

1906.
—
VICTORIA.

HOSPITALS FOR THE INSANE.

R E P O R T

OF THE

INSPECTOR-GENERAL OF THE INSANE

FOR THE YEAR ENDED 31st DECEMBER

1905.

PRESENTED TO BOTH HOUSES OF PARLIAMENT PURSUANT TO ACT 3 EDW. VII.
No. 1873, SECTION 15.

By Authority:

J. KEMP, ACTING GOVERNMENT PRINTER, MELBOURNE.

No. 30.—[1s. 3d.]—7682.

APPROXIMATE COST OF PAPER.

							£	s.	d.	
Preparation--Not given.	-	-	-	..	32	0	0
Printing (700 copies)	-	-	-	..	0	0	0

REPORT.

LUNACY DEPARTMENT,
Inspector-General's Office,
Melbourne, 17th July, 1906.

SIR,

In accordance with Section 15 of the Lunacy Act, No. 1873, I have the honour to submit my Annual Report on the condition of the Hospitals for the Insane in the State of Victoria, as well as a report on the condition of the Insane in Licensed Houses and Receiving Wards, for the year ended 31st December, 1905.

On the 1st January, 1905, there were 4,642 patients on the registers of the Public Hospitals for the Insane, but on the 31st December there were 4,768 patients so recorded—an increase for the year of 126.

This is the largest annual increase since the year 1897, when there was an increase of 134. It must, however, be noted that in 1897 there were only 183 out on trial leave, whilst at the end of the year under review there are no fewer than 274. Besides these there were 31 patients boarded out with guardians. There were actually at the end of the year no patients in the Receiving Wards. In the one house which had been licensed under the Lunacy Act there were 5 patients at the end of 1905. It should be noted that the average increase for the last 15 years is 66.6. Persons admitted during the year numbered 726, and the discharges and deaths numbered 633.

Appended are the statistical tables for the year. Additional tables are added this year dealing with the causation of the mental affection in those admitted, and the causes of death :—

TABLE I.—Showing the Distribution of the Insane on 31st December, 1905.

	Males.	Females.	Total.	Male.	Female.	Total.
In the Public Hospitals for the Insane—						
Yarra Bend	426	327	753			
Kew	445	415	860			
Kew Idiot Asylum	165	143	308			
Ararat	383	308	691			
Beechworth	378	245	623			
Sunbury	287	394	681			
Ballarat	209	338	547	2,293	2,170	4,463
On trial leave from—						
Yarra Bend	43	32	75			
Kew	62	82	144			
Kew Idiot Asylum	7	5	12			
Ararat	6	9	15			
Beechworth	4	6	10			
Sunbury	5	6	11			
Ballarat	3	4	7	130	144	274
Boarded out from—						
Yarra Bend	1	3	4			
Kew	1	4	5			
Kew Idiot Asylum	2	...	2			
Ararat	5	8	13			
Beechworth	3	1	4			
Sunbury	1	1	2			
Ballarat ... ..	...	1	1	13	18	31
Total number of registered lunatics on the books of the Public Hospitals for the Insane						
				2,436	2,332	4,768
In the Receiving Ward at—						
Beudigo						
Geelong						
In licensed house						
			...		3	3
Total number of registered lunatics in the State						
				2,436	2,335	4,771

* There were two patients—one male and one female—on trial leave from Yarra Bend in the licensed house on 31st December, in addition, to the number given in this table.

TABLE II.—Showing the Admissions, Re-admissions, Discharges, and Deaths in the Public Hospitals for the Insane during the Year ending 31st December, 1905.

	Males.			Females.			Total.		
	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.
Cases under care in Hospitals for the Insane on 1st January, 1905	...	...	...	2,276	2,113	4,389			
„ On trial leave	...	...	...	103	116	219			
„ Boarded out	...	...	...	14	20	34			
Total cases on Registers of Hospitals for Insane	...	...	...	...	...	...	2,393	2,249	4,642
Cases admitted—									
First admissions	351	279	630						
Not first admissions	49	59	108	400	338	738			
Retaken	...	...	...	20	1	21			
Total cases admitted during the year	...	...	...	...	...	...	420	339	759
Total cases under care during the year	...	...	...	...	...	...	2,813	2,588	5,401
Cases discharged—									
Recovered	149	101	250						
Relieved	22	17	39						
Not improved	...	...	...			
Died	184	136	320						
Escaped	...	...	...	355	254	609			
Total cases discharged and died during the year	...	...	...	22	2	24			
Cases in Hospitals for the Insane on 31st December, 1905	...	...	...	2,293	2,170	4,463			
„ On trial leave	...	...	...	130	144	274			
„ Boarded out	...	...	...	13	18	31			
Total cases on Registers on 31st December, 1905	...	...	...	...	...	...	2,436	2,332	4,768
Average number resident during the year	...	...	...	...	...	...	2,304	2,151	4,455
Persons under care during the year	...	...	...	...	...	...	2,783	2,582	5,365
Persons admitted	...	...	...	...	...	...	392	334	726
Persons recovered	...	...	...	...	...	...	145	101	246
Transferred from one Hospital to another	...	...	...	...	...	...	67	75	142

TABLE III.—Showing the Previous Attacks among Persons Admitted during the Year 1905.

Number of Previous Attacks.	Persons.		
	Males.	Females.	Total.
Have had one attack	51	69	120
Have had two attacks	12	10	22
Have had three attacks	3	2	5
Have had four attacks	3	3	6

TABLE IV.—Showing the Admissions, Discharges, and Deaths, with the Mean Annual Mortality, and Proportion of Recoveries per cent. of the Admissions, for each Year since the 1st January, 1891.

Year.	Admitted.			Discharged.						Died.			Remaining first December in each Year.			Average Numbers Resident.			Percentage of Recoveries on Admissions.			Percentage of Deaths on the Average Numbers Resident.			
	Males.	Females.	Total.	Recovered.			Relieved.			Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.
				Males.	Females.	Total.	Males.	Females.	Total.																	Males.	Females.	Total.
1891	427	318	745	170	137	307	25	16	41	201	92	293	2,090	1,778	3,868	1,993	1,630	3,623	39.81	43.08	41.21	10.08	5.64	8.09	
1892	399	307	706	142	144	286	20	22	42	181	102	283	2,136	1,818	3,954	2,045	1,681	3,726	35.59	46.90	40.51	8.85	6.07	7.59	
1893	384	296	680	153	102	255	25	40	65	177	94	271	2,161	1,877	4,038	2,112	1,748	3,860	39.84	34.46	37.50	8.38	5.37	7.02	
1894	402	293	695	124	97	221	21	43	64	207	118	325	2,205	1,911	4,116	2,119	1,793	3,912	30.84	33.11	31.80	9.77	6.58	8.31	
1895	377	277	654	115	106	221	25	41	66	211	114	325	2,221	1,927	4,148	2,125	1,804	3,929	30.50	38.26	33.79	9.93	6.32	8.27	
1896	384	305	689	114	96	210	19	37	56	231	129	360	2,234	1,970	4,204	2,147	1,823	3,970	29.69	31.47	30.48	10.76	7.08	9.07	
1897	435	341	776	117	100	217	39	47	86	209	115	324	2,292	2,049	4,341	2,203	1,884	4,087	26.89	29.33	27.96	9.19	6.10	7.93	
1898	396	324	720	127	108	235	25	38	63	233	133	366	2,300	2,094	4,394	2,202	1,936	4,138	32.07	33.33	32.63	10.58	6.87	8.84	
1899	428	364	792	183	109	352	27	51	78	197	151	348	2,314	2,084	4,398	2,230	1,976	4,206	42.76	46.43	44.44	8.83	7.64	8.27	
1900	366	335	701	162	119	281	21	39	60	205	148	353	2,286	2,113	4,399	2,259	2,002	4,261	44.26	35.52	40.09	9.07	7.39	8.28	
1901	418	351	769	174	125	299	11	16	27	202	128	330	2,307	2,194	4,501	2,242	2,050	4,292	41.62	35.61	38.88	9.01	6.24	7.68	
1902	455	341	796	176	182	358	28	27	55	203	129	332	2,354	2,193	4,547	2,262	2,086	4,348	38.68	53.37	44.97	8.97	6.18	7.63	
1903	432	334	766	165	159	324	27	24	51	217	145	362	2,371	2,199	4,570	2,275	2,073	4,348	38.19	47.60	42.29	9.53	6.99	8.32	
1904	404	344	748	153	124	277	24	36	60	198	133	331	2,393	2,249	4,642	2,275	2,091	4,367	37.87	36.04	37.03	8.70	6.36	7.58	
1905	400	338	738	149	101	250	22	17	39	184	136	320	2,436	2,332	4,768	2,304	2,151	4,455	37.25	29.88	33.87	7.98	6.32	7.18	
Total	6,107	4,868	10,975	2,224	1,869	4,093	359	494	853	3,056	1,867	4,923	...	...	...	32,793	28,728	61,522	36.41	38.39	37.29	9.32	6.49	8.00
																2,186	1,915	4,101							

TABLE V.--Showing the Admissions, Discharges, and Deaths, with the Mean Annual Mortality, and Proportion of Recoveries and of Relieved per cent. of the Admissions for each Asylum for the Year ended 31st December, 1905.

Hospital.	Admitted.			Discharged.						Died.			Remaining on 31st December, 1905.			Average Numbers Resident during 1905.			Percentage of Recoveries on Admissions.			Percentage of Relieved on Admissions.			Percentage of Deaths on the Average Numbers Resident.		
	Males.	Females.	Total.	Recovered.			Believed.			Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.
				Males.	Females.	Total.	Males.	Females.	Total.																		
Yarra Bend	161	96	257	40	28	68	3	3	6	40	26	66	470	362	832	420	322	742	24.84	29.16	26.46	1.86	3.12	2.33	9.52	8.07	8.89
Kew	135	141	276	51	36	87	11	11	22	49	18	67	508	501	1,009	440	410	850	37.77	25.53	31.52	8.14	7.80	7.97	11.13	4.39	7.88
Kew Idiot Asylum	13	20	33	...	...	...	4	...	4	20	9	29	174	148	322	175	139	314	...	...	...	30.77	...	12.12	11.42	6.47	9.23
Ararat	46	40	86	32	16	48	...	...	...	24	12	36	394	325	719	377	307	684	69.56	40.00	55.81	...	...	...	6.36	3.90	5.26
Beechworth	18	7	25	13	5	18	2	1	3	22	21	43	385	252	637	384	258	642	72.22	71.42	72.00	11.11	14.28	12.00	5.72	8.13	6.69
Sunbury	27	34	61	13	14	27	2	2	4	19	17	36	293	401	694	295	381	676	48.14	41.17	44.26	7.40	5.88	6.55	6.44	4.46	5.32
Ballarat	...	...	...	...	2	2	...	...	...	10	33	43	212	343	555	213	334	547	...	...	...	...	...	...	4.69	9.88	7.86
Total	400	338	738	149	101	250	22	17	39	184	156	320	2,436	2,332	4,768	2,304	2,151	4,455	37.25	29.88	33.87	5.5	5.03	5.28	7.98	6.32	7.18

TABLE VI.—History of Admissions since the opening of the first Asylum in 1848

	Admissions.			Numbers.			Number per cent. of Admissions.		
	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.
Discharged—									
Recovered	5,798	4,878	10,676	29.38	33.02	30.94
Relieved...	810	965	1,775	4.09	6.54	5.14
Not improved (including transfers)	4,096	3,174	7,270	20.74	21.49	21.06
Died	6,606	3,422	10,028	33.46	23.17	29.05
Out on trial and boarded out on 31st December, 1905	143	162	305	.72	1.09	.88
Remaining	2,293	2,170	4,463	11.61	14.69	12.93
Total	19,746	14,771	34,517	100.00	100.00	100.00	

TABLE VII.—Showing the Length of Residence in those Discharged Recovered, and in those who have Died, during the Year 1905.

