

1919.

VICTORIA:

HOSPITALS FOR THE INSANE.

REPORT

OF THE

INSPECTOR-GENERAL OF THE INSANE

FOR THE YEAR ENDED 31st DECEMBER,

1918.

PRESENTED TO BOTH HOUSES OF PARLIAMENT PURSUANT TO ACT 6 GEO. V.
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REPORT.

LUNACY DEPARTMENT,
Office of the Inspector-General of the Insane,
Old Treasury Buildings,
Melbourne, 13th September, 1919.

To the Honorable the Chief Secretary.

SIR,

I beg to submit the Annual Report for the year 1918.

The total number of registered insane at the end of the year reached 6,000, but this figure does not include Voluntary Boarders to the number of 54, and Military Mental cases numbering 110. The increased numbers are entirely female, there being two less males resident in the Hospitals for the Insane, but an increase of 68 females—a fact which I have already brought under Ministerial notice during the year, in asking for increased accommodation.

The admissions to the Hospitals for the Insane exhibited exactly the same figure as in the previous year, *i.e.*, 762, whilst 747 were admitted to the Receiving Houses; so that, contrasted with the records of former years, it does not appear that there is any great increase in the incidence of insanity in this community.

The death and discharge rates are much as in former years, as also are the numbers of patients in Licensed Houses, of Voluntary Boarders, patients on trial leave, and those boarded out in Benevolent Asylums or in private care.

Inasmuch as no additional wards or buildings have been erected for some years, overcrowding is steadily progressing, and there is an excess of approximately 400 patients in the State Hospitals. Whilst we are comparatively well off for accommodation for quiet and chronic cases, there is a very great necessity for an increase of our Hospital and Receiving wards. The accommodation which we hope to obtain when the Defence Department evacuates Mont Park will just give us sufficient room to completely empty Yarra Bend—a consummation which it is to be hoped will not long be delayed. It is therefore necessary to proceed with other hospital accommodation. Annual increments can best be dealt with by the erection of additional blocks of wards at Mont Park and Ballarat, but it is very desirable that consideration should be given to the needs of Gippsland in this respect. At the present time, patients in this district have to travel long distances before they can reach a Hospital for the Insane, and with a growing population in the South-East, it is becoming more and more necessary that we should establish an institution in the neighbourhood of one of the larger towns as, for example, Sale, Bairnsdale, or Traralgon. This would have the effect of removing patients from the metropolitan institutions who should be more conveniently provided for in their own district.

Elsewhere in this report I refer to the necessity for providing legislation for Preliminary Notification and for the establishment of a psychiatric clinic in connexion with one of the principal metropolitan General Hospitals.

The re-classification of the Department with respect to salaries and wages requires sympathetic consideration at the hands of the Government. The initial rates of pay are too low to attract the right type of applicant. A contributory superannuation scheme is also an essential to the acquisition of a competent and contented staff. Almost equally desirable are properly designed nursing homes for the resident staff, particularly for the nurses.

I would point out that the strict economy which has been observed in connexion with this Department during the war years has left its effect, so that it is now essential that an increased expenditure should be permitted on such necessities as the clothing, feeding, and medical care of patients, as well as on the fabric and equipment of the institutions themselves.

I have the honour to be, Sir,

Your obedient servant,

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

TABLE I.—Showing the Distribution of the Insane on 31st December, 1918.

	Males.	Females.	Total.	Males.	Females.	Total.
In the Hospital for the Insane at—						
Yarra Bend	297	416	713			
Kew	485	378	863			
Kew Idiot Asylum	163	149	312			
Ararat	374	268	642			
Beechworth	362	273	635			
Sunbury	464	511	975			
Ballarat	204	392	596			
Royal Park	44	38	82			
Mont Park	216	165	381			
				2,609	2,590	5,199
Out on trial leave from—						
Yarra Bend	56	88	144			
Kew	59	71	130			
Kew Idiot Asylum	8	9	17			
Ararat	3	2	5			
Beechworth	3	9	12			
Sunbury	18	36	54			
Ballarat	8	24	32			
Royal Park	54	127	181			
Mont Park	6	12	18			
				215	378	593
Boarded out from—						
Yarra Bend ... ..	...	...	...
Kew ... ..	...	5	5			
Kew Idiot Asylum ... ..	...	...	...
Ararat	1	1	2			
Beechworth	2	...	2			
Sunbury	44	24	68			
Ballarat	18	28	46			
Royal Park ... ..	...	...	...
Mont Park ... ..	...	...	...
				65	58	123
Total number of registered lunatics on books of Public Hospitals ... ..	...	...	...	2,889	3,026	5,915
In the Licensed Houses at—						
St. Helens	9	7	16			
Mount Ida	4	8	12			
Merton ... ..	...	20	20			
Glen Holme ... ..	...	15	15			
Tofts ... ..	...	9	9			
				13	59	72
Out on trial leave from Licensed Houses—						
St. Helens	1	1	2			
Mount Ida ... ..	...	2	2			
Merton ... ..	...	1	1			
Glen Holme ... ..	...	5	5			
Tofts ... ..	...	2	2			
Cloverdale ... ..	...	1	1			
				1	12	13
Total number of registered lunatics in the State ... ..	...	...	...	2,903	3,097	6,000

Excluding Voluntary Boarders (28 males and 26 females) and Soldiers (110).

TABLE II.—Showing the Admissions, Re-admissions, Discharges, and Deaths during the Year ended 31st December, 1918.

	1918			1917			1916		
	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.
In the Hospitals, 1st January, 1918	...	...	...	2,611	2,522	5,133			
On trial ... ..	...	...	...	217	354	571			
Boarded out ... ..	...	...	...	73	56	129			
Total number on books, 1st January, 1918 ...	...	...	...	...	...	...	2,901	2,932	5,833
Cases admitted—									
First admissions	305	356	661	...	...	...
*Not first admissions ...	41	60	101	...	...	...
Escaped patients retaken ...	...	...	...	346	416	762			
Total cases admitted during the year ... ..	...	...	...	22	8	30	368	424	792
Total cases under care during the year ... ..	...	...	...	...	...	...	3,269	3,356	6,625
Cases discharged—									
Recovered	75	80	155	...	...	...
Relieved	62	65	127	...	...	...
†Not improved	3	5	8	...	...	...
Died	218	172	390	...	...	...
Escaped ... ..	...	...	...	358	322	680			
Total cases discharged and died during the year ...	...	...	...	22	8	30	380	330	710
Remaining in the Hospitals, 31st December, 1918 ...	...	...	...	2,609	2,590	5,199			
Patients on leave ... ..	...	...	...	215	378	593			
„ boarded out ... ..	...	...	...	65	58	123			
Total number on books, 31st December, 1918 ...	...	...	...	...	...	...	2,889	3,026	5,915
Average number resident during the year ... ..	...	...	...	...	...	...	2,612	2,577	5,189
Persons under care during the year ... ..	...	...	...	...	...	...	3,245	3,345	6,590
Persons admitted ... ..	...	...	...	...	...	...	345	416	761
Persons recovered ... ..	...	...	...	...	...	...	75	80	155
Transferred from one Hospital for Insane to another ...	...	...	...	...	...	...	111	98	209

* Including transfers from licensed houses.

† Including transfers to licensed houses.

TABLE III.—Showing the Previous Attacks among Persons Admitted during the Year 1918.

Number of Previous Attacks.	Persons.		
	Males.	Females.	Total.
Have had one attack	45	63	108
Have had two attacks	10	10	20
Have had three attacks	2	6	8
Have had four attacks	1	...	1
Have had five attacks or more ...	...	1	1

TABLE IV.—Showing the Number of Registered Insane on the Books of the Public Hospitals for the Insane and the Private Licensed Houses at the end of each year from 1900 to 1918 inclusively, the Soldiers treated under the *Mental Treatment Act* 1915, the Number of Patients in the Receiving Houses and Wards, and also the Voluntary Boarders on the Books of the Public Hospitals for the Insane and Private Licensed Houses at the end of each Year.

