REPORT
OF THE
MENTAL HYGIENE AUTHORITY
FOR THE YEAR ENDED 31ST DECEMBER, 1956

PRESENTED TO BOTH HOUSES OF PARLIAMENT PURSUANT TO ACT NO. 5519, SECTION II.

(Approximate Cost of Report.—Preparation, not given. Printing (100 copies), £5.50.)

By Authority:
W. M. HOUSTON, GOVERNMENT PRINTER, MELBOURNE.

No. 44.—[46. 3d.]—7278/57.
MENTAL HYGIENE AUTHORITY,
300 Queen-street,
Melbourne, C.L,
30th April, 1957.

The Honourable the Minister of Health,

Sir,

The Mental Hygiene Authority has pleasure in submitting, in conformity with Section 11 of the Mental Hygiene Authority Act 1950, the accompanying Report concerning the exercise of its functions, and operation of the Mental Hygiene services in this State for the year ended 31st December, 1956.

Yours faithfully,

E. CUNNINGHAM DAX, Chairman.

CHARLES R. D. BROTHERS, Deputy Chairman.

E. R. H. EBBS, Administrative Member.
REPORT

This is the first report to describe the work of a calendar year. But since the financial year 1955-56 has already been covered in a previous report there must necessarily be some overlap.

The statistical tables have less meaning now than they will have when the existing Mental Hygiene Acts are revised. At present, the tables are confused as there is no distinction in the figures between the mentally ill and the intellectually defective, although the statistics shown in the individual hospital reports allow a partial elucidation of the details. Moreover, in the future, patients will tend to be discharged instead of being retained for long periods on trial leave and the numbers shown as being discharged in any one year will then correspond more closely to the number admitted in that year. Similarly, it is clear that many patients who are now in hospital as certified cases, would be very willing to remain as Voluntary Boarders and this will facilitate the means of discharge.

It would be very useful if some general tables could apply throughout the Commonwealth so that some comparison could be made on a population basis with the other States and with those figures for the Commonwealth in general. It is also hoped that there may be some accordence between the various Acts and that provision may be made for interchange of patients between the States.

STATISTICS.

During the year there were 3,985 admissions to the receiving houses at Royal Park and Ballarat and another 857 direct admissions to the mental hospitals, a total of 4,842.

One of the most urgent needs of the department is more receiving houses or early treatment beds. Patients who have a good prognosis with treatment, should be able to remain for up to six months in a psychiatric hospital and in this time the vast majority will recover.

Due to lack of room, a large proportion of the patients have now to be moved on to the mental hospitals and for them the receiving houses only act as observation wards instead of fulfilling their proper function as psychiatric hospitals. This position should be alleviated within the next two years. At present the average length of stay of a patient in the receiving houses is about 25 days, but this is a deceiving figure as it is complicated by the admission for short periods of many males whose illness is associated with alcohol.

For the first time the number of voluntary boarders admitted to the Receiving Houses and Mental Hospitals is over 50 per cent. As more out-patient clinics open in the country more patients will seek voluntary treatment on the psychiatrist's advice instead of being certified. Similarly, when the mental hospitals are less crowded and better conditions prevail, patients moved on from the receiving houses will be much more inclined to seek treatment there as voluntary boarders. The present antiquated application form for voluntary admission is a deterrent to those seeking this treatment.

The percentage of patients discharged from the mental hospitals is higher than from the receiving houses. The reverse should be the case when the early treatment beds are increased in number. The numbers discharged from the receiving houses and mental hospitals were the equivalent of 75 per cent. of the admissions, but this is a figure which has its limitations, as was explained above.

The death rate during the year increased to over ten per cent. of the average number resident, the highest rate for many years. The figures are being fully analysed but the deaths from pneumonia were up to 243, whilst 145 more patients over the age of 65 were admitted than in the previous year, many of them in extremely poor physical health. Of the admissions to the mental hospitals 16·3 per cent. of the males and 33·2 per cent. of the females were aged 65 and over.
STAFF.

The position generally is improving in regard to staff, though the numbers of patients are also increasing; moreover, the larger turnover and more active treatment makes demands on the staff and extra numbers are therefore required.

The chief lack in regard to both medical and nursing staff is that of enough experienced qualified personnel to treat the patients and instruct the less experienced junior members. It will be at least ten years before the requisite number of our own medical graduates can be trained at the present rate, and by that time the demands of their services will have increased enormously. It would seem that about fifteen experienced psychiatrists are urgently needed to augment the present medical staff, if the treatment and training which is immediately necessary is to be given.