Length of Residence.	Recovered.			Died.		
	Males.	Females.	Total.	Males.	Females.	Total.
Under 1 month	10	4	14	10	4	14
1 month and under 3 months	34	15	49	16	5	21
3 months	26	11	37	16	11	27
6 " " 9 "	18	26	44	7	5	12
9 " " 12 "	12	14	26	17	5	22
1 year and under 2 years	25	19	44	22	13	35
2 years	7	6	13	12	15	27
3 " " 5 "	6	2	8	20	15	35
5 " " 7 "	1	1	2	9	3	12
7 " " 10 "	2	1	3	10	11	21
10 " " 12 "	3	2	5	5	4	9
12 " " 15 "	3	...	3	7	6	13
15 " " 20 "	2	...	2	10	8	18
20 " " 25 "	...	...	...	4	11	15
25 " " 30 "	...	...	...	4	9	13
30 " " 35 "	...	...	...	6	5	11
35 " " 40 "	...	...	...	3	5	8
40 " and over	...	...	...	6	1	7
Total	149	101	250	184	136	320

TABLE VIII.—Showing in Quinquennial Periods the Ages of those Admitted, Recovered, and Died, during the Year 1905, and of those Remaining on 31st December, 1905.

Ages.	The Admissions.			Recovered.			The Deaths.			Patients on Registers, 31st December, 1905.		
	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.
Under 5 years	1	4	5	...	...	...	1	1	2	3	4	7
5 years and under 10 years	6	6	12	...	...	...	3	...	3	30	17	47
10 " " 15 "	6	3	9	1	...	1	3	2	5	44	49	93
15 " " 20 "	14	12	26	4	3	7	7	5	12	76	69	145
20 " " 25 "	42	32	74	13	13	26	6	4	10	148	125	273
25 " " 30 "	34	33	67	6	14	20	3	4	7	164	156	320
30 " " 35 "	34	36	70	18	9	27	13	6	19	233	212	445
35 " " 40 "	63	44	107	35	16	51	13	9	22	285	231	516
40 " " 45 "	62	39	101	24	14	38	13	9	22	292	252	544
45 " " 50 "	28	47	75	12	12	24	20	15	35	221	209	430
50 " " 55 "	17	16	33	14	5	19	15	6	21	194	177	371
55 " " 60 "	15	11	26	4	1	5	11	11	22	152	159	311
60 " " 65 "	17	14	31	4	1	5	11	14	25	142	193	335
65 " " 70 "	10	9	19	6	1	7	14	13	27	139	144	283
70 " " 75 "	14	14	28	...	3	3	22	13	35	69	95	164
75 " " 80 "	7	3	10	...	1	1	13	7	20	60	54	114
80 " " 85 "	5	2	7	...	1	1	6	1	7	17	22	39
85 " " 90 "	1	...	1	...	...	...	1	5	6	7	11	18
90 " " 100 "	...	...	...	...	...	...	...	...	...	...	1	1
Unknown	24	13	37	8	7	15	9	11	20	160	152	312
Total	400	338	738	149	101	250	184	136	320	2,436	2,332	4,768

TABLE IX.—Showing the Duration of the Disorder on Admission in the Admissions, Discharges, and Deaths during the Year 1905.

Class.	The Admissions.			The Discharges.						The Deaths.		
	Male.	Female.	Total.	Recovered.			Removed, Relieved, or Otherwise.			Male.	Female.	Total.
				Male.	Female.	Total.	Male.	Female.	Total.			
FIRST CLASS— First attack, and within three months on admission ...	158	140	298	62	39	101	24	20	44	56	29	85
SECOND CLASS— First attack, above three and within twelve months on admission ...	34	26	60	33	27	60	16	24	40	28	18	46
THIRD CLASS— Not first attack, and within twelve months on admission ...	60	64	124	19	15	34	14	4	18	6	7	13
FOURTH CLASS— First attack or not, but of more than twelve months on admission ...	38	50	88	13	17	30	26	33	59	43	48	91
FIFTH CLASS— Congenital ...	4	2	6	...	...	...	...	...	...	4	1	5
Unknown ...	93	36	129	22	3	25	27	12	39	27	24	51
Total ...	387	318	705	149	101	250	107	93	200	164	127	291

NOTE.—Excluding Idiot Asylum.

TABLE X.—Showing the Probable Causes of Insanity in the Patients Admitted during the Year 1905.

CAUSES OF INSANITY.	Number of Instances in which each Cause was Assigned.											
	Admissions			No. of Cases—						Total.		
				Males,			Females,					
	As Predisposing Cause.			As Exciting Cause.			As Predisposing or Exciting (where these could not be distinguished).			TOTAL.		
	Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.
MORAL.												
Domestic Trouble (including loss of relatives and friends)	3	...	3	3	11	14	...	...	...	6	11	17
Adverse Circumstances (including business anxieties and pecuniary difficulties)...	1	1	2	8	2	10	...	...	...	9	3	12
Mental Anxiety and Worry (not included under the above two heads), and Over Work ...	...	...	...	17	18	35	...	...	...	17	18	35
Religious Excitement ...	...	...	...	7	9	16	...	...	...	7	9	16
Love Affairs (including seduction) ...	...	...	...	2	5	7	...	...	...	2	5	7
Fright and Nervous Shock ...	...	...	...	3	5	8	...	...	...	3	5	8
PHYSICAL.												
Intemperance in Drink ...	7	...	7	44	19	63	...	...	...	51	19	70
Intemperance (sexual) ...	...	...	...	...	1	1	...	...	...	...	1	1
Veneral Disease ...	...	...	...	3	1	4	...	...	...	3	1	4
Self Abuse (sexual) ...	...	...	...	28	...	28	...	...	...	28	...	28
Over Exertion ...	1	2	3	1	...	1	...	...	...	2	2	4
Stroke ...	1	...	1	4	...	4	...	...	...	5	...	5
Accident or Injury ...	...	...	...	28	1	29	...	...	...	28	1	29
Pregnancy ...	...	...	...	...	5	5	...	...	...	...	5	5
Parturition and the Puerperal state ...	...	...	...	...	11	11	...	...	...	...	11	11
Lactation ...	...	...	...	...	2	2	...	...	...	...	2	2
Uterine and Ovarian Disorders ...	...	2	2	...	4	4	...	...	...	...	6	6
Puberty ...	...	...	...	...	...	...	...	...	...	...	...	...
Change of Life ...	...	6	6	...	4	4	...	...	...	...	10	10
Fevers ...	1	1	2	...	1	1	...	...	...	1	2	3
Privation and Starvation ...	5	...	5	1	5	6	...	...	...	6	5	11
Old Age... ..	21	12	33	3	3	6	2	1	3	26	16	42
Other Bodily Diseases or Disorders ...	4	16	20	...	5	5	1	...	1	5	21	26
Previous Attacks ...	42	47	89	...	...	...	...	...	...	42	47	89
Hereditary Influences ascertained (direct and collateral)	26	20	46	...	...	...	...	...	...	26	20	46
Congenital Defect ascertained	13	28	41	3	4	7	1	1	2	17	33	50
Other ascertained Causes ...	10	6	16	...	...	...	...	...	...	10	6	16
Unknown ...	6	9	15	...	...	...	98	69	167	104	78	182
Epilepsy... ..	...	...	...	2	1	3	...	...	...	2	1	3
Total ...	141	150	291	157	117	274	102	71	173	400	338	738

TABLE XI.—Showing the Condition as to Marriage in the Admissions, Recoveries, and Deaths during the Year 1905, and of Patients on Registers, 31st December, 1905.

Condition in Reference to Marriage	The Admissions.			The Discharges.			The Deaths.			Patients on Registers, 31st December, 1905.		
				Recovered.								
	Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.
Single ...	222	137	359	86	42	128	72	43	115	1,535	1,095	2,630
Married ...	114	133	247	51	50	101	55	45	100	415	720	1,135
Widowed ...	33	41	74	6	7	13	24	32	56	82	239	321
Unknown ...	18	7	25	6	2	8	13	7	20	230	130	360
Total ...	387	318	705	149	101	250	164	127	291	2,262	2,184	4,446

NOTE.—Excluding patients at Idiot Asylum, who are all unmarried.

TABLE XIII.—Return of Patients on Probation under Sections 87 of Act 1113 and 94 of Act 1873.

	Males.	Females.	Total.
Out on probation on 1st January, 1905	103	116	219
Allowed out during the year	187	245	432
Total ...	290	361	651
Recovered and Relieved—			
Of those allowed out during previous years	26	34	60
Of those allowed out during the present year	37	43	80
Total ...	63	77	140
Died—			
Of those allowed out during previous years	7	2	9
Of those allowed out during the present year	5	3	8
Total ...	12	5	17
Written off the books under section 89, Act 1113, and section 94, Act 1873—			
Of those allowed out during previous years	9	8	17
Of those allowed out during the present year	6	9	15
Total ...	15	17	32
Returned to the Asylum at expiration of probation—			
Of those allowed out during previous years	35	47	82
Of those allowed out during present year	35	71	106
Total ...	70	118	188
Remaining under care out of the Asylums on 31st December, 1905	130	144	274

TABLE XIV.—Return of Patients Boarded out during 1905.

	Males.	Females.	Total.
Boarded out on 1st January, 1905	14	20	34
Allowed out during the year	1	7	8
Total ...	15	27	42
Died—			
Of those allowed out during previous years	...	1	1
Of those allowed out during the present year	...	1	1
Total ...	...	2	2
Returned to the Asylums by their guardians—			
Of those allowed out during previous years	2	5	7
Of those allowed out during present year	...	2	2
Total ...	2	7	9
Remaining under care out of the Asylums on 31st December, 1905	13	18	31

TABLE XV.—Showing the Manner in which Patients were Admitted during the Year 1905.

	Yarra Bend.	Kew.	Kew Idiot Asylum.	Ararat.	Beechworth.	Sunbury.	Ballaarat.	Total.
Lunatics sent to the Hospitals for the Insane by their friends	Male	16	75	11	11	4	3	120
	Female	26	98	9	17	2	10	162
" " the police	Male	116	59	1	31	12	24	243
	Female	65	31	3	23	4	24	150
" received from Benevolent Asylums	Male	1	...	...	...	2	...	3
	Female	1	...	...	...	...	...	1
" " Hospitals	Male	...	1	...	...	...	...	1
	Female	...	3	...	...	...	...	3
" " Gaols	Male	28	...	...	4	...	...	32
	Female	4	...	...	1	...	...	5
" " all other institutions (including transfers)	Male	2	4	4	27	28	1	68
	Female	1	15	10	...	...	21	45
Total	260	286	38	113	53	83	47	880
Escaped patients retaken	Male	7	1	...	2	5	4	20
	Female	...	...	...	...	1	...	1
Total admissions	267	287	38	115	59	87	48	901

TABLE XVI.—Showing the Nationalities and Religious Persuasions of those admitted for the first time during the Year 1905.