Year.	Registered Insane.						Soldiers.		Receiving Houses and Receiving Wards.			Voluntary Boarders.				
	Hospitals for the Insane.			Private Licensed Houses.			Total of Registered Insane.	Increase.	Number.	Increase.	Hospitals for the Insane.		Private Licensed Houses.		Total.	
	Males.	Females.	Total.	Males.	Females.	Total.					Males.	Females.	Total.	Males.		Females.	Total.	Males.	Females.	Total.
							Increase.									
1900 ...	2,286	2,113	4,399	...	...	4,399	...	...	...	...	...	...	...	...	...	...
1901 ...	2,307	2,194	4,501	...	...	4,501	102	...	...	...	...	...	...	...	...	...
1902 ...	2,354	2,193	4,547	...	...	4,547	46	...	...	...	...	...	...	...	...	...
1903 ...	2,371	2,199	4,570	...	...	4,570	23	...	...	...	...	...	...	...	...	...
1904 ...	2,393	2,249	4,642	...	...	4,642	72	...	...	...	...	...	...	...	...	...
* 1905 ...	2,436	2,332	4,768	...	...	4,771	129	...	...	...	...	...	...	...	...	...
1906 ...	2,484	2,389	4,873	...	...	4,937	166	...	...	...	...	...	...	...	...	...
† 1907 ...	2,548	2,413	4,961	...	...	5,052	115	...	...	...	...	...	...	...	...	...
1908 ...	2,557	2,457	5,014	...	...	5,111	59	...	...	...	...	...	...	...	...	...
1909 ...	2,612	2,485	5,097	...	...	5,200	89	...	...	...	...	...	...	...	...	...
1910 ...	2,655	2,586	5,241	...	...	5,349	149	...	...	...	...	...	...	...	...	...
1911 ...	2,681	2,659	5,340	...	...	5,449	100	...	...	...	...	...	...	...	...	...
1912 ...	2,758	2,712	5,470	...	...	5,579	130	...	...	...	...	...	...	...	...	...
1913 ...	2,839	2,792	5,631	...	...	5,736	157	...	...	...	...	...	...	...	...	...
† 1914 ...	2,886	2,843	5,729	...	...	5,827	91	...	...	...	...	...	...	...	...	...
‡ 1915 ...	2,882	2,885	5,767	...	...	5,862	35	...	...	...	...	...	...	...	...	...
1916 ...	2,882	2,911	5,793	...	...	5,883	21	...	...	...	...	...	...	...	...	...
1917 ...	2,901	2,932	5,833	...	...	5,919	36	...	...	...	...	...	...	...	...	...
1918 ...	2,889	3,026	5,915	...	...	6,000	81	...	...	...	...	...	...	...	...	...

* Private Licensed Houses recognised.

† Receiving House, Roya Park opened September, 1907

‡ Voluntary Boarder Act, in force October, 1914.

§ War Mental Treatment Act, in force August, 1915.

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 1st December in each Year.			Average Numbers Resident.			Percentage of Recoveries on Admissions.			Percentage of Deaths on the Average Numbers Resident.					
	Recovered.		Total.	Relieved.		Total.	Males.		Total.	Females.		Total.	Males.		Total.	Females.		Total.	Males.		Total.			
	Males.	Females.		Males.	Females.		Males.	Females.		Males.	Females.		Males.	Females.		Males.	Females.		Males.	Females.		Males.	Females.	
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	29.09	31.47	30.46	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	42.76	46.43	44.44	8.83	7.64	8.27
1900	366	335	701	162	119	281	21	39	60	205	148	353	2,286	2,113	4,399	2,259	2,002	4,261	44.26	35.52	40.09	9.07	7.39	8.28
1901	418	351	769	174	125	299	11	16	27	202	128	330	2,307	2,194	4,501	2,242	2,050	4,292	41.62	35.61	38.88	9.01	6.24	7.68
1902	455	341	796	176	182	358	28	27	55	203	129	332	2,354	2,193	4,547	2,275	2,073	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	2,091	4,367	37.87	36.04	37.03	8.70	6.36	7.58
1904	404	344	748	153	124	277	24	36	60	198	133	331	2,393	2,249	4,642	2,304	2,151	4,455	37.25	29.88	33.87	7.98	6.32	7.18
1905	400	338	738	149	101	250	22	17	39	184	136	320	2,436	2,332	4,768	2,323	2,200	4,523	37.56	32.88	35.32	6.71	6.23	6.47
1906	402	371	773	151	122	273	40	47	87	156	137	293	2,484	2,389	4,873	2,346	2,225	4,571	26.85	34.40	30.08	8.14	6.15	7.17
1907	417	311	728	112	107	219	35	33	68	191	137	328	2,548	2,413	4,961	2,392	2,253	4,645	28.39	24.55	26.65	9.57	6.65	8.16
1908	405	334	739	115	82	197	42	50	92	229	150	379	2,557	2,457	5,014	2,379	2,274	4,653	30.33	32.26	31.11	9.41	6.4	7.97
1909	455	310	765	138	100	238	26	31	57	224	147	371	2,612	2,485	5,097	2,412	2,304	4,716	22.03	22.10	22.07	9.66	5.85	7.80
1910	422	380	802	93	84	177	43	44	87	233	135	368	2,655	2,586	5,241	2,452	2,364	4,816	28.04	24.16	26.19	9.96	6.68	8.35
1911	428	389	817	120	94	214	24	45	69	244	158	402	2,681	2,659	5,340	2,452	2,409	4,938	21.05	29.71	24.81	9.29	6.27	7.82
1912	456	350	806	96	104	200	40	38	78	235	151	386	2,758	2,712	5,470	2,529	2,408	4,938	23.68	22.25	23.08	9.39	6.33	7.89
1913	494	354	848	117	81	198	50	41	91	238	155	393	2,839	2,792	5,631	2,535	2,442	4,983	28.76	25.41	27.26	8.12	7.06	7.60
1914	445	362	807	128	92	220	40	43	83	210	174	384	2,886	2,843	5,729	2,584	2,462	5,046	24.88	28.21	26.46	9.99	7.93	8.98
1915	434	390	824	108	110	218	56	37	93	262	199	461	2,882	2,885	5,767	2,622	2,509	5,131	24.88	28.21	26.46	9.62	7.87	8.76
1916	403	369	772	105	100	205	41	40	81	251	200	451	2,882	2,911	5,793	2,607	2,541	5,148	26.05	27.10	26.55	8.83	7.05	7.95
1917	402	360	762	80	103	183	55	50	105	290	179	469	2,901	2,932	5,833	2,606	2,539	5,145	19.90	28.61	24.02	8.35	6.67	7.52
1918	346	416	762	75	80	155	62	65	127	218	172	390	2,889	3,026	5,915	2,612	2,577	5,189	21.68	19.3	20.34	8.35	6.67	7.52
Total	11,616	9,574	21,190	3,662	3,128	6,790	913	1,038	1,971	5,977	3,961	9,938	65,192	59,833	125,025	2,328	2,137	4,465	31.53	32.67	32.04	9.17	6.62	7.95

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, 1918.

Asylum.	Admitted.			Discharged.						Died.			Remaining on 31st December, 1918.			Average Number Resident during 1918.			Percentage of Recoveries on Admissions.			Percentage of Relieved on Admissions.			Percentage of Deaths on the Average Numbers Resident.		
	Male.	Female.	Total.	Recovered.			Relieved.			Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.			
				Male.	Female.	Total.	Male.	Female.	Total.																		
Yarra Bend	55	115	170	2	11	13	19	28	47	34	32	66	353	504	857	308	383	691	3.63	9.56	7.64	34.54	24.35	27.65	11.04	8.35	9.55
Kew	97	54	151	11	10	21	19	14	33	67	33	100	544	454	998	477	406	883	11.34	18.51	13.90	19.59	25.93	21.85	14.04	8.12	11.32
Kew Idiot Asylum	17	21	38	...	...	...	5	1	6	13	11	24	171	158	329	170	152	322	...	...	...	29.41	4.76	15.79	7.64	7.23	7.45
Ararat	12	9	21	5	5	10	1	...	1	25	7	32	378	271	649	384	268	652	41.66	55.55	47.61	8.33	...	4.76	6.51	2.61	4.90
Beechworth	4	7	11	4	2	6	1	1	2	17	15	32	367	282	649	371	265	636	100.00	28.57	55.55	25.00	14.29	18.18	4.58	5.66	5.03
Sunbury	70	67	137	25	21	46	1	2	3	39	40	79	526	571	1,097	461	509	970	35.71	31.34	33.57	1.43	2.99	2.19	8.46	7.86	8.15
Ballarat	30	34	64	6	5	11	5	5	10	14	27	41	230	444	674	203	392	595	20.00	14.70	17.18	16.67	14.71	15.63	6.89	6.88	6.89
Royal Park	54	103	157	20	25	45	11	14	25	3	3	6	98	165	263	48	38	86	37.03	24.27	28.66	20.37	13.59	15.92	6.25	7.89	6.97
Mont Park	7	6	13	2	1	3	...	...	...	6	4	10	222	177	399	190	164	354	28.57	16.66	23.07	...	...	...	3.16	2.44	2.82
Total	346	416	762	75	80	155	62	65	127	218	172	390	2,889	3,026	5,915	2,612	2,577	5,189	21.68	19.23	20.34	17.92	15.62	16.67	8.35	6.67	7.52

TABLE VII.—Showing in Quinquennial Periods the Ages of those Admitted, Recovered, Relieved, Not Improved, Escaped not Retaken, and Died, during the Year 1918, and of those Remaining on 31st December, 1918.

