

1909.

VICTORIA.

HOSPITALS FOR THE INSANE.

R E P O R T

OF THE

INSPECTOR-GENERAL OF THE INSANE

FOR THE YEAR ENDED 31ST DECEMBER,

1908.

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

By Authority:
J. KEMP, GOVERNMENT PRINTER, MELBOURNE.

APPROXIMATE COST OF PAPER.

									£ s. d.
Preparation—Not given.									
Printing (600 copies),	.	.	..	-	..	..	-	..	<u>35 0 0</u>

REPORT.

LUNACY DEPARTMENT,

Inspector-General's Office,

Melbourne, 21st August, 1909.

To the Honorable the Chief Secretary.

SIR,

I have the honour to submit the annual Report of this Department for the year 1908.

The number of the certified insane has risen during the year from 5,052 to 5,111, an increase of 59, which is made up by an addition of 53 patients on the books of the Hospitals for the Insane, and 6 on those of Private Licensed Houses. On trial, leave, or boarded out, there are 371 persons as against 353 at the end of 1907. In the Receiving House and wards there were resident on the last day of the year 25 persons, who, however, cannot be enumerated amongst the total number of the certified insane. The proportion of insane to the population is now 1 to 248·8.

The usual statistical tables are attached with slight alterations and additions, as well as two charts dealing with the question of the increase of lunacy.

TABLE I.—Showing the Distribution of the Insane on 31st December, 1908.

	Males.	Females.	Total.	Males.	Females.	Total.
In the Hospital for the Insane at—						
Yarra Bend	466	388	854			
Kew	490	373	863			
Kew Idiot Asylum	161	135	296			
Ararat	396	299	695			
Beechworth	355	291	646			
Sunbury	319	410	729			
Ballarat	204	383	587	2,391	2,279	4,670
Out on trial leave from—						
Yarra Bend	43	43	86			
Kew	37	70	107			
Kew Idiot Asylum	4	4	8			
Ararat	14	10	24			
Beechworth	4	4	8			
Sunbury	6	9	15			
Ballarat	5	2	7	113	142	255
Boarded out from—						
Yarra Bend	6	7	13			
Kew	10	11	21			
Kew Idiot Asylum ... ..	...	...	...
Ararat	2	11	13			
Beechworth	3	...	3			
Sunbury	32	5	37			
Ballarat ... ..	...	2	2	53	36	89
Total number of registered lunatics on the books of the Public Hospitals						
	...	...	...	2,557	2,457	5,014
In the Licensed House—						
Sunnyside	12	8	20			
Mount Ida	1	8	9			
Cloverdale	2	6	8			
Merton ... ..	...	12	12			
Landcox ... ..	...	21	21	15	55	70

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	7	5	12			
Mount Ida	2	2			
Cloverdale	2	2			
Merton	3	3			
Landcox	8	8	7	20	27
Total number of registered lunatics in the State	2,579	2,532	5,111

Note to Licensed Houses—

In addition to the numbers given above there were in the Licensed Houses at the end of the year patients as under who were on trial leave from the public Hospitals for the Insane :—

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

TABLE II.—Showing the Admissions, Re-admissions, Discharges, and Deaths in the Public Hospitals for the Insane during the Year ending 31st December, 1908.

	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.
In the Hospitals, 1st January, 1908	2,394	2,229	4,623						
On trial	139	162	301						
Boarded out	15	22	37						
Total number on books, 1st January, 1908 ... ..	...	...	...	...	...	...	2,548	2,413	4,961
Cases admitted—									
First admissions	361	291	652						
Not first admissions	44	43	87						
Escaped patients retaken ... ..	...	...	...	405	334	739			
				19	2	21			
Total cases admitted during the year ... ..	...	...	...	...	...	...	424	336	760
Total cases under care during the year ... ..	...	...	...	...	...	...	2,972	2,749	5,721
Cases discharged—									
Recovered	115	82	197						
Relieved	42	50	92						
Not improved	7	8	15						
Died	229	150	379						
Escaped ... ..	...	...	...	393	290	683			
				22	2	24			
Total cases discharged and died during the year ... ..	...	...	...	...	...	...	415	292	707
Remaining in the Hospitals, 31st December, 1908 ... ..	...	...	...	2,391	2,279	4,670			
Patients on leave ... ..	...	...	...	113	142	255			
„ boarded out ... ..	...	...	...	53	36	89			
Total number on books, 31st December, 1908 ... ..	...	...	...	...	...	...	2,557	2,457	5,014
Average number resident during the year ... ..	...	...	...	...	...	...	2,392	2,253	4,645
Persons under care during the year ... ..	...	...	...	...	...	...	2,948	2,742	5,690
Persons admitted ... ..	...	...	...	...	...	...	387	331	718
Persons recovered ... ..	...	...	...	...	...	...	115	82	197
Transferred from one Institution to another ... ..	...	...	...	...	...	...	64	72	136

5

TABLE III.—Showing the Previous Attacks among Persons Admitted during the Year 1908.

Number of Previous Attacks.	Persons.		
	Males.	Females.	Total.
Have had one attack	58	68	126
Have had two attacks	10	13	23
Have had three attacks	5	2	7
Have had four attacks	3	...	3
Have had twelve attacks	1	...	1

TABLE IV.—Showing Number of Registered Insane on the Books of the Hospitals for the Insane and the Private Licensed Houses at the end of each year from 1891 to 1908 inclusively, and the Number of Patients in the Receiving Wards and Receiving House.

Year.	Hospitals for the Insane and Private Licensed Houses.				Receiving Wards and Receiving House.		
	Male.	Female.	Total.	Increase.	Male.	Female.	Total.
1891	2,090	1,778	3,868	...	1	1	2
1892	2,136	1,818	3,954	86	1	2	3
1893	2,161	1,877	4,038	84	...	3	3
1894	2,205	1,911	4,116	78	...	...	...
1895	2,221	1,927	4,148	32	2	1	3
1896	2,234	1,970	4,204	56	6	2	8
1897	2,292	2,049	4,341	137	4	1	5
1898	2,300	2,094	4,394	53	2	1	3
1899	2,314	2,084	4,398	4	1	...	1
1900	2,286	2,113	4,399	1	...	1	1
1901	2,307	2,194	4,501	102	2	1	3
1902	2,354	2,193	4,547	46	2	1	3
1903	2,371	2,199	4,570	23	6	...	6
1904	2,393	2,249	4,642	72	2	2	4
1905	2,436	2,332	4,771	129	...	...	...
1906	2,497	2,440	4,937	166	5	2	7
*1907	2,569	2,483	5,052	115	11	14	25
1908	2,579	2,532	5,111	59	12	13	25

* Receiving House opened September, 1907.

TABLE V.—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 Number Resident.			
	Males.	Females.	Total.	Recovered.			Relieved.			Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	
				Males.	Females.	Total.	Males.	Females.	Total.																
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	
1908	405	334	739	115	82	197	42	50	92	229	150	379	2,557	2,457	5,014	2,392	2,253	4,645	28.39	24.55	26.65	9.57	6.65	8.16	
Total	7,331	5,884	13,215	2,602	2,180	4,782	476	624	1,100	3,632	2,291	5,923	...	...	...	39,854	35,406	75,261	35.49	37.05	36.18	9.11	6.47	7.86
													2,214	1,967	4,181							

TABLE VI.—Showing the Admissions, Discharges, and Deaths, with the Mean Annual Mortality, and Proportion of Recoveries and of Relieved per cent. of the Admissions for each Asylum for the Year ended 31st December, 1908.

Hospital.	Admitted.			Discharged.						Remaining 31st December, 1908.			Average Numbers Resident during 1908.			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	148	107	255	33	19	52	12	13	25	74	29	103	515	438	953	475	382	857	22.29	17.75	20.39	8.10	12.15	9.80	15.58	7.59	12.02
Kew	137	154	291	49	46	95	17	28	45	46	35	81	537	454	991	471	359	830	35.76	29.87	32.64	12.41	18.18	15.46	9.76	9.75	9.76
Kew Idiot Asylum	21	14	35	5	5	10	9	4	13	12	9	21	165	139	304	161	137	298	23.81	35.71	28.57	42.85	28.57	37.14	7.45	6.57	7.04
Ararat	50	35	85	12	4	16	...	3	3	33	12	45	412	320	732	387	287	674	24.00	11.43	18.82	...	8.57	3.53	8.52	4.18	6.67
Beechworth	11	3	14	6	1	7	2	...	2	19	12	31	362	295	657	362	281	643	54.54	33.33	50.00	18.18	...	14.28	5.25	4.27	4.82
Sunbury	37	20	57	9	3	12	1	2	3	34	28	62	357	424	781	334	420	754	24.32	15.00	21.05	2.70	10.00	5.26	10.18	6.66	8.22
Ballarat	1	1	2	1	4	5	1	...	1	11	25	36	209	387	596	202	387	589	...	...	...	...	...	...	5.44	6.46	6.11
Total	405	331	739	115	82	197	42	50	92	229	150	379	2,557	2,457	5,014	2,392	2,253	4,645	28.39	24.55	26.65	10.37	14.97	12.45	9.57	6.65	8.16

TABLE VII.—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 ... ..	...	...	...	6,176	5,189	11,365	29'18	32'32	30'54
Relieved... ..	...	...	...	927	1,095	2,022	4'38	6'82	5'43
Not improved (including transfers) ... ..	...	...	...	4,322	3,467	7,789	20'42	21'60	20'93
Died ... ..	...	...	...	7,182	3,846	11,028	33'94	23'96	29'63
On trial and boarded out on 31st December, 1908 ... ..	...	...	...	166	178	344	0'78	1'11	0'92
Remaining in Hospitals on 31st December, 1908 ... ..	...	...	...	2,391	2,279	4,670	11'30	14'19	12'55
Total	21,164	16,054	37,218	21,164	16,054	37,218	100'00	100'00	100'00

TABLE VIII.—Showing the Length of Residence in those Discharged Recovered, and in those who have Died, during the Year 1908.

Length of Residence.	Recovered.			Died.		
	Males.	Females.	Total.	Males.	Females.	Total.
Under 1 month	9	1	10	11	3	14
1 month and under 3 months	25	9	34	16	13	29
3 months " 6 "	21	7	28	21	15	36
6 " " 9 "	11	18	29	28	6	34
9 " " 12 "	9	5	14	11	7	18
1 year and under 2 years	28	23	51	37	18	55
2 years " 3 "	5	9	14	12	6	18
3 " " 5 "	4	7	11	13	10	23
5 " " 7 "	1	1	2	11	7	18
7 " " 10 " ... ..	...	...	...	12	18	30
10 " " 12 " ... ..	...	1	1	7	7	14
12 " " 15 "	2	...	2	6	5	11
15 " " 20 " ... ..	...	1	1	21	9	30
20 " " 25 " ... ..	...	...	...	6	4	10
25 " " 30 " ... ..	...	...	...	8	13	21
30 " " 35 " ... ..	...	...	...	3	3	6
35 " " 40 " ... ..	...	...	...	4	3	7
40 " and over ... ..	...	...	...	2	3	5
Total	115	82	197	229	150	379

TABLE IX.—Showing in Quinquennial Periods the Ages of those Admitted, Recovered, and Died, during the Year 1908, and of those Remaining on 31st December, 1908.

Ages.	The Admissions.			Recovered.			The Deaths.			Patients Resident, 31st December, 1908.		
	Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.
Under 5 years ...	4	2	6	...	...	...	1	...	1	3	2	5
5 years and under 10 years	6	2	8	2	...	2	1	...	1	11	15	26
10 " 15 "	7	8	15	1	1	2	6	2	8	33	28	61
15 " 20 "	22	13	35	5	3	8	2	3	5	67	56	123
20 " 25 "	32	32	64	11	7	18	6	8	14	107	106	213
25 " 30 "	37	39	76	12	13	25	8	5	13	183	151	334
30 " 35 "	49	45	94	13	15	28	16	4	20	209	202	411
35 " 40 "	49	36	85	9	12	21	24	6	30	332	266	598
40 " 45 "	34	31	65	15	11	26	18	13	31	326	312	638
45 " 50 "	45	45	90	16	9	25	29	10	39	315	288	603
50 " 55 "	22	29	51	8	2	10	20	9	29	210	215	425
55 " 60 "	21	7	28	6	...	6	8	4	12	187	163	350
60 " 65 "	14	6	20	4	2	6	13	14	27	132	165	297
65 " 70 "	9	8	17	2	...	2	22	12	34	127	151	278
70 " 75 "	14	3	17	...	1	1	16	17	33	104	107	211
75 " 80 "	15	9	24	5	...	5	15	20	35	61	59	120
80 " 85 "	4	3	7	2	...	2	5	5	10	23	29	52
85 " 90 "	...	4	4	...	...	...	4	4	8	8	15	23
90 " 100 "	...	...	...	...	...	...	2	1	3	1	1	2
Unknown ...	21	12	33	4	6	10	13	13	26	118	126	244
Total ...	405	334	739	115	82	197	229	150	379	2,557	2,457	5,014
Mean Age ...	40.7	39.6	40.2	41.0	35.7	38.8	51.4	56.9	53.5	45.4	46.6	46.0

TABLE X.—Showing the Duration of the Disorder on Admission in the Admissions, Discharges, and Deaths during the Year 1908.

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 ...	169	130	299	56	42	98	20	20	40	62	43	105
SECOND CLASS— First attack, above three and within twelve months on admission ...	43	33	76	15	7	22	2	7	9	21	15	36
THIRD CLASS— Not first attack, and within twelve months on admission ...	67	79	146	25	18	43	6	13	19	17	14	31
FOURTH CLASS— First attack or not, but of more than twelve months on admission ...	36	41	77	6	10	16	10	6	16	49	36	85
FIFTH CLASS— Congenital ...	37	31	68	1	1	2	10	7	17	13	16	29
Unknown ...	53	20	73	12	4	16	1	5	6	67	26	93
Total ...	405	334	739	115	82	197	49	58	107	229	150	379

TABLE XI.—Showing the Probable Causes of Insanity in the Patients Admitted during the Year 1908.

