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The Incidence of Mental Deficiency
in a Community and
A Study of the Natural History of Mental Deficiency
in the Hospital Group Catering for
that Community.

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Introduction.

"Social pathology has been curiously understressed in the teaching of the textbooks and the schools, but there are signs now of awakening interest." (Hyle). "On the whole then, mental deficiency has been a neglected subject. It has been dealt with by charitable organisations, by a few interested doctors and laymen, by cranks and busybodies." (MacGillivray).

The object of the present study is to ascertain the incidence of mental deficiency in the community covered by a hospital group, and then to study the mental defectives from the community who have been patients in the hospital group between December, 1936, when the principal hospital was opened, and the end of December, 1964.

The records of the hospital patients have been examined to find out whether, over the period, there were any changes in the relative proportions of the three main groups of mental deficiency, i.e., the Feeble-minded, the Imbeciles and the Idiots, and to follow changes in their ages of admission, duration in hospital, ages on and reasons for, dismissal, and to note the causes of death. As a result of this it was hoped that a pattern would emerge which could give assistance in planning for the future provision for mental defectives, whether in hospital or in the wider community outside.

Historical Review.

"With stupidity the gods themselves struggle in vain."

(Schiller).

The history of mental disorder is as old as the history of mankind; those afflicted being thought of sometimes as possessed by devils, and sometimes as the special children of God. (Cretin is a corruption of Christian). Prehistoric skulls have been found with trephine holes, possibly to let out devils, and the ancient Greeks recognised brain disease. In the 5th century B.C. Alcmaeon regarded the brain as the central organ of thought, and Plato was able to distinguish between madness and ignorance while before him Herodotus described how in Egypt there were special physicians for the head. Hippocrates in his "Discourse on the Sacred Disease" discussed the divine origin of epilepsy, and later Arataeus (c.250 B.C) gave an account of different kinds of insanity. Whilst the Romans exposed defective children, Paul in his letter to the Thessalonians urged his brethren to comfort the feeble-minded. Thus abnormal mentality has been recognised from the earliest times, but collective care was not undertaken.

In the early 10th century the Baghdad Caliphate was noted for its lunatic asylum, but it was not until the Middle Ages that

the/

the Christian Church in Europe set about organising hospitals and sick-nursing, and one type of hospital was for the helpless poor (ptochia). In 1547 the Monastery of St. Mary of Bethlehem in London, which had been founded in 1247, became a hospital for the insane ('Bedlam'). Little attempt was made to treat mental defectives, or separate them from the insane, but isolated clinical observations had been made. In 1170 Roger of Salerno recommended seaweed ash for goitre, and Paracelsus in the 16th century correlated goitre and cretinism. Fabry in Düsseldorf (1560 - 1624) was able to show that brain injury could cause insanity. Between 1602 and 1608 Platter of Basel published a systematic classification of diseases on modern lines and this included a section on mental disease, but treatment remained a matter of restraint, with or without added cruelty, until the end of the 18th century when Chiarugi in Italy, William Tuke in York and Pinel in Paris broke loose the fetters and hastened the adoption of humane treatment.

The beginnings of scientific treatment date from 1798 when a Parisian doctor, Itard, attempted to educate an idiot and gave an account of the psychology of a mental defective. This stimulated his pupil Seguin to found a school for idiots in Paris in 1837, and

in/

in 1846 he published a book on the moral treatment, education and hygiene of backward children. Shortly before this in 1835 Guggenbühl in Switzerland published a book on the treatment of Cretins. These beginnings showed that mental defectives could benefit from training and this encouraged pioneers in other countries. In 1846 a private colony for mental defectives was opened in Bath and two years later at Highgate a hospital was opened under Royal patronage. It was not until 1855 at Baldovan, near Dundee, that the first hospital in Scotland was provided by Sir John and Lady Ogilvie, who had had their own defective child treated by Guggenbühl. Other hospitals for defectives were built in different parts of the country but it was only in 1904 that "the first large scale attempt to count the total number of mentally defective persons in any community was taken under the auspices of the British Royal Commission in 1904" (Penrose).¹ In 1929 a second survey in selected areas of England and Wales was carried out by E.O. Lewis for the Mental Deficiency Committee (the "Wood" Committee). The reports in 1957 of the "Royal Commission on the Law Relating to Mental Illness and Mental Deficiency" and of "Mental Deficiency in Scotland" still make

use/

use of the estimates for the incidence of mental deficiency in the population made by the Wood Committee, although the 1957 Royal Commission¹ states, "An estimate made in 1929 might not be equally applicable in 1956."

In 1960 the Mental Health (Scotland) Act, (and in 1959 a similar one for England) was passed and the principal result of this so far as the mental defectives in hospital were concerned was to change the status of most of them from certified to informal. This became fully operative in 1962 and by the end of 1964 there were only 76 patients in Lennox Castle who were not in an informal category. This of itself has made little difference to the patients who are unlikely to have read the Act, but administratively it meant that any who absconded were discharged forthwith instead of having to remain at liberty for 3 months as had previously been the case.

Material.

The hospital group in this survey is "Lennox Castle and Associated Hospitals" which consists of Lennox Castle Hospital, Lennoxtown, Stirlingshire; Waverley Park Home, Kirkintilloch, Dunbartonshire; and Caldwell House, Uplawmoor, Renfrewshire, and contains about 30% of the mental deficiency beds in Scotland. The population covered by this group is that of the City of Glasgow and the Counties of Argyll and Bute - a total in numbers of slightly more than 20% of the population of Scotland. Lennox Castle, the major hospital in the group, was officially opened to patients in December, 1936, and the records of all the patients who have been admitted to the hospital since then have been used in this survey. The topographical distribution of the buildings in the hospital is such that a physical division of the wards between male and female is relatively simple and it is this topographical division which is the main factor in determining the numbers of the two sexes in the hospital, but the children are not segregated.

Waverley Park Home was opened in 1906 for educable juvenile female defectives, but since then female babies and young children have been admitted, and some who were admitted as children have grown old in the hospital. Not all of the more recent admissions have been educable. The patients included in the survey are all those who were in the Home at the end of 1964. Caldwell House is again mainly for children, but of both sexes, fairly equally divided. It was in existence long before 1936, but only those patients in the hospital at the end of 1964 have been included in the survey.

Methods.

Practically all the female patients in Lennox Castle Hospital at 31st December, 1964 have been medically examined by me as well as about 25% of the male patients - including all the children.

The old terminology of Feeble-minded, Imbecile and Idiot has been retained as this is still the one used in the hospital records, and it makes comparison with other surveys possible.

A record card, as shown in the Appendix, was printed in three colours - black for Feeble-minded, green for Imbecile, and red for Idiot. The appropriate card was then filled in for each patient (in alphabetical order) from the hospital records, first of all for the former patients in Lennox Castle, and then for the in-patients for each hospital. The cards were then grouped by sexes into the three classes of mental defectives - Feeble-minded, Imbecile and Idiot - and those for former patients were subdivided according to the method of dismissal. (Tables X, XIII and XIV). This gave 40 possible groups of former patients (but 6 had no patients), and 18 of in-patients (but 3 had no patients). Schedules of each group of cards were prepared, and then each schedule was analysed so that the year of birth, year of admission, duration of stay, year of discharge etc. could be found and grouped as desired. Deaths were/

were again analysed under cause of death, and post-mortems were recorded. Some kinds of mental abnormality, such as epilepsy and mongolism, were recorded. The religion where stated, was noted. Information about patients transferred to mental hospitals was obtained from the Superintendents of these hospitals. Figures relating to populations were obtained from the 1961 Scottish Census, and the Registrar General, and numbers of hospital beds outwith the group and defectives in the community were obtained from officials in the departments concerned. From the above information the tables in the Appendix were prepared.

The Incidence. - Community Survey.

In Table A an estimate is made of the number of mental defectives in the community covered by the hospitals in the survey at the end of 1964. The figures for mentally defective adults and for children aged 5 - 16 years, not in hospital have been supplied by the Health and Welfare and Education Departments of the Local Authorities concerned. It seems impossible to get actual numbers of the defective children under the age of 5 years not in hospital and the number shown has been obtained by applying the incidence obtained for the age group 5 - 16 years to the numbers of children in the area in the age groups 0 - 4 years taken from the 1961 Scottish Census. Since the incidence at 0 - 4 years cannot be less than that for 5 - 16 years, and there is unlikely to have been any great change in the numbers of children in this age group between 1961 and 1964 it is likely to be an underestimate of the numbers of defective children, but is as near as can be reckoned. The 24 adults shown as being in mental hospitals are those transferred from mental deficiency hospitals (Table XVII) but does not include those defectives admitted directly to a mental hospital. The number of these is small, and this is not likely to affect materially the final incidence. The total arrived at of 9,738 mental defectives

is/

is made up of 5,357 males and 4,381 females - a ratio of 1.23 : 1.

The total population for the area of 1,085,435 at the end of 1964 shown in Table B was supplied by the Registrar General but the sex breakdown was based on the ratios in the 1961 Census. The other population figures in Table B are taken from the 1961 Scottish Census. Thus as will be seen from Table B, the overall incidence of mental defectives in the community is 8.97 per 1,000, which compares with figures of 4.6 per 1,000 found by the 1904 Royal Commission, 8.57 per 1,000 in the 1929 Royal Commission Report,¹ and 3.48 per 1,000 in the 1962 Report for the South-East Metropolitan Region. It has been stated that the incidence of mental deficiency is higher among males than females and Tredgold (1963)¹ quotes an incidence for males of 9.21 per 1,000 population and 7.97 per 1,000 for females. The figures here (Table B) for all ages are 10.72 per 1,000 for males and 7.48 per 1,000 for females, a ratio of 1.43 : 1. The females incidence is artificially depressed by the larger number of old women in the community and this accentuates the difference between the male and female figures. At ages 5 - 16 years a truer picture of the relative sex incidence is given where the results are 17.61/1,000 males and 14.14/1,000 for females, or 1.245 : 1, but even this may be a low figure for females, as border-line feeble-minded girls may remain in an ordinary school more readily than/

than border-line feeble-minded boys. This view is supported by the ratio shown here for special schools of 1.33 : 1 for males to females.

In the Idiot and Imbecile groups of in-patients under 16 years the sex ratio of male to female is 1.1 : 1. The rare cases which are caused by an abnormal sex chromosome, such as Turner's and Klinefelter's syndromes are not likely to make any difference to the male - female sex ratio, and it is doubtful if there is any more likelihood of a male child being ^{born} mentally defective than a female.

The Wood Committee (1929)² estimated that 2 - 3/1,000 population would require hospital care, but the Royal Commission states (1957)² "Any estimate of the number of persons who may require care from the special mental health services is affected by the extent to which general social conditions, such as full employment, and general social welfare services, make it possible for persons suffering from mild degrees of mental disability to manage in the general population". A figure of 2 - 3/1,000 based on the population in this area would give a hospital bed requirement of from 2,170 to 3,255 compared with an actual N.H.S. bed state in the group at the end of 1964 of 1,731, to which can be added 111 patients from the area in two independent Roman Catholic Homes. There are also 60 male patients from the area in the State Hospital, Carstairs, and another 24 who have been transferred to hospitals/

hospitals for mental illness. If the waiting list for hospital admission amounting to 180 is added, a final total of 2,126 is reached. This gives an incidence of 1.96 per 1,000 population which is much nearer the Wood Committee's lower estimate of 2 per 1,000 than the upper one of 3 per 1,000.

Of Waiting Lists the 1957 Scottish Report¹ states that these are not an accurate indication of the need for more accommodation because where there is little likelihood of admission "authorised officers and others refrain from submitting names to be added to the waiting lists". On the other hand the waiting lists for the three hospitals in the present group were scrutinised to eliminate multiple entries and to bring them up to date, and as a result of this, the number was reduced from a nominal figure of 252 to a real one of 180.

When one comes to consider the actual numbers of mental defectives who are in hospital, accurate figures are more readily available. The 1957 Royal Commission Report³ gives a total of 58,119 patients in England and Wales at the end of 1954, and the 1957 Scottish Report² gives a total of 5,160 (excluding patients on licence). These figures show an incidence of 1.21/1,000 population for England and Wales and 0.055/1,000 population for Scotland. The 1962 Hospital Plan for England and Wales gives a figure for 1960 of 59,800 and a ratio of

1.3/1,000/

1.3/1,000 population. The Scottish figures for 1964 are about 5,060 patients and a ratio of 1.13/1,000 population. In the area covered by the present survey there are 1,946 patients in hospital (33.5% of the Scottish total) for a population of 1,035,435 which is a ratio of 1.79 per 1,000 population. As explained above, 215 of the patients are in hospitals other than this group which leaves a total of 1,731 hospital patients who are further considered here.

The relative proportions of the different groups of defectives in hospital varies from time to time and from hospital to hospital. Table C shows the results of different surveys, and also the proportions for the Lennox Castle group in 1939 and 1964. From this Table it can be seen that the proportion of Feeble-minded varies from 25% to over 50%, of Imbeciles from 33% to 55% and of Idiots from 3% to 24%. Obviously the greater the scarcity of beds in an area, the smaller will be the proportion of the feeble-minded, and the greater the proportion of imbeciles and idiots admitted to hospital. Again a hospital which admits babies and young children will have a higher proportion of the severely subnormal than one which is restricted to patients over school-leaving age. As is stated by the 1957 Royal Commission ⁴ "the majority of those now classified as feeble-minded, who form roughly three-quarters of the total number of persons suffering/

suffering from mental defectiveness attend school until the age of 15 or 16 and are not referred to the mental health services until school-leaving age or later."

Under the Scottish Education Acts of 1946 and 1962 the Local Education Authority has a duty to make provision for children between the ages of 5 and 16 who are not capable of receiving ordinary education. Some of these receive education at special schools, others go for training to occupational centres; some are looked after in Local Authority institutions and others stay at home (Table A); but a number are admitted to hospital and the numbers of all those under 16 years on admission to this group are shown in Table D, whilst the upper half of Table VI shows the actual numbers in hospital at the end of 1964.

In the present survey the percentage of admissions under 16 years of age has, since 1940, been about 40% of the total admissions, and this compares with the 43% for 1954 given in the Report of the 1957⁵ Royal Commission. However, there has been a big change in the composition of this 40%. The proportion who are Idiots has increased from 3% in 1940/44 to 45% in 1960/64, and the proportion of Imbeciles has increased from 17.8% to 36%, while the proportion of Feeble-minded has decreased from 79.3% in 1940/44 to 18.75% in 1960/64. Although in the period 1960/64 38.4% of the admissions were under the age of 16 years,

the/

the proportion of patients in the group who were under 16 years at the end of 1964 was only 15%. (Table VI).

A note was made, where given, of the religion of each patient. There were very few patients whose religion, if any, was not either Roman Catholic or Protestant, and the numbers of Roman Catholics in each class of deficiency is shown in Table E and compared with the total in the group. The numbers of Roman Catholics in the community was obtained from the Catholic Directory for Scotland for 1964 and this showed an incidence of 26.42%. The percentage of Roman Catholics in the hospital patients was 23.31 for former patients and 23.74 for the in-patients. If the numbers from the community in the two Roman Catholic Homes in the area are added then the present incidence is increased to 28.33%. From this it would appear that there is no difference in the incidence of mental deficiency between Roman Catholics and the rest of the population.

Results. - Patient Survey.

The number of patients, past and present, covered by the study is shown in Table I, divided into sexes and into the main groups of mental deficiency. In all there were 4,051 patients, and of these 1,731 (or 43%) were still in hospital at the end of 1964 and the remainder had either been discharged or had died. Males predominated overall in a ratio of 57 :: 43, but the preponderance of males in the group is largely due to the greater rate of turnover of the males, and at the end of the survey the in-patients were almost equally divided, there being 875 males and 856 females.

Table II shows the number of in-patients at the end of each year from the end of December, 1936 when Lennox Castle Hospital was officially opened until the end of 1964. For the first two years the hospital was filling up and in Table III the numbers of in-patients are shown at successive intervals of five years from 1939. Here the proportions of male to female and Feeble-minded to Imbecile to Idiot are shown. Of the 1,731 in-patients at the end of 1964, 128 were in Waverley Park Home and 138 in Caldwell House; 35 of these had remained in one or other of these institutions since before 1939 and are the only ones in these places included in the total of 1,204 for 1939. Since the bed complement of these two hospitals was about 254 in 1939 the actual total at the end of 1939 for the whole group would be
about/

about 1,423 (1,204 + (254 - 35)). The remainder of the 274 patients in Waverley Park and Caldwell House at the end of 1964 have been included in the totals for the years from when they were admitted. There has thus been an increase in the number of patients in the group from 1,423 in 1939 to 1,731 in 1964, an increase of 308 or 21.64%.

The most significant changes in the bed state in Lennox Castle were:-

- (i) In 1943, when a school for male juveniles opened and 88 children were admitted. This was closed in 1958 and the 33 educable male juveniles left were transferred to Birkwood Hospital, Lesmahagow and the R.S.N.I., Larbert.
- (ii) In 1959, when 31 older patients were admitted from Foresthall, Glasgow.
- (iii) In 1959, when the 'Adair' Ward was opened for severely defective babies and young children, and 62 of these were admitted.
- (iv) In 1960, when 70 older persons were admitted from Foresthall, Glasgow.

