

1907.

VICTORIA.

HOSPITALS FOR THE INSANE.

R E P O R T

OF THE

INSPECTOR-GENERAL OF THE INSANE

FOR THE YEAR ENDED 31ST DECEMBER,

1906.



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

By Authority :

J. KEMP, ACTING GOVERNMENT PRINTER, MELBOURNE.

REPORT.

LUNACY DEPARTMENT,
Inspector-General's Office,
Melbourne, 10th September, 1907.

To the Honorable the Chief Secretary.

SIR,

I have the honour to submit the Annual Report of the Lunacy Department for the year 1906.

On the 1st January, 1906, there were on the Registers of the Department 4,771 insane persons, and on 31st December there were 4,944, a total increase of 173, which is partly accounted for by the fact that insane persons under treatment in private Licensed Houses are now under the supervision of the Department, and are thus included in the Registers of the insane. The actual increase in the State Hospitals for the Insane is 90, whilst there is an increase of 9 on trial leave and 6 boarded out.

In the private Licensed Houses there were, at the end of 1906, 63 persons, of whom 46 were direct admissions, and 17 were on trial leave from the State Hospitals for the Insane.

Appended are the statistics for the year.

TABLE I.—Showing the Distribution of the Insane on 31st December, 1906.

	Males.	Females.	Total.	Males.	Females.	Total.
In the Hospital for the Insane at—						
Yarra Bend	454	366	820			
Kew	467	400	867			
Kew Idiot Asylum	170	145	315			
Ararat	355	291	646			
Beechworth	384	262	646			
Sunbury	309	403	712			
Ballarat	205	342	547	2,344	2,209	4,553
Out on probation from—						
Yarra Bend	44	53	97			
Kew	52	79	131			
Kew Idiot Asylum	13	7	20			
Ararat	3	7	10			
Beechworth	6	4	10			
Sunbury	4	5	9			
Ballarat	2	4	6	124	159	283
Boarded out from—						
Yarra Bend ... ..	...	3	3			
Kew	2	7	9			
Kew Idiot Asylum	2	...	2			
Ararat	7	9	16			
Beechworth	4	1	5			
Sunbury	1	...	1			
Ballarat ... ..	...	1	1	16	21	37
Total number of registered lunatics on the books of the Public Hospitals						
	...	...	...	2,484	2,389	4,873
In the Lunacy Ward at—						
Bendigo	3	1	4			
Geelong	2	1	3	5	2	7
In the Licensed House—						
Sunnyside	5	7	12			
Mount Ida	2	1	3			
Cloverdale	2	5	7			
Merton ... ..	...	12	12			
Landcox ... ..	...	12	12	9	37	46

TABLE I.—Showing the distribution of the Insane on 31st December, 1906—*continued*.

	Males.	Females.	Total.	Males.	Females.	Total.
Out on trial from the Licensed House—						
Sunnyside	1	1	2			
Mount Ida	1	7	8			
Cloverdale	2	2	4			
Merton ... ..	...	...	...
Landcox ... ..	...	4	4	4	14	18
Total number of registered lunatics in the State ... ..	...	...	...	2,502	2,442	4,944

Note to Licensed Houses—

In addition to the numbers given above there were in the Licensed Houses at:—

	Males.	Females.
Sunnyside	5	4
Cloverdale	2	1
Merton ... ..	...	1
Landcox ... ..	...	4

at the end of the year, who were on trial leave from the public Hospitals for the Insane.

TABLE II.—Showing the Admissions, Re-admissions, Discharges, and Deaths in the Public Hospitals for the Insane during the Year ending 31st December, 1906.

	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.
Cases under care in the Hospitals for Insane on 1st January, 1906 ... ..	...	...	...	2,293	2,170	4,463			
„ on trial leave „ „ ... ..	...	...	...	132	142	274			
„ boarded out „ „ ... ..	...	...	...	13	18	31			
Total cases registered on books of Hospitals on 1st January, 1906 ... ..	...	...	...	...	...	...	2,436	2,332	4,768
Cases admitted—									
First admissions	355	332	687						
Not first admissions	47	39	86	402	371	773			
Retaken ... ..	...	...	...	10	2	12			
Total cases admitted during the year ... ..	...	...	...	...	...	...	412	373	785
Total cases under care during the year ... ..	...	...	...	...	...	...	2,848	2,705	5,553
Cases discharged—									
Recovered	151	122	273						
Relieved	40	47	87						
Not improved	2	8	10						
Died	156	137	293						
Escaped ... ..	...	...	...	349	314	663			
Total cases discharged and died during the year ... ..	...	...	...	15	2	17	364	316	680
Remaining in the Hospitals for the Insane 31st December, 1906									
Cases on trial leave ... ..	...	...	...	124	159	283			
„ boarded out ... ..	...	...	...	16	21	37			
Total cases on Registers on 31st December, 1906 ... ..	...	...	...	...	...	...	2,484	2,389	4,873
Average number resident during the year									
Persons under care during the year ... ..	...	...	...	...	...	...	2,323	2,200	4,523
Persons admitted ... ..	...	...	...	...	...	...	2,818	2,606	5,514
Persons recovered ... ..	...	...	...	...	...	...	383	364	747
Persons recovered ... ..	...	...	...	...	...	...	151	122	273
Transferred from one Hospital to another ... ..	...	...	...	...	...	...	44	67	111

TABLE III.—Showing the Previous Attacks among Persons Admitted during the Year 1906.

Number of Previous Attacks.							Persons.		
							Males.	Females.	Total.
Have had one attack	...	...	...	...	...	...	49	43	92
Have had two attacks	...	...	...	...	...	...	14	13	27
Have had three attacks	...	...	...	...	...	...	5	...	5
Have had four attacks	...	...	...	...	...	...	5	...	5

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 31st 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.			Not Improved.			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	9.49	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	32.97	33.33	32.63	10.58	6.87	8.84
1899	428	364	792	183	169	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	352	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
1906	402	371	773	151	122	273	40	47	87	...	...	156	137	293	2,484	2,389	4,873	2,323	2,200	4,523	37.56	32.88	35.32	6.71	6.23	6.47
Total	6,509	5,239	11,748	2,375	1,991	4,366	399	541	940	...	...	3,212	2,004	5,216	...	...	...	35,116	30,928	66,045	36.49	38.00	37.16	9.14	6.47	7.89
																			2,195	1,933	4,128						

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, 1906.

Hospital.	Admitted.			Discharged.						Died.			Remaining 31st December, 1906.			Average Numbers Resident during 1906.			Percentage of Recoveries on Admissions.			Percentage of Relieved on Admissions.			Percentage of Deaths on the Average Numbers Resident.		
	Males.	Females.	Total.	Recovered.			Relieved.			Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.			
				Males.	Females.	Total.	Males.	Females.	Total.																		
Yarra Bend	154	126	280	54	27	81	9	3	12	38	29	67	498	422	920	445	350	795	35.06	21.43	28.93	5.84	2.38	4.28	8.54	8.28	8.42
Kew ...	138	152	290	57	53	110	19	29	48	46	30	76	521	486	1,007	449	407	856	41.30	34.87	37.93	13.77	19.08	16.55	10.24	7.37	8.88
Kew Idiot Asylum	16	18	34	...	...	...	2	5	7	1	6	7	185	152	337	171	145	316	...	...	...	12.5	27.77	20.59	.58	4.13	2.81
Ararat ...	38	26	64	26	22	48	7	7	14	31	18	49	365	307	672	370	294	664	68.42	84.61	75.00	18.42	26.92	21.87	8.38	6.12	7.38
Beechworth	21	12	33	3	7	10	1	1	2	23	14	37	394	267	661	378	259	637	14.28	58.33	30.30	4.76	8.33	6.06	6.08	5.40	5.80
Sunbury ...	35	37	72	11	13	24	1	1	2	14	15	29	314	408	722	300	399	699	31.42	35.13	33.33	2.85	2.70	2.78	4.66	3.75	4.14
Ballarat ...	...	...	...	...	...	...	1	1	2	3	25	28	207	347	554	210	346	556	...	...	...	...	...	...	1.43	7.22	5.03
Total ...	402	371	773	151	122	273	40	47	87	156	137	293	2,484	2,389	4,873	2,323	2,200	4,523	37.56	32.88	35.32	9.95	12.67	11.25	6.71	6.23	6.47

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 ... ..	...	...	...	5,949	5,000	10,949	29·46	32·87	30·92
Relieved... ..	...	...	...	851	1,012	1,863	4·21	6·66	5·26
Not improved (including transfers) ... ..	...	...	...	4,154	3,250	7,404	20·56	21·37	20·91
Died ... ..	...	...	...	6,762	3,559	10,321	33·48	23·40	29·15
On trial and boarded out on 31st December, 1906 ... ..	...	...	...	140	180	320	·69	1·18	·90
Remaining 31st December, 1906 ... ..	...	...	...	2,344	2,209	4,553	11·60	14·52	12·86
Total	20,200	15,210	35,410	20,200	15,210	35,410	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 1906.