Causes of Insanity.	Number of Instances in which each Cause was Assigned.											
	Admissions {									No. of Cases—		
										405 Males, 334 Females, 739 Total.		
	As Predisposing Cause.			As Exciting Cause.			As Predisposing or Exciting (where these could not be distinguished).			TOTAL.		
Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.	
MORAL.												
Domestic Trouble (including loss of relatives and friends)	...	...	...	4	31	35	...	...	...	4	31	35
Adverse Circumstances (including business anxieties and pecuniary difficulties)...	3	2	5	16	6	22	...	...	...	19	8	27
Mental Anxiety and Worry (not included under the above two heads), and Over Work ...	...	...	...	20	12	32	...	...	...	20	12	32
Religious Excitement ...	...	...	...	7	12	19	...	...	...	7	12	19
Love Affairs (including seduction) ...	...	1	1	...	6	6	...	...	...	...	7	7
Fright and Nervous Shock ...	...	...	...	...	14	14	...	...	...	...	14	14
PHYSICAL.												
Intemperance in Drink ...	5	2	7	49	9	58	...	...	...	54	11	65
Intemperance (sexual) ...	...	...	...	2	...	2	...	...	...	2	...	2
Venereal Disease ...	4	...	4	...	1	1	...	...	...	4	1	5
Self Abuse (sexual) ...	1	...	1	17	2	19	2	1	3	20	3	23
Over Exertion ...	...	...	...	1	1	2	...	...	...	1	1	2
Sunstroke ...	3	2	5	8	...	8	...	...	...	11	2	13
Accident or Injury ...	7	2	9	12	4	16	...	...	...	19	6	25
Pregnancy ...	...	...	...	...	1	1	...	...	...	...	1	1
Parturition and the Puerperal state ...	...	...	...	...	8	8	...	...	...	...	8	8
Lactation ...	...	...	...	...	5	5	...	...	...	...	5	5
Uterine and Ovarian Disorders ...	...	2	2	...	11	11	...	...	...	...	13	13
Puberty ...	...	1	1	...	...	...	...	...	...	...	1	1
Change of Life ...	...	7	7	...	12	12	...	...	...	...	19	19
Fevers ...	1	...	1	2	2	4	...	...	...	3	2	5
Privation and Starvation ...	10	6	16	...	1	1	...	...	...	10	7	17
Old Age... ..	29	12	41	16	13	29	...	...	...	45	25	70
Other Bodily Diseases or Disorders ...	11	1	12	17	20	37	...	...	...	28	21	49
Previous Attacks ...	37	26	63	1	...	1	...	...	...	38	26	64
Hereditary Influences ascertained (direct and collateral)	42	28	70	...	4	4	...	...	...	42	32	74
Congenital Defect ascertained	19	3	22	5	23	28	16	12	28	40	38	78
Other ascertained Causes ...	...	...	...	8	2	10	...	...	...	8	2	10
Unknown ...	34	8	42	26	33	59	32	2	54	92	63	155
Total ...	206	103	309	211	233	444	50	35	85	467	371	838
Deduct for combined causes	...	...	...	...	...	...	...	...	...	62	37	99
Total Admissions ...	...	...	...	...	...	...	...	...	...	405	334	739

TABLE XII.—Showing the Form of Mental Disorder on admission in the Admissions, Recoveries, and Deaths for the year 1908, and the Form of Mental Disorder of the Patients remaining on Books on 31st December, 1908.

Form of Mental Disorder.	Admissions.			Recoveries.			Deaths.			Remaining on Books.		
	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	11	7	18	1	1	2	12	6	18	58	75	133
(b) Without epilepsy	32	29	61	6	5	11	11	6	17	213	207	420
2. Moral	1	...	1	1	...	1	...	...	...	...	...	...
II. Insanity occurring later in life—												
1. Insanity with Epilepsy	20	7	27	3	1	4	9	16	25	104	137	241
2. General Paralysis of the Insane	48	5	53	2	...	2	44	1	45	65	8	73
3. Insanity of the grosser brain lesions	1	1	2	...	...	...	2	3	5	25	12	37
4. Acute delirium (acute delirious mania)	5	...	5	2	1	3	1	...	1	...	...	...
5. Confusional Insanity	11	11	22	4	4	8	...	2	2	9	6	15
6. Stupor	1	2	3	...	...	...	...	1	1	1	1	2
7. Primary Dementia	36	28	64	5	4	9	7	4	11	120	64	184
8. Mania :												
(a) Recent	22	51	73	16	22	38	6	7	13	31	16	47
(b) Chronic ... ..	...	2	2	...	...	...	6	5	11	269	213	482
(c) Recurrent	16	20	36	11	6	17	5	6	11	50	38	88
9. Melancholia :												
(a) Recent	28	49	77	16	17	33	8	6	14	31	23	54
(b) Chronic	2	7	9	3	2	5	15	6	21	93	54	147
(c) Recurrent	3	7	10	2	1	3	1	1	2	31	26	57
10. Alternating Insanity ... ..	...	...	...	...	...	...	...	...	...	2	...	2
11. Delusional Insanity												
(a) Systematized	17	7	24	2	2	4	3	1	4	27	62	89
(b) Non-systematized	60	36	96	28	10	38	23	13	36	263	221	484
12. Volitional Insanity :												
(a) Impulse ... ..	...	...	...	...	...	...	...	...	...	...	1	1
(b) Obsession ... ..	...	...	...	...	...	...	...	...	...	...	...	...
(c) Doubt ... ..	...	...	...	...	...	...	...	...	...	...	...	...
13. Moral Insanity ... ..	...	...	...	...	...	...	...	...	...	1	2	3
14. Dementia :												
(a) Senile	36	25	61	2	2	4	39	31	70	119	175	294
(b) Secondary or Terminal	54	40	94	10	4	14	37	35	72	876	935	1,811
On trial leave, or boarded out ... ..	...	...	...	...	...	...	...	...	...	166	179	345
Convalescent ... ..	...	...	...	...	...	...	...	...	...	3	2	5
Not Insane	1	...	1	1	...	1	...	...	...	...	...	...
Total	405	334	739	115	82	197	229	150	379	2,557	2,457	5,014

TABLE XIII.—Showing the Condition as to Marriage in the Admissions, Recoveries, and Deaths during the Year 1908, and of Patients Resident, 31st December, 1908.

Condition in Reference to Marriage.	The Admissions.			The Discharges.			The Deaths.			Patients Resident, 31st December, 1908.		
				Recovered.								
	Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.
Single	227	143	370	60	33	93	118	40	158	1,644	1,188	2,832
Married	124	130	254	41	34	75	61	52	113	472	761	1,233
Widowed	25	44	69	7	8	15	17	40	57	79	263	342
Unknown	8	3	11	2	2	4	21	9	30	197	106	303
Total	384	320	704	110	77	187	217	141	358	2,392	2,318	4,710

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

TABLE XIV.—Showing the Causes of Deaths during the Year 1908, 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.											
Cerebral & Spinal Diseases—																																															
Organic Disease of Brain																																															
Apoplexy or Cerebral																																															
Hæmorrhage	1																																														
Meningitis																																															
Epilepsy																																															
General Paralysis																																															
Heat Apoplexy																																															
Thoracic Diseases—																																															
Heart Disease																																															
Phthisis or Tubercular																																															
Disease of Lungs	2	3	2	1	1	1	4	4	2	2	2	2	2	4	2	3	5	3	1	1	1	1	3	3	3	5	8	13	1	1	1	1	1	1	1	1											
Pneumonia																																															
Pleurisy																																															
Bronchitis																																															
Pyopneumothorax and																																															
Empyema																																															
Gangrene of Larynx or																																															
Lung																																															
Empyema																																															
Oedema of Lung																																															
Abdominal Diseases—																																															
Appendicitis																																															
Liver																																															
Kidney																																															
Peritonitis																																															
Colitis																																															
Diarrhoea																																															
Furteritis or Gastro-Ente-																																															
ritis (Typhoid)																																															
Intestinal Hæmorrhage																																															
Gastritis																																															
Gastric Ulcers																																															
General Diseases—																																															
Senility																																															
Tuberculosis																																															
Septicæmia or Pyæmia																																															
Cancer																																															
Syphilis																																															
Eradent Ulcer																																															
Gangrene																																															
Accidents																																															
Total	6	2	8	5	4	0	4	4	8	7	0	16	14	13	20	12	4	1	22	9	31	6	4	14	12	26	20	14	34	17	17	34	14	16	30	5	6	11	6	4	10	13	14	27	229	150	379

Ascertained by *post mortem* examinations 212 males, 142 females.

TABLE XV.—Return of Patients on Probation under Section 93.

						Male.	Female.	Total.
Out on probation on 1st January, 1908	...	...	...	...	...	139	162	301
Allowed out during the year	...	...	...	...	...	158	198	356
Total ...	...	...	...	...	...	297	360	657
Recovered, Relieved, and Not Improved—								
Of those allowed out during previous years	...	...	...	...	...	24	30	54
Of those allowed out during the present year	...	...	...	...	...	31	37	68
Total ...	...	...	...	...	...	55	67	122
Died—								
Of those allowed out during previous years	...	...	...	...	...	5	4	9
Of those allowed out during the present year	...	...	...	...	...	4	3	7
Total ...	...	...	...	...	...	9	7	16
Written off the books under section 94, Act 1873—								
Of those allowed out during previous years	...	...	...	...	...	37	45	82
Of those allowed out during the present year	...	...	...	...	...	1	4	5
Total ...	...	...	...	...	...	38	49	87
Returned to the Asylums at expiration of probation—								
Of those allowed out during previous years	...	...	...	...	...	29	42	71
Of those allowed out during present year	...	...	...	...	...	53	53	106
Total ...	...	...	...	...	...	82	95	177
Remaining under care out of the Asylums on 31st December, 1908	...	...	...	...	...	113	142	255

TABLE XVI.—Return of Patients Boarded Out during 1908.

						Male.	Female.	Total.
Boarded out on 1st January, 1908	...	...	...	...	...	15	22	37
Allowed out during the year	...	...	...	...	...	57	22	79
Total ...	...	...	...	...	...	72	44	116
Returned to the Asylums by their guardians—								
Of those allowed out during previous years	...	...	...	...	...	7	7	14
Of those allowed out during present year	...	...	...	...	...	12	1	13
Total ...	...	...	...	...	...	19	8	27
Remaining under care out of the Asylums on 31st December, 1908	...	...	...	...	...	53	36	89

TABLE XVII.—Showing the Manner in which Patients were Admitted during the Year 1908.

				Yarra Bend.	Kew.	Kew Idiot Asylum.	Ararat.	Beechworth.	Sunbury.	Ballarat.	Total.
Lunatics sent to the Hospitals by their friends	}	Male		37	79	10	14	2	8	...	150
		Female		62	122	9	17	3	7	1	...	221
" " by the police	}	Male		97	58	5	34	7	29	1	231
		Female		43	32	4	18	...	13	...	110
" received from Benevolent Asylums	}	Male		2	...	...	1	2	...	...	5
		Female		1	...	...	...	...	...	...	1
" " General Hospitals	}	Male		...	...	...	...	...	...	...	...
		Female		...	...	...	...	...	...	...	...
" " Gaols	}	Male		12	...	...	1	...	...	...	13
		Female		1	...	...	...	...	...	...	1
" " all other institutions (including transfers)	}	Male		1	6	9	24	...	14	16	70
		Female		1	8	3	...	37	1	23	73
Total				257	305	40	109	51	72	41	875
Escaped patients retaken	}	Male		2	6	...	5	...	5	1	19
		Female		...	...	...	1	...	...	1	2
Total admissions				259	311	40	115	51	77	43	896

TABLE XVIII.—Showing the Nationalities and Religious Persuasions of those admitted for the first time during the Year 1908.

Birthplaces.	Religious Persuasions.										Total.
	Protestant.					Roman Catholic.	Pagan.	Hebrew.	Mahome-tan.	Unascertained.	
	Church of England.	Presby-terian.	Wesleyan.	Lutheran.	Other Protestant Denomi-nations.						
Victoria	159	61	49	2	43	116	...	1	...	4	435
Other Colonies and British Possessions	31	11	8	...	5	22	1	...	1	1	80
England	43	5	14	...	11	3	...	2	...	2	80
Scotland	1	16	2	...	1	2	...	...	...	...	22
Ireland	10	6	1	...	2	39	...	...	...	...	58
France ... ..	...	...	...	...	...	...	...	...	...	...	...
Germany	2	...	...	2	1	3	...	...	...	...	8
China ... ..	...	...	...	...	...	...	...	...	...	1	1
Other Countries ...	4	4	1	5	5	4	...	1	...	...	24
Not known	9	...	2	...	3	6	...	...	...	11	31
Total	259	103	77	9	71	195	1	4	1	19	739

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

Particulars.	Male.	Female.	Total.
In the Workshops (Male)—			
Blacksmith	17	...	17
Carpenter	22	...	22
Mattress-maker ...	15	...	15
Shoemaker	29	...	29
Tailor	26	16	42
Painter	14	...	14
Mat-maker	9	...	9
In the Workshops (Female)—			
Sewing (making-up and repairing clothing)	...	321	321
Fancy work ... ..	...	108	108
Tailoress ... ..	...	5	5
Mattress-making ...	...	8	8
Miscellaneous occupations—			
Working on the farm	212	...	212
" in the garden	126	...	126
" in the kitchen	48	28	76
" in the store	12	...	12
" in the laundry	...	346	346
" in the wards and airing courts	440	458	898
" as servants at private quarters	37	32	69
" on roads and ornamental grounds	177	...	177
Other work about the establishment	139	25	164
Total number of those usefully employed	1,323	1,347	2,670
Percentage of those usefully employed ...	55·31	59·78	57·48
Amusements—			
Balls and concerts ...	559	581	1,140
Billiards and reading-room	303	282	585
Cards, chess, dominoes, &c.	368	166	534
Bowls, cricket, croquet, football, and tennis	362	209	571
Walking and driving	545	544	1,089
Attending Divine Service...	737	732	1,469
" school	21	...	21

TABLE XX.—Showing the Quantity of Produce supplied by the Farms and Gardens at the various Hospitals for the Insane during the year 1908.

—	Butter.	Eggs.	Meat, Poultry, &c.	Milk.	Vegetables.	Fruit.	Bacon.
	lbs.	doz.	lbs.	qts.	lbs.	lbs.	lbs.
Yarra Bend	1,305	1,257	93,360	207,253	...	...
Kew	2,478	1,196	118,676	206,052	3,950	4,709
„ Idiot Asylum...	7,566	...	...
Ararat	99	166	78,843	150,366	4,980	...
Beechworth	537	826	88,193	204,383	19,951	784
Sunbury	203	2,891	78,262	150,883	4,690	...
Ballarat	17	702	2,398	76,038	227,449	1,205	...

—	Lard.	Green Food.	Hay.	Root Crops.	Straw.	Oats.	Ensilage.	Peas.
	lbs.	tons.	tons.	tons.	centals.	bushels.	tons.	bushels.
Yarra Bend ... ..	...	54	120	150	...	...	50	...
Kew	70	275	153	325	1,344	1,530	...	240
„ Idiot Asylum ... ..	...	...	...	...	...	...	...	...
Ararat ... ..	...	145	150	50	...	...	20	...
Beechworth	25	113	80	...	...	...	...	...
Sunbury ... ..	...	205	120	35	...	...	10	...
Ballarat ... ..	...	...	125	12	...	...	175	35

TABLE XXI.—Showing the Total Receipts and Expenditure of the Hospitals for the Insane during the Year 1908.

