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VICTORIA.

LUNACY SYSTEM IN VICTORIA.

RETURN to an Order of the *House*,
Dated 12th December, 1901, for—

A COPY of the Reports of the Master-in-Lunacy and the Inspector of Lunatic Asylums on the defects of the lunacy system in Victoria.

(*Mr. Gavan Duffy.*)

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REPORTS ON THE LUNACY SYSTEM IN VICTORIA.

No. 1.

Master-in-Lunacy's Office, Law Courts,
27th August, 1900.

The Honorable the Chief Secretary.

SIR,

In furtherance of your desire, expressed through the Under-Secretary, for a particular statement of what I consider the defects in our lunacy system, I have the honour to submit the following observations upon the matters which appear to me to be most essential.

AMENDMENT OF *LUNACY ACT* 1890.

In the first place, generally, the *Lunacy Act* 1890 requires revision and amendment—this Act is a reproduction of the Act of 1867, with the additions made by the Amending Act of 1888. England amended and consolidated its lunacy laws in 1890, and New South Wales did the same in 1898. We should follow in their steps and amend our Act, not merely in the particulars hereinafter mentioned, but generally.

ORDERS FOR COMMITMENT.

Those parts of the Act relating to the preliminary steps prescribed for investigating the mental condition of the alleged insane, and the consequential formalities to be observed on their committal to an asylum, are in much need of revision.

A less complex statement of the jurisdiction and duties of justices should be made, and the forms of orders, certificates, &c., should be made clearer and simpler, so as to admit of no palpable errors. At present Sections 4, 6, 8, and 13 are apt to produce confusion in the methods of dealing with the alleged insane under varying circumstances, and by whom the jurisdiction should be exercised. These should be consolidated—no radical alteration, however, in the safeguards need be made.

SCRUTINY OF ADMISSION PAPERS.

Then, I consider, the Medical Superintendents should be relieved of the responsibility of deciding whether the orders and documents presented with a patient on his admission are good in law. They should, of course, still continue to exercise their discretion as to admitting or refusing a patient upon the documents accompanying him; but those documents, on every admission, should, within, say 24 hours, be laid before a legal expert—the Crown Solicitor, the Master-in-Lunacy, or some other—for advice as to their sufficiency or otherwise. When they are correct they would be returned to the Medical Superintendent with a notification to that effect, and when they are wanting in sufficiency, should be sent to the Inspector of Asylums for amendment in the particulars required under Section 18. By these amendments, every reasonable certainty would be provided to insure that the patient is rightly committed and received.

RECEIVING HOUSES.

There are, however, many cases in which it is desirable that patients should further pass through the observation of experts as to their "*mental*" condition. There are, no doubt, many instances in which it is palpably obvious that the individual is insane and in which his admission to an asylum, without delay, for treatment would be to his benefit. In these cases, it would be useless and prejudicial to him to remand him for farther observation or opinion.

There are, however, other cases in which it might, perhaps, be better to pass him through a receiving house—such cases as those of recurrent insanity, or where it is proposed to admit to an asylum on a private order or request. In the former cases, the justices would exercise their discretion, while in the latter, they should, upon application only, commit to the receiving house. In these latter cases the medical certificates are more considered and deliberate and nearly always supported by the family physician who has had the lunatic under observation for some time.

In all other cases, however, it is more desirable that justices should, (*a*) being doubtful, remand an alleged lunatic to a receiving house; or (*b*) being satisfied that he is insane, after making the order for his admission to an asylum, order his removal to a receiving house.

(a) On remand for a limited time, the lunatic would again be brought before the justices, who would either discharge, again remand, or order his admission to an asylum.

(b) On the order for admission, he would be under observation of the medical officers of the receiving house, and either be sent to the asylum or discharged.

In New South Wales, the establishment of a receiving house has been most beneficial—out of an average of 400 admissions during the year, about 150 are discharged, thus relieving the asylums considerably.

The provisions in the *Lunacy Act* 1890 as to receiving houses will require revision and amendment. To give due effect to this recommendation, it will be necessary to incur expenditure, but taking into consideration the saving in admissions to asylums, it will not amount to much, and should in the public interest be undertaken. At least three of such places should be instituted, one for the metropolitan asylums, and one for the Ararat, and one for the Beechworth districts. It is very undesirable that these should be in or form part of an asylum, or that they should be in any way connected with any gaol or other establishment connected with the detention of offenders.

So far as regards Ararat and Beechworth, the most suitable place would be a separate ward in a hospital for the sick, the numbers to be passed through would be comparatively few, and the expense small. The lunacy wards already existing at Geelong, Bendigo, and Castlemaine in the hospitals there, could also be proclaimed receiving houses.

The main consideration, however, is for the asylums at Kew and Yarra Bend. For these, an altogether new and separate building would have to be provided. It should be centrally situated, specially designed for the reception of ten males and ten females. It should be under the immediate control of a lay superintendent and a matron, and be in the charge of the Chief Medical Officer and the Assistant Medical Officer. A small staff of attendants and nurses would also be required.

Having inspected the receiving house at Darlinghurst, Sydney, and having acquainted myself with the results obtained there, I have no hesitation in pressing this matter most strongly on your attention as a most necessary and beneficial reform.

Owing to the want of this institution, many persons have unnecessarily been subjected to the slur of being made lunatic patients in a public asylum, and others have been remanded to gaol, and have had to be treated as though they had committed an offence.

APPREHENSION AND REMANDS OF LUNATICS.

Under no circumstances should any alleged lunatic be apprehended and charged as with an offence, such as vagrancy, insulting behaviour, &c.; and a person apprehended under the *Lunacy Act* should be dealt with by the justices under that Act, and not have to be remanded to any gaol or other place for the detention of offenders.

I do not propose to lay before you statistical or other facts which I have gathered to further urge this very necessary matter unless you desire it, for I am convinced that the propriety of it is beyond controversy. Roughly speaking, I should estimate the capital outlay to be under £4,000, and the annual cost £600. The annual admission into asylums of at least 150 patients would be obviated.

HEARINGS IN PRIVATE.

Before leaving this matter, I would call attention to the necessity there is for more carefully observing the provisions of Section 27 of the *Lunacy Act*. I have several times had to call the attention of justices to it. It would be well to more particularly define what is meant by “in chambers”—by limiting it to the “private room” of the justices, so that no patient should have the slightest cause to think he had been tried and convicted of an offence whereby he is often liable to become the subject of self accusation of a distressing character or to become the subject of public observation or pity, or afford matter for newspaper paragraphs. Justices should be particularly advised to carefully observe the provisions of this section.

Having thus far taken every precaution that only those who are fit for asylum treatment are admitted and are properly detained, further care should be had that the patient is not “unduly” detained.