Length of Residence.	Recovered.			Died.		
	Males.	Females.	Total.	Males.	Females.	Total.
Under 1 month	8	4	12	15	4	19
1 month and under 3 months	29	16	45	8	12	20
3 months " 6 "	19	16	35	18	8	26
6 " " 9 "	21	31	52	10	7	17
9 " " 12 "	26	19	45	6	9	15
1 year and under 2 years	19	22	41	18	16	34
2 years " 3 "	16	6	22	11	9	20
3 " " 5 "	4	5	9	12	11	23
5 " " 7 "	3	1	4	3	9	12
7 " " 10 "	6	2	8	15	8	23
10 " " 12 " ... ..	...	...	...	4	5	9
12 " " 15 " ... ..	...	...	...	5	6	11
15 " " 20 " ... ..	...	...	...	13	8	21
20 " " 25 " ... ..	...	...	...	5	7	12
25 " " 30 " ... ..	...	...	...	3	6	9
30 " " 35 " ... ..	...	...	...	6	2	8
35 " " 40 " ... ..	...	...	...	3	5	8
40 " and over ... ..	...	...	...	1	5	6
Total	151	122	273	156	137	293

TABLE VIII.—Showing in Quinquennial Periods the Ages of those Admitted, Recovered, and Died, during the Year 1906, and of those Remaining on 31st December, 1906.

Ages.	The Admissions.			Recovered.			The Deaths.			Patients Resident, 31st December, 1906.		
	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.
Under 5 years ...	2	2	4	...	...	...	...	1	1	3	4	7
5 years and under 10 years	3	6	9	...	...	...	...	1	1	17	13	30
10 " 15 "	9	7	16	...	1	1	...	1	1	38	23	61
15 " 20 "	12	15	27	4	5	9	1	...	1	51	78	129
20 " 25 "	28	38	66	13	10	23	7	3	10	113	146	259
25 " 30 "	43	43	86	25	22	47	3	5	8	159	140	299
30 " 35 "	40	45	85	9	9	18	13	9	22	205	218	423
35 " 40 "	53	41	97	29	19	48	12	8	20	320	240	560
40 " 45 "	49	40	89	16	16	32	15	8	23	346	292	638
45 " 50 "	46	30	76	19	17	36	16	12	28	269	223	492
50 " 55 "	30	24	54	7	2	9	11	9	20	194	190	384
55 " 60 "	13	14	27	7	4	11	9	10	19	168	157	325
60 " 65 "	15	8	23	6	5	11	11	11	22	142	177	319
65 " 70 "	9	14	23	3	2	5	16	15	31	135	153	288
70 " 75 "	15	12	27	5	4	9	10	14	24	106	108	214
75 " 80 "	10	6	16	1	2	3	14	8	22	55	52	107
80 " 85 "	6	2	8	1	...	1	10	7	17	25	18	43
85 " 90 "	4	3	7	...	...	...	2	5	7	13	12	25
90 " 100 "	...	...	...	...	...	...	...	1	1	...	2	2
Unknown ...	15	18	33	6	4	10	6	9	15	125	143	268
Total ...	402	371	773	151	122	273	156	137	293	2,484	2,389	4,873

TABLE IX.—Showing the Duration of the Disorder on Admission in the Admissions, Discharges, and Deaths during the Year 1906.

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 ...	163	141	304	67	74	141	17	26	43	32	34	66
SECOND CLASS— First attack, above three and within twelve months on admission ...	56	58	114	21	9	30	17	9	26	30	24	54
THIRD CLASS— Not first attack, and within twelve months on admission ...	60	59	119	41	23	64	16	11	27	7	9	16
FOURTH CLASS— First attack or not, but of more than twelve months on admission ...	51	69	120	14	10	24	12	11	23	53	44	97
FIFTH CLASS— Congenital ...	19	13	32	...	2	2	3	...	3	2	3	5
Unknown ...	37	13	50	8	4	12	15	3	18	31	17	48
Total ...	386	353	739	151	122	273	80	60	140	155	131	286

TABLE X.—Showing the Probable Causes of Insanity in the Patients Admitted during the Year 1906.

Causes of Insanity.	Number of Instances in which each Cause was Assigned.											
	Admissions			No. of Cases— 402 Males, 371 Females, 773 Total.								
	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)	1	...	1	9	20	29	...	...	...	10	20	30
Adverse Circumstances (including business anxieties and pecuniary difficulties)...	5	...	5	16	7	23	...	...	...	21	7	28
Mental Anxiety and Worry (not included under the above two heads), and Over Work ...	3	...	3	15	30	45	...	...	...	18	30	48
Religious Excitement ...	1	...	1	...	13	13	...	...	...	1	13	14
Love Affairs (including seduction) ...	...	...	...	4	5	9	...	...	...	4	5	9
Fright and Nervous Shock ...	1	...	1	1	5	6	...	...	...	2	5	7
PHYSICAL.												
Intemperance in Drink ...	5	4	9	49	16	65	...	...	...	54	20	74
Intemperance (sexual) ...	...	...	...	3	1	4	...	...	...	3	1	4
Veneral Disease ...	3	2	5	1	...	1	...	...	...	4	2	6
Self Abuse (sexual) ...	...	3	3	26	...	26	...	...	...	26	3	29
Over Exertion ...	...	...	...	2	2	4	...	...	...	2	2	4
Sunstroke ...	5	...	5	6	1	7	...	...	...	11	1	12
Accident or Injury ...	8	...	8	15	4	19	...	...	...	23	4	27
Pregnancy ...	...	...	...	...	2	2	...	...	...	...	2	2
Parturition and the Puerperal state ...	...	1	1	...	12	12	...	...	...	...	13	13
Lactation ...	...	...	...	...	7	7	...	...	...	...	7	7
Uterine and Ovarian Disorders ...	...	4	4	...	9	9	...	...	...	...	13	13
Puberty ...	...	7	7	...	7	7	...	...	...	...	14	14
Change of Life ...	...	3	3	...	15	15	...	...	...	...	18	18
Fevers ...	...	...	...	1	4	5	...	...	...	1	4	5
Privation and Starvation ...	1	1	2	5	3	8	...	...	...	6	4	10
Old Age ..	16	21	37	16	12	28	...	...	...	32	33	65
Other Bodily Diseases or Disorders ...	4	2	6	20	10	30	...	...	...	24	12	36
Previous Attacks ...	45	56	101	1	3	4	2	...	2	47	59	106
Hereditary Influences ascertained (direct and collateral)	39	63	102	...	...	...	...	...	...	39	63	102
Congenital Defect ascertained	29	27	56	9	5	14	...	...	...	38	32	70
Other ascertained Causes ...	5	2	7	7	10	17	...	...	...	12	12	24
Unknown ...	2	5	7	7	16	23	69	54	123	78	75	153
Adolescence ...	...	...	...	4	...	4	...	...	...	4	...	4
Deduct for combined causes										460	474	934
										58	103	161
Total ...	173	201	374	217	219	436	71	54	125	402	371	773

TABLE XI.—Showing the Condition as to Marriage in the Admissions, Recoveries, and Deaths during the Year 1906, and of Patients Resident, 31st December, 1906.

Condition in Reference to Marriage.	The Admissions.			The Discharges. Recovered.			The Deaths.			Patients Resident, 31st December, 1906.		
	Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.
	Single ...	235	161	396	94	50	144	83	41	124	1,558	1,132	2,690
Married ...	108	136	244	48	53	101	47	57	104	429	726	1,155
Widowed ...	31	54	85	6	17	23	15	26	41	89	260	349
Unknown ...	12	2	14	3	2	5	10	7	17	223	119	342
Total ...	386	353	739	151	122	273	155	131	286	2,299	2,237	4,536

NOTE.—Excluding patients at Idiot Asylum all of whom are unmarried.

TABLE XII.—Showing the Causes of Deaths during the Year 1906, together with the Ages at Death.

Cause of Death.	Under 15 Years		15 and under 20		20 and under 25		25 and under 30		30 and under 35		35 and under 40		40 and under 45		45 and under 50		50 and under 55		55 and under 60		60 and under 65		65 and under 70		70 and under 75		75 and under 80		80 and under 85		85 and under 100		Not known		Totals							
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female						
<i>Cerebral and Spinal Diseases—</i>																																										
Organic Disease of Brain	2	2	1	1	1	1	1	1	1	1	1	1	2	2	2	2	4	4	1	3	1	4	1	4	1	1	1	1	1	1	1	1	1	1	1	1	5	8	13	13		
Apoplexy or Cerebral Haemorrhage																																					3	2	5	5		
Epilepsy																																			4	4	4	4				
General Paralysis																																			22	2	24	24				
<i>Thoracic Diseases—</i>																																										
Heart Disease																																					1	1	2	26	28	54
Pituitis or Tubercular Disease of Lungs																																							21	24	45	45
Pneumonia																																					21	24	45	45		
Pleurisy																																					3	3	26	50		
Gangrene of Larynx or Lung	1	1																																	1	1	2	2				
<i>Abdominal Diseases—</i>																																										
Liver																																					1	1	1	1	2	2
Kidney																																					7	8	15	15		
Peritonitis																																			1	1	2	2	2	2		
Acute Obstruction																																					1	1	1	1	1	1
Strangulated Hernia																																					1	1	1	1	1	1
Gastritis																																					1	1	1	1	1	1
Colitis																																					4	4	8	8		
Cystitis																																			1	1	1	1	1	1		
Enteritis or Gastro-Enteritis																																					6	2	8	8		
Intestinal Haemorrhage																																			1	1	1	1	1	1		
<i>General Diseases—</i>																																										
Senility																																					1	1	2	11	13	22
Tuberculosis																																					1	1	1	1	2	2
Septicæmia or Pyæmia																																					3	4	7	7		
Cancer																																					3	4	7	7		
Gangrene																																					1	1	1	1	2	2
Uremia																																					1	1	1	1	2	2
Exhaustion from Acute Mania																																					1	1	1	1	1	1
<i>Accidents</i>																																					2	2	2	2	4	4
Total	3	3	1	1	7	3	10	3	16	12	25	14	42	25	54	33	61	33	83	47	101	53	118	63	133	73	161	83	176	93	199	116	263	163	356	293	659	659				

TABLE XIII.—Return of Patients on Probation under Section 94.