At Waverley Park the only major change was in 1944, when the former school-room was converted into a ward (the Pavilion) and 20 babies were admitted. There have been no major changes in the bed state/

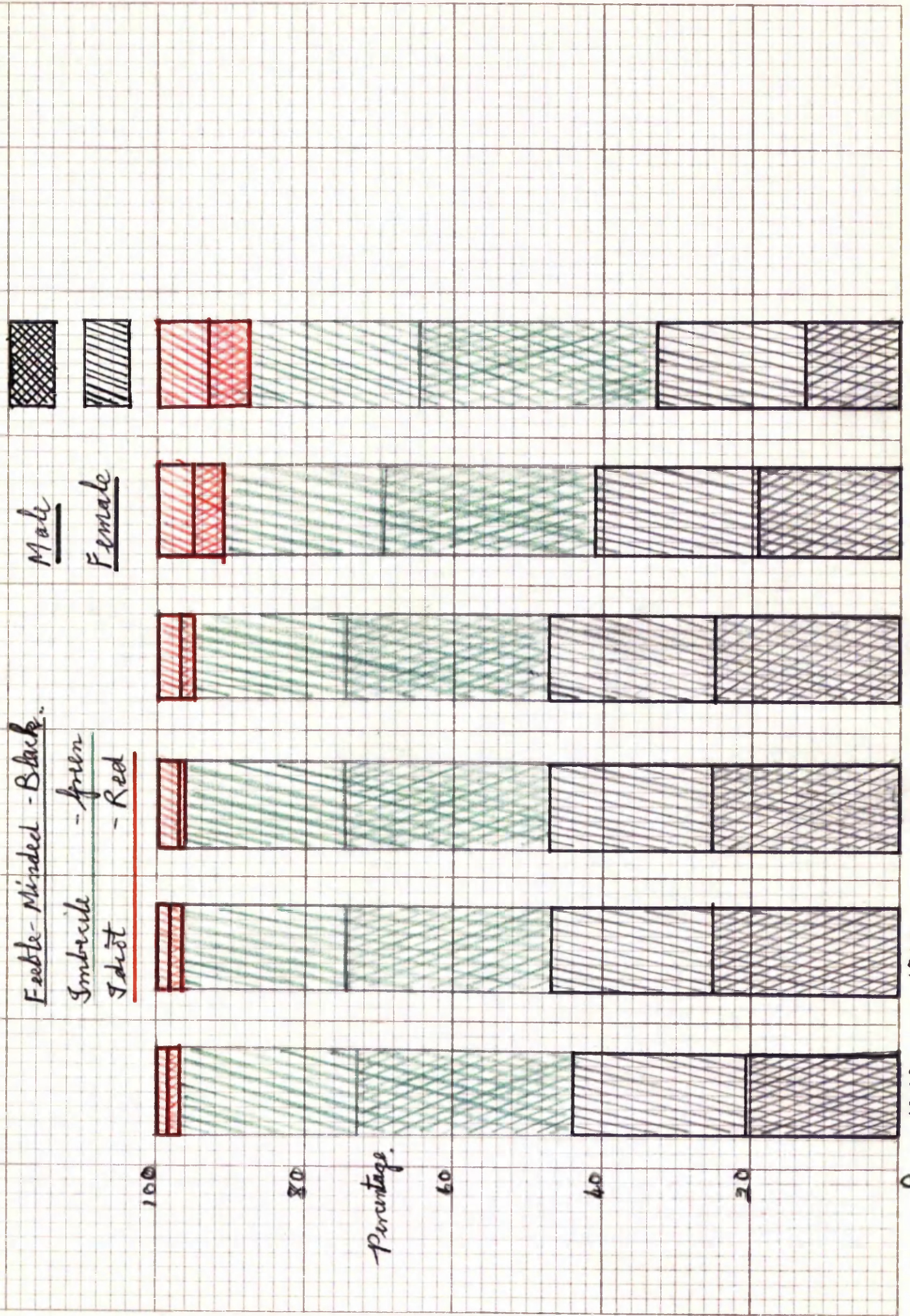
state at Caldwell House since 1936.

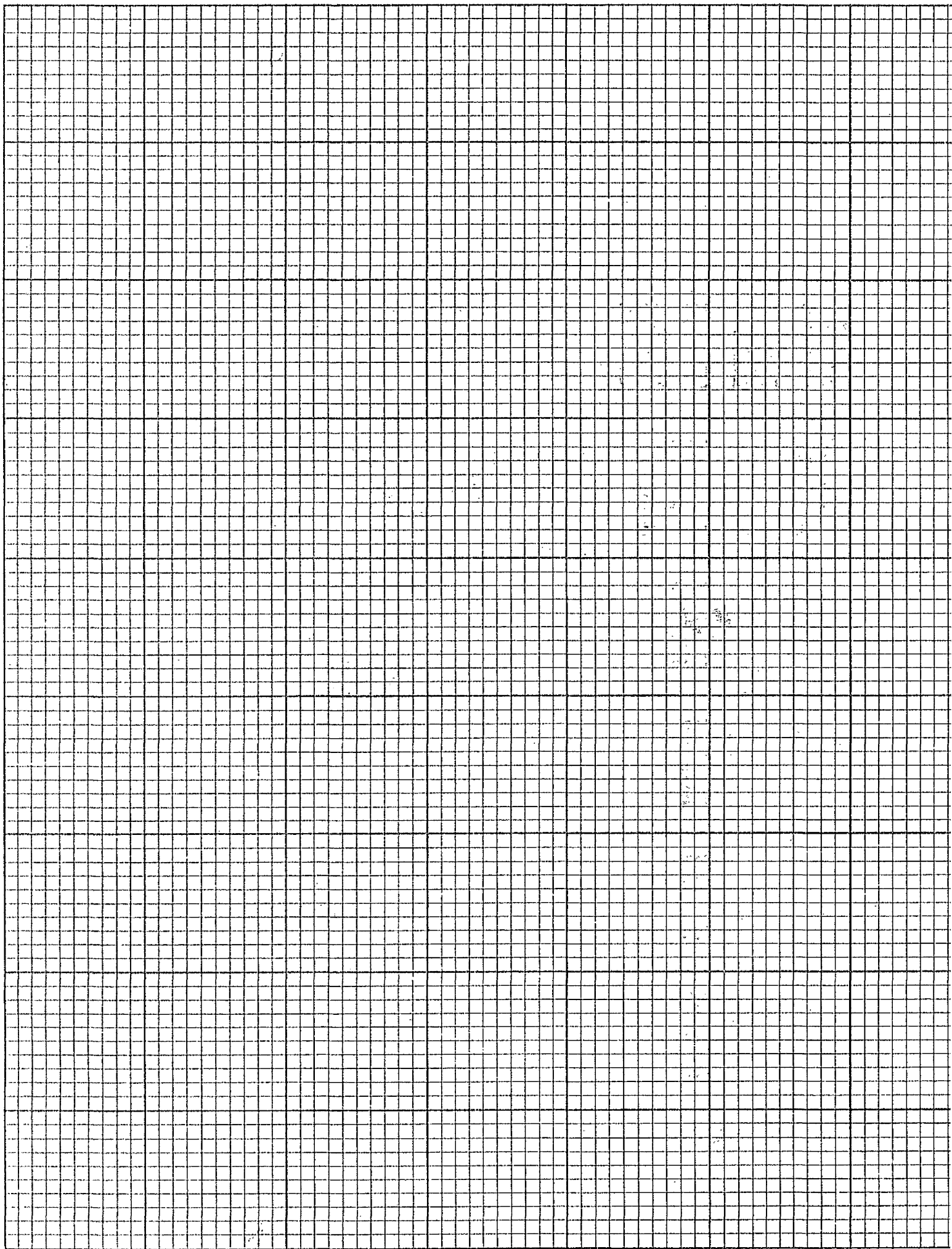
Most admissions, apart from those on the opening of Lennox Castle and the block admissions noted below, have been direct from home.

When one comes to consider in Table III the distribution of the changes over the main groups of defectives it will be seen that while there has been an increase in the number of Feeble-minded between 1939 and 1964 of 41, or less than 1%, the increase for the Imbeciles is 311, or 50%, and in the case of the Idiots the increase from 34 to 207 is more than five-fold. As a result of the admissions and discharges over the period the proportion of Feeble-minded has decreased from 44% of the total in 1939 to 32.8% in 1964; the proportion of Imbeciles has increased from 53.2% to 55.1% and the proportion of Idiots has increased from 2.9% to 11.9%. The first graph illustrates these changes.

The age structure of the patients has also altered. When Lennox Castle opened the patients were taken mainly from other hospitals, e.g., 374 from Stoneyetts Hospital; 134 from Caldwell House; 81 from the R.S.N.I., Larbert; and 71 from Blinkbonny, Falkirk. These patients would naturally tend to be older on admission to Lennox Castle than those first admitted direct from their own homes. The average ages on admission to this hospital group of all

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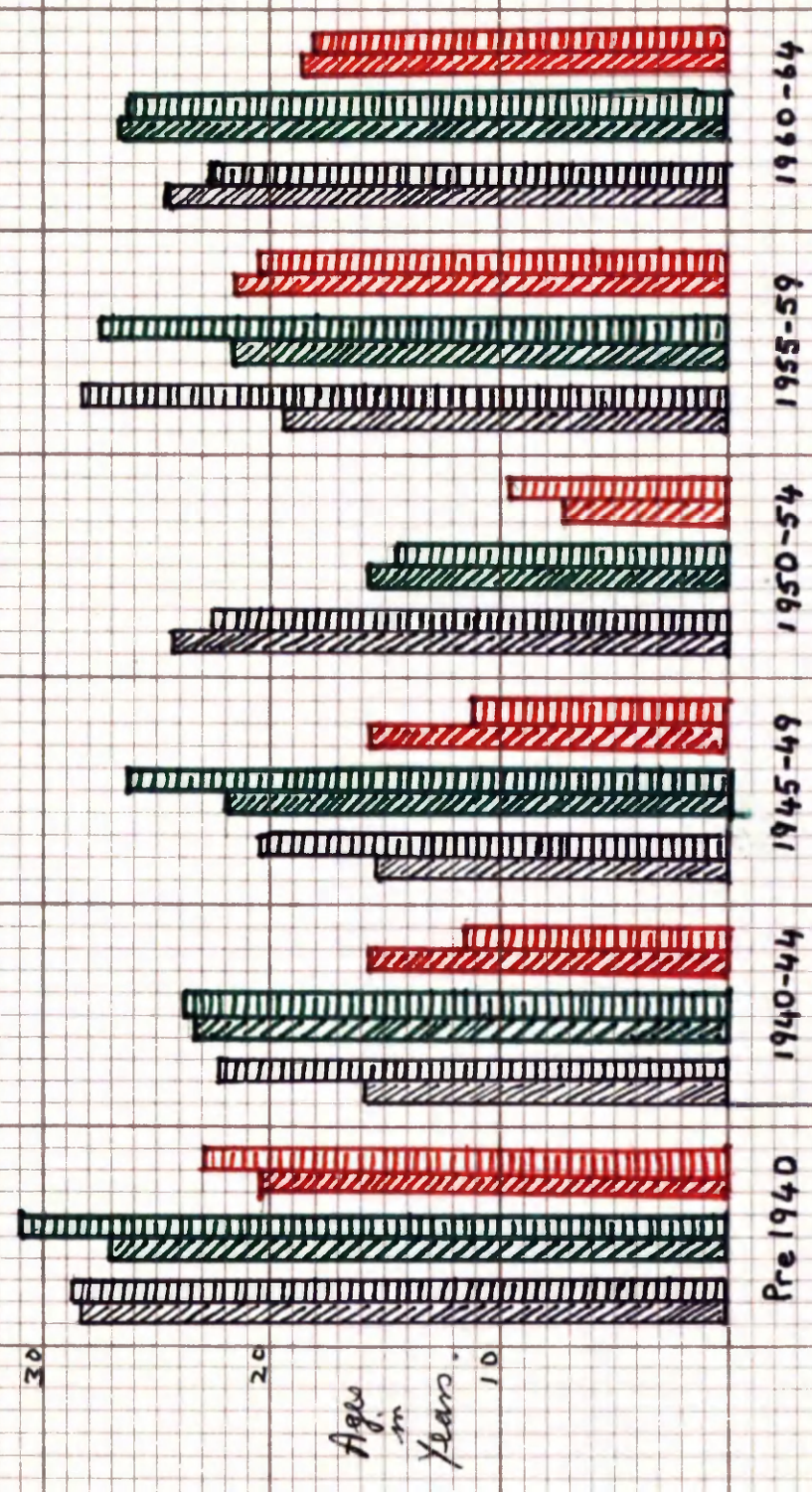




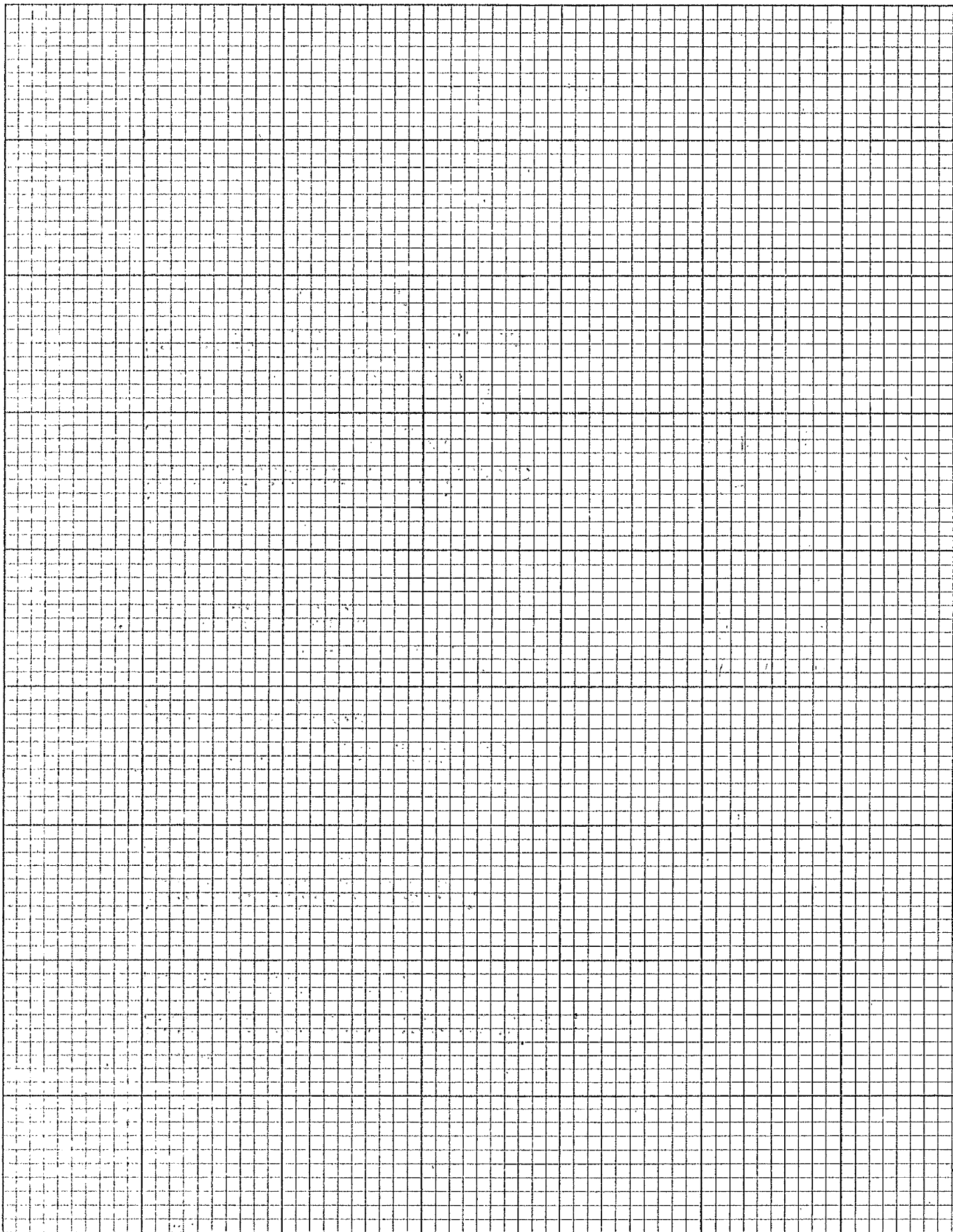
the patients admitted prior to 1940 are shown at the top of Table IV and range from 20.5 years for Male Idiots to 31.0 years for Female Imbeciles. The average ages of all the hospital patients at the end of 1940 are shown in the first part of Table V where the range has increased to 22.85 years for Male Idiots and to 36.42 years for Female Imbeciles. The remainder of Table IV shows the average ages on admission to the group of all the subsequent admissions in five-yearly periods from 1940 and this is shown in the second graph. The second half of Table V shows the average ages of all the hospital patients in the group at the end of 1964. From these two tables (IV and V) it will be seen that although the average ages on admission subsequent to 1940 have been considerably less than the average ages at the end of 1940, they have not been sufficiently so in the Feeble-minded and Imbecile groups to outweigh the effects of the passage of time, and so at the end of the period the average ages have increased by some five years to 36-38 years for the Feeble-minded and Imbecile males and to 39-40 years for the females. In the case of Idiots the admission to the Adair Ward from 1959 of low-grade babies (and to a less extent the opening of the Verandah Ward at Waverley Park), together with the earlier age of death of idiots, has resulted in a reduction over the period of some

