69	38.71
1889		7,182	7,865	7,356	7,980	5,841	5,841	4,267	4,403	5,904	5,974	60,148	61,846	9.81	9.65	38.81
1890		7,734	8,463	7,899	8,534	6,250	6,250	4,751	4,900	6,361	6,421	61,554	63,304	10.33	10.14	38.59
1891		8,077	8,606	8,233	8,690	6,846	6,846	4,345//	4,473	6,412	6,484	62,909	64,687	10.19	10.02	41.04
1892ϕ		8,409	8,719	8,531	8,801	6,670	6,670	4,531	4,672	6,420	6,485	64,341	66,135	9.98	9.81	38.94
1893		8,604	9,219	8,737	9,312	6,853	6,853	4,646	4,790	6,609	6,688	67,059	68,868	9.86	9.71	38.45
1894		8,551	9,127	8,681	9,197	7,126	7,130	4,159	4,323	6,479	6,553	68,569	70,348	9.45	9.35	40.31
1895		9,006	9,507	9,194	9,600	7,069	7,073	4,627	4,773	7,152	7,235	70,516	72,281	10.14	10.01	38.18
1896		9,063	9,569	9,196	9,658	7,178	7,178	4,479	4,627	6,748	6,806	73,388	75,200	9.19	9.05	38.53
1897		9,175	9,673	9,304	9,741	7,229	7,230	4,999	5,131	7,281	7,322	75,817	77,645	9.60	9.43	38.35
1898	15,514	9,383	9,931	9,529	10,004	7,121	7,121	4,721	4,901	7,550	7,602	78,581	80,408	9.61	9.45	36.87
1899	15,752	9,360	9,929	9,507	10,013	7,572	7,575	5,726	5,863	8,111	8,160	80,829	82,666	10.03	9.87	39.26
1900	16,192	9,681	10,156	9,820	10,247	7,611	7,612	4,682	4,860	8,328	8,394	82,122	83,954	10.14	10.00	38.37
1901	17,236	10,158	10,611	10,273	10,700	7,741	7,744	6,201	6,351	8,284	8,342	84,767	86,600	9.77	9.63	37.27
1902	18,992	11,217	11,634	11,368	11,716	8,257	8,257	7,077	7,227	9,266	9,335	87,866	89,717	10.55	10.40	36.13
1903	18,363	11,015	11,202	11,174	11,296	8,299	8,299	7,704	7,864	9,233	9,312	90,517	92,382	10.20	10.08	37.35
1904	18,232	10,823	11,319	10,987	11,408	8,119	8,119	6,220	6,407	9,285	9,365	93,340	95,214	9.95	9.84	36.67
1905	17,796	10,493	11,129	10,651	11,209	8,170	8,170	6,131	6,284	9,450	9,511	95,633	97,510	9.88	9.75	37.79
1906**	17,628	10,390	11,422	10,569	11,527	8,140	8,140	5,736	5,900	9,648	9,699	97,918	99,833	9.85	9.72	37.32
1907	18,116	10,599	11,261	10,765	11,354	8,020	8,020	6,276	6,459	9,890	9,942	99,245	101,198	9.97	9.82	36.69
1908	18,346	10,630	11,614	10,757	11,690	7,871	7,871	5,824	5,980	9,692	9,735	101,678	103,671	9.53	9.39	35.38
1909												–		–		35.98
1910												105,580		9.26		34.31
1911												107,862		9.32		33.44
1912												–		9.39		–

* *Idiot Establishments*
Royal Albert Asylum - Earlswood Asylum
Normansfield - Western Counties Asylum
Essex Hall - Midland Counties Asylum
Magdalen Hospital School

† *Broadmoor opened in 1863.*

‡ *Royal Albert & Royal India Asylums opened in 1870.*

$ *Western Counties Asylum opened in 1875.*

// *From year 1891 "Not Recovered" includes Transfers & Reception Order Expiries.*

ϕ *Royal India Asylum closed in 1892.*

** *Parkhurst opened in 1906.*

(b) Board of Control Reports. Lunacy and Mental Deficiency (1913-1948)

	First Admissions	LUNACY										MENTAL DEFICIENCY			
		Direct Admissions		Discharges					Deaths	Daily Average Number Resident	Death Rate % of D. A. N. R.	Recovery Rate % of D. A. N. R.	Admissions	Discharges and Transfers	Deaths	Death Rate % of D. A. N. R.
		Males	Females	Recovered	Relieved	Not improved	Order lapsed	Not insane								
1913	18,407	10,597	11,706	7,296					10,617	112,573	9.43	32.71				
1914	19,407	11,305	11,923	7,487	2,605				11,232	114,113	9.84	32.23				
1915	17,710	10,002	11,171	7.182	3,312				13,389	113,526	11.79	33.92				
1916	17,302	9.834	10,867	6,839	2,962				13,608	111,015	12.26	33.04				
1917	16,362	8,989	10,643	6,150	4,051*				17,948	106,472	16.86	31.33				
1918	18,561	10,078	11,687	5,907	2,984				19,515	99,751	19.56	27.14	1,001			
1919	19,328	10,831	12,060	7,286	3,195				12,069	96,146	12.55	31.83	1,358			
1920	18,659	10,370	12,003	7,206	3,276				8,504	98,434	8.64	32.21	1,445		139	
1921	18,584	10,412	12,328	7,394	3,495				8,543	102,110	8.37	32.52	2,016	925	117	1.4
1922	18,844	10,353	12,772	7,467	2,754	754	57	22	9,391	104,417	8.99	32.29	2,583	872	207	2.2
1923	18,934	10,310	12,744	7,295	2,823	515	99	30	8,355	108,304	7.71	31.64	1,953	747	179	1.7
1924	17,086	9,451	11,852	7,426	3,355	582	117	40	8,408	110,323	7.62	34.86	2,263	989	203	1.8
1925	17,345	9,695	12,089	6,936	3,277	610	90	31	8,551	112,490	7.60	31.84	1,901	997	253	2.0
1926	17,517	9,867	12,057	6,983	2,917	560	232	30	8,411	115,166	7.30	31.85	1,664	919	169	1.3
1927	17,468	9,893	12,000	6,881	3,047	517	241	29	9,311	117,327	7.94	31.43	1,870	927	186	1.4
1928	17,766	10,002	12,375	6,901	3,011	474	250	23	8,769	119,945	7.31	30.84	1,923	953	201	1.4
1929	17,548	9,924	12,130	6,997	3,064	436	232	19	9,799	121,808	8.04	31.73	1,892	879	193	1.3
1930	16,851	9,381	11,689	6,938	2,754	549	238	12	8,313	123,933	6.71	32.93	2,853	1,132	185	1.1
1931	19,165	10,898	13,314	7,650	4,332	1,110	243	11	9,159	126,902	7.20	31.60	4,162	1,157	241	1.3
1932	20,104	11,304	14,256	8,153	5,109	1,087	172	11	9,745	128,280	7.60	31.90	4,141	1,381	231	1.1
1933	19,976	11,439	14,220	8,520	5,103	1,297	184	16	9.408	129,712	7.30	33.20		273†	284	1.2†
1934	20,725	11,696	15,123	8,622	5,734	1,407	198	22	8,781	131,534	6.68	32.10		301	292	1.2
1935	21,168	12,176	15,473	9,076	6,120	1,539	235	7	9,086	133,399	6.81	32.80		303	289	1.1
1936	22,001	12,739	16,503	9,361	6,663	1,829	225	10	9,327	135,101	6.90	32.00		384	385	1.3
1937	22,459	13,243	17,336	9,544	6,997	2,041	208	6	9,685	137,057	7.07	31.20		506	406	1.3
1938	23,153	13,724	17,684	10,377	7,945	2,134	229	12	9,157	139,382	6.57	33.00		755	409	1.2
1939	22,925	13,828	17,882	10,568	8,737	2,559	267	6	10,231	140,098	7.30	33.33		1,025	464	1.3
1940	20,757	12,272	16,055	9,226	6,493	1,842	235	9	11,636	138,892	8.38	32.60		819	596	1.6
1941	19,782	11,419	15,502	8,658	6,112	2,017	203	8	12,618	136,810	9.22	32.20		846	693	1.8
1942	20,554	11,391	16,261	9,279	7,374	2,158	194	9	10,882	134,200	8.11	33.50		815	692	1.8
1943	22,280	12,721	17,719	10,395	7,805	2,445	229	13	9,615	134,070	7.17	34.10		1,001	547	1.4
1944	22,378	12,686	18,455	11,231	8,105	2,958	234	6	9,466	133,549	7.09	36.10		940	570	1.4
1945	24,281	13,830	20,131	11,271	10,128	2,801	279	12	9,371	132,871	7.05	33.20		921	565	1.3
1946	29,289	16,785	24,218	13,357	12,427	4,041	282	11	10,102	133,815	7.55	32.60		914	599	1.3
1947	31,083	18,164	26,192	15,243	14,491	4,002	329	11	10,595	134,243	7.89	34.4		825	673	1.5
1948	36,028	21,271	29,956	16,445	18,530	4,884	294	29	8,738	135,674	6.44	32.1		980	630	1.3

* *Including transfers and Reception Order expiries.*

† *Death rates for the years 1933-1948 inclusive, are given in respect of patients in Institutions (excluding those approved under Sec. 37) and under Guardianship.*

Appendix Table M.2. - Disposition of Patients according to Type of Institution - 1851-1913

	Total Patients	Asylums	Hospitals	Licensed Houses	Ordinary* Workhouses	Metropolitan District Asylums	Naval & Military Hospitals	State Criminal Asylums	Residing with Relatives & others	
									Private Single Care	Paupers (Outdoor)
1851	16,456	7,851	1,248	6,751			227			
1852	17,412	10,217	1,285	5,305			222			
1853										
1854		12,972	1,624	4,604						
1855	20,493	13,570	1,699	4,857			114			
1856		13,876	1,739	5,073						
1857	21,344	14,395	1,733	5,109			129			
1858		15,120	1,792	5,101						
1859	36,762	15,844	1,855	5,016	7,963		164		122	5,798
1860	38,058	17,436	1,849	4,300	8,219		157		115	5,980
1861	39,647	18,592	1,997	4,103	8,543		174		118	6,115
1862	41,129	19,654	2,014	4,393	8,603		162		146	6,157
1863	43,118	20,573	2,103	4,531	9,208		145		153	6,405
1864	44,795	21,531	2,128	4,455	9,710		176	95	159	6,541
1865	45,950	22,285	2,178	4,477	9,756		176	309	212	6,557
1866	47,648	23,643	2,265	4,363	9,973		176	421	227	6,580
1867	49,086	24,590	2,218	4,480	10,307		190	440	223	6,638
1868	51,000	25,680	2,281	4,644	10,684		182	426	274	6,829
1869	53,177	26,867	2,352	4,796	11,181		209	461	324	6,987
1870	54,713	27,980	2,369	4,904	11,358		198†	462	356	7,086
1871	56,755	28,979	2,390	4,688	10,856	1,305	354	460	392	7,331
1872	58,640	29,641	2,478	4,173	10,399	3,209	395	489	420	7,436
1873	60,296	30,473	2,648	4,493	10,980	3,363	338	508	423	7,070
1874	62,027	31,371	2,772	4,713	11,058	3,960	358	520	436	6,839
1875	63,793	32,529	2,801	4,931	11,263	4,113	351	508	441	6,856
1876	64,916	34,154	2,796	4,630	11,304	4,205	354	508	439	6,526
1877	66,636	35.523	2,731	4,722	11,519	4,519	358	494	458	6,312
1878	68,538	37,763	2,778	4,202	11,859	4,406	360	482	474	6,214
1879	69,885	38,871	2,837	4,645	11,697	4,308	342	483	472	6,230
1880	71,191	40,088	2,831	4,549	11,991	4,473	328	483	468	5,980
1881	73,113	41,355	2,948	4,626	12,093	4,718	307	491	448	6,127
1882	74,842	42,691	2,921	4,883	12,233	4,743	305	502	451	6,113
1883	76,765	44,065	3,028	4,798	12,224	5,106	326	513	450	6,255
1884	78,528	45,850	3,146	4,779	12,056	5,321	314	535	449	6,078
1885	79,704	47,749	3,118	4,376	11,878	5,404	289	549	445	5,896
1886	80,156	48,139	3,219	4,439	11,868	5,332	309	537	447	5,866
1887	80,891	48,842	3,260	4,337	11,982	5,399	279	531	452	5,809
1888	82,643	50,180	3,426	4,303	12,101	5,501	283	553	436	5,860
1889	84,340	51,694	3,511	4,347	12,012	5,497	289	618	442	5,930
1890	86,067	52,937	3,611	4,547	12,126	5,699	270	620	446	5,811
1891	86,795	54,451	3,688	4,511	11,259	5,731	278	624	440	5,813
1892	87,848	55,509	3,764	4,629	10,959	5,939	256	639	447	5,706
1893	89,822	57,518	3,956	4,447	10,857	6,021	240	640	434	5,709
1894	90,067	60,361	3,990	3,848	10,886	5,983	230	632	430	5,699
1895	94,081	61,908	3,929	4,173	10,877	6,021	227	649	428	5,869
1896	96,446	63,957	4,025	4,336	10,906	6,039	208	641	410	5,924
1897	99,385	66,716	4,082	4,343	11,118	6,003	215	646	421	5,821
1898	101,972	69,133	4,182	4,290	11,119	6,001	243	647	436	5,921
1899	105,086	71,795	4,191	4,380	11,469	5,984	246	646	415	5,960
1900	108,611	74,004	4,212	3,746	11,511	5,949	252	649	439	5,847
1901	107,944	75,916	4,248	3,680	11,389	5,726	242	652	451	5,640
1902	110,713	78,260	4,255	4,064	11,404	5,778	254	665	464	5,569
1903	113,964	82,009	4,282	3,596	11,264	5,840	230	738	486	5,519
1904	117,199	84,549	4,271	3,601	11,259	6,528	211	759	505	5,516
1905	119,829	87,091	4,197	3,681	11,164	6,642	212	759 ‡	521	5,562
1906	121,979	89,342	4,280	3,482	11,151	6,591	211	776	528	5,618
1907	123,988	91,160	4,323	3,531	11,225	6,679	164	817	494	5,595
1908	126,084	93,582	4,380	3,008	11,349	6,714	173	840	505	5,533
1909	128,787	95,926	4,417	2,990	11,455	6,941	167	847	557	5,486
1910	130,553	97,580	4,440	3,012	11,424	6,844	163	858	593	5,639
1911	133,157	99,742	4,585	2,971	11,685	7,043	167	895	611	5,458
1912	135,661	101,430	4,587	3,419	11,891	7,271	174	900	640	5,349
1913	138,377	103,842	4,628	3,461	12,058	7,272	170	935	659	5,352

*Excluding Metropolitan District Asylums.

†The Royal India Asylum was opened in 1870 and in 1885 was registered as a Hospital, but shown for Statistical purposes as a Naval and Military Hospital. It was closed in 1892.

‡Parkhurst opened 1906.

Appendix Table M.3 - Patients resident in Mental Hospitals on 31st December, 1949, who had been in residence one year or more, according to type of hospital. I. Former registered hospital; II. Former county or county borough hospital; III. Former public assistance institution.

A. MALES

Region	Type of Hospital	Age Groups at End of 1949											All Ages
		0-	10-	16-	20-	25-	35-	45-	55-	65-	75+	N.S.	
Newcastle-upon-Tyne	II	20	16	13	57	388	609	757	632	420	132	16	3,060
	III		2	1	2	16	19	27	33	28	7		135
	Total	20	18	14	59	404	628	784	665	448	139	16	3,195
Leeds	I						4	4	10	4	4		26
	II	1	4	13	82	469	773	1,020	906	625	233	9	4,135
	III					1	6	7	16	2	1		33
	Total	1	4	13	82	470	783	1,031	932	631	238	9	4,194
Sheffield	I					3	2	8	8	7	8		36
	II	4	11	26	79	448	755	905	716	616	224	10	3,794
	III	3	1		1	5	10	14	15	11	8		68
	Total	7	12	26	80	456	767	927	739	634	240	10	3,898
Cambridge	II	3	6	4	18	122	262	364	374	266	115	2	1,536
	III								1				1
	Total	3	6	4	18	122	262	364	375	266	115	2	1,537
N.W. Metropolitan	II		4	8	73	400	754	803	683	505	197	24	3,451
	III						50	100	74	62	27		313
	Total		4	8	73	400	804	903	757	567	224	24	3,764
N.E. Metropolitan	II	1		11	46	334	662	735	662	447	161	15	3,074
	III								2	3	1		6
	Total	1		11	46	334	662	735	664	450	162	15	3,080
S.E. Metropolitan	II	10	15	16	54	339	580	747	633	536	202	8	3,140
	III				2	4	9	10	20	23	15		83
	Total	10	15	16	56	343	589	757	653	559	217	8	3,223
S.W. Metropolitan	I				2	6	8	11	20	18	9		74
	II	5	8	19	128	883	1,542	1,789	1.573	1,267	454	26	7,694
	III		1			15	56	109	100	192	292	3	768
	Total	5	9	19	130	904	1,606	1,909	1,693	1,477	755	29	8,536
Oxford	I				1	3	5	7	6	8	10		40
	II	4	10	9	40	158	286	357	344	278	107	1	1,594
	III					2	1	4	1		1		9
	Total	4	10	9	41	163	292	368	351	286	118	1	1,643
Bristol	I					2	1	4	10	8	9		34
	II	1	3	9	57	312	637	799	757	552	195	10	3,332
	III				1	4	14	18	37	36	29		139
	Total	1	3	9	58	318	652	821	804	596	233	10	3,505
Wales	II	3	10	20	63	436	741	836	715	454	195	22	3,495
	III					12	22	36	23	33	20	2	148
	Total	3	10	20	63	448	763	872	738	487	215	24	3,643
Birmingham	II	12	17	37	94	516	818	986	833	599	227	19	4,158
	III			2	3	16	77	82	106	110	64		460
	Total	12	17	39	97	532	895	1,068	939	709	291	19	4,618
Manchester	II			11	83	474	832	1,007	890	568	142	13	4,020
	III	1		4	8	48	85	126	119	107	88		586
	Total	1		15	91	522	917	1,133	1,009	675	230	13	4,606
Liverpool	II		2	21	55	345	616	735	552	292	105	12	2,735
	III		1		2	10	18	42	29	16	17		135
	Total		3	21	57	355	634	777	581	308	122	12	2,870
All Regions	I				3	14	20	34	54	45	40		210
	II	64	106	217	929	5,624	9,867	11,840	10,270	7,425	2,689	187	49,218
	III	4	5	7	19	133	367	575	576	623	570	5	2,884
All Regions	All Types	68	111	224	951	5,771	10,254	12,449	10,900	8,093	3,299	192	52,312.

B. FEMALES

Region	Type of Hospital	Age Groups at End of 1949											All Ages
		0-	10-	16-	20-	25-	35-	45-	55-	65-	75+	N.S.	
Newcastle-upon-Tyne	II	4	8	6	39	281	469	683	689	519	224	19	2,941
	III					6	21	31	26	25	22	1	132
	Total	4	8	6	39	287	490	714	715	544	246	20	3,073
Leeds	I					2	7	3	8	4	7		31
	II		4	16	72	371	722	1,103	1,327	1,117	469	16	5,217
	III			1		1	10	18	38	29	22		119
	Total		4	17	72	374	739	1,124	1,373	1,150	498	16	5,367
Sheffield	I				1	1	7	10	14	28	24		85
	II	3	4	22	68	345	744	1,023	1,038	909	464	7	4,627
	III		1		1	5	9	12	10	16	6		60
	Total	3	5	22	70	351	760	1,045	1,062	953	494	7	4,772
Cambridge	I						1	3	3	13	7		27
	II	1	2	4	17	148	287	494	579	489	212	3	2,236
	III						1						1
	Total	1	2	4	17	148	289	497	582	502	219	3	2,264
N.W. Metropolitan	II		1	7	49	316	754	998	1,142	1,021	546	18	4,852
	III					2	35	91	106	116	97		447
	Total		1	7	49	318	789	1,089	1,248	1,137	643	18	5,299
N.E. Metropolitan	II			6	42	237	560	919	1,091	937	438	14	4,244
	III							7	9	3	2		21
	Total			6	42	237	560	926	1,100	940	440	14	4,265
S.E. Metropolitan	II	6	8	12	42	261	637	871	1,119	1,061	537	7	4,561
	III					2	20	35	59	72	99	2	289
	Total	6	8	12	42	263	657	906	1,178	1,133	636	9	4,850
S.W. Metropolitan	I				4	5	16	28	40	49	35		177
	II	2	10	30	120	645	1,565	2,469	2,820	2,646	1,351	8	11,666
	III				1	13	49	60	105	307	894	1	1,430
	Total	2	10	30	125	663	1,630	2,557	2,965	3,002	2,280	9	13,273
Oxford	I				1	1	8	9	14	19	10		62
	II	2	7	10	26	128	295	496	497	455	243		2,159
	III					1		2	2		3		8
	Total	2	7	10	27	130	303	507	513	474	256		2,229
Bristol	I					3	2	10	14	19	20		68
	II	1	1	6	55	288	690	1,099	1,168	1,018	524	11	4,861
	III					4	12	41	72	104	99	1	333
	Total	1	1	6	55	295	704	1,150	1,254	1,141	643	12	5,262
Wales	II	1	2	11	40	239	527	725	773	606	313	10	3,247
	III					2	16	18	34	40	45		155
	Total	1	2	11	40	241	543	743	807	646	358	10	3,402
Birmingham	II	13	13	24	65	399	841	1,215	1,227	1,057	511	59	5,424
	III				3	22	72	102	127	197	195	2	720
	Total	13	13	24	68	421	913	1,317	1,354	1,254	706	61	6,144
Manchester	II			6	67	400	860	1,267	1,393	1,090	441	4	5,528
	III	2	8	6	3	32	73	108	175	203	158		768
	Total	2	8	12	70	432	933	1,375	1,568	1,293	599	4	6,296
Liverpool	II		1	12	40	262	555	742	768	599	188	11	3,178
	III				1	8	7	22	50	48	47		183
	Total		1	12	41	270	562	764	818	647	235	11	3,361
All Regions	I				6	12	41	63	93	132	103		450
	II	33	61	172	742	4,320	9,506	14,104	15,631	13,524	6,461	187	64,741
	III	2	9	7	9	98	325	547	813	1,160	1,689	7	4,666
All Regions	All Types	35	70	179	757	4,430	9,872	14,714	16,537	14,816	8,253	194	69,857

APPENDIX TABLE M.4 - Admission Rates per Million in each Sex-Age Group, by Region

(I) Schizophrenia

		20-	25-	35-	45-	55-	65-	75 +	Total Ages
Newcastle	M	766	798	283	98	52	11	-	256
	F	457	378	293	192	120	66	32	192
Leeds	M	963	767	264	78	28	31	-	256
	F	368	350	208	135	103	70	-	154
Sheffield	M	890	529	237	85	42	8	-	206
	F	385	412	271	194	119	70	-	185
Cambridge	M	777	659	323	169	61	67	-	256
	F	368	370	225	243	50	34	-	164
N.W. Met.	M	683	504	223	128	39	16	19	197
	F	420	424	356	207	95	25	12	200
N.E. Met.	M	732	705	270	58	22	11	-	227
	F	463	424	254	148	47	16	16	173
S.E. Met.	M	645	712	376	186	48	20	23	262
	F	466	496	289	226	100	68	15	204
S.W. Met.	M	1506	1406	630	193	82	43	33	496
	F	850	1181	807	506	322	156	52	502
Oxford	M	478	655	265	161	47	46	-	218
	F	293	456	304	176	51	70	34	180
Bristol	M	747	677	369	148	24	47	-	257
	F	387	408	293	175	143	9	35	191
Wales	M	1376	1016	382	141	66	24	-	361
	F	534	598	328	269	135	28	-	247
Birmingham	M	785	597	312	119	49	14	17	235
	F	382	429	257	107	48	27	11	160
Manchester	M	610	462	198	72	10	-	-	168
	F	353	257	293	226	115	27	-	165
Liverpool	M	927	1047	355	197	72	45	-	338
	F	675	613	491	266	200	69	-	288

Appendix Table M.4. - (Contd.) Admission Rates per Million in each Sex-Age Group, by Region

(II) Manic-Depressive Reaction

		20-	25-	35-	45-	55-	65-	75+	Total
Newcastle	M	76	100	207	394	370	327	76	168
	F	149	258	459	565	758	454	145	323
Leeds	M	123	177	281	457	871	445	216	265
	F	123	328	565	741	943	697	137	409
Sheffield	M	114	182	339	532	688	476	71	265
	F	126	351	644	869	916	564	79	427
Cambridge	M	355	256	342	540	1004	717	104	343
	F	368	578	711	1384	1498	747	232	645
N.W. Met.	M	114	187	369	425	552	361	153	237
	F	165	483	735	851	875	678	109	467
N.E. Met.	M	167	130	222	382	452	296	25	184
	F	116	322	462	691	683	416	140	335
S.E. Met.	M	69	136	215	372	666	611	93	220
	F	192	343	547	894	1195	1047	296	498
S.W. Met.	M	162	324	545	796	1071	952	429	439
	F	415	850	1204	1586	1931	1303	273	887
Oxford	M	159	282	246	381	608	367	374	241
	F	210	398	535	611	939	522	68	384
Bristol	M	222	253	457	757	1056	860	246	401
	F	194	493	960	1200	1412	1062	278	651
Wales	M	48	160	317	649	720	512	170	277
	F	122	289	631	1017	889	406	54	418
Birmingham	M	100	250	380	550	699	446	151	285
	F	191	509	714	783	939	589	159	465
Manchester	M	57	123	204	363	370	236	83	160
	F	59	230	322	442	582	288	116	241
Liverpool	M	60	93	255	478	625	362	211	215
	F	179	402	479	545	717	343	111	333

Appendix Table M.4. - (Contd.) Admission Rates per Million in each Sex-Age Group, by Region

(III) Antisocial personality

		20-	25-	35-	45-	55-	65-	75+	Total
Newcastle	M	65	53	27	27	-	-	-	24
	F	50	18	9	-	-	-	-	7
Leeds	M	102	77	43	26	-	-	-	35
	F	28	48	12	5	6	8	-	16
Sheffield	M	68	88	44	35	16	-	-	35
	F	14	39	15	7	-	6	-	11
Cambridge	M	44	49	28	-	-	-	-	16
	F	20	-	-	-	-	-	-	1
N.W. Met.	M	57	43	14	4	11	-	-	16
	F	15	42	10	7	-	-	-	11
N.E. Met.	M	63	56	17	11	14	-	-	19
	F	19	22	8	14	-	8	-	9
S.E. Met.	M	60	57	45	15	14	-	-	26
	F	55	42	24	18	11	-	-	19
S.W. Met.	M	113	143	62	46	5	-	-	53
	F	71	48	31	13	12	-	-	26
Oxford	M	91	101	-	23	-	-	-	25
	F	84	58	18	21	-	-	-	25
Bristol	M	140	88	39	6	48	12	-	35
	F	22	15	9	-	13	-	-	11
Wales	M	133	53	15	12	25	-	-	27
	F	11	-	15	6	-	-	-	4
Birmingham	M	50	76	18	11	10	14	-	23
	F	7	21	23	13	8	-	-	12
Manchester	M	57	28	6	4	-	-	17	12
	F	13	3	-	6	-	-	-	3
Liverpool	M	60	7	12	8	-	-	-	10
	F	28	13	6	-	-	-	-	5