Birthplaces.	Religious Persuasions.										Total
	Church of England.	Presbyterian.	Wesleyan.	Lutheran.	Other Protestant Denominations.	Roman Catholic.	Pagan.	Hebrew.	Mahometan.	Unascertained.	
Victoria	147	54	30	1	44	119	...	2	...	6	403
Other Colonies and British Possessions	26	9	7	...	10	15	...	...	...	...	67
England	67	1	16	...	9	4	...	...	...	1	98
Scotland	1	22	...	...	1	3	...	...	...	...	27
Ireland	11	3	2	...	...	51	...	...	...	1	68
France	1	...	...	...	...	1	...	...	...	...	2
Germany	1	...	...	4	...	2	...	...	...	1	8
China	1	...	...	...	...	...	3	...	...	1	5
Other Countries	2	1	1	2	4	2	...	1	...	...	13
Not known	10	2	1	1	4	15	...	...	...	14	47
Total	267	92	57	8	72	212	3	3	...	24	738

TABLE XVII.—Showing the Average Number of Patients employed in attending Amusements and Divine Service.

Particulars.	Male.	Female.	Total.
In the Workshops (Male)—			
Blacksmith	13	...	13
Carpenter	24	...	24
Mattress-maker	11	...	11
Shoemaker	28	...	28
Tailer	30	19	49
Painter	13	...	13
Mat-maker	16	...	16
Basket-maker	1	...	1
In the Workshops (Female)—			
Sewing (making-up and repairing clothing)	...	289	289
Fancy work ... ..	...	104	104
Tailoress ... ..	...	2	2
Mattress-making ... ..	...	8	8
Miscellaneous occupations—			
Working on the farm	246	...	246
" in the garden	146	5	151
" in the kitchen	46	26	72
" in the store	9	...	9
" in the laundry	...	320	320
" in the wards and airing courts	419	511	930
" as servants at private quarters	34	20	54
" on roads and ornamental grounds	125	4	129
Other work about the establishment	189	42	231
Percentage of those usefully employed	58.59	62.76	60.60
Amusements—			
Balls and concerts	683	652	1,335
Billiards and reading-room	289	199	488
Cards, chess, dominoes, &c.	350	195	545
Bowls, cricket, croquet, football, and tennis	472	215	687
Walking and driving	574	627	1,201
Attending Divine Service...	864	680	1,544
" school	142	75	217

TABLE XVIII.—Return showing the Quantity of Produce supplied by the Farms and Gardens at the various Hospitals for the Insane during the year ended 31st December, 1905.

Hospital.	Butter.	Eggs.	Meat, Poultry, &c	Milk.	Vegetables.	Fruit.	Bacon.	Lard.
	lbs.	doz.	lbs.	qts.	lbs.	lbs.	lbs.	lbs.
Yarra Bend ...	1,249	1,125	7,204	81,260	255,569	2,802	...	...
Kew ...	...	2,921	5,750	113,849	465,086	9,107	2,854	42
„ Idiot Asylum ...	...	...	...	...	13,666	...	...	...
Ararat ...	142	338	364	69,904	153,057	2,461	...	...
Beechworth ...	40	373	1,721	58,308	195,571	21,460	...	...
Sunbury ...	1,026	510	520	62,979	160,830	9,557	...	...
Ballarat ...	293	308	446	56,125	183,343	858	...	...

Hospital.	Green Food.	Hay.	Root Crops.	Straw.	Chaff.	Oats.	En- silage.	Barley.	Peas.
	tons.	tons.	tons.	centals.	tons.	bushels.	tons.	tons.	bushels.
Yarra Bend ...	52	145	105	...	6	..	35	...	...
Kew ...	263	235	390	560	...	...	40	...	280
„ Idiot Asylum ...	...	...	...	...	...	...	...	...	...
Ararat ...	90	60	40	...	...	...	15	...	...
Beechworth ...	103	80	4	...	...	...	...	...	...
Sunbury ...	40	140	30	247	...	...	...	...	150
Ballarat ...	140	80	16	...	...	...	56	...	20

TABLE XIX.—Showing the Total Receipts and Expenditure of Hospitals for the Insane during the Year 1905.

Receipts.		Amount.	
		£	s. d.
Collections by the Master-in-Lunacy for maintenance of patients at—			
Yarra Bend ...	...	2,768	10 3
Kew ...	...	8,425	16 9
Ararat ...	...	2,508	3 2
Beechworth ...	...	1,682	18 2
Sunbury ...	...	1,715	18 1
Ballarat ...	...	1,371	15 5
Receiving Wards ...	...	5	0 11
Amount of sales ...	...	1,159	0 0
„ fines ...	...	18	0 0
Miscellaneous collections ...	...	10	18 4
Total ...	...	19,665	11 1

Expenditure.		Amount.	
		£	s. d.
General expenses (Salaries at Head Office, Fees to Official Visitors, Travelling Expenses, Postage, and Telegrams) ...			
...	...	3,442	19 8
Maintenance at—			
Yarra Bend ...	...	22,875	11 8
Kew ...	...	32,067	3 1
Ararat ...	...	21,828	10 1
Beechworth ...	...	16,833	6 3
Sunbury ...	...	18,216	17 10
Ballarat ...	...	15,289	12 9
Receiving Ward, Bendigo ...	...	205	13 6
„ „ Geelong ...	...	43	15 0
Expenses in connexion with the committal and transport of lunatics ...	...	1,448	16 10
„ „ „ boarded-out patients ...	...	536	16 6
Total ...	...	132,789	3 2

TABLE XXI.—Showing the Average Weekly Cost of Maintenance per Patient—*continued.*

Hospital.	Incidentals.	Total Cost Weekly of Maintenance per Patient.			Average Collections per Week for Maintenance, Sales, Fines, Fees, &c.			Weekly Cost per Patient, Deducting Collections for Maintenance, Sales, Fines, Fees, &c.		
		£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.			
Yarra Bend ...	0 0 1 $\frac{1}{4}$	0 11 10 $\frac{1}{4}$	0 1 6 $\frac{1}{4}$	0 10 4						
Kew ...	0 0 1 $\frac{1}{2}$	0 10 7	0 2 10 $\frac{3}{4}$	0 7 8 $\frac{1}{4}$						
Ararat ...	0 0 1 $\frac{1}{4}$	0 12 3 $\frac{1}{4}$	0 1 6	0 10 9 $\frac{1}{4}$						
Beechworth ...	0 0 1	0 10 1	0 1 1 $\frac{1}{4}$	0 8 11 $\frac{1}{2}$						
Sunbury ...	0 0 1 $\frac{1}{4}$	0 10 4	0 1 1	0 9 3 $\frac{1}{4}$						
Ballarat ...	0 0 1	0 10 9	0 1 1	0 9 8						
Total ...	...	0 10 11 $\frac{1}{2}$	0 1 8 $\frac{1}{4}$	0 9 3 $\frac{1}{4}$					
General Expenses ...	...	...	...	0 0 3 $\frac{1}{2}$			

TABLE XXII.—Showing the Admissions, Re-admissions, Discharges, and Deaths during the Year ending 31st December, 1905, in Receiving Wards at Bendigo, Castlemaine, and Geelong.

				Males.	Females.	Total.	Males.	Females.	Total.
In the wards, 1st January, 1905	...	...	...	...	...	...	2	2	4
Cases admitted—									
Admissions	...	...	...	...	...	...	38	37	75
Total cases under care during the year	...	...	...	...	...	...	40	39	79
Cases discharged	...	...	...	28	27	55			
Not improved—Transferred to Public Hospitals for									
Insane	...	...	...	11	11	22			
Died	...	...	...	1	1	2			
Total cases discharged and died during the year	...	...	...	...	...	...	40	39	79
Remaining in the wards, 31st December, 1905	...	...	...	...	...	...

Changes in the distribution of the Insane.—The numbers of patients under care in the various Hospitals for the Insane show that the following changes have taken place in the year:—

- At Yarra Bend an increase of 32.
- At Kew an increase of 45.
- At the Idiot Asylum an increase of 3.
- At Ararat an increase of 11.
- At Beechworth a decrease of 21.
- At Sunbury an increase of 6.
- At Ballarat a decrease of 2.

There was therefore an increase of 74 patients in the numbers actually under care at the end of the year.

Admissions.—During the year 1905 there have been 738 cases admitted; this is 10 less than in the preceding year, and of these but 630 were first admissions, as against 664 in 1904, 681 in 1903, 691 in 1902, 679 in 1901, and 602 in 1900. This comparatively low admission rate of recent and first-admitted cases is most hopeful, and it may therefore be said that the annual rate of freshly-occurring insanity is diminishing, arguing well for the future of the State, especially with an increasing population. The estimated population on the 31st December, 1905, was 1,218,571, so that although there was one registered insane person in every 255 at the end of the year, and an admission rate of 1 in every 1,678 persons, this factor, *i.e.*, the number of first cases admitted (by far the most important statistically), enables us to speak most favorably of the present sanity of Victoria, and hopefully for the future.

Discharges.—During the year there were 250 recoveries, and 39 persons were discharged relieved. The recovery rate on admissions is therefore 33·87, and the relieved rate 5·28. The recovery rate is lower than that of the preceding year, and below the average of the last 15 years. The relieved rate is also lower; but these statistics are very materially affected by the very large increase in the number of patients on trial leave.

At any time the recovery rate is but a poor thing on which to appraise the work of any Hospital for the Insane; it varies with the personal view of each Superintendent; it does not take into account the class of case admitted to each institution; and it is in our case further nullified by the existing practice of discharging many cases as relieved which have been sent out previously on trial leave, the names of the patients having been written off the books, as they had not returned at the expiration of the terms of trial leave, or sent certificates of recovery.

Deaths.—During the year there have been 320 deaths, which gives a percentage of 7·18 on the average number resident, and this is the lowest death-rate for twelve years. Only sixteen cases are returned as having died from general paralysis. Phthisis and tuberculosis account for 13·75 of the deaths, which is comparatively low. There have been, however, several deaths from pneumonia. Death has resulted directly or indirectly from accidental causes in seven cases. In all cases of deaths coroner's inquiries have been held, and in nearly all *post-mortem* examinations were made.

Causation of Mental Disorder amongst the Year's Admissions.—Alcoholism is assigned as a cause in less than 10 per cent. of the admissions, and direct heredity is traceable in only 46 cases out of 738. There is obviously some considerable fallacy in this return and it only emphasizes the difficulty of obtaining true returns in this causation. I have no hesitation in saying that in 40 per cent. of the cases some neurotic inheritance is present were the truth only known. In the returns which are compiled from the statements of particulars on admission, the causation is said to be unknown in far too many cases.

REMARKS ON THE HOSPITALS FOR THE INSANE AS A WHOLE.