Ages.	Admitted.			Discharged.						Escaped Patients not retaken.			Died.			Remaining on 31st December, 1918.						
	Male.	Female.	Total.	Recovered.			Relieved.			Not Improved.			Male.	Female.	Total.	Male.	Female.	Total.				
				Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.										
Under 5 years	5	4	9	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	5	6	11
5 years and under 10 years	2	6	8	...	...	...	...	...	...	...	...	...	...	...	...	5	1	...	17	20	37
10 "	6	3	9	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	32	18	50
15 "	20	17	37	2	3	5	3	1	4	1	...	...	...	...	...	3	5	8	68	43	111
20 "	24	39	63	10	6	16	4	5	9	...	...	...	...	...	...	5	3	8	126	121	247
25 "	30	32	62	5	15	20	11	3	14	...	...	...	...	...	...	11	9	20	164	163	327
30 "	32	34	66	13	8	21	5	1	6	...	...	...	...	...	...	11	10	21	281	234	515
35 "	32	54	86	5	11	16	7	6	13	...	...	...	...	...	...	16	13	29	291	283	574
40 "	32	47	79	7	10	17	1	7	8	...	...	...	...	...	...	19	10	29	288	330	618
45 "	34	35	69	7	8	15	10	13	23	...	...	...	...	...	...	18	10	28	338	389	727
50 "	31	55	86	7	11	18	7	5	12	...	...	...	...	...	...	28	16	44	347	413	760
55 "	28	23	51	10	4	14	4	10	14	...	...	...	...	...	...	22	18	40	322	314	636
60 "	23	22	45	4	1	5	1	3	4	...	...	...	...	...	...	21	10	31	206	212	418
65 "	16	12	28	...	...	...	...	...	...	...	...	...	...	...	...	20	12	32	141	149	290
70 "	20	10	30	3	1	4	4	3	7	...	...	...	...	...	...	10	8	18	77	100	177
75 "	5	7	12	2	...	...	...	...	...	...	...	...	...	...	...	10	21	31	58	84	142
80 "	3	7	10	...	...	...	...	...	...	...	...	...	...	...	...	6	11	17	25	32	57
85 "	3	3	6	...	...	...	...	...	...	...	...	...	...	...	...	8	6	14	19	17	36
90 "	...	1	1	2	2	4	1	3	4
Unknown...	...	5	5	2	6	8	83	95	178
Total	346	416	762	75	80	155	62	65	127	3	5	8	1	...	1	218	172	390	2,889	3,026	5,915	
Mean Age, Hospitals for Insane	43.30	44.02	43.65	42.80	38.14	40.41	39.27	48.09	43.78	25.67	43.40	36.75	...	...	...	54.08	58.27	55.89	47.74	48.96	48.37
Mean Age, Idiot Asylum	11.12	12.29	11.61	...	...	...	16.60	6.00	14.83	7.00	...	7.00	...	...	...	12.92	25.00	18.46	20.90	15.64	18.67

TABLE VIII.—Showing the Probable Causes of Insanity in the Patients Admitted during the Year 1918

Causes of Insanity.	Number of Instances in which each Cause was Assigned.											
	Admissions {									No. of Cases—		
										316 Males, 416 Females, 762 Total.		
	As Predisposing Cause.			As Exciting Cause.			As Predisposing or Exciting (where these could not be distinguished).			TOTAL.		
Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.	
MORAL.												
Domestic Trouble (including loss of relatives and friends)	1	1	2	6	23	29	...	...	...	7	24	31
Adverse Circumstances (including business anxieties and pecuniary difficulties)...	...	...	...	4	2	6	...	...	...	4	2	6
Mental Anxiety and Worry (not included under the above two heads), and Over Work ...	1	...	1	17	21	38	...	...	...	18	21	39
Religious Excitement ...	...	1	1	2	1	3	...	...	...	2	2	4
Love Affairs (including seduction) ...	...	1	1	2	2	4	...	...	...	2	3	5
Fright and Nervous Shock ...	...	...	...	...	6	6	...	...	...	...	6	6
PHYSICAL.												
Intemperance in Drink ...	1	...	1	30	15	45	...	...	...	31	15	46
Intemperance (sexual) ...	...	...	...	...	1	1	...	...	...	...	1	1
Venereal Disease ...	9	2	11	32	7	39	...	...	...	41	9	50
Self Abuse (sexual) ...	1	...	1	3	...	3	...	...	...	4	...	4
Over Exertion ...	2	1	3	...	...	...	...	...	...	2	1	3
Sunstroke ...	2	...	2	2	1	3	...	...	...	4	1	5
Accident or Injury ...	...	...	...	8	2	10	...	...	...	8	2	10
Pregnancy ...	...	...	...	...	...	...	...	...	...	...	...	...
Parturition and the Puerperal state ...	...	...	...	...	16	16	...	...	...	...	16	16
Lactation ...	...	...	...	...	10	10	...	...	...	...	10	10
Uterine and Ovarian Disorders ...	...	...	...	...	3	3	...	...	...	...	3	3
Puberty ...	...	...	...	...	1	1	...	...	...	...	1	1
Change of Life ...	...	9	9	...	18	18	...	...	...	...	27	27
Fevers ...	1	...	1	1	2	3	...	...	...	2	2	4
Privation and Starvation ...	...	...	...	3	1	4	...	...	...	3	1	4
Old Age... ..	40	40	80	1	...	1	...	...	...	41	40	81
Other Bodily Diseases or Disorders, e.g., Toxic ...	...	1	1	24	38	62	...	...	...	24	39	63
Previous Attacks ...	25	57	82	...	...	...	...	...	...	25	57	82
Hereditary Influences ascertained (direct and collateral)	55	48	103	...	...	...	...	...	...	55	48	103
Congenital Defect ascertained	27	21	48	32	24	56	...	...	...	59	45	104
Other ascertained Causes ...	8	11	19	1	6	7	...	...	...	9	17	26
Unknown ...	...	...	...	...	3	3	16	39	55	16	42	58
Epilepsy ...	2	3	5	3	1	4	...	...	...	5	4	9
Total ...	...	...	...	...	...	...	...	...	...	362	439	801
Deduct for combined Causes	...	...	...	...	...	...	...	...	...	16	23	39
Total Admissions ...	...	...	...	...	...	...	...	...	...	346	416	762

TABLE IX.—Showing the Form of Mental Disorder on Admission in the Admissions, Recoveries, and Deaths for the Year 1918, and the Form of Mental Disorder of the Patients remaining on Books on 31st December, 1918.

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 ...	19	11	30	1	3	4	20	8	28	69	80	149
(b) Without epilepsy ...	32	25	57	1	1	2	15	18	33	352	264	616
2. Moral ...	...	...	...	...	...	...	...	...	...	...	...	...
II. Insanity occurring later in life—												
1. Insanity with Epilepsy ...	28	18	46	2	1	3	8	12	20	111	141	252
2. General Paralysis of the Insane ...	36	8	44	1	...	1	42	10	52	56	11	67
3. Insanity of the grosser brain lesions ...	2	3	5	...	1	1	2	3	5	7	1	8
4. Acute delirium (acute delirious mania)	1	4	5	3	2	5	...	...	...	...	...	...
5. Confusional Insanity ...	4	26	30	3	5	8	1	1	2	10	27	37
6. Stupor ...	3	1	4	2	...	2	...	...	...	1	...	1
7. Primary Dementia ...	32	38	70	8	10	18	12	6	18	278	290	568
8. Mania ...	1	...	1	...	...	...	...	...	...	1	...	1
(a) Recent ...	20	34	54	11	12	23	12	10	22	9	22	31
(b) Chronic ...	...	1	1	...	1	1	1	4	5	87	156	243
(c) Recurrent ...	15	36	51	9	8	17	1	4	5	46	72	118
9. Melancholia :												
(a) Recent ...	24	61	85	14	18	32	9	14	23	26	41	67
(b) Chronic ...	5	4	9	3	2	5	2	2	4	34	52	86
(c) Recurrent ...	4	15	19	1	1	2	...	1	1	14	26	40
10. Alternating Insanity ...	1	2	3	1	1	2	...	1	1	4	18	22
11. Delusional Insanity:												
(a) Systematized ...	20	21	41	2	5	7	10	4	14	97	107	204
(b) Non-systematized ...	20	45	65	8	8	16	15	16	31	135	205	340
12. Volitional Insanity :												
(a) Impulse ...	...	...	...	...	...	...	...	...	...	...	...	...
(b) Obsession ...	...	...	...	...	...	...	...	...	...	...	...	...
(c) Doubt ...	...	...	...	...	...	...	...	...	...	...	...	...
13. Moral Insanity ...	2	...	2	...	...	...	...	...	...	1	...	1
14. Dementia :												
(a) Senile ...	45	35	80	2	...	2	42	33	75	190	212	402
(b) Secondary or Terminal ...	26	22	48	1	...	1	26	25	51	1,068	869	1,937
On trial leave, or boarded out ...	...	...	...	...	...	...	...	...	...	290	431	721
Convalescent ...	...	...	...	...	...	...	...	...	...	1	...	1
Alcoholic Syndrome ...	6	5	11	2	1	3	...	...	...	2	...	2
Hysteromania ...	...	1	1	...	...	...	...	...	...	...	1	1
Total ...	346	416	762	75	80	155	218	172	390	2,889	3,026	5,915

TABLE X.—Showing the condition as to Marriage in Patients Admitted, Recovered, Relieved, Not Improved, Escaped not Retaken, and Died during the Year 1918, and of Patients Resident, 31st December, 1918.