Appendix Table M.4. - (Contd.) Admission Rates per Million in each Sex-Age Group, by Region

(IV) Anxiety Reaction

		20-	25-	35-	45-	55-	65-	75+	Total
Newcastle	M	65	172	94	137	59	54	-	76
	F	70	226	179	98	54	58	16	91
Leeds	M	72	200	154	192	84	-	-	95
	F	123	192	257	454	143	47	-	116
Sheffield	M	30	111	82	62	10	-	18	43
	F	14	62	83	38	38	-	-	33
Cambridge	M	89	118	46	68	46	45	-	52
	F	164	161	144	192	62	51	-	94
N.W. Met.	M	81	151	112	95	22	16	-	63
	F	90	149	175	67	68	44	-	76
N.E. Met.	M	84	97	105	69	65	42	-	56
	F	106	139	161	100	99	24	-	81
S.E. Met.	M	89	101	91	86	20	50	-	54
	F	55	110	84	32	44	15	-	44
S.W. Met.	M	197	306	208	214	203	64	17	150
	F	136	346	274	170	82	16	-	139
Oxford	M	136	91	161	196	94	-	53	87
	F	42	68	74	104	38	52	-	46
Bristol	M	140	243	170	195	208	24	27	125
	F	108	194	255	159	130	116	35	129
Wales	M	60	102	55	37	17	24	-	37
	F	78	144	88	49	27	28	18	56
Birmingham	M	93	158	137	80	64	7	-	72
	F	79	125	87	52	32	44	-	51
Manchester	M	57	63	47	76	34	7	-	36
	F	7	24	35	13	12	22	-	14
Liverpool	M	194	239	187	114	62	45	-	106
	F	55	128	91	82	25	34	-	53

Appendix Table M.4. - (Contd.) Admission Rates per Million in each Sex-Age Group, by Region

(V) Epilepsy

		20-	25-	35-	45-	55-	65-	75+	Total
Newcastle	M	119	96	45	38	37	11	-	44
	F	80	55	35	49	24	-	-	33
Leeds	M	82	59	60	47	21	-	-	35
	F	28	35	33	37	23	8	-	25
Sheffield	M	114	74	47	19	16	8	-	34
	F	42	36	59	52	25	6	-	30
Cambridge	M	22	108	46	45	61	-	-	48
	F	61	76	81	81	25	17	-	42
N.W. Met.	M	57	47	37	16	-	-	-	20
	F	45	38	33	19	5	6	-	18
N.E. Met.	M	52	28	74	58	36	11	-	36
	F	68	31	47	24	18	-	-	22
S.E. Met.	M	60	48	66	35	20	10	-	33
	F	9	64	60	23	11	15	15	27
S.W. Met.	M	120	131	117	71	72	36	-	71
	F	110	123	68	42	27	16	-	53
Oxford	M	45	101	47	104	-	46	-	46
	F	63	58	46	21	13	-	-	27
Bristol	M	70	124	68	53	48	-	-	53
	F	65	70	57	64	26	36	-	41
Wales	M	72	160	111	24	41	24	-	64
	F	156	72	44	77	47	-	-	51
Birmingham	M	86	66	74	51	15	29	-	43
	F	53	34	61	36	28	16	11	34
Manchester	M	71	50	27	32	19	7	-	26
	F	26	24	26	6	16	11	11	14
Liverpool	M	45	40	50	38	31	-	-	31
	F	28	77	36	34	-	-	22	31

APPENDIX TABLE M.5. - Mental Hospitals. Duration of stay for those admitted and discharged in 1949

Diagnosis		DURATION OF STAY IN HOSPITAL: Under 1 wk.	1 wk-	1 mth-	2 mths-	3 mths-	6 mths-	9 mths+	Total	Total Admissions in 1949
Schizophrenia	M	172	553	507	400	772	171	28	2,603	5,495
	F	88	385	460	408	774	188	26	2,329	4,979
Manic Depressive Reaction	M	165	896	1,048	624	630	132	35	3,530	5,449
	F	279	1,691	2,184	1,262	1,288	237	32	6,973	10,532
Senile Dementia	M	18	104	106	51	85	15	2	381	2,152
	F	17	112	153	92	135	33	7	549	3,594
Other Psychoses	M	67	293	309	195	234	32	5	1,135	2,398
	F	72	486	703	394	456	81	14	2,206	4,402
Anxiety Reaction	M	138	426	380	164	108	18	2	1,236	1,541
	F	131	428	364	184	140	21	1	1,269	1,622
Hysterical Reaction	M	56	195	91	45	35	10	2	434	516
	F	110	300	220	121	81	25	2	859	1,112
Neurotic-depressive Reaction	M	39	174	159	56	55	11	-	494	633
	F	60	317	271	129	78	13	2	870	1,130
All Neuroses	M	308	996	798	355	280	51	8	2,796	3,507
	F	337	1,269	1,056	514	391	71	7	3,645	4,729
Anti-social Personality	M	69	147	77	48	51	12	-	404	547
	F	17	71	35	27	30	6	1	187	264
All Behaviour, Character and Intelligence disorders	M	158	410	234	135	160	25	4	1,126	1,808
	F	40	205	139	92	121	26	6	629	1,127
Mental Deficiency	M	11	81	46	28	33	5	1	205	520
	F	6	54	48	25	48	12	3	196	495
Epilepsy	M	42	158	111	64	74	17	4	470	849
	F	26	121	102	56	59	14	5	383	707
All Causes	M	1,012	3,637	3,282	1,942	2,368	471	88	12,800	23,596
	F	940	4,508	5,063	2,967	3,387	707	104	17,676	32,189

Appendix Table M.6 - Mental Hospitals. Deaths, Departures and Discharges in 1949 of patients admitted in that year, per 1,000 admissions in the diagnostic group (A) By Region. (B) By place of residence.

A. By Region

Diagnosis	Rates per 1,000 Admissions in the Diagnostic Group									
	MALES					FEMALES				
	Died	Departed	Dis- * charged	Other Disposal	Total	Died	Departed	Dis- * charged	Other Disposal	Total
					NEWCASTLE					
Schizophrenia	11	342	34	54	442	21	329	62	76	488
Manic-depressive reaction	13	489	17	147	667	31	473	37	99	640
Senile psychosis	375	52	21	31	479	245	82	20	20	367
Other psychoses	125	240	96	125	587	81	368	48	67	565
Anxiety reaction	19	712	10	87	827	-	796	7	44	847
Hysterical reaction	-	870	-	87	957	-	676	-	54	730
All Psychoneuroses	9	733	9	81	831	3	725	31	44	803
Antisocial personality	-	576	-	61	636	-	455	91	-	546
All Behaviour, Character and Intelligence Disorders	10	592	20	41	663	-	500	16	16	532
Epilepsy	-	426	82	82	590	20	510	61	41	633
All Causes	68	425	32	75	600	54	441	40	65	599
					LEEDS					
Schizophrenia	3	308	84	35	430	21	225	123	21	389
Manic-depressive reaction	42	510	78	42	672	36	494	88	46	664
Senile psychosis	296	56	32	-	384	381	92	17	4	494
Other psychoses	154	242	99	44	539	84	292	130	49	555
Anxiety reaction	7	737	29	15	788	5	669	16	-	690
Hysterical reaction	-	762	-	48	810	26	675	104	39	844
All Psychoneuroses	17	717	22	13	770	22	681	59	7	768
Antisocial personality	-	667	39	59	765	40	760	40	-	840
All Behaviour, Character and Intelligence Disorders	6	481	13	56	556	13	540	66	40	658
Epilepsy	39	412	39	39	529	26	308	51	26	410
All Causes	70	406	61	32	568	85	402	84	30	602
					SHEFFIELD					
Schizophrenia	8	316	87	55	465	5	350	107	71	533
Manic-depressive reaction	39	463	95	87	684	21	510	106	81	718
Senile psychosis	317	139	74	20	550	311	116	43	40	510
Other psychoses	130	448	117	49	744	67	468	91	78	704
Anxiety reaction	-	807	12	24	843	-	886	14	43	943
Hysterical reaction	-	851	43	-	894	17	793	25	17	851
All Psychoneuroses	15	811	15	15	857	11	772	42	15	839
Antisocial personality	-	691	15	59	765	-	478	174	87	739
All Behaviour, Character and Intelligence Disorders	14	541	43	62	660	24	441	63	79	606
Epilepsy	30	373	75	119	597	31	328	156	125	641
All Causes	82	443	71	55	651	64	466	81	62	672

* Discharged signifies 'not now insane' or committed to the care of an appropriate relative or a petitioner.

Appendix Table M.6 (Contd.) - Mental Hospitals. Deaths, Departures and Discharges in 1949 of patients admitted in that year, per 1,000 admissions in the diagnostic group (A) By Region. (B) By place of residence.

A. By Region

Diagnosis	Rates per 1,000 Admissions in the Diagnostic Group									
	MALES					FEMALES				
	Died	Departed	Dis-charged	Other Disposal	Total	Died	Departed	Dis-charged	Other Disposal	Total
					CAMBRIDGE					
Schizophrenia	23	333	29	53	439	-	258	50	42	350
Manic-depressive reaction	22	533	18	61	633	30	497	32	81	639
Senile psychosis	423	169	-	-	592	404	64	46	9	523
Other psychoses	219	343	41	55	658	102	292	58	80	533
Anxiety reaction	-	800	-	-	800	15	754	15	29	812
Hysterical reaction	-	636	-	-	636	-	571	-	-	571
All Psychoneuroses	-	786	10	-	796	22	692	22	17	753
Antisocial personality	-	546	91	-	636	-	1,000	-	-	1,000
All Behaviour, Character and Intelligence Disorders	43	447	64	-	553	-	357	71	-	429
Epilepsy	31	500	63	-	594	65	484	65	-	613
All Causes	86	441	26	38	592	75	426	38	54	592
					NORTH WEST METROPOLITAN					
Schizophrenia	11	329	123	36	499	23	264	141	40	467
Manic-depressive reaction	35	553	88	46	722	27	518	78	67	690
Senile psychosis	391	78	61	-	530	330	40	53	9	432
Other psychoses	120	321	145	31	616	140	322	125	64	652
Anxiety reaction	-	783	-	35	817	-	697	7	46	750
Hysterical reaction	-	750	-	25	775	-	675	13	39	727
All Psychoneuroses	-	784	5	37	826	6	671	36	39	751
Antisocial personality	-	793	35	35	862	-	381	95	-	476
All Behaviour, Character and Intelligence Disorders	-	649	54	18	721	14	389	83	-	486
Epilepsy	27	324	135	54	541	56	444	111	56	667
All Causes	80	448	85	33	646	73	416	85	47	621
					NORTH EAST METROPOLITAN					
Schizophrenia	-	327	84	69	480	11	291	78	86	466
Manic-depressive reaction	23	550	42	58	673	14	547	50	73	684
Senile psychosis	264	173	73	-	509	253	98	46	35	431
Other psychoses	102	375	94	39	609	65	352	83	52	552
Anxiety reaction	-	734	38	-	772	-	762	24	-	786
Hysterical reaction	-	732	73	24	829	23	742	23	23	809
All Psychoneuroses	13	708	35	27	783	10	677	47	15	748
Antisocial personality	-	778	37	37	852	-	500	71	-	571
All Behaviour, Character and Intelligence Disorders	-	570	65	22	656	15	431	77	31	554
Epilepsy	-	451	59	98	608	59	294	88	-	441
All Causes	67	448	61	44	621	51	445	63	52	611

Appendix Table M.6 (Contd.) - Mental Hospitals. Deaths, Departures and Discharges in 1949 of patients admitted in that year, per 1,000 admissions in the diagnostic group (A) By Region. (B) By place of residence.

A. By Region

Diagnosis	Rates per 1,000 Admissions in the Diagnostic Group									
	MALES					FEMALES				
	Died	Departed	Dis-charged	Other Disposal	Total	Died	Departed	Dis-charged	Other Disposal	Total
	SOUTH EAST METROPOLITAN									
Schizophrenia	10	302	74	79	466	9	249	123	120	502
Manic-depressive reaction	27	506	58	95	686	32	509	70	96	706
Senile psychosis	418	102	71	10	602	377	36	54	31	498
Other psychoses	182	299	46	97	623	78	234	113	101	525
Anxiety reaction	-	815	-	12	827	-	792	14	56	861
Hysterical reaction	35	862	-	-	897	-	667	16	79	762
All Psychoneuroses	5	783	-	5	794	-	732	32	51	815
Antisocial personality	-	692	26	51	769	-	613	65	97	774
All Behaviour, Character and Intelligence Disorders	11	550	11	55	626	33	492	82	82	689
Epilepsy	-	408	102	61	571	68	477	46	46	636
All Causes	74	445	52	61	632	78	415	74	80	647
	SOUTH WEST METROPOLITAN									
Schizophrenia	8	352	66	43	469	8	335	98	40	480
Manic-depressive reaction	38	540	64	58	700	26	542	59	52	678
Senile psychosis	475	86	43	18	621	252	71	52	14	388
Other psychoses	207	278	76	47	607	94	340	94	58	587
Anxiety reaction	3	756	-	16	775	-	773	3	16	791
Hysterical reaction	-	811	9	19	840	12	720	20	20	772
All Psychoneuroses	6	753	6	18	783	5	717	41	15	778
Antisocial personality	-	679	9	27	714	-	689	16	-	705
All Behaviour, Character and Intelligence Disorders	8	614	13	13	649	8	581	33	20	642
Epilepsy	33	427	73	33	567	25	496	74	33	628
All Causes	103	438	49	36	625	65	432	67	36	600
	OXFORD									
Schizophrenia	-	373	63	49	486	23	336	47	39	445
Manic-depressive reaction	38	510	45	83	675	44	489	37	37	606
Senile psychosis	456	132	-	29	618	239	137	17	17	410
Other psychoses	159	427	49	37	671	117	375	58	58	608
Anxiety reaction	-	842	-	-	842	-	818	-	-	818
Hysterical reaction	-	833	-	-	833	28	694	28	-	750
All Psychoneuroses	-	872	7	7	885	7	701	46	-	753
Antisocial personality	-	625	-	-	625	-	889	-	-	889
All Behaviour, Character and Intelligence Disorders	-	583	-	-	583	24	619	-	-	643
Epilepsy	33	367	133	33	567	53	421	-	-	474
All Causes	80	502	38	38	659	76	443	35	28	582

Appendix Table M.6 (Contd.) - Mental Hospitals. Deaths, Departures and Discharges in 1949 of patients admitted in that year, per 1,000 admissions in the diagnostic group (A) By Region. (B) By place of residence.

A. By Region

Diagnosis	Rates per 1,000 Admissions in the Diagnostic Group									
	MALES					FEMALES				
	Died	Departed	Dis-charged	Other Disposal	Total	Died	Departed	Dis-charged	Other Disposal	Total
	BRISTOL									
Schizophrenia	6	356	58	58	479	23	279	60	34	396
Manic-depressive reaction	55	578	31	63	727	38	543	59	38	676
Senile psychosis	384	141	28	28	582	311	124	12	18	465
Other psychoses	132	399	38	66	634	89	283	91	47	509
Anxiety reaction	-	736	-	38	774	22	721	-	22	765
Hysterical reaction	-	833	28	28	889	32	698	-	64	794
All Psychoneuroses	10	704	10	27	751	20	661	25	42	747
Antisocial personality	-	667	-	22	689	-	667	-	-	667
All Behaviour, Character and Intelligence Disorders	8	493	15	15	530	12	354	37	49	451
Epilepsy	30	537	60	60	687	53	544	70	35	702
All Causes	87	475	31	46	639	85	425	52	36	598
	WALES									
Schizophrenia	2	458	18	50	528	9	428	54	39	530
Manic-depressive reaction	38	591	32	71	732	16	673	32	50	771
Senile psychosis	373	113	53	13	553	332	200	32	14	577
Other psychoses	28	476	63	56	622	36	545	29	61	672
Anxiety reaction	65	783	-	44	891	-	760	13	53	827
Hysterical reaction	-	884	-	47	930	11	733	11	56	811
All Psychoneuroses	16	811	-	42	868	6	716	43	46	812
Antisocial personality	-	758	30	30	818	167	667	-	-	833
All Behaviour, Character and Intelligence Disorders	-	645	21	14	681	50	567	50	17	683
Epilepsy	51	443	51	76	620	44	406	29	58	536
All Causes	68	505	30	45	648	62	535	39	42	677
	BIRMINGHAM									
Schizophrenia	4	338	115	51	508	11	327	126	44	508
Manic-depressive reaction	32	503	100	51	686	27	515	119	52	713
Senile psychosis	439	147	91	30	707	286	99	81	28	495
Other psychoses	146	288	168	62	664	85	282	193	57	617
Anxiety reaction	7	820	20	27	873	9	730	35	35	809
Hysterical reaction	-	709	36	18	764	10	686	29	39	765
All Psychoneuroses	10	772	33	23	838	15	643	73	37	768
Antisocial personality	-	667	-	63	729	-	667	37	37	741
All Behaviour, Character and Intelligence Disorders	24	512	53	41	629	49	402	90	25	566
Epilepsy	33	444	111	33	622	64	462	64	39	628
All Causes	95	428	99	43	665	75	404	119	45	643

APPENDIX TABLE M.6. (Contd.) - Mental Hospitals. Deaths, Departures and Discharges in 1949 of patients admitted in that year, per 1,000 admissions in the diagnostic group (A) By Region. (B) By place of residence.

A. By Region

Diagnosis	Rates per 1,000 Admissions in the Diagnostic Group									
	MALES					FEMALES				
	Died	Departed	Dis-charged	Other Disposal	Total	Died	Departed	Dis-charged	Other Disposal	Total
	MANCHESTER									
Schizophrenia	6	296	88	88	479	19	205	80	181	484
Manic-depressive reaction	48	323	105	138	614	35	402	76	153	666
Senile psychosis	495	44	71	49	658	303	39	28	28	399
Other psychoses	89	185	89	89	452	76	220	83	105	484
Anxiety reaction	-	773	27	-	800	-	594	63	-	656
Hysterical reaction	-	706	59	-	765	-	679	-	71	750
All Psychoneuroses	12	758	16	4	790	-	658	43	43	744
Antisocial personality	-	640	40	-	680	-	167	167	333	667
All Behaviour, Character and Intelligence Disorders	-	467	33	56	556	22	156	89	44	311
Epilepsy	37	185	111	93	426	63	94	94	31	281
All Causes	107	332	74	79	591	70	291	75	118	553
	LIVERPOOL									
Schizophrenia	18	400	60	84	561	3	321	99	103	526
Manic-depressive reaction	5	394	52	99	549	22	529	97	130	778
Senile psychosis	403	90	45	45	582	258	52	90	39	439
Other psychoses	149	276	81	103	609	70	351	57	114	592
Anxiety reaction	-	762	-	29	791	-	702	18	18	737
Hysterical reaction	-	667	-	-	667	-	880	40	40	960
All Psychoneuroses	-	750	7	27	784	8	758	70	31	867
Antisocial personality	-	700	-	-	700	-	600	-	200	800
All Behaviour, Character and Intelligence Disorders	-	698	23	23	744	-	436	-	77	513
Epilepsy	129	387	-	129	645	29	324	206	29	588
All Causes	68	419	47	75	610	57	392	86	97	632

APPENDIX TABLE M.6. (Contd.) - Mental Hospitals. Deaths, Departures and Discharges in 1949 of patients admitted in that year, per 1,000 admissions in the diagnostic group (A) By Region. (B) By place of residence.

B. By Place of Residence

Diagnosis	Rates per 1,000 Admissions in the Diagnostic Group									
	MALES					FEMALES				
	Died	Departed	Dis-charged	Other Disposal	Total	Died	Departed	Dis-charged	Other Disposal	Total
	GREATER LONDON									
Schizophrenia	9	300	83	61	452	11	276	127	50	464
Manic-depressive reaction	39	484	79	73	675	24	473	79	73	650
Senile psychosis	444	74	55	11	583	271	44	59	15	389
Other psychoses	210	255	78	55	597	92	254	117	72	535
Anxiety reaction	4	715	11	34	764	-	713	24	21	758
Hysterical reaction	10	735	20	20	786	14	690	23	23	750
All Psychoneuroses	10	715	11	31	767	8	682	35	20	744
Antisocial personality	-	691	10	41	742	-	651	64	-	714
All Behaviour, Character and Intelligence Disorders	7	603	27	23	659	9	573	59	18	659
Epilepsy	26	357	87	78	548	43	453	77	26	598
All Causes	106	384	61	48	600	69	376	83	49	577
	COUNTY BOROUGHS									
Schizophrenia	7	376	73	54	509	13	300	87	77	477
Manic-depressive reaction	33	486	75	78	673	23	520	77	71	690
Senile psychosis	397	104	74	22	598	293	94	54	26	467
Other psychoses	127	342	100	57	626	69	330	105	60	565
Anxiety reaction	4	786	7	21	817	2	722	16	27	767
Hysterical reaction	-	752	23	23	797	11	728	22	44	805
All Psychoneuroses	9	770	12	21	813	7	716	44	30	797
Antisocial personality	-	695	21	32	749	12	530	84	72	699
All Behaviour, Character and Intelligence Disorders	8	562	27	30	627	14	478	53	42	587
Epilepsy	17	438	77	64	596	36	438	100	48	622
All Causes	75	452	61	48	635	64	429	73	55	621
	URBAN DISTRICTS									
Schizophrenia	6	354	73	56	489	13	327	90	70	499
Manic-depressive reaction	33	537	59	70	699	31	541	64	75	711
Senile psychosis	375	130	37	24	567	313	106	27	24	470
Other psychoses	122	350	87	63	622	94	373	85	64	617
Anxiety reaction	11	779	5	22	817	4	774	6	29	813
Hysterical reaction	-	856	13	25	894	16	712	16	41	785
All Psychoneuroses	11	778	10	22	820	14	691	42	30	777
Antisocial personality	-	676	14	56	747	16	710	32	48	807
All Behaviour, Character and Intelligence Disorders	12	553	37	31	633	26	400	53	46	525
Epilepsy	46	420	65	76	607	55	380	70	60	565
All Causes	80	459	53	49	640	74	442	64	56	636

APPENDIX TABLE M.6. (Contd.) - Mental Hospitals. Deaths, Departures and Discharges in 1949 of patients admitted in that year, per 1,000 admissions in the diagnostic group (A) By Region. (B) By place of residence.

B. By Place of Residence

Diagnosis	Rates per 1,000 Admissions in the Diagnostic Group									
	MALES					FEMALES				
	Died	Departed	Discharged	Other Disposal	Total	Died	Departed	Discharged	Other Disposal	Total
	RURAL DISTRICTS									
Schizophrenia	5	375	55	56	491	10	333	78	63	484
Manic-depressive reaction	37	550	47	64	698	35	560	61	58	714
Senile psychosis	426	116	43	22	607	338	123	37	15	513
Other psychoses	136	385	91	73	685	88	403	81	84	656
Anxiety reaction	-	786	9	26	821	15	772	4	19	810
Hysterical reaction	-	806	29	29	864	10	707	35	30	783
All Psychoneuroses	4	774	13	23	814	12	720	52	21	805
Antisocial personality	-	651	32	32	714	-	590	26	-	615
All Behaviour, Character and Intelligence Disorders	13	547	25	34	619	30	457	55	25	568
Epilepsy	35	424	104	28	590	32	433	63	24	551
All Causes	91	467	50	46	654	73	468	62	49	652

Appendix Table M.7. - Mental Hospitals. Deaths and Discharges in 1949 as a percentage of corresponding Admissions in 1949, by (a) Regions. (b) Density Aggregates.

1. Newcastle

Diagnosis		Age Groups							
		-20	20-	25-	35-	45-	55-	65+	All
Schizophrenia	M	50	51	42	46	33	29	-	44
	F	72	54	45	51	38	50	20	49
Manic-Depressive Reaction	M	-	57	71	78	63	60	67	67
	F	60	47	68	66	66	63	61	64
Senile Psychosis	M	-	-	-	-	-	80	46	48
	F	-	-	-	-	50	50	36	37
Other Psychoses	M	-	-	71	56	59	60	53	59
	F	50	100	57	55	56	57	54	56
Anxiety Reaction	M	67	67	89	76	88	88	60	83
	F	100	86	86	80	95	89	63	85
Hysterical Reaction	M	100	100	94	92	100	100	-	96
	F	71	67	68	72	85	100	60	73
All Psychoneuroses	M	100	83	90	85	81	67	50	83
	F	80	80	80	78	85	86	69	80
Behaviour, character & intelligence disorders	M	64	50	76	74	57	80	-	66
	F	50	79	35	58	33	100	-	53
Epilepsy	M	43	64	70	30	71	80	-	59
	F	86	38	83	50	70	25	-	63
Total, All Causes	M	61	57	60	64	62	58	54	60
	F	68	62	63	64	62	60	47	60

2. Leeds

	Age Groups							
	-20	20-	25-	35-	45-	55-	65+	All
M	43	45	44	39	33	50	67	43
F	42	54	36	40	34	17	44	39
M	100	67	64	71	69	63	69	67
F	50	69	68	71	68	62	62	66
M	-	-	-	-	-	25	39	38
F	-	-	-	-	-	55	49	49
M	-	50	50	55	53	63	44	54
F	100	80	44	65	50	51	71	56
M	-	57	82	78	78	92	-	79
F	100	77	66	71	73	64	50	69
M	-	100	80	71	60	50	-	81
F	100	89	81	86	80	80	100	84
M	-	83	79	76	81	70	57	77
F	89	80	74	77	82	72	72	77
M	53	80	64	64	50	27	13	56
F	64	50	78	67	40	50	100	66
M	75	88	38	36	56	67	-	53
F	14	67	38	38	63	50	-	41
M	53	57	55	58	62	62	49	57
F	57	65	60	66	61	58	55	60

3. Sheffield

	Age Groups							
	-20	20-	25-	35-	45-	55-	65+	All
M	55	56	45	33	41	63	-	47
F	46	55	49	64	61	39	33	53
M	50	67	74	70	69	61	76	68
F	100	94	92	76	68	65	59	72
M	-	-	100	-	-	61	54	55
F	-	-	-	-	100	59	51	51
M	100	80	67	76	79	69	78	74
F	-	63	68	76	78	65	54	70
M	100	75	88	88	69	100	100	84
F	100	100	100	85	91	100	-	94
M	100	100	94	78	90	80	-	89
F	54	100	84	89	88	100	100	85
M	100	80	89	86	80	74	90	86
F	70	93	86	88	80	79	80	84
M	63	79	77	66	52	40	-	66
F	56	70	59	36	100	40	100	61
M	50	47	82	40	80	67	-	60
F	67	33	73	68	60	67	100	64
M	64	63	67	65	69	63	64	65
F	63	69	74	74	71	63	54	67

Appendix Table M.7 (Contd.)