	Male.	Female.	Total.
Out on probation on 1st January, 1906	130	144	274
Allowed out during the year	168	235	403
Total ...	298	379	677
Recovered and Relieved—			
Of those allowed out during previous years	37	42	79
Of those allowed out during the present year	22	47	69
Total ...	59	89	148
Died—			
Of those allowed out during previous years	8	6	14
Of those allowed out during the present year	3	2	5
Total ...	11	8	19
Written off the books under section 94, Act 1873—			
Of those allowed out during previous years	22	30	52
Of those allowed out during the present year	3	4	7
Total ...	25	34	59
Returned to the Asylum at expiration of probation—			
Of those allowed out during previous years	21	28	49
Of those allowed out during present year	58	61	119
Total ...	79	89	168
Remaining under care out of the Asylum on 31st December, 1906	124	159	283

TABLE XIV.—Return of Patients Boarded out during 1906.

	Male.	Female.	Total.
Boarded out on 1st January, 1906	13	18	31
Allowed out during the year	5	9	14
Total...	18	27	45
Returned to the Asylums by their guardians—			
Of those allowed out during previous years	1	2	3
Of those allowed out during present year	1	4	5
Total ...	2	6	8
Remaining under care out of the Asylum on 31st December, 1906	16	21	37

TABLE XV.—Showing the Manner in which Patients were Admitted during the Year 1906.

	Yarra Bend.	Kew.	Kew Idiot Asylum.	Ararat.	Beechworth.	Shepparton.	Ballarat.	Total.
Lunatics sent to the Asylums by their friends...	26	95	6	6	3	6	...	137
} Male	26	95	6	6	3	6	...	137
} Female	53	98	13	17	11	12	...	204
" " by the police ...	117	46	3	29	17	29	...	241
} Male	117	46	3	29	17	29	...	241
} Female	70	48	2	9	...	25	...	154
" received from Benevolent Asylums ...	1	...	...	...	1	...	...	2
} Male	1	...	...	...	1	...	...	2
} Female	...	...	...	...	1	...	...	1
" " Hospitals ...	...	2	...	...	...	...	...	2
} Male	...	2	...	...	...	...	...	2
} Female	...	1	...	...	...	...	...	1
" " Gaols ...	10	...	...	3	...	...	...	13
} Male	10	...	...	3	...	...	...	13
} Female	3	...	...	...	...	...	...	3
" " all other institutions (including transfers)	1	8	9	2	18	13	...	51
} Male	1	8	9	2	18	13	...	51
} Female	...	9	4	6	25	...	30	75
Total ...	281	302	37	72	77	85	30	884
Escaped patients retaken ...	3	2	...	...	1	2	2	10
} Male	3	2	...	...	1	2	2	10
} Female	...	1	1	...	...	...	...	2
Total admissions ...	284	305	38	72	78	87	32	896

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

Birthplaces.	Religious Persuasions.										
	Protestant.					Roman Catholic.	Pagan.	Hindu.	Mahome-tan.	Unascertained.	Total.
	Church of England.	Presby-terian.	Wesleyan.	Lutheran.	Other Protestant Denomi-nations.						
Victoria	139	63	47	1	31	113	...	5	...	12	411
Other Colonies and British Possessions	31	11	7	...	5	10	...	1	1	...	66
England	68	6	15	...	10	10	...	...	...	2	111
Scotland	3	27	...	...	...	5	...	...	...	...	35
Ireland	5	4	1	...	1	63	...	...	...	1	75
France ... ..	...	...	...	...	...	1	...	...	...	...	1
Germany ... ..	...	...	...	7	...	...	...	...	...	...	7
China ... ..	...	...	...	...	...	...	3	...	...	...	3
Other Countries	8	...	...	3	3	7	...	1	1	...	23
Not known	9	...	3	...	4	7	...	...	...	18	41
Total	263	111	73	11	54	216	3	7	2	33	773

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	22	...	22
Mattress-maker	12	...	12
Shoemaker	28	...	28
Tailor	21	13	34
Painter	12	...	12
Mat-maker	9	...	9
Basket-maker	1	...	1
In the Workshops (Female)—			
Sewing (making-up and repairing clothing)	...	337	337
Fancy work ... ..	...	107	107
Tailoress ... ..	...	7	7
Mattress-maker ... ..	...	8	8
Miscellaneous occupations—			
Working on the farm	238	...	238
" in the garden	123	...	123
" in the kitchen	48	22	70
" in the store	9	...	9
" in the laundry	...	337	337
" in the wards and airing courts	462	531	993
" as servants at private quarters	32	26	58
" on roads and ornamental grounds	150	...	150
Other work about the establishment	191	62	253
Total	1,371	1,450	2,821
Percentage of those usefully employed	59.02	65.91	62.37
Amusements—			
Balls and concerts	631	611	1,242
Billiards and reading-room	354	291	645
Cards, chess, dominoes, &c.	369	155	524
Bowls, cricket, croquet, football, and tennis	473	276	749
Walking and driving	458	467	925
Attending Divine Service...	786	765	1,551
" school	54	49	103

TABLE XVIII.—Return showing the Quantity of Produce supplied by the Farms and Gardens at the various Hospitals for the Insane during the year 1906.

Hospital.	Butter.	Eggs.	Meat, Poultry, &c.	Milk.	Vegetables.	Fruit.	Bacon.	Lard.
	lbs.	doz.	lbs.	qts.	lbs.	lbs.	lbs.	lbs.
Yarra Bend ...	975	1,317	4,040	84,636	277,545	1,734	...	...
Kew ...	...	3,074	2,933	129,355	463,783	10,705	4,159	60
„ Idiot Asylum ...	...	...	...	...	8,805	...	...	...
Ararat ...	288	335	566	74,929	173,105	658	...	...
Beechworth ...	23	424	870	62,980	192,627	19,190	...	...
Sunbury ...	...	496	24	87,406	192,032	4,050	...	...
Ballarat ...	267	460	890	60,793	210,349	520	...	...

Hospital.	Green Food.	Hay.	Root Crops.	Straw.	Ensilage.	Barley.	Peas.
	tons.	tons.	tons.	centals.	tons.	bushels.	bushels.
Yarra Bend ...	54	130	130	...	35	...	...
Kew ...	270	133	430	448	...	...	240
„ Idiot Asylum ...	...	...	...	...	...	...	...
Ararat ...	160	115	60	...	20	...	...
Beechworth ...	115	80	5	...	...	...	...
Sunbury ...	124	140	41	...	120	200	...
Ballarat ...	50	70	15	...	90	...	20

TABLE XIX.—Showing the Total Receipts and Expenditure of Hospitals for the Insane during the Year 1906.

Receipts.							Amount.		
							£	s.	d.
Collections by the Master-in-Lunacy for maintenance of patients at—									
Yarra Bend ...	...	...	...	...	...	2,049	17	10
Kew ...	...	...	...	...	...	6,550	5	5
Ararat ...	...	...	...	...	...	1,385	0	0
Beechworth ...	...	...	...	...	...	950	17	2
Sunbury ...	...	...	...	...	...	1,481	5	11
Ballarat ...	...	...	...	...	...	854	7	3
Lunacy Wards ...	...	...	...	...	...	10	11	4
Amount of sales ...	...	...	...	...	...	1,212	4	11
„ fines ...	...	...	...	...	...	18	8	0
Miscellaneous collections ...	...	...	...	...	...	3	13	7
Total ...	...	...	...	...	...	14,516	11	5

Expenditure.							Amount.		
							£	s.	d.
General expenses (Salaries at Head Office, Fees to Official Visitors, Travelling Expenses, Postage, and Telegrams) ...							3,404	13	8
Maintenance at—									
Yarra Bend ...	...	...	...	...	...	23,860	15	9
Kew ...	...	...	...	...	...	33,735	8	9
Ararat ...	...	...	...	...	...	21,735	14	7
Beechworth ...	...	...	...	...	...	17,274	4	2
Sunbury ...	...	...	...	...	...	17,898	16	8
Ballarat ...	...	...	...	...	...	16,037	19	3
Lunacy Ward, Bendigo ...	...	...	...	...	...	239	13	0
„ „ Geelong ...	...	...	...	...	...	49	10	0
Expenses in connexion with the committal and transport of lunatics ...	...	...	...	...	...	1,440	2	0
„ „ „ boarded-out patients ...	...	...	...	...	...	551	3	3
Total ...	...	...	...	...	...	136,228	1	1

TABLE XX.—Showing the Total Cost of Maintenance against each Hospital, the Sums expended against each Vote, and the Amount of General Expenses for 1906.