7 years/

Male
 Feels-Minded Black
 Imbecile green
 Idiot Red
 Female



Periods of Admission

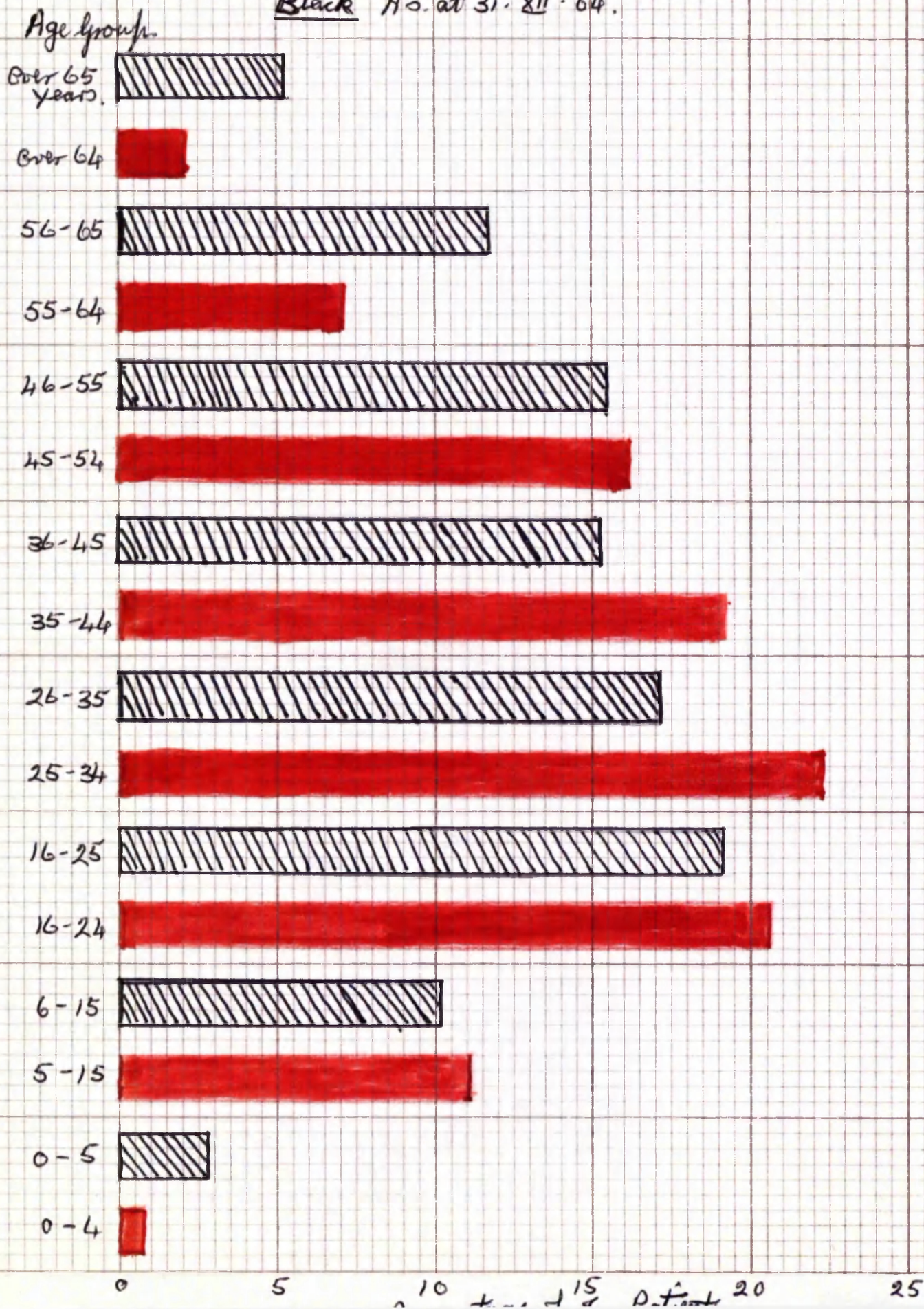


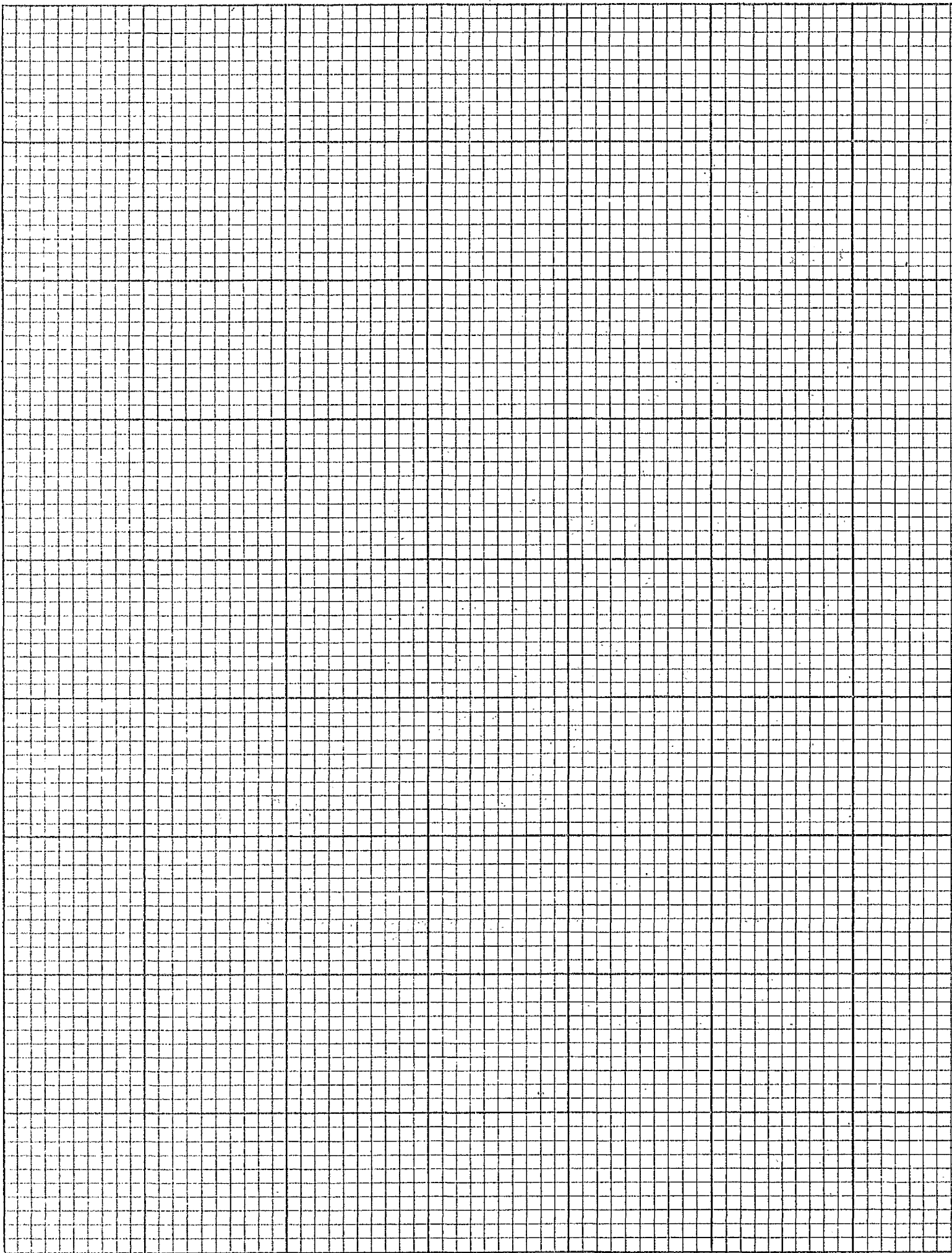
7 years to 14 years of age for the average male Idiot, and of 13 years to 18 years of age for the average female Idiot. Prior to 1960 the male Feeble-minded were on average admitted at least 5 years earlier than the females but from 1960 the ages on admission have been similar. There has been less variation between the sexes in the ages of admission of the Imbecile and Idiot groups. Although, in most cases, the mental defect will have been present from infancy, most feeble-minded and imbeciles seem to manage to live in the community for over 20 years before admission; which is a measure of the length of strain on the family who supports them or in some cases, the Local Authority and it is perhaps also a reflection of the time spent in waiting for admission.

The ages of the in-patients at the end of 1964 are shown in groups in Table VI with a break at age 16. Until this age most Feeble-minded and many Imbeciles, have been the responsibility of the Local Authority, and when it ceases to provide training and supervision, those who cannot be maintained in the community, make demands on the hospital services. On the other hand most Idiots require special care from infancy, and they tend to come into hospital at a much earlier age. Thus less than 12% of the Feeble-minded and Imbeciles are admitted by the age of 16 years but over 36% of the Idiots are admitted before the
age/

Red. A.o. at 31. XII. 54. (Royal Commission 1957.)

Black A.o. at 31. XII. 64.





age of 10 years, and over 60% by the age of 16 years.

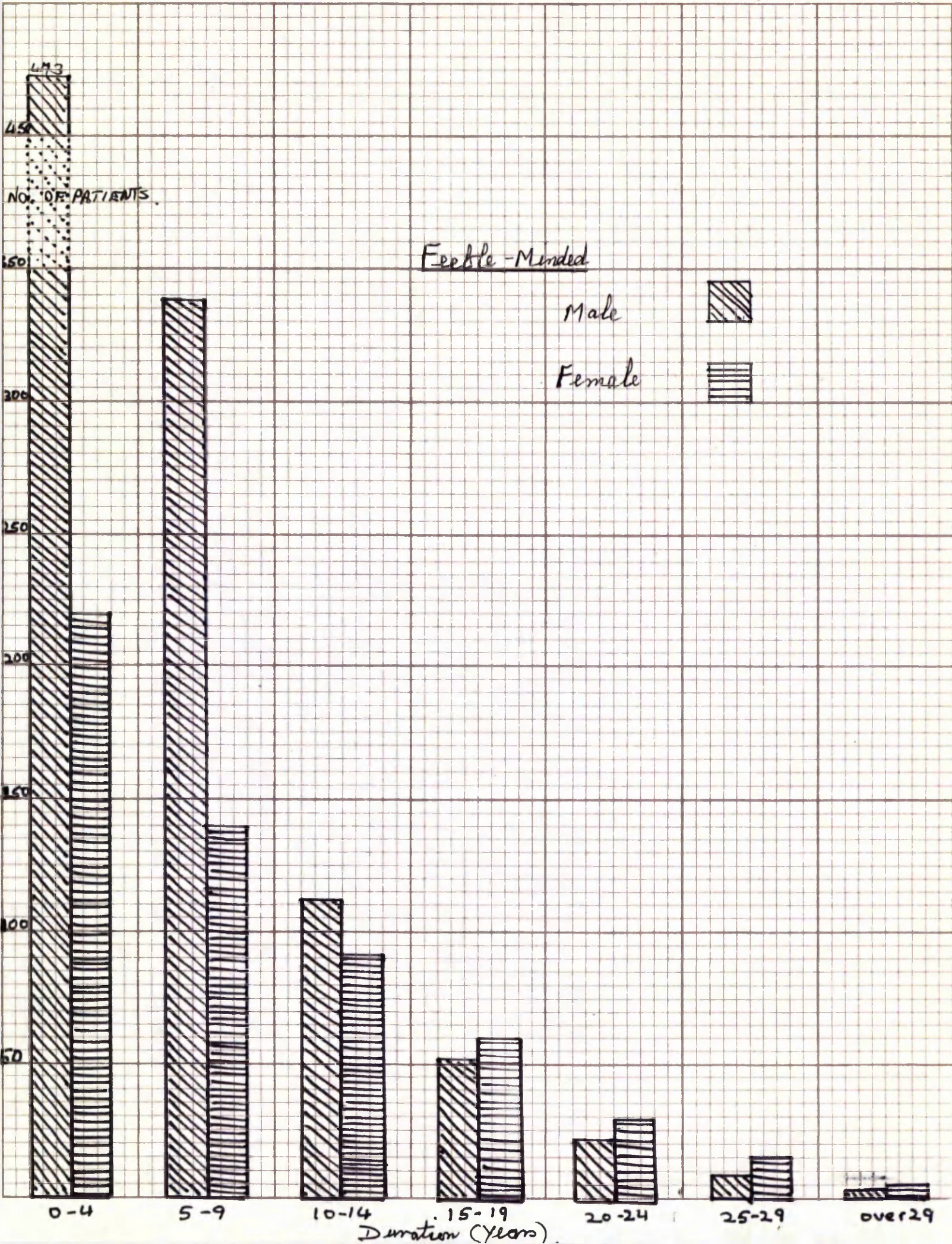
In the 1957 Royal Commission Report⁵ 12% of all defectives in hospital were under the age of 16, compared with 15% here. The percentage age distribution for in-patients at the end of 1964 shown in Table VI is not quite the same as that found by the 1957 Royal Commission for in-patients at the end of 1954. There, the Commission found a much bigger peak in the middle ages, falling more rapidly to the extremes of age, and the third graph illustrates this.

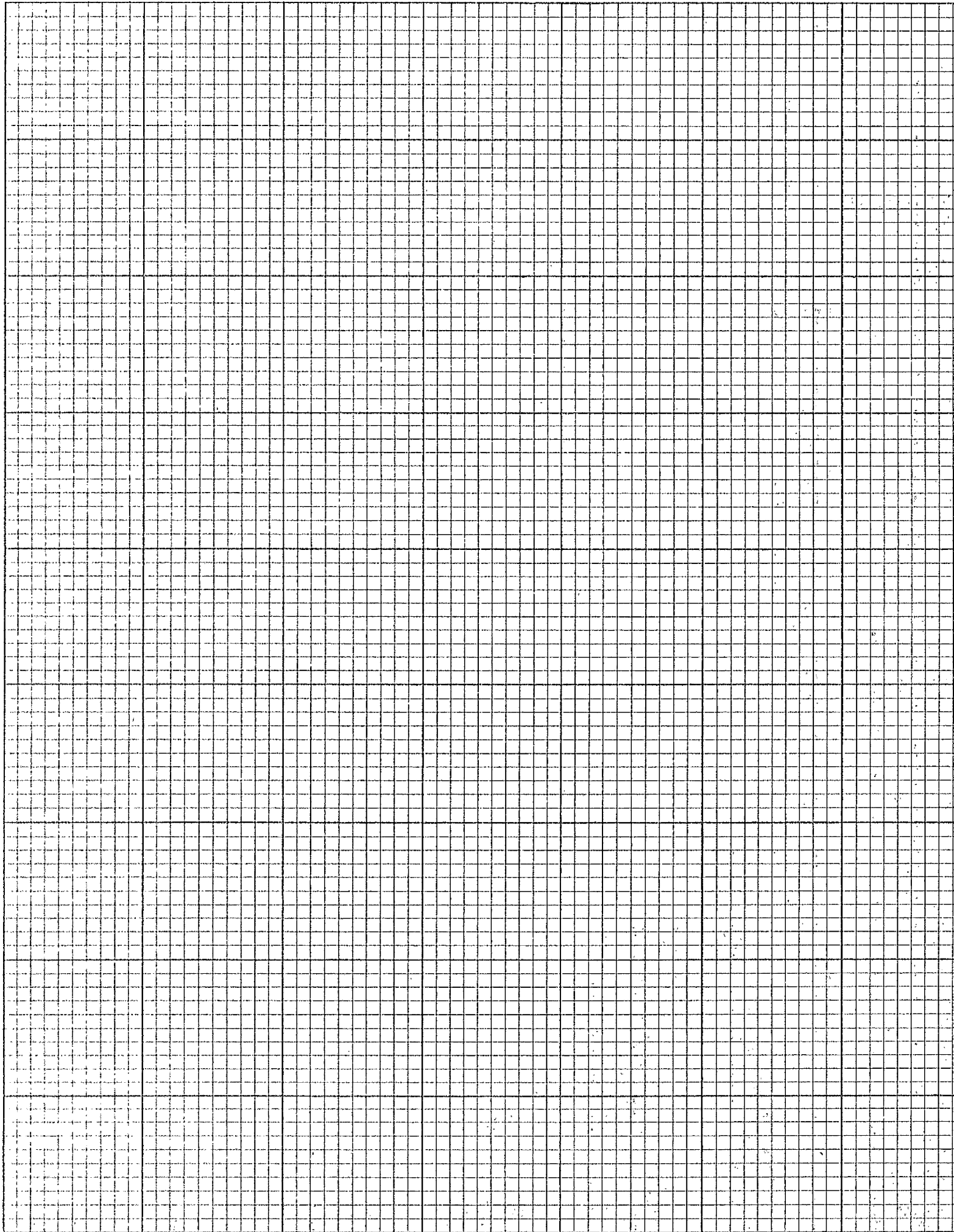
Table VII shows the duration of stay of all the former patients, divided into male and female and class of deficiency. This is shown graphically (Graphs 4 A, B, C) to demonstrate the rapid falling-off in the first few years and the gradual diminution thereafter.

The average length of stay of the Feeble-minded has been 7 years for the males and 9 years for the females, for the Imbeciles it has been 11 years and for the Idiots, 6 years for males and 7 years for females. (In Table XXIV some attempt is made to analyse the duration of stay and reasons for discharge.)



Table VIII and graphs 5 A, B, C based on it show the duration of stay in hospital (including, if known, previous hospitals) of all the in-patients at the end of 1964. The first 5 years are shown individually and thereafter they are grouped in periods of 5 years.

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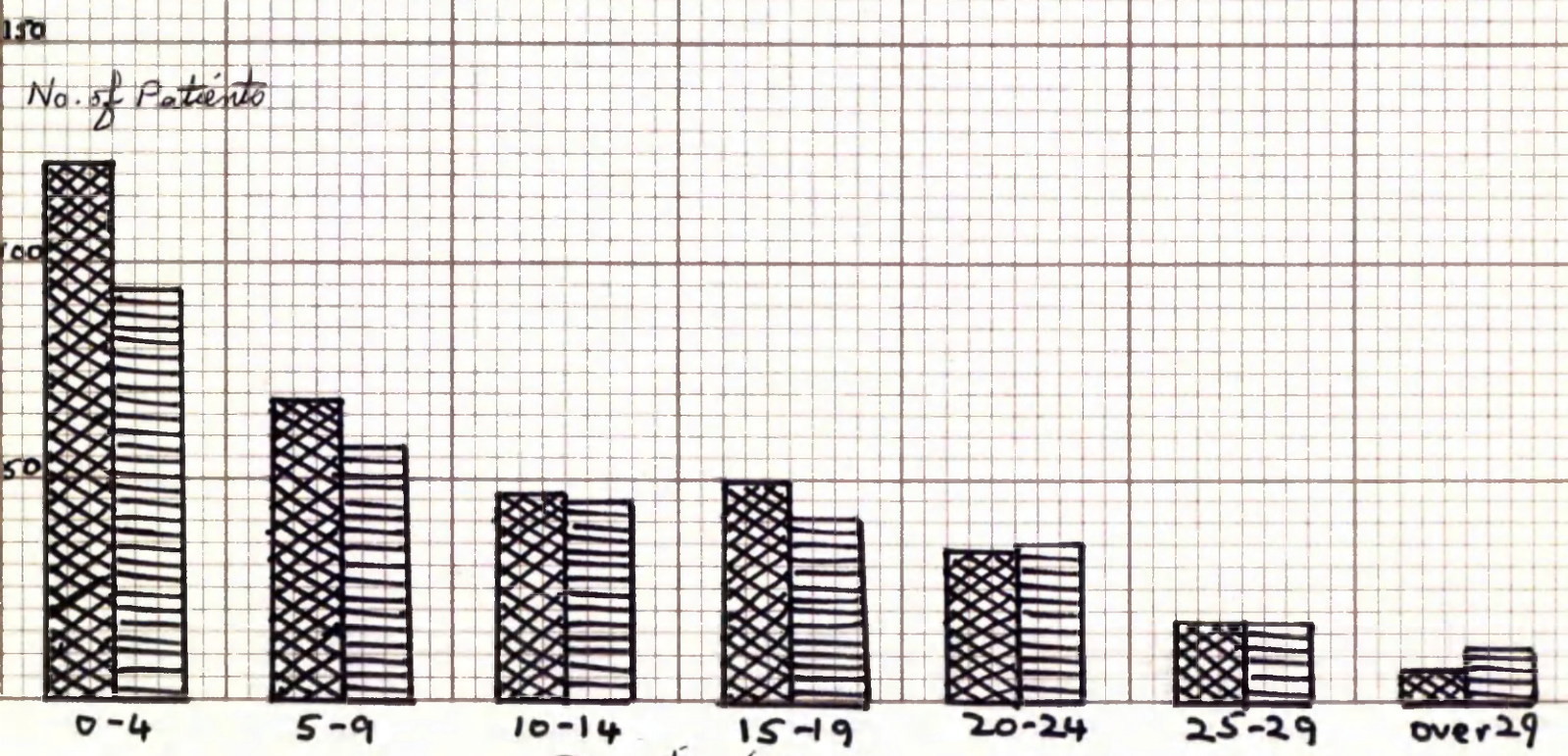