4. Cambridge

Diagnosis		Age Groups -20	20-	25-	35-	45-	55-	65+	All
Schizophrenia	M	50	49	45	34	47	25	67	44
	F	50	33	51	16	25	25	50	35
Manic-Depressive Reaction	M	100	81	81	65	63	56	53	63
	F	100	89	67	67	64	60	53	64
Senile Psychosis	M	-	-	-	-	-	33	60	59
	F	-	-	-	-	-	-	53	52
Other Psychoses	M	-	100	100	50	62	66	67	66
	F	-	100	83	53	53	35	61	53
Anxiety Reaction	M	100	100	83	60	67	67	100	80
	F	100	88	82	69	84	100	67	81
Hysterical Reaction	M	-	-	-	67	50	100	-	64
	F	-	67	60	50	67	50	50	57
All Psychoneuroses	M	75	80	82	68	79	81	100	80
	F	80	79	71	76	76	81	63	75
Behaviour, character & intelligence disorders	M	29	40	69	62	50	-	100	55
	F	38	100	33	80	-	-	-	43
Epilepsy	M	71	100	55	60	50	50	-	59
	F	-	-	50	67	100	50	-	61
Total, All Causes	M	56	62	62	54	60	56	61	59
	F	62	67	62	61	61	57	53	59

5. N.W. Metropolitan

		Age Groups -20	20-	25-	35-	45-	55-	65+	All
Schizophrenia	M	46	62	49	44	35	71	33	50
	F	55	61	44	44	39	48	20	47
Manic-Depressive Reaction	M	33	93	71	81	70	68	65	72
	F	100	64	76	78	65	65	58	69
Senile Psychosis	M	-	-	-	-	100	50	53	53
	F	-	-	-	-	-	67	43	43
Other Psychoses	M	-	50	81	68	58	58	58	62
	F	100	100	83	64	70	57	58	65
Anxiety Reaction	M	100	60	86	85	78	75	100	82
	F	75	42	77	81	61	93	71	75
Hysterical Reaction	M	100	100	79	75	80	33	-	78
	F	50	67	83	72	75	60	-	73
All Psychoneuroses	M	67	78	83	86	83	69	100	83
	F	63	56	79	77	67	85	82	75
Behaviour, character & intelligence disorders	M	50	83	84	52	76	67	-	72
	F	42	67	38	71	44	50	100	49
Epilepsy	M	50	71	38	45	100	-	-	54
	F	100	67	73	70	40	100	-	67
Total, All Causes	M	50	71	65	68	65	64	60	65
	F	60	62	65	69	62	65	51	62

6. N.E. Metropolitan

		Age Groups -20	20-	25-	35-	45-	55-	65+	All
Schizophrenia	M	64	50	47	40	45	67	100	48
	F	52	50	51	45	39	-	67	47
Manic-Depressive Reaction	M	-	88	57	65	83	60	48	67
	F	100	50	76	67	75	60	66	68
Senile Psychosis	M	-	-	-	-	-	33	51	51
	F	-	-	-	-	-	60	43	43
Other Psychoses	M	-	50	50	65	58	56	70	61
	F	100	67	62	54	57	52	55	55
Anxiety Reaction	M	-	75	90	63	92	78	50	77
	F	60	64	84	84	86	65	67	79
Hysterical Reaction	M	100	100	83	82	83	-	-	83
	F	75	64	94	79	85	86	67	81
All Psychoneuroses	M	100	89	87	70	80	75	56	78
	F	65	68	82	79	78	60	64	75
Behaviour, character & intelligence disorders	M	36	87	69	68	73	67	20	66
	F	86	45	53	55	55	75	-	55
Epilepsy	M	50	80	33	82	36	60	100	61
	F	100	57	43	36	40	33	-	44
Total, All Causes	M	56	68	57	62	72	62	58	62
	F	67	57	68	65	67	56	50	61

Appendix Table M.7 (Contd.)

7. S.E. Metropolitan

Diagnosis		Age Groups -20	20-	25-	35-	45-	55-	65+	All
Schizophrenia	M	72	49	44	44	51	29	-	47
	F	93	63	45	44	44	56	40	50
Manic-depressive Reaction	M	100	71	58	71	74	71	60	69
	F	50	90	74	75	72	68	65	71
Senile Psychosis	M	-	-	-	-	-	50	61	60
	F	-	-	-	-	-	43	50	50
Other Psychoses	M	100	100	57	56	65	59	63	62
	F	-	67	67	58	64	49	22	53
Anxiety Reaction	M	100	78	87	82	88	67	60	83
	F	100	100	81	86	86	88	100	86
Hysterical Reaction	M	100	100	80	88	100	75	-	90
	F	100	75	67	86	80	75	-	76
All Psychoneuroses	M	100	80	77	79	85	67	78	79
	F	100	82	78	84	83	77	81	81
Behaviour, character & intelligence disorders	M	36	67	54	87	83	50	-	63
	F	33	60	93	83	71	50	100	69
Epilepsy	M	80	67	64	50	57	33	-	57
	F	67	-	47	60	100	100	100	64
Total, All Causes	M	76	61	55	64	70	67	61	63
	F	81	73	63	70	69	63	57	65

8. S.W. Metropolitan

		Age Groups -20	20-	25-	35-	45-	55-	65+	All
Schizophrenia	M	48	49	47	46	48	41	25	47
	F	54	55	47	46	48	41	50	48
Manic-depressive Reaction	M	50	74	74	74	69	70	64	70
	F	68	81	75	72	68	67	51	68
Senile Psychosis	M	-	-	-	-	-	69	62	62
	F	-	-	-	-	-	43	39	39
Other Psychoses	M	-	44	75	67	59	65	54	61
	F	50	25	67	61	65	58	47	59
Anxiety Reaction	M	83	64	78	82	78	81	60	77
	F	67	76	77	81	81	81	100	79
Hysterical Reaction	M	60	85	83	88	85	86	100	84
	F	45	80	81	78	78	75	100	77
All Psychoneuroses	M	60	69	80	82	77	80	74	78
	F	54	77	77	80	81	78	79	78
Behaviour, character & intelligence disorders	M	53	70	65	69	71	65	100	65
	F	59	58	77	74	46	58	75	64
Epilepsy	M	64	71	57	53	50	53	60	57
	F	56	53	63	71	77	71	-	63
Total, All Causes	M	53	57	60	65	66	69	61	63
	F	58	64	66	67	65	62	44	60

9. Oxford

		Age Groups -20	20-	25-	35-	45-	55-	65+	All
Schizophrenia	M	44	43	52	50	43	33	50	49
	F	13	50	45	58	47	25	-	45
Manic-depressive Reaction	M	100	100	61	73	67	74	48	68
	F	-	40	59	59	66	68	47	61
Senile Psychosis	M	-	-	-	-	-	-	65	62
	F	-	-	-	-	-	33	41	41
Other Psychoses	M	-	-	64	60	63	65	78	67
	F	100	33	67	68	57	67	56	61
Anxiety Reaction	M	-	100	89	82	82	83	100	84
	F	-	100	86	63	100	100	33	82
Hysterical Reaction	M	-	100	67	100	100	67	-	83
	F	75	50	82	67	83	50	100	75
All Psychoneuroses	M	50	100	88	90	89	87	80	89
	F	83	75	86	68	75	67	63	75
Behaviour, character & intelligence disorders	M	-	71	76	50	50	-	-	58
	F	60	100	50	71	71	50	-	64
Epilepsy	M	100	100	70	60	33	-	50	57
	F	50	67	50	40	50	-	-	47
Total, All Causes	M	41	71	65	70	65	72	61	66
	F	52	58	63	62	62	62	46	58

Appendix Table M.7 (Contd.)

10. Bristol

Diagnosis		Age Groups							
		-20	20-	25-	35-	45-	55-	65+	All
Schizophrenia	M	52	64	47	36	52	-	25	48
	F	48	36	41	40	36	32	33	40
Manic-depressive Reaction	M	100	79	84	77	68	71	67	73
	F	71	50	76	77	68	64	55	68
Senile Psychosis	M	-	-	-	-	-	29	59	58
	F	-	-	-	-	100	63	46	47
Other Psychoses	M	-	50	69	75	66	61	55	63
	F	-	25	67	52	55	46	44	51
Anxiety Reaction	M	67	75	81	80	85	58	100	77
	F	78	80	85	78	70	65	73	77
Hysterical Reaction	M	-	100	89	85	88	100	100	89
	F	67	73	86	88	80	100	50	79
All Psychoneuroses	M	80	76	79	72	78	63	85	75
	F	79	77	82	75	72	65	63	75
Behaviour, character & intelligence disorders	M	63	50	61	50	41	53	67	53
	F	44	54	68	36	14	33	67	45
Epilepsy	M	88	67	67	64	78	50	-	69
	F	80	67	64	75	83	25	75	70
Total, All Causes	M	64	66	64	63	67	62	62	64
	F	62	54	68	68	63	57	49	60

11. Wales

		Age Groups							
		-20	20-	25-	35-	45-	55-	65+	All
M	M	62	58	54	47	35	38	50	53
F	F	59	50	59	52	47	35	33	53
M	M	-	100	70	81	70	75	71	73
F	F	100	73	86	76	77	76	77	77
M	M	-	-	-	50	-	-	57	55
F	F	-	-	-	-	25	63	58	58
M	M	-	-	86	74	60	59	38	62
F	F	-	60	73	83	68	62	55	67
M	M	100	100	89	100	67	100	50	89
F	F	60	71	86	94	67	75	100	83
M	M	100	100	82	92	100	100	-	93
F	F	100	80	83	89	68	100	50	81
M	M	100	88	89	93	78	86	50	87
F	F	86	80	84	87	69	79	78	81
M	M	90	67	78	58	54	73	-	68
F	F	50	67	56	88	67	100	-	68
M	M	60	67	60	68	25	80	50	62
F	F	45	57	50	56	57	57	-	54
M	M	68	65	65	69	63	67	60	65
F	F	63	62	72	75	69	67	59	68

12. Birmingham

		Age Groups							
		-20	20-	25-	35-	45-	55-	65+	All
M	M	45	55	55	46	45	50	-	51
F	F	61	56	54	48	42	17	33	51
M	M	40	71	71	73	73	65	58	69
F	F	73	79	75	80	72	67	54	71
M	M	-	-	-	100	-	53	72	71
F	F	-	-	-	-	-	54	49	49
M	M	100	33	50	68	62	77	64	66
F	F	75	60	63	63	61	64	56	62
M	M	80	100	86	93	86	62	100	87
F	F	-	83	85	73	94	63	75	81
M	M	-	57	100	81	69	60	-	76
F	F	85	100	75	67	71	88	100	76
M	M	80	81	85	87	84	71	83	84
F	F	67	86	80	72	80	74	80	77
M	M	54	78	61	67	47	90	75	63
F	F	57	58	44	60	65	43	100	57
M	M	45	50	67	68	71	67	50	62
F	F	69	63	73	52	64	71	50	63
M	M	51	61	65	67	69	72	67	67
F	F	64	69	67	68	67	64	54	64

Appendix Table M.7 (Contd.)

13. Manchester

Diagnosis		Age Groups							
		-20	20-	25-	35-	45-	55-	65+	All
Schizophrenia	M	48	50	47	54	25	50	-	48
	F	68	59	58	45	37	24	20	48
Manic-depressive Reaction	M	67	88	74	68	56	54	58	61
	F	80	56	66	71	73	63	55	67
Senile Psychosis	M	-	-	-	-	-	50	69	66
	F	-	-	-	-	-	53	39	40
Other Psychoses	M	-	25	40	47	53	44	42	45
	F	-	-	33	42	61	42	42	48
Anxiety Reaction	M	50	88	90	100	67	57	-	80
	F	-	100	75	67	50	33	75	66
Hysterical Reaction	M	-	50	80	67	83	-	100	76
	F	100	100	75	60	75	-	-	75
All Psychoneuroses	M	67	79	84	86	67	83	63	79
	F	100	86	85	70	57	78	75	74
Behaviour, character & intelligence disorders	M	64	57	52	56	56	60	-	56
	F	25	13	58	13	22	100	33	31
Epilepsy	M	40	40	19	56	78	50	-	43
	F	-	25	38	-	50	50	67	28
Total, All Causes	M	55	57	57	64	57	55	64	59
	F	63	57	64	56	60	52	44	55

14. Liverpool

		Age Groups							
		-20	20-	25-	35-	45-	55-	65+	All
M	M	64	69	53	49	65	43	-	56
F	F	47	45	55	59	49	50	33	53
M	M	-	50	86	66	56	49	37	55
F	F	80	77	81	86	89	59	74	78
M	M	-	-	-	-	-	67	58	58
F	F	-	-	-	-	-	41	45	44
M	M	-	50	50	60	53	72	63	61
F	F	-	50	73	73	62	49	48	59
M	M	50	69	86	83	67	83	67	79
F	F	-	75	65	73	100	33	67	74
M	M	-	-	100	63	50	-	-	67
F	F	100	100	100	100	33	-	-	96
M	M	50	65	84	83	68	80	100	78
F	F	86	100	85	91	89	70	67	87
M	M	33	78	91	78	60	100	33	74
F	F	33	63	43	46	80	-	-	51
M	M	50	33	33	63	100	100	-	65
F	F	38	50	75	83	20	-	100	59
M	M	58	67	60	63	63	62	53	61
F	F	53	59	68	73	70	54	50	63

County Boroughs

		Age Groups							
		-20	20-	25-	35-	45-	55-	65+	All
M	M	52	56	50	50	43	52	17	51
F	F	58	54	47	49	43	36	30	48
M	M	75	83	71	74	69	60	63	67
F	F	72	76	75	75	70	64	60	69
M	M	-	-	-	-	-	48	61	60
F	F	-	-	-	-	-	51	47	47
M	M	50	36	61	65	61	68	57	63
F	F	60	58	59	61	61	52	49	56
M	M	75	79	85	84	82	74	69	82
F	F	78	83	75	76	85	68	70	77
M	M	100	100	79	71	81	75	75	80
F	F	71	85	83	80	81	89	67	80
M	M	81	81	85	81	81	75	72	81
F	F	77	83	80	81	81	76	73	80
M	M	46	73	67	73	56	64	25	63
F	F	58	55	62	60	56	37	100	59
M	M	53	67	56	56	70	61	57	60
F	F	63	54	69	50	74	59	50	62
M	M	56	64	62	66	67	63	61	64
F	F	65	65	66	68	66	58	52	62

Appendix Table M.7 (Contd.)

(b) Density Aggregates Greater London

Diagnosis		Age Groups							
		-20	20-	25-	35-	45-	55-	65+	All
Schizophrenia	M	52	47	45	42	38	62	50	45
	F	60	53	47	46	38	33	48	46
Manic-depressive Reaction	M	80	74	68	71	67	67	61	67
	F	79	72	73	72	65	62	50	65
Senile Psychosis	M	-	-	-	-	100	60	58	58
	F	-	-	-	-	-	53	39	39
Other Psychoses	M	100	57	66	68	61	59	55	60
	F	100	38	62	53	58	52	47	53
Anxiety Reaction	M	100	65	80	80	79	64	50	76
	F	86	55	75	84	71	76	71	76
Hysterical Reaction	M	83	87	80	80	74	50	-	79
	F	33	82	79	80	81	67	-	75
All Psychoneuroses	M	62	73	79	81	75	72	74	77
	F	56	67	75	80	74	71	78	74
Behaviour, character & intelligence disorders	M	52	74	64	69	70	69	40	66
	F	69	59	70	71	54	69	63	66
Epilepsy	M	63	67	56	59	33	50	67	55
	F	50	71	60	66	58	40	33	60
Total, All Causes	M	54	58	57	63	62	65	59	60
	F	64	60	64	65	60	58	44	58

Urban Districts

		Age Groups							
		-20	20-	25-	35-	45-	55-	65+	All
Schizophrenia	M	49	55	49	43	51	42	36	49
	F	54	55	49	51	47	44	41	50
Manic-depressive Reaction	M	54	74	72	71	71	69	65	70
	F	73	70	78	76	71	68	61	71
Senile Psychosis	M	-	-	-	67	-	51	57	57
	F	-	-	-	-	40	54	47	47
Other Psychoses	M	100	56	64	64	63	62	59	62
	F	100	60	66	67	62	59	58	62
Anxiety Reaction	M	70	82	85	84	76	83	64	82
	F	82	68	87	77	83	86	74	81
Hysterical Reaction	M	100	92	86	86	93	94	100	89
	F	87	71	84	77	72	78	80	78
All Psychoneuroses	M	89	81	83	84	80	80	74	82
	F	82	72	85	75	74	75	72	78
Behaviour, character & intelligence disorders	M	62	60	72	59	61	60	38	63
	F	48	64	44	59	53	50	57	52
Epilepsy	M	67	56	64	55	63	71	17	61
	F	52	38	59	57	63	64	71	57
Total, All Causes	M	60	62	63	64	69	67	61	64
	F	61	63	68	69	66	64	53	64

Rural Districts

		Age Groups							
		-20	20-	25-	35-	45-	55-	65+	All
Schizophrenia	M	63	55	48	43	47	30	29	49
	F	54	48	53	44	53	33	30	48
Manic-depressive Reaction	M	67	90	76	79	65	67	62	70
	F	100	74	76	74	73	68	63	71
Senile Psychosis	M	-	-	100	-	-	53	61	61
	F	-	-	-	-	100	52	51	51
Other Psychoses	M	75	33	71	70	71	67	68	69
	F	-	64	77	74	70	61	47	66
Anxiety Reaction	M	75	76	88	82	80	78	73	82
	F	57	95	85	79	85	68	75	81
Hysterical Reaction	M	-	100	84	95	86	71	100	86
	F	77	83	75	77	76	93	86	78
All Psychoneuroses	M	71	78	87	82	77	77	82	81
	F	69	89	80	82	80	78	74	81
Behaviour, character & intelligence disorders	M	71	63	68	58	43	59	67	62
	F	31	68	68	57	33	100	50	57
Epilepsy	M	50	60	56	64	71	43	50	59
	F	64	50	50	61	60	25	67	55
Total, All Causes	M	65	63	64	68	66	68	64	65
	F	58	65	69	69	70	64	54	65

Appendix Table M.8 - Mental Hospitals. Patients admitted before 1st January, 1949 and still in residence on 31st December, 1949. Regional Tables

Newcastle-on-Tyne

Selected Diagnosis	Age Groups at end of 1949								
	Males								
	0-	25-	35-	45-	55-	65-	75+	NS	Total
Syphilis	1	5	11	44	35	14	-	1	111
Acute infectious encephalitis and effects	-	-	4	2	-	-	-	-	6
Neoplasms, brain & C.N.S.	-	-	-	-	-	-	-	-	-
Thyrotoxicosis, myxœdema, diabetes, pellagra, pernicious and other hyperchromic anæmias	-	-	-	-	-	-	-	-	-
Schizophrenia	35	273	353	321	143	75	22	6	1,228
Manic-depressive reaction	2	10	54	121	142	120	22	1	472
Involutional melancholia	-	1	7	8	18	19	2	-	55
Paranoia; paranoid states	-	2	19	42	48	22	12	2	147
Senile psychosis	-	-	1	1	12	39	35	-	88
Presenile psychosis	-	-	1	-	4	1	1	-	7
Alcoholic psychosis	-	-	-	-	3	-	-	-	3
Psychoses, other and N.O.S.	-	10	57	121	142	109	34	-	473
Total psychoses	37	296	492	614	512	385	128	9	2,473
Anxiety Reaction	1	1	1	6	-	-	-	-	9
Hysterical Reaction	-	1	-	-	-	-	-	-	1
Obsessive-compulsive Reaction	1	-	3	-	-	-	-	-	4
Neurotic-depressive Reaction	-	-	-	-	-	-	-	-	-
Neurosis with somatic symptoms	-	-	-	-	-	-	-	-	-
Neuroses, other and N.O.S.	1	3	2	1	4	-	-	-	11
Total psychoneuroses	3	5	6	7	4	-	-	-	25
Antisocial personality	1	-	2	-	-	-	-	-	3
Other pathologic personality	-	3	2	1	-	3	-	1	10
Immature personality	-	-	-	-	-	-	-	-	-
Alcoholism and drug addiction	-	-	-	-	-	1	-	-	1
Mental deficiency	47	55	59	70	76	25	5	2	339
Other character, behaviour and intelligence disorders	-	-	-	-	-	-	-	-	-
Total character, behaviour and intelligence disorders	48	58	63	71	76	29	5	3	353
Epilepsy	21	38	45	36	30	11	3	2	186
Other diseases of brain and C.N.S.	-	2	8	7	5	8	3	1	34
Neuroses of menopause									
Puerperal psychosis									
Senility without psychosis	-	-	-	-	-	-	-	-	-
Head injuries	-	-	-	-	-	-	-	-	-
Mental disease, secondary to other causes	-	-	-	-	-	-	-	-	-
Other causes	-	-	-	3	2	1	-	-	6
Total, all causes	110	404	629	784	664	448	139	16	3,194

Selected Diagnosis	Age Groups at end of 1949								
	Females								
	0-	25-	35-	45-	55-	65-	75+	NS	Total
Syphilis	-	3	7	16	12	4	2	-	44
Acute infectious encephalitis and effects	-	-	3	2	1	-	-	-	6
Neoplasms, brain & C.N.S.	-	-	-	1	-	-	-	-	1
Thyrotoxicosis, myxœdema, diabetes, pellagra, pernicious and other hyperchromic anæmias	-	-	-	-	-	-	-	-	-
Schizophrenia	24	157	213	184	122	68	30	10	808
Manic-depressive reaction	2	11	59	163	207	168	44	1	655
Involutional melancholia	-	1	4	13	15	19	7	-	59
Paranoia; paranoid states	-	-	8	27	42	31	11	-	119
Senile psychosis	1	-	2	3	13	64	72	2	157
Presenile psychosis	-	-	-	1	1	3	-	-	5
Alcoholic psychosis	-	-	-	-	-	1	-	-	1
Psychoses, other and N.O.S.	-	26	86	190	214	132	50	2	700
Total psychoses	27	195	372	581	614	486	214	15	2,504
Anxiety Reaction	-	1	-	2	1	1	-	-	5
Hysterical Reaction	-	3	-	-	-	-	-	-	3
Obsessive-compulsive Reaction	-	-	-	-	1	-	-	-	1
Neurotic-depressive Reaction	-	-	-	-	-	-	-	-	-
Neurosis with somatic symptoms	-	-	-	-	-	-	-	-	-
Neuroses, other and N.O.S.	-	-	2	1	-	-	1	1	5
Total psychoneuroses	-	4	2	3	2	1	1	1	14
Antisocial personality	-	-	-	-	-	-	1	-	1
Other pathologic personality	-	-	1	3	1	2	-	-	7
Immature personality	-	-	-	-	-	-	-	-	-
Alcoholism and drug addiction	-	-	-	-	-	1	-	-	1
Mental deficiency	20	51	66	65	57	30	11	4	304
Other character, behaviour and intelligence disorders	-	1	-	-	-	-	-	-	1
Total character, behaviour and intelligence disorders	20	52	67	68	58	33	12	4	314
Epilepsy	9	31	52	52	35	16	4	-	199
Other diseases of brain and C.N.S.	-	5	2	16	16	19	13	1	72
Neuroses of menopause	-	-	-	-	-	-	-	-	-
Puerperal psychosis	-	-	-	1	1	-	-	-	2
Senility without psychosis	-	-	-	-	-	-	1	-	1
Head injuries	-	-	-	-	-	-	-	-	-
Mental disease, secondary to other causes	-	-	-	-	-	-	-	-	-
Other causes	-	-	-	-	1	1	1	-	3
Total, all causes	56	290	505	740	740	560	248	21	3,160

Leeds

Selected Diagnosis	Age Groups at end of 1949								
	Males								
	0-	25-	35-	45-	55-	65-	75+	NS	Total
Syphilis	4	4	19	34	49	16	2	-	128
Acute infectious encephalitis and effects	-	1	2	1	-	-	-	-	4
Neoplasms, brain & C.N.S.	-	-	-	-	-	-	-	-	-
Thyrotoxicosis, myxœdema, diabetes, pellagra, pernicious and other hyperchromic anæmias	-	-	-	-	-	-	-	-	-
Schizophrenia	45	290	336	252	97	45	13	2	1,080
Manic-depressive reaction	2	28	117	235	313	237	76	5	1,013
Involutional melancholia	-	-	-	1	2	2	1	-	6
Paranoia; paranoid states	-	-	1	1	6	6	2	-	16
Senile psychosis	-	-	1	-	7	46	44	1	99
Presenile psychosis	-	-	-	-	2	3	-	-	5
Alcoholic psychosis	-	-	-	2	-	-	1	-	3
Psychoses, other and N.O.S.	2	25	91	267	290	189	62	1	927
Total psychoses	49	343	546	758	717	528	199	9	3,149
Anxiety Reaction	-	1	2	4	3	2	-	-	12
Hysterical Reaction	-	-	-	-	2	-	1	-	3
Obsessive-compulsive Reaction	-	1	-	-	-	1	-	-	2
Neurotic-depressive Reaction	-	-	1	1	1	1	-	-	4
Neurosis with somatic symptoms	-	-	-	-	-	-	-	-	-
Neuroses, other and N.O.S.	4	3	7	4	3	6	2	-	29
Total psychoneuroses	4	5	10	9	9	10	3	-	50
Antisocial personality	1	1	1	2	2	-	-	-	7
Other pathologic personality	-	2	8	-	4	-	-	-	14
Immature personality	-	-	2	4	1	-	-	-	7
Alcoholism and drug addiction	-	-	1	-	-	-	-	-	1
Mental deficiency	15	55	95	120	77	29	6	-	397
Other character, behaviour and intelligence disorders	1	-	1	-	-	-	-	-	2
Total character, behaviour and intelligence disorders	17	58	108	126	84	29	6	-	428
Epilepsy	26	54	86	87	61	18	6	-	338
Other diseases of brain and C.N.S.	-	2	8	7	10	24	14	-	65
Neuroses of menopause									
Puerperal psychosis									
Senility without psychosis	-	-	-	-	-	-	-	-	-
Head injuries	-	-	-	-	-	-	-	-	-
Mental disease, secondary to other causes	-	1	-	-	-	-	-	-	1
Other causes	-	1	5	10	3	6	7	-	32
Total, all causes	100	469	784	1,032	933	631	237	9	4,195

Selected Diagnosis	Age Groups at end of 1949								
	Females								
	0-	25-	35-	45-	55-	65-	75+	NS	Total
Syphilis	1	4	7	13	26	4	1	-	56
Acute infectious encephalitis and effects	-	1	2	-	-	-	-	-	3
Neoplasms, brain & C.N.S.	-	-	-	-	-	-	-	-	-
Thyrotoxicosis, myxœdema, diabetes, pellagra, pernicious and other hyperchromic anæmias	-	-	1	-	-	1	-	-	2
Schizophrenia	33	161	237	215	131	80	24	1	882
Manic-depressive reaction	7	50	168	348	508	423	147	7	1,658
Involutional melancholia	-	-	1	3	13	2	4	-	23
Paranoia; paranoid states	-	1	1	6	15	6	7	-	36
Senile psychosis	-	-	1	5	18	120	159	-	303
Presenile psychosis	-	-	-	-	5	2	1	-	8
Alcoholic psychosis	-	-	-	1	1	1	-	-	3
Psychoses, other and N.O.S.	4	36	134	316	469	412	126	9	1,506
Total psychoses	44	248	542	894	1,160	1,046	468	17	4,419
Anxiety Reaction	-	-	1	-	7	3	-	-	11
Hysterical Reaction	-	1	1	-	-	-	-	-	2
Obsessive-compulsive Reaction	-	2	-	-	1	-	1	-	4
Neurotic-depressive Reaction	-	-	1	1	1	-	-	-	3
Neurosis with somatic symptoms	-	1	-	-	-	-	-	-	1
Neuroses, other and N.O.S.	5	15	17	13	12	7	2	-	71
Total psychoneuroses	5	19	20	14	21	10	3	-	92
Antisocial personality	2	-	-	-	-	-	-	-	2
Other pathologic personality	1	3	3	4	1	-	-	-	12
Immature personality	1	-	2	1	1	1	-	-	6
Alcoholism and drug addiction	-	-	-	-	1	-	-	-	1
Mental deficiency	24	42	74	94	106	53	17	-	410
Other character, behaviour and intelligence disorders	1	-	-	-	-	-	-	-	1
Total character, behaviour and intelligence disorders	29	45	79	99	109	54	17	-	432
Epilepsy	13	56	98	118	82	43	6	-	416
Other diseases of brain and C.N.S.	-	1	5	11	23	24	9	-	73
Neuroses of menopause	-	-	-	-	-	-	-	-	-
Puerperal psychosis	-	1	2	2	2	2	-	-	9
Senility without psychosis	-	-	-	-	-	-	-	-	-
Head injuries	-	-	-	-	-	-	-	-	-
Mental disease, secondary to other causes	-	-	-	-	-	-	-	-	-
Other causes	-	2	8	15	11	12	4	-	52
Total, all causes	92	377	764	1,166	1,434	1,196	508	17	5,554

Appendix Table M.8 (Contd.)

