

1932.
—
VICTORIA.

HOSPITALS FOR THE INSANE.

REPORT

OF THE

INSPECTOR-GENERAL OF THE INSANE

FOR THE YEAR ENDED 31ST DECEMBER,

1931.

PRESENTED TO BOTH HOUSES OF PARLIAMENT PURSUANT TO ACT 19 GEO. V.
No. 3721, SECTION 19.

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REPORT.

LUNACY DEPARTMENT,

Inspector-General's Office,
Old Treasury Buildings, Spring-street,
Melbourne, C.1,

1st September, 1932.

To the Honourable the Chief Secretary.

SIR,

In accordance with the provision of Section 19 of the *Lunacy Act 3721*, I beg to present the Annual Report of the Lunacy Department for the year 1931 for presentation to Parliament.

A low admission rate to Receiving Houses and Hospitals, added to an unusually high death rate, has resulted in a comparatively low increase in the total number of the registered insane. At the beginning of 1931, there were 6,759 so recorded; on 31st December, 1931, the number was 6,798, an increase of only 39, contrasting with an increment of 159 in the previous year. The ratio of insane to the total population of the State remains at 1 in 265. Included in the above figures are 94 cases on the books of the Private Licensed Houses, but Voluntary Boarders, Military Mental patients, and others under observation temporarily in Receiving Houses are not enumerated. On the other hand, there were 793 patients out on trial leave and 109 boarded out, the latter principally in Benevolent Asylums. At the end of the year, there were 123 Voluntary cases under treatment, and of military cases there were, on the average, 174 in residence and 31 out on probation.

The critical figures are those relating to the State Hospitals, and these have risen to 5,829, an increase of only 13 for the year under review, which contrasts happily with an increase of 129 in 1930. The daily average resident was 5,859 however, i.e., 32 more, but this comparatively small increase was partially nullified by the provision of a pavilion for 20 female patients at Beechworth, so that the overcrowding of the wards, so often brought to the notice of Parliament, has not been seriously added to as a result of the year's operations. Nevertheless, the position is already sufficiently grave as to make it necessary to reiterate the request for additional hospital accommodation, improved sanitation in those hospitals still unsewered, and the provision of a purely voluntary hospital for the reception and treatment of recent and therefore hopeful cases of mental disorder.

The financial report indicates the extent of the economies which have been effected during the last two financial years—a 25 per cent. saving in the total expenditure of the Department in spite of increasing numbers.

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, 1931.

	Males.	Females.	Total.	Males.	Females.	Total.
Resident in the Hospital for the Insane—						
Kew	479	379	858			
Kew Children's Cottages	204	235	439			
Ararat	387	245	632			
Beechworth	349	325	674			
Sunbury	462	578	1,040			
Ballarat	215	514	729			
Royal Park	44	61	105			
Mont Park	631	721	1,352			
				2,771	3,058	5,829
Out on trial leave from the Hospitals for the Insane ... ..	...	...	...	401	365	766
Boarded out from the Hospitals for the Insane ... ..	...	...	...	63	46	109
Total number of registered lunatics on the books of the Public Hospitals for the Insane ... ..	...	...	...	3,235	3,469	6,704
Resident in the Licensed Houses at—						
Pleasant View	13	10	23			
Mount Ida ... ..	...	...	...
Merton ... ..	...	28	28			
Belmont ... ..	...	16	16			
				13	54	67
Out on trial leave from the Licensed Houses... ..	...	...	...	11	16	27
Total number of registered lunatics in the State ... ..	...	...	...	3,259	3,539	6,798

Excluding Voluntary Boarders (66 males and 57 females) and Soldiers (205).

TABLE II.—Showing the Admissions, Re-admissions, Discharges, and Deaths during the Year ended 31st December, 1931.

	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.
In the Hospitals, 1st January, 1931	...	...	...	2,786	3,030	5,816			
Patients on trial leave ...	...	...	...	388	356	744			
Patients boarded out ...	...	...	...	60	49	109			
Total number on books, 1st January, 1931 ...	...	...	...	...	...	...	3,234	3,435	6,669
Cases admitted—									
First admissions ...	384	364	748						
*Not first admissions ...	40	47	87						
Escaped patients retaken ...	...	...	...	424	411	835			
	...	...	...	53	16	69			
Total cases admitted during the year ...	...	...	...	...	...	...	477	427	904
Total cases under care during the year ...	...	...	...	...	...	...	3,711	3,862	7,573
Cases discharged—									
Recovered ...	66	88	154						
Relieved ...	84	77	161						
†Not improved ...	11	5	16						
Died ...	260	205	465						
Escaped ...	...	...	...	421	375	796			
	...	...	...	55	18	73			
Total cases discharged and died during the year ...	...	...	...	...	...	...	476	393	869
Remaining in the Hospitals, 31st December, 1931 ...	...	...	...	2,771	3,058	5,829			
Patients on trial leave ...	...	...	...	401	365	766			
Patients boarded out ...	...	...	...	63	46	109			
Total number on books, 31st December, 1931 ...	...	...	...	...	...	...	3,235	3,469	6,704
Average number resident during the year ...	...	...	...	...	...	...	2,801	3,058	5,859
Persons under care during the year ...	...	...	...	...	...	...	3,673	3,846	7,519
Persons admitted ...	...	...	...	...	...	...	418	408	826
Persons recovered ...	...	...	...	...	...	...	66	88	154
Transferred from one Hospital for Insane to another ...	...	...	...	...	...	...	92	154	246

* Including transfers from licensed houses.

† Including transfers to licensed houses.

TABLE III.—Showing the Previous Attacks among Persons Admitted during the Year 1931.

Number of Previous Attacks.	Persons.		
	Males.	Females.	Totals
Have had one attack ...	60	72	132
Have had two attacks ...	14	17	31
Have had three attacks ...	2	4	6
Have had four attacks ...	...	2	2
Have had five attacks ...	1	1	2
Have had six attacks ...	1	1	2

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 1905 to 1931 inclusively, the Soldiers treated under Sections 234 to 238 (Mental Treatment) of the *Lunacy Act 1928*, 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. + Decrease. -	Number.	Increase. + Decrease. -	Hospitals for the Insane.		Private Licensed Houses.		Total.
	Males.	Females.	Total.	Males.	Females.	Total.					Males.	Females.	Total.	Males.		Females.	Total.
1905	2,436	2,332	4,768	...	3	4,771	+129	...	...	...	...	...	...	...	...
1906	2,484	2,389	4,873	13	51	4,937	+166	...	5	2	7	...	...	...	...
1907	2,548	2,413	4,961	21	70	5,052	+115	...	11	14	25	...	...	...	...
1908	2,557	2,457	5,014	22	75	5,111	+59	...	12	13	25	...	...	...	...
1909	2,612	2,485	5,097	30	73	5,200	+89	...	16	22	41	...	...	...	...
1910	2,655	2,586	5,241	30	78	5,349	+149	...	22	25	47	...	...	...	...
1911	2,681	2,659	5,340	25	84	5,449	+100	...	19	17	36	...	...	...	...
1912	2,758	2,712	5,470	20	89	5,579	+130	...	25	28	53	...	...	...	...
1913	2,839	2,792	5,631	12	93	5,736	+157	...	36	25	61	...	...	...	...
1914	2,886	2,843	5,729	12	86	5,827	+91	...	27	23	50	...	...	...	...
1915	2,882	2,885	5,767	15	80	5,862	+35	5	29	29	58	...	...	...	...
1916	2,882	2,911	5,793	11	79	5,883	+21	16	20	31	51	...	...	...	...
1917	2,901	2,932	5,833	12	74	5,919	+36	84	21	31	52	...	...	...	...
1918	2,889	3,026	5,915	14	71	6,000	+81	110	30	30	60	...	...	...	...
1919	2,855	2,991	5,846	16	75	5,937	-63	120	42	42	84	...	...	...	...
1920	2,888	2,942	5,830	17	78	5,925	-12	100	34	59	93	...	...	...	...
1921	2,869	2,973	5,842	17	82	5,941	+16	112	37	46	83	...	...	...	...
1922	2,909	3,088	5,997	24	80	6,101	+160	124	44	43	87	...	...	...	...
1923	2,932	3,094	6,026	19	78	6,123	+22	127	39	42	81	...	...	...	...
1924	2,923	3,173	6,096	22	73	6,191	+68	133	33	39	72	...	...	...	...
1925	2,977	3,215	6,192	19	71	6,282	+91	150	46	47	93	...	...	...	...
1926	3,055	3,274	6,329	20	76	6,425	+143	158	40	47	87	...	...	...	...
1927	3,053	3,307	6,360	14	77	6,451	+26	169	45	44	89	...	...	...	...
1928	3,150	3,351	6,501	17	69	6,587	+136	183	44	49	93	...	...	...	...
1929	3,168	3,363	6,531	17	72	6,620	+33	193	37	44	81	...	...	...	...
1930	3,234	3,435	6,669	15	75	6,759	+139	201	37	54	91	...	...	...	...
1931	3,235	3,469	6,704	24	70	6,798	+39	205	36	41	77	...	...	...	...

* Private Licensed Houses recognised.

† Receiving Home, Royal Park, opened September, 1927.

‡ 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, 1905.

