

1908.

VICTORIA.

---

# HOSPITALS FOR THE INSANE.

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## R E P O R T

OF THE

### INSPECTOR-GENERAL OF THE INSANE

FOR THE YEAR ENDED 31<sup>ST</sup> DECEMBER,

1907.

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

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## REPORT.

LUNACY DEPARTMENT,

Inspector-General's Office,

Melbourne, 7th September, 1908.

*To the Honorable the Chief Secretary.*

SIR,

In accordance with Section 15 of the Lunacy Act No. 1873, I have the honour to submit my annual Report for the year ended 31st December, 1907.

On the 1st January there were on the Registers of the Department 4,937 persons certified as insane; at the end of the year (31st December, 1907) there were 5,052 persons. These figures show an increase of 88 in the numbers on the books of the State Hospitals for the Insane, and an increase of 27 on the books of the private Licensed Houses, or a total increase of 115 in the number of the registered insane. There were also 18 more persons under observation in Receiving Hospitals and wards at the end of 1907 than at the beginning of the year. There is now in the State of Victoria 1 registered insane person in every 249 of the population.

I attach the statistical tables for the year, and have added a new table dealing with the diagnosis of mental disorders in the cases admitted, discharged, and died, and in those remaining in the State Hospitals for the Insane on 31st December, 1907. The reports and statistics dealing with each section of the Department, viz., the State Hospitals, the Receiving House, and the private Licensed Houses, are dealt with separately as far as possible.

TABLE I.—Showing the Distribution of the Insane on 31st December, 1907.

	Males.	Females.	Total.	Males.	Females.	Total.
In the Hospital for the Insane at—						
Yarra Bend ... ..	468	374	842			
Kew ... ..	464	346	810			
Kew Idiot Asylum ... ..	156	136	292			
Ararat ... ..	382	288	670			
Beechworth ... ..	371	267	638			
Sunbury ... ..	348	430	778			
Ballarat ... ..	205	388	593	2,394	2,229	4,623
On trial leave from—						
Yarra Bend ... ..	52	46	98			
Kew ... ..	54	77	131			
Kew Idiot Asylum ... ..	13	9	22			
Ararat ... ..	9	13	22			
Beechworth ... ..	4	1	5			
Sunbury ... ..	5	10	15			
Ballarat ... ..	2	6	8	139	162	301
Boarded out from—						
Yarra Bend ... ..	...	3	3			
Kew ... ..	1	8	9			
Kew Idiot Asylum ... ..	2	...	2			
Ararat ... ..	6	10	16			
Beechworth ... ..	4	...	4			
Sunbury ... ..	2	...	2			
Ballarat ... ..	...	1	1	15	22	37
Total number of registered lunatics on the books of the Public Hospitals						
...	...	...	...	2,548	2,413	4,961
In the Licensed House—						
Sunnyside ... ..	9	7	16			
Mount Ida ... ..	2	6	8			
Cloverdale ... ..	1	8	9			
Merton ... ..	1	14	15			
Landcox ... ..	...	18	18	13	53	66

TABLE I.—Showing the distribution of the Insane on 31st December, 1907—*continued*.

	Males.	Females.	Total.	Males.	Females.	Total.
On trial leave from the Licensed House—						
Sunnyside ... ..	4	6	10			
Mount Ida ... ..	2	2	4			
Cloverdale ... ..	2	...	2			
Merton ... ..	...	4	4			
Landcox ... ..	...	5	5	8	17	25
Total number of registered lunatics in the State ... ..	...	...	...	2,569	2,483	5,052

## Note to Licensed Houses—

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

	Males.	Females.
Sunnyside ... ..	3	4
Mount Ida ... ..	—	—
Cloverdale ... ..	2	1
Merton ... ..	—	1
Landcox ... ..	—	3

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, 1907.

	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.
In the Hospitals, 1st January, 1907	2,344	2,209	4,553						
On trial ... ..	124	159	283						
Boarded out ... ..	16	21	37						
Total number on books, 1st January, 1907 ... ..	...	...	...	...	...	...	2,484	2,389	4,873
Cases admitted—									
First admissions ... ..	376	265	641						
Not first admissions ... ..	41	46	87						
Escaped patients retaken ... ..	...	...	...	417	311	728			
				11	3	14			
Total cases admitted during the year ... ..	...	...	...	...	...	...	428	314	742
Total cases under care during the year ... ..	...	...	...	...	...	...	2,912	2,703	5,615
Cases discharged—									
Recovered ... ..	112	107	219						
Relieved ... ..	35	33	68						
Not improved ... ..	7	9	16						
Died ... ..	191	137	328						
Escaped ... ..	...	...	...	345	286	631			
				19	4	23			
Total cases discharged and died during the year ... ..	...	...	...	...	...	...	364	290	654
Remaining in the Hospitals, 31st December, 1907 ... ..	...	...	...	2,394	2,229	4,623			
Patients on leave ... ..	...	...	...	139	162	301			
„ boarded out ... ..	...	...	...	15	22	37			
Total number on books, 31st December, 1907 ... ..	...	...	...	...	...	...	2,548	2,413	4,961
Average number resident during the year ... ..	...	...	...	...	...	...	2,346	2,225	4,571
Persons under care during the year ... ..	...	...	...	...	...	...	2,865	2,628	5,493
Persons admitted ... ..	...	...	...	...	...	...	414	306	720
Persons recovered ... ..	...	...	...	...	...	...	112	107	219
Transferred from one Hospital to another ... ..	...	...	...	...	...	...	89	128	217

TABLE III.—Showing the Previous Attacks among Persons Admitted during the Year 1907.

Number of Previous Attacks.	Persons.		
	Males.	Females.	Total.
Have had one attack ... ..	60	46	106
Have had two attacks ... ..	15	6	21
Have had three attacks ... ..	7	2	9
Have had four attacks ... ..	2	...	2

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	32.07	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	12.76	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	
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	
1907	417	311	728	112	107	219	35	33	68	...	...	...	191	137	328	2,548	2,413	4,961	2,346	2,225	4,571	26.85	34.40	30.08	8.14	6.15	7.17	
Total	6,926	5,550	12,476	2,487	2,098	4,585	434	574	1,008	...	...	...	3,403	2,141	5,544	...	...	...	37,462	33,153	70,616	35.91	37.80	36.75	9.08	6.46	7.85	
																2,203												

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 the Year ended 31st December, 1907.

Asylum.	Admitted.			Discharged.						Remaining 31st December, 1907.			Average Numbers Resident.			Percentage of Recoveries on Admissions.			Percentage of Relieved on Admissions.			Percentage of Deaths on the Average Numbers Resident.					
	Males.	Females.	Total.	Recovered.			Relieved.			Died.			Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.			
				Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.															
Yarra Bend	139	84	223	29	30	59	10	9	19	43	29	72	520	423	943	467	369	836	20.86	35.71	26.45	7.20	10.71	8.52	9.20	7.86	8.61
Kew ...	146	136	282	43	40	83	15	17	32	48	42	90	519	431	950	455	392	847	29.45	29.41	29.43	10.27	12.5	11.35	10.55	10.71	10.62
Kew Idiot Asylum	18	11	29	...	1	1	7	...	7	18	12	30	171	145	316	166	140	306	...	...	...	38.88	...	24.14	10.84	8.57	9.80
Ararat ...	57	36	93	16	9	25	1	3	4	34	12	46	397	311	708	369	289	658	28.07	25.00	26.88	1.75	8.33	4.30	9.21	4.15	6.99
Beechworth	16	9	25	9	8	17	...	...	...	20	9	29	379	268	647	383	264	647	56.25	88.88	68.00	...	...	...	5.22	3.40	4.48
Sunbury ...	41	33	74	15	17	32	2	3	5	17	14	31	355	440	795	304	411	715	36.59	51.51	43.24	4.88	9.09	6.76	5.59	3.40	4.33
Ballarat ...	...	2	2	...	2	2	...	1	1	11	19	30	207	395	602	202	360	562	...	...	...	...	...	...	5.44	5.28	5.33
Total ...	417	311	728	112	107	219	35	33	68	191	137	328	2,548	2,413	4,961	2,346	2,225	4,571	26.85	34.40	30.08	8.39	10.61	9.34	8.14	6.15	7.17

TABLE VI.—Showing the 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 ... ..	...	...	...	6,061	5,107	11,168	29·28	32·64	30·73
Relieved ... ..	...	...	...	885	1,045	1,930	4·28	6·68	5·31
Not improved (including transfers) ... ..	...	...	...	4,251	3,387	7,638	20·54	21·64	21·01
Died ... ..	...	...	...	6,953	3,696	10,649	33·59	23·62	29·30
On trial and boarded out on 31st December, 1907 ... ..	...	...	...	154	184	338	·74	1·18	·93
Remaining on 31st December, 1907 ... ..	...	...	...	2,394	2,229	4,623	11·57	14·24	12·72
Total ... ..	20,698	15,648	36,346	20,698	15,648	36,346	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 1907.

Length of Residence.	Recovered.			Died.		
	Males.	Females.	Total.	Males.	Females.	Total.
Under 1 month ... ..	11	5	16	5	12	17
1 month and under 3 months ... ..	24	17	41	23	11	34
3 months " 6 " ... ..	21	24	45	20	10	30
6 " " 9 " ... ..	15	13	28	14	15	29
9 " " 12 " ... ..	15	20	35	7	6	13
1 year and under 2 years ... ..	16	19	35	27	11	38
2 years " 3 " ... ..	6	4	10	18	15	33
3 " " 5 " ... ..	2	3	5	13	9	22
5 " " 7 " ... ..	...	1	1	5	9	14
7 " " 10 " ... ..	1	...	1	14	4	18
10 " " 12 " ... ..	...	...	...	5	3	8
12 " " 15 " ... ..	...	1	1	6	6	12
15 " " 20 " ... ..	1	...	1	14	7	21
20 " " 25 " ... ..	...	...	...	8	10	18
25 " " 30 " ... ..	...	...	...	3	2	5
30 " " 35 " ... ..	...	...	...	1	2	3
35 " " 40 " ... ..	...	...	...	5	2	7
40 " and over ... ..	...	...	...	3	3	6
Total ... ..	112	107	219	191	137	328



TABLE VIII.—Showing in Quinquennial Periods the Ages of those Admitted, Recovered, and Died, during the Year 1907, and of those Remaining on 31st December, 1907.

Ages.	The Admissions.			Recovered.			The Deaths.			Patients Resident, 31st December, 1907.		
	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.
Under 5 years ...	1	2	3	...	...	...	...	1	1	4	6	10
5 years and under 10 years	4	3	7	...	...	...	1	2	3	20	16	36
10 " 15 "	7	3	10	...	...	...	6	4	10	34	34	68
15 " 20 "	27	13	40	3	4	7	5	1	6	53	54	107
20 " 25 "	25	23	48	8	9	17	10	6	16	99	90	189
25 " 30 "	49	33	82	9	17	26	10	5	15	182	150	332
30 " 35 "	45	36	81	19	7	26	11	8	19	213	201	414
35 " 40 "	50	35	85	15	17	32	13	7	20	336	263	599
40 " 45 "	50	43	93	15	14	29	31	6	37	336	313	649
45 " 50 "	48	27	75	14	15	29	14	12	26	299	255	554
50 " 55 "	21	16	37	6	4	10	8	11	19	204	193	397
55 " 60 "	20	11	31	6	4	10	11	10	21	169	159	328
60 " 65 "	12	16	28	3	4	7	8	18	26	150	177	327
65 " 70 "	15	16	31	...	3	3	10	12	22	131	145	276
70 " 75 "	12	15	27	3	3	6	17	16	33	105	108	213
75 " 80 "	10	9	19	1	1	2	10	10	20	53	65	118
80 " 85 "	3	3	6	1	...	1	4	3	7	27	24	51
85 " 90 "	1	1	2	1	...	1	7	2	9	9	12	21
90 " 100 "	...	...	...	...	...	...	...	...	...	1	2	3
Unknown ...	17	6	23	8	5	13	15	3	18	123	146	269
Total ...	417	311	728	112	107	219	191	137	328	2,548	2,413	4,961

TABLE IX.—Showing the Duration of the Disorder on Admission in the Admissions, Discharges, and Deaths during the Year 1907.

Class.	The Admissions.			The Discharges.						The Deaths.		
				Recovered.			Removed, Relieved, or Otherwise.					
	Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.
FIRST CLASS— First attack, and within three months on admission ...	175	141	316	62	67	129	32	32	64	54	48	102
SECOND CLASS— First attack, above three and within twelve months on admission ...	54	40	94	7	13	20	10	10	20	30	21	51
THIRD CLASS— Not first attack, and within twelve months on admission ...	59	52	111	24	19	43	22	13	35	20	10	30
FOURTH CLASS— First attack or not, but of more than twelve months on admission ...	34	43	77	10	5	15	9	4	13	40	36	76
FIFTH CLASS— Congenital ...	19	16	35	...	1	1	11	4	15	21	12	33
Unknown ...	76	19	95	9	2	11	3	2	5	26	10	36
Total ...	417	311	728	112	107	219	87	65	152	191	137	328

TABLE X.—Showing the Probable Causes of Insanity in the Patients Admitted during the Year 1907.