Hospital.	Daily Average Number Resident.	Total Cost of Maintenance.			Salaries.			Fees to Official Visitors.			Clothing, Bedding, and Material for Manufacture.			Allowances to Chaplains.		
		£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.
Yarra Bend ...	795	23,860	15	9	12,271	2	7	...	...	2,208	4	9	70	0	0
Kew ...	1,172	33,735	8	9	17,833	12	2	...	...	2,920	12	2	70	0	0
Ararat ...	664	21,735	14	7	10,304	8	11	...	...	1,852	4	1	131	0	0
Beechworth ...	637	17,274	4	2	7,755	3	1	...	...	1,717	0	6	76	5	0
Sunbury ...	699	17,898	16	8	8,837	5	2	...	...	1,643	11	11	75	15	0
Ballarat ...	556	16,037	19	3	7,189	17	1	...	...	1,223	13	8	76	0	0
General expenses ...	...	3,404	13	8	2,465	0	0	359	16	8	...	...	...	...	...
Total ...	4,523	133,947	12	10	66,656	9	0	359	16	8	11,565	7	1	499	0	0

Hospital.	Provisions and Extra Articles.			Stores—Purchase of Stock, Books, Amusements, &c.			Stimulants—Wine, Spirits, Beer, &c.			Fuel, Light, and Water.			Medicines and Medical Comforts, Surgical Instruments, &c.			Forage.			Incidentals.			
	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.	
Yarra Bend ...	6,633	0	0	746	4	3	236	11	8	1,145	6	8	248	4	9	46	12	4	255	8	9	
Kew ...	8,626	13	6	1,096	14	3	178	6	2	2,098	10	9	491	10	6	69	1	10	350	7	5	
Ararat ...	6,387	3	2	717	12	7	128	16	10	1,804	6	6	206	12	7	43	3	3	160	6	8	
Beechworth ...	5,377	5	6	397	7	10	98	10	10	1,517	3	0	186	9	6	13	10	10	135	8	1	
Sunbury ...	5,338	3	9	437	3	5	55	19	5	1,259	19	11	70	6	8	22	18	2	157	13	3	
Ballarat ...	5,081	0	10	472	1	7	183	5	4	1,455	15	9	184	5	11	22	18	4	149	0	9	
General expenses	33	13	5	546	3	7
Total ...	37,443	6	9	3,900	17	4	881	10	3	9,281	2	7	1,387	9	11	218	4	9	1,754	8	6	

TABLE XXI.—Showing the Average Weekly Cost of Maintenance of Patients during 1906.

Hospital.	Daily Average Number Resident.	Total Cost of Maintenance.			Collections for Maintenance, Sales, Fines, Fees, &c.			Salaries.			Allowances to Chaplains.			Provisions and Extra Articles.		
		£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.
Yarra Bend ...	795	23,860	15	9	2,309	3	3	0	5	11 $\frac{1}{4}$	0	0	0 $\frac{3}{4}$	0	3	2 $\frac{1}{2}$
Kew ...	1,172	33,735	8	9	6,963	14	3	0	5	10 $\frac{1}{4}$	0	0	0 $\frac{1}{4}$	0	2	10
Ararat ...	664	21,735	14	7	1,512	17	6	0	5	11 $\frac{1}{2}$	0	0	1	0	3	8 $\frac{1}{2}$
Beechworth ...	637	17,274	4	2	1,093	1	11	0	4	8 $\frac{1}{4}$	0	0	0 $\frac{1}{2}$	0	3	3
Sunbury ...	699	17,898	16	8	1,616	6	11	0	4	10 $\frac{1}{4}$	0	0	0 $\frac{1}{2}$	0	2	11 $\frac{1}{4}$
Ballarat ...	556	16,037	19	3	1,010	16	3	0	4	11 $\frac{3}{4}$	0	0	0 $\frac{1}{2}$	0	3	6 $\frac{1}{4}$
Total ...	4,523	130,542	19	2	14,506	0	1	...	...	...	...	...	...	...	...	...
General Expenses ...	...	3,404	13	8	...	...	...	...	...	...	...	...	...	...	...	...

Hospital.	Clothing, Bedding, and Material for Manufacture.			Stores—Purchase of Stock, Books, Amusements, &c.			Fuel, Light, and Water.			Medicines and Medical Comforts.			Stimulants—Wines, Spirits, and Beer.			Forage.		
	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.
Yarra Bend ...	0	1	0 $\frac{3}{4}$	0	0	4 $\frac{1}{4}$	0	0	6 $\frac{3}{4}$	0	0	1 $\frac{1}{2}$	0	0	1 $\frac{1}{4}$	0	0	0 $\frac{1}{4}$
Kew ...	0	0	11 $\frac{3}{4}$	0	0	4 $\frac{1}{4}$	0	0	8 $\frac{1}{4}$	0	0	2	0	0	0 $\frac{3}{4}$	0	0	0 $\frac{1}{4}$
Ararat ...	0	1	0 $\frac{3}{4}$	0	0	5	0	1	0 $\frac{1}{2}$	0	0	1 $\frac{1}{2}$	0	0	1	0	0	0 $\frac{1}{4}$
Beechworth ...	0	1	0 $\frac{1}{2}$	0	0	2 $\frac{3}{4}$	0	0	11	0	0	1 $\frac{1}{4}$	0	0	0 $\frac{3}{4}$	...	...	...
Sunbury ...	0	0	10 $\frac{3}{4}$	0	0	3	0	0	8 $\frac{1}{4}$	0	0	0 $\frac{1}{2}$	0	0	0 $\frac{1}{4}$	0	0	0 $\frac{1}{4}$
Ballarat ...	0	0	10	0	0	4	0	1	0	0	0	1 $\frac{1}{2}$	0	0	1 $\frac{1}{2}$	0	0	0 $\frac{1}{4}$

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

Hospital.	Incidentals.	Total Weekly Cost 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.
Yarra Bend ...	0 0 1½	0	11	6½	0	1	1¼	0	10	5¼
Kew ...	0 0 1¼	0	11	0¾	0	2	3½	0	8	9¼
Ararat ...	0 0 1	0	12	7	0	0	10½	0	11	8½
Beechworth ...	0 0 1	0	10	5	0	0	8	0	9	9
Sunbury ...	0 0 1	0	9	10	0	0	10¾	0	8	11¼
Ballarat ...	0 0 1¼	0	11	1	0	0	8½	0	10	4½
Total ...	...	0	11	1	0	1	2¾	0	9	10¼
General Expenses ...	...	...	...	...	...	...	...	0	0	3½

TABLE XXII.—Showing the Admissions, Re-admissions, Discharges, and Deaths during the Year ending 31st December, 1906, in Receiving Wards at Bendigo and Geelong.

				Male.	Female.	Total.	Male.	Female.	Total.
In the wards, 1st January, 1906	...	...	...	...	...	...	...	...	...
Cases admitted—									
Admissions	...	...	...	...	...	...	39	39	78
Total cases under care during the year	...	...	...	...	...	...	39	39	78
Cases discharged	...	...	...	21	25	46			
Not improved—Transferred to Public Hospitals for the Insane	...	...	...	11	12	23			
Died	...	...	...	2	0	2			
Total cases discharged and died during the year	...	...	...	...	...	...	34	37	71
Remaining in the wards, 31st December, 1906	..	...	...	...	...	...	5	2	7

STATE HOSPITALS FOR THE INSANE.

ADMISSIONS.

During the year 773 cases have been admitted: of this number 687 are first admissions, whilst 86 were re-admissions. This yearly number of admissions has been exceeded only in 1897 and 1902. Of the total number of admissions, 129 were known to have had previous attacks, at least 104 were over 60 years of age, and 122 were below the age of 25, so that whilst, on the one hand, a fairly large number of curable and adolescent cases were admitted, a large number of senile cases were also received.

Of the total number, 304 were said to be first cases, and admitted within three months of the commencement of the attack. Adding to the number 687 the number of persons, namely, 52, admitted to the licensed houses on the first attack of insanity, it will be seen that the annual admission rate of freshly occurring insanity is 1 in every 1,675.2 of the population, and the total number of registered insane is 1 in every 250.4. This is, undoubtedly, a high rate for any Anglo-Saxon community, and it is worth while considering why this should be so. Elsewhere in the Report is a table which sets forth for the last 25 years the rise in the population, in the number of insane, and other simple statistics bearing on the insanity rate.

DISCHARGES.

In spite of the fact that a large number of those admitted to the State Hospitals for the Insane are not very favorable cases, so far as their chances of recovery are concerned, no fewer than 273 patients have been discharged recovered, whilst 87 also have been discharged as relieved. These figures, taken in conjunction with the fact that only 86 of the 773 admissions are relapsed cases or second admissions, are, on the whole, favorable, and show a better result than last year's figures.

The method of calculating recoveries has been investigated, and, as a result of this, many cases have been discharged "relieved," which in the past would have been counted as "recoveries." There is, moreover, an increasing number of patients out on trial leave, as well as boarded out, and the opening of the Licensed Houses has, undoubtedly, deprived the State Hospitals of some early and recoverable cases of insanity which they would otherwise have received. The number of those discharged relieved is the largest yet recorded.

DEATHS.

In estimating the work of the Department, the death rate is often a very valuable index, and, from this point of view, the year's work has been most satisfactory; for, whilst there has been a steady increase in the average number resident, the death rate has been steadily decreasing for the last three years, until this year it is the lowest recorded, namely, 6.47 per cent. on the average numbers resident. One accidental death occurred, and is referred to in the report on the Idiot Asylum.

The death rate from phthisis in the Ararat Hospital for the Insane appears somewhat high, in spite of the fact that isolation in tents has been undertaken in this institution for tuberculous cases.

In the Beechworth Hospital for the Insane the average age of those dying is the high one of 62 years.

RESTRAINT AND SECLUSION.