In an *interim* report to the Ministry on the 29th May, 1905, I expressed my opinion as to the unsuitability of much of the accommodation in our Hospitals for the Insane, and the disrepair of many of the wards, of the very general lack of comfort in most of them, and of the cumbersome and extravagant methods of administration in practically all the institutions. In this report

under the heading of each Hospital I shall particularize its individual defects, but for the moment I shall here enumerate some of the principal ones:—

1. Incorrect orientation: *e.g.*, Kew, Ararat, and Beechworth.
 2. Defective drainage: no Asylum is fitted with a proper water-borne sewage system.
 3. Inefficient water supply: *e.g.*, Ararat and Beechworth, Ballarat partly, and originally Sunbury; but at this latter institution the supply has now been vastly improved.
 4. Absence of proper cross-ventilated sanitary spurs.
 5. Insufficient store-room and pantry accommodation in the wards.
 6. Heavy double verandahs on both sides of the blocks, interfering with lighting and proper cross ventilation, *e.g.*, in Kew, Ararat, and Beechworth.
 7. Lack of alternative exits in case of panic and of fire: at Kew, Ararat, Beechworth, and Ballarat.
 8. Very defective heating and engineering plants at all the Asylums, the worst example being Beechworth, where there are thirteen stoke-holes and boilers instead of one central heating system.
 9. Lighting, Gas is installed in all the institutions except Sunbury, where oil lamps are in use. Electric lighting is now considered the ideal system for lighting Hospitals for the Insane.
 10. Defective and even dangerous laundries at Kew, the Idiot Asylum, and Beechworth; indifferent but less defective laundries in the other Hospitals.
 11. Defective kitchens at all the institutions except Kew; two kitchens exist at Yarra Bend and Sunbury.
 12. Defective mess-room accommodation for attendants and nurses, no recreation rooms for the staff, and, generally speaking, inefficient and even bad accommodation for their sleeping.
 13. Small or poor recreation rooms for the patients at some of the Hospitals: *e.g.*, Yarra Bend, Ballarat, and Sunbury.
 14. Very indifferent accommodation for paying patients.
 15. No intercommunication telephone system, except a partial one at Sunbury.
 16. No automatic or tell-tale system for checking the rounds of the night staff.
 17. No automatic fire-alarm system.
 18. Airing courts: these are almost all of the enclosed high-wall type, affording no outlook over the surrounding country.
 19. The bath-rooms are in many cases poor; but good progress has been made recently in their general reformation.
 20. Wooden cottages and wards: *e.g.*, many of the buildings at Yarra Bend are of this character, and are old, small in size, and entirely unsuitable and dangerous. Indeed, the whole of this establishment is of such a character as to be impossible to reconstruct or organize on an up-to-date basis.
 21. Indifferent locks: a proper master checking lock system does not exist in any of the institutions.
 22. No provision in any Hospital for the isolation of cases of infectious disease.
- Finally: lack of proper home-like furniture, such as comfortable chairs, sofas, and book-cases, as well as few objects of interest in the wards; but few pictures, pianos, billiard, and bagatelle tables, all of which are essentials, and not extravagances.

HOSPITAL FOR THE INSANE, YARRA BEND.

This Asylum dates back to the earliest days of Victoria, being occupied by the insane for the first time in the year 1846. The original buildings were constructed of bluestone, and consisted of gaol-like wards, with small airing courts, surrounded by high walls. Since that time various additions have been made to it, principally in the shape of cottages, some of brick and some of wood. Four wards, however, were added; two on the female side were built of wood, and comprise what is at present known as the

female hospital. Two other wards were built of brick on the male side. The construction was of a type which is now long abandoned, and although they are two-storied blocks, no alternative exits were provided. The buildings generally are scattered over a large area of ground. It is approximately two-thirds of a mile from one end of the buildings to the other. The whole area is practically surrounded by the River Yarra.

Part of the land is fairly good, and useful for agricultural purposes; the remainder is very poor, and affords but indifferent grazing ground.

At the end of the year 1905 there were 426 males and 327 females, making a total of 753 patients in the establishment. Approximately it may be stated that there were 100 patients too many to be accommodated properly.

The Medical Superintendent reports during 1905 that 260 patients were received, the majority of these were Court admissions, in number 181; from the gaols there were received 32, and from relatives and friends only 42. The fact that so many were Court and gaol admissions possibly accounts for the comparatively small number discharged recovered, namely, 68 (26·4 per cent.) recovered; six cases were discharged relieved. It must, however, be remembered that the number of patients on trial leave from Yarra Bend has risen from 48 to 75. During the year 40 men and 26 women died; one of the latter was on leave at her own home. The proportion of deaths to the average number resident is 8·89.

The health of the patients throughout the year was good; no cases of contagious or infectious disease occurred. There were two deaths from tuberculosis, which, however, was present in both cases when the patients were received.

There were only two serious cases of injury; in one a male general paralytic broke his thigh, and another similar accident occurred to an old man. In both cases the cause was purely accidental. In another case a patient sustained a broken rib, which he attributed to ill-usage, but on inquiry by myself it was impossible to attach the blame, or get any corroborative evidence of the patient's statement. There have been seven escapes, and practically all these were facilitated by the generally unsatisfactory structure of the male division.

Dr. Watkins, after a superintendency of seventeen years, retired in June, and Dr. Mullen took up his duties as Superintendent early in September.

There can be no possible doubt that the Yarra Bend, as an institution for the reception of recent or troublesome cases, should no longer be allowed to exist. It may be fairly said to have served its purpose, for it has been in existence for no less than sixty years. To renovate and make this Hospital as serviceable as possible would probably cost a sum of £80,000, or thereabouts; and as there is reason to believe that the site is a valuable one, it would probably be a wise economy to provide a new asylum elsewhere out of the money gained by the sale of the estate, and the money saved by deciding not to renovate Yarra Bend.

I have received permission to build two temporary wards, one on each division of the institution; each ward will contain accommodation for 50 patients. This will do much to remedy the existing overcrowding. I propose to nurse the ward on the male side with female nurses; and it will be in charge of a trained hospital nurse, only such cases as are suitable for nursing by females will be accommodated therein. The structure of these wards will be of a purely temporary character, and the wards are so designed that they can be taken away and put up elsewhere. This step has been taken in order that there should be no valid reason why the Yarra Bend Hospital for the Insane should be allowed to exist longer than is absolutely necessary.

HOSPITAL FOR THE INSANE, KEW.

This Hospital, which may be considered the principal one for the Metropolitan districts, was partially opened in 1867 and fully opened in 1874, when it contained about 800 patients. The original cost of the main building was approximately £240,000. It is built on the barrack or gallery plan; it is wrongly orientated, and, as far as the main building itself is concerned, it is practically incapable of much extension, although with a reasonable outlay it is capable of being converted into a very useful institution, but not a good acute Hospital.

Its principal defects are its high-walled airing courts, its lack of day room space, its extremely defective laundry, and the fact that on both sides of the wards there are heavy verandahs cutting out light and interfering with cross ventilation.

Added to these, the lavatory and bathing accommodation is very defective ; nothing in the shape of a proper cross ventilated sanitary spur exists. There is, however, an excellent kitchen and a good recreation hall, but the quarters for the Nurses are very limited, and the mess rooms far too small. Recreation rooms for the staff do not exist.

In this institution there are several boilers for supplying steam to the laundry and kitchen, as well as independent boilers for supplying hot water to the bath-rooms. There are also several outside single rooms which are so far from the dormitories that they are incapable of being properly supervised.

Many of the rooms which were originally intended as day rooms are now being used as dormitories, and even the galleries are lined with beds at night. There are several points where no alternative exit exists ; the principal danger spots are the tower dormitories which are being used for nurses at present ; to these the stairs are of wood. The work-shops and sewing rooms are also very small and inconvenient.

The Hospital was probably designed to contain about 650 patients, but there were, the Medical Superintendent reports, actually under care on the last day of the year no less than 860.

As showing the amount of work done in the year, it may be mentioned that 286 patients were admitted, and there have been 109 discharges and 67 deaths. Of the deaths no fewer than thirteen occurred whilst the patients were on trial leave in their own homes. The death rate for the year was 7·88 on the average number resident.

The Medical Superintendent reports that a very large proportion of the patients admitted presented no prospect of amendment, that upwards of 160 of the 287 admissions were seniles, decrepit cases, paralytic cases, or otherwise demented and hopeless. Of the 61 females supposed to be curable, three only failed to fulfil the hopes entertained of them when received, whilst an equally good result obtained among the males. Under the circumstances a recovery rate of 31·5 per cent. may be considered a fairly good one.

There have been but few casualties, and only one needs mentioning, a patient dying and at the *post-mortem* examination it was found that he had a ruptured kidney. An inquiry was made into the case, and no blame could be attached to any member of the staff.

Mechanical restraint has been used on only two occasions ; once for surgical purposes, and in the second case during a paroxysm of determined suicidal frenzy.

The conduct of the staff has been generally satisfactory. Dr. W. H. Barker has succeeded to the superintendency of the establishment, and Dr. M. F. H. Gamble has been appointed Senior Assistant Medical Officer.

The farm and garden have both given good returns, the harvest of 1905 being almost a record one. The supply of vegetables and milk has been regular and sufficient. The stores have been up to their usual average, and the food supply good. The principal complaint during the year has been regarding the defective quality of the potatoes.

The Medical Superintendent reports that the small addition to the night staff has resulted in good already, and that there has been a reduction in the amount of soiled linen, and that on both sides of the institution the actively suicidal are now under constant supervision.

IDIOT ASYLUM.

This useful adjunct to the service of the Hospitals for the Insane is more or less in connexion with the main asylum at Kew. At the end of the year there were 308 idiot children in residence in the cottages, twelve on trial leave and two boarded out. This institution may be said to have simply grown ; the lines of its development are certainly very hard to follow. It possesses a very inadequate kitchen and a dilapidated and dangerous laundry which has been repeatedly condemned, and many of the buildings are too close together, and some of them are utterly unsuitable.

Educational work is undertaken, and there are workshops in which the patients are taught various trades, but a large proportion of the cases is incapable of receiving much education or of being taught useful trades, and can only be taught to be cleanly, and useful in small matters.

There is naturally always a preponderance of deaths from tubercle in idiot asylums, and this Idiot Asylum is no exception. Discharges recovered are of course impossible to obtain, but three cases were sent out to their friends. At the end of the year two patients were boarded out, and there were twelve cases on trial leave. There were 29 deaths during the twelve months.

At present Dr. A. A. Macfarlane, Senior Medical Officer, has the medical charge of this branch. The asylum has suffered very much from the continued illness of the acting matron; still, useful work is being done under great disadvantages, and it is, unfortunately, work that cannot show much return for the outlay and labour expended on it; it is, however, work of the highest humanity.

It would be very much wiser to remove the idiot children to a suitable asylum in the country or by the sea. The best of the existing blocks could be allowed to remain and could be adapted for some other class of patient, either as reception wards or as wards for paying patients, or perhaps better still for hospital cases, both men and women, who could be nursed entirely by female nurses; that is, provided the Hospital at Kew is to be retained.

HOSPITAL FOR THE INSANE, ARARAT.

The Ararat Hospital for the Insane was opened in the year 1867, and the main building cost £128,222. Since then additional accommodation has been provided by means of outside cottages, and convalescent and hospital cottages erected in the airing courts. There is, however, an adjunct to this asylum in the shape of the gaol ward, which is used principally for criminal cases. Briefly, I should like to express my opinion that the continued use of this ward is absolutely unjustifiable; it is frankly a gaol, and cannot be anything else.

The main building is built on what is now considered an obsolete plan. It consists principally of two storeys, but there are three storeys in places; unfortunately these upper storeys have not been provided with alternative exits. The main block itself consists of galleries, and does not lend itself readily to any extension or adaptation. The day rooms and dormitories are so arranged that they frequently have to be used as a highway through the wards. There are, it is true, verandahs on both the side blocks, but these are so arranged that they cut off a very large amount of light and cross ventilation.

There was a central dining hall which was used both for recreation and dining hall purposes; but it is narrow, and its use as a dining hall spoils its effectiveness as a recreation hall. The kitchen, which is next to it, is far too small, and is ill-ventilated, the cooking utensils are of an antiquated type, and the heating arrangements are primitive. There is a comparatively new laundry, but it is somewhat small, the drying closets are too few in number, and there are practically no washing machines of any kind.