Sheffield

Selected Diagnosis	Age Groups at end of 1949																	
	Males									Females								
	0-	25-	35-	45-	55-	65-	75+	NS	Total	0-	25-	35-	45-	55-	65-	75+	NS	Total
Syphilis	1	5	23	46	51	14	2	-	142	1	2	7	13	16	4	-	-	43
Acute infectious encephalitis & effects	1	4	9	4	2	1	-	-	21	-	5	9	2	3	-	-	-	19
Neoplasms, brain & C.N.S.	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	1
Thyrotoxicosis, myxœdema, diabetes, pellagra, pernicious and other hyperchromic anæmias	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Schizophrenia	44	269	425	365	161	62	15	3	1,344	36	165	357	349	204	93	34	4	1,242
Manic-depressive reaction	2	19	62	171	204	245	73	3	779	3	30	107	279	366	319	132	1	1,237
Involutional melancholia	-	-	-	-	3	2	1	-	6	1	-	1	21	36	38	11	1	109
Paranoia; paranoid states	1	1	5	3	5	9	1	1	26	-	-	1	1	10	6	3	-	21
Senile psychosis	-	-	1	1	10	71	79	-	162	1	-	-	2	18	135	187	1	344
Presenile psychosis	-	-	-	-	2	1	-	-	3	-	-	-	2	8	3	-	-	13
Alcoholic psychosis	-	-	-	1	1	4	-	-	6	-	-	-	-	-	3	1	-	4
Psychoses, other and N.O.S.	8	24	59	123	128	113	26	-	481	3	22	77	167	221	194	60	-	744
Total psychoses	55	313	552	664	514	507	195	7	2,807	44	217	543	821	863	791	428	7	3,714
Anxiety Reaction	-	-	-	-	1	-	-	-	1	-	1	-	-	-	-	-	-	1
Hysterical Reaction	-	3	1	-	-	-	1	1	6	-	1	3	3	-	-	-	-	7
Obsessive-compulsive Reaction	-	-	-	-	-	-	-	-	-	-	-	1	2	1	-	-	-	4
Neurotic-depressive Reaction	-	1	1	-	2	-	-	-	4	-	-	2	3	2	1	-	-	8
Neurosis with somatic symptoms	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	1
Neuroses, other and N.O.S.	-	-	-	3	1	2	1	-	7	1	-	-	1	1	-	-	-	3
Total psychoneuroses	-	4	2	3	4	2	2	1	18	1	2	6	10	4	1	-	-	24
Antisocial personality	1	2	-	-	-	-	-	-	3	1	-	1	-	-	1	-	-	3
Other pathologic personality	6	11	6	2	1	1	-	-	27	2	7	6	3	-	1	-	-	19
Immature personality	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	1
Alcoholism and drug addiction	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	1
Mental deficiency	31	66	95	95	83	49	15	1	435	32	75	109	90	92	39	7	-	444
Other character, behaviour & intelligence disorders	2	-	-	-	-	-	-	-	2	-	-	-	-	-	-	-	-	-
Total character, behaviour & intelligence disorders	40	79	101	97	84	50	15	1	467	35	82	116	94	93	41	7	-	468
Epilepsy	26	48	62	93	65	28	8	1	331	23	47	79	101	49	34	8	-	341
Other diseases of brain and C.N.S.	1	2	14	17	16	21	13	-	84	-	1	8	19	52	77	37	-	194
Neuroses of menopause										-	-	-	-	-	-	-	-	-
Puerperal psychosis										-	1	-	1	-	-	-	-	2
Senility without psychosis	-	-	-	-	-	1	-	-	1	-	-	-	-	-	-	-	-	-
Head injuries	-	-	-	1	-	-	-	-	1	-	-	1	-	-	-	-	-	1
Mental disease, secondary to other causes	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other causes	-	-	3	3	4	9	6	-	25	-	-	1	6	6	13	9	-	35
Total, all causes	124	455	766	928	740	633	241	10	3,897	104	357	771	1,067	1,086	961	489	7	4,842

Cambridge

Age Groups at end of 1949																		
Males									Females									
0-	25-	35-	45-	55-	65-	75+	NS	Total	0-	25-	35-	45-	55-	65-	75+	NS	Total
-	-	5	9	12	4	-	-	30	-	1	2	2	5	3	-	-	13
-	-	1	1	-	-	-	-	2	-	-	-	1	-	-	-	-	1
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
8	72	140	123	39	16	6	-	404	11	66	99	102	62	32	8	1	381
2	11	27	77	131	124	43	-	415	2	31	88	202	287	262	68	1	941
-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	-	-	2
-	-	-	-	1	-	-	-	1	-	-	-	-	1	-	-	-	1
-	-	1	1	1	13	26	-	42	-	-	1	2	3	32	66	-	104
-	-	-	1	1	-	-	-	2	-	-	-	-	-	1	-	-	1
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	4	24	68	94	63	23	1	277	-	14	47	96	142	125	38	-	462
10	87	192	270	267	216	98	1	1,141	13	111	235	402	497	452	180	2	1,892
-	1	-	2	-	-	-	-	3	-	1	-	4	-	1	1	-	7
-	-	1	1	-	-	-	-	2	-	-	-	-	-	-	1	-	1
1	-	-	1	1	-	-	-	3	-	-	1	1	-	1	1	-	4
-	-	1	1	1	-	-	-	3	-	-	-	-	1	1	-	-	2
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1	-	3	2	6	2	1	-	15	-	4	2	-	3	2	-	-	11
2	1	5	7	8	2	1	-	26	-	5	3	5	4	5	3	-	25
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1	1	1	1	-	1	-	-	5	-	-	-	1	2	1	1	-	5
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1	-	-	1	1	-	-	-	3	-	-	1	1	-	1	1	-	4
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1	-	3	2	6	2	1	-	15	-	4	2	-	3	2	-	-	11
7	11	22	31	29	9	2	-	111	3	17	19	41	28	7	2	-	117
-	-	4	11	12	24	12	-	63	2	1	5	15	27	30	30	-	110
									-	-	-	-	-	-	-	-	-
									-	-	-	1	-	-	1	-	2
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	1	2	1	-	-	-	4	-	2	3	5	1	-	-	-	11
31	121	259	361	373	265	114	2	1,526	25	149	294	510	599	512	222	3	2,314

Appendix Table M.8 (Contd.)

N.W. Metropolitan

Selected Diagnosis	Age Groups at end of 1949																	
	Males									Females								
	0-	25-	35-	45-	55-	65-	75+	NS	Total	0-	25-	35-	45-	55-	65-	75+	NS	Total
Syphilis	1	-	13	35	30	15	4	-	98	-	1	3	11	12	3	-	-	30
Acute infectious encephalitis and effects	-	5	5	3	-	-	-	-	13	-	-	1	1	-	-	-	-	2
Neoplasms, brain and C.N.S.	-	-	1	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-
Thyrotoxicosis, myxœdema diabetes, pellagra, pernicious and other hyperchromic anæmias	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1
Schizophrenia	58	273	472	336	164	50	12	8	1,373	42	220	395	302	201	84	23	5	1,272
Manic-depressive reaction	3	21	91	158	193	180	77	3	726	2	41	166	317	421	403	166	5	1,521
Involutional melancholia	-	-	-	-	1	2	3	-	6	-	-	1	5	7	4	3	1	21
Paranoia; paranoid states	-	4	26	29	18	24	9	-	110	-	2	22	69	62	39	8	-	202
Senile psychosis	-	-	1	1	3	27	46	1	79	-	-	-	2	11	67	158	1	239
Presenile psychosis	-	-	-	2	6	3	1	-	12	-	-	-	3	9	18	1	-	31
Alcoholic psychosis	-	-	-	-	1	1	-	-	2	-	-	-	-	3	2	-	-	5
Psychoses, other and N.O.S.	-	9	43	100	104	88	27	5	376	2	9	79	181	310	297	175	3	1,056
Total psychoses	61	307	633	626	490	375	175	17	2,884	46	272	663	879	1,024	914	534	15	4,347
Anxiety Reaction	-	-	3	2	-	-	-	-	5	-	2	5	1	2	1	-	-	11
Hysterical Reaction	2	-	-	1	1	-	-	-	4	-	-	3	2	3	-	-	-	8
Obsessive-compulsive Reaction	1	1	-	-	1	-	-	-	3	-	-	1	-	-	-	-	-	1
Neurotic-depressive Reaction	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	1
Neurosis with somatic symptoms	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Neuroses, other and N.O.S.	-	-	-	3	2	1	-	-	6	-	-	-	2	-	-	-	-	2
Total psychoneuroses	3	1	3	6	4	1	-	-	18	-	2	10	5	5	1	-	-	23
Antisocial personality	-	-	1	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-
Other pathologic personality	-	-	-	-	-	1	-	-	1	-	1	-	1	1	1	-	-	4
Immature personality	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Alcoholism and drug addiction	-	-	-	1	1	1	2	-	5	-	-	-	-	1	-	1	-	2
Mental deficiency	12	41	100	152	117	64	13	3	502	4	31	70	127	146	89	26	-	493
Other character, behaviour and intelligence disorders	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1
Total character, behaviour & intelligence disorders	12	41	101	153	118	66	15	3	509	4	32	70	128	148	90	28	-	500
Epilepsy	8	39	44	42	24	12	1	1	171	6	9	39	63	42	31	7	2	199
Other diseases of brain and C.N.S.	-	5	6	38	88	94	27	3	261	-	2	8	30	65	136	90	1	332
Neuroses of menopause										-	-	-	-	-	-	-	-	-
Puerperal psychosis										-	1	4	2	-	1	-	-	8
Senility without psychoses	-	-	-	-	-	1	-	-	1	-	-	-	-	-	-	-	-	-
Head injuries	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Mental disease, secondary to other causes	-	-	1	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-
Other causes	-	-	-	-	4	3	2	-	9	-	2	5	7	2	1	1	-	18
Total, all causes	85	398	807	903	758	567	224	24	3,766	56	321	803	1,126	1,298	1,178	660	18	5,460

N.E. Metropolitan

Age Groups at end of 1949																		
Males									Females									
0-	25-	35-	45-	55-	65-	75+	NS	Total	0-	25-	35-	45-	55-	65-	75+	NS	Total
-	4	7	20	14	10	-	1	56	-	1	2	13	15	7	1	-	39
-	4	6	3	1	1	-	-	15	-	3	4	4	3	1	-	-	15
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
50	276	494	431	231	91	33	7	1,613	34	180	346	456	368	184	63	4	1,635
-	8	27	83	142	116	38	1	416	3	10	66	149	302	285	104	3	922
-	-	-	3	3	4	2	-	12	-	-	1	7	23	41	7	-	79
-	2	11	38	56	43	15	1	166	-	1	20	44	75	89	46	1	276
-	-	-	-	3	14	24	-	41	-	-	-	1	7	45	101	-	154
-	-	-	1	3	2	-	-	6	-	-	1	1	5	5	1	-	13
-	-	-	-	-	2	-	-	2	-	-	-	-	3	8	4	-	15
-	-	12	29	69	54	19	2	185	-	4	27	90	139	168	60	2	490
51	286	544	585	507	326	131	11	2,441	37	195	461	748	922	825	386	10	3,584
-	-	2	3	3	1	-	-	9	-	-	-	1	6	2	2	-	11
1	-	3	-	1	-	-	-	5	-	3	3	-	2	1	-	-	9
-	-	2	-	1	-	-	-	3	-	-	-	3	1	1	-	-	5
-	-	1	3	2	-	1	-	7	-	1	1	4	-	2	1	-	9
-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	1
-	-	1	1	1	-	-	1	4	-	-	1	2	2	4	-	-	9
1	-	9	7	8	1	1	1	28	-	4	5	10	12	10	3	-	44
-	1	-	1	-	-	-	-	2	-	-	4	2	-	1	-	-	7
1	1	1	1	-	2	-	-	6	-	2	-	3	3	2	-	-	10
-	-	-	1	-	-	-	-	1	1	-	2	-	-	-	-	-	3
-	-	-	-	-	1	1	-	2	-	-	-	-	-	1	-	-	1
2	17	55	60	78	55	5	2	274	7	16	36	83	94	45	14	2	297
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
3	19	56	63	78	58	6	2	285	8	18	42	88	97	49	14	2	318
3	21	32	44	35	15	6	-	156	2	13	32	52	38	23	9	1	170
1	-	4	8	15	18	9	-	55	-	-	6	11	21	30	18	1	87
									-	-	-	-	-	-	-	-	-
									1	2	1	7	5	2	-	-	18
-	-	-	-	-	-	3	-	3	-	-	-	-	-	-	-	-	-
-	-	1	1	-	-	-	-	2	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	2	3	7	20	5	-	37	-	1	10	12	15	20	15	-	73
59	334	661	734	665	449	161	15	3,078	48	237	563	945	1,128	987	446	14	4,348

Appendix Table M.8 (Contd.)

S.E. Metropolitan

Selected Diagnosis	Age Groups at end of 1949																	
	Males									Females								
	0-	25-	35-	45-	55-	65-	75+	NS	Total	0-	25-	35-	45-	55-	65-	75+	NS	Total
Syphilis	1	2	17	21	35	1	2	1	93	-	-	2	10	11	7	2	-	32
Acute infectious encephalitis and effects	-	2	8	1	-	-	-	-	11	-	3	2	1	-	-	-	-	6
Neoplasms, brain and C.N.S.	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	-	2
Thyrotoxicosis, myxœdema, diabetes, pellagra, pernicious and other hyperchromic anæmias	-	-	-	-	1	-	-	-	1	-	-	-	-	1	1	-	-	2
Schizophrenia	33	247	360	358	175	74	16	5	1,268	24	168	349	346	253	120	41	2	1,303
Manic-depressive reaction	3	10	37	100	135	170	64	2	521	3	14	82	181	347	404	150	-	1,181
Involutional melancholia	-	-	-	-	-	4	-	-	4	-	-	-	-	7	13	2	-	22
Paranoia; paranoid states	-	-	6	13	8	10	1	-	38	-	2	9	28	38	43	22	-	142
Senile psychosis	-	-	-	-	1	17	40	-	58	-	-	-	1	8	62	209	1	281
Presenile psychosis	-	-	-	1	1	5	-	-	7	-	-	-	2	5	5	1	-	13
Alcoholic psychosis	-	-	-	-	2	2	-	-	4	-	-	2	-	1	2	-	-	5
Psychoses, other and N.O.S.	2	6	42	93	145	152	62	-	502	3	14	64	187	350	385	168	3	1,174
Total psychoses	38	263	445	565	467	434	183	7	2,402	30	198	506	745	1,009	1,034	593	6	4,121
Anxiety Reaction	-	-	-	6	1	-	1	-	8	-	1	1	2	2	1	1	-	8
Hysterical Reaction	-	-	-	1	-	-	-	-	1	-	1	3	1	-	-	-	-	5
Obsessive-compulsive Reaction	-	-	1	1	-	-	-	-	2	-	-	-	-	-	-	-	-	-
Neurotic-depressive Reaction	-	-	1	-	-	-	-	-	1	-	-	1	1	1	1	-	-	4
Neurosis with somatic symptoms	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Neuroses, other and N.O.S.	-	1	1	2	4	4	-	-	12	-	-	1	-	-	1	-	-	2
Total psychoneuroses	-	1	3	10	5	4	1	-	24	-	2	6	4	3	3	1	-	19
Antisocial personality	-	1	1	-	-	-	-	-	2	1	-	2	1	2	-	-	-	6
Other pathologic personality	-	2	3	1	1	-	-	-	7	-	1	2	3	1	-	-	-	7
Immature personality	-	-	-	-	-	-	-	-	-	-	1	-	2	-	-	-	-	3
Alcoholism and drug addiction	-	-	-	-	2	1	-	-	3	-	-	-	-	1	-	2	-	3
Mental deficiency	45	42	54	101	75	43	9	-	369	32	38	91	100	113	66	26	4	470
Other character, behaviour & intelligence disorders	-	-	-	-	-	1	-	-	1	-	-	-	-	-	-	-	-	-
Total character, behaviour & intelligence disorders	45	45	58	102	78	45	9	-	382	33	40	96	106	117	66	28	4	489
Epilepsy	11	27	51	49	45	19	8	-	210	3	15	43	47	56	22	3	-	189
Other diseases of brain and C.N.S.	-	-	5	8	17	35	8	-	73	-	1	2	15	15	30	13	-	76
Neuroses of menopause										-	-	-	-	-	-	-	-	-
Puerperal psychosis										-	2	6	4	2	2	-	-	16
Senility without psychosis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Head injuries	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Mental disease, secondary to other causes	-	-	-	1	1	-	-	-	2	-	-	-	-	-	-	-	-	-
Other causes	2	1	1	2	4	7	6	-	23	1	4	9	3	10	13	11	-	51
Total, all causes	97	341	588	759	653	558	217	8	3,221	67	265	671	935	1,225	1,179	651	10	5,003

S.W. Metropolitan

Selected Diagnosis	Age Groups at end of 1949																	
	Males									Females								
	0-	25-	35-	45-	55-	65-	75+	NS	Total	0-	25-	35-	45-	55-	65-	75+	NS	Total
Syphilis	2	9	36	100	88	53	6	1	295	1	6	23	54	37	16	4	-	141
Acute infectious encephalitis and effects	-	3	16	-	2	-	-	-	21	-	3	8	7	4	-	1	-	23
Neoplasms, brain and C.N.S.	-	-	-	-	1	-	-	-	1	-	1	-	-	-	-	-	-	1
Thyrotoxicosis, myxœdema, diabetes, pellagra, pernicious and other hyperchromic anæmias	-	-	-	-	-	1	-	-	1	-	-	-	-	-	-	1	-	1
Schizophrenia	96	685	963	744	332	195	52	14	3,081	102	434	890	1,054	773	468	169	2	3,892
Manic-depressive reaction	4	28	103	250	404	423	131	3	1,346	6	38	189	473	816	826	351	1	2,700
Involutional melancholia	-	-	-	1	9	7	3	-	20	-	-	-	10	26	27	12	-	75
Paranoia; paranoid states	-	1	16	31	39	22	6	-	115	1	4	23	85	97	88	49	-	347
Senile psychosis	-	-	-	2	14	112	283	3	414	-	1	-	5	19	352	1,039	3	1,419
Presenile psychosis	-	-	-	4	11	13	1	1	30	1	-	1	4	48	65	20	-	139
Alcoholic psychosis	-	1	-	1	6	5	2	-	15	-	-	-	5	7	16	6	-	34
Psychoses, other and N.O.S.	4	50	207	414	461	374	130	1	1,641	6	20	168	506	809	848	411	1	2,769
Total psychoses	104	765	1,289	1,447	1,276	1,151	608	22	6,662	116	497	1,271	2,142	2,595	2,690	2,057	7	11,375
Anxiety Reaction	-	2	4	7	6	3	1	-	23	-	3	6	2	8	2	1	-	22
Hysterical Reaction	-	-	-	1	-	-	-	-	1	3	7	5	3	4	2	-	-	24
Obsessive-compulsive Reaction	-	-	1	2	2	-	-	-	5	-	1	2	5	1	3	-	-	12
Neurotic-depressive Reaction	-	-	1	3	2	-	-	-	6	-	2	2	1	1	2	-	-	8
Neurosis with somatic symptoms	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Neuroses, other and N.O.S.	1	-	2	4	4	6	-	-	17	-	1	4	4	4	4	1	-	18
Total psychoneuroses	1	2	8	17	14	9	1	-	52	3	14	19	15	18	13	2	-	84
Antisocial personality	4	3	3	2	2	-	-	-	14	3	6	5	2	1	-	-	-	17
Other pathologic personality	3	-	-	7	1	3	-	-	14	1	3	-	4	2	-	-	-	10
Immature personality	-	-	2	-	-	-	-	-	2	1	-	3	-	-	-	-	-	4
Alcoholism and drug addiction	-	-	-	1	-	-	-	-	1	-	-	-	-	1	2	-	-	3
Mental deficiency	21	54	130	187	176	103	34	5	710	24	66	184	233	238	128	48	-	921
Other character, behaviour & intelligence disorders	9	-	-	2	-	-	-	-	11	8	-	-	-	-	-	-	-	8
Total character, behaviour & intelligence disorders	37	57	135	199	179	106	34	5	752	37	75	192	239	242	130	48	-	963
Epilepsy	19	54	99	120	78	39	17	1	427	18	61	113	124	117	70	31	1	535
Other diseases of brain and C.N.S.	-	10	20	26	49	114	88	-	307	1	13	38	48	70	169	172	-	511
Neuroses of menopause										-	-	-	-	-	-	-	-	-
Puerperal psychosis										-	1	1	2	-	-	-	-	4
Senility without psychosis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	2
Head injuries	-	1	1	1	-	-	-	-	3	-	-	-	-	-	-	-	-	-
Mental disease, secondary to other causes	-	-	1	-	1	-	-	-	2	-	-	-	-	-	-	-	-	-
Other causes	1	6	3	5	10	14	4	-	43	-	6	9	13	13	29	14	1	85
Total, all causes	164	907	1,608	1,915	1,698	1,487	758	29	8,566	176	677	1,674	2,644	3,096	3,118	2,331	9	13,725

Appendix Table M.8 (Contd.)

Oxford

Selected Diagnosis	Age Groups at end of 1949																	
	Males									Females								
	0-	25-	35-	45-	55-	65-	75+	NS	Total	0-	25-	35-	45-	55-	65-	75+	NS	Total
Syphilis	-	1	2	15	24	9	1	-	52	-	1	2	6	5	-	1	-	15
Acute infectious encephalitis and effects	-	1	4	3	-	-	-	-	8	-	1	2	3	-	-	-	-	6
Neoplasms, brain and C.N.S.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Thyrotoxicosis, myxœdema, diabetes, pellagra, pernicious and other hyperchromic anæmias	-	-	2	-	-	1	-	-	3	-	-	-	1	-	1	-	-	2
Schizophrenia	21	99	174	161	96	37	10	1	599	18	82	184	240	155	96	40	-	815
Manic-depressive reaction	1	5	15	35	59	86	32	-	233	1	3	25	53	102	128	55	-	367
Involutional melancholia	-	-	-	2	6	6	1	-	15	-	-	-	15	30	22	6	-	73
Paranoia; paranoid states	-	1	4	6	9	9	-	-	29	-	-	1	5	13	14	7	-	40
Senile psychosis	-	-	-	-	3	14	30	-	47	-	-	-	1	4	34	55	-	94
Presenile psychosis	-	-	1	-	1	2	-	-	4	-	-	-	-	1	2	-	-	3
Alcoholic psychosis	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	-	2
Psychoses, other and N.O.S.	8	12	28	49	75	64	24	-	260	3	8	40	96	142	137	56	-	482
Total psychoses	30	117	222	253	249	218	97	1	1,187	22	93	250	410	448	434	219	-	1,876
Anxiety Reaction	-	-	1	-	-	-	-	-	1	-	-	-	-	-	1	-	-	1
Hysterical Reaction	-	-	1	-	2	-	-	-	3	-	-	-	1	-	-	-	-	1
Obsessive-compulsive Reaction	-	-	-	2	1	-	-	-	3	-	-	1	-	1	-	1	-	3
Neurotic-depressive Reaction	-	-	-	1	1	3	-	-	5	-	-	1	-	1	-	-	-	2
Neuroses with somatic symptoms	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Neuroses, other and N.O.S.	-	-	-	1	-	2	-	-	3	-	2	-	-	-	-	-	-	2
Total psychoneuroses	-	-	2	4	4	5	-	-	15	-	2	2	1	2	1	1	-	9
Antisocial personality	-	-	-	2	1	-	-	-	3	-	-	1	-	-	-	-	-	1
Other pathologic personality	-	4	1	1	-	-	-	-	6	-	-	-	-	-	-	-	-	-
Immature personality	-	-	-	1	-	-	-	-	1	-	-	1	-	-	-	-	-	1
Alcoholism and drug addiction	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Mental deficiency	17	22	24	46	35	19	4	-	167	12	16	26	59	44	18	9	-	184
Other character, behaviour & intelligence disorders	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total character, behaviour & intelligence disorders	17	26	25	50	36	19	4	-	177	12	16	28	59	44	18	9	-	186
Epilepsy	17	14	26	39	18	11	4	-	129	11	14	15	27	17	11	1	-	96
Other diseases of brain and C.N.S.	-	3	4	2	13	15	5	-	42	-	-	4	4	9	20	19	-	56
Neuroses of menopause										-	-	-	-	-	-	-	-	-
Puerperal psychosis										-	1	1	3	2	-	-	-	7
Senility without psychosis	-	-	-	-	-	2	6	-	8	-	-	-	-	1	4	7	-	12
Head injuries	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Mental disease, secondary to other causes	-	-	1	-	2	-	-	-	3	-	-	-	-	-	-	-	-	-
Other causes	-	-	1	1	1	3	1	-	7	-	-	3	5	3	2	1	-	14
Total, all causes	64	162	289	367	347	283	118	1	1,631	45	128	307	519	531	491	258	-	2,279

Bristol

Selected Diagnosis	Age Groups at end of 1949																	
	Males									Females								
	0-	25-	35-	45-	55-	65-	75+	NS	Total	0-	25-	35-	45-	55-	65-	75+	NS	Total
Syphilis	1	-	9	27	33	10	3	-	83	-	4	5	12	8	-	1	1	31
Acute infectious encephalitis and effects	1	3	3	2	1	-	-	-	10	-	1	7	3	-	-	-	-	11
Neoplasms, brain and C.N.S.	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	1
Thyrotoxicosis, myxœdema, diabetes, pellagra, pernicious and other hyperchromic anæmias	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Schizophrenia	35	193	348	319	167	85	25	3	1,173	28	141	328	387	298	183	61	2	1,428
Manic-depressive reaction	1	14	55	116	175	198	69	2	628	4	19	86	231	352	364	134	3	1,193
Involutional melancholia	-	-	-	-	5	5	1	-	11	-	-	-	4	12	4	8	1	29
Paranoia; paranoid states	-	2	6	9	16	7	2	-	42	1	1	8	28	47	84	25	-	194
Senile psychosis	-	-	-	-	8	40	54	-	102	-	-	1	3	7	94	237	-	342
Presenile psychosis	-	-	1	-	2	3	-	-	6	-	-	-	3	11	9	3	1	27
Alcoholic psychosis	-	-	-	-	1	-	1	-	2	-	-	-	-	-	1	-	-	1
Psychoses, other and N.O.S.	4	30	85	176	215	138	49	2	699	9	40	128	284	340	289	119	1	1,210
Total psychoses	40	239	493	620	589	474	201	7	2,663	42	201	551	940	1,087	1,028	587	8	4,424
Anxiety Reaction	-	-	1	5	1	3	2	-	12	-	-	-	1	7	2	4	-	14
Hysterical Reaction	-	1	-	-	-	-	-	-	1	-	2	-	-	-	1	-	-	3
Obsessive-compulsive Reaction	-	-	2	1	-	-	-	-	3	-	-	-	1	-	1	-	-	2
Neurotic-depressive Reaction	-	-	-	1	1	1	-	-	3	-	-	-	1	-	1	-	-	2
Neuroses with somatic symptoms	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Neuroses, other and N.O.S.	-	3	2	3	5	3	1	-	17	-	2	1	2	3	1	-	-	9
Total psychoneuroses	-	4	5	10	7	7	3	-	36	-	4	1	5	10	6	4	-	30
Antisocial personality	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-	-	-	2
Other pathologic personality	-	1	2	1	1	1	-	-	6	-	-	-	1	1	-	-	-	2
Immature personality	-	-	1	-	-	-	-	-	1	-	1	-	1	1	-	-	-	3
Alcoholism and drug addiction	-	-	1	-	1	-	-	-	2	-	-	-	-	1	-	-	-	1
Mental deficiency	17	47	69	103	90	57	12	2	397	16	64	103	136	137	87	39	1	583
Other character, behaviour & intelligence disorders	-	-	-	-	1	-	-	-	1	-	-	-	-	-	-	1	-	1
Total character, behaviour & intelligence disorders	17	48	73	104	93	58	12	2	407	16	66	104	138	140	87	40	1	592
Epilepsy	10	22	61	46	57	19	-	1	216	7	23	46	71	52	27	4	2	232
Other diseases of brain and C.N.S.	1	2	3	9	14	24	14	-	67	-	1	5	13	20	30	16	-	85
Neuroses of menopause										-	-	-	-	-	-	-	-	-
Puerperal psychosis										-	-	3	1	-	1	-	-	5
Senility without psychosis	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-
Head injuries	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	1
Mental disease, secondary to other causes	-	-	-	-	-	1	-	-	1	-	-	-	-	-	-	-	-	-
Other causes	-	-	4	2	6	3	3	-	18	-	-	-	3	4	2	3	-	12
Total, all causes	70	318	651	820	800	596	237	10	3,502	65	300	723	1,187	1,301	1,181	655	12	5,424

Appendix Table M.8 (Contd.)