Receipts.							Amount.		
Collections by the Master-in-Lunacy for Maintenance of Patients at—							£	s.	d.
Yarra Bend ... ..	...	...	...	...	...	2,884	12	6
Kew ... ..	...	...	...	...	...	8,700	0	0
Ararat ... ..	...	...	...	...	...	2,160	7	6
Beechworth ... ..	...	...	...	...	...	1,423	14	0
Sunbury ... ..	...	...	...	...	...	2,140	6	0
Ballarat ... ..	...	...	...	...	...	1,510	0	0
Receiving House ... ..	...	...	...	...	...	363	17	6
Receiving Wards ... ..	...	...	...	...	...	7	0	0
Amount of Sales ... ..	...	...	...	...	...	1,612	8	6
„ Fines ... ..	...	...	...	...	...	29	5	0
Miscellaneous Collections ... ..	...	...	...	...	...	114	3	7
Total ... ..	...	...	...	...	...	20,945	14	7

Expenditure.							Amount.		
General Expenses (Salaries at Head Office, Fees to Official Visitors, Travelling Expenses, Postage, and Telegrams, &c.)							£	s.	d.
Maintenance at—							3,970	16	0
Yarra Bend ... ..	...	...	...	...	...	25,832	18	11
Kew ... ..	...	...	...	...	...	35,978	1	3
Ararat ... ..	...	...	...	...	...	24,225	19	0
Beechworth ... ..	...	...	...	...	...	19,016	11	1
Sunbury ... ..	...	...	...	...	...	21,671	0	10
Ballarat ... ..	...	...	...	...	...	19,161	17	2
Receiving House ... ..	...	...	...	...	...	3,526	17	10
Receiving Ward—Bendigo ... ..	...	...	...	...	...	322	10	0
„ „ Geelong ... ..	...	...	...	...	...	38	10	0
Expenses in connexion with the Committal and Transport of Lunatics ... ..	...	...	...	...	...	1,497	16	1
Expenses in connexion with Boarded-out Patients ... ..	...	...	...	...	...	798	7	2
Total ... ..	...	...	...	...	...	156,041	5	4

TABLE XXII.—Showing the Total Cost of Maintenance against each Hospital, the Sums expended against each Vote, and the Amount of General Expenses for the Year 1908.

—	Average Daily Number Resident.	Total Cost of Maintenance.		Salaries.		Fees to Official Visitors.		Clothing, Bedding, and Material for Manufacture.		Allowance to Chaplains.	
		£	s. d.	£	s. d.	£	s. d.	£	s. d.	£	s. d.
Yarra Bend ...	857	25,832	18 11	12,749	14 7	...	...	2,152	17 3	86	0 0
Kew ...	1,128	35,978	1 3	17,975	11 4	...	...	3,103	0 7	86	0 0
Ararat ...	674	24,225	19 0	10,649	7 2	...	...	2,315	12 4	147	0 0
Beechworth ...	643	19,016	11 1	8,687	16 8	...	...	1,705	13 6	76	10 0
Sunbury ...	754	21,671	0 10	10,087	3 3	...	...	1,444	8 2	88	0 0
Ballarat ...	589	19,161	17 2	8,189	2 7	...	...	1,875	15 4	92	0 0
Receiving House ...	...	3,526	17 10	2,063	7 1	...	...	262	18 2	2	10 0
General expenses ...	...	3,970	16 0	2,687	8 2	395	0 0	...	...	...	...
Total ...	4,645	153,384	2 1	73,089	10 10	395	0 0	12,860	5 4	578	0 0

—	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 ...	7,603	8 5	591	17 0	271	12 7	1,625	4 6	306	1 1	56	3 10	389	19 8
Kew ...	9,452	15 11	1,316	3 2	303	4 7	2,687	9 10	522	10 0	119	11 2	411	14 8
Ararat ...	7,026	14 10	1,336	6 11	98	2 5	2,179	4 8	200	12 4	91	15 9	181	2 7
Beechworth ...	6,448	18 9	385	2 4	110	13 1	1,346	11 5	104	4 7	24	3 4	126	17 5
Sunbury ...	6,770	8 3	1,063	10 8	36	13 7	1,791	14 6	147	14 11	54	0 4	187	7 2
Ballarat ...	5,832	0 5	634	5 3	172	9 2	1,948	13 3	193	2 10	62	15 0	161	13 4
Receiving House ...	517	2 4	141	14 1	...	...	233	3 10	102	2 9	...	...	203	19 7
General expenses ...	...	...	26	10 7	...	...	...	...	...	...	...	...	861	17 3
Total ...	43,651	8 11	5,495	10 0	992	15 5	11,812	2 0	1,576	8 6	408	9 5	2,524	11 8

TABLE XXIII.—Showing the Average Weekly Cost of Maintenance of Patients during 1908.

—	Average Daily 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 ...	857	25,832	18 11	3,199	4 9	0 5	8 $\frac{3}{4}$	0 0	0 $\frac{1}{2}$	0	3 5
Kew ...	1,128	35,978	1 3	9,221	1 1	0 6	1 $\frac{1}{2}$	0 0	0 $\frac{1}{4}$	0	3 2 $\frac{3}{4}$
Ararat ...	674	24,225	19 0	2,398	16 7	0 6	1	0 0	1	0	4 0
Beechworth ...	643	19,016	11 1	1,579	10 6	0 5	2 $\frac{1}{4}$	0 0	0 $\frac{1}{2}$	0	3 10 $\frac{1}{4}$
Sunbury ...	754	21,671	0 10	2,360	2 0	0 5	1 $\frac{3}{4}$	0 0	0 $\frac{1}{2}$	0	3 5 $\frac{1}{2}$
Ballarat ...	589	19,161	17 2	1,812	6 5	0 5	4	0 0	0 $\frac{1}{4}$	0	3 9 $\frac{1}{4}$
Total ...	4,645	145,886	8 3	20,571	1 4	...	...	...	...	...	...
General expenses ...	...	3,970	16 0	...	...	...	...	...	...	...	...

—	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 11 $\frac{1}{2}$	0	0 3 $\frac{1}{4}$	0	0 8 $\frac{3}{4}$	0	0 1 $\frac{1}{2}$	0	0 1 $\frac{1}{2}$	0	0 0 $\frac{1}{4}$
Kew ...	0	1 0 $\frac{3}{4}$	0	0 5 $\frac{1}{4}$	0	0 11	0	0 2 $\frac{1}{4}$	0	0 1 $\frac{1}{4}$	0	0 0 $\frac{1}{2}$
Ararat ...	0	1 3 $\frac{3}{4}$	0	0 9	0	0 1 3	0	0 1 $\frac{1}{4}$	0	0 0 $\frac{3}{4}$	0	0 0 $\frac{1}{4}$
Beechworth ...	0	1 0 $\frac{1}{4}$	0	0 2 $\frac{3}{4}$	0	0 9 $\frac{3}{4}$	0	0 0 $\frac{3}{4}$	0	0 0 $\frac{1}{4}$	0	0 0 $\frac{1}{4}$
Sunbury ...	0	0 8 $\frac{3}{4}$	0	0 6 $\frac{1}{2}$	0	0 11	0	0 1	0	0 0 $\frac{1}{4}$	0	0 0 $\frac{1}{4}$
Ballarat ...	0	1 2 $\frac{3}{4}$	0	0 5	0	0 1 3 $\frac{1}{4}$	0	0 1 $\frac{1}{2}$	0	0 1 $\frac{1}{4}$	0	0 0 $\frac{1}{2}$
Total ...	...	...	...	...	...	...	...	...	...	...	...	...
General expenses ...	...	...	...	...	...	...	...	...	...	...	...	...

—	Incidentals.		Total Cost Weekly of Maintenance per Patient.		Average Collections per Week for Maintenance, Sales, Fines, Fees, &c.		Weekly Cost per Patient, Deducting Collections for Maintenance, Sales, Fines, Fees, &c.	
	£	s. d.	£	s. d.	£	s. d.	£	s. d.
Yarra Bend ...	0	0 2	0	11 7	0	1 5 $\frac{1}{4}$	0	10 1 $\frac{3}{4}$
Kew ...	0	0 1 $\frac{3}{4}$	0	12 3 $\frac{1}{4}$	0	3 1 $\frac{3}{4}$	0	9 1 $\frac{1}{2}$
Ararat ...	0	0 1 $\frac{1}{4}$	0	13 9 $\frac{3}{4}$	0	1 4 $\frac{1}{4}$	0	12 5 $\frac{1}{2}$
Beechworth ...	0	0 1	0	11 4 $\frac{1}{2}$	0	0 11 $\frac{1}{4}$	0	10 5 $\frac{1}{4}$
Sunbury ...	0	0 1	0	11 0 $\frac{1}{2}$	0	1 2 $\frac{1}{2}$	0	9 10
Ballarat ...	0	0 1 $\frac{1}{4}$	0	12 6	0	1 2 $\frac{1}{4}$	0	11 3 $\frac{3}{4}$
Total ...	...	...	0	12 0 $\frac{3}{4}$	0	1 8 $\frac{1}{2}$	0	10 4 $\frac{1}{4}$
General expenses ...	...	...	0	0 3 $\frac{3}{4}$	...	...	0	0 3 $\frac{3}{4}$

STATE HOSPITALS FOR THE INSANE.

ADMISSIONS.

During 1908 the admissions numbered 739 (males, 405, females 334), which, although 11 more in number than last year, is still very considerably below the average of the last ten years. Of the total number, 87 cases (44 males and 43 females) were re-admissions, while 361 males and 291 females, a total of 652, were said to be first admissions, but of the total number admitted only 299 were said to be first class cases, that is to say, first attacks and admitted within three months of the onset of the mental disorder. The unfavorable class of the cases received is commented on by the Medical Superintendents of the various asylums, and a reference to Table XII. will show that 80 cases of congenital defect, 53 of general paralysis, 94 of secondary dementia, and 61 seniles, with 27 cases of insanity with epilepsy, were received, and if one includes the chronic and recurrent cases of mania and melancholia as well as cases of systematized delusional insanity, a total of 396 unfavorable cases, hopeless so far as recovery is concerned, was received as against a total of 343 admitted with good chances of recovery, that is to say, a favorable percentage of 46 per cent. approximately, which includes 73 cases of recent mania, 77 of recent melancholia, 64 of primary dementia, and 96 of non-systematized delusional insanity. One case was admitted of an evanescent character, as although the medical certificate afforded sufficient testimony of mental disorder, it was found necessary to discharge the patient after only a few days residence.

The average number of patients resident each day has increased by 74, which represent very nearly the average number for which additional accommodation has each year to be provided for.

DISCHARGES.

The number of patients discharged recovered was 197 (a percentage of 26.65 on the admissions), and of those relieved 92 (a percentage of 12.45), whilst 15 cases were discharged not improved. Whilst the percentage of recoveries has fallen 3 per cent., the rate of those relieved has increased 4 per cent., and includes 10 cases from the Idiot Asylum of congenital cases so very materially improved that they have been discharged to take their places in the world under the care of their immediate relatives or other responsible people competent to give them a certain amount of assistance or supervision. The number of those on trial leave is 255, and this represents a certain number of patients who might have under other circumstances been discharged recovered or relieved. The immediate factor, however, in the lowering of the recovery rate has been the success of the Receiving House, Royal Park, where, out of the 117 cases discharged recovered therefrom, one can with confidence assert that 85 per cent. at least would have in former times been received in the State hospitals, so that about 100 recoveries have been prevented from being enumerated amongst the records of the State hospitals.

The character of the cases admitted as stated above has undoubtedly helped to lower the recovery rate, and swells the annual increment of permanent residents in the chronic and infirmary wards; and it would certainly appear only too clearly that the type and class of cases being received into the asylums throughout the world are materially changing, and not for the better so far as the recovery rate is concerned; but this factor, as a test of the efficiency of an asylum or of a Department dealing with the insane, is a very unreliable one, and largely depends on the personal equation of those recommending the discharge, and must be read and weighed in conjunction with the number of re-admissions, the number of those discharged as relieved rather than recovered, the number kept permanently on probation or trial leave, as well as the existence of such useful adjuncts to a Lunacy Department as a receiving house or ward.

DEATHS.

During the year 379 patients died (229 males and 150 females). This gives a percentage of deaths on the average numbers resident of 8.16. This is a higher rate than has been obtained during the previous four years, but is approximately the normal death rate. It is probably higher owing to the fact that during the previous three years the death rate has been much lower than at any other time during the history of the Department. A low death rate necessarily means that there will be an accumulation of old and decrepid patients. But so far as the causation of the deaths is concerned it should be noted that 46 deaths were due to general paralysis and 30 to phthisis; typhoid was

responsible for 6 deaths and colitis for 11. Twenty-five deaths were returned as being due to senility. There was one case of accidental death, viz. :—The body of a male patient, who had been for some years a farm-worker, was found in a reservoir, and it was impossible to say what was the cause of the catastrophe, whether it had been by accident or design. In the Metropolitan institutions all deaths were investigated by the Coroner, and *post-mortems* were made in each case by the Pathologist. The same procedure takes place at the Receiving House, and at the Hospital for the Insane at Sunbury, but in the other hospitals in the country, viz., Ararat, Beechworth, and Ballarat, the same system does not obtain. In the latter, the inquiry into the death is held by either a Police Magistrate or one of the Justices of the Peace deputising for him, and a *post-mortem* examination may or may not be performed, the matter apparently remaining in the hands of the judicial authority conducting the inquiry; he may think fit to order a *post-mortem* to be performed by an outside medical practitioner or by one of the medical officers of the institution, and of late it has become the practice for the medical officers to make the *post-mortems* in any case, and this is certainly as it should be, for it is certainly undesirable from the point of view of the public that general medical practitioners, who may immediately afterwards be called upon to attend a midwifery case or perform some surgical operation, should be permitted to do this work.

HOSPITAL FOR THE INSANE, YARRA BEND.

The Medical Superintendent reports:—

“As compared with 1907, there were 953 patients on the books at the end of 1908, a total increase of 10, whilst the number boarded out was 13, and of those on trial leave 86, leaving in the institution at the end of the year 466 males and 388 females, a total of 854 patients. There were 255 admissions as against 223 in 1907, those admitted for the first time being 226. The number discharged recovered was 52, or 7 less, and the number discharged relieved was 25 or 6 more.

“The influence of the Receiving House, which opened in 1907, is again shown.

“There were 61 patients transferred to other hospitals, and 103 died, as against 43 and 72 respectively in the previous year.

“Systematic instruction was given in the Junior Course, and 11 attendants and 13 nurses passed the examination.

“No accident of any importance occurred, there being only two cases of dislocation of the shoulder, due to accident.

“There were only a few slight bedsores.

“Neither in the staff nor in the patients was there any case of acute infectious disease.

“Two male patients died of phthisis, each having signs of the disease on admission.

“Seclusion was used for 2 male patients (for epileptic furor) for a total of 10 hours, whilst restraint was used for 4 male patients for a total of 390 hours, and for 4 females for 813 hours for surgical reasons, and in each case mostly for 1 patient. This, while a considerable decrease on previous years, is more than is desirable, but the scattered nature of this institution causes supervision to be in such cases replaced by restraint.

“Judged by the standard of previous years, the institution cannot be said to be overcrowded, but there is no doubt that the present conditions would not be tolerated if the requirements of the Health Act were in force.

“The intention of superior authorities to abolish this institution seems as far off material performance as ever. So long as that intention influences those authorities, it would be both idle and wrong to urge anything should be done to improve the many glaring defects of this institution; but year by year, as nothing is done, works which may be looked on as optional, are becoming absolutely necessary. £10,000 could be spent in merely renovating dilapidated structures. Successive Ministers of the Crown who have seen this place have at once admitted the necessity for its abolition, but the place remains, annually becoming more dilapidated.

“The daily average of attendants on duty was 33, and of nurses 30, four of each being also on duty each night. This is the same as last year, there having been no increase of staff. I still think that increased staff would not mean any material improvement in extra work.

“The behaviour of the staff during the year was good, there being no serious complaints. Three attendants and one nurse were on sick leave from slight injuries arising out of accidents on duty.”