Year.	Admitted.			Discharged.			Died.			Remaining 31st December in each Year.			Average Numbers Resident.			Percentage of Recoveries on Admissions.			Percentage of Deaths on the Average Numbers Resident.					
	Males.	Females.	Total.	Recovered.		Total.	Relieved.		Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.			
				Males.	Females.		Males.	Females.																
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	2,501	5,058	2,392	2,253	4,645	28.39	24.55	26.65	9.57	6.65	8.16
1909	455	310	765	138	100	238	26	31	57	224	147	371	2,612	2,485	5,097	2,379	2,274	4,653	30.33	32.26	31.11	9.41	6.46	7.97
1910	422	380	802	93	84	177	43	44	87	233	135	368	2,655	2,586	5,241	2,412	2,304	4,716	22.03	22.10	22.07	9.66	5.85	7.80
1911	428	389	817	120	94	214	24	45	69	244	158	402	2,681	2,659	5,340	2,452	2,364	4,816	28.04	24.16	26.19	9.96	6.68	8.35
1912	456	350	806	96	104	200	40	38	78	235	151	386	2,758	2,712	5,470	2,529	2,409	4,938	21.05	29.71	24.81	9.29	6.27	7.82
1913	494	354	848	117	81	198	50	41	91	238	155	393	2,839	2,792	5,631	2,535	2,448	4,983	23.68	22.25	23.08	9.39	6.33	7.89
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	28.76	25.41	27.26	8.12	7.06	7.60
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	9.99	7.93	8.98
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	9.62	7.87	8.76
1917	402	360	762	80	103	183	55	50	105	230	179	409	2,901	2,932	5,833	2,606	2,539	5,145	19.90	28.61	24.02	8.83	7.05	7.95
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	19.03	20.34	8.35	6.67	7.52
1919	384	361	745	83	109	192	67	89	156	259	189	448	2,855	2,991	5,846	2,598	2,589	5,187	21.61	30.19	25.77	9.97	7.30	8.64
1920	465	399	864	77	150	227	72	90	162	274	200	474	2,888	2,942	5,830	2,621	2,589	5,210	16.56	37.59	26.27	10.45	7.72	9.10
1921	383	419	802	81	113	194	60	68	128	242	198	440	2,869	2,973	5,842	2,613	2,646	5,259	21.15	26.97	24.19	9.26	7.48	8.37
1922	434	404	838	87	94	181	58	39	97	231	145	376	2,909	3,088	5,997	2,620	2,727	5,347	20.05	23.27	21.60	8.82	5.32	7.03
1923	470	357	827	106	98	204	42	44	86	276	198	474	2,932	3,094	6,026	2,626	2,750	5,376	22.55	27.45	24.67	10.51	7.20	8.82
1924	402	407	809	84	95	179	53	48	101	254	176	430	2,923	3,173	6,096	2,605	2,792	5,397	20.90	23.34	22.13	9.75	6.30	7.97
1925	399	347	746	82	85	167	54	53	107	198	158	356	2,977	3,215	6,192	2,592	2,802	5,394	20.55	24.50	22.39	7.64	5.64	6.60
1926	434	407	841	79	90	169	50	51	101	208	195	403	3,055	3,274	6,329	2,626	2,841	5,467	18.20	22.11	20.10	7.92	6.86	7.37
1927	430	395	825	68	97	165	80	74	154	268	180	448	3,053	3,307	6,360	2,663	2,875	5,538	15.81	24.55	20.00	10.07	6.26	8.09
1928	483	394	877	85	101	186	36	45	81	248	194	442	3,150	3,351	6,501	2,694	2,930	5,624	17.60	25.63	21.21	9.21	6.62	7.86
1929	459	409	868	75	109	184	105	81	186	235	193	428	3,168	3,363	6,531	2,731	2,948	5,679	16.34	26.65	21.19	8.60	6.54	7.53
1930	425	456	881	90	103	193	74	91	165	181	185	366	3,234	3,435	6,669	2,804	3,023	5,827	21.74	22.59	21.91	6.45	6.11	6.28
1931	424	411	835	66	88	154	84	77	161	260	205	465	3,235	3,469	6,704	2,801	3,058	5,859	15.57	21.41	18.44	9.28	6.70	7.94
Total	11,501	10,210	21,711	2,650	2,692	5,342	1,411	1,431	2,842	6,239	4,646	10,885	69,297	69,826	139,123	69,297	69,826	139,123	22.17	26.36	24.60	9.00	6.65	7.82

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 the Year ended 31st December, 1931.

Year.	Admitted.			Discharged.						Died.			Remaining on the Books 31st December, 1930.			Average Number Resident during the year 1930.			Percentage of Recoveries on Admissions.			Percentage of Relieved on Admissions.			Percentage of Deaths on Average Number 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.																		
Kew ...	70	40	110	8	5	13	31	14	45	55	30	85	535	431	966	489	386	875	11.43	12.50	11.82	44.29	35.00	40.91	11.25	7.77	9.71
Kew Children's Cottages	24	18	42	...	...	...	1	...	1	25	12	37	232	249	481	203	233	436	...	...	...	4.17	...	2.43	12.31	5.00	8.49
Ararat ...	7	4	11	2	3	5	...	...	...	22	14	36	389	249	638	388	237	625	28.57	75.00	45.45	...	...	...	5.67	5.90	5.76
Beechworth	2	...	2	...	2	2	2	...	2	16	14	30	351	329	680	354	311	665	...	...	10.00	100.00	...	4.52	4.50	4.51	
Sunbury ...	106	81	187	18	21	39	12	17	29	50	42	92	578	661	1,239	463	599	1,062	16.98	26.00	20.86	11.32	21.00	15.51	10.80	8.66	
Ballarat ...	47	35	82	6	3	9	12	15	27	14	37	51	262	574	836	216	511	727	12.77	8.57	11.00	25.53	42.86	32.93	6.48	7.24	7.01
Royal Park	56	112	168	10	30	40	5	16	21	2	2	4	71	135	206	53	65	118	17.86	26.79	23.80	8.93	14.29	12.5	3.77	3.08	3.39
Mont Park ...	112	121	233	22	24	46	21	15	36	76	54	130	817	841	1,658	635	716	1,351	19.64	19.83	19.74	18.75	12.40	15.45	11.96	7.54	9.62
Total ...	424	411	835	66	88	154	84	77	161	260	205	465	3,235	3,469	6,704	2,801	3,038	5,859	15.57	21.41	18.44	19.81	18.73	19.28	9.28	6.70	7.94

TABLE VII.—Showing in Quinquennial Periods the Ages of those Admitted, Recovered, Relieved, Not Improved, Escaped not Retaken, and Died during the Year 1931, and of those Remaining on 31st December, 1931.

Ages.	Admitted.			Discharged.						Escaped Patients not Retaken.			Died.		Remaining on 31st December, 1931.						
	Male.	Female.	Total.	Recovered.		Relieved.		Not Improved.		Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.			
				Male.	Female.	Total.	Male.	Female.	Total.										Male.	Female.	Total.
Under 5 years	5	9	14	...	...	...	...	...	...	...	...	...	2	2	4	11	15	26
5 years and under 10 years	4	5	9	...	...	...	...	...	...	...	...	...	10	1	11	37	38	75
10 "	10	3	13	...	...	...	...	...	...	...	...	...	2	...	2	41	43	84
15 "	16	17	33	1	1	2	...	...	...	...	...	...	3	2	5	77	61	138
20 "	44	29	73	8	6	14	2	...	...	...	...	...	1	3	6	160	111	271
25 "	44	31	75	8	4	12	...	...	...	...	...	...	1	6	15	210	176	386
30 "	43	33	76	11	8	16	1	...	...	...	...	...	16	13	29	261	218	479
35 "	38	42	80	6	12	18	3	...	...	...	...	...	12	11	23	302	298	600
40 "	40	39	79	8	11	19	...	...	...	...	...	...	12	11	23	386	370	756
45 "	25	46	71	8	8	16	1	...	...	...	...	...	20	14	34	321	385	706
50 "	25	38	63	2	13	15	...	...	...	...	...	...	16	19	35	296	390	686
55 "	34	25	59	3	3	6	...	...	...	...	...	...	24	24	48	312	340	652
60 "	26	24	50	4	6	10	...	...	...	...	...	...	31	32	63	316	370	686
65 "	21	22	43	3	3	6	...	...	...	...	...	...	29	20	49	232	299	531
70 "	27	20	47	2	2	4	...	...	...	...	...	...	38	15	53	125	164	289
75 "	11	19	30	...	2	2	...	...	...	...	...	...	18	16	34	80	89	169
80 "	6	7	13	...	...	...	...	...	...	...	...	...	6	11	17	14	32	46
85 "	3	1	4	...	...	...	...	...	...	...	...	...	5	2	7	4	7	11
90 "	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	4	3	7
over	...	...	...	...	...	...	...	...	...	...	...	...	...	...	4	46	60	106
Unknown...	2	1	3	2	...	2	...	...	...	...	...	...	4	3	7	...	...	...
Total	424	411	835	66	88	154	84	77	161	11	5	16	3	2	5	260	205	465	3,235	3,469	6,704
Mean Age	43.61	46.27	44.93	40.31	41.68	41.10	42.35	45.14	43.70	47.36	52.40	48.93	29.00	59.00	41.00	58.77	58.02	58.43	48.95	49.79	49.37
Mean Age, Children's Cottages	11.50	5.38	8.88	13.00	17.00	22.75	18.86	19.38	22.92	21.22

TABLE VIII.—Showing the Probable Causes of Insanity in the Patients Admitted during the Year 1931.