The senior salaries are still a little too low to attract enough psychiatrists of this calibre from the United Kingdom.

On the other hand the facilities and clinical material now available at Royal Park are sufficient by any standards to satisfy the needs of a professorial unit. This psychiatric hospital could then take its place alongside the Royal Children's and the Royal Women's Hospitals as a specialist teaching hospital with a professorial chair. In this case medical students could well spend a portion of their training in residence there.

During the year the Research Institute at Royal Park was opened by Sir Ian Clunies Ross and an account of its activities is to be found in the Chief Clinical Officer's Report. It has been used for post graduate and ancilliary medical teaching, as a central research unit for co-ordination of research and treatment throughout the hospitals, for maintaining a research programme in conjunction with the University and for general educational purposes. The extensive psychiatric library facilities have provided a service which was not previously available in Australia.

Five full time chaplains have now been appointed, four from the Church of England and one Presbyterian. There is also a full complement of Catholic and Methodist chaplains and the benefits of the appointments have been very great. The chaplains take a full part in the educational, social, and recreational activities of the hospitals since their calling fits them to help the patients to a new way of life and to give them whatever spiritual counsel they may desire as an assistance to the solution of their problems and a firm aid to their future health.

The limited supply of psychologists has restricted their activities to the clinics where they are mainly concerned in play therapy and educational work. Some interesting research on personality testing has been done. They have also given much help in the planning of some research projects in ways suitable to statistical evaluation.

Although the social workers are now nearing their establishment there are already many more demands on their time than they are able to fulfil. The establishment by the Government of a scholarship scheme for assisting students in the last year of their University work, prior to entering the mental hygiene field, should be very useful. A special post graduate course to train psychiatric social workers in Australia would also be of much value.

The Occupational Therapy School has given considerable help, particularly by providing the teaching staff for the activities courses for nurses, each of which lasts for a fortnight. Up to date some 250 of the nursing staff have received this training which in its turn has been of considerable benefit in furthering the treatment of the patients in the various hospitals. The occupational therapists have done a particularly useful job in opening up the various new units and in beginning to employ many of the longer standing patients who have been idle over long periods. However, occupational therapists are very urgently required at both Larundel and at Bundoora Hospitals, both of which are completely lacking in trained occupational supervision.

Considerable progress has been made in the nursing field, especially in the revision of the nursing syllabus and by raising the standard of the training and examinations. New training schools have opened at both Ballarat and Larundel, the former officially by Miss Jane Muntz on 29th January, 1956.

New uniforms have been issued to all nursing staff but those for the ward assistants are not yet available. Nurses have taken a considerable part in the various exhibitions during the year, particularly the Careers Exhibition at the Exhibition building and the Mental Health Exhibition in the Melbourne Town Hall.
Working and living conditions have been much improved and the altered and the new wards have been provided with full nursing facilities. No less than fourteen nurses homes have been built in the past five years and a further five have been modernised or altered.

The nurse’s value as a participant in the therapeutic team becomes more important as her status is raised. Already the nursing notes have proved to be extremely useful records. The nurse’s place in social therapy and her function in manipulating the patients therapeutic environment is being better understood, as is her understanding of group activities and group management. Unfortunately, through inadequate ward facilities in some cases, poor local arrangements in others, or through lack of trained staff, case sheets cannot always be kept on the wards; the close co-operation between the medical and nursing staffs which makes for the complete unity of purpose in the best hospitals is thereby lost.

CLINIC ACTIVITIES.

In response to requests from the local medical practitioners the Authority decided during the year to provide out-patient psychiatric services to the Bendigo Base Hospital. Since early October one full session weekly has been conducted by senior members of the Department. All patients seen have been referred to the Clinic by local practitioners and members of the hospital staff. Since the inauguration of the clinic a total of 52 new patients have been treated.

Towards the end of last year the Child Psychiatric Clinic formerly conducted at 14 Collins-street was transferred to Bouverie-street, Carlton, and the former clinic rooms were taken over by Dr. Ashburner as a Mental Health Clinic. This clinic now provides consultative services for various other Government Departments, such as the Penal Department, Children’s Welfare Department, the Maternal and Child Health Branch of the Health Department and to other various welfare agencies such as the Red Cross, Brotherhood of St. Laurence, and the Marriage Guidance Councils.