Wales

Selected Diagnosis	Age Groups at end of 1949																	
	Males									Females								
	0-	25-	35-	45-	55-	65-	75+	NS	Total	0-	25-	35-	45-	55-	65-	75+	NS	Total
Syphilis	2	6	24	41	37	9	2	-	121	2	2	1	9	6	2	-	-	22
Acute infectious encephalitis & effects	-	3	8	2	-	-	-	-	13	-	2	6	2	3	-	-	-	13
Neoplasms, brain & C.N.S.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Thyrotoxicosis, myxœdema diabetes, pellagra, pernicious and other hyperchromic anæmias	-	-	1	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-
Schizophrenia	33	296	515	464	299	144	47	12	1,810	19	137	291	328	212	148	50	2	1,187
Manic-depressive reaction	1	9	22	65	93	75	42	2	309	2	11	67	139	232	172	78	3	704
Involutional melancholia	-	-	-	13	16	14	4	-	47	-	-	-	7	25	21	6	-	59
Paranoia; paranoid states	-	-	5	26	39	27	7	-	104	-	-	-	-	1	-	-	-	1
Senile psychosis	-	-	-	2	8	48	56	-	114	-	-	-	-	12	81	140	1	234
Presenile psychosis	-	-	-	2	3	2	2	-	9	-	-	-	-	3	1	5	-	9
Alcoholic psychosis	-	-	-	-	6	3	1	-	10	-	-	-	1	3	1	5	-	10
Psychoses, other and N.O.S.	-	2	18	44	71	59	31	2	227	-	-	-	-	1	-	1	-	2
Total psychoses	34	307	560	616	535	372	190	16	2,630	21	148	358	475	489	424	285	6	2,206
Anxiety Reaction	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	2
Hysterical Reaction	-	-	-	-	-	-	-	-	-	-	1	1	2	-	1	-	-	5
Obsessive-compulsive Reaction	-	-	-	1	1	-	-	-	2	-	-	-	-	-	-	-	-	-
Neurotic-depressive Reaction	-	-	-	1	-	-	-	-	1	-	-	-	1	-	-	-	-	1
Neurosis with somatic symptoms	-	-	-	1	-	-	-	-	1	-	-	-	1	-	-	-	-	1
Neuroses, other and N.O.S.	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	1
Total psychoneuroses	-	-	-	3	1	-	-	-	4	-	1	1	4	2	1	1	-	10
Antisocial personality	-	-	-	1	-	-	-	-	1	-	1	1	-	-	1	-	-	3
Other pathologic personality	-	1	2	2	-	-	-	-	5	-	-	-	2	1	1	-	-	4
Immature personality	1	1	-	2	-	-	-	-	4	-	-	-	-	-	-	-	-	-
Alcoholism and drug addiction	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Mental deficiency	38	77	90	97	80	43	10	2	437	19	58	88	117	89	39	13	3	424
Other character, behaviour and intelligence disorders	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total character, behaviour & intelligence disorders	39	79	92	102	80	43	10	2	447	19	57	89	119	90	41	13	3	431
Epilepsy	19	46	67	74	44	15	6	4	275	13	28	59	52	44	19	2	-	217
Other diseases of brain and C.N.S.	1	4	7	18	29	33	2	-	94	-	-	2	14	22	35	14	-	87
Neuroses of menopause										-	-	-	-	-	-	-	-	-
Puerperal psychosis										-	3	2	1	4	1	1	-	12
Senility without psychosis	-	-	-	-	-	-	-	-	-	-	-	1	-	3	-	-	-	4
Head injuries	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Mental disease, secondary to other causes	-	1	1	1	-	1	-	-	4	-	-	2	1	1	1	-	-	5
Other causes	-	-	-	2	10	4	1	-	17	-	-	1	3	6	3	3	-	16
Total, all causes	95	446	760	859	736	477	211	22	3,606	55	241	522	680	670	527	319	9	3,023

Birmingham

Selected Diagnosis	Age Groups at end of 1949																	
	Males									Females								
	0-	25-	35-	45-	55-	65-	75+	NS	Total	0-	25-	35-	45-	55-	65-	75+	NS	Total
Syphilis	2	4	8	31	36	14	1	1	96	2	5	14	16	13	1	1	1	53
Acute infectious encephalitis & effects	-	6	38	13	4	-	-	-	61	1	4	16	12	7	-	1	-	41
Neoplasms, brain & C.N.S.	-	-	-	-	1	-	-	-	1	-	-	-	-	-	-	-	-	-
Thyrotoxicosis, myxœdema diabetes, pellagra, pernicious and other hyperchromic anæmias	-	-	-	-	-	-	-	-	-	-	-	1	2	3	-	-	-	6
Schizophrenia	68	345	510	438	231	103	27	6	1,728	25	179	350	386	272	146	55	17	1,430
Manic-depressive reaction	6	22	69	169	254	217	62	1	800	14	58	178	336	414	440	157	19	1,616
Involutional melancholia	-	-	-	-	7	4	1	-	12	-	-	-	5	18	6	5	-	34
Paranoia; paranoid states	-	2	8	8	13	11	2	-	44	-	4	13	28	43	33	15	-	136
Senile psychosis	-	-	-	-	2	53	81	2	138	1	2	-	2	15	121	286	5	412
Presenile psychosis	-	-	-	2	-	4	-	-	6	-	-	-	-	5	3	3	-	11
Alcoholic psychosis	-	-	-	1	3	4	-	-	8	-	-	-	-	-	2	-	-	2
Psychoses, other and N.O.S.	2	26	93	208	186	168	55	5	743	6	74	174	326	390	351	123	11	1,455
Total psychoses	76	395	680	826	696	564	228	14	3,479	46	317	715	1,083	1,157	1,102	624	52	5,096
Anxiety Reaction	-	2	2	1	2	-	-	-	7	-	-	2	-	1	1	-	-	4
Hysterical Reaction	-	-	-	-	-	-	-	-	-	-	1	-	1	1	1	-	-	4
Obsessive-compulsive Reaction	-	3	2	-	1	-	-	-	6	-	-	-	-	-	-	-	1	1
Neurotic-depressive Reaction	-	-	-	1	-	-	-	-	1	-	-	-	1	-	1	-	-	2
Neurosis with somatic symptoms	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Neuroses, other and N.O.S.	-	-	1	5	4	4	1	1	16	-	-	1	2	1	-	-	-	4
Total psychoneuroses	-	5	5	7	7	4	1	1	30	-	1	3	4	3	3	-	1	15
Antisocial personality	-	3	-	-	2	-	-	-	5	2	-	1	-	-	-	-	-	3
Other pathologic personality	-	-	1	3	1	-	-	-	5	-	-	-	-	-	-	-	-	-
Immature personality	-	1	-	-	-	1	-	-	2	-	-	1	-	-	-	-	-	2
Alcoholism and drug addiction	-	-	1	-	-	-	-	-	1	-	-	-	1	-	-	-	-	1
Mental deficiency	59	61	72	98	79	34	5	3	411	42	51	85	116	96	52	17	3	462
Other character, behaviour and intelligence disorders	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total character, behaviour & intelligence disorders	59	65	74	101	82	35	5	3	424	44	51	87	117	96	53	17	3	468
Epilepsy	27	60	81	69	76	41	15	2	371	22	45	88	94	69	50	21	2	391
Other diseases of brain and C.N.S.	-	3	11	26	38	52	32	-	162	-	4	13	30	45	71	39	2	204
Neuroses of menopause										-	-	-	-	-	-	-	-	-
Puerperal psychosis										-	1	-	2	-	1	-	-	4
Senility without psychosis	-	-	-	-	1	3	6	-	10	-	-	-	-	-	5	13	1	19
Head injuries	-	-	-	-	1	-	-	-	1	-	-	-	-	-	-	-	-	-
Mental disease, secondary to other causes	-	-	-	1	1	-	1	-	3	-	-	-	-	-	-	-	-	-
Other causes	-	1	3	3	2	5	3	-	17	-	3	5	3	10	11	2	-	34
Total, all causes	164	539	900	1,077	945	718	291	21	4,655	115	431	942	1,363	1,403	1,297	718	62	6,331

Appendix Table M.8 (Contd.)

Manchester

Selected Diagnosis	Age Groups at end of 1949																	
	Males									Females								
	0-	25-	35-	45-	55-	65-	75+	NS	Total	0-	25-	35-	45-	55-	65-	75+	NS	Total
Syphilis	-	6	20	54	57	15	-	-	152	2	9	13	26	36	14	2	-	102
Acute infectious encephalitis and effects	-	6	16	9	8	1	-	-	40	1	6	23	12	3	2	-	-	47
Neoplasms, brain and C.N.S.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Thyrotoxicosis, myxœdema, diabetes, pellagra, pernicious and other hyperchromic anæmias	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	1
Schizophrenia	71	366	564	469	238	119	26	6	1,859	52	279	494	451	367	207	70	2	1,922
Manic-depressive reaction	4	20	84	153	237	163	44	1	706	2	17	105	327	494	405	137	1	1,488
Involutional melancholia	-	-	-	3	4	2	-	-	9	-	-	-	7	34	24	7	-	72
Paranoia; paranoid stated	-	-	2	6	6	4	1	-	19	-	-	3	16	26	15	6	-	66
Senile psychosis	-	-	1	1	15	59	71	-	147	-	-	1	3	28	158	200	-	390
Presenile psychosis	-	1	-	9	11	17	2	-	40	-	-	-	12	36	32	12	-	92
Alcoholic psychosis	-	-	-	-	-	1	-	-	1	-	-	-	-	1	2	-	-	3
Psychoses, other and N.O.S.	1	15	89	196	241	198	52	4	796	1	20	101	281	359	324	109	-	1,195
Total psychoses	76	402	740	836	752	563	196	11	3,576	55	316	704	1,097	1,345	1,167	541	3	5,228
Anxiety Reaction	-	1	3	2	1	-	-	-	7	-	-	-	1	1	-	-	-	2
Hysterical Reaction	-	-	1	-	-	-	-	-	1	-	-	-	-	1	-	-	-	1
Obsessive-compulsive Reaction	-	-	-	1	-	1	-	-	2	-	-	-	-	-	-	-	-	-
Neurotic-depressive Reaction	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-	-	-	2
Neurosis with somatic symptoms	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Neuroses, other and N.O.S.	1	-	1	3	-	-	-	-	5	-	1	1	1	-	2	-	-	5
Total psychoneuroses	1	1	5	6	1	1	-	-	15	-	2	2	2	2	2	-	-	10
Antisocial personality	-	1	-	-	1	-	-	-	2	1	-	1	-	1	-	-	-	3
Other pathologic personality	-	1	-	-	2	-	-	-	3	-	1	4	3	2	-	-	-	10
Immature personality	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Alcoholism and drug addiction	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1
Mental deficiency	15	53	76	118	107	47	12	-	428	18	63	103	114	113	59	16	-	486
Other character, behaviour & intelligence disorders	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total character, behaviour & intelligence disorders	15	55	76	118	110	47	12	-	433	19	64	108	117	116	60	16	-	500
Epilepsy	17	50	53	87	51	21	8	1	288	17	41	93	144	82	49	15	1	442
Other diseases of brain and C.N.S.	-	1	6	24	26	24	7	1	89	-	3	6	19	31	38	31	-	128
Neuroses of menopause										-	-	-	-	-	-	-	-	-
Puerperal psychosis										-	-	2	4	2	1	2	-	11
Senility without psychosis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1
Head injuries	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Mental disease, secondary to other causes	-	-	-	-	1	-	-	-	1	-	-	-	-	-	-	-	-	-
Other causes	-	-	1	-	2	2	6	-	11	-	-	-	1	3	-	1	-	5
Total, all causes	109	521	917	1,134	1,008	674	229	13	4,605	94	441	951	1,422	1,621	1,333	609	4	6,475

Liverpool

Selected Diagnosis	Age Groups at end of 1949																	
	Males									Females								
	0-	25-	35-	45-	55-	65-	75+	NS	Total	0-	25-	35-	45-	55-	65-	75+	NS	Total
Syphilis	1	4	11	30	29	6	1	-	82	-	4	6	14	9	1	1	-	35
Acute infectious encephalitis and effects	-	1	9	3	-	-	-	-	13	-	-	13	3	1	-	-	1	18
Neoplasms, brain and C.N.S.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Thyrotoxicosis, myxœdema, diabetes, pellagra, pernicious and other hyperchromic anæmias	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Schizophrenia	51	268	373	238	86	26	17	5	1,064	32	163	235	172	74	30	3	4	713
Manic-depressive reaction	1	5	58	166	181	95	20	3	529	1	16	88	193	288	234	69	2	891
Involutional melancholia	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-	2
Paranoia; paranoid stated	-	-	1	2	3	1	-	-	7	-	-	2	-	1	2	-	-	5
Senile psychosis	-	-	-	1	1	13	21	-	36	-	-	1	4	13	41	63	-	122
Presenile psychosis	-	-	-	-	1	-	1	-	2	-	-	-	1	5	2	-	-	8
Alcoholic psychosis	-	-	1	-	3	-	-	-	4	-	-	-	-	-	-	-	-	-
Psychoses, other and N.O.S.	1	16	78	201	188	128	43	3	658	-	-	-	1	-	-	-	-	1
Total psychoses	53	289	511	608	463	263	102	11	2,300	33	179	326	372	382	309	135	6	1,742
Anxiety Reaction	-	2	2	1	-	-	-	-	5	-	-	-	1	-	-	-	-	1
Hysterical Reaction	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Obsessive-compulsive Reaction	-	-	-	1	-	-	-	-	1	-	-	-	-	-	-	1	-	1
Neurotic-depressive Reaction	-	-	-	1	1	-	-	-	2	-	-	2	-	-	-	-	-	2
Neurosis with somatic symptoms	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Neuroses, other and N.O.S.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total psychoneuroses	-	2	2	3	1	-	-	-	8	-	-	2	1	-	-	1	-	4
Antisocial personality	1	1	1	-	-	-	-	-	3	-	-	-	1	-	-	-	-	1
Other pathologic personality	-	2	2	-	-	-	-	-	4	-	1	1	1	-	-	-	-	3
Immature personality	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Alcoholism and drug addiction	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Mental deficiency	15	19	44	56	36	12	6	1	189	1	6	3	4	2	-	-	-	16
Other character, behaviour & intelligence disorders	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total character, behaviour & intelligence disorders	16	22	47	56	36	12	6	1	196	1	7	4	6	2	-	-	-	20
Epilepsy	12	37	48	63	37	16	5	-	218	8	25	22	8	9	1	-	1	74
Other diseases of brain and C.N.S.	-	1	5	4	13	10	5	-	38	-	-	2	-	1	-	-	-	3
Neuroses of menopause										-	-	-	-	-	-	-	-	-
Puerperal psychosis										-	-	-	-	-	2	1	-	3
Senility without psychosis	-	-	-	-	-	-	2	-	2	-	-	-	-	-	-	-	-	-
Head injuries	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Mental disease, secondary to other causes	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other causes	-	-	2	9	1	-	1	-	13	1	1	7	6	1	3	1	-	20
Total, all causes	82	356	635	776	580	307	122	12	2,870	43	216	382	410	405	316	139	8	1,919

CANCER REGISTRATION

The recording of cases of cancer was begun by the Radium Commission which, from 1930 until the introduction of the National Health Service in 1948, controlled the supply of radium to Radiotherapy Centres. Extension of record-keeping was provided for in the Cancer Act of 1939, and in June, 1945, the Radium Commission was nominated temporarily as the Statistical Bureau for the collection and analysis of records. This duty was taken over by the General Register Office in 1947.

The object of the Cancer Registration Scheme is to obtain information on such matters as the incidence of cancer in relation to site, age and sex; methods of treatment employed; survival rates as affected by the extent of the disease when first diagnosed; and the interval between earliest symptoms and the patient's coming under observation and treatment. Information about cancer cases is derived from "registering centres" which may be an individual hospital, a radiotherapy centre acting for a group of hospitals, or an area organisation responsible for all registration within its area. Each such centre in England and Wales reports to the General Register Office every new case of malignant disease encountered. A specimen of the 1948 registration card used for this purpose is reproduced on page 186. A follow-up report is made on each patient every year; after the first year's follow-up and after every second year thereafter the centres send abstract cards for each patient registered, giving further details about the patient and about his condition at each follow-up. It is from these abstract cards that information is derived for the tabulations.

The abstract card used during 1948 for recording the data is reproduced on page 186, and relevant extracts from the instructions then in use are contained in the Appendix on page 184.

Further details about the history and purpose of the Cancer Registration Scheme are contained in "Cancer Registration in England and Wales" (Studies on Medical and Population Subjects, No. 3) by Dr. Percy Stocks who also describes in detail the various definitions and rates employed.

The preliminary tabulations of the 1947 and 1948 registrations have been prepared in accordance with the plan used for those of 1945 and 1946, the results of which were summarised in the Study just mentioned. Nearly all the participating hospitals and centres continued in the scheme; several which had previously confined their registrations to cases treated by radiotherapy began to prepare abstract cards for surgically treated cases as well; and a number of hospitals joined the scheme for the first time. For 1947, 40,333 abstract cards with a firm diagnosis of malignant disease were submitted in respect of approximately 49,000 provisional registrations: the figures in 1948 were

49,110 and 59,700. A number of cases provisionally registered as malignant are subsequently found to be non-malignant, and there are also a number of duplicate registrations.

The Study on Cancer Registration emphasised that definite conclusions as to the results of treatment cannot be reached until the lapse of 3 to 5 years or more depending on the site. Only the provisional first year survival rates are available for the 1947 and 1948 registrations at the present time. It is not considered appropriate to publish detailed tables based on these; they are, however, available for consultation at the General Register Office and future tabulations incorporating the results of several years' follow-up will analyse the material in greater detail.

Distribution by sex and age of patients with cancer of various sites

Table C.1 shows the distribution by age and sex of all cases with a firm diagnosis, irrespective of whether or not there has been previous treatment, according to the International Statistical Classification (1948). Further subdivisions which correspond to those used in mortality tabulations have been made in some instances.

In general the diagnoses for treated cases are not always reported with sufficient detail of site or nature to permit the fullest use of the data. Where a well-recognised part or sector of an organ is involved (e.g. the *sigmoid* section of the colon, the *pyloric end* of the stomach, the *right* breast) the detail of site should be given whenever it is recorded in the clinical record, together with the histological description of its nature given wherever a histological report is available, (e.g. fundus stomach: adenocarcinoma). The International Classification is not a nomenclature and it is wrong to use it as such. The "good" diagnosis in a treated case should normally be more detailed than the broad inclusive headings of the majority of the International rubrics.

Cases of generalised lymphosarcoma, of one or other of the reticuloses, and of leukaemia, are reported by the centres on a special card [the C.(R) card]. These cases are included in Table C.1 but not in the other tables. Where necessary, code numbers of the M.R.C. Provisional Classification have been transformed into their International Statistical Classification equivalents.

The number of cases treated previously and the nature of previous treatment

Table C.2 separates previously treated cases from the others and shows for each site the distribution according to the method of treatment first employed and the reason for the patient's reappearance for examination or further treatment. In the Appendix on page 184 will be found definitions of 'healed', 'residual', 'recurrent' and 'metastatic' as given in the instructions used in 1947 and 1948.

The number of cases where confirmation was supported by histology

Table C.3 shows for each site the number of cases for which histological examination was made, the method of examination, and the result.

Reported duration of symptoms before registration (or start of treatment, where treated).

Table C.4 shows, for selected sites, the distribution of patients with a firm diagnosis of cancer and without previous treatment according to how long before treatment or registration they noticed the first symptom. Centres are asked to note the month and year of the first symptom, and the interval elapsing between then and treatment or registration is recorded in months.

The table gives data which may be helpful to those making estimates of the time lag before treatment for each site. In addition to differences between sites, the separate presentation of the male and female experience will enable sex differentials to be explored. Centres are grouped by hospital region. Owing to the very uneven participation of hospitals in the scheme however the figures for some "regions" are mainly those of one or two leading centres. Those using the table should keep the following points in mind:-

(a) Time-lag before referral to hospital consists of at least three components: the lag between the patient first noticing his "complaint" and going to his doctor, the time between then and referral for consultation, and (in treated cases) any delay in getting a bed. The present figures cover but do not distinguish the three components.

(b) In many cases the information given on the card relates to the month and year in which the presenting symptom or complaint, causing the patient eventually to consult his doctor, first appeared. The symptom of which the patient may complain is not necessarily the same as the first symptom of malignancy, and closer questioning of the patient often puts the initial disturbance further back in time than the

patient in the first instance admitted. Furthermore, there may be several symptoms which can be recorded, each representing a different stage in the progress of the disease. Diagnosticians may differ in the importance they attach to one or other of these, and any investigation into differences between centres must take into account the possibility that they represent simply a different choice of leading questions during the taking of the patient's history.

(c) In the Study on Cancer Registration the median interval was chosen as the statistic which would best represent the time lag before treatment. But there are other ways of analysing the data. For example, the distribution of cases according to the interval between first symptom and treatment or examination is frequently lognormal and the logarithmic mean may be a better estimate. Others may prefer to use the percentage of cases examined or treated within 3 months of the first symptom. The table is sufficiently detailed to meet these different requirements: no finer breakdown by month or year for cases of long duration is available at present.

Table C.1. - New Registrations in 1947-48 with a firm diagnosis of malignant neoplasm, by sex and age, including registrations with record of previous treatment. All registering centres and hospitals

Int. List No.	Detailed Site		All Ages	N.S.	0-	5-	15-	25-	35-	45-	50-	55-	65-	75-	85 and over
	ALL SITES	**M**	**41,027**	**274**	**168**	**237**	**594**	**1,271**	**3,216**	**3,054**	**3,841**	**11,175**	**11,880**	**4,845**	**472**
		F	**48,416**	**286**	**128**	**153**	**410**	**1,585**	**5,630**	**5,133**	**5,896**	**13,260**	**11,326**	**4,174**	**435**
140	Lip	M	1,257	10	-	-	-	13	65	68	100	267	437	253	44
		F	116	-	-	-	1	5	3	6	9	29	36	23	4
141	Tongue	M	1,066	8	-	-	-	6	26	35	48	227	490	210	16
		F	323	1	-	-	1	6	15	14	24	93	109	57	3
142.0	Mixed salivary gland tumour	M	165	-	-	1	9	13	25	26	19	39	27	6	-
		F	216	3	-	-	11	34	51	31	8	40	28	9	1
142.1	Other salivary gland neoplasms	M	174	3	1	-	6	12	21	14	20	36	40	17	4
		F	175	-	-	-	6	21	24	13	17	37	41	14	2
143	Floor of mouth; Lower gum	M	368	2	-	-	-	1	2	10	12	88	169	78	6
		F	41	-	1	-	-	-	-	1	5	14	13	6	1
144	Other or unspecified parts of mouth	M	735	1	-	-	4	4	18	19	35	159	313	171	11
		F	256	-	-	1	2	6	6	19	26	58	95	40	3
145a	Tonsil	M	264	3	-	1	2	3	12	16	18	52	106	47	4
		F	59	-	-	-	-	1	2	9	4	12	19	11	1
145a	Fauces, mesopharynx (oral) vallecula	M	357	3	-	-	-	1	6	9	13	67	163	86	9
		F	67	-	-	-	-	1	6	5	7	21	21	5	1
146	Nasopharynx	M	162	3	1	3	11	8	26	13	24	28	32	13	-
		F	59	-	1	-	6	4	9	6	8	14	11	-	-
147	Hypopharynx	M	427	3	-	-	2	3	19	17	24	114	182	63	-
		F	397	3	-	-	-	8	36	42	47	140	92	29	-

Table C.I. (Contd.)