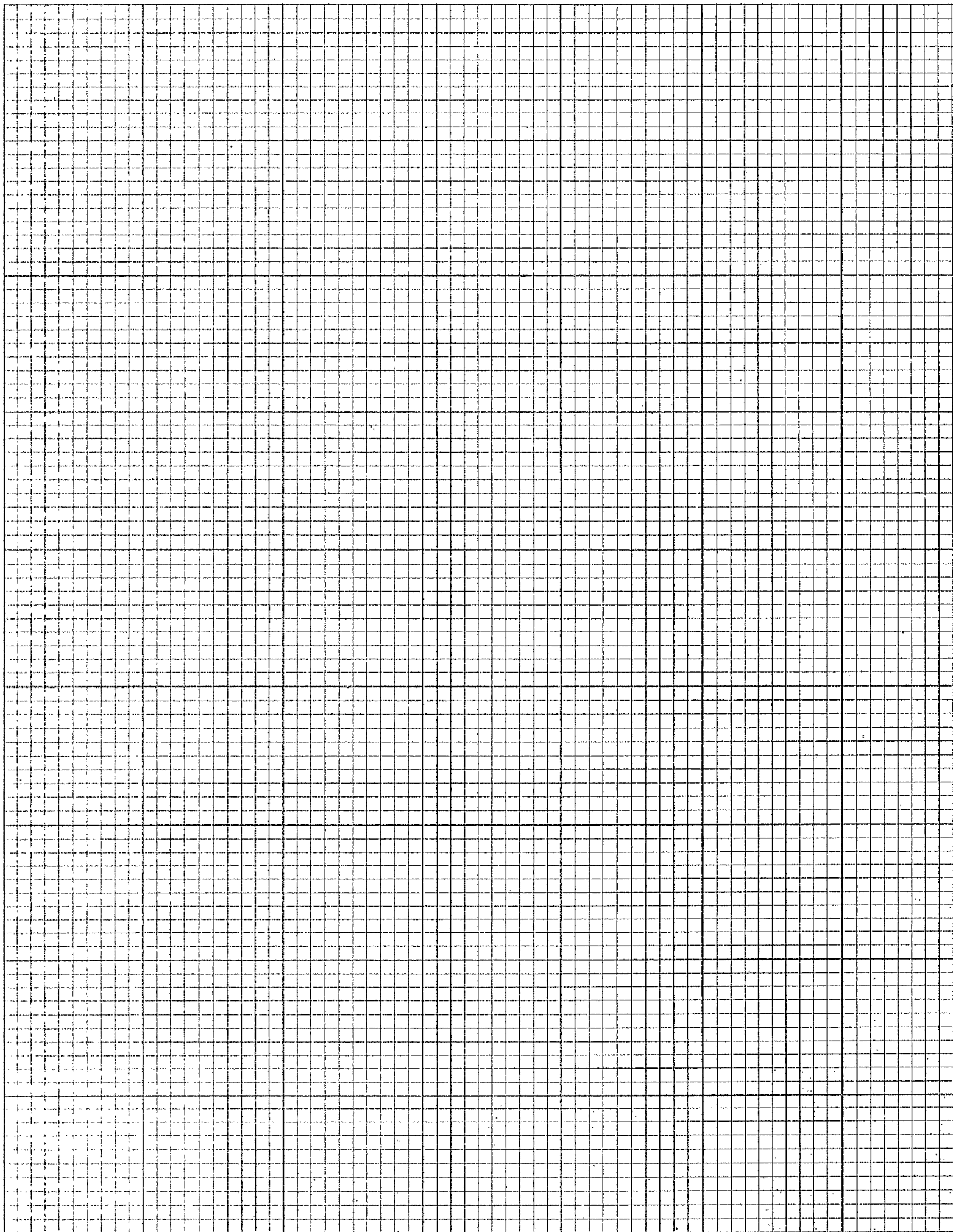


IMBECILE

Male. 
Female. 

No. of Patients





IDIOT.

Male.

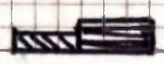


Female.



100

No. of Patients
50,



0-4

5-9

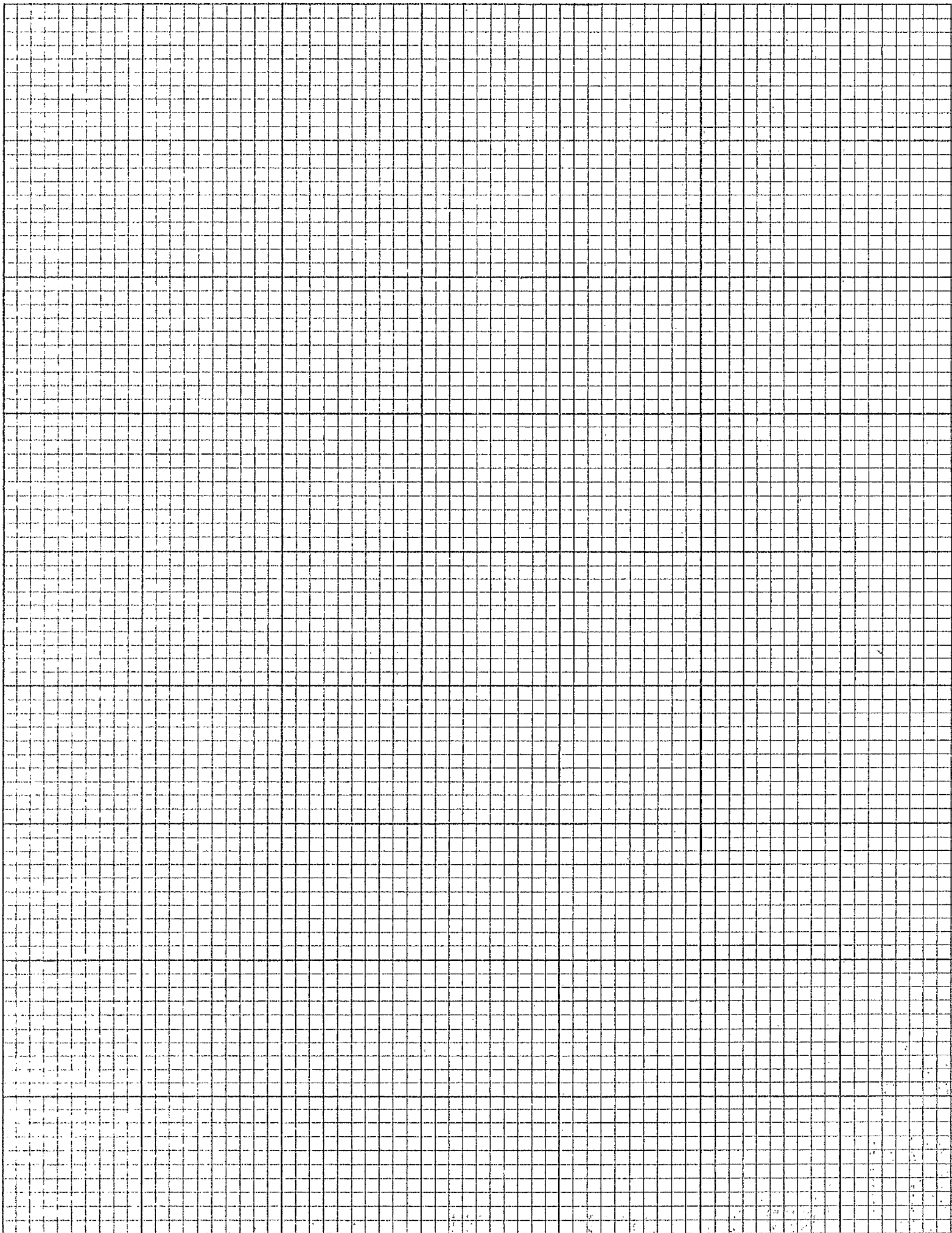
10-14

15-19



20-24

25-29

over 29



Feeble-Minded.

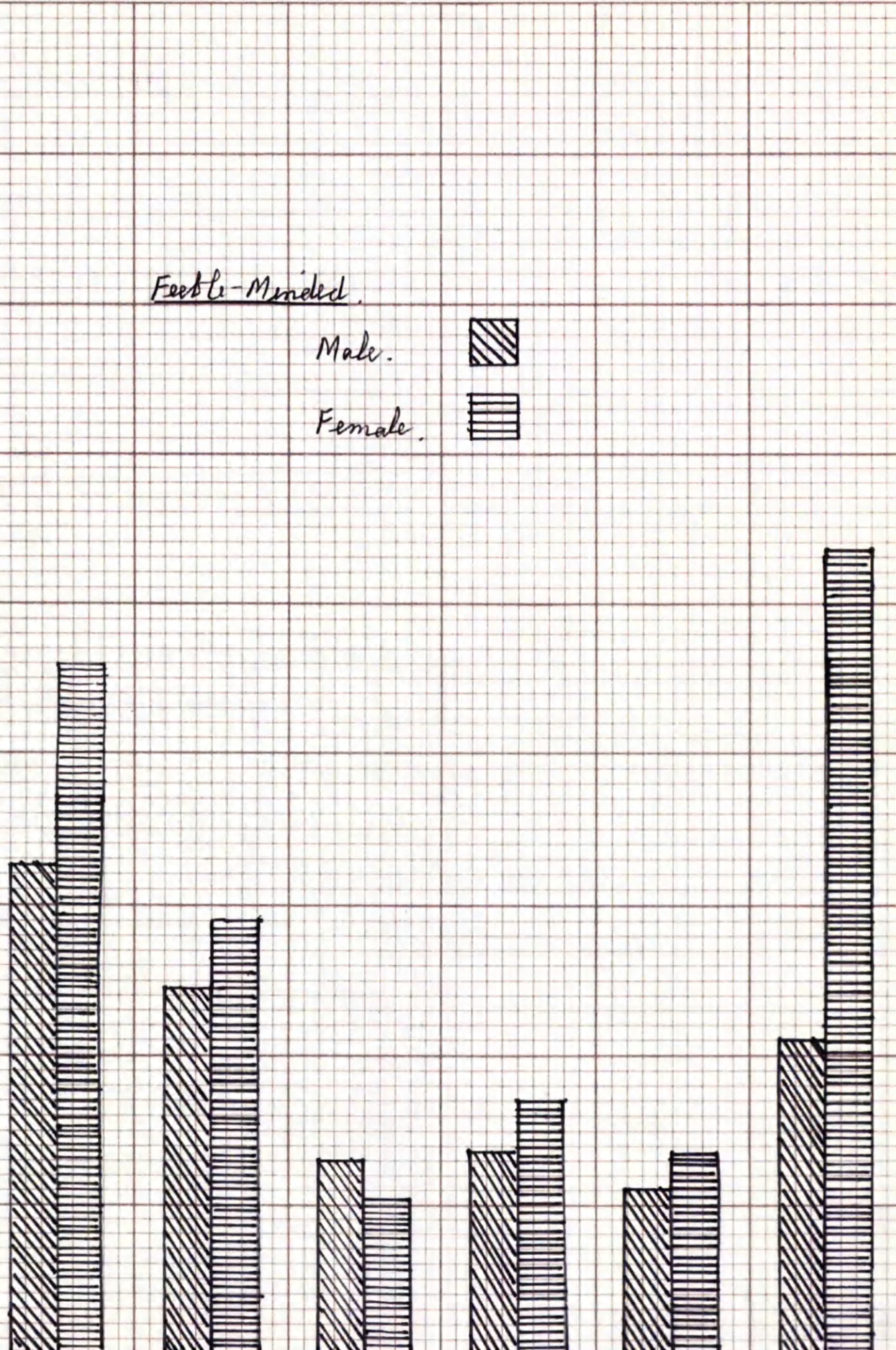
Male. 
Female. 