OVERSEAS STUDY.

Earlier in the year Dr. G. A. Wright, Psychiatrist Superintendent of Mont Park was enabled to go to New Zealand where he spent over a month visiting the various New Zealand mental hospitals and other psychiatric activities.

As recipient of a National and Medical Research Council official travelling fellowship Dr. V. P. Johnson, Psychiatrist Superintendent of Travancore, visited the United Kingdom for several months. His studies there were mainly directed towards child psychiatry and allied fields of social and preventive medicine.

Miss Dulcie G. Goode, Senior Occupational Therapist of Mont Park Mental Hospital, visited the United States of America where she attended various occupational therapy conferences and visited a large number of psychiatric hospitals.

The Authority would like to stress the importance of overseas study especially for its senior officers. Observation of psychiatric methods and procedures in other countries not only adds to the knowledge of the individuals concerned but is able to be communicated more readily to others working within the Department.

BUILDINGS.

It is difficult to make a yearly report on the building programme. Looking back over the five years since the Authority was first appointed, accommodation for 418 patients has been provided. This figure includes the taking over and reconditioning of four wards which had been unoccupied for considerable periods. The most notable example was the old male block at Ballarat which was lying idle and falling down. It now holds 75 patients, workshops, a cafeteria, an occupational department, a training school, laboratories, a dental unit, and offices. This was reconditioned and furnished for £69,000.

In addition, accommodation for another 1,316 patients is on the way and should be completed by the end of 1957. This includes eight wards at Larundel, two sick hospitals—one each at Ballarat and Mont Park, and sixteen standard wards at Beechworth, Mont Park, and Ballarat. These standard wards are made on the standard double sided
school pattern and are of concrete veneer. Centrally, the bathrooms, toilets, cloakrooms, servery, laundry, and sun porch are on a concrete foundation and the plumbing is concentrated here. At one end there are two eighteen bed dormitories divided to head height by wardrobes and dressing tables into three six-bed bays. At the other end are the two day-rooms, stores, and offices. The cost works out at about £1,500 per bed for generous and complete accommodation.

These beds will reduce the overcrowding to about 1,000, as the rate of building up to date has not kept pace with the influx of patients.

Up to date 32 wards have been completely modernised and another fourteen are being done, these alterations may cost from between £10,000 and £20,000 a ward but they are very satisfactory conversions and no more than an eighth to a quarter of the cost of replacement.

The staff accommodation provided has already been mentioned, but the old nurses homes have provided patient accommodation, offices and stores, and saved a good deal of rebuilding which would otherwise have been essential.

The services have been expensive to replace and eight boiler houses and four kitchens have been built or extensively altered, but there are still many kitchens and laundries which must be rebuilt or have major modifications. At the time when the Mental Hygiene Authority took over, many of the services were on the verge of breaking down. Moreover, the water supplies, the fire precautions, and sewerage services were in a very serious state and considerable sums of money have been used in this way without there being much to show for the expenditure.

About 60 light timber construction buildings have been put up in the various hospitals mainly for the artisan staff and for occupational therapy. They have taken a long time to supply with water and electricity, but they are of the greatest possible use in the re-employment of the patients, their removal from the ward gardens and in teaching them to live a free and useful life once more. It is difficult to calculate the financial return from such moves but the production, re-education, and rehabilitation is probably already on the way to repaying their cost.

THE COMMUNITY MENTAL HOSPITAL.

The buildings which have received so much attention are of less importance than the work in the community. But it is clear that no patients can easily be persuaded to enter psychiatric hospitals for early treatment if the shadow of the old fashioned mental hospitals with ill-clothed, ill-housed, and untreated patients is obvious behind them. The centre of gravity of all modern hospitals, the world over, is shifting towards prevention or early treatment. The tendency is to treat out-patients within the community, to have "day hospitals" which patients can attend and go home in the evenings, to arrange for all acute cases to be visited before entering hospital, and to have the early treatment centres, or psychiatric hospitals within easy reach of the patients' homes. The function of the mental hospitals in their turn becomes one of rehabilitation instead of custody and industrialisation rather than unemployment.