Causes of Insanity.	Number of Instances in which each Cause was Assigned.											
	Admissions			No. of Cases—								
				Males, 424. Females, 411. Total, 835.								
	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)		8	8	5	14	19	...	...	...	5	22	27
Adverse Circumstances (including business anxieties and pecuniary difficulties)...	...	2	2	13	8	21	...	...	...	13	10	23
Mental Anxiety and Worry (not included under above two heads), and Over-work ...	...	...	...	10	5	15	...	...	...	10	5	15
Religious Excitement ...	...	...	...	...	...	...	...	...	...	...	...	...
Love Affairs (including Seduction) ...	...	4	4	...	...	...	...	...	...	4	4	4
Fright and Nervous Shock ...	...	...	...	...	...	...	...	...	...	...	...	...
PHYSICAL.												
Intemperance in Drink ...	...	...	...	30	4	34	...	...	...	30	4	34
Intemperance (Sexual) ...	...	...	...	...	...	...	...	...	...	...	...	...
Venereal Disease ...	2	8	10	21	...	21	...	...	23	8	31	
Self-abuse (Sexual) ...	...	...	...	11	...	11	...	...	11	...	11	
Over Exertion ...	...	...	...	...	...	...	...	...	...	...	...
Sunstroke ...	...	...	...	...	...	...	...	...	...	...	...
Accident or Injury ...	1	1	2	3	2	5	...	...	4	3	7	
Pregnancy ...	...	1	1	...	...	...	...	...	...	1	1	
Parturition and the Puerperal state ...	...	...	...	...	5	5	...	...	...	5	5	
Lactation ...	...	1	1	...	7	7	...	...	...	8	8	
Uterine and Ovarian Disorder ...	...	...	...	...	...	...	...	...	...	...	...
Puberty ...	5	8	13	5	...	5	8	4	12	18	12	30
Change of Life ...	...	19	19	...	1	1	...	...	...	20	20	
Fevers ...	...	11	11	1	...	1	...	...	1	11	12	
Privation and Starvation ...	...	...	...	7	...	7	...	...	7	...	7	
Old Age ..	40	44	84	32	7	39	8	27	35	80	78	158
Other Bodily Diseases or Disorders ...	2	21	23	21	41	62	...	...	...	23	62	85
Previous Attacks ...	27	43	70	2	...	2	...	...	...	29	43	72
Hereditary Influences ascertained (direct and collateral)	44	49	93	1	...	1	...	...	...	45	49	94
Congenital Defect ascertained	60	17	77	...	...	...	21	18	39	81	35	116
Other ascertained causes ...	...	3	3	10	...	10	...	...	...	10	3	13
Unknown ...	29	27	56	1	...	1	14	6	20	44	33	77
Totals ...	210	267	477	173	94	267	51	55	106	434	416	850
Deduct for combined causes	...	...	...	...	...	...	...	...	...	10	5	15
Total Admissions ...	...	...	...	...	...	...	...	...	...	424	411	835

TABLE IX.—Showing the Form of Mental Disorder on Admission in the Admissions, Recoveries, and Deaths for the Year 1931, and the Form of Mental Disorder of the Patients remaining on Books on 31st December, 1931.

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	12	17	29	...	...	...	16	8	24	98	101	199
(b) Without Epilepsy	51	19	70	2	..	2	29	13	42	427	437	864
2. Moral :												
II. Insanity occurring later in life—												
1. Insanity with Epilepsy	21	1	22	1	1	2	12	5	17	124	98	222
2. General Paralysis of the Insane	24	5	29	4	1	5	20	5	25	49	10	59
3. Insanity of the grosser brain lesions	8	4	12	...	1	1	8	5	13	11	7	18
4. Acute delirium (acute delirious mania)	1	...	1	...	...	...	1	...	1	...	...	...
5. Confusional Insanity	30	31	61	17	14	31	6	5	11	25	29	54
6. Stupor ... ..	...	4	4	...	3	3	...	2	2	...	1	1
7. Primary Dementia	70	52	122	11	8	19	21	16	37	530	452	982
8. Mania :												
(a) Recent	18	25	43	2	10	12	3	5	8	38	33	71
(b) Chronic ... ..	...	1	1	...	...	...	3	1	4	25	57	82
(c) Recurrent	4	7	11	1	6	7	2	3	5	28	41	69
9. Melancholia :												
(a) Recent	17	73	90	9	21	30	5	24	29	33	43	76
(b) Chronic	4	6	10	1	...	1	2	2	4	19	46	65
(c) Recurrent	1	6	7	2	2	4	1	...	1	8	17	25
10. Alternating Insanity	6	11	17	1	6	7	3	3	6	9	25	34
11. Delusional Insanity :												
(a) Systematized	8	5	13	...	6	6	4	2	6	86	40	126
(b) Non-systematized	49	69	118	13	7	20	12	21	33	226	350	576
12. Volitional Insanity :												
(a) Impulse ... ..	...	...	...	...	...	...	...	...	...	...	...	...
(b) Obsession	2	...	2	...	...	...	...	...	...	1	1	2
(c) Doubt ... ..	...	...	...	...	...	...	...	...	...	...	1	1
13. Moral Insanity ... ..	...	...	...	...	...	...	...	...	...	1	2	3
14. Dementia :												
(a) Senile	67	59	126	2	1	3	72	51	123	237	264	501
(b) Secondary or Terminal	31	16	47	..	1	1	40	34	74	796	1,003	1,799
On Trial Leave, or Boarded Out ... ..	...	...	...	...	...	...	...	...	...	464	411	875
Total	424	411	835	66	88	154	260	205	465	3,235	3,469	6,704

TABLE X.—Showing the condition as to Marriage in Patients Admitted, Recovered, Relieved, Not Improved, Escaped not Retaken, and Died during the Year 1931, and of Patients Remaining on the Books, 31st December, 1931.

Condition in Reference to Marriage.	Admitted.			Discharged.									Escaped Patients not Retaken.	Died.			Patients Remaining, 31st December, 1931.				
	M.	F.	Total.	Recovered.			Relieved.			Not Improved.				M.	F.	Total.	M.	F.	Total.		
				M.	F.	Total.	M.	F.	Total.	M.	F.	Total.									
Single ...	218	153	371	32	37	69	51	31	82	5	...	5	2	1	3	133	73	206	2,208	1,826	4,034
Married	149	176	325	28	45	73	28	35	63	6	5	11	1	1	2	84	77	161	654	1,129	1,783
Widowed	27	62	89	5	6	11	3	11	14	...	...	...	...	...	...	13	43	56	88	212	300
Divorced	2	2	4	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	17	28	45
Unknown	4	...	4	1	...	1	1	..	1	...	...	...	...	...	...	5	...	5	36	25	61
Total	400	393	793	66	88	154	83	77	160	11	5	16	3	2	5	235	193	428	3,003	3,220	6,223

(Excluding patients at the Children's Cottages, Kew, none of whom are married.)

TABLE XI.—Showing the Causes of Deaths during the Year 1931.

Cause of Death.	Kew.		Children's Cottages, Kew.		Ararat.		Beechworth.		Sunbury.		Ballarat.		Royal Park.		Mont Park.		Totals.						
	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.					
Diseases of the Nervous System—																							
Meningitis, Inflammation of Brain, Cerebro-Spinal Meningitis ...	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1				
General Paralysis of the Insane ...	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2				
Cerebral Softening ...	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2				
Epilepsy and Convulsions ...	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3				
Hemiplegia, Apoplexy, Cerebral Haemorrhage, Cerebral Embolism ...	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1				
Other Organic Disease of Brain, including Tumours ...	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1				
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				
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				
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				
Diseases of Blood Vessels—																							
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				
Diseases of Respiratory System and Thorax—																							
Pulmonary Phthisis ...	3	2	3	2	3	2	3	2	3	2	3	2	3	2	3	2	3	2	3				
Pneumonia, Bronchitis, Pleurisy ...	14	3	17	12	18	4	1	5	9	14	23	3	4	7	1	16	7	23	39				
Other forms of Pulmonary disease ...	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1				
Diseases of Heart—																							
Valvular Disease, Fatty Degeneration, Cardiac Syncope, &c. ...	10	8	18	1	1	4	3	7	4	11	22	6	6	1	6	2	8	36	72				
Diseases of Digestive System—																							
Diseases of Mouth, Pharynx, Stomach (non-malignant) Intestines, Liver, and Peritoneum (non-tubercular) ...	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3				
Diseases of Genito-Urinary System—																							
Diseases of Kidney, Bladder, Prostate, &c. ...	3	2	5	1	1	1	1	1	2	1	3	2	4	1	4	1	5	11	21				
General Diseases—																							
Dysentery (Colitis), Epidemic Diarrhoea, Infective Enteritis ...	11	4	15	5	6	1	1	1	1	3	4	7	7	5	9	14	25	19	44				
Typhoid ...	1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1				
Erysipelas ...	1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1				
Abscess, Pyæmia, Septicæmia, and Cellulitis ...	1	1	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2				
Influenza, and other Fevers ...	1	1	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2				
Cancer, Carcinoma, Sarcoma, Malignant Disease, excluding Malignant Tumour of Brain ...	2	4	6	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1				
Syphilis and other Venereal Disease ...	1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1				
General Tuberculosis and Tubercle of Organs other than Lungs ...	1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1				
Diseases of Thyroid, Lymphatic, and other glands ...	1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1				
Atrophy, Debility, and Old Age ...	1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1				
Cause unknown O.T. ...	1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1				
Accidents ...	1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1				
Suicides ...	1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1				
Total ...	55	30	85	25	12	37	22	14	36	50	42	92	14	37	51	2	4	76	54	130	260	205	465

Ascertained by post-mortem examinations (161 males) (100 females). Total, 261.