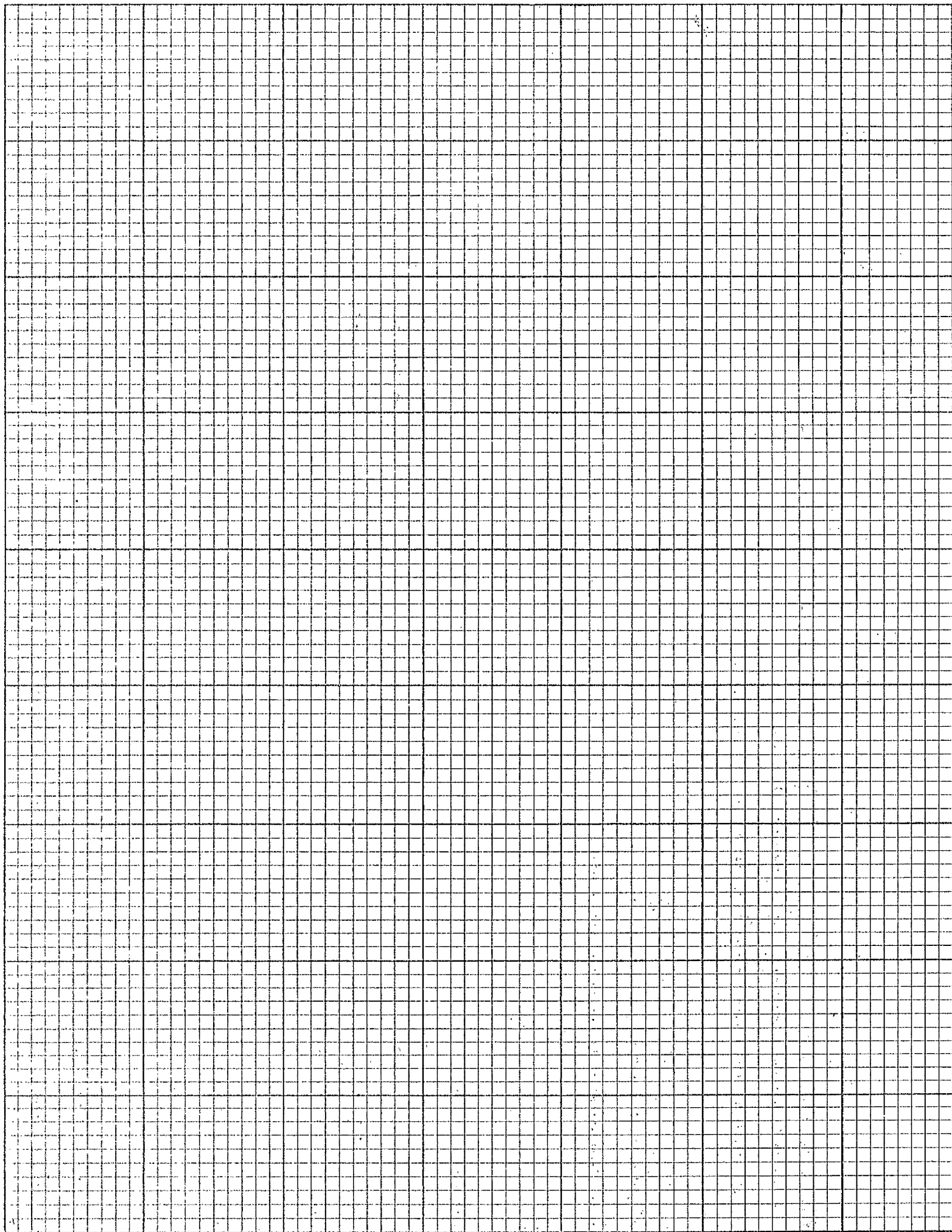
No. of Patients.
80

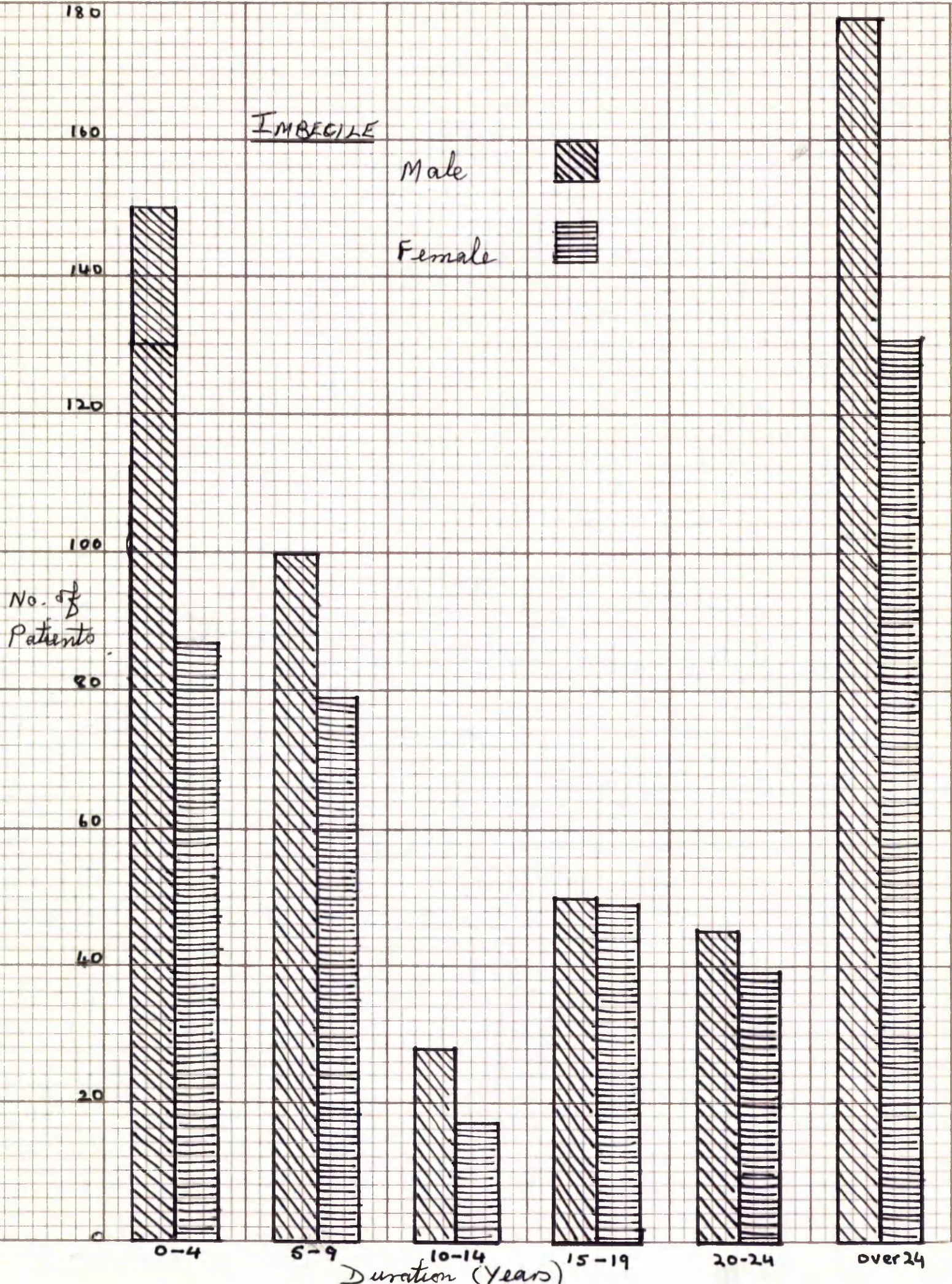
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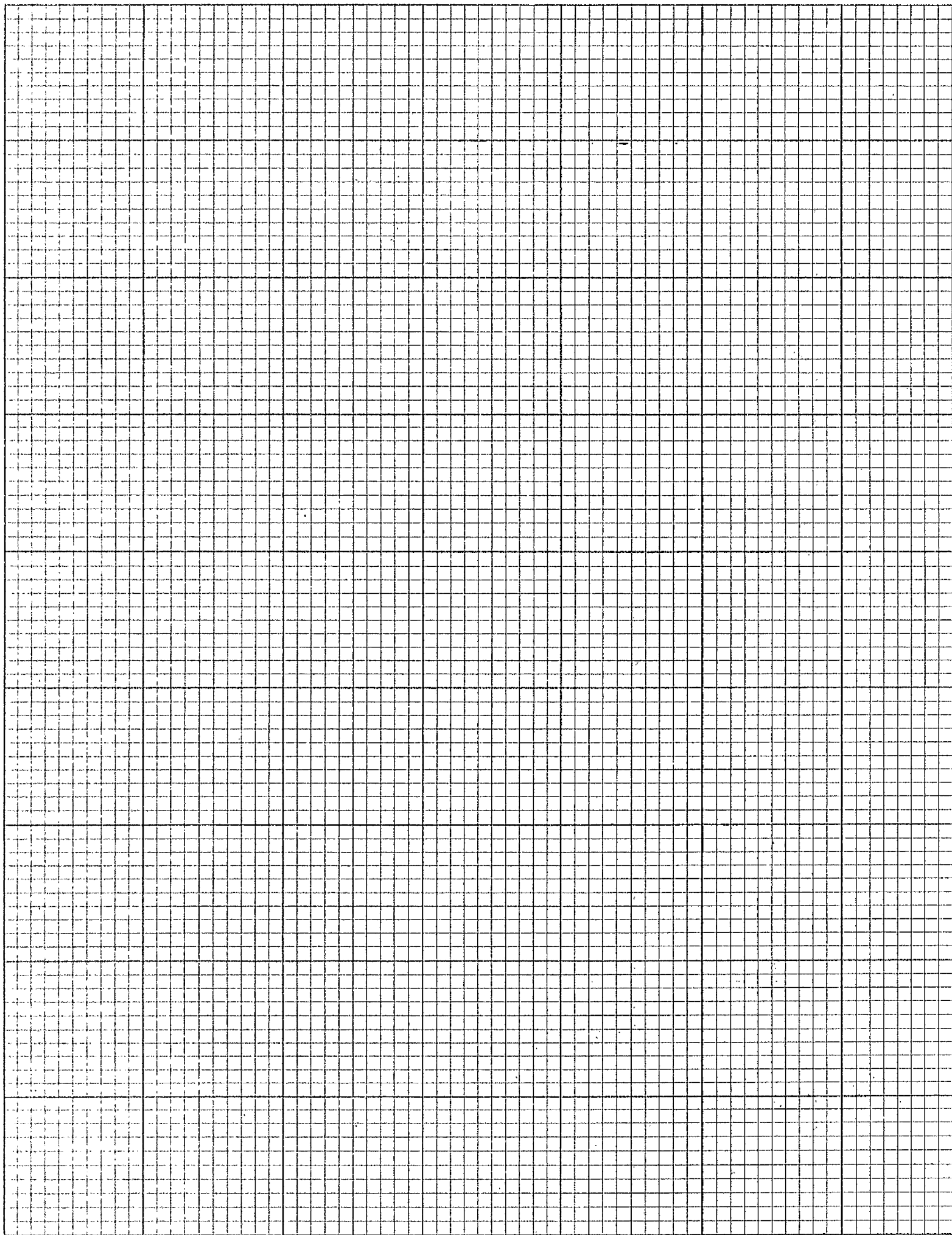
0-4 5-9 10-14 15-19 20-24 over 24

Duration (Years)



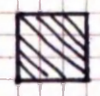




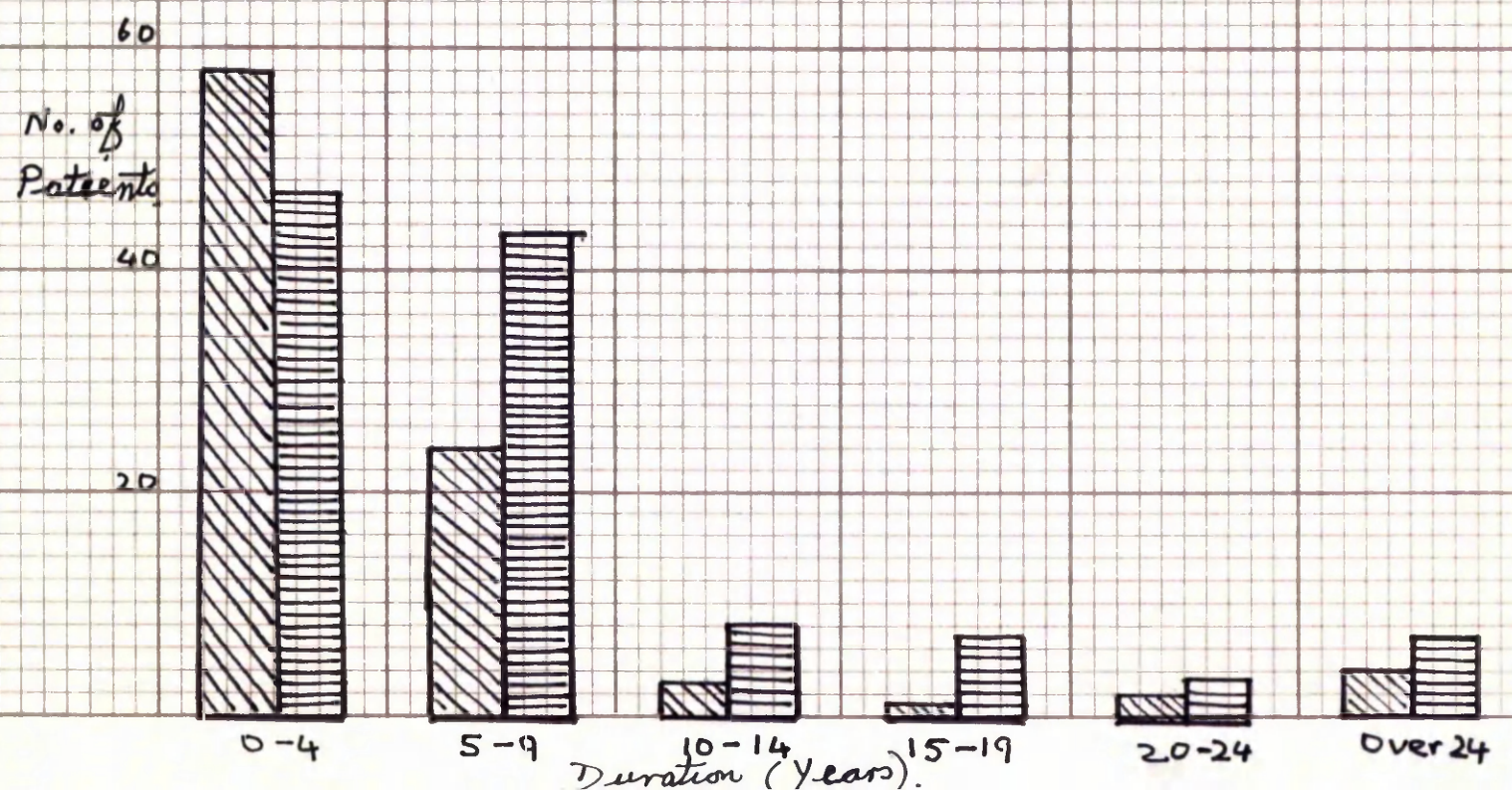
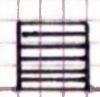


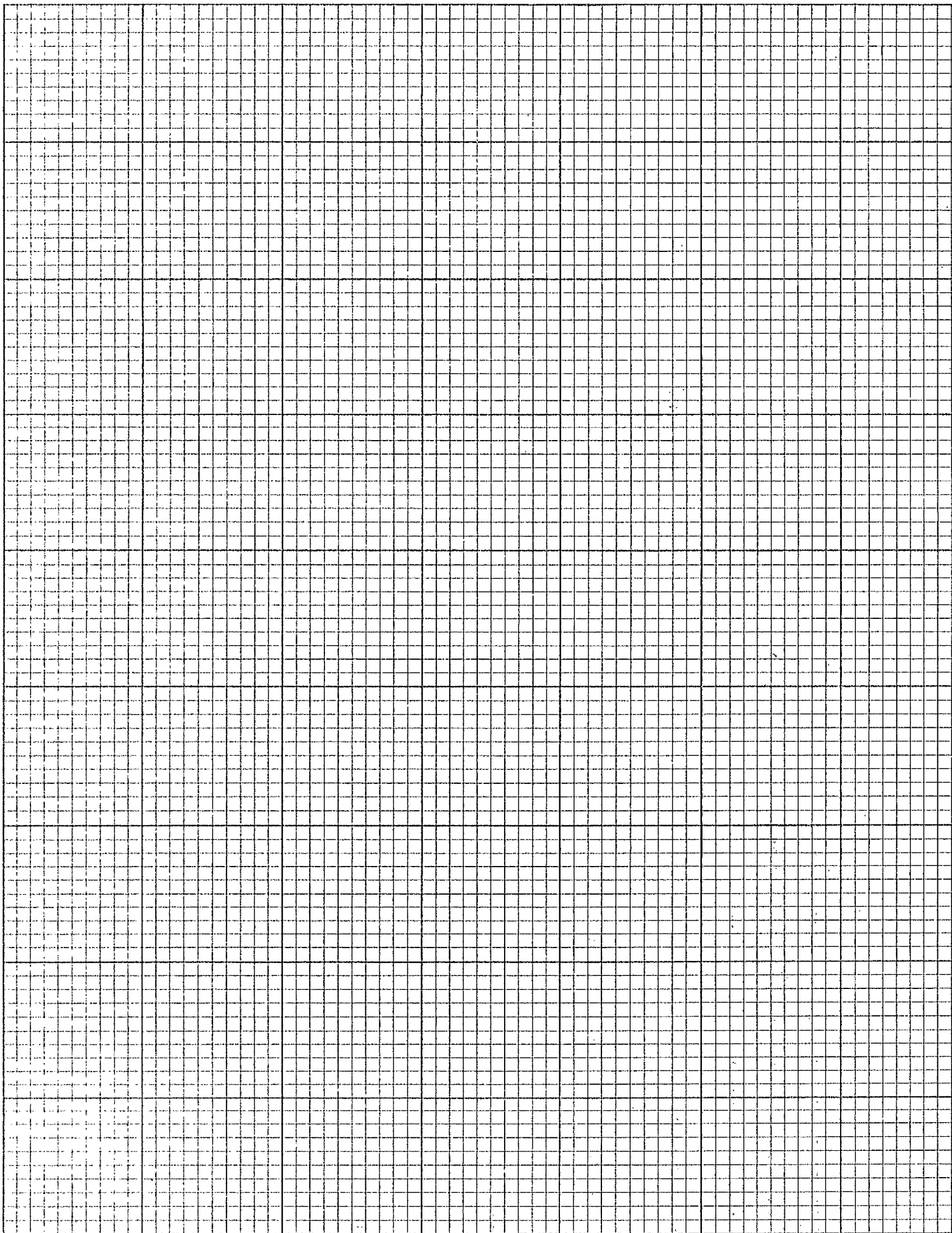
IDIOTS

Male



Female





One of the most striking figures is the large number who have been in hospital for over 25 years, amounting to over 27% of the total in-patients; but if one continues the figures for another 4 years there is a very marked drop in the numbers, probably relating to the period just after the opening of the hospital, when it was filling up. The average duration for females in each group is slightly more than for males, and this is a reflection of the greater rate of turnover in males. Whilst there is little difference between the Feeble-minded and Imbecile groups, being about 15 years for both male and female, the average duration for Idiots is only about half of this, at 6.5 years for males and 8.8 for females. This is not only because of the higher death rate for Idiots, but also because of the large number of Idiots admitted since 1958. The duration for Idiot in-patients is only about 1 year more than for the Idiot ex-patients, but the Imbecile in-patients have already been in hospital on average 5 years more than the ex-patients, and in the Feeble-minded group it is 8 years more for males and 7 for females. If one takes the female Imbeciles as the most stable group in the hospital - the group least likely to be discharged, and with no special predilection for very early death (as in the Idiots) - then the average female Imbecile whose age is 40 years at the end of 1964 (Table V) and has been in hospital for 16 years (Table VIII)

should/

should have been admitted to hospital in 1948 when her age should have been 24 years. As will be seen from Table IV the average age was actually 26 years.

The number, and grouping, of re-admissions is shown in Table IX. A few had been re-admitted more than once but they have been included in this Table only once. Temporary and holiday re-admissions have not been included. (See Table X). In the totals of patients shown elsewhere only the original admissions have been counted, but durations in hospital have been calculated to take into account periods of absence and re-admission. The ratio of re-admissions to total admissions is 3% which is much less than the combined ratio of 11% (1.5 : 13.5) derived from the report of the 1957 Royal Commission.⁶ Since there is a constant waiting list for admission, vacancies caused by patients leaving against medical advice, or without permission, would not be kept open for them, but would be filled from the waiting list. Patients being discharged with permission would often have been out on licence for a time before the discharge was completed, and re-admission of these would seldom be necessary.

The number and grouping of temporary admissions is shown in Table X, but these have been excluded from the present survey. Several of them recur annually, such as those to allow the guardian to have a holiday. Some are because the guardian had a temporary illness.

Some/

Some patients who have committed an offence were admitted by Order of the Court, either under the old Mental Deficiency and Lunacy (Scot.) Act, 1913, or the Criminal Justice (Scot.) Act, 1949. Table XI shows the number and ages of these in hospital at the end of 1964 who had been admitted in this manner. As will be seen more than half of the males and all of the females were under the age of 25 years. In many of the female cases, admission to hospital would be to protect the patient from sexual exploitation.

Of the 235 Feeble-minded female in-patients at the end of 1964, 175 or 74.46% had had their intelligence quotient tested using Terman-Merrill L and M tests. The largest group fell within the 46 - 50 range, and 135 (77.14%) were within the range 36 - 60. Their mean I.Q. was 50. Only 88, or 38.42% of the 229 Feeble-minded male in-patients had their I.Q. recorded, and here the average was 7.5 higher at 57.5. In 1954 McCoull found an average I.Q. for male feeble-minded of 62.2 and in O'Connor's survey, it was over 70. The higher I.Q. in the males in this survey may be because of the smaller numbers tested, but another factor is that the higher grade Feeble-minded females would be more easily looked after at home. Of the 88 males tested, 9 had an I.Q. of over 70 and 7 of these had been admitted under a Court Order when hospital would be considered

the/

the alternative to a prison sentence. These I.Q. results are shown in Table XII.

A certain number of patients have been transferred within the hospital group and these are shown in Table XIII. They have been included only once in the series. Sometimes on transfer the classification has been altered with re-assessment. The new category has been accepted where the patient was still in the group at the end of 1964, but otherwise the original one was retained.

Discharges: Mental deficiency once present, persists for the remainder of the patient's life, and one cannot look for cure. However, a number of patients, particularly in the Feeble-minded category, may become suitable for discharge to residential employment - e.g. males as farm labourers, and females as domestics in institutions. There are others who can return to live with relatives, either because they become more manageable as a result of training, or from the use of drugs, or because of improvement in the home circumstances. The numbers of these over the period are shown in columns 1 and 2 of Table XIV. The largest group of discharges is those discharged to the Care of a Relative, and the 510 Feeble-minded so discharged is almost one third of the 1562 Feeble-minded discharges. There has been a large increase in

the/

the numbers discharged to relatives since 1962 and this is a consequence of the Mental Health (Scot.) Act, 1960. In order to show this more clearly the numbers for each of the 10 years 1955/64 are shown in Table XV; this includes a few Imbeciles, but the great majority are Feeble-minded. Prior to 1962 the number in any year did not exceed 25 for males and 10 for females but this rose in 1962 to 71 males and 51 females. After this large increase in 1962, there is a falling off but not quite back to the levels before the passing of the Act. Table XVI shows the ages at, and methods of, discharge, and in discharges to relatives there is a very high peak in the males at the age of 16. The reason for this is that at the age of 16 years, children detained under the Education Act 1946, and the older Mental Deficiency and Lunacy (Scot.) Act, 1913, had either to be released or re-certified, and the opportunity was taken to release as many as possible.

The numbers discharged to Work form almost 9% of the total discharges. 12% of the Feeble-minded discharges were to Work compared with 6% of the Imbeciles. There was little variation throughout the years except for an increase in 1962 when, as a result of the 1960 Act, 25 females were so discharged (Table XV),
 compared/

compared with the usual number of 2 or 3 per annum. Here the increase was confined to the Feeble-minded group and this increase accounts for the whole of the difference between the sexes, as apart from this the discharges have been evenly divided. The only other year when any large number was discharged to work was in 1949 and then the figures were 16 males and 13 females. This is probably attributable to the war which made civilian labour scarcer. As can be seen from Table XVI there is no well-defined age for discharge to work, this being largely dependent on the availability of suitable, supervised jobs.