Psychiatric centres have been planned for Gippsland at Traralgon, and for the Northern Region at Bendigo. In following this community hospital scheme the out-patient departments and community services are, in the first place, being developed in conjunction with the base hospitals. In the first half of 1958 it is hoped that work will be commenced on the psychiatric wards, or early treatment centres which will also serve as day hospitals, and on which the staff will be based to give the community service in co-operation with the family doctors. In this way it is expected that the number of irrecoverable or long term patients will be reduced to a minimum.

PLANNING.

Planning of an early treatment, or psychiatric ward, and a rehabilitation unit has now been completed and working drawings are on the way. It is hoped that these units will be put up concurrently at both Traralgon and at Bendigo. Neither Gippsland nor the North has any in-patient beds for psychiatric illness, and no provision for treatment other than out-patient units at Yallourn and Bendigo; the former fortnightly, the latter weekly. It is thought to be wise to commence the services for these areas with community
care and the early treatment of recoverable patients near their homes and that a better community relationship will thereby be established. This in its turn should reduce the mental hospital beds required and give all the opportunities to be gained from a new psychiatric centre in a new region.

The other major and unrelated planning project under way is that of a ward for low grade dependent intellectual defectives. Such units are needed in association with the training colonies at Kew Cottages, Janefield, Stawell, and at a later date, in Gippsland and Northern Victoria. These wards are urgently required and are important, particularly from the point of view of the staff, as the conditions under which they nurse these cases at present are disgusting. It is to the great credit of the nursing staff in the units at Ararat, Beechworth, Kew Cottages, and Kew that the patients are nursed and kept so well there. The least that can be done for the staff is that relief should be given by providing really adequate nursing units as soon as this is possible.

INTELLECTUALLY DEFECTIVES.

There is no intellectual deficiency (or mental deficiency) service as a separate unit at present, but this is gradually being evolved. The clinic at Travancore Developmental Centre has excellent facilities for the examination of these cases.

The Education Department not only provides its own opportunity grades and special schools but also the special schools at the four mental hygiene department children's residential units at Travancore, Stawell, Kew Cottages, and Janefield. Additionally, the Brothers of St. John of God and the Daughters of Charity have useful and efficient units at Cheltenham and Brighton. At Warracknabeal the small residential unit has an interesting function of being a hostel for pupils who would be in day centres but for the travelling distances.

The Mentally Retarded Day Centre Movement has been tremendously successful and has grown from four or five centres to 25 in the past five years. Over 600 children now attend them. Ten new day centres have been built, and premises have been purchased and made suitable for this purpose in another eight instances. The Governments have been very generous in their encouragement of this movement. Four-fifths of the cost of erection is granted. The supervisors are trained in the mental hygiene department on the basis of a bursary and their salaries when employed in the centres are covered by an annual subsidy. A transport subsidy is also available. Cases are examined at Travancore clinic or by a visiting team which makes periodical visits to various parts of the State. The senior psychologist in the Mental Hygiene Department has been appointed as the Inspector and the advisor to the day centres, and he has a Senior Kindergartener to assist him to help the centres in their training programmes. Advice is given about the planning of the centres and a senior clerk deals with their central administrative affairs. The hostel at Marlborough House at Portsea is on loan to the centres free of cost whenever it is available.

Lastly a booklet called "The Backward Child" has very kindly been made available for copy by the Canadian Department of Health and has been distributed to the centres for the parents of these children.

Within the department there are four hospitals for intellectually handicapped children. Travancore, Stawell, Kew Cottages, and Janefield. A training centre at Bendigo caters for 80 boys who are being trained in many ways to go out to work and already a number have been found employment. The hostel for girls at Moorakyn gives residential accommodation to 35 who go to employment from there.

It will be seen that there is some progress towards a complete service for the intellectually handicapped but there are several marked deficiencies. First that there is no full scheme of training for both medical and nursing staff in this field and indeed this will be difficult to do until a complete service can be made separately from the mentally ill. Secondly, that there is no separate accommodation as yet for the adult intellectually defective patients. Thirdly, that a new Act is needed to make a clear distinction between the mentally ill and the intellectually defective and this should include the ascertainment of the intellectually defective as one of its clauses. Until this is done there will be no opportunity of giving a full and proper service to those who are ineducable in ordinary schools.
ALCOHOL

The number of patients admitted whose illness is associated with the intake of alcohol continues to be very high, especially on the male sides of the hospitals. Although there is an Inebriates Act in force, there is nowhere at present where inebriates can legally be sent. To satisfy the needs of treatment, six stages are necessary:

1. Prevention.
4. Rehabilitation.
5. Indefinite care.
6. After care.

Prevention can only be adequately provided by acting on the findings of sociological research. Out-patients treatment is necessary for early cases wishing fully to co-operate. Early in-patient treatment facilities should be separated from the institutions for rehabilitation and indefinite care. Rehabilitation should first take place in the institution, then in the community in conjunction with the Social Services and Alcoholics Anonymous. Indefinite care should cover the person who cannot live in the community, but can lead as full and productive a life as is possible within an institution.