The wards on the male side are very badly and scantily furnished; indeed, in most of the wards, beyond tables and a few uncomfortable benches, there is no furniture at all. Some of the rooms which were originally intended as day rooms have been taken as dormitories in consequence of the overcrowding, and at present it is necessary to use some of the galleries at night for the patients to sleep in, and in the day time the meals are served there. The mess rooms and quarters for the nurses and attendants are utterly inadequate. Three cross-ventilated sanitary spurs have been built, but they are badly constructed and require renewing.

One disability that this Hospital labours under is a comparatively inefficient water supply, but it is hoped that this will shortly be remedied. When this is the case, fresh lavatories should be provided and a proper heating system. At present there are a large number of independent boilers supplying hot water or steam to the laundry and kitchen, as well as independent boilers for the supply of hot water for the bathing. A properly arranged low-pressure steam heating and supply system should be arranged throughout the establishment, as well as a telephonic and fire alarm system.

I believe that this asylum could be made comparatively efficient, rather as a chronic asylum, by the outlay of a sum of £25,000, and I recommend that the so-called gaol ward be given up, and the patients transferred to the ward at Sunbury which was originally attended for criminal patients. I cannot, however, suggest what use the gaol ward can be put to.

At the end of the year there were on the register 394 males and 325 females, and of these 383 males and 308 females were in residence. There are approximately 20 males and 80 females too many under care in the institution already. During the year there were 113 admissions, 48 discharges, and 11 transfers to other asylums, and 36 deaths.

The Medical Superintendent reports that a comparatively large proportion of those admitted were in poor health, but in spite of this there is a fair recovery rate, namely, 42.5 per cent. on the total number of admissions, and if transfers and recaptures were excluded the percentage of recoveries would be no less than 55.8.

The death rate, calculated on the average number resident, is slightly over 5 per cent. The principal causes of death were—pulmonary diseases and phthisis, 6; senile decay, 7; general paralysis, 4; cardiac diseases, 4. The Medical Superintendent comments on the difficulty of getting from reliable sources information on the question of heredity.

There were six cases of accident during the year, and one unfortunately proved fatal. In this case a patient, whilst working in the garden, threw himself into a water dam, and although the body was quickly recovered it was found impossible to restore animation. Investigation by myself found that no culpable negligence could be attributed to those in charge.

Restraint has been employed only once during the year, and that by means of a canisole, to prevent self-injury.

The general health of the patients has been good, in spite of the overcrowding problem. The Medical Superintendent has decided to treat all phthisical cases in tents, and this has been attended with considerable benefit.

The returns from the farm and garden have been quite satisfactory during this year, with the exception of the poultry farm, where the supply of eggs has been very deficient. The area under crops has been greatly extended this year, and an abundant harvest has been gathered.

Very few structural alterations have been undertaken, and beyond adding some new water tanks and fresh flooring in the kitchen and scullery, little has been done. The asylum labour is completing a small four-roomed cottage for necessary extra accommodation for nurses. A few extra spray baths and needle baths have been placed in some of the wards, and ornamental gardens have been made in some of the airing courts.

Towards the end of the year Dr. Barker, who was transferred to the Hospital for Insane at Kew, was succeeded in the position of Medical Superintendent by Dr. Godfrey, previously Assistant Government Medical Officer. Dr. Shaw has been recently appointed as Medical Officer.

There are at present no fewer than 28 temporary appointments on the staff of the asylum.

HOSPITALS FOR THE INSANE, BEECHWORTH.

This Hospital is built on the gallery principle, and is very similar to those at Kew and Ararat; but its lines are somewhat broader, and it is, therefore, capable of more vigorous improvement. It was opened in the year 1867, and the main block, which was to contain approximately 300 patients, cost a sum of £166,403. Since then very good cottage accommodation has been added.

At the end of the year there were under care 378 males and 245 females, making a total of 623, and this number is nearly 100 in excess of the proper accommodation. In this establishment we have the same faults which are common to almost all these asylums: no proper sewage system, extremely defective lavatories, no proper heating system, defective water supply, galleries with heavy verandahs on both sides cutting off light and air, an extremely defective laundry, and a kitchen which is no better.

The wards, especially on the male side, are extremely badly furnished, and the flooring is very defective. There are four points on the first floor from which there are no alternative exits. The airing courts, as at Kew and Yarra Bend, are surrounded by unnecessarily high walls, giving a gloomy, prison-like effect to the whole institution.

The Medical Superintendent reports that there have been only 25 new admissions, but there have been 28 transfers of male patients from other Hospitals. In point of fact this institution has come to be recognised as a Hospital for chronic cases.

However, the recovery rate on the new admissions is 72 per cent., which is a very creditable result. The deaths were only 43, a percentage on the average number resident of 6.6, and it should be noted that the average age at death of the patients is 61. The health of the patients has been good, and there has been no epidemic of any kind. There have been a few escapes, principally from the farm and grounds.

Serious accidents have been comparatively few, and only one need be mentioned. A patient was found dead in bed from asphyxia; the cause could not be definitely determined, but it is believed that the patient strangled herself with a sheet, although there was a nurse sitting not very many yards from her in the gallery outside the side room in which she was.

In this Hospital an extensive attempt has been made to nurse male patients by female nurses. It is found to answer only with the hospital cases, and where the male patients are sick and infirm and of unobjectionable habits, but in the more chronic wards it seems to have failed dismally. The withdrawal of the male attendants, who were replaced by female nurses, has seriously crippled the working of the farm and garden. The soil is not of good quality, and it requires a great deal of labour to obtain a satisfactory yield. In spite of this, the garden has done well, and there has been an abundant and good milk supply. The experiment of growing tobacco for the use of the patients has proved a failure; it is reported that it is quite impossible to cultivate the plant successfully without skilled labour.

The conduct of the staff generally is reported to be good, with the exception of two cases—one of misconduct and one of neglect of duty. In each of these cases inquiry was held by myself. In this institution 40 per cent. of the nursing staff is only temporarily employed, and the Medical Superintendent reports fully on the extremely unsatisfactory state of affairs in consequence of this defect.

I should mention that Dr. Samson, who was Medical Superintendent for many years, died on the 22nd September, after a comparatively short illness; and his place was filled by Dr. A. J. Philpott, previously Senior Medical Officer at the Yarra Bend.

The improvements that are essential are the building of new day rooms, extensive alterations to the kitchen and laundry, the provision of new sanitary spurs and alternative exits where required, the re-flooring of some of the wards, extensive additions of new furniture, the conversion of the Medical Superintendent's quarters into wards for the better class of patients and some nurses, the provision of new dining and recreation rooms for the staff, and a new residence for the Medical Superintendent.

When a more abundant water supply is available, as it may be shortly, a proper system of water-borne sewage should be installed, and an inter-communication telephone and fire-alarm system should be carried out.

The estimate for these works will, I believe, be approximately £30,000.

HOSPITALS FOR THE INSANE, SUNBURY.

In the year 1879 the reformatory buildings at Sunbury were handed over to this Department. After certain structural alterations were effected 207 patients were admitted there, but there was said to be accommodation for over 500. In the following year the numbers were largely increased, and in the year 1894 a ward, which was designed as a criminal ward for men, was opened, but was occupied by female patients. At the same time four other large blocks and an administrative building were erected, but not opened from lack of funds; but in the following year patients were admitted to these wards, and the total population of the Hospital increased so that at the end of the year 1905 there were 293 males and 401 females on the books. Of these, 287 males and 394 females were actually under care.

The Medical Superintendent reports on the large number of incurable cases under care, and says that 244 of the 287 males, and 323 out of the 394 females are hopeless cases, and consist principally of demented cases, idiots, and chronic delusional and senile cases. 27 males and 34 females were admitted during the year, and one male and 21 females transferred from other Hospitals. In 12 out of 28 males, and in 30 out of 55 females admitted there was no hope of recovery.

The discharges recovered numbered 13 males and 14 females, a recovery percentage of 44.26, and there were only 36 deaths during the year, 19 males and 17 females, a death rate of 5.32. The casualties were comparatively few and slight. Inquiry was made into each case, and no blame was attached to the

nurses or attendants. In inspecting this institution one is struck by the comparatively small number of useful working patients, but, in spite of this, fairly good results have been achieved in the farm and garden.

The Medical Superintendent reports that the conduct of the staff generally has been satisfactory in spite of the fact that a very large number of temporary nurses are employed. The nursing staff consists of 29 attendants and 47 nurses, and of these 6 attendants and 23 nurses are temporary. With so large a number of temporary nurses, Dr. Lethbridge says he has experienced great difficulty in avoiding their employment in positions of great responsibility, and although additional night nurses and attendants have been allowed, Dr. Lethbridge is of opinion that the night staff is still too small.

The extensive grounds, the excellent site, and its proximity to Melbourne render this Hospital a very useful one, and its usefulness should be still further developed in order that it might become a Metropolitan Receiving Hospital for the Insane.

The existing kitchen is extremely defective, the stores building and recreation hall are also very far below the necessary standard. The old bluestone buildings are gloomy and overcrowded, but much could be done in this section by building fresh day rooms and lavatories, and by making the existing bluestone buildings into useful dormitories. The ward at present used for refractory female patients, and which was originally designed for male criminals, should revert to its originally intended purpose.

The administrative block and the newer wards are of their kind very excellent, and with better cross ventilated sanitary spurs will become quite as good as anything that can be desired for the accommodation of recent cases. The airing courts in front of them, although small, are bright. Unfortunately, unnecessary and heavy airing court walls have been built surrounding these courts.

Permission has been granted to build two new blocks of the infirmary type. Each will hold 42 patients, and they will cost approximately £15,000, with an additional £2,000 for excavation and levelling the site.

The new water supply is being carried out, and when it is completed will be so abundant that it will enable us to increase the population to 1,000, which I consider is the reasonable limit to which any institution of the kind should be built. Beyond this number Asylums become cumbersome and almost impossible of adequate supervision by one Medical Superintendent.

Projected alterations consist of a new kitchen and stores, new accommodation for attendants and nurses, some additional laundry accommodation, new day rooms and lavatories in the old portions of the establishment, and the installation of an electric plant. So far as one can estimate at present, the approximate cost of these alterations will be £40,000.

HOSPITAL FOR THE INSANE, BALLARAT.

In the year 1893 the Ballarat Reformatory came into the hands of the Lunacy Department in consequence of the overcrowding elsewhere. In the original buildings there was said to be accommodation for over 200 patients, but how this accommodation was arrived at it is impossible to say, as the accommodation properly calculated out at 700 cubic feet per bed gives room for only 162 beds; unfortunately there are now no fewer than 216 male patients detained there. The accommodation generally in the main building is very defective, the rooms being badly lit and so constructed that cross ventilation is impossible.

However, in the year 1902 the old reformatory school block was made an asylum for chronic male patients, and new wards were built for the female cases. Three large wards, each for 100 patients, were built, and they were expressly designed for the reception of epileptic patients of the female sex. These wards are large and airy, and substantially built; they are, however, badly heated, and must in winter be very cold.

At the end of the year 1905 there were on the books at Ballarat 212 males and 343 females, a total of 555. During the year 45 females and 2 males were admitted, all of them being transfers from other Asylums. Of the female patients 21 were epileptics. All the cases that were admitted were of the hopeless class, so that a reasonable recovery rate cannot be expected, actually only 2 females (non-epileptic) recovered.