Condition in Reference to Marriage.	Admitted.			Discharged.									Escaped Patients not Retaken.	Died.			Patients Remaining, 31st December, 1918.				
	M.	F.	Total.	Recovered.			Relieved.			Not Improved.				M.	F.	Total.	M.	F.	Total.		
Single ...	181	174	355	44	32	76	33	22	55	1	2	3	...	...	...	107	68	175	1,990	1,594	3,584
Married	118	170	288	29	42	71	22	29	51	1	2	3	1	...	1	65	53	118	559	981	1,540
Widowed	22	50	72	1	6	7	2	12	14	...	1	1	...	...	...	25	35	60	72	225	297
Unknown	8	1	9	1	...	1	...	1	1	...	...	...	...	...	...	8	5	13	97	68	165
Total	329	395	724	75	80	155	57	64	121	2	5	7	1	...	1	205	161	366	2,718	2,868	5,586

NOTE.—Excluding patients at the Idiot Asylum, none of whom are married.

TABLE XI.—Showing the Causes of Deaths during the Year 1918.

Cause of Death.	Yarra Bend.		Kew.		Kew Idiot Asylum.		Ararat.		Beechworth.		Sunbury.		Ballarat.		Royal Park.		Mont Park.		Total.		
	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	
	Total.	Total.	Total.	Total.	Total.	Total.	Total.	Total.	Total.	Total.	Total.	Total.	Total.	Total.	Total.	Total.	Total.	Total.	Total.	Total.	
<i>Diseases of the Nervous System—</i>																					
Meningitis, Inflammation of Brain, Cerebro-Spinal Meningitis	4	8	3	27	2	1	1	1	1	1	1	2	2	2	1	1	2	1	1	2	2
General Paralysis of the Insane	1	1	3	3	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	4
Cerebral Softening	2	2	1	3	1	3	3	3	1	1	2	2	5	8	1	1	1	1	1	1	11
Epilepsy and Convulsions	1	1	1	1	1	1	2	2	1	1	1	1	2	1	1	1	1	1	1	1	5
Hemiplegia, Apoplexy, Cerebral Haemorrhage, Cerebral Embolism	2	2	1	1	2	2	2	2	1	1	1	1	1	1	1	1	1	1	1	1	8
Other Organic Diseases of Brain, including Tumours	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	7
Exhaustion from Mania or Melancholia, not caused by Nervous Disease otherwise designated	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	3
Paraplegia and Diseases of Cord, Locomotor Ataxia	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Neuritis and General Sclerosis of Nervous System	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
<i>Diseases of Blood Vessels—</i>																					
Aneurism, Arterio-Sclerosis, and other diseases not included in Diseases of Nervous System	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	3
<i>Diseases of Respiratory System and Thorax—</i>																					
Pulmonary Phthisis	10	11	8	23	5	4	2	3	3	2	5	4	1	1	1	1	2	2	2	2	13
Pneumonia, Bronchitis, Pleurisy	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	16
Other forms of Pulmonary disease	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	29
<i>Diseases of Heart—</i>																					
Diseases of the Heart	8	7	5	15	2	2	4	7	3	2	5	3	3	1	1	1	2	2	2	2	1
Valvular Disease, Fatty Degeneration, Cardiac Syncope, &c.	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	59
<i>Diseases of Digestive System—</i>																					
Diseases of Mouth, Pharynx, Stomach (non-malignant)	2	2	3	3	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	2
Intestines, Liver, and Peritoneum (non-tubercular)	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	10
<i>Diseases of Genito-Urinary System—</i>																					
Diseases of Kidney, Bladder, Prostate, &c.	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	19
<i>General Diseases—</i>																					
Dysentery (Colitis), Epidemic Diarrhoea, Infective Enteritis	1	1	1	2	1	1	1	1	1	1	1	3	1	1	1	1	1	1	1	1	9
Diarrhoea not otherwise designated	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	7
Erysipelas	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	3
Abscess, Pyæmia, Septicæmia, and Cellulitis	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	6
Typhoid, Influenza, and other Fevers	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	6
Cancer, Carcinoma, Sarcoma, Malignant Disease, <i>excluding</i> Malignant Tumour of Brain	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	3
Syphilis and other Venereal Disease	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	9
General Tuberculosis and Tubercle of Organs other than Lungs	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	6
Diseases of Thyroid, Lymphatic, and other glands	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	8
Atrophy, Debility, and Old Age	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Accidents	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Suicides	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	2
Total	34	66	67	100	13	11	24	25	17	15	32	40	79	41	6	3	6	4	10	118	1390

Ascertained by post-mortem examinations—males, 151; females, 122. Total, 273.

STATE INSTITUTIONS FOR THE INSANE.

Admissions numbered 762—exactly the same number as in 1917—and of them 101 were re-admissions; there were 785 admissions to the receiving houses, 64 being re-admissions.

Our ratio of freshly occurring insanity is apparently decreasing, but it must be remembered that we are receiving more and more voluntary boarders into our hospitals and other institutions, and we have not included in our departmental statistics the military mental cases in the special military hospital wards. A few military cases it has been absolutely necessary to certify and send to the Hospitals for the Insane, but in any case our war residuum is surprisingly small so far as one can judge at present.

Senile conditions were responsible for 10·5 per cent. of the ordinary admissions; 45 cases were diagnosed as general paralysis of the insane on reception, which represents a steady fall each year since 1913, when 88 such cases were admitted. As I have pointed out in former reports, this disease some ten years ago was beginning to increase alarmingly, and the attention which was then being paid to the disastrous results of syphilis, together with the introduction of the treatment by salvarsan and allied remedies, appeared to be vitally necessary if we were to stay the progressive accumulation of incurable forms of mental disorder. It is perhaps early to speak optimistically, but if in another five or six years we find that general paralysis of the insane is becoming more infrequent, we may then look forward to the extinction of the late results of syphilis provided that the treatment of this disease is made early and thorough.

Hereditary influences and congenital defect each account for 13·5 per cent. of the admissions, but alcoholism for only 6 per cent.

Discharges.—The discharges are as follows :—

	Hospitals for the Insane.				Receiving Houses and Wards.		
	M.	F.	T.		M.	F.	T.
Recovered ..	75	80	155	..	97	102	199
Relieved ..	62	65	127	..	4	9	13
Not improved	3	5	8	..	8	4	12
Totals ..	140	150	290		109	115	224

making a total of 514 as against 544 in 1917 and 571 in 1916.

It should be noted that out of 141 patients admitted as voluntary boarders, 98 were discharged as recovered, which fact points to the utility and desirability of an extended use of the voluntary boarder system, inasmuch as one gets patients under institutional care in an earlier stage of their disorder, but it materially accounts for the comparatively low recovery rate.

Deaths.—There were 218 male and 172 female deaths, totalling 390, in the hospitals; and 8 male and 7 female, totalling 15, in the receiving houses. The percentage death rate in the hospitals is 7·52—the lowest rate for twelve years.

General paralysis was the cause of death in 12·8 per cent. of the cases, senility in 12·3 per cent., and phthisis in 7·4 per cent.

Diarrhoea, colitis, and typhoid have occurred infrequently, and the deaths attributed to pneumonia and bronchitis have only occurred in comparatively old patients. Two patients committed suicide whilst out on trial leave with their friends, and there were two purely accidental deaths.

Post-mortem examinations were made in 273 cases, *i.e.*, in 70 per cent. of the deaths, and practically all these examinations were made in the metropolitan institutions.

BOARDED OUT ON 31ST DECEMBER, 1918.

Patients boarded out to—	Males.	Females.	Total.
Private Individuals	7	6	13
Ballarat Benevolent Asylum	17	28	45
Castlemaine Benevolent Asylum	27	7	34
Bendigo Benevolent Asylum	14	17	31
Total	65	58	123

There has been a decrease of 6 in the numbers of those boarded out during the year. The rates of payment have been raised in consequence of the increased cost of living. There were 10 deaths during the year, and these are credited to the hospital for the insane from which the patients were sent.

NURSING EXAMINATIONS—1918.

	No. of Candidates.	Passed.	Failed.
First Year—Attendants	6	3	3
Nurses	34	28	6
Second Year—Attendants	10	9	1
Nurses	30	28	2
Third Year—Attendants	33	26	7
Nurses	19	19	—

The results have been uniformly good. In spite of the high percentage of passes, the standard of the examinations has been well kept up and credit is deserved by the lecturers and their classes. I have again to thank Dr. Gamble for the assistance he has given me in the work of examining these candidates.

Inquiry.—On 27th October, a male patient, J.C.S., aged 57, who had been in Yarra Bend for eight months suffering from Delusional Insanity, died suddenly when on the airing court. At the *post-mortem* examination, extensive injuries were discovered, bruising of the knees, fracture of the sternum, two ribs and the rami of the pubes, together with peritonitis due to a perforation of an ulcer of the ileum. Besides the coronial investigation, a careful inquiry was made without eliciting any facts which could lead to the detection of the individual who was responsible, and the Crown Law Department advised that there was not sufficient evidence to lay a charge against any member of the staff. The explanation given by those members of the staff who were responsible for the care of the patient was wholly inadequate to explain the severe injuries which the patient had sustained and which unquestionably were the cause of his death.

The occurrence of such a case merely emphasizes the total unsuitability for acute and troublesome cases of the wards of Yarra Bend, over which it is impossible to exercise efficient supervision.

TABLE XII.—Showing the Total Receipts and Expenditure of the Lunacy Department during the Year ended 30th June, 1919.