STATE HOSPITALS FOR THE INSANE.

Admissions.—Of first receptions, there were 384 males and 364 females; of re-admissions, 32 males and 62 females, making a total of 835 for the year 1931. The majority of these admissions came through the medium of the Receiving Houses or the Ward at Bendigo. As is usually the case, demented patients, either seniles or primary dements, formed rather more than one-third of the total number, and 99, i.e., nearly 12 per cent., were congenital cases. Fourteen (14) were under five years and 9 more under the age of 10. These of course were admissions to the Children's Cottages, for which purpose they have to be certified under the Lunacy Act, a somewhat anomalous procedure considering their tender age. Twenty-nine (29) of the year's admissions were diagnosed as cases of general paralysis, and in 34 cases only was alcohol considered as the cause of the psychoses, less than 4 per cent. of the total receptions.

Discharges.—Of those discharged "Recovered," there were 154, as "Relieved" there were 161, and 16 were discharged as "Not Improved." These numbers are below the average, principally because there were 220 discharges from the Receiving Houses and 180 Voluntary Boarder patients discharged, almost all of them as "Recovered." It should be noted that there were 5 discharges as "Recovered" of cases of general paralysis of the insane.

Deaths.—Last year, the death rate was the lowest on record; this year, partly in consequence of that fact, the death rate is higher than it has been for the last four years but only slightly over the general average. There were 465 deaths, the causes being ascertained by post-mortem examination in 261 cases.

There were 23 deaths from general paralysis of the insane, 94 from pneumonic conditions, 26 from phthisis, 72 from heart disease, 44 from dysentery (colitis) and 9 from typhoid fever. One (1) was an accidental death and 5 were suicidal; these are referred to elsewhere in this report. Seventeen (17) deaths were returned as caused by malignant disease, which indicates a much smaller proportion than will be found in the general population—approximately two-fifths. The average age at death of all our patients is the high one of 58.4, but last year the average age was 62.6, when the death rate was substantially lower.

It is necessary to draw attention to the unusually large number of colitis and typhoid deaths; such occur principally where there is overcrowding and consequently insanitary conditions present. Colitis or asylum dysentery is almost always to be found in such institutions, and can only be kept in check by isolation in special wards, such as this Department lacks.

Kew.—The numbers fell during the year from 891 to 858, as a result of the transference of cases to country institutions, and a somewhat increased discharged rate. This has, to some extent, relieved the overcrowding, but still it is necessary to make up additional beds in the day rooms. Although the majority of the admissions were unfavorable for recovery, the discharge rate was satisfactory. 35 per cent. of the admissions were due to senile conditions, and 10 per cent. were caused by alcoholism.

Deaths numbered 85, 2 occurring whilst the patients were away on leave of absence, and 1 female patient, whilst being transferred to a country institution, precipitated herself from the window of the train, sustaining such injuries that she died shortly afterwards. She was not regarded as suicidal, and the coronial investigation did not reveal that there was any lack of care on the part of any of the officers concerned in the transfer.

A considerable number of the dairy herd had to be destroyed as a result of tubercle, but the herd is now being steadily built up again, and the milk supply reverting to its former abundance.

Dr. Hollow reports that as a result of the Public Works requisitions having been withheld during the year, much disrepair of buildings and furnishings has been unavoidable.

The further continuation of the existence of Kew as a State Hospital for the Insane seems to be beyond question. If this is to be the case, the necessity for the provision of a well-equipped special hospital ward for male and female sick patients

appears to be imperative. This could be nursed by female nurses, and erected on a separate site from the main building. Plans have already been drawn for what would be a very desirable adjunct to the nursing care of the patients. It is estimated to cost £15,000, but would give the desired accommodation for 32 patients of each sex, together with quarters for 12 nurses, who would be required in connexion with the special hospital.

Children's Cottages.—The new wing of the nursery ward has been finished and equipped and the congestion relieved thereby, but a very large number of idiot babies has had to be accepted, coming principally from the Children's Welfare Depot at Royal Park. It is a strange anomaly of our legislative methods that these tiny children have to be certified as insane. There are now 439 such children and hopelessly defective cases in this institution who require a very great deal of skilled nursing. During the year, there were epidemics of whooping cough, mumps, and influenza, but no cases of enteric.

The teaching of the more educable children to the number of 40 goes on steadily. The teachers, who have entered into this work most enthusiastically, are supplied by the Education Department. The wooden school building, which was transferred for the purpose of the new school, has not yet been completed, and was still unused at the end of the year.

Dr. Hollow reports on the unsatisfactory nature of the hot-water supply and the quarters for some of the resident nurses. As with the main institution, so with the Children's Cottages, if they are to remain, a good deal of renovation will be required, and a commencement should be made by erecting a proper nurses' hostel, and the formation of a new airing court for the boys of the more troublesome type is also desirable. Three (3) of the inconvenient original cottages should be entirely renovated.

Ararat.—At the end of the year, there were 393 males and 238 females in residence, the daily average number resident being 625. The majority of admissions to this hospital consisted of transfers from other hospitals.

The deaths numbered 36, of whom 19 were septuagenarians, and there were no untoward circumstances connected with any of these deaths. One (1) male patient in the gaol ward, as a result of an accidental fall, fractured his humerus, and required surgical restraint during the greater portion of the period that he was under treatment for the fracture.

Dr. Henty, recently appointed as Medical Superintendent at Ararat, speaks appreciatively of his staff, and particularly of the citizens of Ararat for organizing entertainments and outings for the patients. He also refers in his annual report to the necessity of a sewerage scheme for the hospital and gaol ward.

The latter gives accommodation for 50 patients of the dangerous and criminal class for whom a special type of ward is essential. Additions have been contemplated for some years and a plan prepared which would give additional accommodation for 20 patients, and enable one to do away with the 10 wooden cells or lockups still being used for lack of more suitable single rooms.

Plans were prepared also for the sewerage of the main institution, which very necessary step was estimated to cost £9,000, and would make possible the reconstruction of the sanitary blocks, which are of the most inadequate and antiquated type.

Beechworth.—The numbers in residence on 31st December, 1931, were 349 males and 325 females, making a total of 674. There were 6 patients out on trial leave, so that the total number on the registers amounted to 680. During the year, there were 51 admissions, mostly transferred from metropolitan institutions. The opening of a pavilion dormitory for 20 females enabled us to send a few more cases to Beechworth from other hospitals which were more overcrowded.

In all, there were 30 deaths, 13 of them due to senile decay, 3 to phthisis, and 2 from epilepsy, and of the remainder from various other natural causes. There were no serious accidents or infectious outbreaks, and the health of the inmates was uniformly good.

The painting of the exterior of the building has been continued very thoroughly and economically, and for little more than the actual cost of the material used, but considerable repairs are still needed, particularly to the verandahs, spoutings, and eaves. Practically nothing has been spent on the latter during the 65 years' life of this building.

Dr. Cade reports again on the unsatisfactory water supply to the hospital; the pressure at times, especially during the summer months, falls so low that both the ornamental and vegetable gardens suffer. It would be impossible to cope with an outbreak of fire if such occurred in the main building, which is of two stories, and contains two wings from which there is no alternative exit. This fault has been repeatedly pointed out, and plans have been prepared for its rectification. More recently, a scheme for increase of the water pressure by means of an electric pump has been submitted, only to be shelved. Actually, the defective water pressure results from the inadequacy of the water mains of the Beechworth Water Supply Trust.

Operations on the farm and garden have been reasonably successful, although an unusually wet winter affected the supply of vegetables during the Spring. The front drive gardens and central airing courts of this institution are so admirably kept that they deserve the encomiums invariably passed on them by those visiting the hospital.

Sunbury.—At the end of 1931, there were 462 males and 578 females, making a total of 1,040 in residence, a decrease in the numbers by 19 since the beginning of the year. Direct admissions and transfers from other hospitals totalled 229, and the deaths numbered 92, but many of the latter occurred amongst the patients out on trial leave or boarded out. Of the latter class, there are 82 cases on the books of the Sunbury Hospital, but they are actually boarded out by the Department to the Benevolent Asylums at Castlemaine and Bendigo.