Causes of Insanity.	Number of Instances in which each Cause was Assigned.											
	Admissions {									No. of Cases—		
										417 Males, 311 Females, 728 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.	
<b>MORAL.</b>												
Domestic Trouble (including loss of relatives and friends)	1	2	3	6	21	27	...	2	2	7	25	32
Adverse Circumstances (including business anxieties and pecuniary difficulties)...	2	2	4	15	5	20	3	1	4	20	8	28
Mental Anxiety and Worry (not included under the above two heads), and Over Work ...	3	3	6	15	15	30	3	3	6	21	21	42
Religious Excitement ...	2	...	2	5	8	13	...	...	...	7	8	15
Love Affairs (including seduction) ...	...	3	3	...	...	...	...	...	...	...	3	3
Fright and Nervous Shock ...	...	...	...	...	9	9	...	...	...	...	9	9
<b>PHYSICAL.</b>												
Intemperance in Drink ...	7	2	9	30	15	45	6	4	10	43	21	64
Intemperance (sexual) ...	1	...	1	4	...	4	...	...	...	5	...	5
Venereal Disease ...	2	2	4	11	...	11	...	...	...	13	2	15
Self Abuse (sexual) ...	8	...	8	20	...	20	4	...	4	32	...	32
Over Exertion ...	...	...	...	...	1	1	...	...	...	...	1	1
Sunstroke ...	3	...	3	6	4	10	...	...	...	9	4	13
Accident or Injury ...	9	1	10	14	4	18	...	...	...	23	5	28
Pregnancy ...	...	...	...	...	1	1	...	...	...	...	1	1
Parturition and the Puerperal state ...	...	1	1	...	10	10	...	...	...	...	11	11
Lactation ...	...	...	...	...	4	4	...	...	...	...	4	4
Uterine and Ovarian Disorders ...	...	1	1	...	...	...	...	...	...	...	1	1
Puberty ...	1	...	1	1	4	5	...	...	...	2	4	6
Change of Life ...	...	...	...	...	11	11	...	...	...	...	11	11
Fevers ...	...	1	1	3	...	3	...	...	...	3	1	4
Privation and Starvation ...	1	1	2	3	3	6	...	2	2	4	6	10
Old Age ...	18	11	29	23	15	38	...	1	1	41	27	68
Other Bodily Diseases or Disorders ...	4	1	5	17	15	32	2	2	4	23	18	41
Previous Attacks ...	50	30	80	1	4	5	...	1	1	51	35	86
Hereditary Influences ascertained (direct and collateral)	39	18	57	...	...	...	...	...	...	39	18	57
Congenital Defect ascertained	13	11	24	1	8	9	13	10	23	27	29	56
Other ascertained Causes ...	1	1	2	...	1	1	5	1	6	6	3	9
Unknown ...	...	...	...	21	26	47	27	18	45	94	75	169
Total ...	165	91	256	196	184	380	63	45	108	470	351	821
Deduct for combined causes	...	...	...	...	...	...	...	...	...	53	40	93
Total Admissions ...	...	...	...	...	...	...	...	...	...	417	311	728

TABLE XI.—Showing Classification of Various Forms of Insanity.

Form of Mental Disorder.	Admissions.			Recoveries.			Deaths.			Remaining 31st December, 1907.		
	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.
I. Congenital or infantile mental deficiency (idiotcy or imbecility) occurring as early in life as it can be observed—												
1. Intellectual :												
(a) With epilepsy ... ..	16	18	34	1	1	2	7	4	11	57	72	129
(b) Without epilepsy ... ..	25	17	42	...	3	3	18	9	27	252	200	452
2. Moral ... ..	1	...	1	...	...	...	...	...	...	...	...	...
II. Insanity occurring later in life—												
1. Insanity with Epilepsy ... ..	11	5	16	1	1	2	8	9	17	95	140	235
2. General Paralysis of the Insane ... ..	42	...	42	...	...	...	33	1	34	51	2	53
3. Insanity of the grosser brain lesions ... ..	1	...	1	...	...	...	2	...	2	27	12	39
4. Acute delirium (acute delirious mania)	4	2	6	2	1	3	1	...	1	...	...	...
5. Confusional Insanity ... ..	5	6	11	2	1	3	...	...	...	8	1	9
6. Stupor ... ..	3	3	6	...	...	...	...	...	...	2	2	4
7. Primary Dementia ... ..	25	12	37	7	7	14	9	6	15	101	59	160
8. Mania :												
(a) Recent ... ..	35	55	90	25	33	58	5	12	17	29	32	61
(b) Chronic ... ..	2	3	5	...	3	3	7	4	11	262	213	475
(c) Recurrent ... ..	18	29	47	16	5	21	2	4	6	46	51	97
9. Melancholia :												
(a) Recent ... ..	34	40	74	14	25	39	11	8	19	23	26	49
(b) Chronic ... ..	6	5	11	1	1	2	4	9	13	82	48	130
(c) Recurrent ... ..	9	5	14	3	3	6	1	1	2	25	34	59
10. Alternating Insanity ... ..	...	...	...	...	...	...	...	...	...	2	2	4
11. Delusional Insanity												
(a) Systematized ... ..	17	8	25	5	1	6	1	1	2	63	69	132
(b) Non-systematized ... ..	66	35	101	23	18	41	14	12	26	238	188	426
12. Volitional Insanity :												
(a) Impulse ... ..	3	2	5	1	1	2	...	...	...	2	1	3
(b) Obsession ... ..	...	...	...	...	...	...	...	...	...	...	...	...
(c) Doubt ... ..	...	...	...	...	...	...	...	...	...	...	...	...
13. Moral Insanity ... ..	1	...	1	...	...	...	...	...	...	1	...	1
14. Dementia :												
(a) Senile ... ..	41	33	74	7	1	8	38	27	65	119	95	214
(b) Secondary or Terminal ... ..	52	33	85	4	2	6	30	30	60	907	980	1,887
On trial leave, or boarded out ... ..	...	...	...	...	...	...	...	...	...	154	184	338
Convalescent ... ..	...	...	...	...	...	...	...	...	...	2	2	4
<b>Total ... ..</b>	<b>417</b>	<b>311</b>	<b>728</b>	<b>112</b>	<b>107</b>	<b>219</b>	<b>191</b>	<b>137</b>	<b>328</b>	<b>2,548</b>	<b>2,413</b>	<b>4,961</b>

TABLE XII.—Showing the Condition as to Marriage in the Admissions, Recoveries, and Deaths during the Year 1907, and of Patients Resident, 31st December, 1907.

Condition in Reference to Marriage.	The Admissions.			The Discharges. Recovered.			The Deaths.			Patients Resident, 31st December, 1907.		
	Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.
Single ... ..	236	113	349	64	42	106	92	39	131	1,627	1,140	2,767
Married ... ..	129	122	251	35	52	87	49	49	98	458	734	1,192
Widowed ... ..	26	62	88	7	11	18	22	32	54	79	273	352
Unknown ... ..	8	3	11	6	1	7	10	5	15	213	121	334
<b>Total ... ..</b>	<b>399</b>	<b>300</b>	<b>699</b>	<b>112</b>	<b>106</b>	<b>218</b>	<b>173</b>	<b>125</b>	<b>298</b>	<b>2,377</b>	<b>2,268</b>	<b>4,645</b>

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

TABLE XIII.—Showing the Causes of Deaths during the Year 1907, 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>	1	2	1	1	1	1	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2							
Organic Disease of Brain	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1							
Apoplexy or Cerebral Hemorrhage	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1						
Meningitis	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1					
Epilepsy	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1					
General Paralysis	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1					
<i>Thoracic Diseases—</i>	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1						
Heart Disease	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1					
Aneurism	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1					
Phthisis or Tubercular Disease of Lungs	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1					
Pneumonia	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1					
Pleurisy	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1					
Bronchitis	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1					
Pyopneumothorax and Empyema	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1					
Gangrene of Larynx or Lung	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1					
<i>Abdominal Diseases—</i>	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1					
Liver	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1					
Kidney	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1					
Peritonitis	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1				
Acute Obstruction	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1					
Colitis	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1					
Diarrhea	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1					
Enteritis or Gastro-Enteritis (Typhoid)	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1					
Intestinal Hemorrhage	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1					
Gastric Ulcers	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1					
<i>General Diseases—</i>	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1					
Senility	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1					
Tuberculosis	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1					
Septicæmia or Pyæmia	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1					
Cancer	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1					
Uræmia	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1					
Exhaustion from Acute Mania	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1					
Cellulitis of Scalp	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1					
Accidents	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1					
Total	7	6	13	5	2	7	14	11	4	15	12	7	19	13	10	13	23	12	11	25	8	18	26	9	13	22	19	14	33	10	8	18	6	2	8	7	2	9	9	3	12	191	137	328

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

	Male.	Female.	Total.
Out on probation on 1st January, 1907	124	159	283
Allowed out during the year	167	233	400
Total ...	291	392	683
Recovered and Relieved—			
Of those allowed out during previous years	24	39	63
Of those allowed out during the present year	40	48	88
Total ...	64	87	151
Died—			
Of those allowed out during previous years	4	2	6
Of those allowed out during the present year	3	5	8
Total ...	7	7	14
Written off the books under section 94, Act 1873—			
Of those allowed out during previous years	26	25	51
Of those allowed out during the present year	3	4	7
Total ...	29	29	58
Returned to the Asylum at expiration of probation—			
Of those allowed out during previous years	21	34	55
Of those allowed out during present year	31	73	104
Total ...	52	107	159
Remaining under care out of the Asylum on 31st December, 1907	139	162	301

TABLE XV.—Return of Patients Boarded Out.

	Male.	Female.	Total.
Boarded out on 1st January, 1907	16	21	37
Allowed out during the year	6	3	9
Total ...	22	24	46
Returned to the Asylum by their guardians—			
Of those allowed out during previous years	7	2	9
Of those allowed out during present year	...	...	...
Total ...	7	2	9
Remaining under care out of the Asylum on 31st December, 1907	15	22	37

TABLE XVI.—Showing the Manner in which Patients were Admitted during the Year 1907.

	Yarra Bend.	Kew.	Kew Idiot Asylum.	Ararat.	Beechworth.	Sunbury.	Ballarat.	Total.
Lunatics sent to the Asylums by their friends...	Male	29	85	12	9	4	8	147
	Female	39	97	8	18	4	11	179
" " by the police ...	Male	92	60	3	42	9	33	239
	Female	40	37	1	17	5	22	122
" received from Benevolent Asylums ...	Male	...	...	...	2	3	...	5
	Female	...	...	...	1	...	...	1
" " Hospitals ...	Male	...	...	...	2	...	...	2
	Female	...	...	...	...	...	...	...
" " Gaols ...	Male	12	1	...	2	...	...	15
	Female	3	...	...	...	...	...	3
" " all other institutions (including transfers)	Male	7	10	4	27	...	37	98
	Female	3	6	7	2	11	35	70
Total ...	225	296	35	122	36	146	85	945
Escaped patients retaken	Male	2	1	1	3	2	1	11
	Female	...	2	1	...	...	...	3
Total admissions	227	299	37	125	38	147	86	959

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

Birthplaces.	Religious Persuasions.										Total.
	Protestant.					Roman Catholic.	Pagan.	Hebrew.	Mahome-tan.	Unascertained.	
	Church of England.	Presby-terian.	Wesleyan.	Lutheran.	Other Protestant Denomi-nations.						
Victoria ... ..	121	66	41	3	44	125	...	3	...	5	408
Other Colonies and British Possessions	30	9	3	1	1	13	...	...	1	2	60
England ... ..	59	2	14	...	13	4	...	...	...	2	94
Scotland ... ..	1	27	4	...	1	2	...	...	...	...	35
Ireland ... ..	7	5	...	...	3	46	...	...	...	2	63
France ... ..	...	...	...	...	...	1	...	...	...	...	1
Germany ... ..	...	...	...	3	...	...	...	...	...	...	3
China ... ..	...	...	...	...	...	...	5	...	...	1	6
Other Countries ...	5	1	1	3	2	11	...	1	2	...	26
Not known ... ..	9	6	1	...	3	5	...	...	...	8	32
<b>Total</b> ... ..	<b>232</b>	<b>116</b>	<b>64</b>	<b>10</b>	<b>67</b>	<b>207</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>20</b>	<b>728</b>

TABLE XVIII.—Showing the Average Number of Patients employed, attending Amusements, and Divine Service.

Particulars.	Male.	Female.	Total.
<b>In the Workshops (Male)—</b>			
Blacksmith ... ..	14	...	14
Carpenter ... ..	24	...	24
Mattress-maker ...	15	...	15
Shoemaker ... ..	29	...	29
Tailor ... ..	26	14	40
Painter ... ..	10	...	10
Mat-maker ... ..	6	...	6
<b>In the Workshops (Female)—</b>			
Sewing (making-up and repairing clothing)	...	358	358
Fancy work ... ..	...	103	103
Tailoress ... ..	...	9	9
Mattress-making ...	...	8	8
<b>Miscellaneous occupations—</b>			
Working on the farm	255	...	255
" in the garden	102	...	102
" in the kitchen	49	23	72
" in the store	10	...	10
" in the laundry	...	340	340
" in the wards and airing courts	469	489	958
" as servants at private quarters	34	26	60
" on roads and ornamental grounds	140	...	140
<b>Other work about the establishment</b>	<b>192</b>	<b>66</b>	<b>258</b>
<b>Total</b> ... ..	<b>1,375</b>	<b>1,436</b>	<b>2,811</b>
Percentage of those usefully employed ...	58.61	64.54	61.49
<b>Amusements—</b>			
Balls and concerts ...	619	589	1,208
Billiards and reading-room	339	288	627
Cards, chess, dominoes, &c.	369	174	543
Bowls, cricket, croquet, football, and tennis	501	258	759
Walking and driving	506	428	934
<b>Attending Divine Service...</b>	<b>751</b>	<b>766</b>	<b>1,517</b>
" school ... ..	54	45	99

TABLE XIX.—Showing the Quantity of Produce supplied by the Farms and Gardens at the various Hospitals for the Insane during the year 1907.