ANNUAL EXAMINATIONS OF PATIENTS.

The Lunacy Act provides a very costly and impracticable procedure of an annual examination of each inmate. The periodical ascertainment of the mental condition of each patient is a wholesome and very necessary duty. The provisions of Sections 84 and 85 should, however, be repealed, and in lieu thereof I would recommend that it be the duty of the Medical Superintendent of each asylum to once at least within every twelve months, certify by entry under his hand in the "Case-book" kept under Section 31, whether he considers each individual patient fit for discharge or for probation leave and if so under what restrictions or conditions, if any, or if not so fit, why not. Under Section 75 it is the duty of the Medical Superintendent to lay before the Inspector once every three months a list of all patients specifying such as shall be deemed curable. This could be supplemented annually by the particulars I mention. There are at the present time patients in the asylums who might be discharged or allowed out on leave, if there were friends or relatives available to care for them or if other suitable supervision or protection could be afforded, but who would be unable to care for themselves, earn their own living or protect themselves, who are content to remain where they are and whom it would be a cruelty to turn out into the world. Some are fit subjects for a benevolent asylum rather than a lunatic asylum, and some provision should be made, on the certificate of the Medical Superintendent, for their removal to some such institution.

With regard to others who are not fit for discharge, let the Medical Superintendent take the responsibility of continuing to detain them—and in this no one is more qualified to form a correct opinion from his daily observation of the patient. Should, however, the patient or any friend or relative be desirous of reviewing the decision of the Medical Superintendent, some cheap and ready means of doing so should be provided. At present the only methods are by proceedings under Section 115 of the Act, or by *habeas corpus*. These are expensive, cumbrous, and technical. I should let them stand as a last resort, or final appeal, but would provide an intermediate course (if the Inspector ratifies the opinion of the Medical Superintendent) of permitting the patient or a friend to ask for his further examination either by an independent medical practitioner, or by the Master-in-Lunacy, or an official visitor (if this office be retained), and the procedure under Section 102 could then be pursued, if a discharge was recommended, or if not, then no renewal of the request for re-examination should be allowed until the next annual certification by the Medical Superintendent. He still would have his rights under Section 115, or *habeas corpus*, but most probably the investigation would satisfy him, or his friends, that every precaution had been taken to avoid any doubtful or unjust detention.

CLASSIFICATION OF PATIENTS—OVERCROWDING IN ASYLUMS.

The next consideration is how best to deal with the patients lawfully and properly detained—a more perfect system of classification is urgently needed. This has been carried out as far as our present conditions will allow. It is, however, impossible to do more, in view of the overcrowding that exists. I desire to call your attention to Kew Asylum particularly, because on my visits there I found a condition of things that would not be tolerated under the Health Act. Upwards of 100 beds have to be made nightly on the floors and to be removed in the day-time—a necessity from want of room, but very prejudicial to the health of the inmates and dangerous to their safety.

The number of inmates should be fixed at a maximum for each asylum, and that limit be strictly observed by the Medical Superintendent—and, as the number of patients increases year by year, not only should immediate provision be made for the existing excess, but annual provision should be made to meet the constant increase. This should be done either by adding wards to existing asylums, or by establishing a new centre at Sale, Bairnsdale, or elsewhere.

PAYING PATIENTS.

There is one matter of classification, however, which stands out as pre-eminently urgent and necessary, and that is the proper provision for paying patients. It will be remembered that the Amending Lunacy Act of 1888, in carrying out some of the recommendations of the Lunacy Commission, closed the only private asylum and prohibited the establishment of any other. It provided a scheme of philanthropic hospitals, and permitted the licensing of a house for the reception of a single patient.

The foundation of any such hospital had never been proposed, nor does there seem any probability of it; the provisions are a dead letter and no person thinks of voluntarily applying for a licence for a single patient. The result has been either to force every afflicted person of superior culture and means into a public asylum, where no suitable provision has been made for his care or comfort, or to drive him to a private asylum in New South Wales, or to raise the very questionable practice of his detention in private unlicensed hospitals or institutions in Victoria wherein no official supervision is exercised nor any guarantee that he is properly treated as an insane person should be. In fact, the very evil which the Royal Commission was most anxious to avoid—of detention without legal sanction and without authoritative supervision—has been intensified by this very Act.

The Act provided for the establishment of paying cottages, or houses, and regulations were made on the 16th October, 1890, for such places; but none were established, and nothing further was ever done to carry it into effect.

The public lunatic asylums of Victoria have always occupied the position of pauper asylums. Under the old Act, No. 309, the Master might agree with any relative of the patient for the payment of maintenance, but without such an agreement under seal there was no enforceable obligation to pay. This was well enough while there was a private asylum to which pay patients could be sent; but on their abolition, by which all pay and other patients were obliged to enter the pauper asylums, the question of payment had to be dealt with. The Amending Act of 1888 made provision for the payment of maintenance at the maximum rate of 20s. per week, but this aimed at nothing more than the repayment to the State of the actual cost of maintenance (including rent or interest on buildings, &c.) of each patient. The rate was still based on pauper lines, and it still left the Master the power to agree with a relative to pay any other sum for adequate accommodation. Upon any such agreement I felt that something more than was ordinarily provided in the asylum should be secured to the patient, and for many years I endeavoured to obtain this. Meeting with the hearty co-operation of Dr. McCreery, then the Medical Superintendent at Kew, he, some ten years ago, took steps to provide the required want. He provided superior accommodation in one of the wards for a limited number of such patients paying a higher rate than 20s. a week, and subsequently developed a similar improved condition for female patients, but he was always hampered by want of means, and limited accommodation, yet by perseverance he provided a much ameliorated condition for the benefit of those patients who were used to better things and could pay. This, however, does not go far enough, the arrangement is an unsuitable one and inconvenient, and it is very objectionable in being within the wards of the pauper asylum. Steps should be taken to provide proper accommodation and surroundings for private paying patients. There are only two ways in which this can be done, (1) either by reverting to the former system of allowing licensed houses, or (2) by bringing into active operation the provisions of Division 3 of the *Lunacy Act 1890*.

1. It would be a serious step to undo the legislation founded on the Royal Commission's Report, and re-establish private asylums. If that were done, there is no certainty that any person would follow it up and undertake the risk of starting and carrying on such an institution—and I feel sure that, however financially successful such hospital might be in England with its larger and richer population, it would be a failure here—and from what I have seen of them elsewhere, I am of opinion that they do not compare favorably with State institutions. The chief advantage they possess is a sentimental one, based on the privacy and supposed secrecy of the affliction, more from the point of view of the relatives than of the patient himself, but under the scheme I propose, these considerations would be greatly minimized.
2. Under Division 3 of the *Lunacy Act*, accommodation may be provided for paying patients in cottages or other buildings either within the grounds of or in some portion of a public asylum, or in some place separate and outside asylum grounds.