Receipts.			Expenditure.		
	£	s. d.		£	s. d.
Collections by the Master-in-Lunacy for Maintenance of Patients at—			General Expenditure, Salaries at Head Office, Fees to Official Visitors, Travelling Expenses, Postage and Telegrams, &c. ...	5,183	17 7
Yarra Bend	26,662	14 7	Maintenance at—		
Kew			Yarra Bend	34,148	13 1
Ararat			Kew	53,783	7 5
Beechworth			Ararat	30,332	4 11
Sunbury			Beechworth	27,742	14 7
Ballarat and Receiving House			Sunbury	41,789	15 6
Royal Park and Receiving House			Ballarat and Receiving House...	31,154	6 0
Mont Park			Royal Park and Receiving House	17,927	6 0
Receiving Ward, Bendigo			Mont Park	19,058	4 5
Sales			Receiving Ward, Bendigo ...	510	5 0
Fines	3,616	10 6	Expenses in connexion with the Committal and Transport of Lunatics	976	18 10
Miscellaneous	5,490	9 0	Expenses in connexion with Boarded-out Patients	2,567	12 6
Total	£35,775	4 1	Total	£265,175	5 10

TABLE XIII.—Showing the Total Cost of Maintenance against each Hospital, Sums expended against each Vote, and the Amount of the General Expenses for the Year ended 30th June, 1919.

—	Daily Average Number Resident.	Total Cost of Maintenance.			Salaries.		Fees to Official Visitors.		Allowance to Chaplains.		Provisions and Extra Articles.			
		£	s.	d.	£	s.	£	s.	£	s.	£	s.	d.	
Yarra Bend ...	716	34,148	13	1	15,039	15	2	...	86	0	0	12,263	10	0
Kew ...	1,182	53,783	7	5	24,595	4	6	...	96	0	0	18,248	5	1
„ I.A. ...														
Ararat ...	640	30,332	4	11	14,195	3	11	...	147	0	0	11,163	16	5
Beechworth ...	636	27,742	14	7	12,794	18	6	...	77	0	0	10,467	19	7
Sunbury ...	972	41,789	15	6	17,742	10	3	...	88	0	0	16,729	10	1
Ballarat and Receiving House ...	606	31,154	6	0	13,513	3	7	...	92	0	0	10,617	19	4
Royal Park and Receiving House ...														
Mont Park ...	181	17,927	6	0	10,674	19	0	...	34	0	0	4,113	10	9
General expenses ...	378	19,058	4	5	9,129	3	10	...	60	0	0	6,357	8	2
Total ...	5,311	261,120	9	6	121,566	19	9	466 0 0	680	0	0	89,961	19	5

—	Clothing, Bedding, and Material for Manufacture.		Stores—Purchase of Stock, Books, Amusements, &c.		Fuel, Light, and Water.		Medicines, Medical Comforts, Surgical Instruments, &c.		Stimulants—Wine, Spirits, and Beer.		Forage.		Incidentals, Postage & Telegrams, Travelling Expenses.	
	£	s.	£	s.	£	s.	£	s.	£	s.	£	s.	£	s.
Yarra Bend ...	3,728	7 11	736	13 7	1,563	19 7	455	10 11	84	1 4	33	4 8	157	9 11
Kew ...	3,699	2 4	1,814	0 6	4,220	18 11	562	0 1	142	18 1	113	6 0	291	11 11
„ I.A. ...														
Ararat ...	2,045	14 0	629	7 11	1,887	5 5	157	18 7	35	1 7	...	...	70	16 1
Beechworth ...	1,744	12 5	584	2 2	1,717	7 3	183	5 10	58	6 10	30	1 8	85	0 4
Sunbury ...	2,916	2 6	717	18 9	3,052	4 6	290	9 9	45	6 4	48	1 0	159	12 4
Ballarat and Receiving House ...	1,952	10 0	672	6 7	3,636	13 6	362	13 1	61	0 3	85	8 4	160	11 4
Royal Park and Receiving House ...														
Mont Park ...	916	18 0	489	16 5	1,034	16 7	325	12 10	22	18 10	153	4 10	161	8 9
General expenses ...	1,278	0 5	1,051	15 2	570	17 5	95	6 7	52	5 0	144	0 11	319	6 11
Total ...	18,281	7 7	6,728	4 4	17,684	10 5	2,433	19 8	501	18 3	607	7 5	2,208	2 8

TABLE XIV.—Showing the Average Weekly Cost of Maintenance of Patients during the Year ended 30th June, 1919.

—	Daily Average Number Resident.	Total Cost of Maintenance.			Collections for Maintenance, Sales, Fines, Fees, &c.			Salaries.			Allowance to Chaplains.			Provisions and Extra Articles.		
		£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.
Yarra Bend ...	716	34,148	13	1	...	...	0	8	1	0	0	0	0	6	7
Kew and Kew I. A. ...	1,182	53,783	7	5	...	...	0	8	0	0	0	0	5	11	¼
Ararat ...	640	30,332	4	11	...	...	0	8	6	¼	0	0	6	8	½
Beechworth ...	636	27,742	14	7	...	...	0	7	9	0	0	0	6	4	...
Sunbury ...	972	41,789	15	6	...	...	0	7	0	¼	0	0	6	7	½
Ballarat and Receiving House } ...	606	31,154	6	0	...	...	0	8	7	0	0	0	6	9	...
Royal Park and Receiving House } ...	181	17,927	6	0	...	...	1	2	8	0	0	1	8	9	...
Mont Park ...	378	19,058	4	5	...	...	0	9	3	½	0	0	6	5	½
Total ...	5,311	255,936	11	11	35,775	4	1	...	...	...	...	...	...	...	...
General expenses	...	5,183	17	7	...	...	...	...	...	...	...	...	...	...	...

—	Clothing, Bedding, and Material for Manufacture.			Stores—Purchase of Stock, Books, Amusements, &c.			Fuel, Light, and Water.			Medicines and Medical Comforts, Surgical Instruments, &c.			Stimulants—Wines, Spirits and Beer.			Forage.				
	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.		
Yarra Bend ...	0	2	0	0	0	5	0	0	10	0	0	3	0	0	0	...	...	...
Kew and Kew I. A. ...	0	1	2	¾	0	0	7	0	1	4	½	0	0	0	0	0	0	0	½	
Ararat ...	0	1	3	0	0	4	½	0	1	1	¾	0	0	0	0	0	0	0	...	
Beechworth ...	0	1	0	¾	0	0	4	0	1	0	½	0	0	0	0	0	0	0	...	
Sunbury ...	0	1	2	0	0	3	¼	0	1	2	½	0	0	0	0	0	0	0	...	
Ballarat and Receiving House } ...	0	1	3	0	0	5	0	2	3	¾	0	0	3	0	0	0	0	0	½	
Royal Park and Receiving House } ...	0	1	11	¼	0	1	0	2	2	½	0	0	8	0	0	0	0	0	4	
Mont Park ...	0	1	3	½	0	1	1	0	0	7	0	0	1	0	0	0	0	0	1	¾
Total ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
General expenses	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...

—	Incidentals, Postage and Telegrams and Travelling Expenses.			Total Weekly Cost of Maintenance per Patient.			Average Collections per Patient 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	1	0	18	4	...	...	...	...	...	...
Kew and Kew I. A. ...	0	0	1	0	17	6	...	...	...	...	...	...
Ararat ...	0	0	0	18	2	¾	...	...	...	...	...	...
Beechworth ...	0	0	0	16	9	¼	...	...	...	...	...	...
Sunbury ...	0	0	1	0	16	6	¼	...	...	...	...	...
Ballarat and Receiving House } ...	0	0	1	0	19	9	¼	...	...	...	...	...
Royal Park and Receiving House } ...	0	0	4	1	18	1	...	...	...	...	...	...
Mont Park ...	0	0	4	0	19	4	½	...	...	...	...	...
Total	0	18	6	¼	0	2	7	0	15	11	¼
General expenses	0	0	4	½	0	0	4	½

TABLE XV.—Return showing the Quantity and Value of Produce supplied by the Farms and Gardens at the various Hospitals for the Insane during the Year ended the 31st December, 1918.

Hospital for Insane.	Eggs.	Meat, Poultry, &c.	Milk	Fruit.	Green Food.	Hay.	Root Crops.
	doz.	lbs	qts.	lbs.	tons.	tons.	tons.
Yarra Bend ...	838	1,031	77,252	...	112	...	23
Kew ...	1,149	994	14,445	3,640	200	80	25
Ararat ...	257	...	77,609	10,361	55	25	...
Beechworth ...	687	660	54,127	43,543	82	120	...
Sunbury ...	654	...	178,330	12,549	80	168	...
Ballarat ...	657	1,544	76,104	2,988	400	100	...
Royal Park ...	1,125	280	34,935	5,472	10	32	7
Mont Park ...	26	38,195	59,252	...	...	67	...
Total Value ...	£ s. d. 285 17 5	£ s. d. 1,117 7 8	£ s. d. 10,109 10 9	£ s. d. 512 10 9	£ s. d. 979 10 0	£ s. d. 2,412 4 8	£ 80

—	Ensilage.	Peas.	Vegetables.	Firewood.	Oats.	Straw.	Wheat.	Potatoes.
	tons.	bush.	lbs	tons.	bush.	tons.	bush.	lbs.
Yarra Bend ...	...	...	167,188	...	...	...	...	...
Kew ...	..	..	496,244	200	...	...	...	...
Ararat ...	...	..	151,477	200	...	...	...	...
Beechworth ...	...	40	163,386	...	...	...	...	...
Sunbury ...	...	37	268,453	...	...	...	...	...
Ballarat ...	150	...	260,599	...	...	...	...	..
Royal Park ...	35	...	37,245	...	...	...	...	...
Mont Park ...	...	...	95,426	60	938	10½	85	9,159
Total Value ...	£ s. d. 202 10 0	£ s. d. 54 13 4	£ s. d. 7,148 19 8	£ s. d. 178 0 0	£ s. d. 169 14 0	£ s. d. 26 5 0	£ s. d. 19 2 6	£ s. d. 18 6 4

Total value, £23,314 12s. 1d.