Restraint and seclusion have been used as little as possible, having regard to the safety of the patients. In the Ararat Hospital for the Insane neither has been found necessary.

Seclusion.—In all, nineteen patients have been secluded for a period of 62 hours, principally for maniacal or epileptic furor.

Restraint has been necessary, chiefly for surgical reasons, and in all was used in 29 cases for a total of 4,211 hours. This total may appear somewhat high, but it must be remembered that, of these, three cases had to be almost continuously restrained for intense suicidal tendencies, and to retain in position certain necessary surgical dressings.

HOSPITAL FOR THE INSANE, YARRA BEND.

The Medical Superintendent reports that there were at the end of the year 920 patients on the books, as compared with 832 at the end of 1905, but of this number no fewer than 97 were on trial leave. Dr. Mullen points out how easy it would be to increase the number of discharges by using the trial leave system in a less degree. He remarks that the discharge of patients is largely a matter of the social position of the relatives, and their ability and inclination to keep a member of the family as a non-producer; and, further, that the social condition of the patients received into any asylum must necessarily affect the recovery rate in a greater or less degree.

Whilst the receptions for the year numbered 280, discharges recovered numbered 81, discharges relieved 12, and there were 31 transfers to other asylums, and 67 patients died. The health of the patients has been good. Two deaths from tuberculosis occurred, probably both these patients were already affected on reception.

Whilst the behaviour of the staff has been good, no systematic instruction has been given them during the year, as no appointments had been made under the Public Service Acts. Dr. Mullen points out that to lecture to Attendants and Nurses who were under no obligation to attend would have been waste of time. He reports one case in which bruises were found on a patient; but, in spite of careful investigation, it was impossible to find out how the bruises occurred.

During the year a Hospital Ward in each Division has been erected. Dr. Mullen describes the work of the year as uneventful, the reason being found in the class of patients received, the hopelessness of controlling an institution so largely consisting of cottages, and the stagnation due to the non-appointment of permanent officers.

Of accidents, there were two cases of Colles fracture, two cases of fracture of the clavicle, and one case of intracapsular fracture of the femur. All these cases were accidental. Bed sores occurred in two cases of general paralysis and one case of intracapsular fracture of the femur.

Seclusion has been resorted to in ten cases for a total of seventeen and two-third hours, whilst restraint has been necessary for eighteen patients for a total of 2,810 hours, surgical reasons being the predominant cause for so much restraint.

The daily average number of Attendants on duty was 33, and of Nurses 30; whilst for night-work there were four of each sex on duty. This proportion clearly points to under-staffing, but improvement will be possible with the opening of the new hospital wards.

HOSPITAL FOR THE INSANE, KEW.

The Medical Superintendent reports that at the end of the year there were 1,007 patients on the books, but of these, 131 were absent on trial leave, and 9 were boarded out. During the year 138 males and 152 females were admitted, of whom only 21 males and 22 females had been in the institution previously. One hundred and ten were discharged recovered, 48 relieved, and 8 not improved, making a total of 166. Of the 48 cases relieved, 36 were discharged after trial leave. There were also 62 patients transferred to other institutions, whilst 12 were received from other institutions.

During the year there were 46 deaths among male patients, and 30 amongst female patients; 2 males died from general paralysis, and 1 male and 4 females died from phthisis.

Dr. Barker comments on the extremely unsatisfactory character of the receptions so far as prospects of recovery are concerned, a large number being advanced in age, and many broken down in health, 11 being general paralytics, 6 epileptics, and 50 showing some congenital defect or hereditary taint.

The general health of the inmates has been good, and free from epidemic disorder, except that a few cases of colitis occurred on the female side. There has been an entire absence of bed sores in both Divisions; there have been no fatal accidents; and minor accidents have been few, one woman sustaining a Colles fracture, another a fracture of the right radius; one man also sustained a fracture of the right radius.

Two male patients were secluded for a period in all of fourteen hours, and one male and four female patients were restrained, principally for surgical reasons, for a total of 74 hours.

The conduct of the staff has been good, offences being few and insignificant, even considering the proportion of temporary employes. Nursing lectures have been given, and at the end of the year were still being given. Endeavours to increase the number of patients working daily have been more or less successful, and physical drill has been successfully undertaken on the male side. The daily average number of those employed has been 310 men and 297 women, whilst daily walks about the grounds have been carried out to a far greater extent than formerly.

Some alterations in the use to which the various wards were put have been carried out successfully, and the reclassification is working satisfactorily. A new exercising ground has been formed, and gives excellent accommodation for the quieter and better class of patients. Dr. Barker comments on the unsuitable character of the laundry, and the desirability of additional accommodation for the nursing staff. He is also desirous of seeing an independent hospital ward erected on both sides of the institution.

ASYLUM FOR IDIOTS, KEW.

At the end of the year 1906 there were on the books 337 patients, of whom 2 were boarded out, and 20 on trial leave. There were 34 admissions during the year, 7 patients were discharged, and 7 died. Of the 34 admitted, no fewer than 12 were epileptic. The general health of the patients has been fairly satisfactory, taking into consideration that a large proportion of these patients are feeble, unhealthy, and generally tubercular. No epidemics occurred. There was, however, one serious casualty. A female patient who was working in the laundry died from the effect of burns which she sustained owing to her clothes catching fire. The occurrence was investigated, and the coroner attached no blame to those concerned. One patient fractured his right clavicle from a fall in an epileptic fit.

Restraint and seclusion were unnecessary, and no bed sores occurred. This fact, coupled with the very low death rate, reflects credit on the management of the institution.

A large number of patients attend religious services, as well as entertainments, whilst the number of those employed in some useful manner is also satisfactory.

For day duty there are 13 attendants and 28 nurses, and for night duty 1 attendant and 3 nurses. This is a fair proportion, but not excessive.

The buildings are somewhat crowded together; the accommodation for the nursing staff is deficient; the kitchen is small and inconvenient; whilst the laundry is altogether objectionable. It would appear to be a very much preferable step to remove this institution to the country (if possible, by the sea), rather than retain the buildings and make any expensive attempt to improve them.

HOSPITAL FOR THE INSANE, ARARAT.

The Medical Superintendent, Dr. Godfrey, reports that on 31st December, 1906, there were on the register 385 males and 307 females, but, of these, 16 patients were boarded out, and there were 10 on trial leave. During the year there has been a decrease of 47 patients, 64 patients were admitted, 62 were discharged, 7 transferred to other asylums, and 31 male and 18 female patients died.

Of the admissions, one in every eight was over 70 years of age, whilst the average age of admissions was 43½ years. As to bodily state—6 were suffering from senile decay, 4 from phthisis, 6 from cardiac ailments, 3 from paralysis, and 2 from uterine tumors. The percentage of recoveries on admissions, excluding transfers, is 75 per cent. The death rate, calculated on the average number resident, was 7.38 per cent., phthisis accounting for 16 deaths, nearly one-third of the total number.

Causes of Insanity.—Dr. Godfrey remarks on the advantages which have resulted from a more comprehensive inquiry into the causation of insanity. In only 4 cases was it found impossible to obtain the desired information, 15 cases showed previous attacks, intemperance was the cause in 9 cases, congenital defect in 6, and old age in 10, while heredity was the cause in 9 cases.

Restraint and seclusion has been unnecessary.

Two minor accidents only have occurred; but a severe epidemic of influenza attacked no fewer than 174 female patients and 32 nurses. On the male side, however, only 24 cases occurred. In no case did bed sores develop, although a few cases had commencing sores when received.

Great attention has been directed to the employment of patients. This is especially noticeable on the female side, the numbers in the airing courts having been reduced from 147 to 24. Practically all patients not physically ill are now employed in some useful work.

Structural Improvements.—A small cottage for the nurses has been completed by the asylum labour. The laundry has been equipped with good steam-washing appliances. A cool storage meat-house has been built, and new water tanks have replaced most of the old ones. The boundary wall destroyed by flood-waters early in the year has been replaced by a suitable iron picket fence. A small operating-room has been provided on the male side, and a dark-room for photography; chemical fire appliances and more suitable furniture have also been obtained. The ornamental gardens are being extended wherever possible.

The general conduct of the staff has been satisfactory, although three cases of intemperance among the attendants were detected and punished, the services of two of the attendants being dispensed with.

Dr. Godfrey considers that to revert to male attendants in a male hospital ward would be a retrograde step.

HOSPITAL FOR THE INSANE, BEECHWORTH.

In his report, the Medical Superintendent, Dr. Philpott, states that there were, on the 31st December, 1906, 646 patients under care, whilst 10 were on trial leave, and 5 boarded out. During the year 77 patients were received, but of these 44 were transfers from other asylums. There were 10 recoveries, and 2 other cases were discharged relieved. There were 37 deaths, giving the low percentage of 5.80. This is the more creditable, inasmuch as the mean age of those dying was the mature one of 62 years.

Three cases were secluded for a total of 7 hours, and three cases were restrained for a total of 63 hours; all, except 48 hours for surgical purposes, were owing to the patients being dangerous to themselves or to others. Bed sores did not occur on the male side, but on the female side there were two cases of bed sores. Dr. Philpott suggests that they were, in all probability, due to insufficient night nursing.

Of accidents, there were two: a female patient sustaining an intracapsular fracture of the thigh, and a male patient having two ribs fractured, as the result of a blow from another patient whilst bathing operations were going on.