HOSPITAL FOR THE INSANE, KEW.

The Medical Superintendent reports as under:—

	Males.		Females.		Total
“ On the 31st December, 1908, there remained on the books of the hospital	537	..	454	..	991
Of these, there were on trial leave ..	37	..	70	..	107
Boarded out	10	..	11	..	21
First admissions	122	..	135	..	257
Not first admissions	15	..	19	..	34
Transferred to the institution ..	6	..	8	..	14
Escaped patients retaken	6	..	—	..	6
Discharged recovered	49	..	46	..	95
Discharged relieved	17	..	28	..	45
Discharged not improved	1	..	3	..	4
Transferred from the institution ..	12	..	27	..	39
Died	41	..	30	..	71
Died whilst on trial	5	..	5	..	10

“ Of the admissions there were, as ever, an undue proportion of senile, decrepid, or benevolent institution cases, in whom there is no chance of recovery; and upon the whole it may be said that the number of acute and recent or recoverable cases was comparatively smaller than in past years, many having passed the possibly curable stage and become permanently insane. This, moreover, has been distinctly noticeable with the male admissions, 22 general paralytics being admitted, 9 epileptics, 25 cases of congenital intellectual deficiency, and 56 senile and terminal demented, 9 cases of systematized delusional, 9 of chronic insanity; a total of 130 probably hopeless of recovery.

“ *Deaths.*—Of the 71 deaths occurring in the institution, no fewer than 25 were above the age of 60, and 9 more were terminal demented, 13 general paralytics died, and of other causes pneumonia accounted for the largest number of deaths, *i.e.*, 25.

“ *Restraint and Seclusion.*—No seclusion has been necessary, but three female patients needed restraint, two of them by a camisole for a few hours to prevent injury during suicidal paroxysms, the other by means of one muff over a considerable period of time to prevent self-mutilation.

“ *Public Works effected during 1908.*—One canvas pavilion was erected in each division for the out-door treatment of acute and sick cases; also one canvas pavilion at the Idiot Asylum for isolation purposes.

“ A new boiler for the hot water supply was put in in each division. These boilers will eventually be discarded upon the institution of a main central supply with the proposed new laundry.

“ In the kitchen there have been installed two additional gas stoves, which it is intended to devote to the messrooms' cooking requirements; also two additional coppers in the kitchen to enable the improved diet scale to be carried out.

“ Five bathrooms in the female division have been renovated and brought up to date; also two on the male division have been similarly treated.

“ The slate roofs and the gutters throughout the main institution have undergone repairs, and hot-water pipes have been relaid. Electric fire-alarms, telephones, and tell-tale clocks for the night staff—all much-felt wants—have been installed.

“ *Public Works required.*—As far as has been possible with limited funds, certain wards have been practically refitted and refurnished in accordance with modern requirements, and that with the best results as regards the bodily comfort and mental effect upon both patients and staff. The neglect of past years in this direction cannot be sufficiently deplored, nor can I too strongly advocate the early expenditure of such a sum as will suffice to bring the other portions of this institution to the same most desirable standard. The newly renovated bathrooms are a vast improvement upon the squalid makeshifts that were erstwhile deemed sufficient, and here also the marked contrast is so undesirable that I would urge similar and speedy transformation of the remaining bathrooms throughout the institution, not as a concession, but as a common necessity.

“ The beneficial moral effect, apart from other more obvious considerations, arising from such modern aids to comfort and cleanliness, cannot be sufficiently emphasized.

“ One pressing need demands immediate attention, *i.e.*, the replacing of the original water mains, which are worn out. Bursts are becoming of almost daily occurrence, and it is probable that in the event of fire the water pressure would prove totally inadequate, thus entirely discounting the utility of the new alarms.

“ The old and worn-out ball-room floor should be replaced, and the same remark applies to much of the flooring throughout the wards, which are in such a condition as to render useless any attempt to lay carpet or linoleum as required, or the efforts at improving the furnishings. In connexion with the introduction of modern furniture to replace the unsightly and worse than useless forms and tables now cumbering the wards, I would suggest an auction sale of a large quantity of the latter.

“ Again I desire to strongly represent that the wards at present used for both male and female hospitals were never constructed for that purpose, and are altogether unsuitable and objectionable. As a fact, they are not, in any sense, hospitals. I have previously contended that, if Kew is to remain, adequate and modern hospital accommodation must be provided for our many hundred insane, and the present makeshifts revert to the uses of infirmaries, for which only they are suitable. In no more complete way can this want be met than by the erection of two detached hospitals, each for 20 or 30 beds, run entirely upon hospital lines and by trained female nursing staffs.

“ I would once more press the necessities of the female resident staff as regards mess-rooms, living and sleeping quarters. These wants are too well known to render it necessary for me to particularize, and I believe they are shortly to receive their due attention. I have already advocated the building of quarters in the kitchen garden for the gardener, for reasons detailed elsewhere, and I would point out that the removal of the gardener from his present residence would enable the blacksmith or assistant engineer to live on the premises—a desideratum when the new laundry machinery plant is in working.

“ The amount of work involved in repairs and up-keep generally in one or another portion of this huge establishment, due to ordinary wear and tear during the many years it has now been in existence, monopolizes the constant services of an assistant carpenter and a bricklayer. These two very necessary positions have never yet been created; and, so far, these never-ending works have been performed by an attendant carpenter and an attendant bricklayer, who cannot be made full use of either as artisans or attendants. The attendants' staff is not so numerous as to permit of these men being detached entirely for artisan work, as the quantity of work demands, so that the whole arrangement is unhandy, to say nothing of the urgent necessity, on occasions, for the employment of temporary artisans for arrears of work, which is both costly and unsatisfactory; so that I would advocate the creation of these positions in view of the certainty that the want of them will become more urgent with the development and increasing age of the institution and its departments.

“ *Staff.*—Dr. Woinarski has succeeded Dr. Macfarlane in charge of the Idiot Asylum, which, I am sure, can but benefit by his energy and the interest that he takes in that work. I have also to express my due sense of the continued and unvarying support and assistance I derive from my medical colleagues, upon whom devolves most of the medical work, as my administrative and other official duties make ever increasing demands upon my own time.

“ I have to deplore the continued ill-health of Mr. Vallance, the secretary, and Mr. McKie, the dispenser. The active participation in the duties of their special departments by both officers is greatly missed. The Attendants' and Nursing Staff have been handicapped by very numerous changes and transfers; but, on the whole, they have done good work. A fair proportion have passed the nursing examinations, and the conduct generally has been excellent. Breaches of the Regulations have been comparatively rare, and not of the gravest nature.

“ *Health.*—The general health of the community has been good, and the epidemic of typhoid, so long with us, ceased with the convalescence of the last case in the main building about the middle of April. Accidents have been few, and mostly of a minor character. In no case was blame attachable to the officials in charge of the patients.

“ There has been a very considerable amount of sick leave amongst the staff, both male and female, which has, needless to say, much hampered the work by the substitution of so many temporary hands for trained employés.

“ *Farm.*—The farm has been, as always, very satisfactory in its returns and general management, with a probably record harvest. In addition, the Kew farm labour has been utilized in the cultivation of the Mont Park Estate, with the satisfactory

result of 365 bags of oats stored there to the advantage of the Department. Much assistance of a similar nature has also been rendered at the Receiving House at Royal Park.

“The kitchen garden of this institution is by no means the success that it might be; in fact, by comparison with other gardens, notably the Chinese, and considering the labour and material at the disposal of the gardener, it is, to my mind, more or less a failure. Bad seasons and poor ground have been urged as an excuse, and, possibly, in some degree, account for it; but there is small doubt that much better results should be obtained.

“*General*.—Probably, of all that has been effected during the year, nothing has given such good results, or so much satisfaction, as the introduction and gradual development of the system of out-door treatment, not only of tubercular and physically sick patients, but also of such mental cases in the acute stage as can be properly supervised in the new tents or pavilions.”

IDIOT ASYLUM, KEW.

The Medical Superintendent reports as follows:—

	Males.	Females.	Total.
“Admissions—			
First admissions	18	13	31
Not first admissions	3	1	4
Transfers to	3	2	5
Discharged much improved	5	5	10
Improved	9	4	13
Not improved	1	0	1
Died	12	9	21
Transferred from	3	4	7
Remaining 31st December, 1908	161	135	296
On trial leave	4	4	8
Total on books	165	139	304

“The admissions were not of a hopeful kind, and the proportion of epileptic children shows an increase; at present nearly one-third of the inmates are epileptic.

“Some of these epileptic children are, in other respects, normal, and are in person rather ‘taking’ and attractive as compared with the majority of the little people, with whom it seems hard that they should have to associate and be brought up.

“In the face of this the question arises, can any better provision be made for children who are normal except for their epilepsy and its consequent mental enfeeblement. Possibly an extension of the epileptic colony, as a special establishment for epileptic children who are not idiots, would meet the want.

“Also we note a falling-off in the number of merely ‘backward’ children admitted recently; such cases as would probably develop more or less by teaching.

“*Health*.—The children, on the whole, have been as healthy as could be expected where the majority are deficient in physique and mental power.

“*Accidents*.—There have been few casualties, and of minor importance only, with the exception of one accident when a female patient sustained a fracture of both bones of the left leg caused by a push from another girl. No blame is attributable to those in charge. Another patient—a male—sustained a somewhat severe contusion of the elbow joint during a fit. Both cases fully recovered.

“*Enteric Fever*.—Nine cases occurred during the year—the last in December—and were treated satisfactorily, as before, in the school-rooms.

“An isolation tent has been erected on the male division with a view to any future outbreaks of infectious disease, and Dr. Woinarski has issued particularly stringent instructions regarding those employed in sanitary work, which I believe will effectually prevent any further epidemic.

“*Teaching*.—The school-rooms having been diverted to the uses of an infectious hospital, the teaching has necessarily been in abeyance, but with the sanitation of the whole block, it is to be hoped that the kindergarten work will be resumed. This will entail the appointment of a teaching staff, for the nurses are untrained in such methods, and, moreover, are not sufficiently numerous to admit of their being detached from their routine ward duties for any other purpose.

Works effected.—An isolation tent or pavilion in the male division. Asphalting all the walks needing it. A new boundary fence. The old fencing will be utilized for the proposed Nurses' Tennis Court. Certain wards have been painted by a special painter.

New Works required.—The completion of the painting throughout the institution, work which can very well monopolize the services of a painter-artisan throughout the year, and of quite equal importance to the carpentering for which an artisan is appointed.

A second isolation tent on the female division, which can also be utilized in any emergency and for tuberculosis patients. A common sitting-room for the female staff, for whom hitherto there has been no such provision. Their bed-rooms constitute their home and sole refuge when not on duty. This concession would be immensely appreciated.

I have before directed attention to the condition of the laundry and many antiquated structures which should be replaced by more sanitary and modern buildings where requisite.

I would once more suggest the consideration as to the desirability of retaining this degenerate community in its present location. Probably the site might be put to better purposes in connexion with the adult insane, were the children transferred to some sea-side establishment of a plain and inexpensive structure. The increasing number of adult imbeciles should certainly be provided for elsewhere, and a far greater number employed at farm labour than is at present possible."

HOSPITAL FOR THE INSANE, ARARAT.

The Medical Superintendent reports as follows:—

"On 31st December, 1908, there were resident in this hospital 695 patients (396 males and 299 females), while there were on probation 14 males and 10 females, who, together with 2 male and 11 female boarded-out patients, made a total of 732 patients (412 males and 320 females) on the register:—an increase of 24 patients compared with the corresponding period of the previous year. During the year 1908 there were 109 receptions (74 males and 35 females), of whom 24 males were transferred from other hospitals for the insane.

"With reference to the causation of insanity amongst those received (exclusive of transferred cases), I find that hereditary influences, old age, and previous attacks of mental unsoundness were assigned as the causative factor in 12 cases each, whilst intemperance in drink was given as the cause in 8 male cases. The predominant forms of insanity in the cases received here during 1908—from my diagnostic point of view—were:—Secondary or terminal dementia, 19 cases; primary dementia, in 20 cases; followed by 13 cases of non-systematized delusional insanity. Three cases of general paralysis of the insane—all men—were received, as were 1 case of recent mania and 4 cases of recent melancholia, both these latter forms were in female patients.

"During the year 28 patients (19 males and 9 females) were allowed out on probationary leave, and of those allowed on probation during previous years 7 were discharged during 1908.

"The percentage of recoveries on admissions for 1908 was exceptionally low, viz., 18·82. This might indicate a lack of properly-ordered and well-sustained treatment, but there are, not improbably, other factors conducing to this undesirable statistical result. Thus, of the 50 male patients received, 9 were 65 years of age and over, 34 were deemed incurable, 3 congenitally deficient, 3 general paralytics, 4 epileptic, 11 primary dementia, 15 secondary dementia and delusional insanity. While of the 35 female patients received, 8 were 50 years of age and over, while 20 were regarded as incurable. Of these 20, 5 were congenitally deficient, 2 epileptic, 9 primary dementia, the remainder mainly composed of cases of secondary dementia.

"Of the 16 patients discharged recovered during the year 9 had been resident less than nine months, while the remainder had been on the register from nine months to two years, though not necessarily resident all that time.

“ During the year 33 male and 12 female patients died, *i.e.*, 6.67 per cent. of the number of patients resident ; and of the total (45), slightly less than half of the patients were over 60 years of age at death. The chief causes of death were—

Pneumonia	7 cases.
Heart disease	5 „
Disease of the kidneys	5 „
Phthisis	3 „
General paralysis of the insane.. .. .	3 „
Typhoid fever	1 case.

“ In all these cases, with one exception, a *post-mortem* examination was performed either by an outside medical practitioner or by one of the medical staff.

“ There were during the year eight more or less serious accidents sustained by patients, namely, a fracture of the fibula, a fracture of the sternum and third left rib, a fracture of the vertex of the skull sustained twenty days before death from another cause, fracture of three ribs, and a fracture of the nose. Full inquiries into each case failed to show that any culpable negligence could be laid at the door of any attendant or nurse. There was also a case of a male patient in the gaol ward who, with apparently suicidal intent, threw himself face downwards, and striking his eye on the corner of his bedstead ruptured his eyeball. A female patient, while in a room by herself at night, forced her left eye from its socket and ruptured her other eye—this was an impulsive and apparently purposeless act.

“ *Seclusion and Restraint.*—Seclusion was resorted to in the cases of 5 female patients during the year for a total period of 5 hours 15 minutes owing to maniacal and violent conduct ; while mechanical restraint, in the form of a camisole, was applied for a total period of 53 hours 10 minutes during the year for a similar reason generally.

The conduct of the staff, generally, has been good, though two nurses were suspended on a charge of assaulting a patient, but who, after inquiry, were exonerated. A temporary attendant was suspended on a similar charge and punished.

Almost continually throughout the year nursing lectures and practical demonstrations were given weekly and bi-weekly to the staff, but the results obtained at the second examination held in 1908, for juniors, were anything but satisfactory. The nurses labour under a great disadvantage in not having a properly trained hospital nurse to instruct them in the practical details of their profession.

During the year, new quarters were erected for the Medical Officer, as were also new mess-rooms and a sitting-room for the staff.