The health of the patients has been good, although there have been a few sporadic cases of dysentery and typhoid, and these, in the opinion of the Medical Superintendent, Dr. J. K. Adey, will always occur until an efficient water-borne sewerage scheme is installed. Such an undertaking has had consideration previously, and a provisional estimate of £10,000 was made for the sewerage of the whole institution, which included the necessary alterations and improvements to the sanitary spurs. A further plan has been prepared for an addition to the kitchen workers' block, which would give additional accommodation for 30 female patients at an approximate cost of £100 per bed.

The year has not been without its difficulties. For a considerable time, several of the senior positions on the staff were not filled, and acting appointments had to be made. Moreover, the strength of the female nursing staff was invariably short to the extent of at least six nurses.

In his report, Dr. Adey comments on the fact that requisitions for furniture and similar requirements have not been satisfied, and that the internal telephone system is seriously in need of repair. The same may be said with regard to the roads in the institution, particularly the front road leading up to the administrative block.

Ballarat (Wendouree).—At the end of the year, there were in residence 729 patients, 215 being males and 514 females. There were 85 out on trial leave, and 22 boarded out, chiefly in the Ballarat Benevolent Asylum. There were 82 admissions, 42 being patients transferred to the institution, the majority being sent from the metropolitan hospitals to occupy the cottages on the female side which were formerly used for the nursing staff, who are now housed in the excellent hostel which was erected two years ago. The cottages afford very suitable housing for the women patients who work in the laundry and sewing rooms. The cottages are of a very homely character, and are well appreciated by the better conducted patients.

The health of the patients has been good, no epidemic disorders having occurred, and the accidents sustained have been of a minor character. A few patients have required mechanical restraint, but these have all been epileptics subject to acute attacks of excitement following fits. One (1) man and 1 woman required such restraint owing to violent and homicidal outbursts. Three (3) women needed the use of a camisole for suicidal attempts, and 1 man required surgical restraint to prevent him removing the splints which had been applied to his fractured leg.

The Medical Superintendent, Dr. Patrick Shaw, reports on the many repairs and requirements that have been for so long postponed. The main roads are seriously in need of reconstruction and much asphalt requires renovation. The most important need of the institution is either the complete reconstruction and renovation of the male side, which is an antiquated and inconvenient building evolved from a disused reformatory for boys, or its entire abolition and replacement by a new male side. Such a step would be the most efficient in the long run and probably the cheapest. Reconstruction of the old building would be extremely difficult and fraught with a good deal of discomfort and possibly danger to the patients during the process of building. That nothing has been done in this matter cannot be held to the charge of the Lunacy Department, for representations have been repeatedly made to successive Ministers both by the officers of the Department and by the Official Visitors to the hospital.

In this hospital also, it should be noted that the pressure in the water main is in the summer months quite unsatisfactory, and inasmuch as the Department pays an unduly heavy rate for the water supplied by the Ballarat Water Trust, there can surely be no valid reason why this state of affairs should be permitted to continue, but apparently the Ballarat Water Trust has autocratic powers and can with impunity break the promises which were made by it when the agreement to pay an additional 3d. per 1,000 gallons was made some 25 years ago.

Receiving House.—This small institution continues to do useful work, but is capable of doing far more. During the year, only 80 cases were admitted for observation, and many of them were hardly of the class for which the institution was originally designed. Patients from the Western and North-western districts frequently come past Ballarat on to the Receiving House at Royal Park. The medical profession in the Western District does not seem to be aware of the fact that there is a very well-arranged and comfortable Receiving House at Ballarat to which doubtful and early cases of mental disorder can be sent for observation and treatment.

Royal Park (Mental Hospital and Receiving House).—These two institutions are practically run as one. The Mental Hospital does the bulk of the reception work, and the Receiving House is now mostly a ward for convalescents and voluntary patients.

The number in residence varies from 200 to 225. When there are more in residence, there is some unmistakable overcrowding. The majority of the receptions are admitted under the Receiving House clauses of the Lunacy Act. Comparatively few are admitted directly, fully certified, but there is always a good number of voluntary applicants. Actually last year there were 836 cases received, made up of 749 Receiving House admissions, 9 direct admissions and 78 Voluntary Boarder admissions. Of this number, 183 cases were discharged "Recovered," 79 "Relieved," and 26 as "Not Improved." There were 45 deaths during the year, and 100 cases were sent out on trial leave.

In spite of the fact that these institutions are supposed to receive doubtful and readily recoverable cases of mental disorder, we still have to complain of the fact that a very large proportion are obviously insane and unfortunately impossible of recovery on their reception. For example, there were 62 cases of congenital mental deficiency, 22 epileptics, 68 senile demented, 44 cases of secondary dementia, and 71 patients diagnosed as suffering from primary dementia.

There were no epidemics and no fatal accidents, but 1 male patient sustained a fractured dislocation of the elbow joint.

Restraint was necessary for comparatively short periods by means of camisoles in the case of 8 men and 3 women. Such restraint was necessary to prevent self injury or violence.

The Medical Superintendent points out the necessity for the provision of a small isolation ward as well as additions to the laundry. The roads leading to the two institutions are in a very bad condition, and it is suggested that their repair might be effected as one means of finding work for the unemployed. Repairs to asphalt are also necessary.

The Medical Superintendent desires to acknowledge the receipt of a very useful present from the Lord Mayor's Hospital Radio Fund—a wireless set, which, with the aid of a gramophone pick-up, affords excellent dance music for the entertainment of the patients. Had it not been for this, the periodical dances would have had to be discontinued.

The necessity for the provision of a voluntary hospital is becoming more and more obvious. The number of voluntary applications to the various hospitals is increasing year by year, and the opinion of the medical staff is unanimous in the advantages to be gained by the establishment of an institution which will afford such early treatment. The most effective proposition would be to enlarge and remodel the old original Receiving House, which is sufficiently central and accessible as to make a very efficient institution of this character. The matter has been previously referred to in former reports to Parliament.

Mont Park.—At the end of the year, there were in residence 631 males and 721 females, but there were also 33 male and 14 female Voluntary Boarders. During the year, there were admitted 138 males and 147 females, and of Voluntary Boarders there were 67 males and 34 females admitted. Of the voluntary patients, no less than 70 were discharged, every one of whom had benefited very materially by the treatment received in the hospital.

Deaths numbered 130, and in 2 cases death resulted from suicidal attempts. Investigation into these cases revealed the fact that the staff was not negligent.

The medical treatment carried on at Mont Park has been of a high order. The services of Dr. Dermer have been available for the surgical treatment of cases exhibiting nasal and throat sepsis. Malarial treatment of neurosyphilis has gone on steadily and with satisfactory results, and a new form of treatment particularly adapted to cases of dementia praecox is being tried out. Beneficial effects have also been experienced by the ultra violet ray treatment.

Dr. Catarinich, the Medical Superintendent, brings under notice the question of accommodation, and points out that on the female side there is overcrowding to the extent of 100 patients. This unfortunate condition was accentuated by an outbreak of typhoid fever amongst patients coming from those wards in which the overcrowding is most pronounced. The outbreak was localized and was probably caused by a carrier. A female patient was suspected of being the cause and has been under observation and treatment. Anti-typhoid vaccine was used freely and apparently has assisted in stamping out the epidemic. Many cases, however, of colitis have occurred, and it is more than possible that it will be necessary to make provision in the shape of a permanent isolation block.

The work in the new hospital has been very varied; indeed one may say that the work has been too varied, inasmuch as it has been necessary to treat in this hospital various bodily illnesses, certain acute mental cases, some of the voluntary boarders, cases of general paralysis under malarial treatment, and cases of dementia praecox undergoing special injections, as well as surgical cases such as those who have been undergoing surgical treatment for nasal conditions. Dr. Catarinich points out that the effect of the overcrowding has been to increase the number of patients for whom restraint has been necessary.

As in the other State Hospitals for the Insane, so also in Mont Park, one has had to note the many disabilities brought about by the shortage of requisites for repair work.

Military Mental Wards.—Into these wards, there were received 17 patients. There were 8 discharges and 2 deaths, one, however, being of a patient who was out on trial leave and who committed suicide by drowning. The patients in the Mont Park block have numbered 90 and in Bundoora 71. This is the maximum possible, but unfortunately there are 13 Military Mental patients awaiting admission from the civilian block.

Generally speaking, the health of the patients has been very good and there have been no epidemics or major accidents.

The Red Cross Society has been particularly active in providing entertainments, sports and various extras for the benefit of the ex-soldiers.

RECEIVING HOUSES AND WARDS.

TABLES showing the Admissions, Re-admissions, Discharges, and Deaths, during the Year ended 31st December, 1931.

				Male.	Female.	Total.	Male.	Female.	Total.
In the Institutions, 1st January, 1931				...	...	...	37	54	91
Cases admitted—									
First admissions				346	291	637	...	...	...
Not first admissions				117	117	234	...	...	...
Escaped patients retaken				...	1	1	...	...	...
Total cases admitted during the year				...	...	...	463	409	872
Total cases under care during the year				...	...	...	500	463	963
Cases discharged—									
Recovered				63	48	111	...	...	...
Relieved				47	28	75	...	...	...
Not improved				26	8	34	...	...	...
Transferred from the Institutions				296	326	622	...	...	...
Escaped				1	1	2	...	...	...
Died				31	11	42	...	...	...
Total cases discharged and died during the year				...	...	...	464	422	886
Remaining in the Institutions, 31st December, 1931				...	...	...	36	41	77
Average number resident during the year				...	...	...	36	47	83
Persons under care during the year				...	...	...	482	453	935
Persons admitted				...	...	...	448	400	848
Persons recovered				...	...	...	62	48	110

BOARDED OUT ON 31ST DECEMBER, 1931.