In this asylum, chronic male cases have been removed from the care of female nurses, and put under the charge of a male hospital attendant. A small isolated hospital has, however, been arranged for the nursing of suitable male patients by female nurses, and a hospital trained nurse is in charge of it. Dr. Philpott expresses his opinion that capable male hospital attendants are quite as suitable as hospital trained nurses.

New Works.—Shelter-sheds and a silo have been erected by the asylum labour. Mess rooms for the attendants and nurses are being built by the Public Works Department. Dr. Philpott draws attention to the desirability of improvement in the flooring throughout the asylum; the necessity for a water-borne sewage system; and the continued substitution of modern baths for the old and out-of-date wooden ones.

One of the most important requirements of this institution is the provision of a new and up-to-date laundry, with a proper hot water and steam system throughout the asylum to replace the sixteen independent and inefficient stoke-holes which exist at present.

HOSPITAL FOR THE INSANE, SUNBURY.

The Medical Superintendent reports that the number of patients under care on 31st December, 1906, was 309 males and 403 females, making a total of 712. There were further 4 males and 5 females on trial leave, and 1 male patient was boarded out.

During the year the receptions totalled 72, 35 being males and 37 females. The recoveries were 11 males and 13 females, whilst 1 male and 1 female were discharged relieved. The number of deaths was the lowest on record in this institution, namely, 14 males and 15 females: of the male patients, 1 died whilst on trial leave. Amongst the deaths there were 2 cases of general paralysis on the male side; and 6 males and 3 females died from phthisis.

Of seclusion and restraint there has been very little; 1 male and 1 female were secluded for a total of $10\frac{1}{4}$ hours; 1 male had to be restrained for a total of 123 hours, and 1 female for a total of 1,232 hours. The male case was under restraint for surgical reasons, and the female case for acute mania and surgical reasons also.

There were three accidents: one male sustained a fractured rib, the cause was not ascertained. A female patient fractured her right radius as the result of an accidental fall. Another female patient sustained a fracture of three ribs. The patient was acutely maniacal, and it was necessary to employ two special nurses night and day. A careful investigation was made, and it was found impossible to discover how the injury arose. There were no bed sores, and no fatal accidents; and the hospital was free from any epidemic disorder.

The behaviour of the staff generally was satisfactory. The average number of attendants on day duty was 18, and the average number of nurses was 27, whilst for night duty there were 3 male attendants and 3 nurses.

During the year the new water supply was finished, and two new infirmary wards are being built. A commencement has also been made with a new kitchen and store-room; and, in connexion with these alterations, arrangements have been made to supply the institution throughout with a proper hot water and steam supply from a central boiler.

This institution promises to be one of the most useful in the Department. The new portion is of excellent construction, and is capable of development: the old portion (Reformatory School buildings) is capable of being adapted, by the provision of additional day rooms, single rooms, and sanitary spurs, into excellent accommodation for chronic cases.

As there is now an excellent water supply, a water-borne sewage system should eventually be installed, but what is far more important is the installation of a proper system of lighting; and preferably, owing to its cleanliness, safety, and general suitability for institutional purposes, the lighting system should be electric. Kerosene is at present the illuminant; and it is both dirty, dangerous, and unsatisfactory.

HOSPITAL FOR THE INSANE, BALLARAT.

At the end of the year there were 547 patients in residence, whilst 6 were on trial leave, and 1 was boarded out. During the year 30 patients, all females and transfers, were received, the majority of them being epileptic. Two patients were discharged relieved. The deaths numbered 28, 3 of them being male patients, and 1 female patient dying whilst away on trial leave. General paralysis caused the death of 1 male patient, and phthisis of 1 male and 5 females. There were no bed sores reported during the year.

Two female patients were secluded for a total of 3 hours, and 1 male patient was restrained for a total of 9 hours. The general health of the patients has been good, except that a number of them suffered from ophthalmia, and there was a severe epidemic of influenza amongst both patients and staff. One female patient suffered from fracture of a rib as the result of an accidental fall.

The number of patients attending divine service and entertainments has been satisfactory, and the new recreation hall, which has been erected by Asylum labour, has been made considerable use of. During the year progress has been made with two new female wards of the hospital type; the water supply is to be improved, and arrangements are to be made for the installation of a proper sewage system and septic tank.

In this institution it is necessary, in order that the old Industrial School buildings should be thoroughly renovated and improved, that a new administrative building, as well as kitchen and laundry, should be erected. If these very necessary works are carried out, it will be possible to increase the size of the Ballarat Asylum to hold as many as 850 patients. At the same time it will be possible to arrange accommodation for the reception of patients from Ballarat city, instead of as at present sending them to Ararat.

PATHOLOGICAL AND CLINICAL WORK.

The appointment of a Pathologist necessitated the provision of a laboratory, and this has been organized in a cottage in the Kew Asylum grounds. Here a library is being slowly formed, and photographic apparatus has been installed, as well as the first necessary instruments for pathological work. Dr. Mackeddie, the Pathologist, soon recognised the advisability of making clinical work in the wards go hand in hand with the finer pathological work of the laboratory, and it is satisfactory to report that his influence in this direction has already been of considerable value.

Besides this, new case books and improved post mortem records have been provided, and a great deal of work has been done by the Medical Officers in improving case-taking methods and records. It will be as well, however, to state most definitely that the provision for pathological and neurological work is still inadequate, and it is most essential that the whole time of a skilled Pathologist should be available for the production of research work which will have any definite value.

It was not the intention of those gentlemen who succeeded in obtaining from Parliament the existing appointment, that the Pathologist should do nothing further than the making of post mortem examinations. These were in the past provided for by medical gentlemen appointed by the Coroner; but no systematic work was attempted, and no organized records were made. Such work as this can be done in a careful and thorough manner only by a skilled and experienced Pathologist, whose whole time can be devoted to the elucidation of some of the more subtle problems of our complex nervous organization.

There exists no such skilled worker in the State of Victoria, able to give the whole of his existence to this very necessary work. The State Hospitals provide admirable material, and there is no reason why the State of Victoria should not, by the appointment of a special neuro-pathologist, rival the work that is being done in the laboratories of the London County Council and the Scotch Asylums, and, coming nearer home, in New South Wales, which is setting an example in this matter which should be copied, if not improved upon.

FARMS AND GARDENS IN THE HOSPITALS FOR THE INSANE.

The Agricultural Department detailed two of their officers to make an investigation of the farms and gardens attached to the various hospitals, and, whilst their report may be considered satisfactory so far as the work which is undertaken now is concerned, they point out many ways in which still greater use should be made of the land allotted to each hospital. They remark on the necessity for the greater production of eggs, the utilization of the pork produced on the farms, the advisability of the cultivation of potato crops, and the production of all the grain and fodder used in the Department.

In their report they mention the necessity for an ample supply of milk, but do not consider it advisable to undertake the making of butter. They express their opinions that the farms might be made to supply all the meat required for the patients. They say as follows:—

“The general trend of our ideas is that, with the exception of bread and butter, practically the whole of the foodstuffs required, and on an improved dietary scale, may be raised on the farms; premising, however, that at Ballarat and Beechworth additional areas of land would be required. There are some minor points calling for improvement, such as proper equipment in buildings and implements, sub-surface drainage of portions of each farm, and irrigation by waste water and slops; whilst the breeding of draught horses is also worthy of consideration. Such results, however, cannot, in our opinion, be achieved under the present system of management. It will be necessary to place the whole of the lands and the staff under the direction of a capable farm manager, responsible only to the Inspector-General. The staff will probably require strengthening.”

These gentlemen make a recommendation as to the character of the farm manager, as well as to the salary to be paid him. They advise that the Agricultural Department should, without having control over the farm manager, be allowed to assist him by advice.

As we are face to face with the possibility of losing the farm lands at Kew, as well as the land at Yarra Bend, and as we have, moreover, to consider the question of milk and other supplies to the Receiving House and the Mental Hospital, I have to recommend that the farm (640 acres) at Lara should be made a dairy farm, to supply these institutions, as well as the Neglected Children's Depot. I think this farm should be under the direction and management of a Head Farm Bailiff, and that this official should also be the Farm Manager recommended by the Agricultural Department. An outlay of £2,000 will probably be necessary to supply the necessary stock, implements, and irrigation plant, and a cottage might be provided for quiet patients who are capable of doing good farm work, in order to bring down the outlay on labour.

COST OF MAINTENANCE.

By reference to Table XIX. it will be seen that the expenditure of the Department was £136,228 1s. 1d., an increase of £3,438 17s. 1½d., as compared with the expenditure for the previous year. The principal increases, as was anticipated, were under the headings of Salaries and Clothing. The average weekly cost of maintenance per patient was 11s. 1d., and the cost, after deducting the amount collected by the Master-in-Lunacy for maintenance, and the proceeds of Sales, Fines, &c., was reduced to 9s. 10¼d., as against 9s. 3¼d. per week for the year 1905.

The collections made by the Master-in-Lunacy were lower by £5,186 than the previous year, and this had a considerable effect on the weekly cost.

With the increased staff at the different institutions where additional accommodation has been provided, the cost to the Department for salaries will, in the future, be much higher; and the fact that the Department has now a permanent staff, the members of which will be entitled to promotions and increments to their salaries, will also tend to additional expenditure in the future.

A higher amount has been asked for for Clothing, &c., for the ensuing year; and the Vote for Provisions has been increased, as a most necessary addition to the diet scale for the patients and staff has now been authorized.