Hospital.				Butter.	Eggs.	Meat, Poultry, &c.	Milk.	Vegetables.	Fruit.
				lbs.	doz.	lbs.	qts.	lbs.	lbs.
Yarra Bend	...	...	...	40	1,143	5,456	81,350	260,490	...
Kew	...	...	...	...	2,970	1,934	114,997	411,639	10,653
„ Idiot Asylum	...	...	...	...	...	...	...	6,136	...
Ararat	...	...	...	700	227	1,429	75,181	162,103	2,548
Beechworth	...	...	...	...	575	1,036	75,710	174,394	38,327
Sunbury	...	...	...	...	223	1,931	83,789	172,975	12,770
Ballarat	...	...	...	41	515	1,029	66,279	209,849	2,110

  

Hospital.				Bacon.	Lard.	Green Food.	Hay.	Root Crops.	Ensilage.	Peas.
				lbs.	lbs.	tons.	tons.	tons.	tons.	bushels.
Yarra Bend	...	...	...	...	...	50	110	100	40	...
Kew	...	...	...	5,079	72	300	125	430	...	180
„ Idiot Asylum	...	...	...	...	...	...	...	...	...	...
Ararat	...	...	...	...	...	70	65	...	35	...
Beechworth	...	...	...	...	...	100	80	...	...	...
unbury	...	...	...	...	...	100	30	42	...	...
Ballarat	...	...	...	...	...	50	80	10	90	30

TABLE XX.—Showing the Total Receipts and Expenditure of Hospitals for the Insane during the Year 1907.

Receipts.							Amount.		
Collections by the Master-in-Lunacy for maintenance of patients at—							£	s.	d.
Yarra Bend	...	...	...	...	...	...	3,120	10	0
Kew	...	...	...	...	...	...	8,267	9	0
Ararat	...	...	...	...	...	...	1,415	10	8
Beechworth	...	...	...	...	...	...	1,150	0	0
Sunbury	...	...	...	...	...	...	1,810	15	6
Ballarat	...	...	...	...	...	...	1,350	4	6
Receiving House	...	...	...	...	...	...	5	0	6
Receiving Wards	...	...	...	...	...	...	30	15	10
Amount of sales	...	...	...	...	...	...	1,364	9	6
„ fines	...	...	...	...	...	...	23	10	0
Miscellaneous collections	...	...	...	...	...	...	17	14	10
<b>Total</b>	...	...	...	...	...	...	<b>18,556</b>	<b>0</b>	<b>4</b>

  

Expenditure.							Amount.		
General expenses (Salaries at Head Office, Fees to Official Visitors, Travelling Expenses, Postage, and Telegrams, &c., &c.).							£	s.	d.
...	...	...	...	...	...	...	3,823	18	5
Maintenance at—									
Yarra Bend	...	...	...	...	...	...	24,251	14	0
Kew	...	...	...	...	...	...	34,435	18	6
Ararat	...	...	...	...	...	...	21,832	5	0
Beechworth	...	...	...	...	...	...	17,571	7	1
Sunbury	...	...	...	...	...	...	19,409	3	4
Ballarat	...	...	...	...	...	...	16,652	17	5
Receiving House	...	...	...	...	...	...	1,224	18	7
Receiving Ward—Bendigo	...	...	...	...	...	...	269	15	0
„ „ Geelong	...	...	...	...	...	...	32	15	0
Expenses in connexion with the Committal and Transport of Lunatics	...	...	...	...	...	...	1,465	17	6
Expenses in connexion with Boarded-out Patients	...	...	...	...	...	...	572	15	7
<b>Total</b>	...	...	...	...	...	...	<b>141,543</b>	<b>5</b>	<b>5</b>

TABLE XXI.—Showing Total Cost of Maintenance against each Hospital, the Sums expended against each Vote, and the Amount of General Expenses for 1907.

—	Total Cost of Maintenance.			Salaries.			Fees to Official Visitors.			Clothing, Bedding, and Material for Manufacture.			Allowances to Chaplains.		
	£	s.	d.	£	s.	d.	£	s.	U.	£	s.	d.	£	s.	d.
Yarra Bend ...	21,251	14	0	12,729	6	3	...	...	...	1,901	0	8	78	0	0
Kew ...	34,435	18	6	18,287	5	4	...	...	...	3,061	12	1	82	8	2
Ararat ...	21,832	5	0	10,612	16	4	...	...	...	1,588	14	10	140	6	8
Beechworth ...	17,571	7	1	8,297	19	1	...	...	...	1,507	7	10	65	16	8
Sunbury ...	19,409	3	4	9,217	5	7	...	...	...	1,939	7	9	87	11	8
Ballarat ...	16,652	17	5	7,520	1	9	...	...	...	1,460	6	9	85	6	8
Receiving House	1,224	18	7	648	8	1	...	...	...	196	1	5	...	...	...
General expenses	3,823	18	5	2,626	1	11	395	10	0	...	...	...	...	...	...
<b>Total ...</b>	<b>139,202</b>	<b>2</b>	<b>4</b>	<b>69,939</b>	<b>4</b>	<b>4</b>	<b>395</b>	<b>10</b>	<b>0</b>	<b>11,654</b>	<b>11</b>	<b>4</b>	<b>539</b>	<b>9</b>	<b>10</b>

  

—	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 ...	6,526	19 6	680	0 3	252	2 1	1,473	3 6	282	6 2	42	12 4	286	3 3
Kew ...	8,098	2 2	1,243	1 7	253	16 0	2,442	12 9	537	14 5	57	0 8	372	5 4
Ararat ...	5,939	5 8	807	4 10	142	6 4	2,096	7 10	272	9 8	24	13 9	207	19 1
Beechworth ...	5,493	3 10	409	18 9	117	3 5	1,386	11 6	156	6 1	13	12 11	123	7 0
Sunbury ...	5,739	16 7	525	14 7	77	0 10	1,553	16 5	88	8 5	10	11 11	169	9 7
Ballarat ...	4,768	7 10	581	14 8	182	16 2	1,670	2 8	192	12 8	27	9 11	163	18 4
Receiving House	86	7 9	174	7 11	...	...	61	1 11	29	17 5	...	...	28	14 1
General expenses	...	...	79	10 0	...	...	...	...	...	...	...	...	722	16 6
<b>Total ...</b>	<b>36,652</b>	<b>3 4</b>	<b>4,501</b>	<b>12 7</b>	<b>1,025</b>	<b>4 10</b>	<b>10,683</b>	<b>16 7</b>	<b>1,559</b>	<b>14 10</b>	<b>176</b>	<b>1 6</b>	<b>2,074</b>	<b>13 2</b>

TABLE XXII.—Showing the Average Weekly Cost of Maintenance of Patients during 1907.

—	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 ...	836	24,251	14	0	3,397	10	8	0	5	10 1/4	0	0	0 1/2	0	3	0
Kew ...	1,153	34,435	18	6	8,741	0	6	0	6	1 1/4	0	0	0 1/4	0	2	8 1/2
Ararat ...	658	21,832	5	0	1,637	6	7	0	6	2 1/2	...	...	...	0	3	5 1/2
Beechworth ...	647	17,571	7	1	1,282	9	5	0	4	11 1/4	0	0	0 1/2	0	3	3 1/4
Sunbury ...	715	19,409	3	4	1,996	9	10	0	4	11 1/2	0	0	0 3/4	0	3	1
Ballarat ...	562	16,652	17	5	1,465	7	0	0	5	1 3/4	0	0	0 3/4	0	3	3 1/4
<b>Total ...</b>	<b>4,571</b>	<b>134,153</b>	<b>5</b>	<b>4</b>	<b>18,520</b>	<b>4</b>	<b>0</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>...</b>
General Expenses	...	3,823	18	5	...	...	...	...	...	...	...	...	...	...	...	...

  

—	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	0 10 1/2	0	0 3 3/4	0	0 8 1/4	0	0 1 1/2	0	0 1 1/2	...	...
Kew ...	0	1 0 1/4	0	0 5	0	0 9 3/4	0	0 2	0	0 1	0	0 0 1/4
Ararat ...	0	0 11	0	0 5 1/2	0	1 2 1/4	0	0 2	0	0 1	0	0 0 1/4
Beechworth ...	0	0 10 3/4	0	0 3	0	0 10	0	0 1	0	0 3/4	...	...
Sunbury ...	0	1 0 1/2	0	0 3 1/2	0	0 10	0	0 0 1/2	0	0 0 1/2	...	...
Ballarat ...	0	1 0	0	0 4 3/4	0	1 1 3/4	0	0 1 1/2	0	0 1 1/2	0	0 0 1/4



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

—	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.	£	s.	d.
Yarra Bend ...	0	0	1½	0	11	1¾	0	1	6¾	0	9	7
Kew ...	0	0	1½	0	11	5¾	0	2	11	0	8	6¾
Ararat ...	0	0	1½	0	12	9	0	0	11½	0	11	9½
Beechworth ...	0	0	0¾	0	10	5¼	0	0	9	0	9	8¼
Sunbury ...	0	0	1¼	0	10	5¼	0	1	0¾	0	9	4½
Ballarat ...	0	0	1¼	0	11	4¾	0	1	0	0	10	4¾
Total ...	...	...	...	0	11	3½	0	1	6¾	0	9	8¾
General Expenses ...	...	...	...	0	0	3¾	...	...	...	...	...	...

TABLE XXIII.—Showing the Admissions, Discharges, and Deaths in the Receiving Wards at Bendigo and Geelong, during the Year ending 31st December, 1907.

—						Male.	Female.	Total.	Male.	Female.	Total.
In the wards, 1st January, 1907	...	...	...	...	...	...	...	...	5	2	7
Cases admitted	...	...	...	...	...	...	...	...	37	37	74
Total cases under care during the year	...	...	...	...	...	...	...	...	42	39	81
Cases discharged—											
Recovered	...	...	...	...	...	26	20	46			
Transferred to State Hospitals for the Insane	...	...	...	...	...	12	10	22			
Died	...	...	...	...	...	2	3	5			
Total cases discharged and died during the year	...	...	...	...	...	...	...	...	40	33	73
Remaining in the wards, 31st December, 1907	...	...	...	...	...	...	...	...	2	6	8

## STATE HOSPITALS FOR THE INSANE.

## ADMISSIONS.

During the year there were admitted 728 cases ; of these only 87 were re-admissions, and 641 were first admissions, of whom not quite one-half were said to be first-class cases, *i.e.*, first attacks and within three months of the onset of the first symptoms, while 138 had previously had attacks of mental disorder.

The number admitted into the Hospitals is actually the lowest since 1900, and this drop is due in part to the establishment near the end of the year of the Receiving House, and in a less degree to the admissions to the licensed houses of a small number of cases, who would otherwise have gone into the State hospitals. A rather large number of elderly persons were received, no fewer than 54 being over the age of 70 years, whilst 59 more were between the ages of 60 and 70 (inclusive). General paralysis was diagnosed in 42 cases, and of single causes of insanity, alcoholic intemperance appears as the most potent, 64 cases being attributed to it. As in previous years, the heredity return is very low, and is reported in only 57 cases out of 728, whilst congenital cases number 56.

## DISCHARGES.

The number of patients discharged recovered from the State hospitals during the year was 219, whilst 68 were discharged as relieved. This was, on the whole, a very low return, the recovery rate of 30·08 per cent. being the lowest since 1897 ; the relieved rate, on the other hand, was rather above the average. In the Report for the previous year, as well as that for 1907, the Superintendents of the various hospitals comment on the unfavorable class of case received. This, with the greater use of the Reception House, as well as the increased number sent out on trial leave, accounts for the fall in the recovery rate.

It should be noted that the general statistics of the Hospitals for the Insane do not include the cases sent to the Receiving House and wards, and discharged therefrom. On the other hand, they do include the cases who have been sent on to the hospitals from these institutions.

## DEATHS.

During the year, 328 patients died, giving a percentage of 7·17 on the average numbers resident. This, with the exception of the record for 1906, was the lowest for many years. The causes of death and the ages at death are set out in Table XI., and special cases are referred to in the reports from each hospital. Tuberculosis or tubercular disease of the lung was responsible for approximately 14·3 per cent., and general paralysis for 6·7 per cent. of the deaths.

## HOSPITAL FOR THE INSANE, YARRA BEND.

The Medical Superintendent reports as follows :—

“ At the end of 1907 there were 943 patients on the books, an increase of 23 on the numbers at the end of 1906, while the number on leave, 98, was only 1 more. As against 280 admissions in 1906, 223 patients (139 males and 84 females) were received during the year, of whom 35 (17 males and 18 females) were re-admissions. There were also 2 patients (1 male and 1 female) transferred to this hospital. This falling off in receptions is probably due in part to the opening of the Receiving House during 1907, and in part to the continued use of the probation system. Both these have certainly been factors in the decreased recovery rate, which numbered 59, as against 81 in the previous year. There were 43 transfers to other hospitals, 3 patients were discharged to be sent to licensed houses, and 72 died.

“ Systematic instruction was given to the Staff in both the Senior and Junior Course. An examination was held in both. In the former, 10 passed out of 15 candidates, but the results of the latter were not published by the end of the year.

“ Various promotions were made during the year, and all vacancies in the higher grades have thus been filled.

“ During the year, no accident of any moment occurred, nor any but the slightest bedsores on patients. One slight and doubtful attack of enteric fever occurred in the case of an attendant, the infection being external to this institution.

“ There were 4 deaths from tuberculosis of the lungs, 3 males and 1 female. Two of the men probably had the disease on reception.

“Seclusion was not resorted to, but restraint was used for 27 patients for a total of 3,937 $\frac{1}{4}$  hours. This is, judging by the records for 1906 and of other places, very large. The use of such a large quantity is due absolutely to the fact that this institution cannot be in any way sufficiently supervised and controlled. Repeatedly I have personally authorized seclusion or restraint where, in a centralized institution, I should have adopted other means, knowing it would be wrong to expect attendants or nurses in dangerous cases to adopt means in the carrying out of which they could not be given that assistance and supervision which were necessary.

“During the year a hospital ward was opened on either division, each to accommodate 48 patients. These have temporarily relieved the overcrowding, and are working well. The day room and dormitories are large, well lit, and well ventilated, but the buildings are deficient in many accessories, such as store rooms.