The general health of the Hospital population has been good throughout the year, and, with the exception of several cases of Asylum dysentery and two cases of typhoid fever, no zymotic disease prevailed.

I am glad to report an improvement in the farming operations during 1908, the area under cultivation, and the harvest obtained, were double those of previous years—the hay crop yielding 150 tons. Much remains, however, to be done before the farming operations can be reasonably commended, but I hope to be able to record a still further improvement in the farm next year.

The average number of male patients usefully employed daily totalled 200, the number of unemployed and unemployable being 136. On the female side, the daily average of the employed was 162, and of the non-workers 125.

In addition to the fortnightly dance for the patients, attended as a rule by 140, there were provided entertainments of various kinds at intervals during the year.

Divine Service was regularly held every Sunday by one or other religious denomination, and the average attendance was 130.

In conclusion, I wish to express the earnest hope that it will not be long ere the Indeterminate Sentences Board takes over the Gaol Ward of the Hospital as a reformatory establishment for criminals, and so put an end, once and for all, to the inhuman practice of caring for the mentally ill by housing the unfortunate 50 in a cold, comfortless, and cheerless gaol. Its continuance as an adjunct to a Mental Hospital, in this the twentieth century, is more barbaric than barbarism.

HOSPITAL FOR THE INSANE, BEECHWORTH.

The Medical Superintendent reports as follows :—

“ On 1st January, there were 371 males and 267 females (total 638) in the Hospital, while in addition 5 (4 males, 1 female) were on trial leave with friends, and 4 males were boarded-out, making altogether 647 (379 males, and 268 females) on the books.

On 31st December, the figures were—Remaining in Hospital, 646 (males 355, females 291); on trial leave 8 (males 4, females 4); boarded out 3 (males); making altogether 657 (362 males and 295 females). During the year there were, therefore, 17 less males and 27 more females, the total increase for the year being 10.

“ *Reception*—51 cases (males 11, females 40) were received, but of these, 37 females were transfers from other Asylums and were mostly of the usual hopeless, troublesome type. Of the other 14 (11 males, 3 females), 3 males were over 70 years of age, and two more over 55, whilst of the 3 females, one was 68, and the other two 53 and 45 respectively.

“ It will be seen that, from a recovery point of view, the material to work on is an impossible handicap in a considerable number of cases, for which the Asylum is nothing more than a benevolent institution.

“ *Recoveries*.—7 cases (males 6, female 1) were discharged recovered, mostly on the certificate of an outside practitioner whilst the patients were on trial leave. The trial leave system, while having much to recommend it, is calculated to reduce the apparent recovery rate, and, in fact, does so. This year is no exception in this respect, for two cases so allowed out failed to comply with any one of the three conditions necessary for the ordinary discharge, and were written off the books under Section 94, Act 1873.

“ There were 7 cases (males 6, female 1) discharged recovered, giving a percentage on receptions (transfers being excluded) of 50 per cent.

“ *Deaths*.—31 patients (males 19, females 12) died, being 4·82 per cent. on the average numbers resident. The mean for past 19 years is 6·59. As ample evidence of the senile class of cases in this Hospital, it may be mentioned that the average age of those dying was the high one of 65 years.

“ *Restraint and Seclusion*.—1 woman and 4 men were restrained during the year as follows :—1 female by tunic with sewn sleeves for 1 hour for self-mutilation (persistent). Three men by camisole for a total of 329¾ hours for surgical reasons. One man by gloves for 132 hours for the same reason. One woman was secluded in a single bedroom for 1½ hours for violence. This shows that 6 patients were secluded or restrained altogether, mostly for surgical reasons.

“ *Accidents*.—A female, F. K., age 76 years, was pushed off verandah of Hospital Ward by another patient, and sustained an impacted fracture of neck of femur.

“ *Epidemics*.—A rather extensive, but generally mild, outbreak of influenza occurred, complications were few, and no deaths directly attributable to it.

“ *Bed Sores*.—There was a creditable lack of these, except in one case where the nurse in charge of Male Hospital, owing to incompetence, failed to detect the condition in a bedridden patient when in the threatening stage. The staff concerned was immediately replaced by others who have done their duty in this respect.

“ *Special Works*.—No works were undertaken by the Public Works Department during the year. Owing, presumably to lack of money, the projected laundry is still a thing for the future. Alterations to the front block are likewise held up.

“ Much necessary work could be done if we had a temporary carpenter for a few months. The painting of the wards, &c., is going on steadily but slowly, and the appearance of the wards is correspondingly improved.

“ The necessity for accommodation at the farm for a carter to sleep near the stables is urgent and, I trust, will be an accomplished fact very soon.

“ There can be no doubt that the present kitchen has outlived itself. For present requirements it is badly constructed, especially as to floor and ventilation, and the time has now arrived when a new kitchen, for preference, or at least a complete reconstruction of the present one, is required. Under present arrangements it is dirty, sloppy, and certainly unhealthy. On some days, those employed therein are living in an atmosphere of condensed steam.

“Proper larders, &c., are indispensable, but are conspicuous by their absence. The age of the building is such that many works are urgently required, but are of such a nature that the carpenter himself cannot possibly, with the ordinary repair work to be done, carry them out; of these I may mention, the flooring throughout, and ventilation beneath it; all the outside closets are insanitary and sadly need immediate attention.

“When the new laundry is to be erected, I would strongly urge that provision be made for cool storage of meat.

“*Staff.*—The conduct of the staff on the whole, has been good, but 3 male attendants were punished for being under the influence of drink. This is one of the few offences that should not, I contend, be overlooked, and a repetition of which should mean dismissal from Asylum employment. One attendant was fined for impertinence to the Medical Superintendent, one for kicking a patient (though I believe with no intent to actually kick him) and for 3 lesser offences a small fine or reprimand was deemed sufficient to meet the cases.

“Nursing lectures and demonstrations were given throughout the year to both Junior and Senior classes, and at the subsequent examination tests a hopeful percentage acquitted themselves satisfactorily.

“Again I have to point out the large number of changes in this staff, no fewer than 76 changes were recorded during the year (including coming and going). There were 3 medical officers during the year, so that the work has hardly been learned by one when another takes his place to go over the same novitiate.

“On 31st December, out of a total nursing staff of 76, 28 were probationers of less than 12 months service, or a percentage of 37.

“It will be admitted that the necessary frequent re-arrangement of duties with so large a number of probationers means, at times, much thought and no little anxiety, and it happens that they have to be put in positions of responsibility which their lack of experience does not warrant. Indirectly, the patients cannot be as well cared for as when the staff is fixed, as it cannot be expected that an interest can be created in a ward and its patients where such interest may perforce be only ephemeral. Having dilated on the facts and hinted at the results, I must confess that I can suggest no remedy.

“*Farms and Gardens.*—The crops were again very good, and the general working shows a profit of £288; there was an absence of sickness amongst the stock. The silo again proved its value, and steps are now being taken to erect another of larger capacity. A structure was built to prevent insect infection of the milk cans, and a general attempt made to render the milk supply, as far as possible, above suspicion. The garden supplied plenty of vegetables of varied nature, and the working shows a profit of £331. All the jam used was made on the premises from fruit grown at the institution, and the method of storing in earthenware jars, instead of open tins, is a long felt want supplied.

“The ornamental gardens about the wards and cottages were attended to with marked improvement to the eye. A patient, J. W., practically alone and voluntarily transformed the whole scene about the Male Division. It only shows how little labour is necessary, when used intelligently and for a specific purpose.

“*General.*—The lighting of the Asylum continues to be unsatisfactory, and it is hoped, however, that in the near future this will be remedied. The present cost (over £500 per year for gas alone) is much too high for the result obtained. Economy has been practised down to the limit of bare safety; this is shown by comparing the price of gas at this Asylum and elsewhere, not forgetting that the rate here is 30s. per 1,000 feet.

“I would certainly like to see an illuminant satisfactory, and at such a price that many places now in darkness could be well lit up.”

HOSPITAL FOR THE INSANE, SUNBURY.

The Medical Superintendent reports as under:—

“On the 31st December, 1908, the patients under care were 357 males, 424 females, total 781. The number on trial leave were 6 males, 9 females, total 15; and there were boarded out 32 males and 5 females, total 37. The receptions numbered 56 males and 21 females, total 77, of which number 14 males and 1 female were incurables transferred from other Hospitals; 5 males were re-taken escapees. The recoveries were 9 males and 3 females, those relieved and discharged numbered 1 male and 2 females, the not-improved and discharged were 1 male and 3 females; escaped, 5 males; and transferred

to other Hospitals, 4 males and 1 female. The deaths numbered 62, of which 34 were males and 28 females; and of these 1 male and 1 female died while on trial leave. Included in the deaths were 5 males who died from General Paralysis of the Insane, and 5 males and 2 females who died from Phthisis.

“*Seclusion and Restraint.*—No male patients were placed in seclusion, but 2 female patients were so placed for 1 hour and 1 hour 40 minutes respectively; total 2 females for 2 hours and 40 minutes. One male patient was restrained for 8½ hours by gloves for destruction, and on another occasion by camisole for surgical reasons for 119¼ hours; a second, by camisole for surgical reasons, for 24½ hours; and a third, by one glove for surgical reasons for 192 hours; total 3 male patients, 344½ hours of restraint; also one female patient by gloves for 204 hours to prevent self-mutilation by scratching; 1 female by gloves for 21 hours for bad habits; 1 female by gloves for 4 hours for maniacal outburst; and 1 female by camisole for 21 hours for maniacal outburst; total 4 female patients, 250 hours of restraint.

“Church services of the various denominations were held regularly, the average number of patients attending being 104 males and 210 females. Numerous entertainments were held during the year, the average attendance being 75 males and 75 females; and, in connexion with these, I would thank the Kangaroo Club (M.C.C.) for their very kind services.

“The average number of attendants and nurses on day-duty was 23 and 40 respectively, and the night staff consisted of 3 attendants and 7 nurses.

“The following non-fatal accidents occurred:—13.2.08, C. W., female, scalded foot, self-inflicted in the laundry; 28.2.08, E. A. D., female, fractured ulna, accidental; 15.5.08, A. W., male, fractured ulna, struck by another patient; 22.5.08., F. P., male, Potts’ fracture, left foot, fall in airing court.

“There was one fatal accident, a male patient was found drowned. This was erroneously referred to in my report for the previous year. There was no epidemic during the year, and only one case of bed sores—E. C., female, 69 years, chair patient for 18 months, bedridden 6 months, died 10.9.08, small bed sore, left hip.

“A new building, containing a kitchen and store was opened, the kitchen being supplied with steam from a new boiler. A new road was also made to the kitchen, and the building of a new mess room, and day-rooms for the Hill was in progress. These have since been opened and occupied.

“Numerous additions have been made to the staff, amongst others the position of Senior Medical Officer being created, and Dr. Macfarlane transferred from Kew to fill the position.

“Mr. Stanes was appointed clerk, and the appointment of an additional clerk having been approved, Mr. Loftus was appointed to the position. The vacancy caused by the transfer of Head-Attendant Hill was filled by the appointment of Mr. Cosgrove, transferred from Beechworth. A Head Female Cook, and three Female Cooks were appointed for the new kitchen, and an extra laundress, extra fireman, and a tailor were appointed.

“Numerous other changes have taken place, especially in the *personnel* of the Third Grade Nurses of the Female Staff, so that the great majority were probationers, there being 45 probationers (nurses) out of a staff of 61 on the 31st December, 1908, which greatly hampered the working of the wards.

“The health of the Staff and patients has been satisfactory, and the behaviour of the former good.

“An efficient telephone, fire-alarm, and tell-tale clock system is urgently required; also laundry machinery, of which there is none at present.”

HOSPITAL FOR THE INSANE, BALLARAT.

From the report of the Medical Superintendent we gather that on the last day of 1908 there were 204 males and 383 females, making a total of 587 in residence; whilst 5 males and 2 females, total 7, were on trial leave, and 2 females were boarded out.

The direct admissions during the year numbered only 1 male and 1 female, but 16 males and 23 females were transferred from other institutions. Of the discharges, 1 male and 4 females were discharged recovered, and 1 male relieved. Of deaths, there were 36, 11 males and 25 females; these were all due to natural causes. The general health of the institution was good, although there were several severe cases of influenza.

Seclusion was necessary in one case—a female, for acute maniacal excitement lasting one hour; and 2 patients, 1 male and 1 female, had to be placed under restraint for surgical reasons; in the case of the female, for 36 hours, and in the male, for 89 hours.

Lectures were given to the staff during the year, and the successful examinees were 1 hospital nurse, 3 senior attendants, 3 junior attendants, and 8 junior nurses.

During the year the old female hospital was reconstructed and renovated, six single rooms were added, and the bathrooms and lavatories considerably improved, permitting this building to be used as a hospital for the male sick and infirm. Alterations to the old male hospital were commenced also, but at the end of the year were not completed.

A water-borne sewerage scheme has been practically completed, and is in operation in connexion with all the buildings excepting the old male block. The sewage is pumped up to a distant part of the farm, and the land is subdivided into small paddocks which are irrigated on lines similar to those followed at the Metropolitan sewerage farm at Werribee.

The Medical Superintendent comments on the desirability of providing fire escapes from the dormitories in the male division, as well as the necessity of a mess-room cottage for the attendants. He also desires to see an artisan blacksmith and a seamstress appointed.

He concludes by recording the good work that has been done on the farm and garden.

DEPARTMENTAL, EDUCATIONAL, AND NURSING EXAMINATIONS.

During the year one preliminary educational examination was held for male applicants and two for females. The numbers examined, passed, and rejected were as under:—

				No. of Candidates.		Passed.		Failed.
Attendants	..	..	..	175	..	92	..	83
Nurses	..	..	..	85	..	72	..	13

There has always been a relative deficiency in the number of female applicants, and it has been found necessary to accept from them a slightly lower standard for a pass.

This, however, does not apply to the Nursing Examinations, and of these one for the senior nursing class, and two for the junior had to be held during the year. The numbers were:—

				Applicants.		Passed.		Failed.
<i>Senior—</i>								
Males	..	..	..	24	..	8	..	16
Females	..	..	..	13	..	7	..	6
<i>Junior—</i>								
Males	..	..	..	82	..	51	..	31
Females	..	..	..	93	..	50	..	43

One special examination for the hospital trained nurses was held, and 6 nurses passed out of 8.

It only remains to add that the Board of Examiners was composed as before, of the Inspector-General of the Insane and the Medical Superintendents of Yarra Bend and Kew respectively, Drs. Mullen and Barker, and thanks are due to the two latter gentlemen for the additional work and trouble these nursing examinations have entailed on them.

BOARDING OUT.

During the year an arrangement was made with the Bendigo Benevolent Asylum to receive and lodge a certain number of male and female patients of what may be called the Benevolent Asylum class, of which type a very large number has come to be accommodated in the chronic and infirmary wards of the State hospitals. A sum of 6s. per week is paid for the maintenance of each patient, and an additional sum is paid quarterly for their clothing, &c., which gives the Benevolent Asylum an additional payment of a few pence weekly above the usual cost of their patients. These cases are carefully selected, and consist chiefly of seniles and quiet demented patients, who require little more than elementary supervision and good nursing. The Bendigo Benevolent Asylum has 43 males and 13 females boarded out to them in this way, and arrangements are being made with the Castlemaine Benevolent Asylum to receive male patients of the same class

and at the same rate. With private persons, and usually in the immediate vicinity of each Hospital for the Insane, there are boarded out 10 males and 23 females, so that the numbers of boarded-out patients have risen to 89, and it is more than probable that, in the course of a few months, this number will be considerably augmented. The patients are visited, at least quarterly, by one of the departmental medical officers, as well as by the Inspector-General. They are also examined and reported on under section 88.