LUNACY DEPARTMENT.

The usual Tables showing the list of maintenance of this Department for the financial year ending 30th June, 1919, are attached. The total expenditure was £268,175 5s. 10d., which shows an increase of £20,590 16s. 8d. as compared with the expenditure of the previous twelve months. The collection for sales, maintenance, fees, &c., was much higher than for 1917-18, and the weekly cost per patient did not show so much an increase as might be expected. The total average weekly cost was 15s. 11½d. as against 15s. 0¼d. for the previous year.

In every one of the items of expenditure there has been an increase, but Provisions, Clothing, and Medicines were the items showing the largest advance in cost. As far as provisions is concerned, a statement was prepared in March showing the increase since the 1st July previously in the cost of some of the principal items, *i.e.*—

	Increase.	£	s.	d.
12,243 lbs. butter, at 43s. cwt.	235	0	5
5,631 ,, rice, at 1s. 9d. cwt.	0	8	10
8,075 ,, oatmeal, at 11s. 6d. cwt.	41	9	1
3,317 ,, cheese, at 23s. 4d. cwt.	34	11	8
1,859 ,, golden syrup, at 3½d. 7-lb. tin	3	17	5
198,383 ,, bread, at 11d. cental	90	18	6
133,847 ,, meat, at 2s. cental	334	12	4
103,439 ,, potatoes, at 5d. cental	21	10	11
2,827 ,, tea, at 1¾d. lb.	20	12	3

A month's increase of £783 0s. 9d., which shows an increase of £9,396 9s. a year.

Every item of Clothing or Material was increased, and there does not at present appear to be any hope of reduction.

Drugs were very costly during the year, and a total increase of £566 is shown.

The collection for maintenance by the Master-in-Lunacy amounted to £26,662 as against £27,450 for the preceding year.

H. SEATON LYNCH,
Chief Clerk and Accountant.

HOSPITAL FOR THE INSANE, YARRA BEND.

At the commencement of the year there were resident in the institution 312 males and 315 females, making a total of 663. Certain cottages were re-opened, and at the end of the year there were resident 297 males and 416 females, making a total of 713. During the year 59 males and 122 females were admitted, so that the accommodation for female patients was occupied to its fullest extent. As has been frequently reported in previous communications, this institution only exists until it is possible to fully occupy the hospital at Mont Park, and every endeavour should be made to dispense with the further occupancy of Yarra Bend.

HOSPITAL FOR THE INSANE, KEW.

The average numbers resident during the year were 477 males and 406 females, making a total of 883. The admissions amounted to 127, and the deaths to exactly 100. In this institution accommodation on the female side has been severely taxed, and the class of patients received has become of a very chronic and incurable character. The work of sewerage the institution has been continued, but some portions of the main institution still remain to be connected with the main sewerage system. There is also considerable need for expenditure in the matter of repairs to the fabric of the institution.

CHILDREN'S COTTAGES, KEW.

At the end of the year there were resident 171 males and 158 females, making a total of 329. There were 40 receptions, and 24 deaths. The new kitchen and dining-room were completed and in full use during the year. The main sewers were also laid for a systematic sewerage of the wards, and this work should be gone on with as an urgent requirement. Some reconstruction in the shape of connecting corridors or verandahs will also be required, and additional accommodation for the nurses is very necessary. This institution, which formerly was rather subject to epidemics of typhoid fever, has been comparatively free for some time, owing to the fact that the patients have been immunized by a vaccine prepared by Dr. Lind, Pathologist to the Department.

HOSPITAL FOR THE INSANE, ARARAT.

At the beginning of the year there were in the institution 391 males and 268 females, making a total of 659. At the end of the year the numbers had dropped to 374 males and 268 females—total, 642. These figures include 51 patients in the "J" ward, a ward for criminal male patients. In his report Dr. Philpott criticises this ward as an obsolete gaol situated over a mile from the main building, and containing 51 males—the majority of whom are of a very dangerous type—and he further says no more out-of-date place could be conceived for the purpose to which it is put, and any attempt at modern treatment of this special class of the insane is impossible. For the main institution a new ward for recent cases is desirable, and with an increased staff it will be necessary to build a special block for the nurses.

HOSPITAL FOR THE INSANE, BEECHWORTH.

At the end of the year there were resident 362 males and 273 females. In this institution a slight outbreak of typhoid occurred, but it was stamped out, and a recurrence prevented by inoculation of all of the patients with a typhoid vaccine prepared by Dr. Lind. The Head Attendant's cottage is in an insanitary position, and it is desirable that a new cottage should be erected elsewhere for this official.

HOSPITAL FOR THE INSANE, SUNBURY.

The average number of patients resident was 461 males and 509 females, which means that the wards are entirely occupied, and additional accommodation—especially for female patients—is desirable. In this institution, too, there is need for a home for nurses. The water supply and pressure is being improved, and the institution generally is in good order, except that some of the old hill wards require considerable renovation.

HOSPITAL FOR THE INSANE, BALLARAT.

At the end of the year 1918 there were in the hospital for the insane at Ballarat 204 males and 392 females, making a total of 596. It was necessary to transfer 30 patients from this institution to Beechworth owing to the reduced accommodation caused by the destruction by fire of the male hospital ward at the end of 1917. The old laundry is being converted into a ward for male patients of the more troublesome class. At the same time sculleries and pantries are being converted from a portion of the old laundry building for use in connexion with the male patients' dining hall. The Head Attendant's quarters have been remodelled, but a great deal still remains to be done in connexion with the old male block, which was formerly a reformatory school. A new store should be erected to complete the Administration Block, which was commenced some years previously, and it is necessary to draw attention to the extremely unsatisfactory condition of the quarters which are occupied by the Secretary. They are badly placed, and altogether out of keeping with the requirements of an institution of this kind and the status of the officer concerned. It should be noted that Dr. Walter H. Barker has resigned his position of Medical Superintendent of this institution after a period of 32 years' honorable work in the service of the Lunacy Department.

RECEIVING HOUSE, BALLARAT.

The receptions into this institution numbered 35 by private request, 24 by police committals, 3 from general hospitals, and 15 voluntary boarders. There were 15 recoveries and 11 discharged relieved. There were two deaths. The use made of this institution was somewhat disappointing, its capacity and utility being unquestionably greater than was the use made of it. The probability is that it has not been sufficiently known to the medical profession in the Central and Western Districts.

HOSPITAL FOR THE INSANE, ROYAL PARK.

This institution has been used partly as a receiving house, and partly as a mental hospital, and the work therein has been complicated owing to the fact that the Receiving House was in use as a Military Mental Hospital. The admissions into the Receiving House and into this hospital have been almost as numerous as in past years, and the work, in consequence, has been of an important and onerous character. The use of the voluntary boarder clauses of the Act has been extensive, and year by year one feels how valuable this addition to our legislation has become. Into the Military Mental Hospital at Royal Park 64 soldiers were admitted—seven of them being voluntary boarders. In all 31 were discharged recovered, 1 discharged relieved, and 1 died, whilst 29 were sent on to other military hospitals for mental cases. The work of Major C. G. Godfrey, as O.C. of this military hospital, and of the Matron—Nurse E. Holmes—and the competent staff under her, should be recognised as being beyond all praise.

HOSPITAL FOR THE INSANE, MONT PARK.

At the end of the year there were 216 males and 165 females, making a total of 381 resident in the institution. During the year the Defence Department occupied the big chronic block as a General Military Hospital. The first patients to make use of the building were the military mental cases who were transferred from ward 5 of the civil asylum (male cottages) to block 12 of No. 16 A.G.H. Later in the year the military authorities evacuated No. 14 A.A.H., which they had formerly used as a convalescent hospital. Good progress appears to have been made in the development of the grounds, the farm, and the gardens at this institution.

RECEIVING HOUSES AND WARDS.

TABLE I.—Showing the Admissions, Re-admissions, Discharges, and Deaths, during the Year ended 31st December, 1918.