There seem two possible solutions to the problem of treatment, the first is to excise suitable portions of a mental hospital when the overcrowding has been relieved. This will not be possible for perhaps eight years at least. The other is that large properties should be taken over for this purpose, or better still, special buildings erected. In either of these cases it would seem that the only proper way in which the cost can be met is from Excise Duties collected by the Commonwealth.

TREATMENT.

The Psychiatrist Superintendents' reports show the very great progress that has been made in the patients' treatment. There is no doubt that they are happier, freer, and have a better chance of recovery than before. Moreover, the individual care which has been given and the social therapy which has encouraged the patients' sense of responsibility have added considerably to their self esteem, appearance, and activity.

The effects of the new drugs, particularly chlorpromazine and rauwolfia, have cut down the amount of electrical treatment needed, saved much destruction, restlessness and violence, and made it simpler to tide the acutely disturbed patients over the most distressing times in their illness.

Much scientific work has been taking place on the use of these and other new drugs. From these enquiries and from those published in other parts of the world the proper indications for their use are being evolved. However, like widely advertised remedies the best use of such drugs tends to be obscured by claims which are unsupported by the findings of carefully controlled research. A number of papers describing work in the department in some cases in conjunction with the University, have been published and are mentioned in the individual reports.

THE VOLUNTARY SERVICES.

Magnificent help and service continues to be given by a very large number of voluntary bodies. In particular, the Authority would like to mention the Mental Health Federation of Victoria, to which the larger voluntary bodies belong, and the Central Council for Retarded Children formed from the various societies for the care of the retarded children.

Amongst the very many valuable activities may especially be mentioned the renovation of G Ward at Kew by the Mental Hospital Auxiliaries, the Wool Shed Ball again held through the generosity of Mr. and Mrs. R. E. F. Smith, the two-day Shepherds Market held at the house of Mr. and Mrs. Abe Silk, which resulted in the provision of a bus and a cheque for the Children's Cottages, and the enormous sale of Christmas cards for the Kew Mental Welfare Auxiliary by Mrs. Corless.
The Chaplains' Advisory Committee, the Red Cross Library and Music in Hospitals Committee, and other bodies gave much valuable help to the patients.

The Authority would also like to express their gratitude to the Mental Hygiene Advisory Committee for their constant help in every way and to the Official Visitors for their valuable services to the hospitals and to the patients.

E. CUNNINGHAM DAX, Chairman.

CHARLES R. D. BROTHERS, Deputy Chairman.

E. R. H. EBBS, Administrative Member.
STATISTICAL SUMMARY 1956.

RECEIVING HOUSES
(C = Certified Patients; V.B. = Voluntary Boarders.)

<table>
<thead>
<tr>
<th></th>
<th>C</th>
<th>V.B.</th>
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<tr>
<td>On Books, 1st January, 1956</td>
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<tr>
<td>Admitted during year</td>
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<tr>
<td>Total number under care</td>
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<td>2,196</td>
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<tr>
<td>Discharged</td>
<td>474</td>
<td>1,548</td>
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<tr>
<td>Died</td>
<td>24</td>
<td>20</td>
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<tr>
<td>Admitted to Mental Hospitals</td>
<td>1,211</td>
<td>596</td>
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<tr>
<td>Remaining on Books, 31st Dec, 1956</td>
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MENTAL HOSPITALS.
(Certified Cases and Voluntary Boarders.)

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<td>On Books, 1st January, 1956</td>
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<tr>
<td>Admitted during year</td>
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<tr>
<td>Direct</td>
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<tr>
<td>From Receiving Houses</td>
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<tr>
<td>Total number under care</td>
<td></td>
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<tr>
<td>Discharged</td>
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<tr>
<td>Died</td>
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<td></td>
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<tr>
<td>Remaining on Books, 31st Dec, 1956</td>
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FINANCIAL 1955-56

Consequent on the presentation of the Annual Report being altered to cover the calendar year instead of the financial year, details of financial expenditure, which were published in the previous report, are not repeated. A summary of such costs, however, is given hereunder.