PRIVATE LICENSED HOUSES.

At the present time five Licences have been issued to persons to keep a private Licensed House for the reception of patients suffering from mental disorder.

Of these, one Licence—(Sunnyside)—was granted in the end of 1905; the remainder have been granted during 1906, and the following table gives the particulars of the Licence in each case:—

Licensee.	House.	Date Licensed.	No of Patients for which Licensed.	
			Male.	Female.
Dr. R. Mailer ..	Sunnyside, Camberwell ..	22nd September, 1905 ..	14	11
Mrs. Strong ..	Mt. Ida, Upper Hawthorn ..	20th January, 1906 ..	5	9
Mrs. Mirams ..	Merton, Elsternwick ..	8th March, 1906 ..	..	18
Miss Harcourt ..	Landcox, Brighton ..	26th June, 1906 ..	..	25
Mrs. Murchison ..	Cloverdale, Toorak ..	16th May, 1906 ..	5	7

Applications for Licences for three other Houses were refused during the year, and the terms of the Licences in two cases were varied, so as to accommodate a greater or smaller number of male patients than were originally authorized.

The following statistical table gives the number of cases treated in the Licensed Houses during the year:—

—	Admissions.					Discharged.						On trial, leave at end of year.	Died.					
	Direct.		On trial, leave from State Asylums.		Total.	Recovered.		Relieved.		Not improved.			Total.	M.	F.	Total.		
	M.	F.	M.	F.		M.	F.	M.	F.	M.	F.							
Sunnyside ..	12	9	4	4	29	4	2	..	..	2	2	10	1	1	2	..	1	1
Mt. Ida ..	9	11	..	..	20	1	1	1	1	1	1	6	1	7	8	3	..	3
Merton ..	3	14	..	1	18	1	..	..	..	1	2	4	..	..	..	1	..	1
Cloverdale ..	5	8	2	2	17	1	1	..	..	..	..	2	2	2	4	..	1	1
Landcox ..	..	18	..	4	22	..	..	..	..	..	2	2	..	4	4	..	..	..
Total ..	29	60	6	11	106	7	4	1	1	4	7	24	4	14	18	4	2	6

At the beginning of the year 1906 there were one male and four female patients at Sunnyside, of whom one male and one female were on trial leave from Yarra Bend.

The conduct of these Houses has been of a satisfactory character, it being remembered that each of these institutions has been converted out of an ordinary dwelling house, and having nothing of institutional character, so that whilst they possess many advantages of homeliness and comfort, they also present difficulties in the way of administration, and particularly of observation, that are undeniable. However, these drawbacks were fairly surmounted by the numerical strength of the staff kept in each House and by slight structural alterations which it has been found necessary to order. The cases admitted were of a suitable class, and each Licensee has endeavoured to obtain a good and competent staff. Each House has been visited by a medical practitioner in accordance with the provisions of the Act, and visits have been paid at least monthly by one of the Official Visitors as well as by the Inspector-General of the Insane.

During the year complaints of ill-treatment or neglect were practically absent. Restraint and seclusion have only been necessary as follows:—

Restraint : 1 case, 6 hours;

Seclusion : 1 case, 3 hours;

and whilst 6 deaths occurred, in only one case was the cause of death one which calls for comment. In this case a young lady escaped from Cloverdale during the early hours from the care of the night nurse, and, making her way to the river, succeeded in drowning herself. It appears from evidence acquired later that the patient was allowed to escape by the action of a temporary servant, who foolishly allowed the patient to go through the front door without acquainting the night nurse of the fact.

These private Licensed Houses undoubtedly supply a long-felt want, but they are seriously handicapped in that they are unable to receive cases except under certificates. It therefore happens that private persons are unable to obtain that early treatment of mental derangement which is so necessary for their chances of recovery, and under supervision, which alone will prevent the occurrence of old-time abuses. I can only reiterate what I reported last year, that legislation permitting the admission of voluntary boarders to Licensed Houses, and probably admissions under temporary certificates similar to those used in the case of Reception Houses, is also necessary; but legislation may be necessary in other directions as well, and, if institutions or private asylums, where early or borderline cases are to be received without certification, are to be recognised and inspected, it will be necessary to consider the desirability of the formation of a Board or Commission with increased powers to undertake this work, the extent of which will have brought the work of the Lunacy Department beyond the power of one individual.

CAUSATION AND PREVENTION.

The "stigma of insanity" is a bogey that we are confronted with daily, and in the lay mind it would appear to consist of some kind of brand ostracising the sufferer for all time from the privileges and pleasures of sane folk. By some unaccountable method of reasoning the process of certification is the means (in the mind of the public) whereby the brand is attached. Surely the attack of insanity, with its too often resulting deterioration, is the brand and stigma, whilst the process of certification affords merely the consequent necessary legal protection, and is not the stigma itself. However desirable it may be to diminish legal formalities, and so secure early treatment, inspection, and, if necessary, isolation, this cannot be obtained except under some legalized formula or sanction, in order that the patient, public, and property may be protected. The interference of the Chancery Court and the Master in Lunacy is frequently held up as a hardship, whereas such interference is unostentatious and inexpensive, and indeed is very often dispensed with entirely—in all those cases, in fact, where it can be omitted with safety.

There is another side of this "stigma of insanity" subject, and that is involved in the future of our race, and the question resolves itself into this—Are we to sanction perpetually the procreation of the unfit? Are persons of the insane temperament to be permitted all the rights of a normal citizen? Is nothing to be done to prevent the ever-increasing number of the insane?

We know from the statistics gathered in many Anglo-Saxon countries that, as a causation, direct heredity alone is a heavy factor, and, if the heritage of other neuroses, such as alcoholism, marked eccentricity, epilepsy, &c., be added, and the truth be told as to the evil branches in every family tree, it will be found that some such predisposing agency is present in nearly 60 per cent. of the admissions to the Asylums of these countries. Dr. Stansfield says, at one of the London County Asylums, that he is sure that a proved percentage of 56.9 falls short of the true proportion, but so high a return as this necessarily means much careful investigation and inquiry. Of direct insane inheritance the "acknowledged" percentage in all English Asylums is 22 per cent., and in Irish 23 per cent., but in the Australasian States it is very much less, owing possibly to imperfect methods, as well as to the difficulty of tracing the family history of immigrants to these States: for New Zealand, in 1905, showed a percentage of 18 for congenital and hereditary cases; and it is further stated, in the last New Zealand report, that the rate of insanity is much greater among those who have adopted New Zealand as a home than among those who are natives of that country; and, if our conditions are comparable, this will partly account for our low return of heredity as a causation of mental disorder.

Insanity resulting from alcoholic excess and from specific disease ought slowly to become less and less, but it remains to be seen how our modern methods of life are affecting our lunacy statistics.

The following table shows the increase of the population, the decline of the birth-rate, and the increase in the number of the registered insane. As one possible explanation of the two latter conditions, a column of figures is shown giving the number of females employed in factories in Victoria. For some of the actual rise in the number of insane the new Lunacy Act is responsible, and there appears to be good reason, from the tables set forth, why we should credit some of our excessive lunacy to the collapse of the land boom, and to subsequent immigration. Curiously enough, lunacy statistics seem to rise in times of excessive prosperity as well as in times of poverty and depression, and that the former is true the increase in the number of insane during the last four years appears to show.

I view with considerable apprehension the steady rise in the number of female factory employées, and the consequent deterioration of that best of all institutions—home life; the interference with the training of housewives, and, in spite of the most perfect of factory legislation, the manufacture of bodily diseases in the younger employées, unfitting them to fulfil their highest obligation to the State, viz., Motherhood.

Year.	Victorian Population.	Number of Births.	Number of Females employed in registered Factories in Victoria.	Number of registered Insane.	Number of Suicides.	Number of Admissions to Asylums, &c., annually.
1882	899,562	26,747	..	3,147	83	465
3	920,694	27,541	..	3,193	103	480
4	944,564	28,850	..	3,228	86	517
5	969,202	29,975	..	3,230	89	519
6	1 000,510	30,824	11,027	3,380	101	595
7	1,032,993	33,043	11,114	3,519	132	662
8	1,076,966	34,503	11,640	3,634	139	648
9	1,103,727	36,359	12,373	3,627	143	665
1890	1,133,266	37,578	12,644	3,769	123	749
1	1,157,678	38,505	12,604	3,868	119	745
2	1,168,600	37,831	11,086	3,954	134	706
3	1,176,160	36,552	10,730	4,038	134	680
4	1,182,290	34,258	11,104	4,116	116	695
5	1,185,950	33,706	11,880	4,148	127	654
6	1,180,280	32,178	14,099	4,204	116	689
7	1,182,710	31,310	15,361	4,341	118	776
8	1,183,060	30,172	16,140	4,394	129	720
9	1,189,470	31,008	17,897	4,398	101	792
1900	1,197,206	30,779	19,002	4,399	101	701
1	1,210,882	31,008	20,997	4,501	122	769
2	1,211,450	30,461	22,407	4,547	133	796
3	1,208,854	29,569	22,791	4,570	138	766
4	1,210,304	29,763	24,381	4,642	114	748
5	1,218,571	30,107	25,980	4,768	140	738
6	1,237,998	30,844	27,931	4,944	111	862*

* First year of Private Licensed Houses.

IN GENERAL.

The year 1906 has not, it must be admitted, been so fruitful of progress as could have been desired. Delays have occurred both in the completion of buildings and in the acceptance of reform proposals, and it will perhaps be as well to state definitely what these causes of delay have been.