“This institution has been so repeatedly condemned by responsible officers that nothing further need be said on that matter.

“The daily average number of attendants on duty was 33, and of nurses 30. Four of each were on duty each night. My feeling is that the institution is not understaffed, and that an increase in numbers would not result in any more work being done.

“The behaviour of the Staff during the year was good, there being no recorded complaints. No one was on sick leave from any cause arising out of duty.”

#### HOSPITAL FOR THE INSANE, KEW.

From the Report of the Medical Superintendent it is shown that at the end of the year 1907 there remained on the books 950 patients (519 males and 431 females), of whom 131 (54 males and 77 females) were absent on trial leave, and 9 (1 male and 8 females), were boarded out.

During the year there were received 282 patients (146 males and 136 females), of whom 14 males and 18 females were re-admissions. Ten males and 4 females were transferred to this hospital.

There were discharged—43 males, 40 females, recovered; 15 males, 17 females, relieved; 4 males, 5 females, not improved; or a total of 124 (62 of each sex). Ninety patients (48 males and 42 females) died, of whom 3 males and 2 females were on trial leave. One hundred and thirty-eight patients (48 males and 90 females) were transferred to other institutions. One male and 3 females escaped, 1 of the latter upon two occasions. As in past years, the undue proportion of hopeless and incurable admissions was remarkable, the senile cases alone comprising over 10 per cent. Mental anxiety, bodily illness, and alcohol were the next most prolific causes of mental breakdown.

Of the deaths, a very large number were the result of senile decay, and four were due to typhoid fever. Phthisis was accountable for 9 deaths, and the main asylum is fairly free from that disease. Two deaths were attributable to colitis.

No seclusion was necessary. Mechanical restraint in the form of one glove or muff has been found necessary, but solely for surgical purposes, and in the case of one female patient, D. A. W., almost continuously throughout the year for an average of fifteen hours daily. For any other purpose, mechanical restraint may be said to be practically abolished.

Casualties as follow occurred during the year:—Ah ——, a Chinese, sustained a fractured clavicle in an accidental fall whilst endeavouring to scale the fence of the airing yard. E. W., a female patient, sustained a simple fracture of the right humerus from an accidental fall in the dormitory. J. O'D., intracapsular fracture of right thigh, through slipping in the bathroom of B ward. J. C., a male epileptic, fractured the right olecranon process in a fit. B. R., fractured his left radius in striking another patient. The foregoing were the only casualties of consequence. All were duly inquired into, and in no instance was blame attributable to those in charge of the patients.

On the 1st October a female patient, M. R., made her escape, and was subsequently found drowned in the river. The circumstances were investigated by the Coroner, but no blame was attachable to the nurses in charge of the patient.

The general health of the community was good, except for the more or less constant prevalence of influenza among both the patients and Staff; but the year 1907 will be ever remembered in the annals of Kew for the unfortunate outbreak of a typhoid epidemic in the Female Division, which, commencing in February, continued with but a short interval throughout the twelve months. (A report on this matter will be found in another place.) The Medical Superintendent gratefully emphasizes his sense

of the unremitting care and zeal displayed throughout this most trying ordeal by his Medical Officers, and all concerned in the management and nursing of the typhoid epidemic, and that, too, in the face of much that tended to dishearten and obstruct. He especially acknowledges his indebtedness to Drs. Gamble and Hollow for their good work, despite many difficulties. In December, one temporary nurse was laid up with measles, contracted outside, but which, fortunately, was prevented from spreading further.

The discipline and conduct of the Staff has been good; offences have been few and trivial, with one exception, when Attendant P. R. was seen to strike a patient. He was at once suspended from duty, and his services were subsequently dispensed with. Nurse A. F. was fined £1 and censured, for permitting the escape of a special patient, of whom she was in charge. Attendant J. D. also was fined £2 for a similar offence.

Nursing lectures have been systematically delivered by the Medical Staff, and with the satisfactory result that a very fair proportion of the candidates were successful in passing the examinations.

Resignations, transfers, and sickness have been very frequent, leading to many changes in the *personnel* of the Staff, and to the employment of quite an undue number of temporary and therefore comparatively useless hands.

Church services of the various denominations have been regular and sufficiently frequent, as also were the visits of the several chaplains. Concerts, dramatic performances, and biograph shows have been of almost weekly occurrence, in addition to the regular fortnightly dance, and all have been largely attended and greatly appreciated by the inmates. The annual picnic also took place, and was, as ever, entirely a success.

Under the direction of Mr. Morrison, the farm bailiff, it is needless to recount that the farm and garden have given satisfactory returns, both in quantity and quality. The harvest was abundant, and vegetables sufficient not only for local consumption, but also to enable the Receiving House being supplied with a numerous and varied assortment. The Asylum horses and labour have also effected the farming and garden operations at the same institution; whilst, in addition, a crop of some 40 acres has been put in at Mont Park Estate.

The Medical Superintendent again urges the desirability of the speedy erection of detached hospitals and convalescent wards, at the same time not advocating unnecessarily extensive or elaborate buildings; but he insists that, whilst Kew does exist, such additions are essential, and their need has been forcibly shown during the recent typhoid epidemic.

Another pressing need, and one which is daily and increasingly demanded, is that of adequate and proper accommodation for the Staff.

#### ASYLUM FOR IDIOTS, KEW.

On the 31st December, 1907, there were on the Idiot Asylum books 171 males and 145 females, of whom 13 males and 9 females were absent on trial leave, and 2 males boarded out.

The admissions were 18 males and 11 females; while 1 male and 5 females were transferred to the institution; 6 males and 1 female were discharged, and 1 male released on bond; 18 males and 12 females died (1 of the males whilst on trial leave); 7 males and 10 females were transferred from the institution; and 2 males and 1 female escaped.

Of the admissions, few, if any, were of a type from which any good result might be expected, as regards either cure or training, most of them being low grade congenital idiots and epileptics, and many in addition were of inferior physique and in failing health. There was a remarkable absence of such children as have been received in former years, *i.e.*, high grade imbeciles and cases of retarded mental development, or even merely backward and neglected children, who from the first gave some possibility of a degree of training and even education, that to some extent would equip them for a more or less useful career outside—anticipations that have in the past, in many instances, been actually realized. Nevertheless, with all, even the apparently most hopeless, some good can be effected, if only by the inculcation of corrected instincts and habits. It here seems opportune to advocate the need for periodically deporting those adult imbeciles and epileptics, of whom there is an annually increasing number of both sexes, who were originally admitted as children, but who have outgrown and become manifestly unsuited to their surroundings.

Casualties have been mostly of minor importance and few in number. I. N. *aet.* thirteen, sustained a fractured clavicle (greenstick) in an epileptic fit; A. H., severely cut his wrist by smashing a window in a fit of temper. In no instance could blame be attributed to those in charge of the injured children.

The general health of the institution has been on the whole fairly satisfactory considering the very large proportion of the physically unsound and constitutionally ailing amongst the children, whose condition from the first, in a large majority of cases, is due to inherited defects and ineradicable disease. As in the main asylum, we have to deplore the outbreak of an extensive and protracted epidemic of enteric fever during the year 1907. Of the deaths during the year, the greater number were the result of pulmonary tuberculosis and pneumonia, as might only naturally be anticipated.

Considerable advance has been made in the nursing and individual attention given to the little inmates; and there is little to be desired as to the cleanliness of the institution throughout, and in the improvement of the laundry work during the year, despite the immense handicap of an antiquated, totally inadequate, and altogether objectionable laundry, which, together with many other portions of the scattered and curious collection of architectural "odds and ends" forming this institution, is really past renovation.

The ordinary routine has proceeded uninterrupted, except for the interference with the schooling and instruction caused by the typhoid outbreak. Amusements have been fairly frequent, including the annual outing and picnic to Hampton. Church services have, as formerly, been regularly held, and due attention given to the singing of Grace at meals in the dining hall.

In the staff, changes have been numerous and quite unduly frequent, so much so as to render it almost necessary to raise the question whether extra inducement should not be offered as a "set off" to the special character of the work, which undoubtedly is uncongenial to the majority. The duties in addition are comparatively heavy as compared with ordinary asylum work, in consequence of the exceedingly little help that can be afforded by the patients.

The conduct and general behaviour of the staff have been extremely satisfactory considering the excessive proportion of temporary and untrained employés. One nurse was punished for slapping a patient under excessive provocation, but inflicting little or no injury. This nurse has since left the service. In February, Mr. Eastham, Head Teacher, was granted extended leave of absence in consequence of failing health, and has been absent from duty since that date. The Medical Superintendent suggests that in future the appointment of a Head Attendant should be substituted for that of Head Teacher, this official to have control of the Male Division and its staff.

With a view to possible future epidemics, he recommends also the erection of such suitable isolation facilities as would enable any supposed infected ward to be vacated pending necessary sanitary operations and repairs.

*N.B.*—Dr. Barker has commented on the unsuitable character of many of the buildings of this institution, especially indifferent are the laundry and kitchen, whilst the accommodation for the nursing staff is also very indifferent. As has been previously recommended in a former report, it would be a wise step to remove this necessary institution into the country.

#### HOSPITAL FOR THE INSANE, ARARAT.

The Medical Superintendent for the Ararat Hospital for the Insane reports as follows:—

"On 31st December, 1907, there were resident in the Hospital 670 patients (382 males and 288 females), whilst there were on trial leave 9 males and 13 females, who, together with 6 male and 10 female boarded-out patients, made a total of 708 patients (397 male and 311 female) on the register of the institution.

"During the year 1907 there were 122 receptions (87 males and 38 females), of whom 27 male and 2 female patients were transferred from other Asylums, and 5 males and 5 females were re-admissions. Of these 29 transferred cases, all, with one exception, were of an incurable type.

"With reference to the causation of insanity amongst those received (exclusive of transferred patients), I find that intemperance in drink was assigned as a cause in 15 cases (12 male and 3 female), likewise 15 cases were said to be due to a previous attack of insanity, while hereditary influences were accredited as the causative factor in only 9 cases; but, as regards this last cause, the difficulty in obtaining reliable information from the relatives must be borne in mind, although the inquiry form recently issued by the Department tends to elicit more information, at times, as to the family history of the patient.

“ Amongst those received, 23 suffered from more or less recent attacks of mania ; 10 from melancholia (recent and recurrent) ; 16 from delusional insanity ; 32 from various types of dementia ; and 4 male patients were received suffering from general paralysis of the insane.

“ As regards the occupations of those male patients received, 28 were said to be labourers, 6 were miners ; whilst, of the female receptions, 18 had been engaged in household duties, and 6 were domestic servants.

“ During the year, 33 patients (12 male and 21 female) were allowed out on probation, and, of these, 7 were discharged recovered during the year. This comparatively large number of patients allowed out on probation, as contrasted with previous years, reduces, of course, the percentage of recoveries ; but I agree with those who maintain that there are several cogent reasons in favour of sending patients on probation as opposed to discharging them as cured or otherwise. The percentage of recoveries on admissions for the year was 26·88.

“ Of the 25 patients discharged recovered during the year, 21 had been resident less than six months, and the remainder, 4, had been resident about twelve months.

“ During the year 34 male and 12 female patients died—6·99 per cent. of those resident ; and of this total, 46, half of the patients were over 60 years of age at death. The chief causes of death were—pneumonia, 10 cases ; phthisis, 9 cases ; heart disease, 8 cases ; general paralysis of the insane, 3 cases ; whilst 2 male patients died of cancer. In this connexion, I would like to draw attention to the custom that has grown up in this asylum of dispensing with post-mortem examinations in as many cases as possible. In 15 cases of death, during 1907, no post-mortem examination was held.

“ There were during the year 9 more or less serious accidents, namely—2 cases of fracture of ribs, 2 cases of fracture of the nose, one Colles fracture, a fracture of the leg, a fracture of the humerus, a fracture of the clavicle, and an extra-capsular fracture of the femur, which resulted in death sixteen days after the accident. Inquiries into all these accidents failed to show that any blame was attachable to the staff.

“ *Seclusion and Restraint.*—Seclusion was considered necessary in the cases of 5 female patients during the year for a total period of 45 hours 35 minutes, for maniacal and violent conduct. One of these 5 patients was restrained by means of a camisole for two periods totalling 22 hours 55 minutes owing to violence during a maniacal attack.

“ Continuously during the year Senior and Junior lectures and demonstrations were given weekly and bi-weekly to the staff, who acquitted themselves satisfactorily at the several examinations held by the Department. I cannot refrain from referring to the evident disinclination on the part of the female staff to qualify for the Senior Nursing Examinations.

“ The general health of the asylum population has been good throughout the year, and, with the exception of a mild outbreak of influenza on the female side, no epidemic disease prevailed.

“ The average number of male patients usefully employed daily totalled 217, the number unemployed being 170. On the female side the daily average of the employed was 160, and of the unemployed, 127.

“ In addition to the fortnightly dance for the patients, attended as a rule by 130 patients, there were provided entertainments of various kinds to the number of 30. The institution is, however, greatly in need of two gramophones, wherewith to minimize the dull monotony of the winter evenings. Divine service of several denominations was held every Sunday, and was attended by 130 patients as a rule.

“ No structural alterations of any moment were carried out during the year ; but an adequate water service was laid down, and, when completed, will be a source of security in the event of an outbreak of fire.

“ The conduct of the staff generally has been good, no serious breaches of discipline being recorded.

“ The vegetable garden operations left little to be desired, but the farm offers much room for improvement in many respects. I cannot conclude my report without emphasizing the strong and merited condemnation of the practice that prevails here of using a cold and cheerless gaol as the residence of 50 unfortunate and much to be pitied patients, and its continuance is a matter on which I feel so keenly that I dare not say officially what I think of it. To use a gaol for the mentally ill is an indefensible and inhuman anachronism ; and I trust that before long this blot on the Victorian Lunacy Department will be removed.”