Maintenance Costs—
- Mental Hospitals, Receiving Houses, and General Expenses: £4,124,344
- Mental Defectives Branch: £242,122
- Public Works Department Expenditure on repairs, renovations, and maintenance of buildings, and essential services: £331,812
- Total: £4,698,278

Revenue: £196,099

Average gross weekly cost per patient—£10 13s. 3d.
Average net weekly cost per patient—£10 3s. 10d.
TABLE I.—Showing the Number of Cases under the Care of the Department on the 31st December, 1906.

<table>
<thead>
<tr>
<th>Name of Institution</th>
<th>Certified Patients Resident</th>
<th>Receiving House Patients</th>
<th>Repatriation Cases</th>
<th>Special School Cases</th>
<th>Total on Books</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Males</td>
<td>Females</td>
<td>Total</td>
<td>Males</td>
<td>Females</td>
</tr>
<tr>
<td>Mental Hospital, Kew</td>
<td>403</td>
<td>452</td>
<td>855</td>
<td>44</td>
<td>42</td>
</tr>
<tr>
<td>Mental Hospital Kew, Children's Outils</td>
<td>248</td>
<td>258</td>
<td>506</td>
<td>3</td>
<td>3</td>
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<tr>
<td>Mental Hospital, Ararat</td>
<td>471</td>
<td>570</td>
<td>741</td>
<td>23</td>
<td>16</td>
</tr>
<tr>
<td>Mental Hospital, Beechworth</td>
<td>198</td>
<td>481</td>
<td>679</td>
<td>10</td>
<td>13</td>
</tr>
<tr>
<td>Mental Hospital, Sunbury</td>
<td>486</td>
<td>658</td>
<td>1,144</td>
<td>85</td>
<td>61</td>
</tr>
<tr>
<td>Mental Hospital, Ballarat</td>
<td>353</td>
<td>369</td>
<td>722</td>
<td>31</td>
<td>26</td>
</tr>
<tr>
<td>Mental Hospital, Mount Park</td>
<td>204</td>
<td>764</td>
<td>968</td>
<td>54</td>
<td>101</td>
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<tr>
<td>Mental Hospital, Launadel</td>
<td>302</td>
<td>105</td>
<td>407</td>
<td>64</td>
<td>45</td>
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<tr>
<td>Mental Hospital, Jandakool</td>
<td>5</td>
<td>99</td>
<td>104</td>
<td>18</td>
<td>8</td>
</tr>
<tr>
<td>Repatriation Mental Hospital, Bandonos</td>
<td>3,142</td>
<td>3,576</td>
<td>6,718</td>
<td>226</td>
<td>315</td>
</tr>
<tr>
<td>Receiving House, Ballarat</td>
<td>3,142</td>
<td>3,576</td>
<td>6,718</td>
<td>226</td>
<td>315</td>
</tr>
<tr>
<td>Receiving House, Novar</td>
<td>5</td>
<td>5</td>
<td>10</td>
<td>6</td>
<td>9</td>
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<tr>
<td>Receiving House, Royal Park</td>
<td>22</td>
<td>39</td>
<td>61</td>
<td>68</td>
<td>80</td>
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<td>Receiving House, Pleasant View</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>22</td>
<td>36</td>
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<td>Traralunga Developmental Centre</td>
<td>3,142</td>
<td>3,576</td>
<td>6,718</td>
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<td>45</td>
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<tr>
<td>Stawell Special School</td>
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<td>Jandakool Colony</td>
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<tr>
<td>Bendigo Training Centre</td>
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<tr>
<td>Total Number Resident in State</td>
<td>3,142</td>
<td>3,576</td>
<td>6,718</td>
<td>27</td>
<td>45</td>
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<tr>
<td>Total Number on Books of State</td>
<td>3,142</td>
<td>3,576</td>
<td>6,718</td>
<td>27</td>
<td>45</td>
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</table>

Total on Books: 4,000, 5,000, 9,000.

Total on Books: 4,320, 4,872, 8,713.

Certified Patients Resident: 4,000, 5,000, 9,000.

Patients on Total Leave, etc.: 4,320, 4,872, 8,713.

Males: 3,944, 4,270, 8,220.