There were 43 deaths during the year, 10 males and 33 females, the death rate being 7·86 on the average number resident. The Medical Superintendent reports that the general health of the patients was good, except that there are numerous cases of ophthalmia. There were no very serious cases of injury during the year, and none were due to preventible means. The behaviour of the staff generally was satisfactory, but one attendant was dismissed from the service after an inquiry.

In spite of the comparatively small area of farm land the returns from the farm and garden were good, but in view of extensive additions to the buildings, it will be necessary to increase the land under cultivation and for grazing purposes.

Several small structural alterations have been carried out during the year, and considerable industry has been shown in the formation of gardens in the airing courts. The kitchen, laundry, and administrative blocks are utterly inadequate, and in order to develop the institution it will be necessary to build fresh offices of this character. Two new infirmary blocks have been sanctioned for the female side, which will enable the present female infirmary to be used for male patients, and it will probably be nursed by female nurses. The cost of the blocks that have already been sanctioned will be £9,500. Each block will accommodate 42 patients, and they will be examples of the best type of infirmary block that is at present being built for the use of insane persons.

The water supply is not too good, but there are prospects of our being able to considerably improve this very necessary service.

The complete renovation of the existing male block, the additions of telephones and fire alarms, and the erection of new official quarters, and new laundry, and new kitchen should all be carried out in the course of the next two years, and with this addition, the adoption of a water-borne sewage scheme with a septic tank and irrigation of certain portions of the garden lands, the accommodation will then be for approximately 850 patients, and it will be possible to make the Ballarat Asylum a receiving asylum for the City of Ballarat and the country round it. The approximate estimate for all these very necessary additions and improvements is £40,000.

PATIENTS ON TRIAL LEAVE.

This method of dealing with our quiet, chronic, and convalescent cases is very extensively practised at present. There are 130 males and 144 females at present on trial leave either with their friends or with people to whom certain sums of money are being paid for their maintenance either by the Master in Lunacy or by their own relatives, or again, a small number, and, I think, far too small a number, are in some of the Benevolent Asylums. For these patients in the Benevolent Asylums the Department makes no remuneration, and it seems to me that one way of relieving our crowded hospital wards would be for us to make some contribution to these institutions for the provision of wards or other suitable accommodation therein. It would be possible for the Department to make some periodical inspection of these cases, and it is more than probable that a large number of cases could be satisfactorily dealt with in this way.

During the year no fewer than 187 males and 245 females were sent out from the Hospitals on trial leave, and this fact curiously affects the recovery statistics, for it has been the practice of the Department in writing these trial leave cases off the books to return them as relieved rather than recovered, although they may have ultimately made much better recoveries than many patients discharged immediately from the hospital; in short, it tends to underestimate the value of the work done in the Hospitals for the Insane. Formerly the trial leave clause was occasionally made use of in such a manner as to allow certain persons to conduct what was practically a small private asylum; it is also being used to safeguard the property of quiet chronic mental cases, who have been under treatment in the Hospitals for the Insane. Whatever may have become the practice it is certain that the trial leave clause was evolved for the use of convalescent cases, and I think that it is quite contrary to the accepted practice of lunacy in other lands for the clause to be manipulated, as in the latter case, so that the property of the insane can be looked after indefinitely by the Master-in-Lunacy.

ON THE BOARDING-OUT OF THE INSANE.

At the end of the year there were 13 males and 18 females boarded out to family care from the Hospitals. In the majority of cases these patients were quiet, chronic, insane, or harmless patients, and, as a rule, a sum of 6s. a week was paid for their maintenance in the family of those people to whom they were boarded out.

These patients are almost all living in the immediate neighbourhood of the asylums, so that the medical officers are able to periodically visit them and see that they are in good condition and properly treated. This system has been extensively adopted of late in Scotland, and with considerable success. It is thought that the asylum should be regarded as much as possible as a hospital for the curative treatment of mental disorders, and that therefore it is a great advantage to remove the incurable cases if they can be cared for elsewhere. By this means more home-like surroundings are provided for the patients so boarded out, and so long as care is taken to select suitable cases there can be no possible reason why this excellent method of relieving the overcrowded wards should not be more extensively tried.

The difficulty in the way is that for so small a sum as 6s. a week people cannot be readily found to take charge of these patients unless they are useful workers who can, by the assistance they give in the house or on the farm where they reside, contribute towards their maintenance. Possibly many less useful cases would be taken charge of satisfactorily if a greater sum, say 10s. a week, were paid for their maintenance. I may be permitted to make this adverse comment on the present boarding-out methods, and say that it appears to be regarded as one way out of the existing servant-difficulty problem.

ON THE DIET SCALE AND ALLOWANCES IN THE HOSPITALS FOR THE INSANE.

The perusal of this scale reveals the fact that it is very much the same as that in other asylums. It is, however, very monotonous and incapable of much variety. There is not enough difference between the male and female allowances, and the fatty constituents are probably insufficient. Plain boiled rice is given three days a week, and, except on two days in the year, pudding is not given. The eternal monotony of bread and butter with tea for breakfast and supper is only varied by the issue of jam occasionally.

It would be well to substitute for portion of the bread allowance at breakfast oatmeal porridge every other day. Bacon is rarely made use of even for working patients. Cake might also be given occasionally at teatime instead of bread, and plain suet or milk puddings should be frequently ordered, not as extras, but as the routine dietary. Such additions and alterations would not cost more than 4s. or 5s. each year for every patient, but they would very materially add to their comfort and well-being.

I have had frequently to complain of the crude methods of cooking, and the untidy and unappetising way the food is served on the patients' dining tables. We are gradually eliminating tin and enamelled ware, and replacing it by stoneware. Glass tumblers and proper cups and saucers will ultimately replace the china mugs now in use.

DIET SCALE NOW IN USE.

		PATIENTS.											
		Ordinary Diet.							Extras.				
		Breakfast and Supper			both Meals.		Dinner.		Working Patients.		Pay Patients.		
		Bread	Butter.	Tea.	Sugar	Milk	Meat, uncooked.	Potatoes.	Rice.*	Bread.	Cheese.	Butter.	Coffee.
		oz.	oz.	oz.	oz.	gill.	oz.	oz.	oz.	oz.	oz.	oz.	oz.
Males	...	16	1	$\frac{1}{4}$	$1\frac{1}{2}$	1	12	16	1	6	4s	1	$\frac{1}{2}$
Females	...	14	1	$\frac{1}{4}$	$1\frac{1}{2}$	1	12	12	1	2	4s	1	$\frac{1}{2}$

* Monday, Thursday, Saturday.

The following allowances to be issued to patients on Christmas Day and King's Birthday, viz.:—Flour, $\frac{1}{2}$ lb.; raisins, $\frac{1}{4}$ lb.; suet, 1 oz.; sugar $\frac{1}{4}$ oz.

Jam may be substituted twice a week, in proportion of 2 ounces for 1 ounce of butter.

COST OF MAINTENANCE.

The usual tables showing the expenditure of the Department for the year are submitted. The total expenditure was £132,789 3s. 2d., a slight increase as compared with the previous year, but still under the expenditure for the year 1903. The contract prices for most of the items of provisions continue to be low, and these have a marked effect on the cost of maintenance. The expenditure in salaries has not been materially increased, though with an increasing number of staff a higher expenditure might naturally be expected. This result is, in a measure, due to vacancies on the permanent staff being filled by casual employés at the minimum rates of pay, and without any rights to increments; also to promotions not being allowed to fill vacancies which have occurred in the higher grades. This is a doubtful economy, as, if promotions are blocked, and no outlook for advancement is provided, a settled and satisfied staff cannot be expected.

The actual cost of maintenance for 1905 was £127,111 1s. 8d., and the average weekly cost per patient was 10s. 11 $\frac{1}{2}$ d., as against 11s. 1 $\frac{3}{4}$ d. for the preceding year. The net weekly cost, after deducting the amount collected by the Master-in-Lunacy for maintenance of patients—£18,472 11s. 10d., and collections for sales, fines, fees, &c., £1,187 18s. 4d.—amounted to 9s. 3 $\frac{1}{4}$ d. a week. It will be noted that the cost of maintenance was greater than for 1904, though the rate per week is less. This is owing to the number of patients under care having increased in greater proportion than the expenditure.

It is probable that a heavier expenditure will be shown next year, as it has been found imperative to increase the staff, and additional clothing and other necessaries have had to be obtained for the comfort and well-being of the patients.

LUNACY OR RECEIVING WARDS.

During the year I have visited the Receiving Wards at Bendigo, Geelong, and Castlemaine. The last-named ward may be briefly dismissed, as the authorities of the Castlemaine Hospital have decided not to have the ward again registered under the existing Act.

The necessity for such a ward at Castlemaine is not great, as but 15 patients have been detained there during the last five years; and as the accommodation is not good—certainly not good enough for the prolonged detention or treatment of a patient—I think the determination of the Castlemaine Hospital authorities is a wise one.

The cases that were formerly remanded for observation were, as a rule, of such a character that they could be safely lodged in the Hospital Wards, and those cases of a more pronounced degree of insanity are now sent on as soon as possible to the Hospital for the Insane at Sunbury.

In another part of this report I have recommended that additional Receiving Wards be provided for other portions of the State, and I think that these wards should be subsidized by the State to provide for the services of a nurse or attendant at any time they may be needed to attend a patient or to conduct the patient from the Reception House or Ward to the Hospital for the Insane. At present the amount of payment for each patient does not cover the cost of maintaining the ward, and the local Hospital is practically out of pocket on each case it admits to the Receiving Ward.

BENDIGO RECEIVING WARD.

This ward is attached to the Bendigo Gold District Hospital. During the last five years, ending June, 1905, an average of 60 patients have been admitted annually; that is to say, 300 have been under treatment, of whom 10 have died, 267 have been discharged either recovered or relieved, and 123 have been sent on to the Hospitals for the Insane either at Kew or Sunbury.

There were 4 patients in this ward on 1st January, 1905, and

During the year 49 patients have been admitted.

10	"	"	"	sent on to the Hospitals for the Insane.
41	"	"	"	recovered or been relieved.
2	"	"	"	died.

The majority of the cases have been of insanity, but out of the 300 patients above-mentioned, 33 were cases of *delirium tremens*. It will be seen at once what useful work has been carried out in the Bendigo Lunacy Ward, and this in spite of the small size of the building and serious structural defects.

Generally speaking, it is far too small, it is badly ventilated, has insufficient airing court accommodation, and practically no accommodation worthy of the name for an attendant or nurse. The bathroom has to be used as a scullery, the bath is old-fashioned and insanitary, the drains are open ones and defective, the walls in some places are in disrepair, and inside the rooms are neither plastered or painted. Briefly, the ward is so defective that it will be much more economical if it is replaced by another of more modern type, which may be dignified by the title of Reception House instead of Receiving Ward, and under the careful supervision of the Medical Officer of the Bendigo Hospital it may be expected to continue and even improve upon the good work that has hitherto been done there. Some provision of this character is the more necessary in that there is no asylum nearer than Sunbury to serve the large population in and around Bendigo.

GEELONG RECEIVING WARD.

This ward is in connexion with the Geelong Hospital and Benevolent Asylum. During the five years ending 31st December, 1904, no fewer than 78 males and 58 females have been admitted suffering from various forms of insanity, 20 of them as the result of alcoholism.

During the year 1905 26 patients have been admitted.

14	"	"	"	discharged recovered or relieved.
12	"	"	"	sent on to the Hospitals for the Insane.

No patients have died.