The second largest group of discharges is the group of those discharged by Escape, and this accounts for one third of the total male Feeble-minded discharges, and one fifth of the females. The total of 486 patients discharged in this way is shown in Table XIV, col.3, and the figures for the ten years from 1955 in Table XV. A patient had to remain at liberty for 3 months after escape to be discharged and for certified patients this has not been altered by the 1960 Act; but from 1960 informal patients ^{are discharged} ~~absent~~ from the day they walk out of the hospital. It will be seen from Table XV that there is little difference in the numbers of escapees from year to year.

As is to be expected, this method of irregular discharge is mostly confined to the Feeble-minded, and males predominate over females in a ratio of almost 3 : 1. The peak age group for escaping is 16 - 20 years (Table XVI), with the incidence diminishing steadily thereafter and almost ceasing after the age of 35 years.

The total in col. 4, Table XIV, of 154 patients Transferred to other hospitals outwith the group includes 51 male and 1 female patient who were transferred for greater security, either to the State Hospital, Carstairs, or the Criminal Lunatic Asylum, Perth. Four of these were Imbeciles and the remainder Feeble-minded. It also includes the 33 male juveniles transferred in 1950 when the school was closed and 14 patients (12 male and 2 female) transferred to Roman Catholic Homes. These transfers account for most of the excess of 90 males over females, and explain the age groupings in Table XVI where the maximum number is in the group 11 - 15 years. The remainder were transferred to institutions in various parts of the country.

Table XIV col. 5 shows the numbers of persons transferred, because of Insanity, to mental hospitals, and it includes 19 patients transferred within a year of admission to hospital. It is to be presumed that in these cases the insanity was

present/

present at the time of admission. The 78 patients were divided equally between the sexes, 51 were Feeble-minded and the other 27 were Imbeciles and one of these was a mongol (Table XVII). They were followed up to the hospital which received them and the result of this at the end of December, 1964 is shown in Table XVII. Only 8 (20%) of each sex were relieved and discharged. The report on "Mental Deficiency in Scotland" (1957)³ suggests "that mental illness supervening in a mental defective should be dealt with in suitable accommodation within the institution". It also states that the majority of psychotic episodes in mental defectives are transient. For the small numbers involved, 2 - 3 per year, it might be more practicable to have a temporary transfer of the defective to a mental hospital until the insanity was dealt with and then to take the patient back into the mental deficiency hospital.

The remaining group of former patients is those who have Died, and except for Feeble-minded males, this is the largest group in each category and it forms 33% of the total discharges. The breakdown of the 764 deaths over the period is shown in column 6

of/

of Table XIV. Of the Idiots who have left the hospital, Death has been the cause in over 90% of the cases, and for the Imbeciles it has been the method of release for over 60%, but in the Feeble-minded group only 15% of the former patients have been released by death. These deaths are grouped under the ages at death and the results are shown in Table XVIII. This shows an average life-span of about 46 years, for the Feeble-minded and the Imbeciles, with a fairly regular distribution around this figure but the average age at death for the Idiots is only 25 years. There is little difference between the sexes.

The deaths are analysed by cause in Table XIX and the numbers of post-mortems performed are shown in Table XX, and at 329 this is 43% of the total. In addition to the post-mortems, several other deaths - e.g. some cases of neoplasm and "surgical abdomen" - had had the cause confirmed by operation prior to death.

Of the various causes of death shown, the first three, viz. Cardio-Vascular, Cerebro-Vascular and Pulmonary Infection, account for 48.5% of the total and are likely to remain of major importance. Pulmonary infection (non-tuberculous) includes chronic bronchitis and respiratory virus illnesses such as influenza. There has been no restriction in the hospitals in the use of antibiotics for pulmonary
(or other)/

(or other) infections. Neoplasm accounted for 79 deaths, or 10.3% of the total and of these 15 were pulmonary. One can expect deaths from tuberculosis (7.8%) to diminish appreciably in the future and antibiotics should help to reduce nephritis (4.7%) as a cause of death. The number of deaths due to "surgical abdomen", e.g. appendicitis or perforation of peptic ulcer, may appear to be high at 37 (4.8%) but many of these patients are little able to express their complaints and may have a reduced awareness of pain, with resultant delay in diagnosis. The 35 patients (4.6%) dying from status epilepticus (and another patient in 1965) is a reminder that even with specialist hospital treatment this can still be fatal.

The extent of Epilepsy in the patients is shown in Table XXI where one third of all patients are seen to have suffered from it. The proportion having epilepsy in each group is much higher amongst those who have died than amongst those who have remained alive and this is especially so in the Feeble-minded group, even if the 15 deaths due to status epilepticus are deducted from the 102 Feeble-minded epileptics who have died. This would seem to indicate that, at least amongst Feeble-minded defectives in hospital, epilepsy is a factor in shortening life. The proportion of those who have epilepsy and have been discharged is

much/

much lower (except in female Idiots, where the number is very small) than the proportion of those remaining in hospital, thus showing, as can be well understood, that epilepsy is a factor in keeping Feeble-minded defectives in hospital.

The 25 deaths in Table XIX under "Organic Brain Disease" include those for whom no other cause of death was found, even after, in 16 cases, post-mortem examination. "Known Brain Disease": The 35 deaths included here are mostly those certified as due to "encephalitis", "encephalopathy" and "hydrocephalus".

Accidental deaths (8) include amongst others, a motor accident, a drowning, a patient who choked on his false teeth, and one anaesthetic death.

The above account for 95% of the deaths and the remainder do not merit any special discussion.

Cases of certain clinical types of mental defect have been noted, and are shown in Tables XXII and XXIII; other types such as cretinism and syphilis have been so few in number as not to form significant groups. Table XXII shows the distribution of the 127 mongols who have been admitted over the period. Although there have been 18 deaths, mongolism was not certified as the primary cause of death, and they are not included in the category of "Known Brain Disease"/

Disease" in Table XIX. The lower part of the Table shows the age distribution of the mongols who have died, and of those who were still in hospital at the end of 1964. The 13 who have died had an average age at death of 31.7 years, and the 97 in-patients have an average age of 26.6 years. The largest age group is that from 36 - 45 years, which has 19 patients. According to Carter the death rate amongst mongol children has decreased considerably in the past 35 years so that the incidence in the population at the age of 10 quadrupled between 1929 and 1958. Many mongols remain at home, and the above figures give no indication of the numbers in the general population, and one cannot relate the figures here to the population concerned.

Table XIII shows the numbers of defectives who were Microcephalic (47), Hydrocephalic (47), or suffered from Phenylketonuria - PKU - (20). The largest group of microcephalics and hydrocephalics is ⁱⁿ the Idiots. Unlike microcephaly, hydrocephalus is a cause of death and half of the hydrocephalics have died, whereas only one-third of the microcephalics have died. PKU, although first described in 1934 has only been readily detectable since 1957 and the number of 20 relates only to the in-patients, which is an incidence of 1.15 per cent. According to/

to Penrose ² 60% of cases are Idiots, but the largest number here is in the Imbecile group. Six of the 20 were under the age of 16 years.

Cohort Analysis.

To study the changes in the outcome of patients after admission, all those admitted in the years 1938/39, 1948/49 and 1958/59 have been followed through until 31st December, 1964, and the results are shown in Table XXIV. From this it will be seen that the proportion of Feeble-minded still in hospital after 5 years (Table XXIV A) has shown a decrease both amongst male and female patients from 60.3% and 81.6% respectively in the 1938/39 group to 48.1% and 61.5% in the 1948/49 group and 33.3% and 52.5% in the 1958/59 group. There has been no constant factor contributing to this - the proportion of males discharged has remained fairly steady but the proportions dying, transferred or escaped have shown wide variations. In the females the proportion transferred has been fairly steady, and the proportions dying, discharged or escaped have shown wide variations. In the Imbecile and Idiot groups there is not any constant trend. The higher death rate of those admitted in 1958/59 is largely due to the opening of the Adair Ward in 1959 and the admission of seriously

ill babies.

Ten and fifteen years after admission (Table XXIV B & C), the fall in the proportion of Feeble-minded remaining as in-patients has continued to be much greater amongst those admitted in the later period (1948/49), than in the 1938/39 group. This is mainly due to an increase in the proportion of the Feeble-minded being discharged and escaping; for the death rate in the later period is very much less than in the earlier one. In the Imbecile and Idiot group there is a moderate reduction in the proportion of male in-patients in the 1948/49 group compared with the 1938/39 but in the females, the position is reversed and the proportion remaining as in-patients after 10 and 15 years is much higher in the 1948/49 group, and this increase in the females is balanced by a decrease in both deaths and discharges. The pattern continues after 20 years, and after 25 years the proportion of the 1938/39 Feeble-minded admissions, male and female combined, remaining in hospital is 17%. This position is reached with the 1948/49 admissions after only 15 years when the proportion remaining as in-patients is 15%. In the Imbecile and Idiot groups, although the proportion who have died after 25 years is more than double that in the Feeble-minded group/

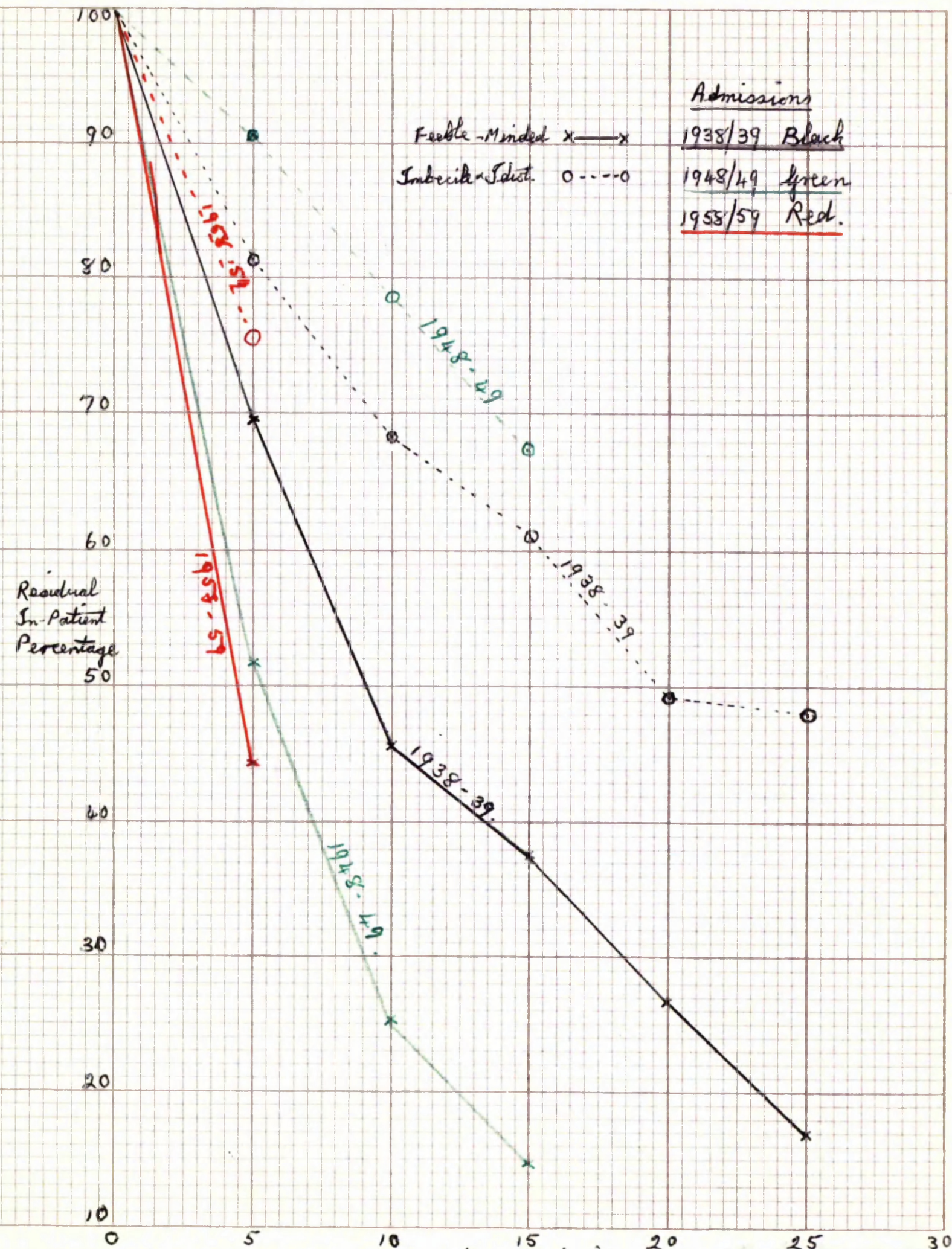
group, the proportion remaining as in-patients is also more than double that in the Feeble-minded group. This is because there is virtually no run-down through escape and discharge, and most low-grade patients once admitted are in for life, although the duration of that life is, in the Idiot group, much less than in the Feeble-minded. After 20 years, half of the low-grade group admitted in 1938/39 are still in hospital, and after 25 years it is still 48%.

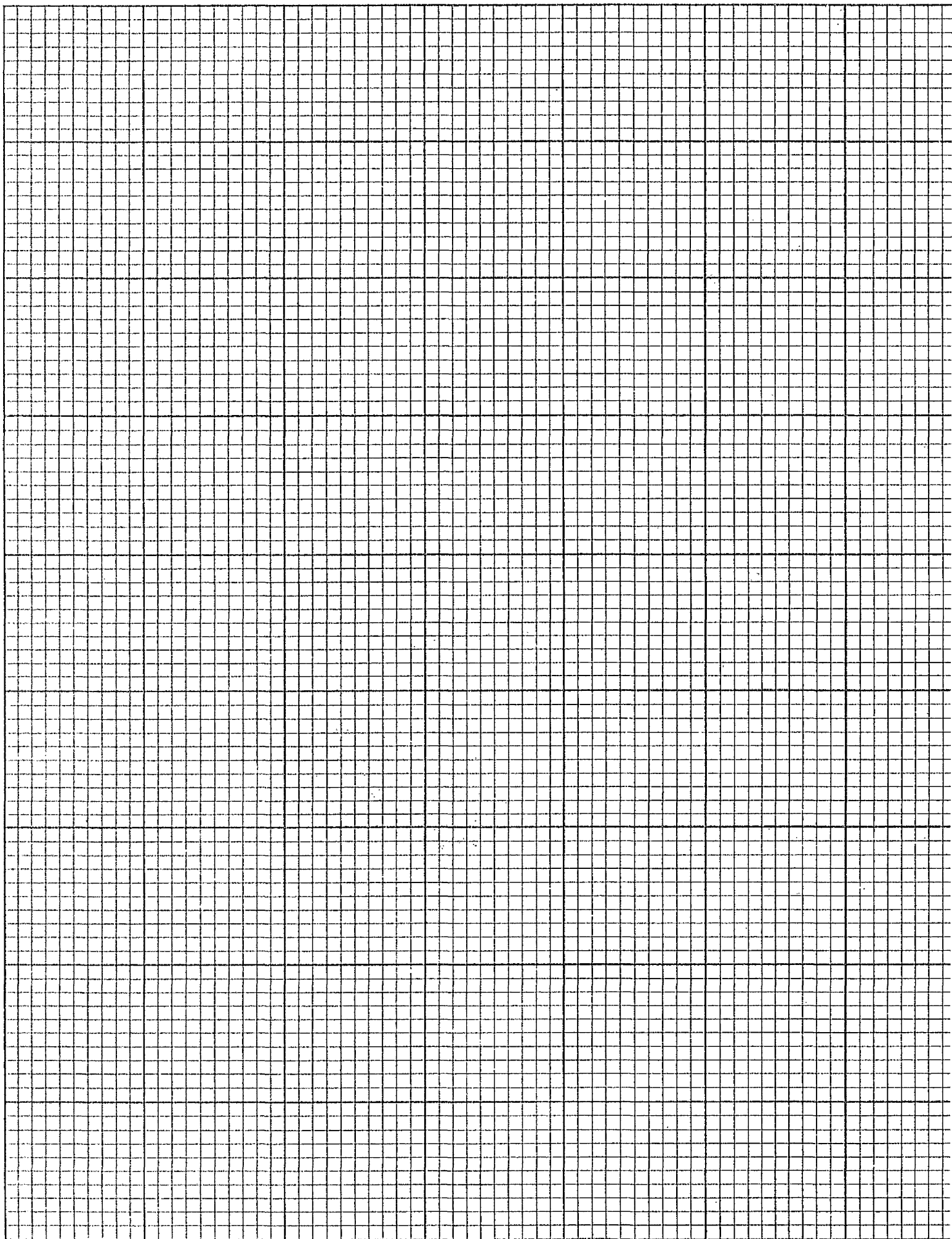
From the above it will be seen that the turnover of the Feeble-minded has increased considerably since 1938/39, and while it took 10 years to reduce the 1938/39 in-patients to 50%, it took only 5 years to do this with the 1958/59 intake. On the other hand, to reduce the proportion of the 1938/39 Imbecile and Idiot intake to 50% took 20 years. This quicker rate of discharge of the Feeble-minded has been accompanied by a diminution in the actual numbers of Feeble-minded in the hospital group from a peak of 753 in 1955 to 570 in 1964, and to a still greater relative decrease in the proportion of Feeble-minded to lower grade patients. While the proportion of Feeble-minded has decreased from a peak of 47.7% to 32.9%, the proportion of the Imbecile and Idiot groups has increased correspondingly. This shift among the in-patients to the lower grades of deficiency is likely to lead in the future to a decrease in the rate of discharge, whether to Work, to a