Int. List No.	Detailed Site		All Ages	N.S.	0-	5-	15-	25-	35-	45-	50-	55-	65-	75-	85 and over
148	Pharynx, not otherwise specified	M	110	-	-	2	1	-	8	4	5	26	49	15	-
		F	29	-	-	-	-	1	4	4	2	9	6	3	-
150	OEsophagus	M	994	10	-	-	1	7	21	33	61	252	442	157	10
		F	453	6	-	-	-	4	23	25	41	141	164	48	1
151	Stomach	M	3,142	14	-	-	6	52	234	295	350	1,098	877	211	5
		F	1,743	7	-	-	3	37	123	128	174	528	595	143	5
152a	Duodenum	M	8	-	-	-	-	-	1	1	1	2	2	1	-
		F	4	-	-	-	-	-	-	-	-	3	1	-	-
152c	Others in 152 (ileum, jejunum, small intestine)	M	35	1	1	1	2	3	3	3	2	12	7	-	-
		F	37	-	-	-	1	-	3	4	10	10	6	3	-
153a	Parts of large intestine above iliac colon, and undefined	M	313	4	-	-	1	9	14	27	22	81	117	35	3
		F	314	4	-	-	-	3	27	32	45	90	86	26	1
153b	Intestine, not otherwise specified	M	5	-	-	-	-	-	1	1	-	1	1	1	-
		F	1	-	-	-	-	-	-	-	-	-	-	1	-
153c	Iliac and pelvic colon, sigmoid colon	M	1,543	9	-	-	3	28	103	107	131	386	562	202	12
		F	1,734	12	-	-	6	32	119	131	183	509	535	198	9
154	Rectum (excluding anus)	M	2,866	5	-	-	3	49	163	157	209	870	1,038	352	20
		F	1,699	6	2	-	5	41	151	115	173	529	491	172	14
155a	Liver specified as primary	M	62	-	1	-	2	2	6	2	6	25	14	4	-
		F	49	1	1	1	-	3	6	5	5	9	15	3	-
155c	Gall bladder and ducts	M	96	-	-	-	-	-	5	7	5	34	33	12	-
		F	191	2	-	-	-	1	3	9	15	60	72	25	4

157	Pancreas	M	447	3	-	-	-	5	29	35	45	134	162	33	1
		F	333	1	-	-	1	4	12	19	28	101	121	42	4
156a	Liver, secondary with primary site unknown	M	78	-	-	-	2	3	5	3	8	36	18	3	-
		F	76	-	-	-	-	3	4	9	5	23	23	9	-
156b	Liver, unspecified whether primary or secondary	M	4	-	-	-	-	-	-	-	1	2	1	-	-
		F	3	-	1	-	-	-	-	-	-	-	2	-	-
156c	Liver, secondary to known primary no longer present	M	42	1	-	-	2	-	5	6	9	12	6	-	1
		F	67	-	-	-	-	2	7	10	8	23	11	6	-
158	Peritoneum	M	66	-	4	4	3	7	11	3	5	15	11	3	-
		F	119	-	5	1	2	4	8	6	13	37	38	5	-
159	Unspecified digestive organs	M	3	-	1	-	-	-	1	-	-	1	-	-	-
		F	8	-	-	-	1	-	-	-	1	3	2	1	-
160a	Nose, Nasal sinuses and turbinate	M	269	3	2	1	2	11	30	22	29	67	75	24	3
		F	182	3	-	-	5	7	14	12	20	39	49	32	1
160b	Eustachian tube, middle ear	M	21	-	-	-	-	2	3	1	2	7	3	3	-
		F	20	1	-	-	-	-	4	3	1	5	5	1	-
160c	Other nasal cavity, nose not otherwise stated	M	85	1	-	-	1	3	10	3	4	25	26	10	2
		F	59	2	1	1	1	-	4	5	9	11	19	6	-
161	Larynx	M	1,013	12	-	-	1	9	38	66	113	309	357	105	3
		F	118	-	-	-	1	3	8	7	14	36	34	12	3
162a	Trachea, not specified as secondary	M	7	-	-	-	-	-	1	4	1	-	1	-	-
		F	2	-	-	-	-	-	-	-	-	1	1	-	-
162b	Pleura specified as primary	M	14	-	-	1	1	-	2	1	3	3	3	-	-
		F	4	-	-	-	-	1	2	1	-	-	-	-	-
162c	Lung and bronchus specified as primary, Pancoast's tumour	M	5,514	49	2	-	21	105	594	712	932	2,133	877	88	1
		F	791	7	1	2	3	35	99	82	104	238	182	36	2

Table C.1. (Contd.)

Int. List No.	Detailed Site		All Ages	N.S.	0–	5–	15–	25–	35–	45–	50–	55–	65–	75–	85 and over
163	Lung and Bronchus not specified as primary or secondary	M	11	–	–	–	–	1	4	–	2	1	3	–	–
		F	3	–	–	–	–	–	–	1	–	2	–	–	–
164	Mediastinum	M	108	1	1	1	3	7	18	6	18	38	14	1	–
		F	45	–	–	–	–	7	6	6	5	11	7	3	–
165a	Trachea secondary to primary of unknown site	M	1	–	–	–	–	–	–	–	1	–	–	–	–
		F	1	–	–	–	1	–	–	–	–	–	–	–	–
165b	Lung, bronchus or pleura, secondary to primary of unknown site	M	18	1	–	–	–	1	2	3	–	7	3	1	–
		F	11	–	–	–	–	–	–	1	2	5	3	–	–
165c	Mediastinum, secondary to primary of unknown site	M	84	–	1	–	12	10	8	7	7	21	16	2	–
		F	178	–	–	1	4	10	22	26	19	53	39	4	–
170	Breast	M	236	1	–	–	–	5	25	24	33	58	59	30	1
		F	15,212	83	1	1	24	428	2,344	2,057	1,947	3,968	3,172	1,103	84
171	Cervix uteri	F	5,664	18	–	–	12	183	790	766	943	1,822	918	204	8
172	Corpus uteri	F	1,258	8	–	–	–	8	65	94	204	525	289	65	–
173	Other parts of uterus, chorionepithelioma	F	17	–	–	–	1	4	5	–	2	5	–	–	–
174	Uterus, unspecified	F	912	8	1	–	5	11	66	76	150	351	199	43	2
175a	Ovary	F	1,913	18	1	7	28	77	333	280	337	509	261	61	1
175b	Fallopian tube, oviduct	F	13	–	–	–	–	1	–	2	3	6	1	–	–
175c	Others in 175 (broad ligament)	F	4	–	–	–	–	–	1	–	1	1	1	–	–

176	Other and unspecified female genital organs	F	855	1	1	–	–	24	54	39	73	208	292	150	13
177	Prostate	M	1,735	10	–	–	–	1	8	25	38	409	799	405	40
178	Testis	M	521	5	5	2	50	156	156	55	28	41	19	4	–
179c	Epididymis, cord and vesicle	M	3	–	–	–	–	–	–	–	1	1	–	1	–
179a	Scrotum	M	116	–	–	–	–	3	9	10	13	29	34	16	2
179b	Penis	M	416	2	–	–	–	7	26	24	42	119	129	57	10
180	Kidney	M	399	5	26	9	4	15	36	39	44	116	87	17	1
		F	235	2	36	4	4	5	17	17	24	67	44	15	–
181a	Bladder	M	1,573	11	1	–	1	10	80	94	140	497	513	224	2
		F	548	3	–	–	–	1	19	27	48	166	205	68	11
181c	Urachus, urethra, and other urinary organs	M	13	1	–	1	–	–	–	–	2	4	5	–	–
		F	57	–	1	–	–	–	6	4	4	18	19	5	–
190	Malignant melanoma of skin	M	239	1	1	6	15	24	37	18	22	40	48	23	4
		F	341	2	1	5	20	38	47	34	34	56	59	36	9
191a	Rodent ulcer (any site), basal cell carcinoma	M	5,979	40	–	1	15	116	416	390	503	1,450	1,876	1,021	151
		F	4,753	37	–	1	18	84	271	310	391	1,104	1,522	866	149
191b	Epithelioma of skin (any site), and not otherwise stated	M	2,880	14	–	3	13	59	202	184	224	627	866	595	93
		F	1,562	8	1	3	12	19	106	95	129	334	454	326	75
191c	Adenocarcinoma of skin (any site)	M	14	–	–	–	–	2	3	–	–	1	3	5	–
		F	5	–	–	–	–	–	1	–	–	1	2	1	–
191d	Other neoplasms classified to skin *	M	138	1	2	–	2	2	6	11	14	20	50	27	3
		F	98	–	1	–	2	3	9	5	10	20	33	9	6

* *Includes abdominal wall, anus, axillary fold, buttock, canthus, cheek, chin, eyebrow, pubes, scalp, umbilicus, skin of any site except genitals; x-ray cancer.*

Table C.1. (Contd.)

Int. List No.	Detailed Site		All Ages	N.S.	0-	5-	15-	25-	35-	45-	50-	55-	65-	75-	85 and over
192a	Glioma of eye †	M	13	-	9	3	1	-	-	-	-	-	-	-	-
		F	13	-	10	3	-	-	-	-	-	-	-	-	-
192c	Other neoplasms of eye (excluding eyelid)	M	80	1	2	3	3	6	4	10	14	14	18	5	-
		F	77	-	4	3	2	5	10	6	5	16	22	4	-
193a	Brain	M	624	5	21	51	45	88	138	83	70	105	17	1	-
		F	426	-	13	40	45	59	94	55	38	67	15	-	-
193b	Spinal cord	M	51	-	2	1	6	11	7	4	5	10	5	-	-
		F	43	-	2	1	5	6	6	3	7	8	3	2	-
193c	Glioma etc, † unspecified site	M	58	-	5	6	6	6	8	5	13	8	1	-	-
		F	39	-	-	6	3	2	13	6	3	3	2	1	-
194	Thyroid gland	M	146	1	-	-	5	9	14	14	16	39	39	9	-
		F	392	1	-	1	5	18	35	54	45	100	96	34	3
196a	Jaw bone	M	41	-	2	-	2	1	9	2	1	7	11	5	1
		F	31	1	3	-	5	6	4	2	1	2	3	3	1
196b, c	Other bones	M	479	2	6	25	79	41	35	38	36	114	77	26	-
		F	711	11	10	28	31	29	102	76	89	176	129	29	1
198	Secondary and unspecified malignant neoplasm of lymph nodes														
198a	Not specified as primary or secondary	M	4	-	-	-	-	-	-	-	-	-	2	2	-
		F	7	-	-	-	-	-	2	-	-	1	2	2	-
198b	Secondary to primary of unknown site	M	274	2	-	-	2	3	15	15	24	90	83	39	1
		F	109	-	-	1	2	6	9	9	8	30	33	10	1
198c	Secondary to known primary not now present	M	242	3	-	5	7	14	33	16	16	60	58	25	5
		F	1,074	12	1	-	5	35	148	145	153	287	220	66	2
195a	Suprarenal gland	M	15	-	6	3	-	1	1	1	1	1	1	-	-
		F	10	1	2	1	1	-	3	1	-	1	-	-	-
195b	Pituitary gland	M	24	-	-	-	4	3	6	2	5	3	1	-	-
		F	22	-	-	-	2	7	4	2	1	3	2	1	-
195c	Other endocrine glands (except islets of pancreas) pineal gland	M	15	-	1	-	1	2	5	1	2	2	-	1	-
		F	9	-	-	1	-	1	1	1	2	1	2	-	-

197	Connective tissue	M	294	4	14	10	23	38	37	23	26	67	35	16	1
		F	300	-	4	9	18	46	56	31	28	47	38	22	1
199	Malignant neoplasm of other and unspecified sites														
199a	Secondary to primary of unknown site	M	69	-	-	-	-	-	4	7	10	25	22	1	-
		F	63	-	-	-	1	1	3	11	5	16	22	3	1
199b	Carcinomatosis, Sarcomatosis, disseminated cancer	M	107	1	-	1	2	6	5	9	10	41	26	6	-
		F	179	1	-	-	2	4	22	12	19	58	47	13	1
199c	Other specified and unspecified sites	M	66	-	1	1	2	3	7	7	6	18	16	4	1
		F	78	-	2	1	3	4	8	11	6	21	11	10	1
200.0 200.1	Lymphosarcoma and Reticulosarcoma	M	527	5	6	14	44	41	75	60	43	132	87	19	1
		F	330	4	4	8	17	24	34	30	41	85	60	22	1
201	Hodgkin's disease	M	751	3	6	41	117	150	161	61	54	98	48	12	-
		F	384	3	-	6	45	97	62	31	31	72	33	2	2
200.2 202	Other primary malignant neoplasms of lymphoid tissue lymphadenopathies and reticuloses	M	246	3	3	3	11	19	36	22	30	59	46	14	-
		F	135	2	1	3	6	20	18	10	17	31	20	7	-
203	Multiple myelomatosis	M	73	1	1	-	-	2	9	7	9	27	14	3	-
		F	52	1	-	-	-	1	9	2	11	18	9	1	-
204.0	Lymphatic leukaemia	M	286	1	18	11	8	9	14	27	30	94	60	14	-
		F	192	1	7	4	7	7	11	10	22	47	64	10	2
204.1	Myeloid leukaemia	M	252	-	10	11	15	34	40	26	23	50	33	10	-
		F	249	1	3	6	13	28	32	29	29	61	43	4	-
204.2	Monocytic leukaemia	M	27	-	1	4	3	4	2	2	2	6	3	-	-
		F	15	-	2	-	1	-	2	-	2	5	2	1	-
204.3 204.4	Other leukaemia, leukaemia with type unspecified	M	44	1	4	7	6	1	6	-	4	8	7	-	-
		F	29	-	3	3	4	4	4	1	-	6	4	-	-
205	Mycosis fungoides	M	23	-	-	-	1	1	1	2	2	10	5	1	-
		F	17	-	-	-	-	5	3	2	1	3	1	2	-

† *Includes astrocytoma, ependymoma and varieties of glioma.*

Table C.2 - New Registrations in 1947-48 with a firm diagnosis of malignant neoplasm* distinguishing those previously treated, according to nature of the previous treatment and its results.

All registering centres and hospitals

Int. List No.	Site Group	MALES												FEMALES											
		Previous radical surgery (with or without other treatment)				Previous radical radiotherapy (without surgery)				Other radical treatment	Previous palliative treatment only	No previous treatment	Total	Previous radical surgery (with or without other treatment)				Previous radical radiotherapy (without surgery)				Other radical treatment	Previous palliative treatment only	No previous treatment	Total
		Healed	Residual	Recurrent	Metastatic	Healed	Residual	Recurrent	Metastatic					Healed	Residual	Recurrent	Metastatic	Healed	Residual	Recurrent	metastatic				
140	Lip	28	14	59	7	6	6	31	-	5	4	1,097	1,257	4	-	2	-	1	1	6	-	1	-	101	116
141	Tongue	10	15	20	5	-	10	15	3	5	3	980	1,066	4	5	6	3	-	4	5	1	2	5	288	323
142-144	Rest of mouth	48	33	67	3	4	8	10	3	3	4	1,259	1,442	50	32	70	6	3	2	14	1	1	4	505	688
145-148	Pharynx and tonsil	3	17	8	6	4	10	10	-	7	7	1,248	1,320	2	6	3	1	2	3	2	1	4	11	576	611
150	Oesophagus	-	8	3	5	1	3	-	-	4	21	949	994	-	3	1	-	2	-	1	-	2	5	439	453
151	Stomach	22	19	28	16	-	-	-	-	8	51	2,998	3,142	10	9	15	9	-	-	-	-	3	21	1,676	1,743
152,153	Intestine (except rectum)	25	18	42	24	-	2	-	-	2	32	1,759	1,904	31	33	52	37	-	-	-	-	1	45	1,891	2,090
154	Rectum	44	28	45	36	-	1	-	2	7	90	2,613	2,866	28	18	44	23	-	2	2	-	2	53	1,527	1,699
155	Biliary passages and liver (primary)	-	2	-	1	-	-	-	-	-	2	153	158	1	3	-	1	-	-	-	-	-	5	230	240
157	Pancreas	1	3	2	1	-	-	-	-	1	1	428	447	1	1	1	1	-	-	-	-	-	2	327	333
156,158, 159	Other digestive system	4	9	1	20	-	1	-	1	2	5	150	193	4	7	5	55	-	-	-	1	-	1	200	273
160	Nose and middle ear	12	25	11	5	1	-	7	1	-	13	300	375	6	29	20	4	-	1	7	-	2	5	187	261
161	Larynx	12	19	23	3	1	4	13	1	1	25	911	1,013	5	3	4	-	-	-	1	-	-	2	103	118
162	Lung (primary) and trachea	23	48	17	18	1	21	-	7	29	57	5,314	5,535	1	7	3	7	-	-	2	-	2	10	765	797
163-165	Mediastinum and thoracic metastases	3	4	1	53	-	-	1	-	2	2	156	222	8	1	9	149	1	-	-	1	1	2	66	238
170	Breast	52	6	10	7	-	1	2	-	-	2	156	236	3,501	312	652	418	8	57	43	13	37	38	10,133	15,212
171	Cervix uteri													98	68	70	25	40	69	109	20	13	22	5,130	5,664
172	Corpus uteri													149	42	68	29	2	2	11	1	-	9	945	1,258
173, 174	Other and unspec. uterus													127	22	57	28	2	10	2	4	1	6	670	929
175	Ovary, tubes and ligament													220	198	102	91	1	5	-	1	4	24	1,284	1,930
176	Other female genitals													42	21	82	6	1	7	7	-	2	8	679	855
177	Prostate	20	41	51	27	1	1	2	1	63	56	1,472	1,735												
178,179c	Testis, epididymis, cord and vesicle	173	24	12	34	-	-	-	-	1	2	278	524												
179a,b,	Scrotum and penis	38	13	18	6	1	-	6	-	8	10	432	532												
180	Kidney	26	12	10	11	1	-	-	-	2	6	331	399	19	12	4	11	-	1	-		1	1	186	235
181	Bladder and urethra	34	76	139	23	-	5	5	-	19	52	1,233	1,586	10	22	36	9	-	-	1	1	9	13	504	605
190	Malignant melanoma	21	11	28	17	1	-	1	-	1	1	158	239	41	19	31	17	1	-	3	-	4	-	225	341
191a	Rodent ulcer (basal cell carcinoma)	64	62	175	3	29	41	222	2	45	18	5,318	5,979	61	46	142	3	22	45	167	2	55	19	4,191	4,753
191b	Epithelioma of skin	91	84	98	8	9	17	54	4	21	22	2,472	2,880	54	42	83	10	5	13	22	2	8	9	1,314	1,562
191c,d	Other cancer of skin	4	10	13	1	-	-	2	-	-	1	121	152	5	4	9	1	-	-	1	-	-	3	80	103
192	Eye	31	5	3	4	-	-	1	-	-	1	48	93	16	8	10	1	-	1	-	-	-		54	90
193	Brain and nervous system	18	110	14	4	-	-	2	-	1	47	537	733	11	93	16	4	1	1	1	-	2	23	356	508
194	Thyroid gland	3	9	6	-	-	-	-	-	-	1	127	146	38	27	25	6	-	2	-	-	1	3	290	392
196	Bone	14	28	14	68	2	5	4	2	3	3	377	520	28	25	25	373	1	3	4	16	6	5	256	742
198	Lymph nodes, secondary, or unspecified whether primary or secondary	11	12	15	166	4	2	3	15	-	5	287	520	58	53	61	859	-	1	1	20	-	4	133	1,190
195,197, 199	Other sites	37	38	41	9	1	4	2	2	2	8	446	590	72	34	48	35	-	4	2	1	3	5	457	661
	All sites*	**872**	**803**	**974**	**591**	**67**	**142**	**393**	**44**	**242**	**562**	**34,108**	**38,798**	**4,705**	**1,205**	**1,756**	**2,222**	**93**	**234**	**414**	**86**	**167**	**363**	**35,768**	**47,013**

Primary neoplasms of the lymphatic and haematopoietic systems (Int. List Nos. 200-205) are excluded from this table.

Table C.3. - New Registrations in 1947-48 with a firm diagnosis of confirmation was supported by histology; together with the malignant neoplasm* showing numbers, by sex and site group, where methods used and the results. All centres and hospitals

Int. List No.	Site Group	MALES										
		Biopsy			Whole Tumour			Post Mortem			No Histological Examination	Total
		Malignant	Non-malignant	Indeterminate	Malignant	Non-malignant	Indeterminate	Malignant	Non-malignant	Indeterminate		
140	Lip	443	10	47	101	-	3	3	-	-	650	1,257
141	Tongue	455	10	23	78	1	2	15	-	-	482	1,066
142-144	Rest of mouth	600	8	33	205	8	10	8	-	-	570	1,442
145-148	Pharynx and tonsil	718	6	43	37	-	1	17	2	-	498	1,320
150	Oesophagus	361	3	27	63	1	-	61	-	-	478	994
151	Stomach	308	6	8	594	4	5	231	-	-	1,986	3,142
152, 153	Intestine (except rectum)	212	1	6	551	1	1	130	2	-	1,000	1,904
154	Rectum	388	5	11	1,061	2	3	84	1	-	1,311	2,866
155	Biliary passages and liver (primary)	23	-	2	12	-	-	38	-	1	82	158
157	Pancreas	38	1	5	14	-	-	86	-	-	303	447
156, 158, 159	Other digestive system	56	1	1	15	1	-	20	-	-	99	193
160	Nose and middle ear	206	6	10	68	-	1	7	-	-	77	375
161	Larynx	555	10	28	62	1	1	10	-	-	346	1,013
162	Lung (primary) and trachea	1,708	70	214	227	1	2	561	-	2	2,750	5,535
163-165	Mediastinum and thoracic metastases	35	3	5	29	-	2	13	-	-	135	222
170	Breast	36	-	1	110	-	-	1	-	-	88	236
171	Cervix uteri											
172	Corpus uteri											
173, 174	Other and unspecified uterus											
175	Ovary, tubes and ligament											
176	Other female genitals											
177	Prostate	276	8	23	331	9	15	60	-	-	1,013	1,735
178, 179c	Testis, epididymis, cord and vesicle	53	-	2	380	1	-	7	1	-	80	524
179a, b	Scrotum and penis	152	3	6	189	1	4	5	-	-	172	532
180	Kidney	53	1	3	148	1	1	51	-	-	141	399
181	Bladder and urethra	439	9	30	332	5	17	64	1	2	687	1,586
190	Malignant melanoma	61	-	5	123	-	6	3	-	-	41	239
191a	Rodent ulcer (basal cell carcinoma)	1,316	23	67	286	2	5	2	1	-	4,277	5,979
191b	Epithelioma of skin	1,116	21	105	452	2	11	7	-	-	1,166	2,880
191c, d	Other cancer of skin	57	5	1	34	-	3	1	-	-	51	152
192	Eye	10	1	2	59	-	-	-	-	-	21	93
193	Brain and nervous system	242	2	18	112	-	2	80	1	2	274	733
194	Thyroid gland	55	-	2	34	1	2	8	-	-	44	146
196	Bone	171	2	10	113	2	7	14	-	-	201	520
198	Lymph nodes, secondary, or unspecified whether primary or secondary	225	1	8	126	1	-	5	-	-	154	520
195, 197												
199	Other sites	185	5	11	161	-	4	30	-	-	194	590
	All sites*	**10,551**	**221**	**757**	**6,107**	**45**	**108**	**1,622**	**9**	**7**	**19,371**	**38,798**

Int. List No.	Site Group	FEMALES										
		Biopsy			Whole Tumour			Post Mortem			No Histological Examination	Total
		Malignant	Non-malignant	Indeterminate	Malignant	Non-malignant	Indeterminate	Malignant	Non-malignant	Indeterminate		
	Lip	42	-	5	10	-	-	-	-	-	59	116
	Tongue	155	2	8	34	1	1	1	-	-	121	323
	Rest of mouth	206	3	16	229	15	11	1	1	-	206	688
	Pharynx and tonsil	347	1	27	12	-	-	13	-	-	211	611
	Oesophagus	175	1	11	39	2	-	20	-	-	205	453
	Stomach	188	4	9	298	-	-	121	-	2	1,121	1,743
	Intestine (except rectum)	194	5	6	747	2	4	139	-	1	992	2,090
	Rectum	255	5	6	620	1	5	39	-	-	768	1,699
	Biliary passages and liver (primary)	48	1	1	30	-	-	48	-	-	112	240
	Pancreas	36	1	2	10	-	-	66	1	1	216	333
	Other digestive system	75	1	5	40	-	-	19	1	-	132	273
	Nose and middle ear	143	1	13	38	1	-	1	-	-	64	261
	Larynx	58	1	3	6	-	-	3	-	-	47	118
	Lung (primary) and trachea	218	9	21	24	-	1	103	1	-	420	797
	Mediastinum and thoracic metastases	16	1	5	48	-	2	13	-	-	153	238
	Breast	1,340	19	43	8,454	31	77	48	1	-	5,199	15,212
	Cervix uteri	4,208	20	57	264	4	4	38	-	-	1,069	5,664
	Corpus uteri	523	2	21	521	3	5	9	-	-	174	1,258
	Other and unspecified uterus	352	2	13	415	3	4	17	-	-	123	929
	Ovary, tubes and ligament	496	4	21	846	11	20	55	-	-	477	1,930
	Other female genitals	325	2	9	264	3	2	9	-	-	241	855
	Prostate											
	Testis, epididymis, cord and vesicle											
	Scrotum and penis											
	Kidney	28	-	5	110	-	-	14	-	-	78	235
	Bladder and urethra	147	5	12	117	2	7	28	-	-	287	605
	Malignant melanoma	82	-	7	171	3	7	1	-	-	70	341
	Rodent ulcer (basal cell carcinoma)	959	18	57	240	-	5	2	1	-	3,471	4,753
	Epithelioma of skin	575	5	65	288	1	9	2	-	-	617	1,562
	Other cancer of skin	52	-	2	21	1	4	1	-	-	22	103
	Ey	8	-	4	47	-	-	1	-	-	30	90
	Brain and nervous system	147	2	22	88	1	1	51	-	1	195	508
	Thyroid gland	69	1	11	152	1	7	11	-	-	140	392
	Bone	148	1	11	197	-	4	12	-	-	369	742
	Lymph nodes, secondary, or unspecified whether primary or secondary	209	3	7	541	2	2	2	-	-	424	1,190
	Other sites	192	4	15	211	1	5	16	-	1	216	661
	All sites*	**12,016**	**124**	**520**	**15,132**	**89**	**187**	**904**	**6**	**6**	**18,029**	**47,013**

* *Primary neoplasms of the lymphatic and haematopoietic systems (Int. List Nos. 200-205) are excluded from this table.*

Table C.4. - New Registrations for certain selected sites in not previously treated, by sex and by reputed interval from earliest symptom or sign to (a) date of registration if untreated, (b) date of starting treatment, if treated. Registering centres and hospitals amalgamated according to Hospital Region.