					Male.	Female.	Total.	Male.	Female.	Total.
In the Institutions, 1st January, 1918					...	...	...	21	31	52
Cases admitted—										
First admissions					341	380	721	...	...	...
Not first admissions					25	39	64	...	...	...
Escaped patients retaken					2	2	4	...	...	...
Total cases admitted during the year					...	...	...	368	421	789
Total cases under care during the year					...	...	...	389	452	841
Cases discharged—										
Recovered					97	102	199	...	...	...
Relieved					4	9	13	...	...	...
Not improved					8	4	12	...	...	...
Transferred from the Institutions					240	298	538	...	...	...
Escaped					2	2	4	...	...	...
Died					8	7	15	...	...	...
Total cases discharged and died during the year					...	...	...	359	422	781
Total number on books, 31st December, 1918					...	...	...	30	30	60
Average number resident during the year					...	...	...	25	31	56
Persons under care during the year					...	...	...	385	447	832
Persons admitted					...	...	...	365	418	783
Persons recovered					...	...	...	97	102	199

LICENSED HOUSES.

Table showing Admissions, Discharges, and Deaths during 1918, and the number remaining on 31st December, 1918.

Resident in Licensed Houses, 1st January, 1918.	M.		F.		Total	Total cases under care during the year 1918	Discharged Recovered.		Discharged not Improved.		Died.	Escaped.		Transferred from Hospitals for the Insane to other Licensed Houses	Total		Total	
	M.	F.	M.	F.			M.	F.	M.	F.		M.	F.		M.	F.		
St. Helen's ..	8	5	13	..	17	..	..	..	..	..	..	..	..	..	..	..	..	..
Mt. Ida ..	4	13	17	..	21	..	..	..	..	..	..	..	..	..	..	..	..	..
Merton ..	..	15	15	..	30	..	..	..	..	..	..	..	..	..	..	..	..	..
Glen Holme ..	..	16	16	..	32	..	..	..	..	..	..	..	..	..	..	..	..	..
The Tofts ..	..	10	10	..	20	..	..	..	..	..	..	..	..	..	..	..	..	..
On Trial Leave from Licensed Houses.																		
St. Helen's ..	..	1	1	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..
Mt. Ida ..	..	3	3	..	6	..	..	..	..	..	..	..	..	..	..	..	..	..
Merton ..	..	6	6	..	12	..	..	..	..	..	..	..	..	..	..	..	..	..
Cloverdale ..	..	1	1	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..
Glen Holme ..	..	4	4	..	8	..	..	..	..	..	..	..	..	..	..	..	..	..
The Tofts ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total number on Books of Licensed Houses, 1st January, 1918																		
Received—																		
First Admissions	3	28	31	..	31	..	..	..	..	..	..	..	..	..	..	..	..	..
Not First Admissions	..	7	7	..	14	..	..	..	..	..	..	..	..	..	..	..	..	..
Escapes Retaken	..	3	3	..	6	..	..	..	..	..	..	..	..	..	..	..	..	..
Transferred from the Hospitals for the Insane	2	3	5	..	7	..	..	..	..	..	..	..	..	..	..	..	..	..
Transferred to Licensed Houses from other Licensed Houses	..	4	4	..	8	..	..	..	..	..	..	..	..	..	..	..	..	..
Total ..	5	45	50	..	95	..	..	..	..	..	..	..	..	..	..	..	..	..
St. Helen's ..	3	3	6	..	9	..	..	..	..	..	..	..	..	..	..	..	..	..
Mt. Ida ..	..	10	10	..	20	..	..	..	..	..	..	..	..	..	..	..	..	..
Merton ..	..	15	15	..	30	..	..	..	..	..	..	..	..	..	..	..	..	..
Glen Holme ..	..	7	7	..	14	..	..	..	..	..	..	..	..	..	..	..	..	..
The Tofts ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Transferred from Hospitals for Insane Transferred to Licensed Houses from other Licensed Houses																		
Escapes retaken ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total cases under care during year 1918 ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..

N.B.—This table does not include Voluntary Boarders, which are set out hereunder.

On Books, 1.1.18.	Remaining, 31.12.18.	
	M.	F.
St. Helen's ..	1	1
Mount Ida ..	3	2
Merton ..	1	5
Glen Holme ..	..	..
The Tofts ..	1	..
Total	5	8

VOLUNTARY BOARDERS.

RETURN showing the number of Cases admitted, discharged, and remaining at the end of the year as Voluntary Boarders in the institutions under the control of the Lunacy Department during the year ended 31st December, 1918.

	Male.	Female.	Total.	Male.	Female.	Total.
Remaining in the Institutions on 1st January, 1918—						
In Hospitals for Insane and Receiving Houses	16	13	29	...	...	...
In Licensed Houses	1	4	5	...	...	...
Admissions—						
Hospitals for Insane and Receiving Houses	68	73	141	...	...	...
Licensed Houses	2	20	22	...	...	...
Total cases under care during year	...	...	...	87	110	197
Discharges—						
Discharged—						
Hospitals for Insane and Receiving Houses	50	48	98	...	...	...
Licensed Houses	2	12	14	...	...	...
Certified as Insane or Apparently Insane—						
Hospitals for Insane and Receiving Houses	6	20	26	...	...	...
Licensed Houses	1	3	4	...	...	...
Died—						
Hospitals for Insane and Receiving Houses	...	...	...	...	...	...
Licensed Houses	...	1	1	...	...	...
Total discharged	...	...	...	59	84	143
Remaining in Institutions on 31st December, 1918—						
In Hospitals for Insane and Receiving Houses	28	18	46	...	...	...
In Licensed Houses	...	8	8	...	...	...
Total remaining	...	...	...	28	26	54

PATHOLOGICAL LABORATORY, ROYAL PARK.

1ST JANUARY, 1919.

SIR,

I beg to submit a report on the pathological work for the year 1918. During the year I have made *post-mortem* examinations on 173 patients whose mental and physical conditions during life had been recorded in the clinical notes.

Royal Park	..	..	..	..	10
Kew	..	..	..	..	104
Yarra Bend	..	..	..	..	47
Mont Park	..	..	..	..	8
Private Licensed Houses	..	..	..	..	4
Total	..	..	..	..	173

These figures do not represent the number of deaths in the metropolitan area, as there were necropsies made by outside surgeons during my absence on annual leave and while relieving the superintendent at Mont Park.

Ever since my first Annual Report I have been drawing attention to the frequency of syphilitic changes found *post-mortem* in the insane; so much so that I have earned the reputation of "seeing pox in everything he looks at." From information which I have received from a worker at the Government Venereal Clinic, it looks as if the explanation lies in the great frequency in the community of occult syphilis, to the extent that every patient who has a gonorrhœa is now submitted to the biochemical test for syphilis. During this year an analysis of *post-mortem* records has further strengthened this view. Of the adult epileptics 67 per cent. showed syphilitic changes, the idiot epileptics showed 83 per cent. with syphilitic changes. An examination of 100 cases of congenital insanity (including epileptic and non-epileptic) shows syphilitic changes in 65, and "suspicious" in 7. In dementia præcox, out of 40 cases examined

there were 36 cases of syphilis. To those who are doubtful about the correctness of these findings the following information will be interesting. During the years 1912, 1913, 1914, 1915, the average number of general paralytics received into the Victorian Hospitals for Insane was 78. According to Mott 3 to 5 per cent. of syphilis develop tabes or general paralysis of the insane. As the figure 78 represents the G.P.I. cases only (there being no record of the tabes cases) we can take the lower figure, 3 per cent., to represent the number of fresh cases of G.P.I. which develop every year in Victoria. From this we can calculate that there are every year 2,600 fresh cases of syphilis in Victoria. These 2,600 cases will infect others or transmit the disease to their progeny. As this kind of thing is going on year in year out syphilis must be rampant. The *post-mortem* findings of the Victorian Lunacy Department show the economic waste caused by syphilis. The upkeep of the general paralytics alone cost the Victorian Government £4,191 4s. in the year 1916.

The condition called epiloia has appeared on the *post-mortem* table twice during the year. This is a rare disease and little known outside the Lunacy Department. A good description of our cases from the Kew idiot cottages will be found in the transactions of the Auckland Congress in 1914.

Routine examination of ward specimens, together with vaccine-making and the biochemical tests for syphilis, have kept both laboratory attendants at Royal Park and Kew fully occupied during the year. Although sorry to part from him we congratulate Mr. Haddow, of the Kew Laboratory, on his departure to take up a better-paid position in the Tasmanian Lunacy Department.

From clinical and *post-mortem* observation I have for a long time developed very conservative ideas on the subject of tube-feeding patients. Where patients resist the tube-feeding strenuously the effort only aggravates the physical disease from which the patient is suffering, and insufflation is easy. These patients show the food in the stomach unaltered by gastric digestion. The majority of these patients show a heart muscle quite unfit for a struggle or over-excitement. This, of course, does not condemn the necessary tubing in stuporose conditions, or in cases where one tube meal is sufficient to induce a patient to feed herself.

Another suggestion, based upon constant *post-mortem* findings in the epileptics, is that friends should not be allowed to bring food in to them and feed them with it within a short time after a regular meal. The quantity of food given at a time must be excessive, as all the epileptics show dilated stomachs at *post-mortem*.

I wish to express my thanks to the medical officers for help in the year's work.

I have the honour to be,

Sir,

Your obedient servant,

W. A. T. LIND.

The Inspector-General of the Insane,
Victoria.

IN GENERAL.