As I have pointed out, our present development has taken place in the wards of an asylum, and is objectionable and insufficient and inconvenient, and never could be made proper and adequate. The cottage or building must be apart from the asylum, and in considering whether it should be in the grounds of an asylum or outside them, the main point is one of cost, and the next one of sentiment.

As to the cost of establishing a State paying hospital away from an asylum, it has been suggested that some suitable building in large grounds could readily be obtained either to purchase or to rent, but I doubt whether any could be obtained that would not require considerable alterations to provide suitable accommodation for the quiet, acute, and refractory cases for both males and females; and even if this could be economically carried out, it would not result in a satisfactory institution. There must be a new building specially designed and built with the most modern appliances and arrangement, and with economy of space and accommodation. By this means only can the best results in treatment and the greatest economy be insured. Whether premises be built, purchased, or rented outside of and altogether apart from an asylum, there would be the consequential necessity for an altogether new and independent staff, from the Medical Superintendent down to the artisan and farm labourers. These conditions alone, apart from the risk the State would run of failing to meet with the support necessary to make it successful, suggest that it would be an imprudence to launch into such an undertaking when other methods are available. I feel sure it would not pay its way, and if it were closed again, the building could not be utilized for any other purpose.

The other alternative is to establish paying cottages in the grounds of an asylum. This provision could be made with economy, with the greatest benefit to the inmates, and with a due regard to the consideration of sentiment. There is a most appropriate site on the eastern side of the Kew Asylum grounds, where 20 acres or more could be set apart for pay cottages. This site is sufficiently apart and far from the asylum, and has an independent frontage to a road outside the asylum grounds. It could be cut off so as to present an entirely separate institution, with its own separate entrance and approach, and all semblance of being affiliated to the public asylum avoided by some name which would not suggest any connexion with the asylum being given to it. It is sufficiently near the main centre of population to be convenient for the friends and relatives to visit, and for the family or consulting physician to attend when so arranged. The situation is healthy, is not overlooked, and has an extensive and picturesque outlook towards the Plenty Ranges. These arrangements would largely overcome the sentimental objection to the patient being confined in a public asylum as a lunatic, and would make the position no more objectionable than if the hospital were situate in another suburb. On the question of cost, I think a considerable saving of expense would be made in the salaries of officers and artisans—the Medical Superintendent of the Kew Asylum could have charge. Another medical officer must be appointed for Kew Asylum whether the pay cottages are established there or not, and the grounds and buildings could be kept in order and repair by the artisans employed at Kew, with a small addition to their number, and the cottages would be supplied with farm produce from the main establishment. Buildings for these officers, storehouses, &c., would not be required. In fact, the pay cottages would consist only of a series of day rooms and dormitories, and single rooms for each sex, a kitchen common to both, with necessary baths and offices and accommodation for the nurses and attendants.

The cost of establishing a pay hospital would, by these arrangements, be kept at a minimum, and, if at any time another arrangement were found more suitable, the cottages could still be used for asylum purposes.

The nurses and attendants should be of a superior class, as far as qualifications are concerned, to those usually employed in the public asylums, and should be engaged specially, not under the Public Service Acts, but under the selection and absolute control of the Superintendent and Inspector. In this respect they should be as nearly as possible in the same category as nurses and attendants in the private hospitals in the city. The confidence of friends and relatives of patients would be further gained by this condition. I would recommend, therefore, that immediate steps be taken to provide two cottages in the Kew grounds, one for males and one for females, to accommodate ten patients in each, and that the scale of charges be not less than two guineas a week, and that the regulations, 16th October, 1900, be adopted with some necessary alterations. For special cases and extras the charge may be raised to four, or even six guineas a week, according to the requirements of the patients.

I have in the public asylums at the present time one patient paying three guineas a week, and sixteen paying two guineas a week; so that from its inception the paying cottage would be self-supporting, and it would be only the initial cost of the buildings that would require to be provided for,

Upon my recent visit to the asylums in New South Wales, I found that their newly erected cottages are replete with all the requirements for paying patients, and are largely availed of even by some inmates whose means would allow of much larger payments than are required, and whose social position would, from the sentimental point of view, suggest the selection of private treatment in preference.

In advocating this particular method of providing for paying patients, I am influenced greatly by what I observed in New South Wales, and by the warning conveyed by the experiment made here in the establishment of an independent asylum for inebriates some years ago. This, it will be remembered, was, after a few years trial, closed on the ground of annual expense, and we are left with an Inebriates Act, but no asylum in which effect can be given to its provisions.

ADMINISTRATION.

Upon the subject of asylum administration, I crave the liberty of making some observations, not in any way as reflecting upon the administration by the present officers, but solely with a view to amending and adding to their powers and responsibilities to enable them to more practically and beneficially perform their duties.

The recommendations of the Royal Commission of 1885 should be followed in abolishing the system of official visitors, as provided in the Act. The administration in lunacy should, as in England, be vested in Commissioners, the Inspector of Asylums, the Master-in-Lunacy, and a third Commissioner, preferably a medical practitioner. They should perform the duties at present observed by official visitors, and all the other administrative duties of the Inspector and Master, and they should have the ultimate selection and control of all the staff. Without particularizing further their powers and duties, I feel sure that greater efficiency and better administration would be thereby insured.

The recommendations of the Royal Commission should be followed in this matter.

As the Act stands at present the Inspector of Asylums has power of inquiry and recommendation, but has not sufficient authoritative power to insure practical results. If the Commissioners be not approved of, the powers of the Inspector should be more clearly defined, and his hands strengthened as the principal controlling officer.

The Medical Superintendent should also be made more responsible, and should have more authority over his staff. He should be allowed annually a certain sum for the many small and immediate necessities of his asylum. If a minor alteration or repair is required in his building or grounds, he should, with the approval of the Inspector, be at liberty to carry them out without having to call in the Public Works Department with plans, specifications, and tenders. This system works well and economically in the New South Wales asylums, and to it is due the more efficient and smarter appearance of the institutions in that colony over those in Victoria.

The staff of attendants and nurses should be under the direct control of the Medical Superintendent, and should be removed from that of the Public Service Board, or, at all events, no new appointments should be made thereunder. I do not propose to enter into a discussion of this very difficult problem. It was recommended by the Royal Commission in 1886, and is productive of the best results in New South Wales.

Better accommodation should be provided for them in the asylums, their comfort and conveniences should be better attended to than can at present be done in our buildings. This is necessary to get the best and most efficient work from them. This remark applies with equal force to the medical officers.