Females: 4,320, 4,872, 8,713.

Total: 4,000, 5,000, 9,000.
<table>
<thead>
<tr>
<th>Year</th>
<th>Voluntary Boarders</th>
<th>Ex-Defence Personnel</th>
<th>Receiving Houses</th>
<th>Certified Patients</th>
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<tr>
<td></td>
<td>Mental Hospitals</td>
<td>Private Mental Homes</td>
<td>Total</td>
<td>Mental Hospitals</td>
</tr>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
<td>Total</td>
<td>Male</td>
</tr>
<tr>
<td>1940</td>
<td>106</td>
<td>75</td>
<td>181</td>
<td>16</td>
</tr>
<tr>
<td>1941</td>
<td>83</td>
<td>67</td>
<td>150</td>
<td>9</td>
</tr>
<tr>
<td>1942</td>
<td>83</td>
<td>68</td>
<td>151</td>
<td>13</td>
</tr>
<tr>
<td>1943</td>
<td>99</td>
<td>75</td>
<td>174</td>
<td>19</td>
</tr>
<tr>
<td>1944</td>
<td>112</td>
<td>98</td>
<td>210</td>
<td>18</td>
</tr>
<tr>
<td>1945</td>
<td>124</td>
<td>108</td>
<td>232</td>
<td>23</td>
</tr>
<tr>
<td>1946</td>
<td>115</td>
<td>90</td>
<td>205</td>
<td>25</td>
</tr>
<tr>
<td>1947</td>
<td>114</td>
<td>102</td>
<td>216</td>
<td>31</td>
</tr>
<tr>
<td>1948</td>
<td>97</td>
<td>75</td>
<td>172</td>
<td>23</td>
</tr>
<tr>
<td>1949</td>
<td>107</td>
<td>64</td>
<td>171</td>
<td>29</td>
</tr>
<tr>
<td>1950</td>
<td>92</td>
<td>70</td>
<td>162</td>
<td>17</td>
</tr>
<tr>
<td>1951</td>
<td>93</td>
<td>64</td>
<td>157</td>
<td>20</td>
</tr>
<tr>
<td>1952</td>
<td>133</td>
<td>105</td>
<td>238</td>
<td>17</td>
</tr>
<tr>
<td>1953</td>
<td>186</td>
<td>155</td>
<td>341</td>
<td>...</td>
</tr>
<tr>
<td>1954</td>
<td>242</td>
<td>252</td>
<td>494</td>
<td>...</td>
</tr>
<tr>
<td>1955</td>
<td>310</td>
<td>357</td>
<td>667</td>
<td>...</td>
</tr>
<tr>
<td>1956</td>
<td>422</td>
<td>448</td>
<td>870</td>
<td>...</td>
</tr>
</tbody>
</table>

(a) Increase +, Decrease -.
TABLE III.—Statistical Return of Voluntary Boarders since 1940.

<table>
<thead>
<tr>
<th>Year</th>
<th>Admissions</th>
<th>Percentage of All Admissions</th>
<th>Discharges</th>
<th>Certified</th>
<th>Died</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
<td>Total</td>
<td>Male</td>
<td>Female</td>
</tr>
</tbody>
</table>
TABLE IV.—Showing the Admissions, Re-admissions, Discharges, and Deaths at Receiving Houses of Certified Patients and Voluntary Boarders for the Year Ended 31st December, 1956.