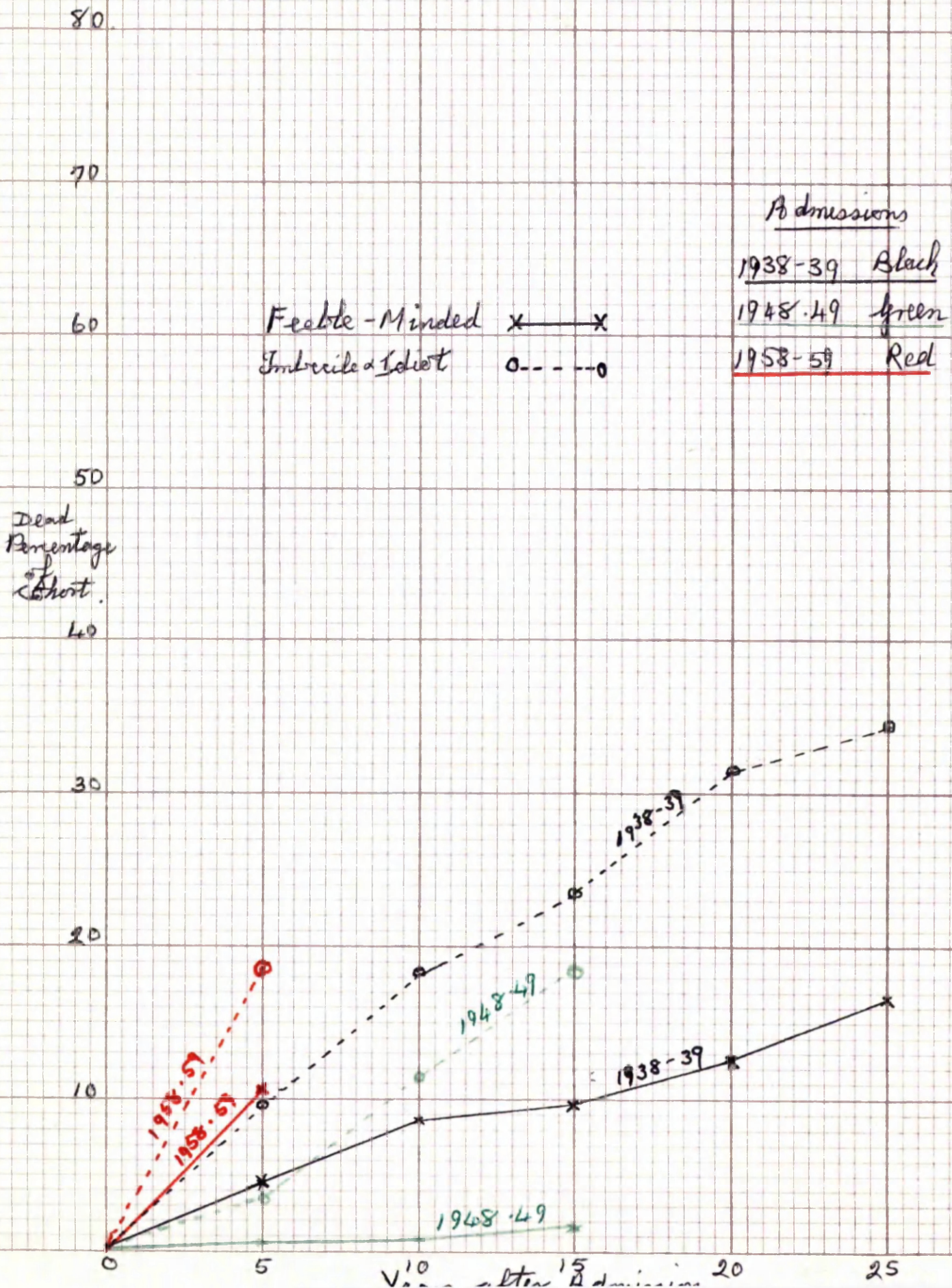
Relative/

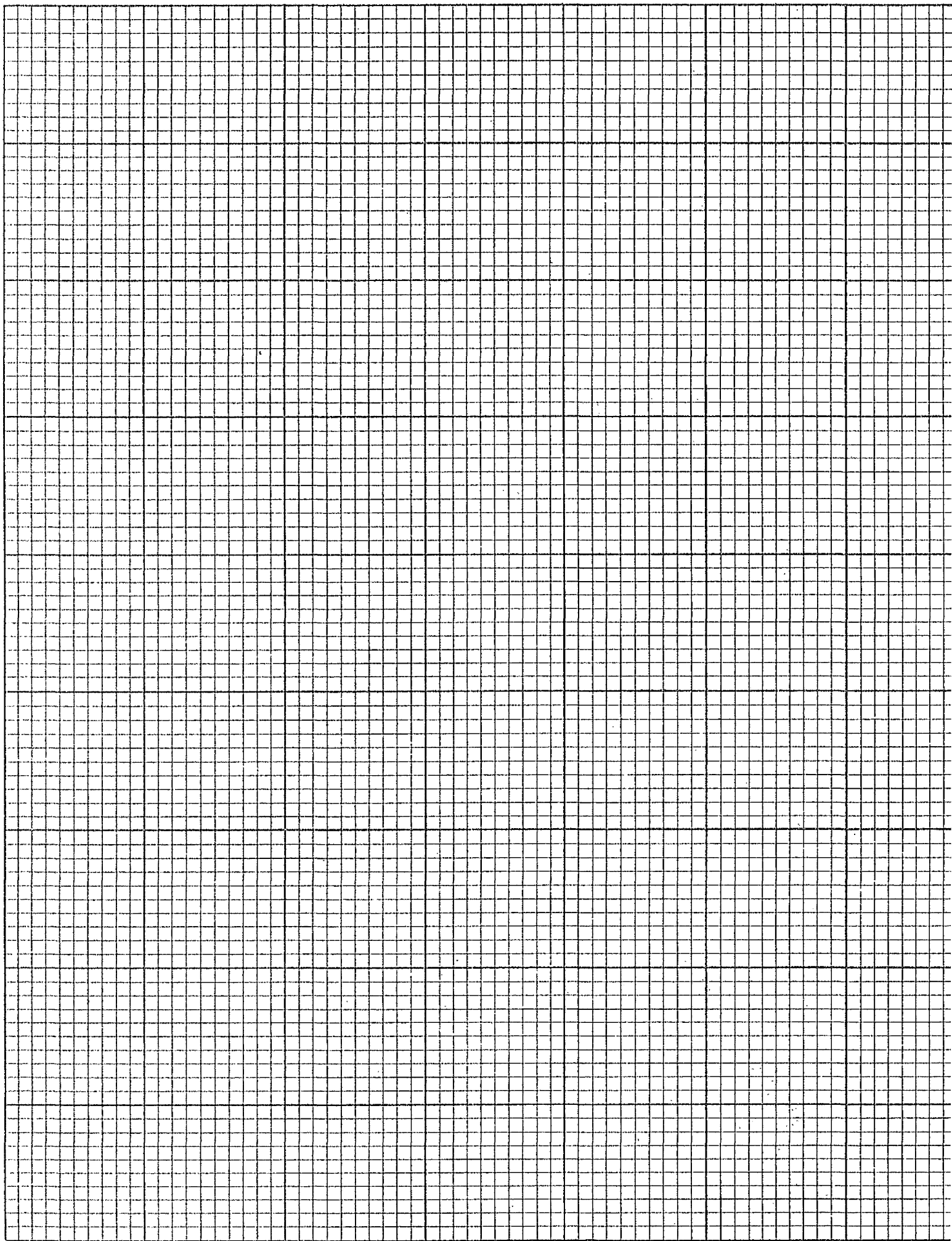
Relative, or by Escape and to an increase in the proportion of patients who remain in the hospital until relieved by Death. The age at death for Imbecile is little different from that for Feeble-minded, and the length of survival of Idiots is likely to increase as medical treatment advances, so that the duration of stay of the hospital patients is likely to increase. When one considers the age distribution of the patients as shown in Table VI, there are more young patients growing up in the hospital than in the older age groups, so that even with no change in the average age of death, the rate of turnover from death is likely to decrease.

Graph number six shows the percentage of each cohort remaining in hospital at five-yearly intervals after admission, and graph number seven shows the percentage of each cohort which had died, again at five-yearly intervals after admission.









CONCLUSIONS.

The total number of mental defectives in the community reviewed is conservatively calculated to be 9,738. There is an overall incidence of 10.72 per 1,000 males and 7.48 per 1,000 females, but it is unlikely that there is any greater risk of a male child being born mentally defective than a female child.

The Imbecile and Idiot group which formed 56% of the hospital patients in 1939 makes up 67% of the hospital patients in 1964. The hospital half-life for the Feeble-minded which was 10 years for those admitted in 1938/39 had fallen to 5 years for those admitted in 1958/59 but this reduction includes the temporary effect of the dismissals as a result of the Mental Health (Scotland) Act, 1960. For Imbeciles and Idiots the hospital half-life was 20 years for those admitted in 1938/39 and this is likely to increase as medical science reduces the death rate.

The present hospital bed requirement for mental defectives is about 2 per 1,000 population but this is likely to be insufficient as a result of the above changes which will slow down the hospital bed turnover.

The Future.

"We are living in a period of rapid scientific development when no one knows what will happen next and the viewpoint we express today is likely to be invalidated tomorrow." (Rodger, 1965).

Mental defectives are living longer and the hospital population is ageing. This is causing a slowing down in the turnover of hospital beds so that the existing provision will become more and more inadequate. To offset this gloomy prognosis one must look for more essential causes, which may lead to more prevention of mental deficiency. Some causes such as hypothyroidism and syphilis have already been almost eliminated; others such as phenylketonuria should soon follow suit; the antibiotics are reducing brain damage due to bacterial infection and inoculation against virus illnesses, such as measles, will reduce the number of mental defectives due to encephalitis; the injection of gamma-globulin to the expectant mother with rubella in the early stages of pregnancy should eliminate another cause, and surgery is helping the hydrocephalic. It is not inconceivable that cytology from the unborn foetus could enable mongolism to be diagnosed at such an early stage that therapeutic abortion might be countenanced. Such cases are small in number from any one cause but cumulatively they mount up and through time the advances of medical science may, by prevention at the beginning of life, offset the effect on the hospital bed occupancy which medicine is now causing by prolonging life at the other end.

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SPECIMEN OF RECORD CARD.

Name: _____ Reli

Born: _____ Age: _____

Waiting List: _____ Time: _____

Admissions — 1 _____ Discharges: _____

2

3

4

5

6

Death: _____ Cause: _____

Date: _____ Age: _____

NUMBER OF DEFECTIVES IN THE COMMUNITY.

	No. of Defectives		Totals	
	Male	Female	Male	Female
<u>Outwith Hospital</u>				
<u>Adult</u>				
Guardianship, Glasgow	269	218		
Argyll & Bute	16	-	285	218
Friendly Supervision-Glasgow	1292	1106		
Argyll & Bute	11	14	1303	1120
<u>Children</u>				
Aged 5-16 years				
Special Schools-Educable	1478	1109		
Occupational Centres-Train-able	235	192		
Educ. Authority Institutions	56	7		
At Home - Glasgow	57	45		
Argyll & Bute	21	17	1847	1370
Age 0-4 years				
Estimate, Population X. Incidence	963	736		
Less: Number in Hospital	23	27	940	709
Total Outwith Hospital.			4375	3417
<u>In Hospital</u>				
Lennox Castle Group				
Adult	742	706		
Ages 0-4	23	27		
" 5-16	110	123	875	856
In R.C. Homes Adult	-	64		
Children 8-16 yrs.	19	28	19	92
In Mental Hospitals Adults			8	16
In State Hospital-Carstairs - Adults			80	-
			982	964
TOTAL			5357	4381

INCIDENCE OF DEFECTIVES IN THE COMMUNITY.

	No. of Defectives.		No. in Population.		Incidence per 1,000	
	Male	Female	Male	Female	Male	Female
All ages @ 31.12.64.	5347	4381	499,517	585,918	10.72	7.48
Ages 5 - 16 years.	1976	1521	112,214 ²	107,556 ²	} 17.61	14.1
" 0 - 4 "	963 ¹	736 ¹	54,663 ²	52,035 ²		
1. Estimate.			2. 1961 Census.			

HOSPITAL PATIENTS.

CLASSIFICATION IN DIFFERENT SURVEYS.

Survey.	Feeble-Minded.		Imbecile.		Idiot.		Tot. N
	No.	%	No.	%	No.	%	
1938 Penrose (3)	627	48.98	433	33.80	220	17.18	1,280
1954 O'Connor & Tizard	310	52.3	247	41.7	35	5.9	592
1954 M. Cull & Slupinski	256	25.3	509	50.3	246	24.3	1,011
1957 Royal (7) Commission	30,215	52	23,308	40	4511	8	58,034
1939 Lennox Cast.	529	44	641	53	34	3	1,204
1964 Lennox Cast.	570	33	954	55	207	12	1,731

PATIENTS UNDER 16 YEARS AGE ON ADMISSION.

Feeble-Minded.	Pre 1940	1940-44	1945-49	1950-54	1955-59	1960-64
Male	18	143	154	124	84	5
Female	38	14	35	10	19	46
Total.	56	157	189	134	103	51
% Total.	47.45	79.29	79.41	82.20	42.38	18.75
Imbecile.						
Male	44	19	26	12	45	56
Female	13	16	14	4	29	42
Total.	57	35	40	16	74	98
% Total.	48.30	17.67	16.80	9.81	30.45	36.02
Idiot.						
Male	3	2	3	4	28	65
Female	2	4	6	9	38	58
Total.	5	6	9	13	66	123
% Total.	4.23	3.03	3.78	7.97	27.16	45.22
Total under 16yrs.	118	198	238	163	243	272
% Tot. Admissions.	1.3	41.0	47.0	45.8	39.6	38.4

ROMAN CATHOLIC PATIENTS.NUMBERS AND PROPORTION OF TOTAL.

	R.C. Patients.		Total.		R.C. Total x100.
	Male	Female	Male	Female	
<u>Former Patients.</u>					
<u>Feeble-Minded.</u>					
Dead	27	33	107	128	
Dischge to Relative	95	39	355	155	
Other Discharges.	81	61	549	268	
	203	133	1011	551	
<u>Imbecile.</u>					
Dead	48	56	210	217	
Dischge to Relative	20	8	60	33	
Other Discharges.	23	15	75	50	
	91	79	345	300	
<u>Idiot.</u>					
Dead	9	19	46	56	
Dischge to Relative	3	4	3	4	
Other Discharges.	-	-	3	1	
	12	23	52	61	
Total Former Patients.	306	235	1408	912	23.31
<u>In-Patients.</u>					
Feeble-Minded	51	63	231	339	
Imbecile	141	101	552	402	
Idiot	30	25	92	115	
	222	189	875	856	23.74
<u>In R.C. Homes.</u>					
Feeble-Minded	19	70	19	70	
Imbecile	-	20	-	20	
Idiot	-	2	-	2	
	19	92	19	92	
Total In-Patients.	241	281	894	948	28.33
Total All Patients.	547	516	2302	1860	23.13

Total Population.

286,872

1,085,435

26.42

TOTALS OF PATIENTS IN SURVEY,
BY SEXES AND MAIN GROUPS OF MENTAL DEFICIENCY.

	Feeble-Minded.		Imbecile.		Idiot.		Total
	Male.	Female.	Male.	Female.	Male.	Female.	
Total Admitted to Group.	1242	890	897	702	144	176	405
Total Discharged.	1011	551	345	300	52	61	232
No. of Inpatients at end of Survey.	231	339	552	402	92	117	173

TOTALS OF IN-PATIENTS AT THE END OF EACH YEAR.

Year.	Feeble-Minded.		Imbecile.		Idiot.		Total
	Male	Female	Male	Female	Male	Female	
Pre 1936	15	107	28	71	0	7	228
1936	151	145	147	84	2	7	536
1937	212	246	279	239	13	21	1110
1938	236	270	331	276	12	21	1146
1939	250	279	346	295	13	21	1204
1940	231	265	354	303	13	21	1187
1941	228	269	359	305	14	22	1197
1942	266	277	365	304	14	23	1249
1943	320	288	374	309	15	22	1328
1944	343	297	384	315	15	25	1379
1945	341	307	391	326	15	28	1408
1946	351	296	395	334	16	30	1422
1947	369	318	397	337	17	32	1470
1948	374	332	409	342	17	35	1509
1949	376	336	410	338	17	35	1512
1950	391	339	410	332	18	34	1524
1951	391	335	403	331	19	36	1515
1952	379	335	407	326	18	39	1494
1953	384	329	413	325	18	40	1509
1954	387	338	412	319	19	42	1517
1955	410	343	443	340	26	53	1615
1956	386	340	444	345	28	55	1598
1957	372	340	452	346	32	55	1597
1958	337	352	457	359	34	69	1608
1959	317	370	477	371	48	86	1669
1960	317	372	519	380	70	100	1758
1961	308	380	533	383	69	96	1769
1962	245	340	530	380	74	106	1675
1963	239	344	543	395	79	111	1711
1964	231	339	552	402	92	115	1731

IN-PATIENTS AT 5 YEARLY INTERVALS.
NUMBERS AND PERCENTAGE DISTRIBUTION.

Year.	Feeble-Minded.		Imbecile.		Idiot.		Total.	
	No.	% Total	No.	% Total	No.	% Total.	No.	10
1939								
Male	250	20.8	346	28.7	13	1.1	609	
Female	279	23.2	295	24.5	21	1.8	595	1
1944								
Male	343	24.9	384	27.8	15	1.1	742	
Female	297	21.5	315	22.9	25	1.8	637	1
1949								
Male	376	24.8	410	27.1	17	1.1	803	
Female	336	22.2	338	22.4	35	2.3	709	1
1954								
Male	387	25.5	412	27.1	19	1.3	818	
Female	338	22.2	319	21.0	42	2.8	699	1
1959								
Male	317	19.0	477	28.6	48	2.9	842	
Female	370	22.2	371	22.2	86	5.2	827	1
1964								
Male	231	13.3	552	31.9	92	5.3	875	
Female	339	19.6	402	23.2	115	6.6	856	1

NUMBERS ADMITTED OVER 5 YEARLY PERIODS
AND AVERAGE AGE ON ADMISSION.

Period.	Feeble-Minded.		Imbecile.		Idiot.	
	No. Admitted.	Av. Age. (years).	No. Admitted.	Av. Age. (years).	No. Admitted.	Av. Age. (years).
Prior to 1940.						
Male	298	28.21	379	27.80	18	20.50
Female	343	28.87	324	31.00	22	23.00
1940/44						
Male	226	15.90	85	23.15	3	15.67
Female	81	22.38	80	23.41	7	11.57
1945/49						
Male	235	15.71	73	22.01	6	11.50
Female	113	20.10	67	26.35	12	8.13
1950/54						
Male	200	16.08	43	25.45	4	7.13
Female	74	21.70	25	24.96	10	9.95
1955/59						
Male	179	19.65	113	21.80	39	11.35
Female	128	28.20	97	27.11	58	10.79
1960/64						
Male	104	24.50	204	26.56	74	8.59
Female	151	22.62	109	26.04	67	8.06
TOTAL						
Male	1242		897		144	
Female	890		702		176	
	2132		1599		320	

AVERAGE AGE (YEARS) OF IN-PATIENTS.

AT 1940 AND 1964.