## HOSPITAL FOR THE INSANE, BEECHWORTH.

The Medical Superintendent of the Beechworth Hospital for the Insane reports as follows :—

“There were in the Hospital on the 1st January, 1907, 646 patients (males 384, females 262); whilst 6 males and 4 females (total 10) were on trial leave; and 4 males and 1 female (total 5) were boarded out. This makes 661 (males 394, females 267) cases on the books.

“On the 31st December the figures were :—Remaining in the Hospital, 638 (males 371, females 267); on trial leave, 4 males and 1 female (total 5); boarded out, 4 males and 0 females (total 4); or a total on the books of 379 males, and 268 females; total 647. This is a decrease of 14 during the year, partly due to some of the trial leave cases being discharged during the year.

“Thirty-six patients (16 males and 20 females) were received. Of these, 11 females were transfers from Yarra Bend and Kew Hospitals; the other 25 (males 16, females 9) were received direct from friends or through the Police, and of these 3 males and 3 females were re-admissions. Of those received direct, many were senile, and, from the recovery point of view, obviously hopeless.

“Seventeen patients (males 9, females 8) were discharged recovered, practically all under Section 102, *Lunacy Act* 1903. This is equal to 68 per cent. on the numbers received. Transfers are not included under “Discharges.” This high recovery rate is in contrast with that for the previous year, but it is explained by the fact that some 1906 trial leave cases were discharged in, and therefore accredited to, 1907. In so small a number received, a few cases materially alter the figures in this connexion. Such figures, therefore, can only be of value when taken as the average for a number of years.

“Twenty-nine patients (20 males, 9 females) died during the year, being the lowest number recorded since 1890, when the present accommodation was provided. This gives 4·48 per cent. on the average number resident. This low rate is highly satisfactory, especially when considering the number of senile patients in this Hospital, as evidenced by the mean age of those dying being 63 years. Here again, one or two young cases much reduce the average age.

“Two cases were restrained for surgical reasons to prevent repeated tearing off of dressings. One was so restrained for 161 hours by tunic, which merely limits, not prevents, the forward movement of the upper arm, the limbs being otherwise free. The other case was for six hours by means of canvas gloves. Three cases were secluded in an ordinary single bedroom for a total of 12½ hours; all for violence to the nurses or to other patients.

“The conduct of the staff generally was good; but 3 attendants were fined for drunkenness, an offence, which, to my mind, in an asylum, nothing can palliate, much less excuse. A temporary nurse was dismissed for refusing to carry out an ordinary direction of the Medical Superintendent; and another nurse was fined for leaving her post and the asylum without leave. In a few other cases a reprimand was deemed sufficient to meet the lapse.

“Two patients (males) escaped whilst working. In one case, carelessness was shown by an attendant, who was punished to the extent of repaying cost of re-capture. Both cases were returned the day after escape.

“*Accidents, non-fatal.*—A female, M.J., slipped accidentally, fell, and sustained a dislocation of the shoulder; recovered.

“W.P., male, died from ulceration of the stomach, following application of lysol to the skin by an attendant a week previously. The death was closely inquired into by the Inspector-General at a special visit, and he found that the attendant “erred from ignorance rather than from culpable negligence,” even if the death was only coincidental.

“Influenza affected a large number of the patients and staff, but it was a comparatively mild outbreak, and there were but a few deaths as a result of complications supervening, and these in old and feeble patients with little or no power of resistance. Fortunately typhoid fever was again absent, although several cases occurred in the town of Beechworth.

“*Bedsoures.*—These were again absent on the Female Division; and in the Male Division nothing beyond threatening sores in one or two cases among wet and dirty patients were observed. I am pleased to say that increased night attendance is about to be given by the appointment of another attendant on each Division. Only by increased night supervision can any good work under this heading done by the day staff be sustained.

“During the year staff mess rooms were built by the Public Works Department. They have supplied a long-felt want. Members of the nursing staff and of the laundry are now able to spend their time, if they desire, in comfortable rooms well furnished for comfort, and with ample provision for amusements, instead of, as heretofore, using their bedrooms as sitting rooms, with manifest disadvantage to their health. Under the new order of things, also, the number of fires and gas jets will be lessened, with reduced expenditure in that direction. The experiment of both sexes dining together has also been made possible, and so far with the happiest results; the food, especially for the male attendants, being better cooked and served, and more varied in character. Moreover, there is required that decorum in manner which can only have a good effect in their dealings with the patients. New quarters for the Medical Superintendent were also constructed, and, when occupied, will release considerable accommodation for patients and increasing staff.

“An efficient telephone, fire alarm, and tell-tale system is to be installed, to replace the present worn-out and otherwise useless one. Apart from periodical night visits by the Medical Staff, there is no useful check on the performance of the duties of the night staffs. The contemplated system will at least insure that all patients will be visited at regular periods during the night.

“It is intended to replace the present laundry, which is badly arranged and has become too small for present requirements, by an up-to-date building with proper machinery. Safer working and economy in wear and tear are likely to follow.”

#### HOSPITAL FOR THE INSANE, SUNBURY.

The Medical Superintendent reports as follows:—

“On the 31st December, 1907, the patients in the Hospital numbered 348 males and 430 females, a total of 778 altogether. The numbers on trial leave were 5 males and 10 females. Those boarded out were 2 males. The receptions numbered 41 males and 33 females, of whom 2 males and 2 females were re-admissions, and the recoveries 15 males and 17 females. Of the other discharges, 2 males and 3 females were relieved, and 1 male and 1 female (the latter on bond) not improved. The transfers to the Hospital were 37 males and 35 females. The deaths numbered 16 males and 13 females, a total of 29. These numbers show a very low percentage on the average numbers resident. This total does not include 1 male and 1 female, who died whilst on trial leave. Among the deaths, 3 males occurred from general paralysis of the insane, and 5 males and 2 females from phthisis. In connexion with this, I consider the erection of proper tents for phthisical patients would be very desirable, as there are very many cases of phthisis in the institution.

“As to seclusion, there was no need for any during the year in the Male Division. In the Female Division, it amounted to 3 hours and 5 minutes, one patient being secluded for 50 minutes, and another for 2 hours and 15 minutes. As regards restraint, in the Male Division one patient was restrained by camisole for 29 hours for medical reasons, and another by gloves for destruction, being acutely maniacal, for 25 $\frac{3}{4}$  hours. As to the Female Division, one patient was restrained by camisole for 829 hours, being actively suicidal, and at the same time violent to others, and unsuitable for the special observation dormitory.

“The average number of patients attending divine service was 78 males and 200 females. Those attending entertainments were 80 males and 100 females. The average number of attendants on duty each day was 22, and nurses 38; night attendants, 3, and night nurses, 7. One attendant forfeited his office under Act 1324, Section 30 (2); and the services of a tailor were dispensed with, as his probation was unsatisfactory.

“There was one fatal accident. A male patient, who had for some years worked on the farm, was found drowned in the reservoir. He had exhibited no unusual symptoms, and as he had always been trusted to work alone, he had every opportunity to commit suicide, if, as is probable, though not absolutely certain, he did intentionally drown himself.

“Another unusual death is classed as accidental, though it is difficult to see how the occurrence could have been prevented, or indeed considered as an accident, the patient dying as the result of obstruction of the œsophagus.

“Of the ordinary non-fatal casualties, the following is a list:—E.C., female, aged 68, abraded face, sprained wrist, and intracapsular fracture of left hip; the available evidence shows that the injuries were due to an accidental fall. H.W., male, suffering from general paralysis, Pott's fracture of right ankle; cause, accidental fall. A.C., female, fracture of lower end of radius, caused by accidental fall. C.M.G., female, fracture of right femur; accidental fall. M.J., female, fracture of lower end of left



radius and ulna ; the evidence shows that she was pushed down by another patient. S.G., male, fracture of right ulna ; self-inflicted by striking his arm against a verandah post. A.H., male, fracture of radius and ulna at wrist ; the evidence shows that he fell whilst attempting to strike another patient in the airing court. A.C., male, fracture of radius and ulna at wrist ; sustained during a fight with another patient. J.R., male, bruises on face, and twelfth rib fractured ; the patient accused an attendant with having inflicted this injury ; the attendant is the one referred to previously, who was dismissed and prosecuted.

“ The Hospital has been quite free from epidemics and no bedsores have occurred. Dr. Conroy, Junior Medical Officer, resigned his position ; and was succeeded by Dr. Catarinich. A tailor was appointed in August, 1907, whose services were greatly required. Two hospital nurses also were appointed. The position of Matron was abolished, and Miss Richardson was appointed Chief Nurse, and Miss Willis, housekeeper.

“ In June, 1907, the new Male Infirmary Ward was opened, and in August, 1907, the new Female Infirmary Ward. Each contains 42 beds, and is worked by 6 nurses. The new kitchen and store room were nearing completion.

“ The general health of the patients and staff has been good, and the working of the Hospital satisfactory.”

#### BALLARAT HOSPITAL FOR THE INSANE.

From the Medical Superintendent's Report it appears that there were at the end of the year in this institution 205 males and 388 females, making a total of 593 patients. There were also 2 males and 6 females out on probation, and 1 female boarded out ; the total number on the books of the institution being 602. During the year, 85 patients were admitted—13 males and 72 females. All the male patients and 70 of the female were transferred from other institutions, and only 2 females were direct admissions. Of the females, 28 were epileptics. The increase of female patients was possibly owing to the opening of the hospital and infirmary wards. During the year 19 males and 11 females died, the deaths in all cases being from natural causes.

This asylum being chiefly one for chronic cases, but few patients were discharged. Two females, however, were sent out recovered, one of them being a case of recurrent mania, and the other mania with epilepsy. The latter case was discharged after being on trial for some time. One female patient also was discharged relieved, and another was discharged not improved.

On the whole, the general health of the institution was good, although there were a few cases of influenza amongst the patients and staff. One case of typhoid fever occurred. Two male patients escaped, 1 of whom was re-captured ; the other has not been re-taken. Both patients escaped whilst being employed on outside work. No restraint was found necessary, and seclusion was resorted to in only 2 cases for one hour each, as the result of paroxysms of epileptic furor.

During the year series of lectures were given to both senior and junior attendants and nurses. One senior nurse and 9 senior attendants passed the examinations ; whilst 8 junior nurses and 4 junior attendants also satisfied the examiners. At the end of the year the male staff was complete, but certain positions on the female side were still being filled by temporary employées.

Of works completed, the infirmary and hospital wards above referred to were occupied. They each provide good accommodation for 42 patients. The recreation hall was completed, and is proving of the greatest use. The Medical Superintendent's quarters were removed and renovated ; so also were the hospital stables. During the year also the alterations and additions to the old separate hospital have been commenced, and a start made with the sewerage of the institution. The supply of water to the asylum has been improved very considerably, and a good pressure is now obtained, even in the hot summer months.

Dr. Steell remarks on the satisfactory work which has been done on the farm and in the gardens. It is satisfactory, too, to report that additional land has been obtained by the acquisition of the Police paddock, which has been reserved for the asylum use on mutual conditions, such, for example, as the grazing of the police horses.

Dr. Steell reports on the necessity for fire escapes in the main building, as well as the need for the appointment of an artisan blacksmith and an assistant mechanic. He also recommends that a mess room cottage for the attendants should be built on lines similar to those which have been provided for the nurses.

N.B.—The old male division of this hospital is one of the buildings which the Department has inherited from the Reformatory and Penal Departments, and it is absolutely necessary to remodel this building entirely. To do this it is necessary to build new administrative quarters, offices, kitchen, and laundry ; the latter two requirements are very urgent, as the present ones are far too small and ill adapted to the work necessary for a large institution.

## RECEIVING HOUSE, ROYAL PARK.

The most important advance in the treatment of the insane made during the year 1907 has been the opening of this institution, which has been specially designed for the observation of special cases ; but as the duration for which patients can be detained therein is as long as two months, it has been found possible to treat many cases of incipient and transient mental disorder therein.

From the 26th September to the end of the year 86 cases were admitted. Of these, it was found necessary sooner or later to transfer 33 to the Hospitals for the Insane ; a similar number—33—were returned home recovered ; 2 were discharged as relieved, and 1 not improved. At the end of the year, there were 17 patients remaining in the institution.

As will be seen from the annexed table, almost all forms of mental disorder were admitted. Many of them were cases hardly suitable for such an institution, their insanity being apparent and the possibility of recovery practically nil. No serious accidents of any kind occurred ; and restraint and seclusion were unnecessary. A good deal of work was undertaken by the patients in the way of laying out the grounds and the formation of a kitchen garden.

There is every reason to believe that the Receiving House is filling a long-felt want, and probably, as an adjunct to the Mental Hospital, or rather as the Reception Ward of the Mental Hospital, its usefulness will be even greater in the future than it is at present.

The superintendentship of this institution is in the hands of Dr. C. G. Godfrey, previously Medical Superintendent at Ararat and Assistant Government Medical Officer.