In the first place the recommendation that permanent appointments and promotions already overdue should be made was not accepted, and a scheme was asked for and later on submitted, but with the reservation as to its legality, under which the general staff was to be exempted from the provisions of the Public Service Act. After this scheme was drafted it was found to be contrary to the

intention of the Public Service Act, Section 4, as well as to the existing Lunacy Act, under which alone is power given to the Inspector-General. It was found that the effect of this exemption would be to deprive the Inspector-General of any power of appointment or discharge.

It was not until December that Rules and Regulations were finally accepted and proclaimed for the government of the general staff on the lines of the Public Service Regulations. These Regulations provide a scheme for the education and examination of the nursing staff. Provision is made for the appointment of Chief Nurses and Housekeepers (two appointments) as against the one appointment of Matron, and for the appointment of Hospital trained Nurses to Hospital wards wherever necessary. A scheme was also adopted for the selection of suitable candidates for the position of Attendants and Nurses. These are appointed, after having passed a simple preliminary examination in educational subjects, on probation for a period of one year, after which time they have to present themselves for examination in elementary anatomy and physiology, with First Aid to the Injured, and the ordinary routine duties of Nurse or Attendant. The passing of this examination will confirm their probationary period and entitle them to their first annual increment of pay. The failure to pass will delay this confirmation, or ultimately bring about their rejection on subsequent failure.

At the end of two more years, and not before, they will be eligible for the second examination, which will be in general medical nursing and mental nursing, with questions specially relating to their duties and to the duties of those under their orders. On passing this examination Attendants and Nurses will qualify for further increments in pay, as well as for subsequent promotion. The passing of this examination will entitle the successful candidate to be considered a Trained Mental Nurse, and a certificate to that effect will be given. Special examinations will be devised for the positions of Chief Nurse and Hospital Nurse. By these means it is hoped to obtain universal efficiency, promotion by merit, and diligence, rather than by seniority, and, as machinery has been provided in this direction also, the removal of the unfit.

This might be a suitable place to mention that it is my desire to arrange with the general hospitals of the State for an interchange of nurses for periods of six months, in order that Nurses who have finished or who are finishing their hospital training might obtain experience in mental nursing, and, at the same time, that we might secure for our Asylum-trained Nurses additional and wider experience in general nursing. We do not ask for our Nurses the certificate of the general hospital or of any nursing association, but we think that Nurses originally trained in our Department, and finished off, so to speak, in a general hospital, will be quite capable of competing on fair terms for the higher positions of the Lunacy Department. The establishment of the Mental Hospital will prove an excellent opportunity for this innovation.

Now as to the delay in the matter of buildings. It invariably happens that it is five or six months after the commencement of the financial year when we are able to commence building operations, owing to the delay in getting our recommendations approved. But apart from this habitual delay, the first check experienced dates from 9th August, 1905, when a deputation to the Honorable the Premier asked for the removal of the Kew and Yarra Bend Hospitals. The effect of this was to inhibit any additional buildings or improvements at Kew and Yarra Bend. Permission, however, to build two temporary and inexpensive wards at Yarra Bend was subsequently obtained.

The next important matter that was undertaken was the building of the Melbourne Receiving House for the observation of doubtful cases as well as for the treatment of transient cases of mania and delirium. This would have accommodated 40 cases, and as provision was made in the Act for the detention and treatment of cases for as long as two months, it was thought advisable to build an up-to-date miniature hospital. The plans were first commenced in the month of May, 1905, but at the end of the year 1906 the Receiving House was still unfinished.

The additional accommodation which was to afford temporary relief were wards at Sunbury and Ballarat. I understood that these wards were to be ready about September, 1906, but at the end of the year they are still unfinished. As a

more temporary urgent measure the construction of the hospital wards at Yarra Bend was undertaken. The plans of these buildings had to be remodelled owing to the tenders exceeding the estimate, and later on further alterations had to be undertaken owing to the unsuitability of the lining material used; so that this work, which we hoped would be available early in the year, at the end of 1906 had not yet been handed over to us.

FUTURE POLICY.

This, it is elsewhere pointed out, seems to be determined by the ultimate fate of the Hospitals for the Insane at Kew and Yarra Bend. It is eminently desirable that the worthless buildings which go to make up the Hospital for the Insane at Yarra Bend should be relinquished: on the other hand, it is not at all certain that it is good policy to throw away the £250,000 or more that the Hospital for the Insane at Kew represents: it appears, however, that the fate of the two Asylums is more or less a common one.

It has therefore been necessary to provide some accommodation for acute cases in the Metropolitan area, in case either of these two institutions have to be surrendered. The Reception House can of course touch only the fringe of these cases, and the feeling in favour of a Mental Hospital has been growing so strong that it has been decided to erect a Mental Hospital for the Melbourne area.

Owing to the fact that it was decided not to have the Government Inebriate Retreat so near the centre of population, it was possible to convert the institution which was being built for that purpose, and extend it very considerably, so that we shall, in the course of a year or so, have an institution sufficiently near the Reception House, the University, and the Medical Schools, as well as in a handy and accessible site, ready for the reception and treatment of acute mental disorders, and containing approximately 120 beds. This will probably be enough to treat practically all those cases of mental disorder of a transient or favourable character who recover within a few months of the onset of their disorder.

Well equipped and strongly staffed, it is to be hoped that such an institution as this will be able to do so good a work that the fate of Kew and Yarra Bend will be a comparatively secondary consideration. At the same time we must recollect that the other Asylums in the country must also be extended and improved. There seems to be an increasing annual increment of cases of an irrecoverable class left on our hands, and year by year additional provision must be made for these, but, beyond this, re-organisation of almost all the Asylums is necessary. For example, the first essential for an institution is a good water supply: this is having to be improved in each of our country Asylums. The second essential is good drainage. This is not obtained in any of our institutions, and I have no hesitation in saying that no large institution has a right to continue, any longer than it can possibly help, the disgraceful pan system: and I say most emphatically that, for institutions where from 500 to 1,000 patients are congregated together in a comparatively small area, nothing but an efficient water-borne sewage system should be allowable. Of course the provision of a good water-borne sewage scheme depends on the question of the water supply, so that we have to hark back to our primary essentials in order to make any progress with our institutional life.

The next question is the proper distribution of hot water and steam systems throughout the institutions, and it appears necessary that we should put in each Asylum in turn proper high pressure boilers in order that hot water may be circulated to all parts of the institution, rather than that the existing system of independent stokeholes and boilers should be allowed to continue.

These *desiderata* having been obtained, we can then proceed to improve our kitchens and laundries, particularly the latter. We can then procure mechanical appliances for the washing and handling of wet and dirty clothes, and so save a very large amount of unnecessary and unhealthy labour which is at present entailed on our patients.

Incidentally, the lighting of all the institutions requires improving, and proper telephonic communications should be provided. From that point, subsequent additions to our institutions will be easy, and we should then be able to provide, more freely, comfortable surroundings for our patients and staff. It seems a very long way to have to hark back to the very essentials of institutional life when we are seeking to improve the treatment of the mentally affected, but it is nevertheless an undeniable fact that such mundane things as boilers and dynamos are absolute necessities in our march of progress.

The works which were to have been completed in 1906, and which were authorized in 1905, were as follow:—

Reception House	...	...	...	40	beds
Sunbury, two new wards	...	...	...	84	„
Ballarat, two new wards	...	...	...	84	„
Yarra Bend, two temporary wards	...	...	...	96	„
making a total of	...	...	...	304	beds.

During the year 1906 the following works were authorized, and some of them commenced:—

The Mental Hospital for 120 beds; a new reception ward at the Bendigo Gold District Hospital; alterations at Beechworth, to provide additional accommodation for both patients and staff; alterations at Ballarat to old Infirmary Ward; new mess rooms at Beechworth; new quarters for female staff at Sunbury and Ararat; at Sunbury, new kitchen and stores, with a new steam and hot water apparatus; at Ararat, additional water supply and fire circuit; a new sewerage scheme and improved water supply was also commenced at Ballarat.

During the year 1907-8 it is proposed to complete the erection of the Mental Hospital; to make certain additions to the old wards at Sunbury and Ballarat; to provide electric lighting at Sunbury; to provide new laundries at Kew and Beechworth, with a new steam apparatus. Besides this, there will be additional accommodation provided for the staff, and also tents for the treatment of infectious disorders in each of the hospitals.

Turning to other matters, it is proposed to make very considerable improvement in the dietary for the patients by the general use of oatmeal, and the provision of puddings. This can probably be done at a comparatively small cost, and will materially help to relieve the monotony of the existing dietary scale.

The rules and regulations have been touched upon elsewhere in this Report; and the question of new legislation, or any amendment of the existing Lunacy Act, has also been referred to; and it is only necessary here to say that, should it be deemed advisable that other duties be given to the officials of this Department, it will be well for Parliament to consider whether it would not be better in the interests of the mentally afflicted to have this important work undertaken by a Board or Commission.

One other subject I must touch upon, which, however, has been frequently brought before the Ministry, and that is the appointment of an architect, with the necessary subordinate staff, to take charge of the buildings in this Department. More especially will this be necessary if new asylums are to be constructed. There is ample work for such an official, and his appointment would probably tend to economy and uniformity of construction.

I have the honour to be,

Sir,

Your obedient servant,

W. ERNEST JONES,

Inspector-General of the Insane.