This ward is in better repair than the other wards; it has been recently painted, and is cleanly, well-lighted, and ventilated. The bathroom, however, is small, and the bath antiquated. There is no padded room, and a dearth of comfortable furniture exists in the sitting room, but for the number of cases that are admitted the Geelong Ward may be taken to be fairly adequate.

It is under the care of the Medical Officer to the Hospital, and it is staffed from the Hospital itself: an attendant who has had some training is employed for the male patients.

PATHOLOGICAL AND CLINICAL WORK.

The Act of 1903 provides for the appointment of a Pathologist to the Metropolitan Hospitals at a salary of £300 per annum. Previously the *post-mortem* work was undertaken by various medical practitioners by the direction of the Coroner, and the sum paid to these gentlemen for their services was approximately £470 per annum.

It was undoubtedly a step in the right direction to have all the *post-mortems* made by one Pathologist, who would thereby gain special skill and experience of mental and nervous pathology, but the salary was not enough to obtain the undivided services of a skilled pathologist. However, several capable gentlemen applied for the post, and Dr. J. F. Mackeddie was appointed, and he promises to be a most skilful and worthy occupant of the post.

The morgues are old and most inconvenient, and such a thing as a pathological laboratory did not exist, but some rooms at Kew have been set aside for the use of the pathologist, and instruments are slowly being obtained, such as microscopes, and microtomes, cameras, and the other more necessary articles of the laboratory equipment. I hope to institute a good library as well as a laboratory, so that clinical and pathological work can go on side by side.

Every facility should be given to the medical officers who are willing to work with the pathologist, in order that their clinical work in the wards may be verified and extended by working in the laboratory. Photography is being taken up in order that good illustrated records of the progress of each case may be obtained. Unless it is possible to retain the whole services of a trained pathologist, this is as much as we can hope to effect under the existing arrangements.

I think it necessary to mention here the procedure that exists on the death of a patient. The Coroner is informed of the fact, and the Pathologist makes a careful examination of the remains, and reports to the Coroner, who holds an open inquiry into each death. In no other Asylum service in the world is such a procedure thought needful. It may have been necessary in the past, but I think there is very little necessity for so stringent a procedure to be followed now. The medical officers should make their own *post-mortem* examinations on the cases dying under their care, and it should be left to the individual Superintendents to report to the Coroner on each case, and only in those cases where it appears necessary to these gentlemen should there be an inquiry made by the Coroner in open court.

During the year the surgical equipments in the hospitals have been considerably increased, and a few standard works on psychological medicine and allied subjects have been procured, but very much more remains to be done in this respect. Still I think that the necessary enthusiasm for good clinical work is growing, and the appointment of the Pathologist has done much and will do still more for the Metropolitan Hospitals; and whilst on this subject I should like to recommend the establishment of clinical appointments in the service. Recently-qualified men, senior students or graduates reading for their degree in medicine will, I think, be readily found to undertake six months' work in the Hospitals for the Insane if board, residence, attendance, and a small honorarium be found them. From these gentlemen we shall ultimately form our medical staff, and thus obtain practitioners with some experience of the work instead of raw recruits; at any rate we shall obtain medical officers with some idea of what the work is, and with some knowledge as to whether they are likely to be interested and suited in their work.

NURSING.

At the end of the year 1905 there were in the Hospitals for the Insane 2,293 male and 2,170 female patients; for the care and cure of these patients 261 attendants and 264 nurses were employed. Of this number of attendants and nurses we may say that one-third are off duty each day throughout the year. Deducting the number of attendants and nurses on night duty these factors reduce the daily average number of attendants and nurses to patients to one to 13.5. This would be an ample amount for some of the quiet and chronic wards of large size, but it is by no means enough for the hospital and acute wards. In the English County Asylums the average number of attendants each day on duty is in the proportion of one to 9.5 patients. This is amplified by a much stronger night staff than we have in our Hospitals for the Insane. But in the English Lunatic Hospitals, which are practically for the paying classes or for charity cases, a staff of the strength of one to four is not infrequent; indeed, in some cases, one to three is to be found. I do not say that so high a percentage as this is necessary in any of our Hospitals for the Insane, and I admit that some slight addition has been made to our nursing staff—to the night staff in all the institutions, and to the day staff in some of them; still I think it is most essential that a higher proportion of nurses and attendants should be allowed in the Hospital wards, for the recent and acute wards, and for the refractory wards. However, a large staff is not necessarily a strong staff, and I must point out in the strongest terms possible the imperative necessity of our obtaining a trained and permanent staff.

The position at the end of the year was, that approximately one-third of our total number of employes was only temporarily engaged. This cannot be for the good of the service and the welfare of the patients, besides being unfair to the whole staff, both to the permanent and the temporary employes, as well as to the officials in charge. It means more work and responsibility for the senior staff; it means less pay and no promotion for the juniors; and tends to a lack of discipline, to disregard of routine duties, to disorganization and general dissatisfaction, and checks enthusiasm and enterprise amongst the junior members of the staff. It must be noted that the temporary or casual hands do not attend the nursing lectures, and have no real training in their duties.

I have submitted a scheme whereby nurses and attendants will receive their promotion and increases in pay only by the passing of various educational and nursing tests. Under this scheme they will be required to attend lectures and demonstrations given by the medical staff, and tested by written and oral examinations by a Board of Examiners, then by their successfully passing these tests, as well as by their good conduct and efficient service, they will receive promotion and increments of salary. Care will be taken to see that the examinations are not too severe nor yet too simple, but the possessor of the higher certificate will have been so carefully trained, as to merit being considered an efficient nurse or attendant for any class of mental disorder.

As, however, it is certain that there are positions in the Department where nursing attainments are not essential, I have suggested a class of attendant or artisan attendant who would have some other good quality instead of nursing aptitude. Such attendants will be employed on the farm and garden or in the various shops, and they will be retained on the permanent staff to fill such positions and perform such duties as do not demand the services of a highly trained attendant.

I think it well also to advise that some arrangement be come to with the general hospitals of the State by which our certificated nurses and even attendants could be sent for further hospital experience for a period of three or four months. From this class our head or chief nurse would then be drawn. It will thus be possible for competent nurses to obtain the highest positions in the service which are open to women. It would also be of great advantage if each of the acute hospitals could number amongst its staff a nurse or attendant specially trained in massage and electrical treatment.

In the larger Hospitals I would also recommend that two principal officers should be appointed on the female side, namely, a chief nurse to have charge under the medical officers of all the female patients and nurses; and a housekeeper who should control the kitchen, laundry, and sewing rooms, or any department connected with the house where female patients and staff are employed.

Whilst speaking on the subject of nursing arrangements I must emphasize the desirability of providing comfortable quarters for the nursing staff; by this means even more than by high salaries will good employes be attracted and retained. If possible, each nurse should have a room to herself. Good recreation rooms and mess rooms should also be provided, and I think it would prove a most desirable step if, instead of rations being supplied as at present, payments in lieu could be made to the nurses and attendants, and a cook or steward provided for them. By this means they would be able to live practically how they liked; their dietary would be their own affair, with certain restrictions perhaps as to alcoholic beverages. At present the rations, though fairly ample, are not sufficiently varied or even well served. The necessity for good recreation rooms is particularly felt in those Hospitals which are situated in quiet country districts.

ON PRIVATE LICENSED HOUSES AND THE LAWS CONCERNING THEM.

In 1867 a Lunacy Act was passed providing that licences should be granted for a certain number of lunatics to be kept in private lunatic asylums; licences were also granted for the reception of a single patient. This Act rendered it unlawful to receive two or more lunatics unless the house was duly licensed.

In 1888 licences for private asylums were discontinued, but licences for single patients remained in force. Under the Consolidation Act, No. 1113, it was illegal to receive two or more lunatics into a house under any circumstances, but single care cases were licensed. This Act practically abolished private licensed houses, but as there was no accommodation for private patients other than in the Hospitals for the Insane of the State, the law has been more often honoured in the breach than in the observance.

The existing Lunacy Act, No. 1873, was passed in 1903, and was proclaimed in March, 1905, and under it private licensed houses or asylums are permitted, but into them only certified cases can be taken, and the new Act makes use of the term "deemed to be insane," which term introduces new elements of difficulty in the administration of the Act, especially as it refers to the care of border-line cases. The Act in no way provides for the supervision and management of the border-line case, and this matter again is complicated by the past illegal methods of the so-called private mental hospitals or nursing homes, where from 1888 until now certified cases of insanity, as

well as uncertified cases, inebriates, border-line cases, nervous debility cases, and often purely medical and surgical cases have been admitted.

This growing practice has fostered a dislike to certification, owing to an erroneous fear of publicity on the part of the friends of the person mentally affected. As a consequence of there being no supervision and direction in these houses, indifferent and often wrong treatment has been far too frequent; restraint wholly unnecessary often, and wrongly applied, has been freely resorted to in many of these nursing homes, or instead of mechanical restraint, drug treatment has been resorted to far too frequently. The result to the patients to whom drugs have been habitually prescribed must have been very serious in many cases.

In the treatment of the insane there are two principal points of consideration. Firstly, the treatment necessary for the patient's mental and physical health; secondly, the management of the patient's affairs. The second point almost necessarily demands certification in order to comply with the law as to property; the first point may or may not demand certification, which provides for the protection not only of the patient but also of the public; but there is nothing more certain than that many cases of slight or recent insanity should be treated without certification, as for example, early cases of simple melancholia, recent or mild cases of puerperal mania, and temporary mental disorders due to drugs or intoxicants. It is possible that in some of these cases certification may do actual harm, but it is absolutely necessary that such cases should be under authorized treatment and supervision from those responsible for the management and care of the insane.

There is another class of case that requires treatment and supervision, namely, where the patient himself recognises that there is something amiss with his mental condition, and desires treatment, but possibly cannot receive the best treatment, as medical men might be very reluctant to certify so apparently rational a case. Such cases would be cases of mild and recent melancholia, with or without suicidal tendencies, as well as drug cases and some alcoholics. For this class of case there is no provision in the present Act, neither does the Act provide satisfactorily for the home treatment and supervision of recent and curable cases.

The law should provide two methods of remedying these wants—(a) preliminary notification with inspection; (b) the voluntary boarder clause. With regard to the first provisions, it should be possible for the lunacy authorities to give permission for the home treatment of a recent and curable case on the receipt of a notification from the medical attendant as to the necessity and advisability for home treatment. A period of time should be stated, and it should not be more than three months in the first case, and it should be lawful for the Inspector-General to visit or to authorize the visit of a deputy appointed by him for that purpose. If the Inspector-General or his deputy were satisfied that the patient was being properly treated, and that there was a reasonable chance of a cure resulting, it should be lawful for the period of time to be extended.

In the case of the second requirement some modification of the voluntary boarder clause in the English Act should have been incorporated into our present Act. Under this section a patient might have been admitted to a Hospital for the Insane or to a licensed house, or to the reception house on his signing voluntarily a request for admission and treatment for a period of time. The time should not be longer than three months in the first case, and it might be well to arrange that the request be signed in the presence of a Justice of the Peace, or a Police Magistrate, or the Inspector-General, or any other suitable authority authorized by the Legislature.

It should be possible also for the voluntary boarder to obtain his discharge on giving notice to the superintendent or licensee of the hospital or house in which he is being treated. Notice should be given in writing that he, the voluntary boarder, desired to leave the house or institution in 24 or 48 hours' time. This would enable the superintendent or licensee to take steps for the protection of the voluntary boarder if it was thought possible that he might become violent, homicidal, or suicidal, or likely to commit any insane act.