Our asylums have for many years past been starved both in buildings, maintenance, and officers, and to bring us up to a normal standard further expenditure must be faced. It is no economy to keep accumulating patients year by year. Every effort must be made to aid in cures and discharges, and this can best be done by improved accommodation, treatment, and administration.

We should attract the best medical talent by offering more than £225 a year and quarters to juniors, and a system of clinical officers should be inaugurated to give an opening to such as desire to become educated in the treatment of mental diseases.

While on the subject, with the impending transfer of the present Medical Superintendent at Kew, I would strongly urge the engagement of a first-class medical expert in brain disease from England, or elsewhere, to impose some new and fresh vitality into our administration.

The number of medical officers requires to be augmented. For instance, at Kew, with 954 patients, there is only a Medical Superintendent and senior and junior medical officer, and these can give but a cursory attention daily to so many—resulting in the asylum becoming a mere detention house, and not permitting the particular and careful observation and treatment of each individual case.

There are several recommendations in the Report of the Royal Commission of 1886 that should have been given effect to long ago, and which are still deserving of adoption, particularly those relating to medical officers and clinical clerks.

In conclusion, I would urge that it is not necessary to invoke the aid of any board of inquiry or commission to report or recommend. The responsible officers are fully alive to the wants and shortcomings of the administration. All that is needed is a more liberal provision for carrying into effect the necessary requirements. Money must be spent—and that not parsimoniously. The lunacy administration has been so economically conducted for many years past that the usual result has occurred—that a much larger expenditure will now be needed to reinstate it than would have been incurred had a more liberal treatment been given year by year.

I have the honour to be, Sir,

Your obedient servant,

THOS. PROUT WEBB,
Master-in-Lunacy.

No. 2.

Office of the Master-in-Lunacy,
Law Courts,
Melbourne, 14th February, 1901.

SIR,

I have the honour to call your attention to the letter addressed by me to the then Hon. the Chief Secretary concerning the extreme urgency that exists for reform in lunacy administration.

I beg that you will, at as early date as possible, take these matters into your consideration, in order that the sum necessary to carry out the required works may be placed on the Estimates, and that the matter of the amendment of the Lunacy Act may receive early attention in the ensuing session of Parliament.

I would respectfully suggest that an interview be accorded by you to the Under-Secretary, the Inspector of Asylums for Insane, and me, at which you may be more accurately informed concerning the subject, and by which you will, I hope, be aided to more distinctly appreciate the necessity for action, and to recognise the injustice of further delaying dealing with a matter so important to the whole State.

I have the honour to be, Sir,

Your obedient servant,

THOS. PROUT WEBB,
Master-in-Lunacy.

The Hon. the Chief Secretary,
Melbourne.

No. 3.

To the Honorable the Chief Secretary.

17th June, 1901.

SIR,

Adverting to our previous reports, and to the conference had with yourself and the Under-Secretary, at Kew, on the 28th ultimo, we desire to place before you, as a separate and special report, this statement of our proposals for the more efficient internal administration of lunacy, reserving for another report our recommendations upon the establishment of a receiving house, and an asylum for paying patients, and other minor and consequential matters of legislative amendment.

In order that our proposals may be precisely understood, and the extent and nature of the reform appreciated, we think it advisable to present to you a concise sketch of existing offices and administration.

The Chief Secretary, the Ministerial head of the Department, acts through the Under-Secretary, the permanent head in all matters connected with providing the means to carry on the institutions, and sanctions all expenditure, and exercises a general controlling power over the Inspector by approving or modifying or vetoing his proposals and actions. There are certain statutory duties he has to perform. Having control of the Penal Department, he directs the removal to asylums of insane prisoners, and deals with them on recovery when their sentences have not expired; he controls the discharge of general patients and their removal from one asylum to another, and sanctions the amendment of informal orders and certificates on the admission of a patient, and has power to take action when an insane person is detained in an unlicensed private house. He receives the Annual Report of the Inspector of Asylums. In the Chief Secretary's office are received notices of admission and discharge of any patient, but not of the death. These are mere duplicate notices of no practical use. The notices sent to the Inspector's office are those only of real use. Similar information is supplied to the office of the Master-in-Lunacy, and is necessary for the due collection of maintenance and the management of estates. Notices of mental statements and of reports from the official visitors are also received by the Chief Secretary, and copies of the certificates of the examining medical officers on the annual examination of patients. There is no separate staff in this office to deal with lunacy matters. The *Under-Secretary* deals with the Inspector's office, which does all the work. The *Inspector of Asylums* is appointed by the Governor in Council, and a deputy may also be appointed. Such Inspector is paid by salary, with quarters and travelling allowances. He may not engage in private practice as a physician or surgeon. His duties are to visit every asylum and licensed house once at least in every three months, and to inspect the premises and see every patient, and inquire into every case wherein restraint has been used, and inspect the order and certificates of admission of every patient. An Inspector's book is kept in every asylum, wherein he enters on each occasion particulars of the results of his inspection and inquiries. On each visit, the Inspector's duty is also to inquire into the care, treatment, and health of the patients, their maintenance and comfort, their occupations and amusements, and to see all the books and documents kept in the asylum, relating to the patients. Every twelve months he makes a report to the Chief Secretary of the result of his visits, with such particulars "as he considers worthy of notice," and a copy of this report has to be laid before Parliament. He may recommend and suggest, but has no power to enforce, and consequently has no responsibility.

The Inspector may allow the removal of a patient from an asylum on trial-leave or direct him to be boarded out, or may discharge him into the custody of a relative or friend upon bond of £50. He may recommend to the Chief Secretary the discharge of any patient, or object to the removal of any dangerous patient. The Inspector's office is composed of a secretary, an accountant, and three junior clerks. To it, all the returns of admission, discharges, and deaths of patients are sent. It has the direct control of the whole of the expenditure of the contingent vote for the asylums, but not of the special votes for buildings and repairs. It has an advance account out of which monthly cheques are sent to the superintendents of the several asylums for the payment of salaries and wages. All requisitions and orders for supplies and stores are sent there by the superintendents, and are checked and controlled in the office. The Inspector may, however, sanction the expenditure, without the previous approval of the Under-Secretary, of sums not exceeding £5 for minor repairs, &c.

The Superintendent.—One is appointed to each asylum by the Governor in Council. He must be a medical practitioner. There is no statutory prohibition to his engaging also in private practice, but being under the Public Service Acts, the sanction of the Board would be required. All orders for the admission of a patient are directed to him, and he has to receive such patient, and is held responsible for the legality and sufficiency of all orders and certificates on admission (which, however, he may have amended within fourteen days). He may recapture any escaping patient. He may, with the consent of the Inspector, allow a patient out on trial-leave. He has no power to discharge, but may certify to the Chief Secretary. He has, in practice, the general control and administration of the asylum, and regulates the duties of all the staff under him. Every week he has to enter up the *Medical Journal* and the

“Case-book,” with details of every patient under medical treatment, and the state of every newly admitted patient and the treatment prescribed. He may impose fines not exceeding £5 upon any attendant or nurse for dereliction of duty, subject to an appeal to the Minister—but he has no authority to appoint, promote, or discharge any attendant or nurse. He has to report all offences by the staff to the Inspector, who himself can only bring the matter by direct charge before the Public Service Board for inquiry.