Site Group	Interval since earliest symptom or sign in months	All Centres and Hospitals		Newcastle		Leeds		Sheffield		East Anglia		N.W. Metro-politan		N.E. Metro-politan	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F
ALL SELECTED SITES	**All intervals**	**31,125**	**31,984**	**3,469**	**2,953**	**2,419**	**2,750**	**3,216**	**3,122**	**1,147**	**1,071**	**2,322**	**3,243**	**1,329**	**1,219**
	Not stated	2,483	2,722	170	161	177	200	513	451	33	42	174	254	122	99
	0-	861	1,046	127	125	45	53	82	87	30	32	67	95	25	34
	1-	2,588	2,892	361	301	171	218	257	242	92	92	155	298	87	114
	2-	3,535	3,148	442	330	282	299	354	286	121	101	276	328	163	133
	3-	3,381	2,927	377	278	290	266	289	276	131	106	260	312	163	94
	4-	2,442	2,167	282	211	207	223	215	182	95	89	187	213	122	88
	5-	1,669	1,687	234	192	152	166	144	147	46	48	124	184	73	62
	6-	4,036	4,140	440	362	343	369	337	363	169	136	301	459	167	189
	9-	1,493	1,665	178	134	140	170	127	151	63	68	95	181	70	49
	12-	2,885	3,411	290	324	186	274	288	303	132	128	204	339	130	137
	18-	714	783	75	70	59	65	61	59	29	38	60	94	49	44
	24 and over	5,058	5,396	493	465	367	447	549	575	206	191	419	486	158	176
Lip	**All intervals**	**1,097**	**101**	**105**	**6**	**70**	**9**	**134**	**10**	**112**	**6**	**59**	**8**	**41**	**4**
	Not stated	59	9	4	-	4	-	14	-	5	-	-	1	2	1
	0-	11	2	1	-	1	-	-	2	1	-	-	-	-	-
	1-	80	10	8	1	5	1	8	1	7	-	5	-	3	1
	2-	145	13	15	-	14	-	22	-	11	-	4	2	11	1
	3-	152	5	12	1	9	-	14	-	14	1	6	-	4	-
Int. List	4-	78	11	4	-	6	1	11	3	5	-	6	-	5	1
No. 140	5-	52	5	8	-	3	-	7	-	8	-	2	2	4	-
	6-	152	14	17	1	6	1	18	2	13	-	10	-	2	-
	9-	48	3	8	1	3	-	4	-	9	-	3	-	2	-
	12-	136	12	11	1	10	2	20	2	20	1	9	-	3	-
	18-	21	3	1	1	1	-	1	-	1	1	1	1	-	-
	24 and over	163	14	16	-	8	4	15	-	18	3	13	2	5	-
Tongue	**All intervals**	**980**	**288**	**90**	**18**	**75**	**30**	**95**	**26**	**32**	**9**	**92**	**29**	**43**	**19**
	Not stated	48	21	1	2	4	2	8	2	1	-	5	3	2	1
	0-	19	2	2	-	-	-	3	1	-	-	1	-	1	1
	1-	113	26	9	1	4	3	11	-	2	2	5	1	7	2
	2-	185	43	17	5	9	1	20	5	8	1	20	4	8	4
	3-	165	58	17	2	16	4	19	5	5	2	19	5	7	6
Int. List	4-	108	23	11	1	10	3	13	5	5	1	9	2	6	-
	5-	53	11	3	1	3	2	5	1	-	-	7	1	1	1
No. 141	6-	115	39	12	1	14	7	7	3	5	1	9	6	4	1
	9-	31	14	6	-	1	4	2	-	2	-	3	3	-	1
	12-	62	25	6	2	4	1	1	4	1	1	6	3	7	1
	18-	9	4	1	-	1	1	-	-	-	-	-	-	-	-
	24 and over	72	22	5	3	9	2	6	-	3	1	8	1	-	1
Rest of Mouth	**All intervals**	**1,259**	**505**	**128**	**25**	**96**	**57**	**151**	**52**	**32**	**11**	**97**	**46**	**52**	**26**
	Not stated	71	34	4	-	5	1	6	4	-	-	7	2	6	-
	0-	18	2	4	-	-	1	-	-	-	-	4	-	1	-
	1-	138	22	17	-	1	1	21	5	4	-	8	3	8	1
	2-	222	41	25	3	9	2	32	4	6	-	15	5	11	2
	3-	180	61	21	5	19	6	16	4	4	5	15	6	4	5
Int. List	4-	111	32	9	4	10	8	16	2	6	2	10	-	2	-
	5-	74	24	14	3	14	4	12	3	-	1	5	-	1	1
Nos. 142-144	6-	157	54	11	1	11	10	14	4	5	1	13	6	5	3
	9-	44	20	2	-	5	2	5	2	-	1	2	4	3	-
	12-	91	43	6	4	10	4	8	3	4	-	7	7	5	2
	18-	21	18	3	1	1	2	1	2	1	-	5	2	-	1
	24 and over	132	154	12	4	11	16	20	19	2	1	6	11	6	11
Pharynx and Tonsil	**All intervals**	**1,248**	**576**	**76**	**45**	**72**	**45**	**115**	**51**	**53**	**31**	**109**	**44**	**59**	**27**
	Not stated	66	40	1	2	5	5	6	6	2	1	4	3	4	2
	0-	16	7	-	2	2	-	3	-	1	1	2	-	2	-
	1-	117	29	11	-	11	-	7	4	3	2	6	2	5	-
	2-	224	67	25	6	14	7	23	8	11	4	15	4	11	3
	3-	216	66	13	4	7	2	25	6	10	3	20	8	7	1
Int. List	4-	158	64	10	4	9	6	10	2	5	6	18	5	7	6
	5-	84	35	6	4	3	4	6	5	3	1	12	4	1	2
Nos. 145-148	6-	170	128	5	10	11	10	11	11	11	9	13	7	11	9
	9-	53	35	1	3	4	4	9	3	1	1	6	3	1	1
	12-	83	49	3	6	4	3	9	1	4	2	9	4	7	-
	18-	22	5	-	1	-	-	3	-	-	-	-	-	2	1
	24 and over	39	51	1	3	2	4	3	5	2	1	4	4	1	2

1947-48 with a firm diagnosis of malignant neoplasm. Numbers symptom or sign to (a) date of registration if untreated, (b) date of and hospitals amalgamated according to Hospital Region.

S.E. Metro-politan		S.W. Metro-politan		Oxford		South Western		Wales		Birming-ham		Man-chester		Liverpool		Metro-politan teaching		Metro-politan non-teaching	
M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
810	**844**	**2,815**	**2,616**	**643**	**787**	**2,382**	**2,600**	**478**	**422**	**3,872**	**4,080**	**2,970**	**3,305**	**3,253**	**2,972**	**5,227**	**5,360**	**2,049**	**2,562**
102	112	377	365	15	36	125	180	14	8	287	320	143	206	231	288	513	583	262	287
19	44	61	89	28	40	73	112	3	4	165	168	51	83	85	82	124	168	48	94
71	79	215	198	53	87	180	258	25	21	419	406	220	295	282	283	353	469	175	220
85	83	310	236	71	78	225	258	39	28	471	409	329	282	367	297	396	535	238	245
90	75	275	220	77	59	250	228	44	36	397	395	342	312	396	270	586	463	202	238
68	51	215	179	38	53	192	193	40	17	252	251	242	224	287	193	438	345	154	186
42	40	155	135	35	35	130	131	24	22	177	216	148	161	185	148	294	281	100	140
89	89	367	339	88	94	300	309	67	59	494	526	410	418	464	428	681	735	243	341
44	41	128	128	29	44	128	144	31	24	175	196	140	183	147	152	273	277	64	122
71	68	238	265	70	116	279	269	59	55	338	424	307	405	293	304	452	521	191	288
15	19	58	60	12	13	57	70	12	14	93	90	73	90	61	57	136	165	46	52
114	143	416	402	127	132	445	448	120	134	624	681	565	648	455	470	781	838	326	389
28	**3**	**111**	**11**	**31**	**4**	**117**	**10**	**21**	**2**	**78**	**12**	**106**	**9**	**84**	**7**	**123**	**14**	**116**	**12**
3	2	12	1	1	-	5	1	-	-	4	2	3	-	2	1	7	4	10	1
-	-	1	-	1	-	4	-	-	-	1	-	-	-	1	-	1	-	-	-
3	-	7	-	4	2	9	1	4	-	6	2	7	-	4	1	11	1	7	-
3	1	10	1	3	-	11	3	2	-	12	1	14	2	13	2	16	3	12	2
4	-	16	1	5	1	16	-	1	-	11	1	21	-	19	-	11	1	19	-
-	-	8	1	1	-	11	1	1	-	5	-	12	3	3	1	14	1	5	1
1	-	4	1	2	-	3	-	-	-	1	-	5	1	4	1	9	1	2	2
5	-	12	3	4	1	15	1	4	-	13	3	18	2	15	-	9	1	20	2
1	-	2	1	3	-	3	-	2	-	2	1	3	-	3	-	6	-	2	1
3	-	14	2	3	-	14	3	1	-	7	-	13	-	8	1	12	1	17	1
-	-	5	-	-	-	8	-	-	-	1	-	1	-	1	-	3	-	3	1
5	-	20	-	4	-	18	-	6	2	15	2	9	1	11	-	24	1	19	1
17	**7**	**104**	**28**	**18**	**12**	**71**	**17**	**26**	**3**	**112**	**31**	**146**	**44**	**59**	**15**	**166**	**60**	**90**	**23**
1	1	9	5	-	-	4	3	-	-	4	1	2	-	7	1	10	7	7	3
1	-	2	-	-	-	-	-	-	-	3	-	2	-	4	-	3	1	2	-
-	1	15	3	3	-	7	-	2	-	18	3	24	9	6	1	16	5	11	2
3	1	20	5	5	-	10	3	3	-	27	7	28	6	7	1	36	12	15	2
6	1	11	4	5	3	13	3	6	-	15	7	13	8	13	8	29	10	14	6
1	-	10	2	1	1	13	2	4	1	8	1	16	3	1	1	18	4	8	-
1	-	8	1	-	-	8	1	2	1	5	1	4	1	6	-	9	2	8	1
1	2	8	1	1	3	8	2	4	1	15	4	22	6	5	1	17	8	5	2
-	-	5	1	-	1	2	-	1	-	3	1	6	2	-	1	5	4	3	1
2	-	8	2	2	3	1	1	1	-	3	1	13	5	7	1	12	3	11	3
-	-	2	1	-	-	2	2	1	-	1	-	1	-	-	-	2	-	-	1
1	1	6	3	1	1	3	-	2	-	10	5	15	4	3	-	9	4	6	2
21	**6**	**140**	**45**	**27**	**18**	**76**	**33**	**15**	**6**	**136**	**71**	**194**	**79**	**94**	**30**	**228**	**89**	**82**	**34**
2	-	21	8	-	-	3	4	1	1	9	11	5	3	2	-	25	5	11	5
-	-	1	-	-	-	1	-	1	-	2	-	3	1	1	-	4	-	2	-
3	-	16	1	4	2	7	-	1	1	15	2	21	3	12	3	21	4	14	1
2	-	20	6	4	1	14	6	-	-	24	3	41	5	19	4	35	11	13	2
5	2	17	4	4	2	4	4	1	1	22	2	30	11	18	4	32	12	9	5
1	-	14	2	1	3	9	1	4	-	8	1	12	5	9	4	21	2	6	-
-	1	7	2	1	2	5	-	1	1	5	2	6	4	3	-	11	2	2	2
2	-	20	3	2	2	13	6	4	-	21	6	24	7	12	5	27	8	13	4
2	-	2	2	2	1	6	2	1	-	3	1	10	2	1	3	9	3	-	3
2	2	6	2	3	1	6	5	1	2	11	6	15	5	7	-	16	10	4	3
1	-	1	2	1	-	1	-	-	-	-	1	5	5	1	2	7	5	-	-
1	1	15	13	5	4	7	5	-	-	16	36	22	28	9	5	20	27	8	9
16	**2**	**212**	**68**	**20**	**7**	**55**	**38**	**23**	**15**	**162**	**52**	**196**	**95**	**80**	**56**	**301**	**107**	**95**	**34**
2	-	14	7	1	-	2	4	-	1	18	1	6	5	1	3	17	8	7	4
-	-	2	-	-	1	-	1	-	-	1	1	3	1	-	-	4	-	2	-
3	-	11	3	5	-	3	4	2	-	19	6	19	8	12	-	13	2	12	3
1	-	33	4	3	2	8	7	5	2	31	7	34	9	10	4	48	10	12	1
3	-	33	6	3	-	13	3	6	3	22	6	39	14	15	10	47	9	16	6
3	-	32	8	1	1	10	4	4	1	18	5	18	9	13	7	48	14	12	5
1	1	18	3	2	-	1	2	1	-	9	1	18	5	3	3	27	10	5	-
-	1	38	16	3	1	7	5	3	2	20	14	24	20	13	13	46	26	16	7
-	-	12	6	1	-	3	1	-	2	4	1	9	5	2	5	13	8	6	2
2	-	9	8	1	1	4	2	2	4	7	3	17	10	5	5	21	8	6	4
1	-	5	-	-	-	2	2	-	-	3	-	3	1	3	-	7	1	1	-
-	-	5	7	-	1	2	3	-	-	10	7	6	8	3	6	10	11	-	2

Table C.4

Site Group	Interval since earliest symptom or sign in months	All Centres and Hospitals		Newcastle		Leeds		Sheffield		East Anglia		N.W. Metro-politan		N.E. Metro-politan	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F
Œsophagus	**All intervals**	**949**	**439**	**100**	**55**	**68**	**39**	**87**	**40**	**28**	**13**	**63**	**25**	**24**	**18**
	Not stated	53	40	6	4	3	6	19	6	-	1	2	1	-	-
	0-	19	6	2	-	1	-	2	2	-	1	2	-	-	-
	1-	99	32	16	5	6	2	8	6	5	-	3	2	3	-
	2-	184	57	20	6	12	5	16	7	4	2	13	6	3	3
	3-	150	58	12	5	15	5	6	6	6	2	10	3	4	3
Int. List	4-	109	52	12	9	12	5	8	2	3	3	10	3	4	4
	5-	81	41	13	4	5	3	6	4	-	1	5	1	-	1
No. 150	6-	143	77	12	11	10	9	12	2	8	1	7	3	5	5
	9-	36	18	3	2	1	1	4	1	2	-	2	2	1	-
	12-	39	25	3	3	-	1	5	2	-	-	2	1	1	1
	18-	12	2	1	-	2	-	-	-	-	-	2	-	2	-
	24 and over	24	31	-	6	1	2	1	2	-	2	5	3	1	1
Stomach	**All intervals**	**2,998**	**1,676**	**510**	**283**	**234**	**148**	**225**	**111**	**99**	**40**	**176**	**116**	**98**	**50**
	Not stated	221	154	18	8	21	12	70	38	3	-	8	12	4	2
	0-	84	45	13	9	4	1	8	1	1	2	9	3	1	2
	1-	290	142	54	32	25	12	21	8	18	7	13	9	9	6
	2-	384	204	67	45	37	19	23	13	13	7	22	9	17	2
	3-	335	175	63	33	24	21	17	8	11	9	17	6	11	6
Int. List	4-	271	147	57	20	14	16	12	7	8	2	17	8	7	5
	5-	181	105	37	13	13	7	10	4	6	-	5	9	7	3
No. 151	6-	428	244	69	41	34	22	22	11	21	5	33	23	17	10
	9-	147	98	25	13	13	12	4	3	5	1	4	16	7	3
	12-	235	152	47	30	15	11	15	7	9	4	13	6	8	8
	18-	61	34	7	5	5	4	4	1	1	-	3	5	3	1
	24 and over	361	176	53	34	29	11	19	10	3	3	32	10	7	2
Intestine (except Rectum)	**All intervals**	**1,759**	**1,891**	**269**	**240**	**145**	**148**	**178**	**165**	**56**	**76**	**97**	**141**	**66**	**63**
	Not stated	137	165	11	18	15	16	45	38	1	1	3	8	6	3
	0-	210	200	40	33	12	16	30	18	8	13	7	5	2	-
	1-	258	260	51	41	15	20	20	22	9	9	12	15	3	5
	2-	212	217	39	25	22	20	15	25	7	6	15	17	13	6
	3-	199	175	25	23	21	15	14	9	5	6	17	11	9	5
Int. List	4-	118	131	18	17	11	10	6	9	8	7	3	15	7	5
	5-	101	99	15	12	13	7	6	7	4	6	4	8	4	5
Nos. 152, 153	6-	181	247	30	27	19	20	19	16	6	13	9	23	7	13
	9-	81	79	10	5	7	7	6	7	-	4	5	8	3	5
	12-	136	161	16	18	5	11	9	8	5	6	16	15	4	9
	18-	24	27	3	-	4	2	2	1	1	3	-	7	3	3
	24 and over	102	130	11	21	1	4	6	5	2	2	6	9	5	4
Rectum	**All intervals**	**2,613**	**1,527**	**364**	**179**	**155**	**100**	**186**	**99**	**118**	**40**	**153**	**129**	**278**	**160**
	Not stated	227	131	25	4	14	13	45	24	3	1	10	9	30	13
	0-	89	53	16	5	2	4	7	4	3	1	5	-	6	2
	1-	260	125	36	20	7	3	23	7	18	7	11	8	19	9
	2-	297	149	54	23	20	6	10	7	15	3	22	10	29	16
	3-	293	157	43	20	21	11	15	8	15	7	17	17	29	14
Int. List	4-	202	118	33	18	13	8	10	8	8	3	9	9	24	12
	5-	155	108	27	13	10	10	6	2	6	1	5	14	16	8
No. 154	6-	394	221	41	23	30	19	24	13	16	2	31	16	36	32
	9-	149	91	17	9	9	4	10	3	6	4	8	7	24	5
	12-	274	201	31	21	15	11	19	17	15	8	12	17	36	25
	18-	69	47	13	5	6	2	4	2	4	1	5	4	8	10
	24 and over	204	126	28	18	8	9	13	4	9	2	18	18	21	14
Larynx	**All intervals**	**911**	**103**	**73**	**5**	**68**	**11**	**101**	**9**	**31**	**3**	**96**	**12**	**47**	**8**
	Not stated	60	7	3	-	6	2	4	1	-	-	6	-	6	1
	0-	13	3	-	1	-	-	1	-	-	-	2	2	2	-
	1-	43	4	3	-	4	-	7	-	-	-	1	2	-	1
	2-	81	8	3	2	8	-	8	-	1	-	7	1	5	1
	3-	116	8	13	-	6	-	11	2	6	1	12	-	7	-
Int. List	4-	88	14	7	2	6	-	11	-	8	1	8	2	6	3
	5-	70	8	6	-	7	-	11	-	1	-	4	-	5	1
No. 161	6-	177	15	15	-	13	4	17	1	9	1	26	1	2	-
	9-	56	7	9	-	5	3	9	-	1	-	4	-	3	-
	12-	69	7	8	-	9	-	13	2	2	-	6	2	4	-
	18-	28	5	2	-	1	-	3	-	1	-	5	-	2	-
	24 and over	90	17	4	-	3	2	6	3	2	-	15	2	5	1

(Contd.)

S.E. Metro-politan		S.W. Metro-politan		Oxford		South Western		Wales		Birmingham		Manchester		Liverpool		Metro-politan teaching		Metro-politan non-teaching	
M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
31	**12**	**91**	**36**	**15**	**2**	**94**	**48**	**5**	**9**	**137**	**45**	**103**	**47**	**103**	**50**	**153**	**59**	**56**	**32**
2	-	3	4	-	1	3	3	-	-	6	8	2	2	7	4	3	3	4	2
-	-	4	-	-	-	1	2	-	-	4	1	3	-	-	-	5	-	1	-
3	-	9	4	2	-	2	2	-	2	23	4	12	2	7	3	14	3	4	3
5	3	25	3	2	-	16	8	-	-	22	4	27	8	19	2	32	12	14	3
6	2	15	4	3	-	17	6	2	2	24	7	9	5	21	8	28	7	7	5
1	1	8	3	1	-	11	5	-	1	13	3	9	7	17	6	17	8	6	3
6	1	3	5	-	-	13	6	-	1	9	5	14	5	7	4	10	3	4	5
5	3	9	7	3	1	17	8	1	-	21	7	15	9	18	11	20	14	6	4
-	-	5	3	2	-	7	5	-	-	4	-	3	1	2	3	6	1	2	4
2	1	6	1	1	-	4	2	2	1	4	4	6	6	3	2	8	3	3	1
1	-	2	-	-	-	-	-	-	-	-	-	2	-	-	2	4	-	3	-
-	1	2	2	1	-	3	1	-	2	7	2	1	2	2	5	6	5	2	2
58	**46**	**167**	**92**	**61**	**19**	**273**	**154**	**36**	**10**	**485**	**264**	**137**	**81**	**439**	**262**	**381**	**211**	**118**	**93**
1	3	24	13	1	2	15	11	1	-	22	15	5	4	28	34	23	23	14	7
2	-	5	4	-	1	8	4	-	-	20	12	2	2	11	4	12	5	5	4
6	6	13	7	2	2	25	14	1	-	62	21	7	2	34	16	31	16	10	12
4	3	14	6	9	3	37	16	3	-	57	33	20	11	61	37	39	16	18	4
7	8	21	9	14	1	32	15	3	1	54	28	12	6	49	26	45	15	11	14
8	4	15	8	5	1	23	14	2	1	38	28	22	11	43	22	39	16	8	9
1	3	8	6	5	4	15	16	3	-	24	13	9	4	38	23	14	14	7	7
10	5	20	13	7	3	34	22	9	3	59	36	27	13	66	37	64	39	16	12
6	3	12	6	3	-	17	7	1	-	23	15	5	5	22	14	26	25	3	3
8	4	11	10	6	-	23	18	5	2	32	28	10	10	33	16	26	15	14	13
1	-	4	2	-	-	6	3	1	-	14	6	2	3	10	4	8	7	3	1
4	7	20	8	9	2	38	14	7	3	80	33	16	10	44	29	54	20	9	7
52	**53**	**74**	**101**	**60**	**64**	**124**	**154**	**17**	**8**	**286**	**321**	**71**	**77**	**264**	**280**	**197**	**249**	**92**	**109**
4	6	13	11	1	3	4	11	1	-	19	23	2	4	12	23	18	20	8	8
2	7	7	13	10	12	18	17	1	-	44	42	2	3	27	21	11	14	7	11
10	4	7	8	10	7	21	28	2	1	43	49	8	10	47	41	20	22	12	10
6	7	12	9	8	10	8	23	1	-	30	33	8	6	28	30	30	22	16	17
7	4	5	12	7	8	21	12	1	3	26	34	8	5	33	28	30	21	8	11
3	6	7	7	3	4	5	8	3	-	20	18	8	5	16	20	14	24	6	9
2	3	4	4	2	1	6	10	1	1	16	17	7	7	17	11	10	15	4	5
7	4	6	16	4	5	12	18	1	2	26	35	7	11	28	44	17	38	12	18
2	5	4	6	2	1	8	5	3	-	17	16	4	3	10	7	12	20	2	4
2	4	4	8	7	5	11	9	1	1	25	22	6	12	25	33	19	24	7	12
-	-	1	-	-	-	-	1	1	-	4	2	3	4	2	4	2	8	2	2
7	3	4	7	6	8	10	12	1	-	16	30	8	7	19	18	14	21	8	2
56	**45**	**166**	**127**	**57**	**25**	**204**	**132**	**14**	**14**	**413**	**223**	**141**	**96**	**308**	**158**	**535**	**338**	**118**	**123**
3	2	21	20	1	-	10	7	2	-	33	17	3	5	27	16	51	30	13	14
-	2	3	5	1	1	12	7	-	-	16	11	3	4	15	7	10	3	4	6
6	6	19	9	6	1	22	12	-	-	49	20	10	6	34	17	36	20	19	12
6	6	19	17	6	2	20	13	1	-	45	20	16	8	34	18	64	36	12	13
6	6	19	6	7	1	18	16	-	1	50	17	17	13	36	20	60	31	11	12
5	7	14	12	6	1	11	9	2	1	30	14	16	9	21	7	43	25	9	15
3	5	14	9	4	2	13	8	1	1	23	15	8	8	19	12	32	28	6	8
13	4	23	20	10	5	32	13	4	5	59	31	20	14	55	24	89	58	14	14
2	3	6	9	3	4	13	7	-	3	25	18	9	6	17	9	36	17	4	7
9	1	16	11	5	5	28	21	2	2	37	35	21	15	28	12	61	44	12	10
-	1	-	2	4	2	5	5	1	-	9	6	2	3	8	4	10	13	3	4
3	2	12	7	4	1	20	14	1	1	37	19	16	5	14	12	43	33	11	8
17	**2**	**108**	**8**	**12**	**3**	**53**	**14**	**10**	**1**	**108**	**13**	**127**	**10**	**60**	**4**	**219**	**24**	**49**	**6**
4	-	9	-	-	-	2	1	-	-	8	1	5	-	7	1	19	-	6	1
-	-	1	-	-	-	1	-	-	-	4	-	2	-	-	-	5	2	-	-
-	-	7	-	1	-	2	1	-	-	8	-	6	-	4	-	5	2	3	1
1	-	10	2	5	-	7	-	1	-	10	2	15	-	-	-	18	2	5	2
1	-	16	-	-	-	5	-	1	-	12	3	20	1	6	1	26	-	10	-
1	-	11	1	-	-	5	1	-	-	5	3	15	-	5	1	21	6	5	-
1	-	3	-	-	2	9	3	3	-	5	-	8	1	7	1	11	1	2	-
2	1	17	1	2	-	13	3	2	-	23	1	21	2	15	-	38	2	9	1
3	1	5	1	2	-	2	1	-	-	3	-	6	1	4	-	14	1	1	1
2	-	12	-	-	-	3	1	2	-	10	1	12	1	6	-	19	2	5	-
-	-	5	-	-	-	1	2	-	1	5	1	2	1	1	-	10	-	2	-
2	-	12	3	2	1	3	1	1	-	15	1	15	3	5	-	33	6	1	-

Site Group	Interval since earliest symptom or sign in months	All Centres and Hospitals		Newcastle		Leeds		Sheffield		East Anglia		N.W. Metro-politan		N.E. Metro-politan	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F
Lung and Broncus (primary)	**All intervals**	**5,314**	**765**	**532**	**71**	**476**	**70**	**469**	**59**	**127**	**22**	**486**	**96**	**263**	**39**
Trachea	Not stated	328	54	10	1	30	3	78	8	2	-	29	9	10	4
	0-	103	14	12	1	4	-	7	-	6	-	7	3	3	2
	1-	403	57	54	7	37	7	43	4	12	2	28	3	14	1
	2-	655	102	77	10	64	10	67	10	20	4	71	14	19	5
	3-	710	95	74	8	69	9	56	7	19	3	64	12	48	7
Int. List	4-	599	67	55	6	50	12	58	6	16	2	58	6	30	1
	5-	392	52	47	4	35	3	30	3	9	-	44	8	20	4
No. 162	6-	872	147	90	12	80	11	63	11	21	8	77	18	47	8
	9-	351	46	39	5	34	4	23	4	8	2	26	7	14	3
	12-	406	71	30	11	31	5	24	2	12	-	37	13	25	1
	18-	91	14	9	-	4	-	-	2	-	1	11	1	10	1
	24 and over	404	46	35	6	38	6	20	2	2	-	34	2	23	2
Breast	**All intervals**	**156**	**10,133**	**14**	**802**	**8**	**850**	**24**	**809**	**9**	**390**	**21**	**1,099**	**6**	**472**
	Not stated	8	718	-	44	-	40	1	72	1	16	2	75	-	33
	0-	2	398	-	38	-	20	-	30	-	5	-	49	-	19
	1-	11	1,208	-	98	-	100	3	82	1	37	-	137	-	62
	2-	20	1,059	4	85	1	108	3	71	1	40	4	113	1	62
	3-	16	927	1	76	1	92	1	73	-	33	1	105	-	32
Int. List	4-	6	653	1	63	1	65	1	47	-	30	-	69	1	31
	5-	9	482	1	57	1	44	2	35	-	22	1	48	-	20
No. 170	6-	21	1,227	3	93	1	90	4	99	1	43	3	142	2	61
	9-	7	533	2	31	2	46	2	45	-	31	1	62	-	19
	12-	19	1,107	1	79	1	87	3	83	1	52	3	114	2	48
	18-	5	290	-	33	-	25	1	21	-	12	2	34	-	19
	24 and over	32	1,531	1	105	-	133	3	151	4	69	4	151	-	66
Cervix Uteri	**All intervals**		**5,130**		**456**		**473**		**656**		**138**		**622**		**73**
	Not stated		342		24		28		87		7		25		9
	0-		143		10		3		16		2		16		1
	1-		415		35		31		40		6		55		7
	2-		571		58		61		65		10		82		7
	3-		604		54		50		91		16		75		7
Int. List	4-		432		33		44		42		22		49		3
	5-		391		49		41		54		8		49		4
No. 171	6-		843		69		83		98		22		114		14
	9-		322		34		44		34		10		32		3
	12-		561		51		47		65		20		62		9
	18-		110		7		7		14		5		15		2
	24 and over		396		32		34		50		10		48		7
Corpus Uteri	**All intervals**		**945**		**79**		**93**		**82**		**22**		**126**		**33**
	Not stated		86		6		7		10		1		17		2
	0-		20		2		1		1		1		4		-
	1-		78		5		6		6		-		12		2
	2-		71		6		8		8		3		7		2
	3-		75		6		9		6		-		8		-
Int. List	4-		68		6		6		4		-		12		2
	5-		52		6		6		4		-		9		3
No. 172	6-		132		12		10		13		4		16		6
	9-		76		6		8		10		4		8		3
	12-		105		6		17		5		6		13		7
	18-		32		3		2		-		1		6		-
	24 and over		150		15		13		15		2		14		6
Ovary, Tubes and Ligament	**All intervals**		**1,284**		**125**		**99**		**119**		**56**		**186**		**35**
	Not stated		105		9		10		24		-		13		1
	0-		77		14		4		4		5		7		2
	1-		166		20		9		13		7		21		9
	2-		197		20		18		21		9		29		5
	3-		132		14		8		15		10		16		1
Int. List	4-		92		5		14		8		4		17		4
	5-		86		8		6		8		3		16		4
No. 175	6-		170		7		12		8		6		32		4
	9-		50		3		2		7		2		8		1
	12-		115		14		7		5		3		12		4
	18-		11		-		1		1		1		-		-
	24 and over		83		11		8		5		6		15		-