## CLASSIFICATION OF THE VARIOUS FORMS OF INSANITY IN CASES RECEIVED AT THE RECEIVING HOUSE.

Form of Mental Disorder.	Admission.			Recoveries.			Improved.			Not Improved.		
	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.
I. Congenital or Infantile mental deficiency (idiocy or imbecility) occurring as early in life as it can be observed—												
1. Intellectual :												
(a) With epilepsy ...	...	1	1	...	1	1	...	...	...	...	...	...
(b) Without epilepsy ...	...	2	3	...	1	1	...	...	...	1	...	1
2. Moral :												
II. Insanity occurring later in life—												
1. Insanity with Epilepsy ...	...	4	5	...	...	...	...	...	...	...	...	...
2. General Paralysis of Insane ...	...	5	6	...	...	...	...	...	...	...	...	...
3. Insanity of grosser brain lesions ...	...	1	2	...	...	...	...	...	...	...	...	...
4. Acute Delirium (acute delirious mania) ...	...	...	...	...	...	...	...	...	...	...	...	...
5. Confusional Insanity ...	...	...	...	...	...	...	...	...	...	...	...	...
6. Stupor ...	...	1	2	...	1	1	...	...	...	...	...	...
7. Primary Dementia ...	...	1	6	...	1	3	...	...	...	...	...	...
8. Mania :												
(a) Recent ...	...	4	10	...	1	4	...	...	...	...	...	...
(b) Chronic ...	...	1	1	...	...	...	...	...	...	...	...	...
(c) Recurrent ...	...	1	1	...	...	...	...	...	...	...	...	...
9. Melancholia :												
(a) Recent ...	...	10	19	...	8	11	...	...	...	...	...	...
(b) Chronic ...	...	...	1	...	...	...	...	...	...	...	...	...
(c) Recurrent ...	...	1	1	...	...	...	...	...	...	...	...	...
10. Alternating Insanity ...	...	...	...	...	...	...	...	...	...	...	...	...
11. Delusional Insanity :												
(a) Systematized ...	...	5	7	...	1	1	...	1	1	...	...	...
(b) Non-systematized ...	...	2	5	...	...	...	...	1	1	...	...	...
12. Volitional Insanity :												
(a) Impulse ...	...	2	3	...	1	2	...	...	...	...	...	...
(b) Obsession ...	...	...	...	...	...	...	...	...	...	...	...	...
(c) Doubt ...	...	...	...	...	...	...	...	...	...	...	...	...
13. Moral Insanity ...	...	...	...	...	...	...	...	...	...	...	...	...
14. Dementia :												
(a) Senile ...	...	1	3	...	...	...	...	...	...	...	...	...
(b) Secondary or Terminal ...	...	...	...	...	...	...	...	...	...	...	...	...
Other Neurosis and Mental Disorders not amounting to Insanity :—												
1. Alcoholism (including Alcoholic Delirium and Transitory Mental Sequelae) ...	...	6	6	...	6	6	...	...	...	...	...	...
2. Amnesia ...	...	1	1	...	...	...	...	...	...	...	...	...
3. Hysteria (including Hystero Mania) ...	...	2	2	...	2	2	...	...	...	...	...	...
4. Neurasthenia ...	...	1	1	...	1	1	...	...	...	...	...	...
Totals ...	...	49	86	...	19	33	...	2	2	1	...	1

## LICENSED HOUSES.

At the beginning of 1907 there were on the books of the licensed houses 20 male patients and 59 females, making a total of 79. During the year 32 males and 58 females were received. Twenty-one males and 34 females were discharged; and 5 males and 4 females died. Of those discharged, 10 males and 21 females were discharged as recovered, making a percentage recovery rate of 34.4 on the admissions; but as many of the cases admitted were of long standing and transfers from the Hospitals for the Insane, the work, so far as the recovery of patients is concerned, was much better than the figures indicate.

Of the 9 deaths, only 1 requires any special mention. In this case, a patient escaped from Landcox at night, and was found drowned in the sea next morning. Although she was sleeping in a dormitory with other patients, she effected her escape through the carelessness of a nurse, who left the dormitory door unlocked, and who, it is worthy to record, was dismissed from her employment.

Of the year's admissions, 71 were first attacks, and 19 not first attacks. Four patients were returned as suffering from general paralysis, and only 1 as suffering from mental disorder associated with child birth. Two cases were returned as being due to the excessive use of opium or morphia. At the end of the year there remained on the books of the licensed houses 26 males and 79 females, making a total of 105 patients in all.

The conduct of these licensed houses has been all that could be desired. It is quite unnecessary to individualize, as without question the patients detained therein have received all the care and attention necessary for their well being. The licensed houses undoubtedly serve a useful purpose, but probably they could be made more useful still by the admission of patients on the voluntary boarder system. Such boarders would be sufficiently well catered for in these houses, and it would assist to bring early cases of mental disorder under official inspection.

During the year at least monthly visits have been paid to each licensed house by the official visitors and the Inspector-General in turn.

TABLE SHOWING THE NUMBER OF PATIENTS DETAINED IN THE LICENSED HOUSES AND THE NUMBER OF DEATHS, DISCHARGES, &C., DURING THE YEAR 1907.

	M.	F.	Total	M.	F.	Total
In the Licensed Houses on 1st January, 1907—						
Sunnyside ... ..	5	6	11			
Mount Ida ... ..	2	1	3			
Cloverdale ... ..	2	4	6			
Merton ... ..	...	12	12			
Landcox ... ..	...	12	12			
				9	35	44
On Trial Leave from Licensed Houses—						
Sunnyside ... ..	1	1	2			
Mount Ida ... ..	1	7	8			
Cloverdale ... ..	2	2	4			
Merton ... ..	...	...	...			
Landcox ... ..	...	4	4			
				4	14	18
On Trial from State Hospitals for the Insane—To the Licensed Houses—						
Sunnyside ... ..	5	4	9			
Mount Ida ... ..	...	...	...			
Cloverdale ... ..	2	1	3			
Merton ... ..	...	1	1			
Landcox ... ..	...	4	4			
				7	10	17
Total Cases on Books of Licensed Houses on 1st January, 1907	...	...	...	20	59	79
Received on Certificates—						
Sunnyside ... ..	18	9	27			
Mount Ida ... ..	6	11	17			
Cloverdale ... ..	6	7	13			
Merton ... ..	1	18	19			
Landcox ... ..	...	13	13			
Received on Trial Leave from State Hospitals for the Insane—						
Sunnyside ... ..	1	...	1			
Total cases received	...	...	...	32	58	90
Total cases under care during the year	...	...	...	52	117	169

## LICENSED HOUSES—continued.

	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.
Total cases under care during the year	...	...	...	...	...	...	52	117	169
Discharged—									
Recovered—									
Sunnyside	...	5	1	6					
Mount Ida	...	2	9	11					
Cloverdale	...	3	4	7					
Merton	...	...	5	5					
Landeox	...	...	2	2					
Relieved—									
Sunnyside	...	...	...	...					
Mount Ida	...	1	...	1					
Cloverdale	...	...	1	1					
Merton	...	...	5	5					
Landeox	...	...	1	1					
Not Improved—									
Sunnyside	...	3	2	5					
Mount Ida	...	1	1	2					
Cloverdale	...	3	...	3					
Merton	...	...	1	1					
Landeox	...	...	2	2					
Returned to State Hospitals for the Insane—									
Sunnyside	...	3	...	3					
Died—									
Sunnyside	...	3	...	3					
Mount Ida	...	1	1	2					
Cloverdale	...	1	...	1					
Merton	...	...	1	1					
Landeox	...	...	2	2					
Total Cases Discharged, Died, &c., during year	...	...	...	...	...	...	26	38	64
Total Cases remaining on the Books of the Licensed Houses on 31st December, 1907	...	...	...	...	...	...	26	79	105

TABLE showing the Distribution of Patients on the Books of the Licensed Houses on 31st December, 1907.

	M.	F.	Total.	M.	F.	Total.
In the Licensed Houses—						
Sunnyside	...	9	7	16		
Mount Ida	...	2	6	8		
Cloverdale	...	1	8	9		
Merton	...	1	14	15		
Landeox	...	...	18	18		
On trial leave from the Licensed Houses—						
Sunnyside	...	4	6	10		
Mount Ida	...	2	2	4		
Cloverdale	...	2	...	2		
Merton	...	...	4	4		
Landeox	...	...	5	5		
On trial leave from the State Hospitals for the Insane to the Licensed Houses—						
Sunnyside	...	3	4	7		
Mount Ida	...	...	...	...		
Cloverdale	...	2	1	3		
Merton	...	...	1	1		
Landeox	...	...	3	3		
Total cases on the books on 31st December, 1907	...	...	...	...	...	...
				5	9	14
				26	79	105

## REPORT OF PATHOLOGIST.

*A. Laboratory Work.*—During the last year I carried out some experimental work in connexion with general paralysis of the insane. Lumbar puncture of 20 general paralytics was made with a view primarily of obtaining some growth from culture of the spinal fluid, secondarily for the detection of choline, and for cytological examination. In all cases but one, and on all media, the plates were sterile, the one exception being patently due to contamination. As regards choline, the results were in all cases negative. The fluid was drawn from patients in a quiescent stage, that is to say, at some distance from epileptiform seizures, and the absence of choline under these circumstances might not be unexpected. In the *Review of Neurology* for May, 1908, there is an interesting review of Kauffman's work in this direction. His conclusions are—

“That, whatever the method used, it is not possible to demonstrate in appreciable quantity this presumable decomposition product of nervous waste;”

and that, therefore,

“the search for it in cerebro-spinal fluid is useless.”

These conclusions were reached after exhaustive examinations of material from general paralytics and epileptics; and, on the other hand, Rosenheim, six months earlier, in the same journal, concluded from his experiments that choline was appreciable in cases where there were acute seizures. Mott, in his *Archives*, states that he has found traces of choline in the blood of general paralytics. It is not at all settled what is the significance of choline in the spinal fluid or in the blood.

*Cytological Examination.*—So far one could only say that there was a decided preponderance of lymphocytes in the fluid. This would hardly be of any value as regards diagnosis. Tabes, and indeed any spinal syphilitic condition, is marked by a lymphocytosis, though not so striking as in general paralysis. Since this examination, an elaborate attempt has been made by Cotton and Ayer to reduce the examination of the cellular elements of the cerebro-spinal fluid to a finer art. They differentiate from the normal lymphocyte, plasma cells undistinguishable from lymphocytes by ordinary staining methods. Plasma cells, they maintain, are almost pathognomic of general paralysis if attended by an adequate lymphocytosis.

As regards the *post-mortem* pathology of general paralytics, I have completed a series of micro-photographs from brain sections of Key Asylum cases showing the grosser lesions usually found associated with general paralysis. These formed the subject of a lantern demonstration to the fifth year students of the University on the completion of their clinical instruction in insanity.

*B. Research Work on the Typhoid Epidemic.*—Some interesting work was carried out in connexion with the persistent presence of typhoid fever in the Kew Asylum. There was no widespread epidemic at any time, but numerous cases sprang up at curious intervals, and baffled all attempts to locate the *fons et origo* of the evil. Various investigations were made by the local Health Officer, and by the Board of Health, without any definite conclusion.

The type of typhoid was very virulent, and several trained nurses engaged especially to attend to the typhoid patients were attacked. Of course, the risks of infection in attending to an idiot patient suffering from typhoid are infinitely greater than in nursing a sane patient. The amount of actual handling of the patient by the nurse is so great in the case of the insane that the wonder is how a nurse escapes infection. The cases were spread over the main asylum and the Idiot Asylum buildings, quite self-contained and widely apart with respect to patients, attendants, and medical officers. In the Idiot Asylum, although cases arose in which no manner of explanation of the mode of infection could be given, it was significant that, of the first eight cases of typhoid, seven were employed in the laundry.

During all this time, any case of rise of temperature with malaise was looked upon with suspicion, and the blood examined for the Widal reaction. Any death accompanied by a rise of temperature and bowel disturbance was looked upon with suspicion, and a *post-mortem* made with a view always to a probable typhoid. One of the most interesting cases met *post-mortem* was that of a woman, aged 60. She had died from exhaustion, subsequent upon an incarcerated and inflamed hernia. On opening the loop of the small bowel that was in the sac, suspicious ulcers were seen. Besides, the spleen was large and soft. Cultures were made from the spleen, and a pure culture of the typhoid organism isolated. How long she had carried virulent typhoid organisms about with her will never be known.

It was shortly after this that the subject of "Typhoid Carriers" was raised at home. It was demonstrated in different laboratories by different observers that convalescent typhoid patients may be discharging in their stools virulent typhoid organisms for many months. Previously, in the laboratory at Kew, examinations were made of damp soil taken from under the floors of side rooms occupied by typhoid patients, of suspected milk, of drain-water; but all with negative results. Following the lead of the home investigators, the task of hunting for a "Typhoid Carrier" was begun, Dr. Hollow, Senior Medical Officer at Kew, undertaking most of the actual work. First of all, a fresh Widal blood examination was made of all the ex-typhoid fever patients who had convalesced and had been re-admitted to normal living conditions, under the assumption that they were "clean." In every case, the reaction was positive. Then a specimen of each patient's stool was taken under careful conditions, and "grown" on various media. Colonies were isolated and put through the well-known tests for the typhoid organism. The method adopted followed closely the procedure of the Drs. Ledingham, in England. Already, it is found that the stools of one patient, at least, contain typhoid bacilli, although it is nine months since she had the actual fever. The investigation is still going on, and others may be found. In the meantime, the ex-typhoid patient is isolated, and means are being taken to cleanse her alimentary tract, and subsequent cultures will be made to test the efficiency of the disinfection.

In connexion with the typhoid, it is interesting to note that in every case, except one that died without any suspicion of typhoid and was subsequently discovered to be so *post-mortem*, and one that died so suddenly that no Widal reaction could be made, the Widal positive reaction was obtained; though it was delayed in one or two cases; and in no case was a positive Widal reaction given that turned out to be anything but typhoid fever.

#### GOVERNMENT PATHOLOGIST.

The appointment of a Pathologist to the Metropolitan Hospitals for the Insane at a salary of £300 per annum is not filling the object for which the appointment was originally intended. It cannot, for it is impossible to expect a competent and clever pathologist to give up all his time for such a small stipend. What is wanted is a skilled pathologist, to give his whole time to the work required of him, and he should be paid a salary equal to that of the Medical Superintendents of the Hospitals for the Insane. Only then will results be arrived at worth paying for. Undoubtedly, marked improvement has taken place in the performance of the *post-mortem* examinations, and, as evidenced in the above pathological report, a great deal of useful work has been done by Dr. Mackeddie, and there is undoubted evidence of the awakening of interest in clinico-pathological work amongst the staff.