In each asylum there is also a *Medical Officer* and in the larger ones two, a senior and a junior medical officer, whose duty is to attend medically to the patients under the direction of the superintendent. Any failure to perform his duty can only be brought under the notice of the Inspector, who has no powers save to pass the matter on to the Public Service Board.

In each asylum there is a *Clerk*, appointed by the Governor in Council; he is known as the *Secretary*, and has under him two or three clerks who perform the clerical duties of the asylum. The secretary, under the direction of the Medical Superintendent, supervises and directs the farm and certain portions of work, such as soap-making, &c.

The *attendants and nurses* are under the immediate orders of the Medical Superintendent subject to the Public Service Regulations and under the Public Service Board. They are nominated to the position by the Public Service Board and when approved, after probation by the Medical Superintendent and Inspector, are appointed by the Governor in Council. Any charge against them beyond a £5 fine has to be brought before the Board, and is dealt with by the Board as in the case of other public servants.

They are off duty three days every fortnight, two days one week and one day next week, besides having the usual three weeks vacation leave, that is to say, 99 days in the year.

The faults of this system are—

An unnecessary duplication of work in the Chief Secretary's office and the Inspector's office. The want of initiating power, of authority, and of responsibility in the Inspector of Asylums, the want of responsibility and authority in the medical superintendents, and the want of discipline and fitness in and direct control over the staff of attendants and nurses and the inability to improve their qualifications under present conditions, and the result is general inefficiency and injustice to the patients.

The root of all this evil lies in the position of the Inspector, superintendents, officers, attendants, and nurses, and the only method of curing it is to give a larger authority and, consequently, direct responsibility and to remove the staffs of the asylums from under the Public Service Board. Unless this is done, all other schemes of reform must fail in improving the administration.

We, therefore, most strongly recommend the following proposals—to supersede Chief Secretary's office partially, to set aside the Inspector and the Public Service Board, and in their places to appoint a Board of Lunacy, to consist of three Commissioners, the Inspector, the Master-in-Lunacy, and a third, probably a medical practitioner, and vest in them the whole administration in lunacy and make them responsible for its efficiency (or in the alternative, to retain the Inspector and vest in him the powers and authorities proposed to be conferred on the Board). To clothe them with the powers of the Chief Secretary, except so far as they relate to the dealing with insane prisoners and to the control of the building vote and the Estimates, to make them responsible to the Minister, reporting to him periodically for the information of Parliament; to transfer to them all the duties and responsibilities of the Inspector; to give them the duty of collecting maintenance now exercised by the Master, leaving the Master his judicial functions and the care and management of the estates of patients; to merge in them the duties of the official visitors; to give them the sole and absolute control of all the staff, including the medical superintendents, medical officers, secretaries, clerks, attendants, and nurses; to give them the power to appoint, promote, and dismiss any of them; practically the precedent of *The Railways*

Commissioners Act 1883, No. 767, should be followed in this change. The whole of the staff will be transferred from under the Public Service Board to under the Lunacy Board.

The Medical Superintendents will be held responsible to the Board for the efficient administration of their respective asylums, and will be clothed with adequate powers subject to the control of the Board. The medical officers and the staff of each asylum will be under the control of its own superintendent, with a right to appeal to the Board. Regulations will be made by the Board to these ends, subject to the approval of the Minister. The present pension and other rights, such as transfer to other branches of the Public Service, will be preserved to the staff at present under the Public Service. They will be held responsible to the Medical Superintendent for the proper performance of their duties, but will have the right to appeal to the Board.

The general administrative work at present carried on in the Inspector's office will be transferred to the Lunacy Board. The administration of the Lunacy Vote for the general purposes of the asylums will be under the Commissioners, who will sign all requisitions and certify to accounts and supervise the allocation of all expenditure amongst the asylums.

A separate vote, out of the annual vote for buildings now included in the Public Works Estimates, say, £3,000, to be passed to the Commissioners to be applied in the general upkeep and minor repairs of the asylums. The balance of the vote to be passed, not as heretofore to the Public Works, but to the Chief Secretary's Department for building and execution of works of a major character—to be expended by the Minister upon the report and recommendations of the Lunacy Board, the works to be carried out by the Public Works Department upon plans (prepared by one architect officer thereof for the whole State) approved by the Lunacy Board. One architect only to be employed, as against the present system of district architects, to insure uniformity of design and work, and to obtain the best results.

All contracts for food, clothing, and the requirements of the asylums to be taken by the Board, and the Board to undertake and be responsible for all matters now supervised by the Tender Board.

These proposals do not involve any additional cost—the Inspector and Master will perform their duties as Commissioners, the Inspector receiving his present salary, the Master as heretofore without emolument. The third Commissioner, say the late Chief Medical Officer, to be paid perhaps some advance on his pension. The clerical staffs being saved much repetition of work in returns, &c., may be reduced, or in any aspect will not require to be augmented.

The effect of these proposals is to concentrate in one responsible body the various powers now distributed, to clothe it with an extended and necessary authority, to throw upon the superintendents a proper share of responsibility, and to bring the staff under the direct control of the responsible body.

These are the principles recognised throughout the civilized world as being absolutely necessary for the efficient administration of asylums, and the absence of which in our Victorian system is directly responsible for our present widely-condemned condition.

We beg to urge this most strenuously as the only proper and effectual means of dealing with the matter, and state that so long as the present method of administration is continued, all the evils will continue to exist. The expenditure of further sums for new buildings will be wasted, the improvement of existing ones will be useless, as will also all schemes for classification of patients, of a receiving house, of a pay asylum, unless the machinery to work them is improved as we suggest.

We have the honour to be,

Sir,

Your obedient servants,

THOS. PROUT WEBB,

Master-in-Lunacy ;

J. V. McCREERY,

Inspector of Lunatic Asylums.

To the Honorable the Chief Secretary.

17th June, 1901.

LUNACY REFORM.