TYPHOID FEVER.

Kew.—It is necessary to refer again to the occurrence of typhoid in the main asylum at Kew, and in the Idiot cottages, which was, however, fully discussed in last year's report, wherein the history of the outbreak till 10th September, 1908, was related. Since that date no cases have occurred in the main institution, but two cases occurred in the Idiot cottages. However, it would be as well perhaps to report again that during the year under review (1908) 2 cases were under treatment in the main asylum, and 9 cases occurred in the Idiot cottages. Of these cases, the two in the main asylum can very briefly be dismissed. One was a female patient, who was probably infected by the "typhoid carrier" discovered about the same time on the female side, and the other was a recent admission, a seaman who was brought to the institution suffering with the disorder, and undoubtedly suffering from maniacal delirium, the result of the typhoid poison. In the Idiot cottages, after a quiescent period of four months, 3 cases again appeared on the female side. This was in the month of May, and they appeared at intervals of seven days. Another case occurred in June, 2 more in August, and 2 in September; one, the last of all, occurred in December. Of these 9 cases, 6 were girls and 3 were boys. Two of them, a boy and girl, died from the severity of the attack. The others recovered, although one, a boy, died when convalescent, as a result of a severe *status epilepticus*. Writing now, nine months after the last case occurred, it would appear that the epidemic is at an end, but it clearly demonstrates the necessity for the provision of isolation accommodation for infectious complaints. Such accommodation has never been obtained before. It also points most strongly to the desirability of replacing by a well-revised water-borne sewage scheme the old and dangerous double-pan system in all those institutions where the insane and defective are detained. It proves the difficulty of eradicating this disease when it has gained a footing into an institution, even although hospital-trained nurses be employed, and all the usual precautions be adopted. These difficulties are emphasized by the discovery of a "typhoid carrier," although it is true that such a discovery undoubtedly throws a great deal of light on the methods of the spread of infection, and it also helps us materially in devising the steps necessary for the prevention of further infection.

Ararat.—On the male side of the institution at Ararat two cases occurred, the first was confirmed by the Widal test, and the second was only discovered *post mortem*. It was, as Dr. Gamble says, an unsuspected case of ambulatory typhoid. The patient died suddenly, during what was apparently the second week of the fever. The medical officers were satisfied that the cause of both these cases was the taking up of an old offensive underground drain in the infirmary airing court, and coming from a sanitary sewer. The drain was taken up and replaced by a surface drain. In Ararat, too, a few cases of asylum dysentery occurred in the infirmary ward, and were confined chiefly to old male patients. The systems consisted in the passage of blood and mucus, accompanied by a gradual loss of strength. The *post mortem* examination on those who died revealed extensive ulceration of the large intestine.

Other institutions report outbreaks of influenza, but amongst them none calling for special report.

TENT LIFE OR OPEN-AIR TREATMENT WITH REST IN BED.

Two years ago, during the first outbreak of typhoid fever in the main building at Kew, an ordinary canvas tent was temporarily used for the treatment of the typhoid cases. This was followed by first one and then another of the existing canvas tents, which were modelled more or less on the lines of the tents used in the Government Sanatorium for Consumptives at Greenvale. The tents hold either ten or twelve beds. The one on the male side has been used for those male patients who require to sleep in the fresh air for various reasons, but it has only been used for this purpose as an adjunct to the receiving ward. They have not been made of the same use as the tents on the female side, where practically a ward of canvas tents has been in working order for about eighteen months. Another tent has been erected at the Idiot cottages, for isolation purposes, with a small bathroom, scullery, and disinfector attached. The tents are built of wooden framing, and covered with stout canvas, painted white. The windows consist

of sliding shutters of wood and canvas, and the intervals in the windows and in the double roofs are filled in by fly-proof wire shutters, whilst double doors of canvas and fly-proof wire are also provided. A light but deep canvas verandah surrounds the tent, and underneath it are comfortable seats. The floor of the tent is of wood, covered with linoleum. Gas for lighting purposes is laid on, and a gas radiator has also been installed, chiefly for the benefit of the night nurse. For cooling purposes in the hottest weather a water pipe runs along the top of the roof of the tent, and throws a fine spray of water over it, thereby obtaining a cooling of the temperature of from 6 to 8 degrees Fahrenheit. Each tent costs about £120, and, if the cost of the adjuncts, such as sculleries, &c., are included, the cost of the accommodation works out at about £15 per bed.

A return of the cases treated in the female tents during the last eighteen months has been made me by Dr. Hollow, who says as follows :—

Seventy special cases have been treated in the tents since their erection. These structures have provided facilities for treating patients physically and mentally ill. Many who have left the Hospital for Insane spent the whole of their institutional period in the tents. Comparatively few of the patients treated suffered from phthisis. The following table gives the numbers of those treated for special physical ailments :—

Typhoid	..	..	..	..	10
Phthisis	..	..	..	..	6
Endocarditis	..	..	..	..	3
Pneumonia	..	..	..	..	5
Malignant Disease	..	..	..	..	2
Colitis	..	..	..	..	2
Tubercular Kidney	..	..	..	..	1

Of the phthisical cases, one was received from the Greenvale Sanatorium in an advanced stage of the disease. She improved here in mind and body, and is now on trial leave.

Before dealing with the results of tent treatment on mental cases, it might be stated that the tents have always had a permanent number of chronic working patients resident in them. These have not been included amongst the 70 patients mentioned above. In the numbers to follow distinction cannot be made between those only mentally ill and those suffering both in mind and body. It must suffice to state that those of the former class who have received "open air treatment" have done more than satisfactorily well, and that the results obtained are most encouraging. Of the 70 to be dealt with the following figures indicate their fate :—

Discharged	..	..	..	..	..	17
On Trial Leave	..	..	..	..	..	15
Fit for Trial Leave	..	..	..	..	..	4
Recent Cases much improved	..	..	..	..	..	2
						----- 38
Died in Hospital for Insane	..	..	..	..	..	13
Convalescent from and returned to Idiot Asylum	..	..	..	..	..	2
Died, O.T.	..	..	..	..	..	2
Remaining in Hospital for Insane	..	..	..	..	..	15
						----- 32

					Total	70

Of the 38 showing mental improvement the following indicates their mental state on reception :—

Mania	..	..	..	..	17
Melancholia	..	..	..	..	9
Primary Dementia	..	..	..	..	5
Confusional Insanity	..	..	..	..	6
Puerperal Insanity	..	..	..	..	1

					Total	38

Of those who went on trial leave (15), 2 were returned, 1 a case of mania, the other primary dementia.

In conclusion, it must be stated that the tents have been a source of comfort and strength to those who have felt the responsibility of looking after those ailing in mind and body.

LICENSED HOUSES.

RETURN showing Admissions, Discharges, and Deaths in the Licensed Houses during the year ending 31st December, 1908.

	M.	F.	Total	M.	F.	Total	M.	F.	Total
In the Licensed Houses on 1st January, 1908—									
Sunnyside	9	7	16						
Mount Ida	2	6	8						
Cloverdale	1	8	9						
Merton	1	14	15						
Landcox ... ..	...	18	18						
				13	53	66			
On Trial Leave from—									
Sunnyside	4	6	10						
Mount Ida	2	2	4						
Cloverdale	2	...	2						
Merton ... ..	...	4	4						
Landcox ... ..	...	5	5						
				8	17	25			
On Trial (from the State Hospitals for the Insane) in the Licensed House—									
Sunnyside	3	4	7						
Mount Ida ... ..	...	...	...			
Cloverdale	2	1	3						
Merton ... ..	...	1	1						
Landcox ... ..	...	3	3						
				5	9	14			
Total No. of Patients on Books of Licensed Houses on 1st January, 1908 ... ..	...	...	...	...	...	...	26	79	105*
Received during 1908—									
Sunnyside } First Admissions 22 53 75	19	13	32						
Mount Ida } Not First Admissions 7 4 11	5	12	17						
Cloverdale } Total 29 57 86	5	11	16						
Merton ... ..	...	12	12						
Landcox ... ..	...	9	9						
							29	57	86
Total No. of cases under care during the year ... ..	...	...	...	...	...	...	55	136	191
Discharged—									
Recovered—									
Sunnyside	2	2	4						
Mount Ida	2	3	5						
Cloverdale	4	2	6						
Merton ... ..	...	3	3						
Landcox... ..	...	1	1						
				8	11	19			
Relieved—									
Sunnyside	3	6	9						
Mount Ida	2	3	5						
Cloverdale	1	3	4						
Merton ... ..	...	9	9						
Landcox ... ..	...	...	...			
				6	21	27			
Not Improved—									
Sunnyside	3	4	7						
Mount Ida	2	4	6						
Cloverdale	1	3	4						
Merton	1	1	2						
Landcox ... ..	...	2	2						
				7	14	21			
Died—									
Sunnyside	5	1	6						
Mount Ida	2	...	2						
Cloverdale ... ..	...	3	3						
Merton ... ..	...	2	2						
Landcox ... ..	...	...	...			
				7	6	13			
Patients on Trial (from State Hospitals for Insane) in Licensed Houses removed by friends ... ..	...	...	...	3	3	6			
Total Discharged, Died, &c. ... ..	...	...	...	...	...	...	31	55	86
Total remaining on the Books of the Licensed Houses on 31st December, 1908 ... ..	...	...	...	...	...	...	24	81	105

TABLE showing the Distribution of the Patients on the Books of the Licensed Houses on 31st December, 1908.

							M.	F.	Total.	M.	F.	Total
In the Licensed House—												
Sunnyside	...	...	...	...	...	...	12	8	20			
Mount Ida	...	...	...	...	...	...	1	8	9			
Cloverdale	...	...	...	...	...	...	2	6	8			
Merton	...	...	...	...	...	...	...	12	12			
Landeox	...	...	...	...	...	...	...	21	21			
										15	55	70
On trial leave from—												
Sunnyside	...	...	...	...	...	...	7	5	12			
Mount Ida	...	...	...	...	...	...	...	2	2			
Cloverdale	...	...	...	...	...	...	...	2	2			
Merton	...	...	...	...	...	...	...	3	3			
Landeox	...	...	...	...	...	...	...	8	8			
										7	20	27
On trial leave in Licensed Houses from State Hospitals for the Insane—												
Sunnyside	...	...	...	...	...	...	...	2	2			
Mount Ida	...	...	...	...	...	...	...	...	...
Cloverdale	...	...	...	...	...	...	2	1	3			
Merton	...	...	...	...	...	...	...	1	1			
Landeox	...	...	...	...	...	...	...	2	2			
										2	6	8
Total number of Patients on the books of the Licensed Houses on 31st December, 1908							...	...	...	24	81	105

PRIVATE LICENSED HOUSES.

From the statistical returns it will be seen that the licensed houses are doing useful work. At the beginning of the year there were 80 patients under treatment therein, and at the end of the year the number had fallen to 78. Of these, 8 were cases remaining in the licensed houses who had been transferred thereto from the State hospitals on trial leave at the initiation of the private licensed house system. During the year the five licensed houses have received in all some 86 cases, 29 being males and 57 females. Of these, 75 cases were first admissions, but not necessarily first attacks of insanity; indeed, a very large number of the patients admitted during the year were of the chronic class. Of those discharged, 19 were discharged recovered, and 27 discharged relieved. There were 13 deaths, all from natural causes, and calling for no special comment. It would be as well here to state the licensees are all individuals who have had considerable experience in medical matters, not only in the treatment of mental disorders, but in general nursing as well. Each institution is visited daily by a medical officer of undoubted standing. In each of the five licensed houses a strong nursing staff is maintained. Collectively, it may be said that for the 80 patients usually resident in the houses, 45 to 48 nurses are engaged, as well as some 20 others whose duties are domestic. The majority of those employed have had previous lunacy experience, or experience in general hospitals. It would be an advantage, doubtless, to have these nurses and attendants instructed and trained, but it is difficult to see how it would be possible to examine them on the same lines as the nurses and attendants in the Hospitals for the Insane, seeing that the comparatively small number of patients they can have experience of would materially handicap the chances of acquiring a sound knowledge of the nursing of all kinds of mental disorders. However, so far as 1908 is concerned, I have to make no complaint as to inefficient nursing. In only one case was there found at death a bed sore, and this in the case of a very feeble bed-ridden senile, and I am convinced that even in this case the nurses in charge did their best to obviate the occurrence. The licence in the case of Merton was transferred from one house to another with considerable advantage, the new Merton being admirably situated and adapted for the purpose of the nursing of mental cases, and without wishing in any way to individualize, I feel it is only right to express my satisfaction with the way in which the licensee of Merton has carried out my wishes in the equipment of the new house.

Visits of inspection have been paid each month by the official visitors and myself, and it is satisfactory to report that no complaint has had to be recorded of the treatment and care of the patients, so that it may be claimed that these institutions have justified

their existence. Looking at the matter from an ideal point of view, it would possibly be better that no private person should be allowed to treat any case of mental disorder, but that all such cases should be provided for in a separate high-class institution established by the Government, and even this would meet with many objections, and members of the public would undoubtedly complain that any Government institution must necessarily be a public one; also, it is only reasonable to allow that the relatives of the well-to-do insane have every right to have their unfortunate relations treated in private, provided that the necessary supervision and inspection can be obtained in order that any ill-practice may be made impossible. It is necessary once more to refer to the desirability of having the voluntary boarder clause legalized for the private licensed houses in order that cases of early mental disorder amongst the well-to-do may be catered for in the same way that the mental hospital will cater for the poorer classes.

RECEIVING HOUSE AND RECEIVING WARDS.

TABLE I.—Showing the Admissions, Re-admissions, Discharges, and Deaths in the Receiving House and Receiving Wards at Bendigo and Geelong during the Year ending 31st December, 1908.

				Persons.		
	Male.	Female.	Total.	Male.	Female.	Total.
In the wards, 1st January, 1908	11	14	25	...	...	...
On trial—						
Boarded out ... ..	...	...	...	...	...	...
Total number in Books, 1st January, 1908...	...	...	...	11	14	25
Cases admitted—						
First Admissions	207	178	385	...	...	...
Not First Admissions	7	8	15	...	...	...
Transferred to the Institution ... ..	...	...	...	...	...	...
Total cases admitted during the year ... ..	...	...	...	214	186	400
Total cases under care during the year ... ..	...	...	...	225	200	425
Cases discharged—						
Recovered	82	75	157	...	...	...
Relieved	4	3	7	...	...	...
Not Improved... ..	5	3	8	...	...	...
Committed to Hospitals for Insane	75	34	109	...	...	...
Transferred from the Institution to Hospitals for Insane	44	72	116	...	...	...
Died	3	...	3	...	...	...
Total cases discharged and died during the year ... ..	...	...	...	213	187	400
Remaining in the wards, 31st December, 1908 ..	...	...	...	12	13	25

TABLE II.—Showing (1) the Previous Attacks among Persons Admitted during the year 1908, and (2) the Number of Times they had Previously Recovered in this or any Asylum.