Patients boarded out to—	Males.	Females.	Total.
Private Individuals	3	3	6
Ballarat Benevolent Asylum	6	16	22
Bendigo Benevolent Asylum	5	14	19
Castlemaine Benevolent Asylum	49	13	62
Total	63	46	109

NURSING EXAMINATIONS, 1931.

				No. of Candidates.	Passed.	Failed.
First Year—Attendants				42	16	26
Nurses				125	55	70
Second Year—Attendants				45	20	25
Nurses				56	41	15
Third Year—Attendants				35	20	15
Nurses				49	31	18
Totals				352	183	169

STATISTICAL RETURN OF VOLUNTARY BOARDERS SINCE THE INCEPTION OF
THE MOVEMENT.

Year.	Admissions.									Discharges.			Certified as Insane or apparently Insane.			Died.		
	State Institutions.			Private Institutions.			Total Admissions.			Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.
	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.									
1914 (three months only)	12	4	16	..	1	1	12	5	17	..	..	..	..	..	..	..	..	..
1915	41	34	75	5	10	15	46	44	90	38	32	70	8	8	16	..	..	..
1916	73	46	119	3	14	17	76	60	136	49	44	93	8	6	14	3	1	4
1917	70	56	126	5	9	14	75	65	140	75	51	126	10	15	25	1	..	1
1918	68	73	141	2	20	22	70	93	163	52	61	113	7	23	30	..	1	1
1919	73	56	129	8	30	38	81	86	167	71	60	131	21	20	41	2	3	5
1920	73	49	122	21	50	71	94	99	193	76	78	154	12	16	28	..	3	3
1921	87	34	121	20	57	77	107	91	198	84	74	158	21	14	35	2	2	4
1922	81	32	113	17	46	63	98	78	176	82	51	133	23	16	39	2	4	6
1923	56	35	91	18	64	82	74	90	173	50	73	123	16	15	31	1	5	6
1924	76	35	111	21	70	91	97	105	202	79	88	167	9	21	30	4	2	6
1925	70	34	104	19	61	80	89	95	184	76	71	147	10	10	20	2	5	7
1926	77	36	113	17	64	81	94	100	194	78	75	153	14	28	42	1	6	7
1927	106	28	134	13	44	57	119	72	191	101	65	166	19	13	32	4	1	5
1928	145	58	203	25	51	76	170	109	279	134	81	215	6	13	19	4	1	5
1929	87	51	138	13	52	65	100	103	203	92	85	177	15	15	30	3	1	4
1930	86	55	141	12	49	61	98	104	202	89	78	167	4	16	20	5	2	7
1931	129	74	203	12	29	41	141	103	247	95	85	180	12	14	26	5	2	7
Totals ..	1,410	790	2,200	231	721	952	1,641	1,521	3,155	1,321	1,152	2,473	215	263	478	39	39	78
Percentage of discharges and those certified as insane or apparently insane to the admissions	.. .. ..									80.49	75.74	78.38	13.10	17.29	15.12	..	..	..

PATHOLOGICAL REPORT.

Dr. C. Farran-Ridge says as under :—

"I have the honour to submit the following report upon the work of the Pathological Laboratories from the 26th April, 1931, the date of my appointment as Pathologist, to 31st December, 1931 :—

Towards the end of August, 1931, the Kew Laboratory was re-opened, as it was found that the system of having a central laboratory at Royal Park was not satisfactory in practice, the chief objections being the great waste of the laboratory assistants' time involved in travelling from Royal Park every time that a post-mortem examination had to be performed at Kew, and the fact that it was very inconvenient for the medical officers at Kew to be without technical assistance in the performance of ordinary routine laboratory tests. The activities of the Mont Park Laboratory were considerably developed and extended during the year, especially in the direction of biochemical investigations.

A new animal house was erected in the vicinity of the mortuary. During the outbreak of typhoid fever at Mont Park, the laboratory staff were able to assist the Medical Officers by isolating the causative organism, by making diagnostic blood cultures, by performing agglutination tests, by the preparation of a prophylactic vaccine, and by making bacteriological examinations of the stools of convalescent patients to determine their infectivity.

Acute colitis or asylum dysentery is still a very serious endemic disease in the mental hospitals. During the year it was the cause of 12 deaths at Kew and 14 deaths at Mont Park. The mortality figures would be even higher if one were to include cases labelled acute gastro-enteritis, many of which were probably due to the same infection. It seems likely that the scourge of colitis will continue until it becomes possible to erect in each hospital a special isolation block to which patients suffering from colitis could be transferred, and in which they should remain for the rest of their stay in the mental hospital.

A beginning was made with an original investigation into the blood cholesterol content in the insane. A detailed statement of the work done in the different laboratories is set out below :—

Routine urine examinations	1,096
Blood sugar determinations	5
Urea concentration tests	11
Determination of chlorides in the cerebro-spinal fluid	1
Preparation of 630 doses of typhoid vaccine	—
Preparation of special antigenous vaccines	2
Agglutination tests	30
Bacteriological examination of stools	47
Bacteriological examination of urine	18
Vaginal smears	18
Blood cultures	11
Bacteriological examinations of washings from nasal sinuses	4
Sputum examinations	36
Blood counts	30
Cell counts in cerebro-spinal fluid	6
Examination of faeces for occult blood, parasites, &c.	9
Wassermann tests of blood and cerebro-spinal fluid	646
Colloid gold test with cerebro-spinal fluid	1
Bacteriological examination of faeces for typhoid bacilli (Children's Cottages, Kew)	39
Preparation of T.A.B. vaccine for Children's Cottages, Kew	500 c.c.
Examination of swabs for diphtheria	3
Preparation of blood films	6
Haemoglobin estimations	16
Preparation of microscopic sections from pathological tissues, &c.	73 & 77
Preparation of lantern slides	166
Preparation of immune sera in connexion with Wassermann tests	3
Care of laboratory animals .. .. .	..
Routine photography of new patients, although not really a laboratory activity, was carried out by the laboratory attendant.	218
Photographs taken .. .. .	..

The post-mortem examinations at the different hospitals and at the City Morgue make heavy demands upon the time of both the Pathologist and the laboratory assistants, and are of necessity very distracting in the carrying out of research work. The loss of time is mitigated by the fact that the Pathologist is now resident at Mont Park. I would like to express my appreciation of the assistance given to me by the laboratory attendants."

C. FARRAN-RIDGE.

Mr. L. J. P. Govett, Dentist to the Department, submits the following facts of the Dental treatment given during the year ending 31st December, 1931 :—

Total number of patients treated	921
Total number of cases	1,425
Number of teeth extracted	1,910
Number of fillings	88
Number of dressings	63
Number of scalings and cleanings	111
Number of pyorrhoea treatments	23
Number of patients operated on under a general anaesthetic	13
Number of artificial dentures made	75
Number of repairs to dentures	140

CAUSATION OF INSANITY.—GENERAL PARALYSIS OF INSANE.

Causation.—Twelve years ago, the decrease in the number of general paralytics was pointed out in the Annual Report. From time to time this has been confirmed and the opinion advanced that syphilis was decreasing in this State if one was entitled to take the number of general paralytics as an index of the amount of syphilis present in the community. Whether this decrease is due to earlier recognition, prophylaxis or improved treatment and the greater efficiency of the modern anti-syphilitic remedies, it is not easy to determine, but the fact remains that now one rarely sees the graver secondary manifestations so commonly met with thirty or forty years ago. The following table indicates that there is also a decrease in syphilis of the brain and nervous system:—

Year.	Admissions.			Deaths.			Admissions.	Daily Average Number Resident.
	General Paralysis of the Insane.			General Paralysis of the Insane.			All Forms of Insanity.	
	Males.	Females.	Total.	Males.	Females.	Total.	Both Sexes.	Both Sexes.
1905	16	15	1	16	738	4,455
1906	24	22	2	24	773	4,523
1907	42	19	3	22	728	4,571
1908	48	5	3	46	739	4,645
1909	42	2	4	54	765	4,653
1910	57	11	4	52	802	4,716*
1911	67	2	8	57	817	4,816
1912	65	11	9	56	806	4,938
1913	75	13	6	59	858	4,983†
1914	66	17	9	59	807	5,046
1915	60	8	8	76	824	5,131
1916	55	2	12	69	772	5,148
1917	51	5	9	62	762	5,145
1918	36	8	10	50	762	5,189
1919	41	5	9	53	745	5,187
1920	47	7	7	50	864	5,210
1921	38	..	4	41	801	5,259
1922	37	3	4	43	838	5,347
1923	35	1	6	49	827	5,376
1924	35	6	7	53	809	5,397
1925	35	3	3	32	746	5,394
1926	34	2	3	44	841	5,467‡
1927	34	2	2	29	825	5,538
1928	35	5	3	23	877	5,624
1929	21	1	1	16	868	5,679
1930	26	6	1	11	881	5,827
1931	24	5	5	25	835	5,859

* Wassermann tests started in Victoria.