When an individual becomes afflicted with mental sickness, and is deemed thereby incapable of rational self-control or self-protection, the State assumes the position of guardian, and insists that he shall be placed in its custody for his care and cure, and for the general welfare of society. It deprives him of his liberty, it takes him from his own home, and it undertakes to provide for him, and, except under certain restrictions, it refuses to permit any one else to attempt his cure or minister to his relief. In undertaking this grave responsibility, it becomes therefore the absolute duty of the State to provide the highest and most efficient means for his treatment, as well as to secure for him the most humane and considerate care, whilst under its detention. The treatment of the patient, with the object of restoring him to health, is the prime and most important obligation. Apart from the consideration of humanity, treatment for recovery is the main duty of the State. Every insane person represents to the State an actual expenditure, on the average, of £30 per annum. He is lost to the State as a producer also to a like amount, and the State therefore is at a loss of £60 per annum for each individual; and, if he remains a patient for the average term of twelve years, a total loss of £720. From this point of view, it is financially prudent to effect his cure at the earliest possible moment, and it is false economy to starve the asylums, to make them inefficient, and thereby retard or prevent cures. That system of caring for the insane which is likely to promote the greatest number of recoveries is, therefore, financially the one for adoption. The mere detention and care of patients, though in itself a matter of the highest importance affecting the greater number, is, however, subordinate to that of treatment for relief or cure. We have left in the ignorant past the chains, dark cells, and other barbarous methods; we have passed the stage of mere detention with humane treatment, and for the past 50 years and more we have entered upon the scientific remedial treatment. No longer is it considered essential to confine the patient within high walls, behind barred windows, and in a straight jacket. Locked doors are fast disappearing, padded rooms and any form of physical restraint are not resorted to except under the express sanction of the medical officer. In their place, the patient, under a careful and intelligent observation, is treated as an ordinary human being, who appreciates and responds to sympathy and confidence, and becomes mentally strengthened by the exercise of self-reliance. This system requires, however, a corresponding advance in the skill, culture, and intelligence of the medical officers and their staff, and it is on the possession by them of these special qualifications that the success of the improved methods of treatment depends. To what extent do the "asylums" of Victoria meet these requirements?

By the way, it may be observed that the name "asylum" or "refuge" is no longer apposite, and as mere seclusion and protection are not now the main ideals, is not accurately descriptive. Each patient is mentally sick or diseased, and the place for his treatment should be a "hospital." We have been rather apt to consider lunacy not as an illness, and to treat the lunatic almost as a quasi criminal. To a sensitive person this aggravates his mental sickness, and we should scrupulously avoid everything which would have a tendency to cause him to imagine that any disgrace or slur attached to his affliction, and he should be admitted for treatment to a "hospital for mental sickness," and not to an "asylum for insane," which stamps and brands him.

This is one of the most useful purposes of a receiving house.

Every asylum, so called, contains an admixture of incurables, possible curables, and convalescents. The want of proper classification has been often condemned, and, even if this were carried out perfectly, we still have to face the difficulties under present conditions of properly treating those who may respond to treatment.

Apart from the question of providing perfect hygienic conditions, the treatment of the possibly curable yields its best results when the qualifications of the medical men and the attendants and nurses are of a high order. In this direction much improvement is necessary, and to this our marked attention should be given, and reform effected. Education in mental science is in a much neglected condition in our medical curriculum. Some steps have lately been taken to weld it into the University

course, lectures have been given by the Medical Superintendent at Kew and some clinical instruction, but no steps are taken to afford in our asylums the education by clinical or pathological work which would provide a training school for medical officers from whom the Asylum staffs might be recruited. The valuable material of the post mortems and the entries in the case books are wasted, and no one except the medical officer of the Asylum profits by the large and varied experiences. Generally the knowledge of the general practitioner is mainly of a scholastic character, and the appointee to a medical post in the asylums comes to his work nearly always thus sparsely equipped. We want clinical clerks attached to each asylum selected from the University ranks, and better methods in the asylums of facilitating the practical study of mental diseases. Greater inducements than now exist should be offered by the State for young practitioners of ability to take up this Specialist Branch. Higher rates of pay should be provided, and the equipments of the Hospital should be more liberally furnished. Some of the positions should be open to women practitioners. The medical staff should be skilled, sufficiently large, and liberally compensated.

It can be confidently asserted that Asylum work in Victoria does not now attract the best men, and, consequently, it fails in attaining the highest remedial results. It must be remembered that we prohibit private practice in lunacy, and that the outside specialist in mental disease can therefore only look to become a consultant. The widest experience, the best skill, and the specialist ought, under our conditions, to be looked for in the asylums; and the positions should be sought after, instead of which it is a matter of the greatest difficulty to fill the medical vacancies. Taking a junior medical position in an asylum is a vastly different thing from filling one in a general hospital; it leads only to advancement in the Department. One of the first considerations, therefore, in improving our Lunacy administration is the improvement of the position and qualifications of the medical staff. The next is the elevation of the staff of attendants and nurses. It has been observed that our asylums would appear to exist for the particular benefit of the attendants and nurses, and that the patients are merely the necessary factors supplied by Providence for the employment of the staff. For many years the only interest evinced by Parliament in these institutions has been in the grant of more holidays or more pay to the attendants, and the betterment of their position—but never a word as to the necessities of the patients! No one would complain of this were these attendants and nurses fully qualified and trained in the performance of their duties. A skilful, intelligent, and trustworthy attendant should have every consideration extended to him, for his work is unpleasant, exacting, and wearying. Under the modern system of treatment, his qualifications require to be of a high order. Apart from the skill acquired by training and instruction, the moral qualities of the attendant must be strong; his sympathy, his attentiveness, his powers of observation and tact are hourly in action; his strength of will and firmness require the exercise of discretion with forbearance and self-control. His moral influence with patients under his care is a most important factor. That being so, I would ask what steps are taken to select or improve the staff? When the Public Service Board nominates to a vacancy, it does not examine or inquire into the qualifications of the applicant. The Public Service Board obtains a formal written certificate of good character with each application; this is found in practice to be of little or no value. Each applicant is seen by the Inspector or a superintendent, who gives a certificate of suitability, but this is only as to suitable age, height, &c. The Board does not permit any inquiry into character. The medical superintendent may accept or reject the probationer after a time of trial. Some may do this freely, and keep on rejecting until some one who has the nursing capacity is met with; some may just accept what is sent forward, and trust to luck for future developments. The endeavours of the superintendents to form classes, instruct the staff, and give certificates of competency have met with no approving support. The holding of a certificate is not regarded by the Public Service Board as any recommendation for preferment, or allowed to interfere with seniority, though the latter be accompanied with incompetence, with the natural result that no efforts to gain proficiency are made, but all sink to the level of mediocrity. The superintendent has but a nominal control of his staff; he may impose small fines for derelictions of duty, but for more serious offences has to lay a charge before the Public Service Board, become the accuser, and, unless he can present an unanswerable case, submit to the destruction of discipline and loss of prestige and authority on an acquittal. The result is that a number of serious breaches, such as being drunk, which experience has