(1) Number of Previous Attacks.	Persons.		
	Male.	Female.	Total.
Have had one attack	11	8	19
Have had two attacks	2	3	5
Have had three attacks ... ..	...	...	...
Have had four attacks ... ..	...	...	...
Several previous attacks	1	...	1

TABLE III.—Showing the Probable Causes of Insanity in the Patients Admitted during the Year 1908, in the Receiving House and Receiving Wards at Bendigo and Geelong.

Causes of Insanity.	Number of Instances in which each Cause was Assigned.											
	Admissions {									No. of Cases —		
										214 Males, 186 Females, Total, 400.		
	As Predisposing Cause.			As Exciting Cause.			As Predisposing or Exciting (where these could not be distinguished.)			TOTAL.		
Male	Female.	Total.	Male.	Female	Total.	Male.	Female.	Total.	Male.	Female.	Total.	
MORAL.												
Domestic Trouble (including loss of relatives and friends)	...	1	1	3	8	11	...	2	2	3	11	14
Adverse Circumstances (including business anxieties and pecuniary difficulties) ...	2	...	2	10	3	13	2	1	3	14	4	18
Mental Anxiety and Worry (not included under the above two Heads), and Over Work ...	2	2	4	12	10	22	3	6	9	17	18	35
Religious Excitement ...	...	...	...	1	3	4	...	...	...	1	3	4
Love Affairs (including seduction) ...	...	...	...	1	4	5	...	...	...	1	4	5
Fright and Nervous Shock ...	...	...	...	13	8	21	...	2	2	13	10	23
PHYSICAL.												
Intemperance in Drink ...	9	...	9	25	17	42	17	5	22	51	22	73
Intemperance (sexual) ...	...	...	...	1	1	2	1	...	1	2	1	3
Veneral Disease ...	9	...	9	3	...	3	...	1	1	12	1	13
Self Abuse (sexual) ...	2	1	3	4	1	5	6	1	7	12	3	15
Over Exertion ...	...	...	...	3	...	3	1	1	2	4	1	5
Sunstroke ...	...	...	...	1	...	1	1	...	1	2	...	2
Accident or Injury ...	2	...	2	8	2	10	3	1	4	13	3	16
Pregnancy ...	...	...	...	...	...	...	...	...	...	...	...	...
Parturition and the Puerperal state ...	...	...	...	...	4	4	...	5	5	...	9	9
Lactation ...	...	...	...	...	...	...	...	2	2	...	2	2
Uterine and Ovarian Disorders	...	2	2	...	3	3	...	3	3	...	8	8
Puberty ...	1	4	5	1	...	1	...	2	2	2	6	8
Change of Life ...	...	11	11	...	...	...	...	10	10	...	21	21
Fevers ..	...	...	...	1	...	1	1	...	1	2	...	2
Privation and Starvation ...	...	...	...	4	1	5	...	...	...	4	1	5
Old Age...	6	2	8	5	3	8	1	1	2	12	6	18
Other Bodily Diseases or Disorders ...	5	2	7	6	13	19	...	3	3	11	18	29
Previous Attacks ...	21	17	38	...	1	1	...	2	2	21	20	41
Hereditary Influences ascertained (direct and collateral)	11	13	24	...	1	1	3	14	17	14	28	42
Congenital Defect ascertained	3	3	6	4	1	5	6	2	8	13	6	19
Other ascertained Causes ...	...	...	...	2	...	2	...	...	...	2	...	2
Unknown ...	...	...	...	...	...	...	1	3	4	32	26	58
Epilepsy ...	3	...	3	10	6	16	...	1	1	13	7	20
Excessive Cigarette Smoking	1	...	1	1	1	2	...	...	...	2	1	3
Tumour of the Brain ...	...	...	...	2	...	2	...	...	...	2	...	2
Narcotics ...	...	...	...	1	1	2	...	...	...	1	1	2
	77	58	135	122	92	214	46	68	114	276	241	517
Deduct for combined causes	...	...	...	...	...	...	...	...	...	62	55	117
										214	186	400

TABLE IV.—Showing the Form of Mental Disorder on admission in the Admissions, Recoveries, and Deaths for the year 1908, and the Form of Mental Disorder of the Patients remaining on Books on 31st December, 1908.

Form of Mental Disorder.	Admissions.			Recoveries.			Deaths.			Remaining on Books.		
	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	3	2	5	...	...	...	...	...	...	...	...	...
(b) Without Epilepsy	7	3	10	2	1	3	...	...	...	1	...	1
2. Moral :												
II. Insanity occurring later in life—												
1. Insanity with Epilepsy	16	8	24	11	3	14	...	...	...	1	...	1
2. General Paralysis of the Insane	28	4	32	...	...	...	...	...	...	...	...	...
3. Insanity of the grosser brain lesions... ..	5	...	5	...	...	...	...	...	...	1	...	1
4. Acute Delirium (acute delirious mania)	10	3	13	9	3	12	1	...	1	...	...	...
5. Confusional Insanity	1	...	1	...	...	...	...	...	...	...	...	...
6. Stupor	2	1	3	...	...	...	1	...	1	...	...	...
7. Primary Dementia	14	15	29	4	2	6	...	...	...	1	3	4
8. Mania :												
(a) Recent	15	24	39	9	9	18	...	...	...	1	1	2
(b) Chronic	3	2	5	3	...	3	...	...	...	...	...	...
(c) Recurrent	15	7	22	5	3	8	...	...	...	2	...	2
9. Melancholia :												
(a) Recent	24	37	61	8	15	23	...	...	...	...	1	1
(b) Chronic	4	8	12	1	4	5	...	...	...	1	2	3
(c) Recurrent	5	5	10	2	2	4	...	...	...	...	1	1
10. Alternating Insanity ... ..	...	...	...	...	...	...	...	...	...	...	...	...
11. Delusional Insanity :												
(a) Systematized... ..	13	22	35	4	6	10	...	...	...	1	2	3
(b) Non-systematized	15	17	32	3	11	14	...	...	...	1	1	2
12. Volitional Insanity :												
(a) Impulse	2	1	3	...	1	1	...	...	...	...	...	...
(b) Obsession ... ..	...	...	...	...	...	...	...	...	...	...	...	...
(c) Doubt ... ..	...	...	...	...	...	...	...	...	...	...	...	...
13. Moral Insanity	1	...	1	...	...	...	...	...	...	...	...	...
14. Dementia :												
(a) Senile	13	8	21	5	1	6	1	...	1	2	1	3
(b) Secondary or Terminal	5	2	7	2	...	2	...	...	..	...	...	...
On Trial, Leave, or Boarded Out—												
Toxic Insanity	1	1	2	1	1	2	...	...	...	...	...	...
Alcoholic... ..	12	10	22	12	10	22	...	...	...	...	...	...
Hystero-Mania ... ..	...	6	6	...	3	3	...	...	...	...	1	1
Amnesia ... ..	...	...	...	1	...	1	...	...	...	...	...	...
Totals	214	186	400	82	75	157	3	...	3	12	13	25

RECEIVING HOUSE, ROYAL PARK.

The Medical Superintendent reports as follows :—

Admissions.—During the year 340 cases were admitted, including one escaped patient, retaken, under certificate for treatment, embracing all varieties of mental disorder. Of these 181 were males and 159 females.

Under private orders there were 198 admissions, while committals under justices' orders totalled 142. The statistics show that about one-third of these are classified as belonging to the acute or recent group, and there were 22 cases of alcoholism, in one or other of its various forms.

On the other hand, a number of cases, incurable probably, *ab initio*, were sent for treatment—General paralytics numbering 27, senile demented 15, epileptics 16, and paranoics about 40.

In addition to these admissions, 16 cases applied for indoor treatment, and were admitted as voluntary patients on their signing an agreement to conform to the rules of the house and the medical directions, and to give 24 hours' notice before leaving.

Recoveries.—Although the law limits the period for which a case may be detained in the Receiving House to one month, extensible to two months only, when considered advisable, the recoveries for the year amounted to 117, equal to nearly 35 per cent. of

the admissions. For the first 8 months of the year over 50 per cent. recovered, but later a large number of hopeless or chronic cases were admitted, which required more or less early transfer to the various Hospitals for the Insane. On the other hand, a good many cases recovered in those hospitals under more prolonged treatment there.

All the cases of alcoholic and toxic psychoses of the acute type recovered before discharge.

Deaths.—Only one death occurred in the institution during the year, the case being received in a moribund state, and dying a few hours later from toxæmia.

Causation.—The statistical tables show that 54 cases, about 16 per cent. of the admissions, owe their mental breakdown to intemperance in drink. In 11 per cent. I have been able to trace hereditary influences; while bodily diseases, epilepsy, old age, mental anxiety, shock, and the menopause have all been predominant factors in causation.

General.—The general health of the house has been good, and there has been no epidemic disease, notwithstanding the stream of patients from all sources continually passing through it.

One casualty occurred during the year, fortunately without fatal result. A patient admitted in a delirious state from the effects of a so-called “drink-cure” rushed at a window, broke a piece of glass, and badly gashed his throat before being overpowered. He eventually recovered completely under treatment.

Seclusion has not been used at all, and mechanical restraint in one case only—that just referred to—for a period of 66 hours for surgical reasons.

Patients have been usefully employed whenever possible at domestic duties, or in the vegetable and flower gardens; but the facilities and opportunities for employment of any kind are extremely limited owing to the circumscribed area at our disposal, and the class of cases admitted.

The only structural alteration calling for comment is the necessity for shelter-houses on the lawns, which matter is about to be taken in hand.

The vegetable garden is now nearly able to meet our requirements, and the necessity of obtaining supplies from Kew Hospital for Insane has been dispensed with since early in the year.

The conduct and general behaviour of the staff has been quite satisfactory, and I am pleased to record an increase in the individual attention shown to the cases by the staff generally.

As the Receiving House provides what is practically continuous observation in nearly all cases, escapes have been very rare.

A considerable amount of work, the results of which are not yet evident, has been done in making the gardens and lawns about the buildings, but this work is necessarily slow and desultory, from the small number of working patients available at any one time.

Amusements have been provided whenever and wherever possible—the usual indoor games and croquet, bowls, and physical culture for out-door exercise. Excellent concerts have been occasionally held by the staff and outside friends, and frequent visits to the neighbouring zoological gardens and the football matches have been highly appreciated by the patients.

Lectures and instruction in nursing have been given to the members of the staff eligible for examination.

The meals have been remarkably well cooked and served, and will compare favorably with any public institution in the State.

In concluding this brief *résumé* of the year's work, I think it will not be denied that the establishment of a Receiving House has been emphatically justified, and must now be recognised as an actual necessity in any well-considered scheme of lunacy administration.

Two features stand out prominently in this connexion—the eagerness with which the medical profession avail themselves of the opportunity to send to the Receiving House any mental case that is certifiable, and the gratification of the patients themselves, in a very great number of instances, at being under treatment there in preference

to other places. It is no uncommon experience to find patients, on the expiration of their statutory period of detention, voluntarily remaining for some time longer, in lieu of being discharged.

With reference to that part of the Lunacy Act under which the Receiving House is administered, it would greatly simplify procedure if an amendment were obtained of section 45, sub-section 6, whereby patients transferred to Hospitals for Insane could be sent there with the original statements and medical certificates instead of copies of such.

Great credit must be given to the Secretary, Mr. Hill, for his attention to the domestic side of the house and secretarial duties, and his untiring energy and zeal. The duties of the Secretary have steadily increased, in consequence of the work in connexion with the weekly Lunacy Court, of which he acts as clerk.

N.B.—It should be noted that the numbers given in the report of the Medical Superintendent of the Receiving House, Royal Park, are in the statistical returns included with the statistics of the receiving wards at Bendigo and Geelong.

INCREASE IN LUNACY.

Attempts have been made to show in the last few Annual Reports to what extent there is an actual increase of insanity in Victoria. This year a new table, No. 4, has been added to the statistical register, showing the number of the insane and of those suspected of insanity known to the Department, and two charts have, with the kind help of Mr. Laughton, the Government Statist, also been added to the Report, in order that the increase in the number of the insane may be simply yet graphically demonstrated, and, so far as is possible, explained. The charts "A" and "B," which deal with the years 1869-1908, exhibit as follows:—

"A."—The increase in the number of annual admissions, the increase in the number of first admissions, as well as the numbers of those discharged, which includes both recovered and relieved, and the fourth line shows the number of deaths in the Hospitals for the Insane.

"B."—Shows the ratio of the increase of the total insane, as well as the ratio of the decrease of the proportions of the admissions to mean population, and the ratio of the increase of the mean population.

On the charts certain facts have been printed, which have reference to the conditions of prosperity or the reverse in this State, so that it is possible for us to arrive at some explanation as to how the increasing accumulation has come about.

It is true that Victoria has, of all the Australasian States, the highest ratio of lunacy (1 in 248·8 persons), but practically it is the most settled of all the States. For example, the number of males and females are practically equal, and the number of old persons is proportionately much greater in Victoria than in any of the other States. All the newly-settled States show a comparatively small proportion of females to males, as well as a comparatively small proportion of old persons to young. This is at the present day readily exemplified in Western Australia, where, as a result of its youth, the proportion of insanity in 1907 was only 1 in 424, but five years before this, in 1902, the proportion was only 1 in 598. With regard to the age question, in 1907 it was estimated that there were in Victoria 67,350 persons aged 65 years and upwards; at the same time New South Wales was estimated as having 58,500, and New Zealand 42,570 from 65 years of age and upwards. This makes a comparatively high return of old people in Victoria, and necessarily means a larger number of insane persons. This is borne out by the fact that the mean age of the admissions to the Victorian Hospitals for the Insane during 1908 was 40·2, and the mean age of those who died 53·5, a fact which will be confirmed by a visit to any of the hospitals, where one can only be struck by the very large proportion of aged and infirm.

There are other lesser reasons why Victoria should show a higher ratio of insanity, but the above-mentioned factors are probably the chief causes. Recent legislation has caused a very much larger number of patients to come within the ken of the Department, so that the increase of the last three years is more apparent than real. The most hopeful sign that we have to consider is the comparatively small number of admissions, and particularly of first admissions, and a reference to Chart "B" will show that the ratio

Chart A. Illustrating the fluctuations during the 40 year period 1869-1908 in (1) Number of admissions to hospitals for the Insane in Victoria (2) Number of first admissions (3) Number of discharges and (4) Number of deaths.