S.E. Metro-politan		S.W. Metro-politan		Oxford		South Western		Wales		Birmingham		Manchester		Liverpool		Metro-politan teaching		Metro-politan non-teaching	
M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
177	**25**	**514**	**69**	**55**	**5**	**323**	**49**	**97**	**6**	**661**	**109**	**423**	**58**	**711**	**87**	**1,076**	**170**	**364**	**59**
11	2	46	6	-	-	15	2	3	1	41	5	11	2	42	11	68	16	28	5
2	1	5	2	1	-	11	-	-	-	30	4	6	-	9	1	13	4	4	4
13	-	41	3	3	2	29	2	4	-	58	16	24	4	43	6	68	4	28	3
25	5	55	5	6	-	28	9	11	1	92	17	36	2	84	10	123	21	47	8
25	3	49	9	9	-	43	2	15	-	67	15	71	12	101	8	140	27	46	4
19	2	59	7	5	-	38	6	7	-	57	4	53	6	94	9	115	12	51	4
10	1	49	8	6	-	24	4	4	-	37	6	29	5	48	6	90	18	33	3
21	5	99	14	9	1	43	11	20	2	104	20	80	8	118	18	183	32	61	13
15	3	36	3	3	-	26	4	10	-	40	5	31	4	46	2	72	11	19	5
14	-	35	5	10	1	32	4	13	-	47	9	34	10	62	10	91	14	20	5
4	1	8	1	1	-	6	2	1	1	14	2	13	2	10	-	26	2	7	2
18	2	32	6	2	1	28	3	9	1	74	6	35	3	54	6	87	9	20	3
5	**301**	**13**	**829**	**6**	**275**	**11**	**959**	**1**	**101**	**16**	**1,469**	**9**	**899**	**13**	**878**	**35**	**1,964**	**10**	**737**
-	40	1	104	1	14	-	49	-	2	1	103	-	46	1	80	2	178	1	74
-	17	1	42	1	8	-	54	-	1	-	51	-	38	-	26	1	87	-	40
-	35	1	84	-	44	1	120	-	7	3	162	-	125	2	115	1	236	-	82
2	33	-	83	-	26	1	101	-	8	1	151	1	91	1	87	7	220	-	71
-	22	5	72	-	21	3	90	-	9	-	137	1	82	3	83	4	187	2	64
-	19	-	54	-	20	-	71	-	6	1	81	1	46	-	51	1	126	-	47
-	9	-	37	1	8	-	42	-	3	2	72	-	44	1	41	1	82	-	32
1	31	-	100	2	30	1	111	-	10	3	200	-	114	-	103	5	251	1	83
-	12	-	39	-	17	-	54	-	9	-	73	-	46	-	49	1	99	.	33
2	27	1	79	-	48	2	100	-	12	3	164	-	109	-	105	8	195	-	73
-	6	-	21	-	5	-	28	-	7	-	43	1	19	1	17	-	62	2	18
-	50	4	114	1	34	3	139	1	27	2	232	5	139	4	121	4	261	4	120
	116		**452**		**113**		**303**		**79**		**549**		**755**		**345**		**628**		**635**
	12		48		6		24		-		32		17		23		54		40
	8		15		7		11		-		20		23		11		26		14
	11		37		9		28		5		55		66		30		55		55
	14		50		20		30		5		60		76		33		74		79
	13		45		11		38		10		69		92		33		79		61
	6		41		7		35		2		43		69		36		40		59
	8		31		8		16		11		48		45		19		42		50
	18		67		17		45		16		86		122		72		98		115
	4		31		7		17		3		31		51		21		38		34
	10		47		14		28		13		57		105		33		57		71
	3		12		1		6		-		9		22		7		19		13
	9		28		6		25		14		39		67		27		48		44
	27		**73**		**47**		**40**		**8**		**88**		**160**		**67**		**179**		**80**
	2		8		3		2		-		9		8		11		21		8
	1		1		4		-		-		3		2		-		4		2
	3		9		4		5		-		5		14		7		16		10
	1		6		2		2		1		6		13		6		10		6
	1		6		4		3		1		7		19		5		12		3
	2		8		4		4		-		7		11		2		13		11
	-		4		2		1		1		7		6		3		11		5
	4		11		9		2		2		11		23		9		30		7
	3		4		1		1		-		6		17		5		11		7
	2		6		9		5		-		9		16		4		20		8
	-		1		1		4		-		4		4		6		5		2
	8		9		4		11		3		14		27		9		26		11
	32		**74**		**34**		**138**		**10**		**193**		**38**		**145**		**226**		**101**
	1		5		1		18		-		15		2		6		14		6
	2		4		2		8		2		17		1		5		10		5
	4		7		3		25		1		27		5		15		31		10
	1		11		6		20		2		28		3		24		32		14
	4		13		5		7		-		21		4		14		17		17
	1		3		2		11		-		9		7		7		19		6
	3		4		2		8		-		12		3		9		19		8
	4		13		3		14		4		27		6		30		43		10
	1		2		3		9		-		5		1		6		8		4
	7		10		5		8		-		15		6		19		19		14
	3		-		-		-		-		3		-		2		3		-
	1		2		2		10		1		14		-		8		11		7

Table C.4

Site Group	Interval since earliest symptom or sign in months	All Centres and Hospitals		Newcastle		Leeds		Sheffield		East Anglia		N.W. Metro-politan		N.E. Metro-politan	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F
Prostate	**All intervals**	**1,472**		**175**		**149**		**114**		**53**		**105**		**44**	
	Not stated	166		13		17		28		1		7		6	
	0-	100		15		6		7		4		8		4	
	1-	157		21		15		17		1		14		2	
	2-	124		10		15		8		3		9		4	
	3-	129		11		12		9		4		12		6	
Int. List	4-	83		10		13		3		7		5		3	
	5-	67		12		5		6		3		4		4	
No. 177	6-	174		20		25		7		10		14		4	
	9-	72		7		8		4		4		4		-	
	12-	153		17		12		12		4		12		3	
	18-	38		5		4		-		4		3		4	
	24 and over	209		34		17		13		8		13		4	
Scrotum and Penis	**All intervals**	**432**		**61**		**45**		**49**		**16**		**21**		**12**	
	Not stated	32		6		3		5		-		2		1	
	0-	5		1		2		-		-		-		-	
	1-	36		4		1		9		-		-		-	
	2-	43		6		2		6		1		3		-	
	3-	57		10		8		2		2		6		-	
Int. List	4-	34		2		6		3		1		1		4	
	5-	25		3		7		2		-		2		-	
No. 179a, b	6-	64		10		6		5		4		2		2	
	9-	25		4		3		2		3		-		-	
	12-	39		6		4		5		1		-		2	
	18-	14		2		1		3		1		2		2	
	24 and over	58		7		2		7		3		3		1	
Bladder and Urethra	**All intervals**	**1,233**	**504**	**152**	**54**	**93**	**42**	**120**	**41**	**42**	**17**	**107**	**59**	**42**	**17**
	Not stated	108	47	11	4	6	3	25	8	1	1	11	8	5	-
	0-	52	15	7	2	1	1	5	2	1	-	8	-	3	2
	1-	136	33	13	2	5	2	15	3	2	-	11	5	6	-
	2-	120	38	14	4	8	3	8	2	3	2	16	5	8	3
	3-	119	46	10	2	12	5	17	2	5	1	8	9	3	1
Int. List	4-	84	50	12	2	8	5	7	8	2	2	7	2	5	2
	5-	55	26	4	4	5	2	3	1	1	2	6	2	1	1
No. 181	6-	147	65	17	10	15	5	12	3	11	1	9	9	1	2
	9-	60	31	7	2	4	5	5	-	5	2	6	5	-	1
	12-	133	61	21	13	7	2	7	5	4	1	11	5	3	-
	18-	41	15	4	1	5	1	5	-	3	1	3	4	4	-
	24 and over	178	77	32	8	17	8	11	7	4	4	11	5	3	5
Rodent Ulcer (Basal cell carcinoma)	**All intervals**	**5,318**	**4,191**	**492**	**332**	**384**	**357**	**695**	**544**	**198**	**138**	**420**	**357**	**131**	**97**
	Not stated	590	580	33	28	26	33	104	89	8	10	57	52	24	19
	0-	40	32	4	2	2	1	3	4	2	1	5	5	-	1
	1-	137	77	23	6	8	2	9	9	5	1	18	7	2	3
	2-	193	109	19	10	21	15	20	10	5	2	11	3	1	4
	3-	221	137	24	13	23	17	18	14	10	2	21	19	7	1
Int. List	4-	164	100	17	9	19	11	22	13	3	1	11	7	2	3
	5-	120	80	22	8	14	17	14	7	2	-	7	8	3	2
No. 191a	6-	488	338	58	33	39	40	56	45	10	11	25	29	15	9
	9-	177	149	19	10	20	19	20	19	8	5	12	6	4	1
	12-	653	540	62	52	33	46	92	70	25	19	43	54	7	15
	18-	178	128	14	8	17	16	22	11	10	8	11	14	6	3
	24 and over	2,357	1,921	197	153	162	140	315	253	110	78	199	153	60	36
Epithelioma of skin	**All intervals**	**2,472**	**1,314**	**216**	**111**	**220**	**139**	**392**	**190**	**120**	**38**	**135**	**90**	**76**	**40**
	Not stated	225	135	17	5	16	11	37	26	5	2	17	12	14	6
	0-	56	16	4	3	7	1	5	1	2	-	5	-	-	1
	1-	233	138	26	16	22	13	34	26	3	3	12	9	5	4
	2-	306	141	29	14	19	12	63	22	8	6	15	9	11	2
	3-	227	87	14	7	19	12	42	17	12	2	12	5	8	1
Int. List	4-	144	72	12	7	10	6	16	10	8	2	5	5	6	2
	5-	93	40	14	4	9	7	15	7	2	2	2	1	3	1
No. 191b	6-	238	106	21	4	23	14	39	15	14	5	10	7	4	5
	9-	109	44	10	3	16	1	12	10	8	1	6	5	5	-
	12-	282	116	16	8	23	14	37	13	25	5	8	9	6	3
	18-	60	27	5	3	4	2	11	3	1	3	6	-	2	3
	24 and over	519	392	48	37	52	46	81	40	32	7	37	28	12	12

(Contd.)

S.E. Metro-politan		S.W. Metro-politan		Oxford		South Western		Wales		Birmingham		Manchester		Liverpool		Metro-politan teaching		Metro-politan non-teaching	
M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
62		**80**		**41**		**150**		**3**		**243**		**76**		**177**		**211**		**80**	
9		19		3		10		-		30		6		17		22		19	
3		8		3		8		-		19		4		11		14		9	
9		6		2		15		-		27		10		18		21		10	
10		12		3		11		-		19		5		15		25		10	
5		5		5		15		-		22		7		16		22		6	
4		2		3		12		-		8		1		12		13		1	
2		3		-		8		-		9		7		4		9		4	
4		8		3		16		-		30		6		27		24		6	
4		5		-		9		-		11		4		12		10		3	
3		6		8		19		1		28		13		15		18		6	
-		1		1		2		-		5		1		8		6		2	
9		5		10		25		2		35		12		22		27		4	
7		**25**		**16**		**37**		**4**		**50**		**53**		**36**		**51**		**14**	
-		2		-		1		1		3		2		6		4		1	
-		-		1		-		-		-		1		-		-		-	
-		2		3		2		1		5		6		3		1		1	
-		2		1		4		-		6		7		5		4		1	
1		4		2		4		-		5		7		6		8		3	
2		2		-		1		-		7		3		2		9		-	
-		1		2		2		-		3		2		1		3		-	
1		4		2		8		1		7		5		7		8		1	
1		4		2		3		-		2		1		-		4		1	
-		3		1		4		1		3		7		2		2		3	
1		-		-		-		-		-		1		1		5		-	
1		1		2		8		-		9		11		3		3		3	
54	**16**	**95**	**47**	**26**	**17**	**80**	**36**	**5**	**1**	**183**	**57**	**124**	**46**	**110**	**54**	**227**	**89**	**71**	**50**
6	1	13	4	-	1	3	3	-	-	10	7	7	1	10	6	30	9	5	4
4	-	-	1	3	1	5	-	1	-	9	3	2	1	3	2	11	1	4	2
6	4	10	2	-	1	13	2	-	-	30	5	10	2	15	5	23	8	10	3
6	1	9	3	4	-	9	4	-	-	15	3	8	3	12	5	28	9	11	3
4	2	12	6	1	-	6	5	-	-	14	7	10	2	17	4	25	10	2	8
6	2	3	4	-	2	7	1	1	-	7	7	10	8	9	5	16	7	5	3
5	-	6	3	2	-	2	-	-	-	10	3	6	4	4	4	15	3	3	3
1	2	11	7	8	-	6	6	-	-	22	8	21	4	13	8	17	13	5	7
3	1	7	1	2	2	5	2	-	-	6	3	3	3	7	4	12	7	4	1
4	-	11	12	1	6	13	6	2	-	24	4	20	5	5	2	19	6	10	11
2	1	2	-	1	-	-	2	-	-	7	1	4	2	1	2	6	5	5	-
7	2	11	4	4	4	11	5	1	1	29	6	23	11	14	7	25	11	7	5
144	**116**	**549**	**419**	**149**	**117**	**479**	**324**	**117**	**116**	**437**	**335**	**674**	**570**	**449**	**369**	**780**	**672**	**464**	**317**
43	29	106	95	4	5	30	28	2	2	38	44	69	91	46	55	144	137	86	58
5	6	5	1	5	3	1	2	-	1	3	1	4	4	1	-	11	9	4	4
6	5	16	12	6	7	6	5	-	1	16	5	9	9	13	5	22	17	20	10
7	2	23	15	8	5	19	3	1	5	27	18	15	9	16	8	15	14	27	10
5	3	19	13	8	2	22	14	2	1	22	12	31	17	9	9	31	20	21	16
7	1	11	14	8	7	15	8	5	1	11	10	17	9	16	6	15	17	16	8
3	4	11	9	4	2	9	6	4	-	3	4	14	8	10	5	12	16	12	7
8	2	62	31	20	11	46	25	5	9	29	20	70	40	45	33	69	46	41	25
2	4	8	7	1	7	14	21	8	4	16	8	29	22	16	16	20	12	6	6
10	9	63	47	17	14	85	45	16	15	57	45	93	65	60	44	78	81	45	44
2	4	16	14	4	4	17	11	3	5	22	4	23	21	11	5	28	27	7	8
46	47	209	161	64	50	215	156	71	72	193	164	310	275	206	183	335	276	179	121
41	**24**	**258**	**83**	**40**	**17**	**174**	**104**	**67**	**18**	**185**	**122**	**337**	**207**	**211**	**131**	**363**	**169**	**147**	**68**
10	9	51	17	1	-	15	6	1	-	16	15	13	15	12	11	62	25	30	19
-	-	14	-	2	-	2	3	-	-	3	-	11	3	1	4	16	1	3	-
3	-	25	8	1	1	10	5	4	3	19	9	44	28	25	13	37	19	8	2
3	4	27	7	3	1	14	8	8	1	24	7	50	27	32	21	43	17	13	5
3	3	18	5	3	-	11	2	5	2	16	7	40	17	24	7	31	11	10	3
4	-	12	3	3	-	15	8	6	2	6	8	21	14	20	5	16	8	11	2
4	-	10	2	2	-	8	4	3	-	4	2	6	8	11	2	16	4	3	-
1	-	19	7	5	1	21	10	9	2	13	7	38	14	21	15	24	10	10	9
1	-	12	3	3	-	7	4	3	2	6	3	16	7	4	5	20	6	4	2
4	1	27	8	5	2	24	8	7	1	25	9	35	22	20	13	22	11	23	10
2	-	5	2	-	-	5	2	4	-	6	5	7	3	2	1	10	5	5	-
6	7	38	21	12	12	42	44	17	5	47	50	56	49	39	34	66	52	27	16

Table C.4

Site Group	Interval since earliest symptom or sign in months	All Centres and Hospitals		Newcastle		Leeds		Sheffield		East Anglia		N.W. Metro-politan		N.E. Metro-politan	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F
Brain and Nervous System	**All intervals**	**537**	**356**	**80**	**49**	**30**	**22**	**36**	**28**	**9**	**14**	**46**	**33**	**34**	**22**
	Not stated	36	29	6	2	1	4	10	5	-	-	2	3	1	-
	0-	16	8	4	1	1	-	1	1	1	-	1	1	-	-
	1-	43	48	12	10	4	2	-	5	-	8	6	4	-	-
	2-	82	39	14	6	4	4	7	5	3	1	5	5	9	4
	3-	59	28	11	4	4	-	4	-	1	2	2	3	5	2
Int. List	4-	41	21	8	4	3	-	4	1	-	1	6	1	2	3
	5-	30	24	-	1	2	1	-	-	1	-	4	3	1	1
No. 193	6-	63	37	5	4	1	-	2	2	1	1	4	4	3	3
	9-	28	28	5	4	2	3	2	2	-	-	2	2	2	2
	12-	40	38	3	5	-	5	1	5	-	-	4	1	6	3
	18-	11	5	4	2	2	-	-	-	-	1	1	-	1	-
	24 and over	88	51	8	6	6	3	5	2	2	-	9	6	4	4
Bone	**All intervals**	**377**	**256**	**32**	**18**	**31**	**18**	**45**	**31**	**12**	**7**	**39**	**25**	**13**	**16**
	Not stated	28	25	1	-	1	4	8	3	-	1	2	1	1	2
	0-	8	3	2	2	-	-	-	-	-	-	1	-	-	1
	1-	34	22	3	2	1	4	1	1	2	1	2	3	1	1
	2-	58	22	4	2	3	-	3	3	1	1	9	3	2	1
	3-	37	33	3	1	4	-	3	3	2	1	1	4	4	2
Int. List	4-	44	20	4	1	6	3	4	5	2	-	4	1	1	1
	5-	27	18	2	1	3	2	3	2	-	1	5	1	2	-
No. 196	6-	52	36	4	3	5	2	5	6	3	2	6	3	-	4
	9-	19	21	4	3	3	1	4	1	1	-	1	3	1	1
	12-	35	22	3	-	3	-	8	4	-	-	6	1	1	1
	18-	9	6	1	-	1	-	1	1	-	-	-	1	-	-
	24 and over	26	28	1	3	1	2	5	2	-	-	2	4	-	2

(Contd.)

S.E. Metro-politan		S.W. Metro-politan		Oxford		South Western		Wales		Birmingham		Manchester		Liverpool		Metro-politan teaching		Metro-politan non-teachihg	
M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
12	**5**	**64**	**29**	**3**	**2**	**28**	**25**	**16**	**11**	**124**	**87**	**19**	**12**	**36**	**17**	**97**	**58**	**59**	**31**
-	-	7	3	1	-	1	2	2	-	4	9	-	-	1	1	4	4	6	2
-	-	-	1	-	-	1	3	-	-	5	-	1	-	1	1	1	1	-	1
-	-	3	-	-	1	2	4	4	-	7	11	2	2	3	1	6	4	3	-
1	1	8	1	-	-	3	1	2	3	16	6	2	-	8	2	16	10	7	1
1	-	7	3	1	-	2	3	1	1	12	7	1	2	7	1	9	5	6	3
-	-	3	1	-	-	2	2	1	1	5	4	3	-	4	3	6	1	5	4
2	1	3	4	-	-	2	2	1	1	8	7	4	-	2	3	7	7	3	2
4	1	7	6	1	-	5	3	-	1	22	8	4	2	4	2	14	8	4	6
2	1	3	2	-	-	-	1	2	1	8	7	-	1	-	2	5	5	4	2
1	-	5	3	-	-	4	2	2	1	11	10	-	2	3	1	12	3	4	4
-	-	-	-	-	-	1	-	-	-	2	2	-	-	-	-	2	-	-	-
1	1	18	5	-	1	5	2	1	2	24	16	2	3	3	-	15	10	17	6
12	**6**	**44**	**25**	**6**	**6**	**33**	**22**	**1**	**4**	**56**	**39**	**34**	**22**	**19**	**17**	**84**	**54**	**24**	**18**
1	2	6	6	-	-	2	1	-	1	1	2	2	1	3	1	4	5	6	6
-	-	2	-	-	-	-	-	-	-	1	-	2	-	-	-	2	-	1	1
-	-	7	1	1	1	4	-	-	-	11	4	1	-	-	4	7	4	3	1
-	-	11	2	1	-	5	1	1	-	13	3	2	3	3	3	17	4	5	2
1	1	3	2	-	-	5	5	-	1	3	10	5	2	3	1	8	9	1	-
3	-	4	-	-	-	4	2	-	-	5	5	5	2	2	-	12	2	-	-
-	-	3	2	2	2	2	2	-	1	4	1	1	2	-	1	6	3	2	-
3	2	4	3	2	1	3	4	-	-	7	2	8	1	2	3	10	10	3	2
-	-	-	1	-	-	1	3	-	-	2	2	1	6	1	-	2	3	-	2
1	-	1	4	-	2	2	1	-	1	4	4	2	1	4	3	8	5	1	1
-	-	1	2	-	-	1	-	-	-	-	1	2	-	1	1	-	3	1	-
3	1	2	2	-	-	4	3	-	-	5	5	3	4	-	-	6	6	1	3

APPENDIX

Extracts from Instructions to Medical Staff and Registrars

Registration Card.

A registration card in duplicate should be completed for each case of cancer or of suspected cancer, whatever the route by which it comes under observation, and however it is eventually to be dealt with. The cards should be made out as soon as there are reasonable grounds for a provisional diagnosis of cancer. Cases will occur in which a hitherto unsuspected cancer is discovered during treatment for some other condition or at a post-mortem examination; these cases should be registered as soon as the diagnosis of malignant disease is made. Immediate registration makes it impossible, in many cases, to record a final diagnosis, but an indication of the first estimate of the situation should be entered under "Provisional Diagnosis", even in indeterminate cases, e.g.

Lesion Pharynx	-	(?) Carcinoma
Dysphagia	-	(?) Carcinoma oesophagus
Abdominal Mass	-	(?) New growth
Tumour of bone, nature unknown	-	(?) Sarcoma

Case Abstract Card.

First sign or symptom. Every effort should be made to ascertain what was the first event, e.g. cough, swelling noted, pain, bleeding, etc.

Diagnosis. A simple statement of site and disease is all that is required. No other clinical details should be given. In all cases, whether the patient has been previously treated elsewhere or not, the original site and nature of the growth should be stated:-

e.g. Breast, Carcinoma.

Femur, Sarcoma.

Those cases in which the site of the primary is not known should be similarly entered, but qualified by the words "Secondary to unknown primary":-

e.g. Rib, Tumour, secondary to unknown primary.

Cervical glands, Carcinoma, secondary to unknown primary.

Previous treatment.

Cases treated elsewhere with the intention of modifying the natural course of the disease, should be described in the following terms:-

Healed. To indicate that no evidence of the disease is manifest, either at the original site or by a metastasis.

Residual. To indicate that growth has persisted at the original site throughout the interval between the previous treatment and the patient's coming under observation at the place of registration.

Recurrent. To indicate that after an interval of apparent freedom, growth has re-appeared at the original site.

Metastatic. To indicate that growth is present either in regional glands or in distant organs or in both whether or not growth persists at the primary site.

C REGISTRATION CARD.

SERIAL NUMBER

Centre _____

Region _____

National Registration Identity No. _____

Surname (Block Capitals) _____ Age _____ Sex _____

Christian Names (in full) _____

Occupation (Own, Father's, Husband's) _____

Registration Date _____ Hospital No. _____

Provisional Diagnosis _____

(9018) *Wt. 38328/1065 2m 12 48 C. & Co. 745(8)

CASE ABSTRACT CARD

CODING

C National Registration No. .....

.....CENTRE

.....REGION

Registration No. ..... Sex.....

Hospital No. ..... Age.....

Surname ..... (BLOCK CAPITALS)

Christian Names in full.....

Occupation (Own, Father's, Husband's).....

.....

Registration Date .....

Provisional Diagnosis on Registration Card.....

.....

First Sign or Symptom.....

Date: Month.....Year.....

If not treated at place of registration, state: Too advanced 1 Refusal 2; Concurrent Disease.....; Referred to.....

If found Non-Malignant, state Final Diagnosis with M.R.C. Code No.

Diagnosis (site and nature of Primary Growth) .....

.....

M.R.C. Code No.....

Previous Treatment: None 1 Surgery 2 Radiotherapy 3 Surgery & R.T. 4 Other Methods 5

Treatment for relief of symptoms only

.....

Healed 1 Residual 2 Recurrent 3 Metastatic 4

Clinical Findings:

Primary, Residual or Recurrent Growth: None 1 Early 2 Late 3

Secondary Nodes: None 1 Mobile 2 Fixed 4 One Area 3 More than one area 5

Other Metastases: None 1 Present (name Sites)

Histology:

At time of treatment: Biopsy 1 Whole Tumour 2 P.M. 3 Malignant 4 Non-malignant 5 Indeterminate 6 None 7

Subsequent correction (if any): Biopsy 1 Whole Tumour 2 P.M. 3 Malignant 4 Non-malignant 5 Indeterminate 6

Date of Correction .....

Coding.

TREATMENT

Date

Intention: Radical 1 Palliative 2

Organ or Region — Operation or Method

Hormones (if any)

FOLLOW-UP

Years after First Main Treatment	Date of Examination (E) or Report (R)	Alive: Primary Growth Present	Alive: Metastases Present	Alive: No Evidence of Growth	Alive: Clinical Findings to Date Indeterminate	Died: Primary Growth Present	Died: Metastases Present	Died: No Evidence of Growth	Died: No Information as to Persistence of Growth	Not Traced
0–										
1–										
2–										
3–										
4–										
5–										
7–										
10–										
15–										

Date of Death :

Radical Treatment Completed 1
Palliative Treatment Completed 2
Treatment Not Completed 3

Post Mortem Findings :

DS 02688/1/8639 K.7 7/53 DL & TL 186

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AND

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