proved to be the most difficult charge to prove to the satisfaction of the Board, are dealt with as lighter offences and fall into the category of ordinary misbehaviour. As the Board requires strict legal proof, charges of cruelty to patients can but seldom be sheeted home to attendants, though there is no moral doubt of their guilt. In all this, there is but one remedy—remove the staff from the operation of the Public Service Act, and throw the whole responsibility of efficient administration upon the medical superintendent. The principal defects in our lunacy administration are distinctly traceable to the non-responsibility of the superintendent and the practically irresponsible position of the employés. This is the very keystone upon which reform of our lunacy administration must rest; all other improvements of classification buildings, &c., will be of not the least effect unless this radical defect be cured. The medical superintendent should have absolute power over his staff, subject to the supervision of the Inspector, or of the Lunacy Board, which, it is to be hoped, will, as another branch of reform, be hereafter constituted, and he should be held responsible to the Inspector or Board for the efficient administration of the asylum under his control, for the care and treatment of the patients, and the effective and good behaviour of the attendants. It is this system which has made lunacy administration in other countries so superior to ours, and it is the system recognised as the only proper one throughout the world.

These reforms may seem intense and strong, and at first sight might appear to carry serious consequences to the staff, but, when investigated and worked out in detail, the rights of all can be carefully conserved, and the required efficiency secured. Still, two things must be above all considered—the responsibility of the State and the interest of the patient—and all other privileges and interests of any one else which have grown as parasites upon the lunacy system must not be allowed to stand in the way. We have been for so many years drifting into a condition of irresponsibility and ineffectiveness that our recovery of position must be severe and drastic. The improvement of our buildings, the relief of our overcrowding, the better classification of the patients, and the amendment of our Lunacy Law will be of little avail so long as we have no alteration in the internal asylum control and administration.

J. V. McCREERY,
Inspector.

THOS. PROUT WEBB,
Master-in-Lunacy.

Hospitals for the Insane,
Inspector's Office,
Old Treasury Buildings, Spring-street,
Melbourne, 27th November, 1901.

MEMO.—01/838.

In compliance with the request contained in the Under-Secretary's memo. of the 25th ultimo, No. 4581, I beg to furnish the following report regarding the establishment of a "receiving-house":—

1. The Royal Commission on Asylums for the Insane, in the Report submitted in 1886, recommended that receiving-houses should be established. Legislative action was taken to carry out this recommendation, and it is now embodied in the *Lunacy Act* 1890. Under the provisions of this Act, all persons certified would be sent to a receiving-house, and detained there for at least three days. This provision would keep a large number of patients in these houses; and, as the inmates would vary in mental, bodily, and social condition, very extensive accommodation and a large staff would be required. The erection of these buildings has, therefore, been held over. It is now provided in the proposed Bill to amend the Lunacy Act, that persons who are clearly insane be sent direct to an asylum, and only doubtful cases admitted to the receiving-house. It is also provided that patients can be dealt with at any time after admission. If those amendments are adopted and become law, the number of persons to be detained in the receiving-house should be reduced considerably, and much smaller accommodation would be needed, as the violent and noisy patients will generally be sent direct to asylums.

The uses of receiving-houses are, briefly, to serve as safeguards against sane persons being sent to lunatic asylums, to remove the necessity of remanding doubtful cases of insanity to gaols, and to give the means of treating transient forms of mental disease.

- (a) Mr. Marsden, architect of the Public Works Department, considers that a receiving-house, to hold twenty patients, with the necessary offices and quarters for the staff, could be erected at a cost of about £7,500. As proper plans cannot be drawn until the site is selected, this amount can only be regarded as an estimate of probable cost. The furniture, bedding, &c., would cost about £400 in addition.
- (b) I would recommend that the Government Medical Officer be appointed medical superintendent of the receiving-house, and the assistant medical officer the deputy medical superintendent. If the suggestion be adopted of having the annual examination of patients made by the asylum superintendent, as in England, Drs. O'Brien and Godfrey would have ample time for the work at the receiving-house. If the present system, however, be continued, additional help would be required. A head attendant (at £156 per annum) should live on the ground, and a matron (at £80 per annum) would also be necessary. The remainder of the permanent staff should consist of the following persons, viz. :—

1 First grade attendant	}	Male division.
2 Third grade attendants		
1 First grade nurse	}	Female division.
2 Third grade nurses		
1 Female cook.		
1 Messenger.		

The question of appointing a clerk could stand over for further consideration. The medical superintendent should have power to engage temporary attendants and nurses for three weeks at a time.

I do not think the annual cost of the institution could be placed at anything under £1,400 per annum.

- (c) Doubtful cases that are now remanded to gaol have to be re-examined, which entails additional fees to the medical examiners. There seems no reason to expect that the receiving-house would add to the number of these examinations.

Out of 701 patients admitted to the asylums last year, 530 were received at Yarra Bend and Kew. The Melbourne receiving-house would therefore deal with a very large proportion of the doubtful cases. Special wards, to be used as receiving-houses, could be erected in connexion with the general hospitals at Ararat, Beechworth, and Ballarat; and the present lunacy wards at Bendigo, Castlemaine, and Geelong might be used for the same purpose.

As the Government may not feel justified in sanctioning the additional cost until some experience has been obtained of the working of the Melbourne "house," provision is made in the Draft Bill for proclaiming certain districts from whence doubtful cases can be sent to the receiving-house.

The number of persons sent to the receiving-house must depend on the action of justices and medical witnesses, and the period of detention will be under the control of the medical superintendent of the house.

I can, therefore, only give an approximate estimate in answer to the question asked me.

J. V. McCREERY,
Inspector of Lunatic Asylums.

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Estimates of expenditure are attached :—

- I. Public Works.
- II. Salaries.
- III. Contingencies.

PROPOSED "RECEIVING-HOUSE," MELBOURNE.

PUBLIC WORKS EXPENDITURE.

Buildings and fencing	...	...	...	...	...	£7,500
Furniture and fittings	...	...	...	...	...	400
Total	...	...	...	...	...	<u>£7,900</u>

27.11.01.

"RECEIVING-HOUSE," MELBOURNE.

PROPOSED "GENERAL" STAFF AT COMMENCEMENT.

No.	Office.							Annual Salary.		
								£	s.	d.
<i>Male Division.</i>										
1	Head attendant (resident)	...	...	...	...	...	...	156	0	0
1	First grade attendant	...	...	...	...	...	...	130	0	0
2	Third grade attendants @ £66	...	...	...	...	...	...	132	0	0
<i>Female Division.</i>										
1	Matron (resident)	...	...	...	...	...	...	80	0	0
1	First grade nurse	...	...	...	...	...	...	64	0	0
2	Third grade nurses @ £35	...	...	...	...	...	...	70	0	0
1	Female cook	...	...	...	...	...	...	40	0	0
1	Messenger	...	...	...	...	...	...	42	0	0
	Allow for temporary assistance, increments, &c.	...	...	...	...	...	...	100	0	0
	Total	...	...	...	...	...	...	814	0	0

27.11.01.