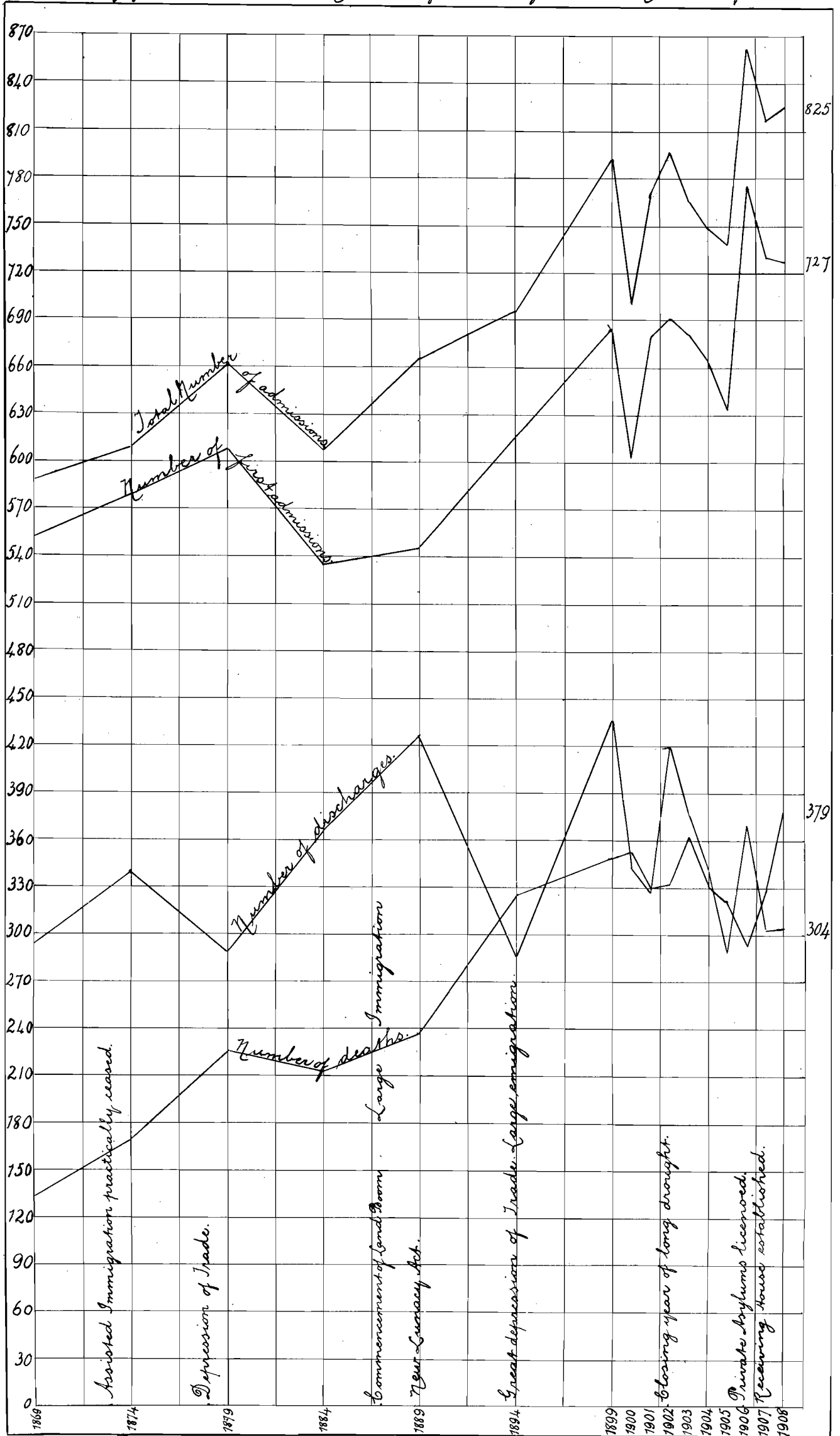
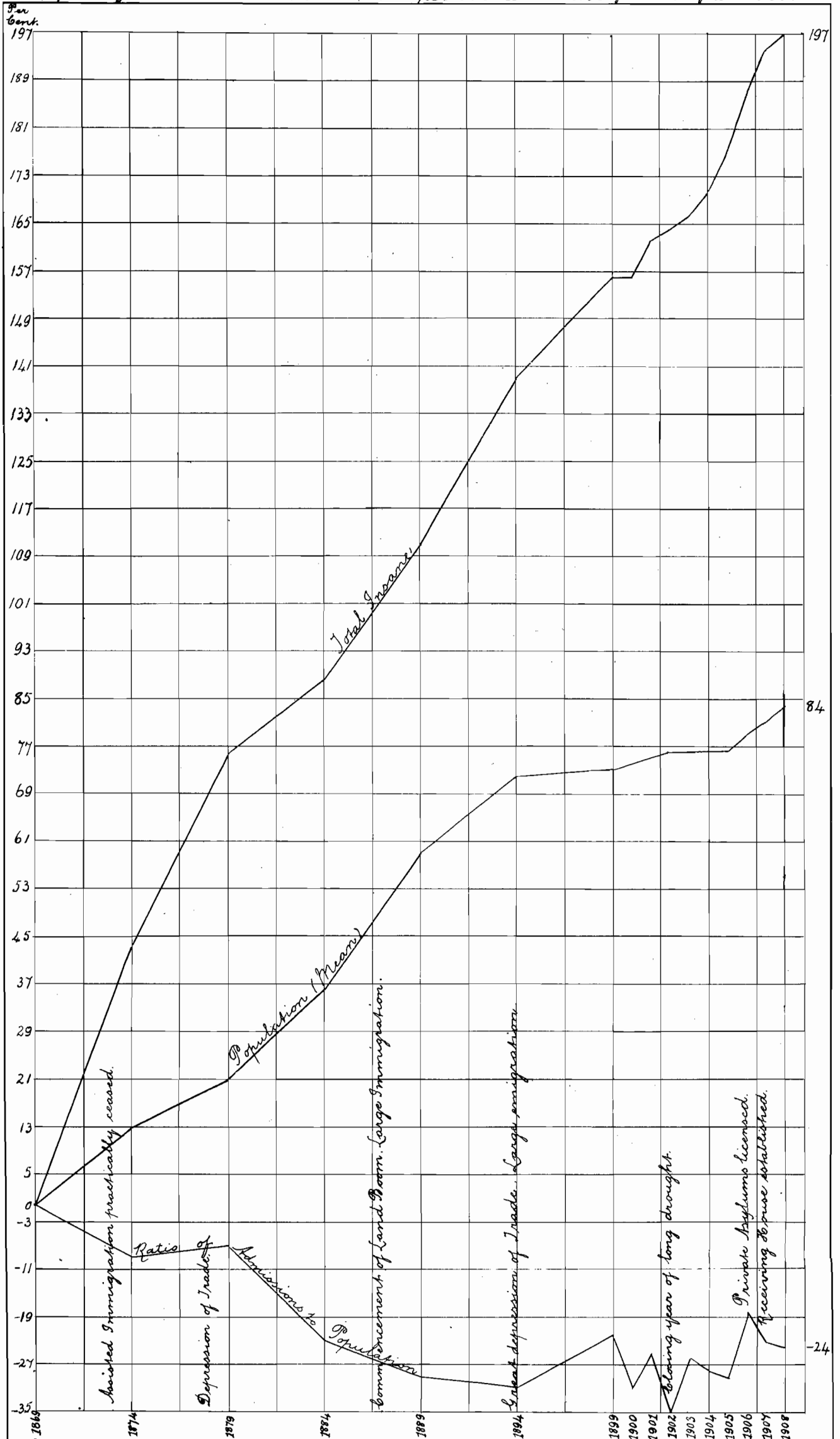


Chart B - Showing the rate of increase during the period 1869-1908 of (1) Number of insane persons in Victoria (2) Mean population and (3) Ratio of Admissions to population. The rates of increase have been obtained by comparing the numbers at successive periods with those for the year 1869.



of the increase of admissions is actually on the down grade, and this can be supplemented by the statement that during the last seven years the numbers of first admissions to the state hospitals has been as follows :—

1902	..	..	..	..	691
1903	..	..	..	..	681
1904	..	..	..	..	664
1905	..	..	..	..	630
1906	..	..	..	..	687
1907	..	..	..	..	641
1908	..	..	..	..	652

That is to say, there has actually been a decrease in the number of cases of freshly-occurring cases of insanity, although at the same time a considerable increase in population has taken place.

COST OF MAINTENANCE.

The total expenditure of the Department for 1908 was £156,041 5s. 4d., an increase of £14,497 19s. 11d. as compared with the expenditure of the previous year. A heavier expenditure was foreshadowed in my last report, but, owing to unforeseen circumstances, in some instances it has been necessary to incur greater expenditure than was anticipated. This refers especially to the item "Stores," against which is charged the accounts for fodder for cattle, which had to be purchased in large quantities and at high prices, owing to the failure of the crops through drought conditions, at Sunbury and Ararat, and also to the item "Forage."

By reference to the tables attached it will be seen that the principal increases in expenditure were for salaries at Sunbury and Ballarat, where additional staff was allowed on account of more accommodation for patients being available, and also at the Receiving House, where a full staff was employed for the whole of the year. The latter institution was only open for a few months in 1907. There was an increased expenditure of £7,000 for provisions on account of higher contract rates, and also the introduction of an amended diet scale for the patients and staff. A more ample diet scale was a great want, and the improvements which have been made have given much satisfaction. The opening of new buildings has necessitated increased expenditure for clothing and bedding, stores, fuel, and light.

The average weekly cost of maintenance was 12s. 0 $\frac{3}{4}$ d. per patient, and deducting from this amount the collections made by the Master-in-Lunacy for the maintenance of patients, and the amount realized for sales, fines, &c., which is equivalent to 1s. 8 $\frac{1}{2}$ d. per week per patient, a net expenditure of 10s. 4 $\frac{1}{4}$ d. per week per patient is shown against 9s. 8 $\frac{3}{4}$ d. for the year 1907.

The collections by the Master-in-Lunacy again show an increase, the amounts being £17,150 6s. and £19,189 17s. 6d. for the years 1907 and 1908 respectively. The amount realized by sales of produce, &c., show an increase of £350 2s. 9d. over the amount received the previous year.

The usual tables, showing fully the expenditure of the Department, are appended.

PUBLIC WORKS.

During the year the following additions and alterations were effected by the Public Works Department :—

Mental Hospital	..	..	Completion of main building.
Kew Hospital for the Insane	..	..	Additional isolation tents.
			Alteration and renovation of lavatories and bathrooms.
Ararat Hospital for the Insane	..	..	New residence for Medical Officer.
			New mess-rooms.
			Completion of new water supply.
Ballarat Hospital for the Insane	..	..	Completion of new water-borne sewerage system.
			Alterations and additions to old infirmaries.
			New farm buildings.

Sunbury Hospital for the Insane..	Completion of new kitchen and store. Commencement of electric lighting installation.
	Completion of four additional day-rooms, dining-rooms, and sculleries in old portion of asylum
Kew (main building) Idiot cottages, Beechworth and Ararat	Complete telephonic system, with toll-tale clocks and fire alarms.

Besides the above-mentioned works, a very considerable amount of work, in the shape of repairs to roofs, spoutings, painting of wood-work, &c., has been undertaken.

With regard to the work that lies immediately before the Department it may be divided into three headings—Firstly, the accommodation for the recent and recoverable cases in mental disorder; secondly, the provision of accommodation for the constantly-increasing number of the irrecoverable, and in connexion with these additions, the improvement of existing institutions, specially with regard to their kitchens, laundries, and sanitary matters; thirdly, the provision of a new institution to replace Yarra Bend.

With regard to requirement No. 1, the main building of the Mental Hospital is practically completed, but a few things remain which are absolutely necessary, viz., the making of roads and paths and the laying out of the grounds, the provision of a pathological block, shops block, stables, and quarters for certain officials, which at the moment of writing are all being proceeded with. There is, however, one great desideratum needed, and that is the provision of a special bath house, in which Turkish baths, various forms of continuous and spray bath, electrical baths, and other remedial baths can be given.

With regard to requirement No. 2, additional accommodation is being provided, principally at Sunbury, where a scheme has been evolved, and is being carried out for the transformation of the old blue-stone buildings. Herein, over a period of three years, it is proposed to spend each year a sum of £7,000. The first instalment has been completed; a second is now in progress, and permission is asked to proceed at once with the other portion. When this work is completed the accommodation in this part of the institution will have been brought up from 380 to 600. An estimate of the value of the old blue-stone buildings has been given at £20,000, so that, with the expenditure of a further sum of £22,000, we shall have achieved very excellent accommodation for 600 patients, at, approximately, £70 a bed. These alterations and additions will include new day-rooms, dining-rooms, sculleries, sanitary spurs, stalls, and accommodation for the nurses and attendants. Moreover, electric light will be installed at the same time to replace the old kerosene lamps. The rough blue-stone walls will be plastered, and the worn-out flooring will be replaced. Again, dealing with our second requirement, there is in process of erection at present a new laundry for Kew. Additional laundry accommodation will be wanted immediately at Sunbury, and at Beechworth and Ballarat the same need is urgently felt. Also in the three country institutions at Ararat, Beechworth, and Ballarat it is highly desirable that the very inferior old kitchens should be reconstructed. At Ballarat the renovation of the male side is an urgent necessity, and fire escapes should be provided at the earliest possible moment.

With regard to the third requirement, it is essential that at an early date a definite decision should be arrived at with reference to the building of a new institution. The site secured at Mont Park is suitable, but the land is insufficient. It is desirable that arrangements should be made for a railway siding to be carried on to the site in order that, in the first place, building operations may be rendered more cheap, and in the next place, that stores should be delivered at the institution itself with as little delay and inconvenience as possible. Moreover, owing to its situation, it is essential that railway communication should be given to those people desirous of visiting the institution, as well as for the sake of the staff. Until these two important matters are settled it is practically impossible to complete the plans.

IN GENERAL.

It is once more necessary to revert to the Lunacy Act. In previous reports an endeavour has been made to show how the Act should be amended, and particularly is this necessary now, in order that the Mental Hospital can be put to its full use. At the same time, there are several other less important but useful alterations which might also be obtained. For example, the transfer of a court case from the Receiving House to a

Hospital for the Insane might be made more simple and expeditious, as well as economical, without in any way endangering the "liberty of the patient." The Lunacy Act of 1903 was undoubtedly a considerable advance on its predecessors, but it might be rendered very much more efficacious by certain non-contentious amendments, which would very materially facilitate the working of the Department to expedite the early treatment of mental disorders.

Previously recommendations have been made that the artisan staff of each of the Hospitals for the Insane should be very considerably strengthened, and it is once more urged that this step, which will add nothing more to the cost so far as salaries are concerned, and in all probability very materially diminish the [Public Works estimates, should be considered at an early date.

It is unquestionable that the work in all the wards is of not the same responsible and heavy character, and it is most desirable that something should be done to acknowledge this fact without having recourse to further distinction in the matter of grades. Attendants and nurses in charge of certain hospital wards, refractory wards, and receiving wards should, whilst holding these positions, be granted a bonus which would not be considered as part of their salary, but which would be given them as an acknowledgment of the additional responsibilities that they have to assume.

It is necessary also to report that the provision for the pathological work is not satisfactory. It is essential that a whole-time pathologist should be appointed, who will have charge of the more purely scientific work of the Department.

The year's work has, on the whole, been very satisfactory, and it may be claimed that good progress has been made in every direction. It would be very futile to suppose that sufficient progress has been made, but it may reasonably be claimed that the methods recently introduced, more particularly the extended use of the Receiving House, are not without results of the most beneficial character.

I have the honour to be,

Sir,

Your most obedient servant,

W. ERNEST JONES,

Inspector-General of the Insane.