With the opening of the Mental Hospital, a good laboratory must be provided, and a skilled pathologist as well, or else one of the most important objects for which this Hospital is being established will not have been attained. That such an appointment is now generally recognised as being necessary, I would instance the pathologists appointed to the London and Lancashire County Council's Asylums, the Central Scottish Asylums, the New South Wales Hospitals for the Insane, and the independent pathological appointments in many English, American, and German institutions for mental diseases.

The appointment of a Government Pathologist would meet this want, and this official would be available for any other pathological work which the Government might find it necessary to undertake.

#### EPIDEMIC OF TYPHOID AT KEW.

During the year a troublesome outbreak of typhoid fever occurred at Kew, both in the main asylum (female side), and in the Idiot cottages. It is impossible to do anything more than regard the outbreaks in the two institutions as one and the same, although it is difficult to see exactly how the infection originally arose, and how it was conveyed from the main asylum to the cottages. This Department was given valuable assistance by the medical officials of the Board of Public Health, but, in spite of that, no very definite conclusion as to the origin of the typhoid was arrived at.

In the first place, the water supply (Yan Yean) was above suspicion, and, although the milk supply was put under observation, it was possible to absolve that also. Neither was it likely that the food of the patients could have played any important part in the epidemic. The probability is that the causation was "fæcal," and that in a large institution such as Kew, where the double pan system is in vogue, this complicated

and dangerous method of dealing with excreta produced occasional cases of infection, which in turn caused other cases before their infection could be proved or even suspected. The large number of cases in patients working in the laundries gives support to this theory; for one has only to take into consideration the very large amount of foul linen dealt with in the laundries, and particularly in the Idiot Asylum laundry, to understand how infection could be carried through the medium of these necessary offices, both of which have been condemned for years, and rightly so, as inadequate and insanitary, lacking machinery of any kind, and consequently requiring a large amount of hand labour. It is probable that the Idiot Asylum became infected by the interchange of sanitary pans with the main asylum, although it is possible that the infection was conveyed there by some member of the staff of the main asylum visiting the Idiot cottages.

Although cases of diarrhoea and a few of colitis had been observed during the past years, it was not until 3rd April, 1906, that a male patient was returned as suffering from typhoid fever. How this case arose, it was quite impossible to say.

In the first place, this man's clothing was dealt with in the ordinary way in the Kew main asylum laundry. Afterwards, when his illness was pronounced as typhoid, the clothing was disinfected in a proper manner. Some months subsequently, a disused water pipe in the laundry yard was taken up, and shortly after this cases of typhoid occurred amongst patients working in the laundry itself or sleeping in single rooms opening on to the laundry yard, and warded in "O" ward by day. The first nurses to develop typhoid were those working in "O" ward, and a young boy, aged  $6\frac{1}{2}$  years, a son of the head attendant, whose cottage abutted on the laundry yard, developed a severe attack. Later on, cases arose in the hospital ward, but in the first place amongst the patients who had been in the habit of working in the laundry, but were warded by night in the hospital ward.

Some months after the outbreak in the main building, a patient working in the laundry of the Idiot Asylum developed symptoms of typhoid, and a fortnight later two other cases arrived. One month later, a brother and sister living on opposite sides of the Idiot Asylum developed symptoms on the same day, and for the next few months isolated cases were discovered, all from the Idiot Asylum Female Hospital or from amongst the laundry workers; whilst two senior nurses who had had considerable experience in the nursing of imbecile children, and had been nursing them in this epidemic, developed symptoms, and one of them in particular had a very severe attack.

At this time, hospital-trained nurses were being freely requisitioned for nursing the typhoid cases, and an isolation tent was being used in the Main Asylum, and the school rooms in the Idiot Asylum, being fairly separate and self contained, were also in use as isolation wards. In spite of the fact that the hospital-trained nurses were requisitioned for on account of their superior training in the nursing of infectious diseases, two of them developed typhoid, the fact being that the difficulties of nursing insane and imbecile persons suffering from what was an unusually virulent form of typhoid were very much greater than in the nursing of sane persons suffering from an average attack of the same disorder. So far as the Main Asylum was concerned, a lull occurred from March until the end of May, during which time a good isolation tent was erected in one of the comparatively unused airing courts. But during this period, cases still continued from the Idiot Asylum, and it is with regret that one has to report the death of a nurse in the Melbourne Hospital, where she succumbed to what was a very severe attack of the disorder.

The epidemic lasted in the Main Asylum until March, 1908, that is to say, during thirteen months cases occurred at irregular intervals, and in all, 18 female patients and 6 nurses and the one outsider previously mentioned suffered from typhoid. Two other nurses had very doubtful attacks. In the Idiot Asylum, the epidemic began in May, 1907, and continues until to-day, the presentation of this Report (10th September, 1908), there being still two cases isolated and under treatment. On three occasions the epidemic appeared to have ceased, on one occasion for as long as four months. In all, there were 28 patients treated for typhoid, and 6 nurses. In the whole epidemic, there were therefore 61 cases of undoubted typhoid, and there were no fewer than 14 deaths. Out of 61 cases, no fewer than 15 occurred amongst the laundry workers. Probably, the reason why the epidemic has persisted in the Idiot Asylum while it has ceased in the Main Asylum is connected with the origin (fæcal) of the disorder, the uncleanly habits of the idiot patients being responsible for the continuation of the infection. It is a fact worthy of note that no fewer than 8 patients showed marked mental improvement after they had recovered from their illness.

In the Pathological portion of this Report, Dr. Mackeddie details the research work which he undertook with Dr. Hollow in connexion with this outbreak, and his report testifies to the difficulties surrounding the investigation of the cause of the outbreak, as well as to the difficulty of stamping out the infection.

Whatever be the result of the epidemic, this much is clear, that nothing but a water-borne sewerage system should be tolerated in a large institution such as Kew, and that good laundries fitted with up-to-date machinery and appliances for the washing and disinfection of all soiled clothing, together with adequate isolation accommodation kept ready for isolation purposes alone, are essential and must be provided. This was especially pointed out in the Annual Report for 1905, and it has been frequently urged since in other communications, but the unfortunate difference of opinion as to the necessity for the retention or disposal of the Metropolitan Hospitals at Kew and Yarra Bend has prevented the provision of many urgent reforms vitally necessary in these institutions.

#### IN GENERAL.

It is gratifying to report that the year 1907, in contradistinction to its predecessor, has been marked by steady progress. In the first place the Rules and Regulations approved late in 1906 have been put into force, and the system of training and promotion empowered by them has been commenced. Apart from this, promotions so long delayed in the Department have been made, and many works calculated to improve the efficiency of the Service generally and to provide additional accommodation have been completed. Amongst the latter, the most important has been the opening of the Receiving House at Royal Park.

In the Hospitals for the Insane, certain wards were opened and put into use; two hospital wards for 42 patients each, at Sunbury; two wards at Ballarat, each for 42 patients of the hospital and infirm class; and two temporary hospital wards at Yarra Bend, to accommodate 48 patients each. Besides these, other works were gone on with, such as the Receiving Ward at the Bendigo Gold District Hospital; the erection of the Medical Superintendent's house at Beechworth, which allows the old residence to be adapted for the use of patients and staff. At Sunbury, too, the new kitchen and stores are almost completed, and in the old portion of that Asylum day rooms are being constructed, which will mean the wiping out of the existing overcrowding, and giving additional accommodation for about 100 patients.

Amongst other important works might be mentioned the improved water supplies at Ararat and Ballarat, and the commencement of a water-borne sewerage system for the latter asylum. Another very important matter which is slowly proceeding towards completion is the Mental Hospital at Royal Park. This, it is estimated, will give accommodation for 120 cases of the recent and recoverable class.

Turning to other matters, it is only necessary to mention that considerable improvement has been made in the diet of the patients. Without in any way curtailing the existing diet scale, it has been found possible to provide at a fairly low cost such simple necessaries as porridge and soup daily, and puddings. The addition of a small amount of money has enabled us to very materially improve the dietary of the attendants and nurses. In these improvements, some delay was experienced owing to the fact that it was found necessary to obtain additional cooking appliances.

At Kew, a trial has been made of tent life for certain classes of patients as well as those cases which are infectious; and at present the results are so encouraging that it is proposed to extend this mode of treatment.

The increased annual rate of admissions continues to make demands for additional accommodation, whilst the recovery rate and the number of deaths continue to be very low, so that the population of the Hospitals for the Insane is steadily increasing; one might mention here that last year's annual increment was 70 patients.

During the year, the institution at Kew has been visited by a severe epidemic of typhoid fever, both on the female side of the Main Asylum and in the Idiot Asylum. This outbreak, which has caused a great deal of anxiety and no little expense, is referred to elsewhere.



## ON THE TRAINING OF ATTENDANTS AND NURSES.

The Rules and Regulations provide for a system of preliminary selection by an educational examination of simple but sufficient character, and during the year examinations were held, at which 204 male candidates presented themselves, and 95 passed. More numerous examinations were necessary for the female candidates, as there were a greater number of vacancies to be filled; 375 candidates appeared, 221 passed, and 154 failed; so that out of a total of 579 candidates, 316 passed, and 263 failed.

The second stage in the training of our nurses and attendants is terminated by an examination in elementary anatomy and physiology, first aid to the injured, and general duties. This may be taken at the end of the first year, and must be taken before the end of the second year. For this examination, 43 attendants presented themselves, and 23 passed; whilst 65 nurses were examined, and 29 satisfied the Examiners; making a total of 52 passes out of 108 candidates.

In the next place, those attendants and nurses who had been in the Service for at least three years, and who had passed the first nursing examination, were, after a further course of lectures, allowed to present themselves for the senior nursing examination in general and mental nursing; 87 attendants and 30 nurses went up for the examination, and of these, 49 attendants and 13 nurses were successful. The examinations were conducted by the Inspector-General of the Insane, with two Medical Superintendents (Drs. Barker and Mullen) acting as a Board of Examiners. The standard set was practically that of the Medico-Psychological Association of Great Britain and Ireland, except that the examinations were in two parts as against one whole examination as in England. The examinations themselves were made as practical as possible, for, besides the written paper, a *viva voce* examination was given, as well as one in practical work, bandaging, dressings, and other everyday nursing operations. Appended are the two written papers given this year:—

## JUNIOR EXAMINATION.

1. What varieties of bones are contained in the human skeleton? Give examples of each kind, and state their various purposes.
2. Describe the contents of the thorax, and the position of the important organs therein.
3. Into what four classes may food be divided? Give examples of each kind of food, and say in what part of the alimentary tract are the various foods principally digested.
4. What do you understand by "dislocation"? Where do dislocations most frequently occur? State what first aid you would render in each case that you have mentioned.
5. What would you do (a) when a patient's clothing has become ignited; (b) after the flames have been extinguished?
6. At 10 a.m. a patient, who should be on the airing court, cannot be seen there. State what steps should be taken by the attendants (nurses) on duty there. What are the responsibilities of the officers likely to be concerned?

## SENIOR EXAMINATION.

1. What are the principal parts of the brain? What are the connexions of these various parts? Of what is the brain composed? What are the principal functions of the brain?
2. What is the meaning of the term "fracture"? Enumerate the principal varieties of fracture of bones, giving the principal symptoms of each variety. What class of asylum patients are most liable to fractured bones, and why they are so liable?
3. What is consumption? What symptoms may a patient show? What general means of prevention should be adopted to guard against the spread of the disease?
4. State the different ways in which a patient may commit suicide, and what precautions should be taken with suicidal patients.
5. Describe a case of melancholia—its symptoms and course. Describe the treatment and precautions generally adopted in a case of melancholia.
6. What is a bed sore? How is it caused? What would you do—
  - (a) To prevent bed sores occurring?
  - (b) To bring about the cure of a bed sore?

What class or classes of patients are most liable to develop bed sores?

## SPECIAL EXAMINATION IN MENTAL NURSING.

Besides the former examinations, another in mental nursing has been instituted for those officials qualifying for senior positions, such as Chief Nurse or Hospital Nurse. It is now necessary for those hospital-trained nurses who are employed in the Department to pass this higher grade examination before their permanent appointment can be secured.

Certificates are given to those attendants and nurses who have passed both the junior and senior nursing examinations, and a medal is awarded annually to the candidate passing with most credit the senior examination, but this is given only when a reasonably high standard is reached.

In the report for 1906 a suggestion was thrown out as to the desirability of further training for the nurses of the Lunacy Department by sending them for six months to the General Hospitals of the State to obtain further instruction in general medical and surgical nursing; for unquestionably the amount of sickness which is seen in the asylums for the insane is of so simple a character and so infrequent (beyond the nursing of the very old and infirm) that good material is not available in sufficient quantity for sound nursing training.

It is hoped that the General Hospitals will permit of one or two of the nurses holding the Departmental certificate being received for six months training in their medical and surgical wards. They would enter as probationers, and would be paid still as employes of the Department, but would be amenable to the rules and to the officials of the General Hospital; and it would be from this class of nurse that appointments to the senior posts in this Department would eventually be made.

#### MENTAL HOSPITAL AND LUNACY REFORM.

As indicated in the report for 1906, the Cabinet decided during that year to permit the building which was being erected on the old Model Farm as an Inebriate Retreat to be diverted from its original purpose, and with some alterations and more extensive additions, to be utilized as a Mental Hospital, that is to say, an institution for the early treatment of recent and recoverable mental disorders. The building is of the one-storied pavilion type, with official and administrative blocks; the former containing offices, surgery, waiting and consulting rooms, as well as quarters for the Medical Officer and Matron; the latter consisting of a kitchen, store, laundry, and recreation room. Each centre block on either side is practically a double ward. One portion will be for convalescent and working cases, and the other for recent admissions. The second block on either side is expressly designed for the observation and treatment of acute cases, especially those who are suicidal and who otherwise require constant observation. Each ward will contain a large number of single rooms, nearly one-fourth of the total accommodation for 120 patients being of this character, whilst lavatories and sanitary spurs will be provided, as well as examination rooms, store rooms, and rooms for the attendants and nurses, who will also have separate recreation and dining rooms.