"RECEIVING-HOUSE," MELBOURNE.

CONTINGENCIES.

Clothing and bedding	...	...	...	...	...	£150
Provisions and extra articles	...	...	...	...	...	200
Stores (repairs, cooks, &c.)	...	...	...	...	...	125
Fuel, light, and water	...	...	...	...	...	60
Medicine and medical comforts	...	...	...	...	...	50
Incidentals	...	...	...	...	...	25
Total	...	...	...	...	...	<u>£610</u>

27.11.01.

REFORM IN LUNACY ADMINISTRATION.

GENERAL PROPOSAL.

To substitute for the Governor in Council, the Chief Secretary, the Inspector of Asylums, the Official Visitors, and the Public Service Board, a "Board of Commissioners in Lunacy."

PARTICULAR CHANGES.

1. *Governor in Council.*

To be relieved of the duties under section 250 of making general regulations (except as to fees in lunacy proceedings), under section 95 of making regulations as to boarding-out patients, of regulations as to receiving-houses, or under section 38 of making regulations relating to paying accommodation, of prescribing the "Register of Patients" (sect. 30), the "Case Book" (sect. 31), and all other forms for use in asylums, licensed houses, hospitals, &c., and of the granting of licences for single patients (sect. 62).

To retain the power of establishing public asylums, receiving-houses, criminal asylums, paying asylums, and of consenting to wards in hospitals being set apart for patients.

To be relieved of making any new appointments, or controlling the punishment or dismissal of any of the staff. To preserve, however, all his powers under the Public Services Acts, and under sections 251, 252, 253, and 254 of the *Lunacy Act* 1890 as regards the existing staff.

II. *The Chief Secretary.*

To be relieved of all active share in the administration, but to retain a controlling power in matters of finance, and to receive reports. To retain, also, his powers under section 6 of issuing warrants for the removal of insane prisoners, and of directing an inquiry as to the sanity of a prisoner. To be relieved of the duty of dealing with the amendment of certificates on admission (section 18), of issuing warrants for the transfer or discharge of patients, or of prescribing the duties of the superintendent, deputy, or clerk of an asylum (section 29). Notices of admission or discharge to be discontinued being sent to him.

III. *The Inspector of Asylums.*

This office to be abolished, and all his duties to be performed by the Chairman of the Board. His staff will be transferred to the Board.

IV. *Official Visitors.*

The continuance of these appointments may be retained. It is proposed to appoint the Commissioners to carry out the duties of official visitors.

As they take no active part in administration, but are merely supervisory, their retention would not interfere with the scheme.

V. *The Public Service Board.*

All the powers, duties, and authorities of the Board to cease with regard to the whole staff, including the medical superintendents and medical officers. The Board of Lunacy Commissioners to be substituted for them.

All rights of the employes appointed under the Public Service Acts shall be preserved. The powers and duties exercised by the Public Service Board under these Acts shall be exercised by the Board of Lunacy Commissioners with respect to such employes.

NEW MACHINERY.

There shall be a "Board of Lunacy Commissioners," consisting of a Chairman and two Commissioners.

The Chairman shall be appointed by the Governor in Council, and be removed only by Parliament. He shall be a legally-qualified medical practitioner. He shall have been a medical superintendent of a lunatic asylum for at least five years, and such asylum to have been one containing not less than 500 patients. Such chairman shall not himself carry on, or be the partner or assistant, of any person carrying on the profession or business of a physician, surgeon, or apothecary.

The Master-in-Lunacy for the time being shall, *ex officio*, be a Commissioner.

The Governor in Council may appoint and remove a third Commissioner.

The Chairman and the third Commissioner shall be appointed at first for five years, and may be re-appointed for a further term or terms thereafter.

The Chairman and one Commissioner may act in all matters as the Board.

In the event of illness or absence of the Chairman, the Governor in Council may appoint another Commissioner to act.

THE DUTIES OF THE CHAIRMAN.

He shall perform all the duties prescribed for the Inspector under the present Lunacy Act. He shall also exercise the duty of granting licences for single patients, of amending certificates on admission, of issuing warrants for the transfer, discharge, probation, leave, and boarding out of patients.

He shall act in all matters for and on behalf of the Board. He will prepare and submit to the Chief Secretary all financial matters, estimates of salaries, contingencies, and incidentals, necessary for the administration of the Department, and estimates of moneys necessary for new buildings, alterations, and repairs.

He should have power to engage persons to fill any position on the staff for a period of three weeks, and, with the consent of the Chief Secretary, to make temporary appointments for such longer period as may be necessary, not exceeding six months.

To have power to authorize the expenditure of any sum not exceeding £10 for the supply of articles required for the work of the Department.

To control the expenditure generally, and to pay salaries of the staff; to approve of all requisitions; to issue orders for stores, and supervise the general requirements of the asylums, and to certify to all accounts.

THE DUTIES OF THE BOARD GENERALLY.

To confer with the Chairman and assist him generally.

To advise on the general administration and perform the duties of official visitors, reporting to the Chief Secretary through the Chairman.

To have the absolute control of the entire staff of all the asylums.

To have the nominations for employment, the selection and appointment of all officers, and the power to dismiss or otherwise punish any officer.

To have the power to prescribe the duties of any officer, or to promote any officer.

To have the control of all contracts for the supply of articles for the asylums, under regulations to be approved by the Governor in Council, and to call for tenders.

To have the control of the building vote under the control of the Chief Secretary.

To make regulations for all matters and persons employed.

To have extended powers to enter and inspect any hospital or house wherein any person is suspected of being detained or treated as a lunatic.

To have power to institute prosecutions of staff for ill-treatment of patients, and other prosecutions under Lunacy Act.

To be generally responsible to the Chief Secretary for the efficient administration of the asylums, and other lunacy administration.

In the event of any Commissioner not agreeing with any proposal or action of the Chairman, or of the Board, he may report thereon to the Chief Secretary.

The Board will exercise direct control over the Medical Superintendent, who will be responsible to the Board for the efficient administration of his asylum. The Medical Superintendent will have the immediate control of all his staff.

In order to preserve the rights of present employées under the Public Service Acts, and to provide for the new employées, the provisions of the Public Service Acts will have to be gone through and their operation saved, and new provisions added, and the old ones modified to meet the requirements of the new employées.

The Board may at any time inquire into the working of any asylum, or into any matter affecting the administration of an asylum, or into the conduct of any of the staff, although no complaint or charge be made concerning the same.

22nd July, 1901.