	Male.	Female.
As at 31. Dec. 1940		
Feeble-Minded	31.60	34.25
Imbecile	32.90	36.42
Idiot	22.85	30.88
As at 31. Dec. 1964		
Feeble-Minded	36.04	39.66
Imbecile	37.84	40.43
Idiot	13.85	17.64

AGES OF IN-PATIENTS AT 31. DEC. 1964, BY AGE GROUP.

Age Group (Years)	Feeble-Minded.		Imbecile.		Idiot.		Total	
	Male Number	Female Number	Male Number	Female Number	Male Number	Female Number	No.	%
0-5	-	3	3	6	20	18	50	
6-10	1	5	23	21	38	25	113	
11-15	2	20	29	21	7	18	97	
Total Under 16	3	28	55	48	65	61	260	1
% of Total	1.29	8.25	9.96	11.94	70.65	53.04		
16-20	33	40	51	29	11	16	180	1
21-25	44	30	51	18	3	10	156	
26-35	61	59	106	60	6	14	306	1
36-45	30	52	100	72	2	9	265	1
46-55	27	55	98	80	5	4	269	1
56-65	27	41	69	69	-	1	207	1
Over 65.	6	34	22	26	-	-	88	
Total.	231	339	552	402	92	115	1731	1

DURATION OF STAY.ALL FORMER PATIENTS.

Duration. (years)	Feeble-Minded.		Imbecile.		Idiot.		Total.	
	Male	Female	Male	Female	Male	Female	No.	% of Total
Under 1	66	59	33	28	18	19	223	9.1
1 to 2	93	34	28	12	5	6	178	7.2
2 " 3	118	52	23	15	5	5	218	8.9
3 " 4	103	44	22	23	4	2	198	8.0
4 " 5	93	31	18	16	3	3	164	6.7
Total Under 5	473	220	124	94	35	35	981	42.1
5 to 10	337	140	69	57	7	8	618	26.0
10 to 15	117	82	46	45	2	6	298	12.4
15 " 20	52	60	50	41	4	6	213	8.9
20 " 25	21	29	33	35	3	4	125	5.2
25 " 30	8	15	17	17	1	2	60	2.5
30 and Over	3	5	6	11	-	-	25	1.0
Total.	1011	551	345	300	52	61	2320	100.0
Average. (years).	6.86	8.81	10.56	11.01	5.75	7.15		

DURATION OF STAY OF IN-PATIENTS TO 31. DEC. 1964.

Duration (years).	Feeble-Minded.		Imbecile.		Idiot.		Total.	
	Male	Female	Male	Female	Male	Female	No.	%
Under 1	19	22	30	22	15	7	115	
1 to 2	20	24	32	22	6	11	115	
2 " 3	9	22	22	12	13	14	92	
3 " 4	6	14	24	11	7	3	65	
4 " 5	11	10	42	20	17	12	112	
Total to 5	65	92	150	87	58	47	499	2
5 to 10	49	58	100	79	24	43	353	2
10 " 15	26	21	28	17	3	8	103	
15 " 20	27	34	50	49	1	7	168	
20 " 25	22	27	45	39	2	3	138	
25 & Over (over 29yrs)	42 (1)	107 (44)	179 (15)	131 (25)	4 -	7 (3)	470 (88)	2
Total.	231	339	552	402	92	115	1731	
Average. (years)	14.99	15.41	15.66	16.34	6.51	8.77		

READMISSIONS.

	Number a	Total in Group b	% age. a/b x100.
Feeble-Minded.			
Male	61	1242	4.91
Female	37	890	4.15
Imbecile.			
Male	14	897	1.56
Female	15	702	2.13
Idiot.			
Male	-	-	-
Female	-	-	-
Total.			
Male	75	2283	3.28
Female	52	1768	2.94
	127	4051	3.13

HOLIDAY AND OTHER TEMPORARY ADMISSIONS
NOT INCLUDED IN THE PRESENT SURVEY.

Feeble-Minded.		
Male	6	12
Female	6	
Imbecile.		
Male	12	28
Female	16	
Idiot.		
Male	2	5
Female	3	
Total.		45

ADMISSIONS VIA THE COURTS.IN-PATIENTS AT 31. DEC. 1964.

Age on Admission. (years)	Feeble-Minded.		Imbecile.		Total.	
	Male	Female	Male	Female	Male	Female
16 - 20	15	9	-	1	15	10
21 - 25	21	3	2	-	23	3
26 - 30	9	-	3	-	12	-
31 - 40	8	-	3	-	11	-
41 - 50	4	-	7	-	11	-
51 - 60	3	-	2	-	5	-
61 & Over	1	-	1	-	2	-
Total.	61	12	18	1	79	13

INTELLIGENCE QUOTIENTS.FEEBLE-MINDED IN-PATIENTS AT 31. DEC. 1964.

I.Q.	Male. No.	Female. No.
30 - 35	-	1
36 - 40	1	24
41 - 45	2	26
46 - 50	14	44
51 - 55	19	20
56 - 60	21	21
61 - 65	14	9
66 - 70	8	19
Over 70	9	5
Total.	88	175
% age. Total F.M.	38.4	74.5
Mean I.Q.	57.5	50

INTERNAL TRANSFERS FROM LENNOX CASTLE
TO CALDWELL HOUSE, OR WAVERLEY PARK.

Category in L. Castle.	Still In-Patient C.H. Wav. Pk.	Died.	Discharged	Readmitted L. Castle.	Insane Transfer.	Total
Feeble- Minded.						
Male	3	-	1	4	-	8
Female	10	4	2	-	-	16
Imbecile						
Male	4	-	3	1	1	9
Female	4	7	-	-	-	11
Idiot						
Male	5	-	-	-	-	5
Female	5	-	-	-	-	5
Total.	31	11	3	4	1	54

The patients in Caldwell House (31), Waverley Park (11) and the Readmissions (4) have been included as In-Patients at 31.XII.64; the others (8) have been excluded from the survey. In some border-line cases the category has been altered with reassessment on transfer and the new categories used at 31.XII.

METHOD OF DISCHARGE

ALL FORMER PATIENTS.

	To Relative		To Work		By Escape		Transfer		Insanity.		Death.		Total No.
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	
Feeble- Minded.													
Male	355	35.11	87	8.80	337	33.33	100	9.69	25	2.47	107	10.58	1011
Female	155	28.13	102	18.51	121	21.96	19	3.44	26	4.71	128	23.23	551
Imbecile													
Male	60	17.39	23	6.66	20	5.79	19	5.50	13	3.76	210	60.86	345
Female	33	11.00	16	5.33	8	2.67	12	4.00	14	4.67	217	72.33	300
Idiot													
Male	3	5.76	-	-	-	-	3	5.76	-	-	46	88.46	52
Female	4	6.55	-	-	-	-	1	1.63	-	-	56	91.81	61
Total.	610	26.29	228	8.77	486	20.94	154	6.55	78	3.36	764	32.93	2320

Column No. 1 2 3 4 5 6

METHOD OF DISCHARGE

ANNUALLY FROM 1955.

Year.	To Relative.		To Work.		By Escape.	
	Male	Female	Male	Female	Male	Female
	No.	No.	No.	No.	No.	No.
1955	12	4	2	-	23	6
1956	25	6	2	6	20	12
1957	17	5	2	2	17	6
1958	11	5	4	1	10	3
1959	23	10	1	-	12	1
1960	11	6	1	2	7	7
1961	14	7	2	-	4	6
1962 ^x	71	51	8	25	6	3
1963	28	22	3	7	11	-
1964	22	18	-	6	15	5

^x Year when Mental Health (Scotland) Act. 1960 became effective.

AGE ON, AND METHOD OF DISCHARGE (OR DEATH).

TABLE XVI.

TABLE XVI.

Method.	Under 1yr.		1 - 5yrs.		6 - 10yrs.		11 - 15yrs.		16 - 20yrs.		21 - 25yrs.		26 - 35yrs.		36 - 45yrs.		46 - 55yrs.		56 - 65yrs.		66 - 75yrs.		Over 75yrs.		Total.		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
Feeble-Minded.																											
o Relative																											
y Work																											
y Escape																											
" Insanity																											
" Transfer																											
" Death																											
Imbecile.																											
o Relative																											
y Work																											
y Escape																											
" Insanity																											
" Transfer																											
" Death																											
Idiot.																											
o Relative																											
y Transfer																											
" Death																											
Total.	4	3	12	10	9	4	62	12	441	98	152	280	148	260	219	146	169	103	116	52	86	28	35	11	12	1408	912

DEATHS ACCORDING TO AGE.

Age at Death years.	Feeble-Minded.		Imbecile.		Idiot.		Total.
	Male	Female	Male	Female	Male	Female	
0 - 5	2	-	3	-	7	12	24
6 - 10	-	-	-	-	3	3	6
11 - 15	2	2	1	1	2	4	12
16 - 25	16	8	24	29	14	13	104
26 - 35	13	30	34	34	9	10	130
36 - 45	20	22	50	42	7	5	146
46 - 55	24	22	43	42	2	7	140
56 - 65	17	24	29	43	2	1	116
66 - 75	6	12	22	23	-	-	63
Over 75	7	8	4	3	-	1 ^x	23
Total.	107	128	210	217	46	56	764
Average Age at Death.	45.06	47.53	45.06	46.21	25.16	24.98	

^x Act. 83 yrs.

INSANE DISCHARGES,
TO MENTAL HOSPITALS.

POSITION AS AT 31.XII.64.

Outcome.	Male	Female	Total.
Still in Mental Hosp.	8	16	24
Died in Mental Hosp.	18	13	31
Relieved & Discharged	8	8	16
Escaped.	3	1	4
Transferred to other Mental Hospitals.	2	1	3
Total.	39	39	78

DEATHS - Causes of Death

Causes	Feeble-Minded		Imbecile		Idiot		Total
	Male	Female	Male	Female	Male	Female	
Cardio-Vascular	20	36	43	49	1	1	64
Cerebro-Vascular	2	8	15	13	1	-	18
Pulmonary Infection (Non-T.B.)	18	22	44	54	18	26	80
Tuberculosis	14	7	21	13	2	3	37
Trichinosis	15	21	17	22	2	2	34
Nephritis	8	3	5	19	-	1	13
"Surgical Abdomen"	5	3	13	13	3	-	21
Miscellaneous Infection	6	5	11	12	1	4	18
Status Epilepticus	9	6	11	1	6	2	26
Chronic Brain Disease	4	4	5	4	6	12	15
Organic Brain Disease"	3	6	5	5	4	2	12
Diabetes Mellitus	-	1	1	2	-	-	1
Accident	-	-	7	1	-	-	7
Intoxication	2	2	5	2	-	1	7
Strasimus	-	2	2	1	2	-	4
Miscellaneous	1	2	5	6	-	2	6
TOTAL	107	128	210	217	46	56	363

TABLE XX

POST-MORTEM Examinations

	Male	Female	Percentage of Total	
	No.	No.	Male	Female
Feeble-Minded	52	52	48.50	40.62
Imbecile	82	106	39.04	48.84
Idiot	17	20	36.95	35.71
TOTAL	151	178	43.06	

PATIENTS WITH EPILEPSY.

	Nos. with Epilepsy.		Total in Group.		% age Epilepsy to Total	
	Male	Female	Male	Female	Male	Female
Feeble-Minded.						
In-Patient	45	42	231	339	15.15	12.38
Dead	45	57	107	128	42.05	44.53
Discharged.	31	26	904	423	3.45	6.14
Total.	121	125	1242	890	9.74	14.04
Imbecile.						
In-Patient	110	83	552	402	19.92	20.64
Dead	52	52	210	217	24.70	23.96
Discharged	16	13	147	99	10.90	13.13
Total.	178	148	909	718	19.58	20.61
Idiot.						
In-Patient	28	38	92	115	30.43	33.04
Dead	21	16	46	56	45.65	28.57
Discharged	2	3	8	8	25.00	37.50
Total.	51	57	146	179	34.93	31.84
Totals.	350	330	2297	1787	15.23	18.46

MONGOLS - NUMBERS AND AGES.

	Feeble-Minded.		Imbecile.		Idiot.		Total.
	Male	Female	Male	Female	Male	Female	
In-Patient	-	1	42	34*	11	9	97
Dead.	-	1	5	7	3	2	18
Dischged.	3 ^x	1	2	6	-	-	12
Total.	3	3	49	47	14	11	127

^x Includes one by Insanity.

* Includes one pair of twins.

MONGOLS - AGE DISTRIBUTION (EXCLUDING "DISCHARGED").

Age. (years)	In-Patient.		Dead.	
	Male	Female	Male	Female
0 - 5	2	8	2	1
6 - 10	8	5	-	-
11 - 15	7	5	-	-
16 - 20	8	2	2	1
21 - 25	2	1	1	1
26 - 35	9	8	-	1
36 - 45	11	8	1	3
46 - 55	4	3	1	3
56 - 65	2	4	1	-
Total.	53	44	8	10
Average Age at 31.12.64 or Death.		26.6 yrs.	31.7 yrs.	

PATIENTS WITH CERTAIN TYPES OF BRAIN DISEASE.

Disease	Feeble-Minded		Imbecile		Idiot		Total
	Male	Female	Male	Female	Male	Female	
<u>Hydrocephaly</u>							
In-Patient	2	-	4	1	7	8	22
Dead	2	1	6	3	7	4	23
Discharged	-	-	-	2	-	-	2
	4	1	10	6	14	12	47
<u>Microcephaly</u>							
In-Patient	-	-	4	7	10	7	28
Dead	2	-	4	-	6	3	15
Discharged	2	-	1	-	1	-	4
	4	-	9	7	17	10	47
<u>P. K. U.</u>							
In-Patients	1	1	9	6	1	2	20

TABLE XXIV (i).

TABLE XXIV (i)

OUTCOME OF ADMISSIONS.

5 YEARS AFTER ADMISSION.

Outcome.	Admissions 1938/39.		Admissions 1943/49.		Admissions 1958/59.	
	Male. Number	Female. % Intake	Male. Number	Female. % Intake	Male. Number	Female. % Intake
Feeble-Minded.						
In-Patient	38	60.3	50	46.1	16	33.3
Dead	5	7.9	-	-	3	6.3
Discharged	11	17.5	23	22.1	10	20.8
Escaped	6	9.5	29	27.9	7	14.6
Transferred	3	4.8	2	1.9	12	25.0
Total Admitted.	63	100	104	100	48	100
Imbecile & Idiot.						
In-Patient	77	86.5	28	34.8	57	76.0
Dead	4	4.6	1	3.0	11	14.7
Discharged & Trans.	6	6.9	4	12.1	7	9.3
Total Admitted.	87	100	33	99.9	75	100
Total.	150	106	137	67	123	142

OUTCOME OF ADMISSIONS

10 YEARS AFTER ADMISSION.

Admissions 1938/39				
Outcome	Male		Female	
	Number	% Intake	Number	% Intake
Feeble Minded				
In-Patient	21	33.3	30	61.1
Dead	9	14.2	-	-
Discharged	16	25.4	5	10.2
Escaped	13	20.6	10	20.5
Transferred	4	6.3	4	8.2
Total Admitted	63	99.8	49	100
Imbecile & Idiot				
In-Patient	67	77.0	31	54.4
Dead	9	10.3	17	29.8
Discharged & Trs.	11	12.7	9	15.8
Total Admitted	87	100	57	100
Total.	150		106	

Admissions 1948/49				
Outcome	Male		Female	
	Number	% Intake	Number	% Intake
Feeble Minded				
In-Patient	21	20.2	15	38.4
Dead	-	-	1	2.5
Discharged	38	36.5	10	25.7
Escaped	40	38.5	11	28.2
Transferred	5	4.8	2	5.1
Total Admitted	104	100	39	99.9
Imbecile & Idiot				
In-Patient	25	75.7	23	82.1
Dead	3	9.1	4	14.3
Discharged & Trs.	5	15.2	1	3.6
Total Admitted	33	100	28	100
Total	137		67	

OUTCOME OF ADMISSIONS.

15 YEARS AFTER ADMISSION.

Admissions 1938/39.

Outcome	Male		Female	
	Number	% Intake	Number	% Intake
Feeble-Minded.				
In-Patient	15	23.8	25	51.0
Dead	9	14.2	2	4.1
Discharged	21	33.3	8	16.4
Escaped	14	22.2	10	20.5
Transferred	4	6.3	4	8.2
Total Admitted.	63	99.8	49	100.
Imbecile & Idiot.				
In-Patient	60	69.0	28	49.1
Dead	15	17.2	19	33.3
Disch. & Trans.	12	13.7	10	17.5
Total Admitted.	87	99.9	57	99.9
Total.	150		106	

Admissions 1948/49

Outcome	Male		Female	
	Number	% Intake	Number	% Intake
Feeble-Minded.				
In-Patient	12	11.5	9	23.1
Dead	-	-	2	5.1
Discharged	43	41.3	14	35.9
Escaped	42	40.4	12	30.8
Transferred	7	6.7	2	5.1
Total Admitted	104	99.9	39	100.
Imbecile & Idiot.				
In-Patient	19	57.6	22	78.6
Dead	7	21.2	4	14.3
Disch. & Trans.	7	21.2	2	7.1
Total Admitted.	33	100	28	100
Total.	137		67	

OUTCOME OF ADMISSIONS

ADMISSIONS 1938/39

20 Years After Admission

Outcome	Male		Female	
	Number	% Intake	Number	% Intake
Feeble-Minded				
In-Patient	11	17.5	19	38.8
Dead	9	14.2	5	10.2
Discharged	22	35.0	9	18.4
Escaped	16	25.4	11	22.4
Transferred	5	7.9	5	10.2
Total Admitted	63	100	49	100
Imbecile & Idiot				
In-Patient	49	56.3	24	42.1
Dead	23	26.5	22	38.6
Discharged & Trns.	15	17.2	11	19.3
Total Admitted	87	100	57	100
TOTAL	150		106	

25 Years After Admission

Outcome	Male		Female	
	Number	% Intake	Number	% Intake
Feeble-Minded				
In-Patient	8	12.7	11	22.4
Dead	11	17.5	7	14.3
Discharged	23	36.5	15	30.6
Escaped	16	25.4	11	22.4
Transferred	5	7.9	5	10.2
Total Admitted	63	100	49	99.9
Imbecile & Idiot				
In-Patient	45	51.7	24	42.1
Dead	27	31.0	22	38.6
Discharged & Trns.	15	17.2	11	19.3
Total Admitted	87	99.9	57	100
TOTAL	150		106	