The hospital is quite close to the Receiving House, and will be under the same direction, a conveniently situated house having been already secured for the Medical Superintendent. Furthermore, the proximity to the University and the Medical School will, it is hoped, prove of immense benefit, especially as it is proposed to erect and equip a clinical and pathological laboratory, wherein all the latest methods of clinical research and medical treatment may be investigated and post graduate courses instituted.

It is, however, necessary to consider what are the best methods under which patients shall be admitted to the Mental Hospital. In all British institutions up to the present time, before a person can be received into an asylum, certification by medical practitioners and authorization by a magistrate has been necessary, with the exception of the voluntary admission of patients as under the Voluntary Boarder Clauses in the English, Scottish, and New Zealand Acts.

In Germany, where mental wards or kliniks are under the control of the University, admission may be obtained without certification. Apparently, certification is resorted to only when any very special necessity arises, or when it becomes evident that the patient is permanently insane. In German kliniks and in English public asylums there can be no very good reason why the insane person should not be detained against his will, even without elaborate certification, but this or some similar legalizing process is very necessary before a person of unsound mind can be admitted to a private asylum or to private care of any character where a restriction of the liberty of the patient may be necessary, as the vital question of "profit" comes in.

So far as we are concerned, the point at issue is this: Whether the Mental Hospital should be treated as a German klinik, or as an English Hospital for the Insane. The matter is somewhat complicated by the fact that close at hand is the Receiving House, where patients can be admitted for a limited period of time (two months) on the production of a request and modified certification by two practitioners, who say that the patient is apparently insane. Afterwards, on the written authority of the Medical

Superintendent of the Receiving House, or of the Inspector-General of the Insane, a patient can be sent on to a Hospital for the Insane, and presumably also the Mental Hospital, which will have to be proclaimed as a Hospital for the Insane, unless the Legislature proceeds to pass an Act proclaiming it as a special institution with new methods of admitting persons alleged to be of unsound mind. In any case, the adoption of the Voluntary Boarder Clause of the English, Scottish, and the proposed New Zealand Acts would be of very great value, as witness the evidence of the Medical Superintendent of the Gartnavel Asylum, wherein one-third of the admissions annually are voluntary, thereby allowing for earlier treatment, and materially increasing the recovery rate. Whether anything more is needed than the existing procedure in connexion with the Receiving House and the adoption of the Voluntary Boarder Clause is very doubtful, and it would probably mean that very considerable alteration of our laws would be necessary before uncertified admission could be adopted. In the latter case, it is to be feared that considerable litigation would result from the uncertified detention of paranoiacs and other similar unsound persons. The effect of this would be to defeat the end in view, that is to say, the early treatment of mental disorder, owing to the fact that medical practitioners would hesitate to recommend the restriction of the liberty of a person suffering from early mental unsoundness. It would probably merely have the effect of removing that intangible class, the "borderline" some few degrees nearer the "normal."

From time to time those interested in the matter have recommended the authorization of houses for the reception and certification of private cases showing evidences of mental disorder. Presumably, notification to the Lunacy Department would be substituted, and subsequent inspection. The effect of this would be to wipe out the existing private licensed houses for the certified insane, as the licensees of the latter houses would find it more profitable to dispense with the routine and restrictions with which the care of the certified insane is surrounded. Probably a large class of nursing homes would spring up, catering for the care of the deranged, and if these houses are to be inspected and regulated by the Lunacy Department, it would mean a very material increase in the work of this Department, and it would be absolutely necessary to constitute a Board or Commission of Lunacy, such as has frequently been recommended, but apparently never seriously considered.

One great difficulty appears to exist at present, and that is that the Board of Public Health, through the local councils, have the power to licence private nursing homes, but apparently they do not possess the right of subsequent inspection and control over the class of patients admitted to these homes, so that early cases of mental disorder are undoubtedly admitted to houses originally licensed for the care of medical and surgical cases. It is true, of course, that many of such cases may have been admitted innocently enough or as a purely temporary measure, but it is much to be feared that many cases are admitted who should be admitted into houses or institutions authorized for the care of the insane. That this is probably true is borne out by the fact that many cases have been received into the Receiving House suffering from incurable mental disorder, such as well-marked cases of General Paralysis, Senile Dementia, and even congenital Imbecility.

However, there are very many minor details in the existing Lunacy Act which require amendment. Amongst them are—

- I. A clause permitting the transfer without further certification of patients from the Hospitals for the Insane to private Licensed Houses, and from the latter to the former.
- II. The substitution of the term "Person of unsound mind" for the expressions at present used: "Deemed insane" or "lunatic."
- III. The reconstruction of the clauses dealing with the disabilities under which medical practitioners labour with regard to certification and the ownership of a licence to keep a private asylum.
- IV. An alteration in the method of committing children of the Neglected Children's Department. At present, they are classed as the criminal insane.

V. An alteration of the clause which deals with the question of transference from the Receiving House to a Hospital for the Insane. At present, when two medical practitioners have certified before a Magistrate that the patient is apparently insane, and a fit subject for treatment in a Receiving House, before that patient can be sent on to a Hospital for the Insane it is apparently necessary for two medical men to further examine the said patient, and certify before a Magistrate that the patient is of unsound mind, and should be treated in a Hospital for the Insane. There seems no very good reason why such evidence should not be given by the Medical Officer in charge of the Receiving House, and the adoption of this simple alteration would involve a considerable saving in the expenditure on fees.

VI. The adoption of the Voluntary Boarder Clause as previously recommended.

The more debatable alterations are the preliminary notification and uncertified admission methods, which would be innovations the result of which it would be impossible to foresee, so far as admission into private licensed houses is concerned, where the question of payment is a vital point. But into the Mental Hospital it is conceivable that authority might be given by law to the Inspector-General of the Insane, his Deputy, or some other specially-appointed official to permit of the reception of an uncertified case into that institution either—(a) as a voluntary boarder where consent is possible, or (b) on the application of the next of kin where the volition of the patient is affected, as in the case of acute transient mania or any other equally recoverable mental disorder in which the question of consent is impossible.

In this Report, the question of Lunacy Reform has been debated, more or less in a broad way, and beyond the recommendation of the Voluntary Boarder Clause, no striking innovation put forward, it being possible that this year's meeting of the Medico-Psychological Association of Great Britain and Ireland and the triennial meeting of the Australasian Medical Congress will enable this important subject to be considered and debated in a manner which may be helpful to those who are concerned in the care and treatment of the mentally deranged in all the States of the Commonwealth.

#### STRENGTH OF STAFF.

During the year 1905 a considerable number of additional staff were authorized principally consisting in additional night attendants and nurses. At the end of the year 1905 the number of officials in close attendance on the insane was 544, and the number of patients 4,463. At the end of 1906, the number of the same officials had risen to 555, and the number of patients to 4,553. At the end of 1907, the staff numbered 590, and the patients 4,623. It will therefore be seen that the percentage of nursing staff to patients has risen from 1 to 8·2 in 1905 to 1 to 7·8 in 1907.

Apart from these additions there has been a corresponding rise in the staff which is not so closely associated with the care of the patients, namely, the artisan staff and such officials as cooks, laundresses, gardeners, &c. There has also been an increase in the medical and clerical staff, but the increase has not been out of proportion to the increased numbers and work.

Whether it is necessary to very materially increase the nursing staff or not, it was nevertheless impossible to have done so owing to the lack of accommodation for additional staff. There is no question that such additional accommodation is very necessary, more particularly at Kew and Sunbury.

It should also be borne in mind that a very strong staff will be necessary for the administration of the Mental Hospital. In some of the German kliniks, as high a proportion as 1 official to 2 patients is to be found, and in English institutions for the care of acute cases a proportion of 1 official to 3 or 4 patients is quite common. It is also highly desirable that a trained masseur and masseuse should be appointed, not only to give massage and electrical treatment to those patients for whom it is ordered, but also to instruct in simple massage, and to supervise the work of the nurses and attendants in this direction. Such additional training will very materially add to the usefulness of our existing nursing staff.

## COST OF MAINTENANCE.

The usual tables showing the expenditure of the Department for salaries, maintenance, &c., are forwarded. The revenue obtained from the sale of produce and fines is also shown, together with the collections by the Master-in-Lunacy for the maintenance of patients in the Hospitals for the Insane. The total expenditure for the year 1907 was £141,543 5s. 5d., as against £136,228 1s. 1d. for the preceding year, an increase of £5,315 4s. 4d. A large proportion of the increased expenditure was on the Salary Votes, and is accounted for partly by the opening of the Receiving House and the change in the staffing of the Department by the substitution of a permanent staff for temporary employés. The expenditure was also to a large extent affected by the typhoid epidemic at Kew, where a large staff of temporary nurses had to be employed. The other Votes which show an increase are those for Stores, Stimulants, Medicines, and Fuel, Light, and Water.

With the opening of new institutions and new wards at the older Hospitals, additional expenditure must be looked for, and it is anticipated that the figures for 1908 will show a considerable increase over those for 1907. Contract rates for the year 1907 were reasonably low, and this fact has permitted the expenditure of the Department to be kept within fair limits. The receipts for the sale of produce, &c., were satisfactory, and a very appreciable increase in the amounts collected by the Master-in-Lunacy took place, the amount collected by the Master being £17,150 6s. 0d., as compared with £13,282 4s. 11d. during 1906.

The average weekly cost for Maintenance was 11s. 3½d., and, deducting the amounts received for Maintenance, Sales, &c. (average 1s. 6¾d. per week), the amount is reduced to 9s. 8¾d., a slight reduction as compared with 1906, when the net average weekly cost was 9s. 10¼d.

## FUTURE POLICY.

The work that lies before this Department for its own development can be divided into three headings. The first has been touched on elsewhere, and refers to the training of the employés in the Department. The second bears on the question of the better treatment of the recent and recoverable cases of mental disorder, and this has been dealt with by the erection of the new Receiving House for Melbourne, a new Receiving Ward for Bendigo, and lastly, the erection of the Mental Hospital mentioned previously in this Report.

The third heading refers to the improvement and reconstruction of the existing Hospitals for the Insane, and the erection of additional accommodation therein. Under this heading, the accepted proposition is that the Hospital for the Insane at Yarra Bend should disappear; that a new Asylum should be erected at Mont Park, Heidelberg; that Kew should be improved by the addition of good sanitary spurs, a water-borne sewerage scheme, and the provision of a new and complete laundry, which is most essential.

It will then only be necessary to provide additional accommodation at Sunbury and Ballarat. This is being done by degrees, but at the latter asylum it will be imperative to entirely remodel the old Male Division, and erect a new official block with a new kitchen and laundry. In almost all the institutions, improvement in the accommodation for the nursing staff is needed, but this is especially the case at Kew and Sunbury. When the work that is now in hand at Sunbury is complete, this institution should be classed as a receiving asylum for the Metropolitan area, to replace Yarra Bend, which for the time being can rank as a chronic asylum, admitting no recent cases, and disappearing altogether with the opening of the new asylum at Mont Park, for which the plans are now being prepared.

For this new asylum a little extra land is absolutely necessary, and it would be a very desirable step to acquire more land still, and erect on another part of the estate a new asylum for the idiot children at present housed in the cottages at Kew. For the accommodation of these two institutions, an area of from 400 to 500 acres would be ample. The land at Mont Park is so near the railway line between Heidelberg and Greensborough that, with the acquisition of a siding and a station on the Greensborough-road, these institutions would be but little more inaccessible than Yarra Bend is at present.

This programme undoubtedly entails the expenditure of considerable sums of money ; but it must not be forgotten that for years, until quite recently, nothing has been expended on the Hospitals for the Insane—repairs have been neglected, woodwork gone unpainted, water pipes unrenewed, and from the commencement the very essentials of institutional life—a good water supply and proper drainage and lighting—have been omitted, and have now to be provided. Add to these necessaries the need of additional accommodation, for the number of the insane increases in comparison more rapidly than the population of the State, and the very general desire to see certain ill-adapted, old, and out-of-date institutions done away with, and the expenditure proposed is more than explained and justified.

From time to time the necessity for the appointment of a special architect and a subordinate staff has been emphasized in the annual reports, and during the year a report was sent to the Cabinet emphasizing this necessity. An endeavour was made to show how even economy might be obtained ; as regards efficiency, this has never been called into question. With the large amount of works that are before this Department, the matter is more urgent than ever, and with the possible erection of a new asylum it would be foolish to proceed without the appointment of an architect with special experience in asylum construction.

Moreover, were such an architect and staff appointed, it would be possible to very materially increase the amount of work done by the existing artisan staff. Indeed, were there some moderate additions made to the latter staff, a good deal of the work of repairs and minor alterations could be undertaken by them with considerable advantage to the working of each institution. It can hardly be understood by anybody but those who have had experience in the matter how the internal arrangements and the workings of an asylum can be deranged by the constant presence of workmen employed by contractors.

It is of no use inveighing any more against the continuance of Yarra Bend, the old Male side at Ballarat, or the Gaol Ward at Ararat. These things have been sufficiently discussed ; an opportunity to dispense with them has been lacking, but that is not the case at present. In presenting this Report, Sir, to you, I am compelled to revive this subject, one that has long been acknowledged ; but I feel sure of your determination to assist in raising this Department to a higher plane of efficiency and utility.

I have the honour to be,

Sir,

Your obedient Servant,

W. ERNEST JONES,

Inspector-General of the Insane.