It is my firm conviction that such an addition to the Act would very materially enhance its value, and render the early treatment of the insane more easy and effective, and with reference to this matter I do not think I can lay down too strongly that the success of the treatment of mental disorders depends almost entirely on the question of early treatment. The brain and the nervous system is such a delicate organization that the longer proper treatment is delayed, the deeper and wider will be the lesion to be healed, and the slighter and fewer the chances of permanent cure.

Whether it would have been wiser for the Government to establish a separate hospital for the treatment of paying cases, instead of permitting the licensing of private houses to be kept for profit, it is not my intention to debate. I would only express my belief that such a venture would have been successful, for there are already some 80 cases contributing more than the cost of their maintenance in the Hospitals for the Insane, and from these cases a reasonable profit could have been made by the State. At present the accommodation given for these cases in the State Hospitals is very inadequate.

SUNNYSIDE PRIVATE LICENSED HOUSE.

A licence to keep a private asylum for fifteen patients, was, on the 22nd day of September, issued to Dr. Ramsay Maier, who has had several years experience in the service of the Hospitals for the Insane. At the end of the year there were five cases in residence, of these three were direct admissions and two were cases on trial leave from the Hospitals for the Insane.

Applications to keep private licensed houses were received from eight other persons, who, however, withdrew their applications on learning that only certified cases could be legally admitted. At the date of the presentation of this Report four of these applicants have reconsidered their determination to withdraw, and have now been granted licences. It is, however, impossible in this year's Report to review the work that is being done in this direction; it will probably be sufficient to say that these houses are being frequently visited and inspected by the three official visitors as well as by the Inspector-General.

LUNACY LEGISLATION.

In this State, legislation with reference to lunacy matters has been undertaken in the years 1867, 1890, and 1903. In the past it was necessary for the administration of the laws to be largely in the hands of the police, and in consequence the Acts relating to lunacy teemed with expressions of the court house. Patients were arrested on a "charge" of lunacy and brought before a Police Magistrate on warrants; they were committed to the asylums in much the same way as prisoners were committed to the gaols, and they were often escorted there by members of the force. Unfortunately, they were sent to asylums, in some instances, converted out of gaols or reformatories, so that it is not difficult to understand why lunacy was regarded as a crime, and certification resisted by the families of persons suffering from mental disorders.

Much of this undesirable state of affairs is corrected in the new Act, and provision is made for the erection of reception houses and wards where persons whose mental condition is doubtfully stable can be sent for observation, and in consequence for early treatment. However, nearly one-third of our admissions still come from the police, and although this cannot always be prevented, and I am far from wishing to discredit the humanity and correctness of the police methods, I still hope for the day when this work will entirely pass from their hands, and when mental disorders will be regarded in the same way as are other disorders of the body.

I may, perhaps, say here, that I believe that this end will be best achieved for the time being by the institution of more reception houses or wards than at present exist. Reception wards exist at Bendigo and Geelong, and an entirely new and up-to-date reception house will shortly be started for the Melbourne district, and it would be as well if reception wards were also provided at Ballarat, and, perhaps, at Warrnambool and Sale. At these places, small reception houses or wards for five or six persons could be provided to cost approximately £1,500 each, and they might be situated in the grounds of the hospitals or benevolent asylums; they could be staffed and directed by the hospital authorities, who would then be responsible for the sending on to the Hospitals for the Insane of the insane patient, if such a step should become necessary.

The patients could be seen at the reception house or ward by the justices instead of their having to go to the police court, where, as a rule, thorough privacy is difficult to obtain. I have elsewhere commented on the absolute necessity for early treatment, and I believe these reception wards, worked in connexion with the general hospitals, would do much to secure this want, besides bringing the treatment of mental disorders into line with the hospital treatment afforded to bodily sicknesses.

Section 47 of the Act appears to give powers to the Governor in Council to widen the field of our work in connexion with the reception house, and wards in public hospitals are dealt with in Section 49.

The new Act provides for a new method of conducting the annual examination of patients and their re-certification by the medical officers of the asylum, who, knowing their patients intimately, are able to speak with more certainty as to the sanity or insanity of the patient than was often possible under the previous arrangement. This clause is loosely drawn, and as it stands there is considerable indefiniteness as to when the certificate is actually due.

Sections 91 and 92.—There is no transfer from the Hospitals for the Insane to the licensed houses or *vice versa* provided for in the Act, which is undoubtedly an oversight, and the following section—93—is so worded as to leave the powers of the Inspector-General as to the extension of trial leave in a very vague condition.

Section 30, Part II., Sub-section (2) is so worded that it appears unlawful for a medical practitioner to certify as to the insanity of a patient if such medical practitioner has a father, brother, son, or relative acting as medical officer in any one of the hospitals or licensed houses, which is manifestly absurd.

The Act makes a new departure in the provisions for inspection of the insane in private licensed houses, and for this additional purpose the office of the Inspector-General was created, but this office is subordinated to the direction of the Chief Secretary, and to the Under-Secretary as Permanent Head of the Department. This may be necessary, but in the reorganization of the lunacy service it appears to me that better results might have been obtained if the original recommendations of the Master in Lunacy and the late Inspector of Asylums had been followed and a Board constituted which would have had more extensive powers than exist at present.

As it is, the Inspector-General inspects and directs all the Hospitals for the Insane and the treatment of the patients therein; the Master in Lunacy deals with the property of persons known to be insane; the Public Works Department takes charge of the structure and fittings of the various institutions, and, in the case of the death of a patient, the police and the coroner assume the responsibility of dealing with the body. The Tender Board and the Auditor-General also have functions connected with the Hospitals, but this association is very desirable.

It seems a pity that a Board could not have been constituted which would have dealt with all these various branches of the service, and which would have had control of its own votes. The Act, however, has so much that is good in it that it is very desirable that an attempt should be made to give effect to all its provisions. Several serious defects, however, appear in connexion with licensed houses, which have been referred to in another place in this Report.

Whilst new lunacy legislation was being undertaken, the opportunity should have been seized to exempt from the provisions of the Lunacy Act defective, imbecile, and idiot children. The cumbersome process of certification is surely unnecessary in these cases, and separate provision and simple legislation should have been made to deal generally with those feeble-minded cases which require care and supervision of a simple character as well as special education and training to improve their backward mental development.

FUTURE LUNACY ADMINISTRATION.

For some years the question of lunacy administration and reform in this State has been under consideration, and perhaps the most important subject in this connexion depends on the future of the Hospitals for the Insane at Kew and Yarra Bend. Such a procedure as the removal of both these institutions necessarily entails a considerable outlay to the State in the provision of the necessary accommodation required for the 2,000 patients maintained in these institutions, it being quite reasonable to say that these hospitals represent an outlay of quite £400,000 during the years that they have been in existence. The provision of adequate accommodation for these patients in two asylums would cost from £350,000 to £400,000 more, unless a very much cheaper method of dealing with the chronic insane can be devised; and at the present time our greatest need is the provision of a well-equipped Acute Mental Hospital for the care and early treatment of recoverable cases, which hospital should be in the immediate vicinity of the metropolis.

Into the Metropolitan Hospitals for the Insane from 550 to 600 patients are admitted annually, and, with the establishment of a reception house such as is being built at present at Royal Park, we may assume that rather less than 500 patients would be so admitted into the hospitals. From this number of admissions a good

acute mental hospital should obtain nearly 50 per cent. of recoveries, and, as the majority of these cases recover in six months or less, it will probably be necessary to build in the first place for 125 beds. This hospital should be strongly staffed, both as regards the medical and the nursing staff; it should be well equipped with every curative appliance—to mention a few necessities, a good clinical and pathological laboratory, Turkish and electrical baths, good recreation grounds and gardens, varieties of employments and amusements, as well as ready access to the country districts, so that rural walks and picnics may easily be undertaken.

In order that cases may come under care as early as possible it is advisable that the order and certificate which admit to the reception house should be available for this hospital also; the voluntary boarder should also be admitted therein, but in order to provide the necessary legal safeguards, it will be as well for these cases to be fully certified whilst in the acute mental hospital or reception house should any necessity for such certification arise, and certainly previous to their transfer to the chronic asylums when there is little or no prospect of immediate recovery.

In the country districts, with the establishment of reception wards in the various centres of population, and good acute and hospital wards in the existing country asylums, the same end will be accomplished, so that we are left with the necessity of providing additional accommodation for the chronic or less curable classes. Such provision should be of three kinds:—

1. An industrial and farming asylum or colony for the chronic insane.
2. An educational and industrial institution or colony for the defective or imbecile class.
3. Additional accommodation in some of the existing country hospitals to remove the existing overcrowding therein; in this connexion we must not neglect to improve or provide better administrative accommodation by erecting new or by improving the existing buildings, as almost without exception the laundries and kitchens with their appliances are defective and out of date.

The acceptance and completion of this programme will enable us to dispense with the existing Metropolitan Hospitals.

During the year that is passed, it was considered advisable to provide in the first place the reception house for the metropolitan district which has been so long a necessity. A site was given at Royal Park, and a building is in process of erection containing two wards, one for males accommodating 25 persons, and one for females accommodating 15 persons, with the necessary kitchen, laundry, rooms of staff, and quarters for a superintendent.

The next desideratum was to provide new accommodation to deal with the overcrowding, and new wards of the infirmary type are being provided at Sunbury for 42 males and 42 females, at Ballarat for a similar number of patients, and at Yarra Bend, where two temporary wards are being built each to contain 50 patients. Without this extra accommodation it would be impossible to embark on a programme of improving and increasing the size of the existing wards and offices. The total expenditure will be somewhat over £40,000, and, as accommodation for over 300 patients has been provided, the cost has been approximately £125 a bed.

In submitting my interim report to the Ministry, I expressed an opinion that in order to thoroughly renovate the existing Asylums, a sum of nearly £250,000 would be required. Omitting the metropolitan Hospitals for the present, I believe that our expenditure will be for the Acute Mental Hospital a sum of £30,000 to £40,000, and for the country Hospitals to thoroughly develop and renovate them, a sum of £135,000 will be required. If for this latter purpose a sum of £27,000 could be sanctioned each year for five years, the country Hospitals for the Insane could be put in a thoroughly satisfactory condition, and capable of dealing with all the cases of mental disorder occurring in their immediate vicinity.

Before closing this lengthy report I should like to acknowledge to you, Sir, the kindness, consideration, and help I have received at the hands of all those with whom I have been associated in the work of the Department of the Hospitals for the Insane, and at the same time mention the retirement on pensions of Drs. McCreery and Watkins, both enthusiastic workers for the welfare of the insane. The former gentleman has seen 37 years' service in the Department; eleven years of this long

period were passed as Inspector of Asylums, seventeen years as Superintendent, first of the Ararat Hospital and then as Superintendent of the Kew Hospital for the Insane. It was at this period that he carried out the important work in connexion with the Idiot Asylum, a work of the highest humanity and utility. He was also one of the principal workers for the reform of the Department and for the improvement of the nursing standard in the Hospitals. Dr. Watkins was 35 years in the Hospital service, 28 of them were passed as Superintendent in turn at Beechworth, Sunbury, and Yarra Bend. Of the last-mentioned Hospital he was Superintendent for seventeen years. Even such a simple statement as this points clearly to the good work that has been accomplished by these gentlemen, but it is only those who have worked for any length of time in an Asylum or in the service of the insane, who can thoroughly appreciate how valuable the services of these officials have been to the State.

I have the honour to be,

Sir,

Your obedient servant,

W. ERNEST JONES,
Inspector-General of the Insane.