† Treatment by salvarsan becoming fairly general.

‡ Treatment by malarial injection commenced.

COST OF MAINTENANCE, ETC.

For the financial year 1931-32, the total expenditure of the Department was £390,398, a decrease of £60,614, or 13.4 per cent., as compared with expenditure of 1930-31, and of £94,006, or 19.4 per cent., with that of 1929-30. The daily average number resident was 6,173—a decrease of 5 on that of the previous year.

The total receipts and expenditure for the past five years are shown in the following table :—

Year.		Daily Average Number Resident.	Receipts.	Expenditure.
			£	£
1927-28	.. ..	5,840	64,619	462,667
1928-29	.. ..	5,925	68,663	468,902
1929-30	.. ..	6,005	78,910	484,404
1930-31	.. ..	6,178	70,854	451,012
1931-32	.. ..	6,173	63,865	390,398

During the year under review the expenditure of the Department has been kept down to the lowest limit, and the most rigid economy has been observed in the purchase of supplies. Details of receipts and expenditure will be found in Tables XII., XIII., and XIV.

Owing to the operation of the Financial Emergency Act and the to non-filling of certain vacancies on the staffs, the amount expended on salaries was £35,866 less than that for 1930-31. Other reductions in expenditure, as compared with the previous year, were as follow:—Provisions, £19,556—largely owing to lower contract prices for bread and meat; Stores, £1,379; Fuel, light, and water, £1,787. An increased expenditure of £489 occurred in the item "Medicines"—this was due to the higher rates which had to be paid for imported drugs in those cases where no locally manufactured substitute was available.

A slight increase took place under the heading "Incidentals," which includes postage and travelling expenses. Expenditure under this heading was necessarily heavy owing to the large numbers of patients and staff transferred to country institutions during the year. The general downward trend of prices has not been reflected in items such as postage rates and railway fares. In Table XIII., Expenses of Official Visitors have this year been included under the heading "Incidentals."

The revenue of the Department for the year was £63,865—a decrease of £6,989 as compared with 1930-31. This decrease was mainly due to the fact that the collections by the Master-in-Equity for the maintenance of patients amounted to £59,086, as against £65,039 for the previous year. The revenue from sales of stock, hides, bones, and miscellaneous items totalled £3,374, as compared with £3,983 in 1930-31.

The following statement shows the details of the average weekly cost per patient under the various subdivisions of the vote during the last three years, and comparison has also been made with the years 1914 and 1920-21 :—

Details of Average Weekly Costs.	1914.	1920-21.	1929-30	1930-31.	1931-32.
	<i>s. d.</i>	<i>s. d.</i>	<i>s. d.</i>	<i>s. d.</i>	<i>s. d.</i>
Salaries	7 10½	13 0½	18 2	16 11	15 1½
Provisions and Extra Article	4 4	9 3¼	7 0¾	6 6¼	5 3¾
Clothing, Bedding, and Material for Manufacture..	0 11¾	2 5½	1 5½	1 1	0 11
Stores	0 4½	0 7	0 8½	0 6½	0 5¾
Fuel, Light, and Water.. .. .	1 1¾	1 7½	2 3½	1 10	1 8½
Medicines and Stimulants	0 1¾	0 2¾	0 3	0 2¼	0 3
Incidentals (Postage, Travelling Expenses, Chaplains' Fees, &c.)	0 2	0 2½	0 3¾	0 3	0 3½
Average weekly cost per patient	15 0¼	27 5¼	30 2¾	27 4	24 1
Daily Average Number Resident	5,102	5,339	6,005	6,178	6,173

The average weekly cost per patient of 24s. 1d. was 3s. 3d. less than the previous year. After deducting the collections previously referred to, which are equivalent to 3s. 11¾d. per patient per week, the net weekly cost per patient to the Department was 20s. 1¼d.

E. A. FOSTER,
Chief Clerk and Accountant.

TABLE XII.—Showing the Total Receipts and the Total Expenditure of the Lunacy Department for the Year ended 30th June, 1932.

Receipts.			Expenditure.		
	£	s. d.		£	s. d.
Collections by the Master-in-Equity for Maintenance of Patients in the Hospitals for the Insane	59,086	6 6	General Expenses, Salaries at Head Office, Travelling Expenses, Postage, Telegrams, &c.	5,442	5 4
Sales	3,374	13 8	Maintenance of—		
Fines	17	17 10	Hospitals for the Insane ...	379,768	13 5
Collections, Fees, &c. ...	1,386	15 2	Receiving Ward, Bendigo ...	628	0 0
			Expenses in connexion with the Com-mittal and Transport of Lunatics	1,024	9 7
			Expenses in connexion with the Boarding-out of Patients ...	3,535	9 3
Total	63,865	13 2	Total	390,398	17 7

TABLE XIII.—Showing the Total Cost of Maintenance against each Hospital for the Insane, the Sums expended against each Vote, and the Amount of General Expenses for the Year ended 30th June, 1932.

Hospitals for the Insane.	Daily Average Number Resident.	Total Cost of Maintenance.		Salaries.		Allowance to Chaplains.		Provisions and Extra Articles.	
		£	s. d.	£	s. d.	£	s. d.	£	s. d.
Kew and Kew Children's Cottages ...	1,300	72,256	3 4	48,789	7 9	129	12 0	13,127	15 9
Ararat	626	40,763	3 2	25,349	12 2	122	8 0	9,777	7 0
Beechworth	668	40,795	12 10	23,778	3 1	71	4 0	11,002	18 6
Sunbury	1,053	59,772	15 4	35,466	19 4	91	4 0	14,724	10 1
Ballarat and Receiving House	745	46,380	12 0	26,510	13 2	88	0 0	10,974	2 1
Royal Park and Receiving House ..	212	26,179	17 9	19,383	3 8	43	4 0	4,125	9 6
Mont Park and Military Mental Wards	1,569	93,620	9 0	57,889	17 11	160	0 0	21,370	11 1
General expenses ...	...	5,442	5 4	4,623	5 4	...	...	...	...
Totals	6,173	385,210	18 9	241,791	2 5	705	12 0	85,102	14 0

Hospitals for the Insane.	Clothing, Bedding, and Material for Manufacture.		Stores, Forage Purchase of Stock, Books, Amusements, &c.		Fuel, Light, and Water.		Medicines, Medical Comforts, &c.		Stimulants—Wine, Spirits, and Beer.		Incidentals, Postage, Telegrams, and Travelling Expenses.	
	£	s. d.	£	s. d.	£	s. d.	£	s. d.	£	s. d.	£	s. d.
Kew and Kew Children's Cottages ...	2,526	10 5	1,966	15 7	4,790	19 7	455	13 2	27	15 1	441	14 0
Ararat	1,645	17 9	618	16 11	2,835	19 7	151	11 2	4	10 0	257	0 7
Beechworth	1,810	14 7	762	3 2	2,632	7 5	216	15 8	77	17 0	443	9 5
Sunbury	2,781	10 10	1,072	2 7	4,701	16 9	383	2 0	63	18 0	487	11 9
Ballarat and Receiving House	1,331	0 8	645	15 1	5,690	4 6	603	19 1	131	3 2	405	14 3
Royal Park and Receiving House ...	478	19 7	423	0 11	1,270	19 5	160	14 5	11	5 0	283	1 3
Mont Park and Military Mental Wards	4,093	11 1	1,802	13 0	5,769	7 3	1,170	19 4	158	5 3	1,205	4 1
General expenses ...	...	...	149	9 8	...	...	0	8 9	...	...	669	1 7
Totals	14,668	4 11	7,440	16 11	27,690	14 6	3,143	3 7	474	13 6	4,192	16 11

TABLE XIV.—Showing the Average Weekly Cost of Maintenance of Patients during the Year ended 30th June, 1932.

Hospital for the Insane.	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.
Kew and Children's Cottages...	1,300	72,256 3 4	...	0 14 5	0 0 0½	0 3 10½
Ararat ...	626	40,763 3 2	...	0 15 7	0 0 0¾	0 6 0
Beechworth ...	668	40,795 12 10	...	0 13 8	0 0 0½	0 6 4½
Sunbury ...	1,053	59,772 15 4	...	0 12 11¾	0 0 0½	0 5 4½
Ballarat and Receiving House	745	46,380 12 0	...	0 13 8¼	0 0 0½	0 5 8
Royal Park and Receiving House	212	26,179 17 9	...	1 15 2	0 0 1	0 7 5¾
Mont Park and Military Mental Wards ...	1,569	93,620 9 0	...	0 14 2¼	0 0 0½	0 5 3
Totals ...	6,173	379,768 13 5	63,865 13 2	...	...	...
General expenses	...	5,442 5 4	...	...	...	...