At the last triennial meeting of the Australasian Medical Congress, held in Auckland, New Zealand, in 1914, two papers were read—one on "The Universal Recognition by Medical Schools of Psychology and Mental Disorders as a compulsory subject," and the other on "Methods of early treatment of Insanity." They pointed out, firstly, how necessary is the inclusion of psychology in the curriculum of the medical student before graduation, such training being especially necessary where medical graduates are proceeding to take up the practice of their profession in various State Departments, such as lunacy, education, and penal; and secondly, how such training should be given, viz., by means of a unit in each of the larger teaching hospitals, which should include an out-patient clinic, as well as wards for the treatment of early cases of mental disorders, to be conducted by experienced specialists, who should be appointed as members of the ordinary hospital medical staff. These wards are not to be confounded with the refractory and isolation wards commonly in use in each large general hospital, but they are to be wards wherein the border-line cases, *i.e.*, hysteria, neurasthenia, and psychasthenia, are to be admitted and treated alongside mild or quiet and recent cases of genuine mental disorder. Such departments, called Psychiatric Clinics, are to be found in other

countries, and the work done in them has proved to be of the very highest importance and value to the community. They become the centres of teaching in neurology and psychiatry, of post-graduate work, and of research in these subjects, and by their aid the knowledge and treatment of insanity is brought from the back of beyond into everyday association with the treatment of bodily disorders. In the correct elucidation of the cases coming to him in this clinic, the alienist physician has the assistance of the surgeon, the gynæcologist, the pathologist, and all the usual specialists at present to be found on the staff of a large hospital, and it follows that in turn his advice is sought by the other specialists.

The special committee of the Medico-Psychological Association of Great Britain and Ireland has reported recently on the necessity for the provision of better facilities for the treatment of cases of mental disorder in the early stages, and in its report this committee states that it has been definitely ascertained that—

“1. There are very few facilities for patients who are threatened with mental breakdown obtaining skilled treatment until they are certified. The early symptoms of disorder often occur long before certification is possible.

2. Owing to the efficient treatment being delayed, the most valuable time for adopting measures to secure early recovery is lost.

3. There is strong objection to certification in itself on the part of the public, which is alive to the material and moral damage which it so often inflicts on the patient and his relatives, so that even when certification has become possible they refuse to resort to it, and thus still further postpone the adoption of efficient treatment.

4. In cases where certification has to be resorted to, the subsequent course of events often shows that this might have been avoided with advantage if there had been facilities for treatment under other conditions.

5. The experience gathered as the result of the war has opened the eyes of the public and the medical profession in a fresh way to the difficulties and needs of these cases.

6. Many medical practitioners, having had no opportunity of gaining knowledge of the manifestations and treatment of mental disorders in their early stages, fail to recognise the seriousness of the condition and to secure for their patients efficient treatment. They are also often deterred, by the necessity of certifying the patient, from advising suitable treatment. This unwillingness may be due to a genuine and proper doubt whether the condition is sufficiently definite to justify this procedure or to a natural reluctance to cause distress to the patient and his friends. In some cases direct evidence of insanity cannot be obtained at occasional interviews, and certification and treatment are thus delayed.

7. In many early cases advantage would be taken of the opportunity for treatment in asylums were the voluntary boarder system, with some modification of procedure, extended to all institutions for the insane.

8. Many persons of the well-to-do classes, who are the subjects of mental disorder and are certifiable, are now placed in private houses without an order having been obtained for their reception. No intimation of their admission is given to the Board of Control. No precautions are necessarily taken to ascertain that the conditions are favorable for the patient or that efficient treatment is thus being obtained for him. It is felt that while many cases may be treated in private houses quite properly, provision should be made to give a competent authority the opportunity of ascertaining that houses in which such patients are received are suitable for the purpose, and that the persons in charge are competent to treat cases of mental disorder.”

The Committee further reports on the necessity for the establishment of clinics.

“These aim at providing facilities for treatment of which ailing members of the public will be ready to avail themselves at the earliest possible moment, even when the condition is merely what is commonly described as one of ‘disordered nerves.’ This necessitates as complete a dissociation as possible from the existing statutory requirements for dealing with the insane.

It also necessitates the provision of facilities similar in character and equal in completeness to those available for purely physical ailments—that is, a thoroughly well-found and well-staffed clinic for both in and out patients. These facilities must be brought as near to the homes of the people as possible. They should be established all over the country in large centres of population, so that the people may easily seek advice, and so be encouraged to get instruction in mental hygiene at a stage when preventive measures are possible, and thus escape in many cases a serious breakdown, to the advantage both of themselves and the community; for thus would be retained as workers those who otherwise become a burden to their fellows.

The clinic should be called by some name which will clearly indicate its purpose as a place to which patients suffering from any of the early indications of nervous disorder may resort.

Just as in ordinary hospitals some cases of delirium and excitement with loss of control occasionally occur, and are there dealt with without special powers or any great difficulties, so similarly cases of mental disease in their early stages where the symptoms are likely to subside under proper treatment would be received and suitably provided for in the proposed clinics.

The decision whether a case is or is not suitable for further treatment in such a clinic would depend upon practical convenience and the nature and duration of the symptoms.

It is thought that the special character which it is hoped will attach to these clinics will be more certainly secured if no formal powers of detention therein on the ground of mental disease are asked for, at all events in the first instance, until some experience has been gained of the practical working of the scheme.

By keeping the proposed clinics free from any formal powers of detention they will be given distinction in fact as well as in name from the existing institutions; they are intended to cover a different field from that covered by asylums, and it is hoped that the confines of this field will be extended to a far earlier period of the disorder than could possibly be the case in connexion with the asylums.

In large towns clinics should be affiliated to the general hospitals, in order that students may have opportunities of studying those early stages of mental disorder which as practitioners they will be called upon to treat. For this purpose either special wards might be set aside or special buildings used with assistance from public funds. Clinics would also provide a valuable field for post-graduate work and for scientific research with the necessary laboratory accommodation."

This Committee, therefore, recommends, *inter alia* :—

“That clinics be established by local authorities for the treatment of nervous and mental diseases in their early stages, and that in the organization of clinics special provision be made for children.

That a clinic should be housed in a special building or in an annexe to a general hospital.

That a clinic should be staffed by a special staff trained for the work.

That the inspection and approval of the buildings used for clinics should be the duty of a Central Government Department.”

These recommendations support the views I have from time to time brought before the Legislature, and I addressed a communication to one of the principal general hospitals without evoking anything more than a sympathetic acknowledgment; however, I feel sure that the war experiences which many of our leading physicians and surgeons have had will have convinced them of the necessity of psychological training with clinical work. It is true that the curriculum of the medical student is becoming overloaded, but it fails singularly at present in that it does not recognise the important part that the mind plays in disease, nor that each patient has an individuality which should be recognised and considered.

I beg to recommend that the Government should authorize this Department to collaborate with such general and teaching hospitals as can and will set aside or provide special accommodation for this important advance in medical work.

In other directions we have considerable leeway to make up; we have to restore our medical and nursing staff to its proper strength, and to make adequate provision for the housing of our increasing numbers.

The first and most important consideration is the occupation of the main block at Mont Park, when it is no longer in use as a military hospital (No. 16 A.G.H.), and it is highly probable that this will eventuate early in 1920. But to occupy this institution to its fullest extent, and to enable us to surrender the old Hospital for the Insane at Yarra Bend, it will still be necessary to provide certain indispensable offices, quarters and fittings, *e.g.*, a nurses' home, quarters for single attendants, cottages for secretary, gardener, and married attendants, airing court railings and shelters, recreation rooms and chapel, an extension of the present laundry to the original complete plan, a mortuary and pathological room, workshops, and a garden store.

Even when these additions have been made, the total cost of the hospital at Mont Park will be very considerably below the cost of institutions recently erected in Great Britain, America, and other English-speaking countries—and this notwithstanding the present high cost of building construction.

Nursing homes are needed in other institutions, particularly at Sunbury, Ararat, and Kew.

The remodelling of the male block at Ballarat and the children's institution at Kew should be gone on with, and at Kew and Ballarat quarters for the head attendant and the secretary are most desirable.

There is hardly a building in the Department which does not require some renovation and painting, owing to the fact that the increased cost of material has compelled us to cut down our ordinary maintenance work.

The high price and the shortage of clothing has left its mark on the neatness and appearance of the patients' dress, and the obtaining of substitutes for our ordinary requirements has been most difficult. In spite of this fact, the departmental expenditure has exhibited a remarkably low increase, pointing to the very strict economy which has been practised, but which cannot be persisted in without a very real sacrifice in efficiency.

The additional leave promised to the nursing staff can only be given if the salaries, more particularly to the nurses, are substantially increased, and consideration should be shown to all those officers who have cheerfully borne the burden of extra duties during the years of war on low rates of pay under a steady increase in the cost of living. The members of the Lunacy Department staff constitute generally the most lowly paid members of the Public Service, the work is not congenial to the average individual, and the hours are long. No advantage accrues as a result of long service, and, worst of all, there is no superannuation scheme; instead there exists an inadequate compulsory insurance regulation which provides a sum of money equal to one year's pay to compensate the employee after his period of usefulness is at an end. The conditions are not sufficiently attractive to obtain an efficient and contented staff.

W. ERNEST JONES.