Hospital for the Insane.	Clothing, Bedding, and Material for Manufacture.	Stores, Forage, Purchase of Stock, Books, Amusements, &c.	Fuel, Light, and Water.	Medicines and Medical Comforts, Surgical Instruments, &c.	Stimulants—Wines, Spirits and Beer.
	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
Kew and Children's Cottages...	0 0 9	0 0 7	0 1 5	0 0 1¾	0 0 0¼
Ararat ...	0 1 0	0 0 4½	0 1 9	0 0 1	0 0 0¼
Beechworth ...	0 1 0½	0 0 5¼	0 1 6¼	0 0 1½	0 0 0½
Sunbury ...	0 1 0	0 0 4¾	0 1 8½	0 0 1¾	0 0 0¼
Ballarat and Receiving House...	0 0 8¼	0 0 4	0 2 11¼	0 0 3¼	0 0 1
Royal Park and Receiving House ...	0 0 10½	0 0 9¼	0 2 3¾	0 0 3½	0 0 0¼
Mont Park and Military Mental Wards ...	0 1 0	0 0 5¼	0 1 5	0 0 3½	0 0 0½
Totals ...	...	...	...	...	...
General expenses ...	...	...	...	...	...

Hospital for the Insane.	Incidentals, Postage and Telegrams and Travelling Expenses.	Total Weekly Cost of Maintenance per Patient.	Average Collections per Patient per Week for Maintenance, Sales, Fees, Fines, &c.	Weekly Cost per Patient, deducting Collections for Maintenance, Sales, Fees, Fines, &c.
	£ s. d.	£ s. d.	£ s. d.	£ s. d.
Kew and Children's Cottages ...	0 0 1½	1 1 4½	...	...
Ararat ...	0 0 2	1 5 0½	...	...
Beechworth ...	0 0 3	1 3 5¼	...	...
Sunbury ...	0 0 2	1 1 10	...	...
Ballarat and Receiving House ...	0 0 2¼	1 3 11¼	...	...
Royal Park and Receiving House...	0 0 6	2 7 6	...	...
Mont Park and Military Mental Ward ...	0 0 3½	1 2 11½	...	...
Totals ...	...	1 3 8¾	0 3 11¾	1 0 1¼
General expenses ...	...	0 0 4¼	...	...

LEGISLATION.

Amendments of existing Lunacy Acts are always difficult of achievement, principally due to the sensitive attitude of the law on the liberty of the subject. The law has the habit of looking for precedents and clings to court procedure, committals, warrants and inquisitions. It has barely awakened to the fact that science and medical knowledge are continually striving to obtain recognition of the fact that mental disorders are primarily the affair of medicine and that they are capable of successful treatment if such be applied in the earlier stages. It would be well if the law would recognize the fact that all sufferers from psychic disturbances are not necessarily lunatic.

During the year, two cases have come before the courts. The first one exemplifies the perils which threaten medical practitioners who have, in the course of the duty which they have to perform for the sick of the public and in order to obtain authorized care for a mentally afflicted person, dared to express their opinions by medical certificates. In the first case, the medical certifiers emerged triumphantly after a long, tedious, and, for them, a very expensive action for damages. In the second case, similar action would probably have been taken but for the recurrence of the mental disorder and subsequent decease of a plausible, litigiously minded lunatic. A similar case before the English courts of justice was even more prolonged and costly, but it ended in the amendment of the law which affords more protection to the medical practitioner without depriving the patient of his right of appeal to a court of law. In the English Act, the appellant has to prove *mala fides* and lack of care before he can commence his action for damages, and the medical man has the right to intervene and be heard with every prospect that the proceedings will be ended at an early stage.

The recent formation of a Medico Legal Society may have the effect of bringing about a better understanding between the two professions whose differing points of view may be focused into a harmonious picture, but in the present state of the Victorian law, the medical profession is entitled to be indignant at the consequences which may befall them in their performance of a public and disinterested duty, for which service they are very inadequately remunerated.

The British Parliament has amended its Lunacy Act also in the direction of a Temporary Treatment Act, which goes further in the direction of obtaining early recognition and care of mental disorders than do the Voluntary Boarder clauses of the Victorian Act, but no further than the preliminary notification propositions which were brought forward some years ago, actually at the same time as the Voluntary Boarder and transfer clauses were made law. Whether such an amendment as the Temporary Treatment Act is absolutely necessary in Victoria is somewhat doubtful, but there is need for recognition of a class of nursing home under the joint inspection of the Health and Lunacy Departments where mild psychotics and senile dements may be received without certification, but with a notification to the Departments concerned, or at least to one of them. At the present time, the proprietors of many convalescent and rest homes, as they are called, are breaking the provisions of Section 57 of the Lunacy Act. This practice is being very widely indulged in to-day, and occasionally it happens that wholly unsuitable cases are so detained. The prosecution of such law breakers is an unenviable task and will be regarded by both relatives and friends as persecutory rather than an act of protection. Unquestionably, there is a very real need for such intermediate or half-way homes, especially seeing that there is no receiving or observation house for private patients.

The proposition to create a Department of Mental Hygiene with a small Board consisting of experienced public servants and a proportion of representatives of the public acting under the aegis of the Minister for Health, represents the best solution of the problems dealing with mental disorders, mental deficiency, epileptics and inebriates.

ALCOHOLISM AND ITS TREATMENT.

In the report of the Inspector of Inebriates' Institutions for 1929, tables were submitted showing the marked decrease during a period of 20 years in the abuse of alcohol as demonstrated by (a) the decrease in the number of convictions for drunkenness, (b) the very considerable diminution in the number of admissions to State Hospitals for the Insane of patients in whom the causation was alleged to be alcoholism, and (c) a decrease to the extent of 50 per cent. in the cases admitted to the Melbourne Hospital suffering from alcoholism or diseases directly due thereto.

During the year under review, 1931, the proportion of cases admitted to our State Hospitals for the Insane of those with alcoholic causation is only 4 per cent. of the total number. Experience goes to show that many of them are affected by the imbibition of debased intoxicants such as methylated spirits and "pinkie." It appears that the latter is a very crude new wine fortified not infrequently by the addition of methylated spirit. It would appear possible that action under the Pure Food Acts would have some effect in checking the sale and consumption of the latter poisonous concoction.

The reports of the retreats at Lara and Brightside, which are the only registered institutions in the whole of Australia for the cure of inebriety, show as follows:—

The admissions into Lara, which is for male patients, fell in 1931 to 109 as against 166 and 180 in the two previous years. Of this number, 57 were civilians and 52 returned soldiers. The majority of the admissions had also been admitted previously, once or more often.

Into Brightside, which is an institution for female patients conducted by the Salvation Army, there were only 38 admissions, and 5 of these had previously been in the institution. In this case, the number is considerably below the average of the last twelve years, which is 52 admissions annually.

The State appears to be returning to that degree of sobriety which was its characteristic during the war years. It is probable, however, that this improvement is in some respects due to the economic depression from which this State is suffering in common with all other countries.

It is worthy of note that comparatively few drug addicts have been received, and in each case they have been from those whose vocation brings them in constant contact with the use of drugs.

Since its inception, Lara has admitted 3,415 male patients for whom a recovery rate of 54 per cent. can be claimed, a further 8 per cent. of cases materially benefited, and failures to the extent of 38 per cent. Such a result would surely justify the continuation of the work of this institution even although it may be run at some pecuniary loss to the Government.

With regard to the Salvation Army institution at Brightside, the results have been equally satisfactory, and the arrangement by which the State Government recoups the Salvation Army for those cases who can pay wholly or partially for their care and treatment works in an economical and efficient manner. Out of 38 cases admitted in 1931, 6 cases were wholly paid for by the Government and 5 were partially so paid for.

IN GENERAL.

Inasmuch as there has been a reduction of expenditure on the Lunacy Department to the extent of 25 per cent. during the last two financial years, it is hardly possible to expect an increase in efficiency, especially seeing that there has been an increase of nearly 200 patients in the same period. Although the greater part of the reduction has been in the salaries of the staff, still, public economy has demanded reductions in many directions which have affected the comfort of the patients themselves. There has, however, been no diminution in the medical care and treatment or in the dietary of the inmates.

The treatment by malarial injection of cases of neuro-syphilis has continued to meet with a reasonable degree of success. Routine dental treatment has been given to a very large number of the patients in the metropolitan institutions, and the ultra violet ray treatment has been continued at Mont Park and obtained results which were sufficiently encouraging to require the treatment to be perpetuated. Other and newer methods of treatment are continually investigated, as, for example, the treatment of cases of dementia praecox by injection of sulfosin. The therapeutic values of agomensin and theelin have also been investigated. The former drug appears to have had beneficial effects in suitable cases.

Every new case which is admitted receives a very thorough medical investigation, but these facts are not likely to be realized until the public is more aware of the thorough and systematic treatment which is given each case. It will probably only be understood when an exclusively voluntary hospital is established as it might easily be in connexion with the Receiving House at Royal Park. The question of additional accommodation has been repeatedly raised in these reports to Parliament, but two factors apparently deter the proper solution to our difficulties, the first being the question of increased financial expenditure, and the second the perpetual agitation as to the continuation of the Hospital for the Insane at Kew. Matters of such moment, but still very vital to the well-being of the institutions, are the questions of the sewerage of the Hospitals for the Insane at Ararat, Beechworth and Sunbury, the improvement of the male hospital at Ballarat, additional accommodation for criminal patients, and an increased expenditure on furniture and objects of interest and amusement in the wards of all of the older hospitals. Something has been done by individual effort in the provision of wireless equipment, but this might be extended very materially, and so also would be the provision of additional books and magazines which might be kindly donated by the charitable public, thereby relieving the tedium of the lives of many of the inmates who are capable of appreciating such every-day necessities.

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