<table>
<thead>
<tr>
<th>Category</th>
<th>Males</th>
<th>Females</th>
<th>Total Males</th>
<th>Total Females</th>
<th>Grand Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Certified</td>
<td>Voluntary Boarders</td>
<td>Certified</td>
<td>Voluntary Boarders</td>
<td></td>
</tr>
<tr>
<td>In Institutions 1st January, 1956</td>
<td>25</td>
<td>79</td>
<td>32</td>
<td>118</td>
<td>104</td>
</tr>
<tr>
<td>Absent without leave</td>
<td>1</td>
<td>.</td>
<td>2</td>
<td>.</td>
<td>1</td>
</tr>
<tr>
<td>Total number on books 1st January, 1956</td>
<td>.</td>
<td>.</td>
<td>.</td>
<td>.</td>
<td>105</td>
</tr>
<tr>
<td>Cases Admitted</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>First admissions</td>
<td>784</td>
<td>1,065</td>
<td>791</td>
<td>1,066</td>
<td></td>
</tr>
<tr>
<td>Not first admissions</td>
<td>78</td>
<td>20</td>
<td>136</td>
<td>45</td>
<td></td>
</tr>
<tr>
<td>Total cases admitted during the year</td>
<td>.</td>
<td>.</td>
<td>.</td>
<td>.</td>
<td>1,947</td>
</tr>
<tr>
<td>Cases discharged outright</td>
<td>169</td>
<td>626</td>
<td>305</td>
<td>892</td>
<td></td>
</tr>
<tr>
<td>Cases transferred to Mental Hospitals</td>
<td>653</td>
<td>403</td>
<td>568</td>
<td>103</td>
<td></td>
</tr>
<tr>
<td>Died</td>
<td>13</td>
<td>9</td>
<td>11</td>
<td>11</td>
<td></td>
</tr>
<tr>
<td>Total cases discharged, transferred, and died during the year</td>
<td>.</td>
<td>.</td>
<td>.</td>
<td>.</td>
<td>1,903</td>
</tr>
<tr>
<td>Remaining in the Institutions, 31st December, 1956</td>
<td>27</td>
<td>96</td>
<td>45</td>
<td>133</td>
<td></td>
</tr>
<tr>
<td>On trial leave</td>
<td>25</td>
<td>.</td>
<td>42</td>
<td>.</td>
<td></td>
</tr>
<tr>
<td>Absent without leave</td>
<td>1</td>
<td>.</td>
<td>.</td>
<td>.</td>
<td></td>
</tr>
<tr>
<td>Total number on books, 31st December, 1956</td>
<td>.</td>
<td>.</td>
<td>.</td>
<td>.</td>
<td>149</td>
</tr>
<tr>
<td>Average number resident during the year</td>
<td>21</td>
<td>91</td>
<td>48</td>
<td>133</td>
<td>112</td>
</tr>
<tr>
<td>Persons under care during the year</td>
<td>880</td>
<td>1,038</td>
<td>943</td>
<td>1,081</td>
<td>1,918</td>
</tr>
</tbody>
</table>
### Table V.—Showing the Admissions, Readmissions, Discharges and Deaths at Mental Hospitals of Certified Patients and Voluntary Boarders during the Year Ended 31st December, 1956.

<table>
<thead>
<tr>
<th></th>
<th>Males.</th>
<th>Females.</th>
<th>Total Males</th>
<th>Total Females</th>
<th>Grand Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Certified</td>
<td>Voluntary Boarders</td>
<td>Certified</td>
<td>Voluntary Boarders</td>
<td></td>
</tr>
<tr>
<td>In Hospitals, 1st January, 1956</td>
<td>3,080</td>
<td>231</td>
<td>3,625</td>
<td>239</td>
<td></td>
</tr>
<tr>
<td>On trial leave</td>
<td>438</td>
<td></td>
<td>473</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Boarded out</td>
<td>162</td>
<td></td>
<td>131</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Absent without leave</td>
<td>17</td>
<td></td>
<td>8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total number on books, 1st January, 1956</td>
<td></td>
<td></td>
<td>9,928</td>
<td>4,476</td>
<td>8,404</td>
</tr>
<tr>
<td>Cases admitted—</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Direct admissions</td>
<td>143</td>
<td>344</td>
<td>98</td>
<td>272</td>
<td></td>
</tr>
<tr>
<td>From Receiving Houses</td>
<td>653</td>
<td>403</td>
<td>558</td>
<td>193</td>
<td></td>
</tr>
<tr>
<td>Total cases admitted during the year</td>
<td></td>
<td></td>
<td>1,543</td>
<td>1,121</td>
<td>2,664</td>
</tr>
<tr>
<td>Cases discharged</td>
<td>369</td>
<td>619</td>
<td>240</td>
<td>350</td>
<td></td>
</tr>
<tr>
<td>Died</td>
<td>311</td>
<td>33</td>
<td>304</td>
<td>39</td>
<td></td>
</tr>
<tr>
<td>Total cases discharged and died during the year</td>
<td></td>
<td></td>
<td>1,332</td>
<td>1,023</td>
<td>2,355</td>
</tr>
<tr>
<td>Remaining in Hospitals, 31st December, 1956</td>
<td>3,142</td>
<td>326</td>
<td>3,576</td>
<td>315</td>
<td>3,468</td>
</tr>
<tr>
<td>On trial leave</td>
<td>492</td>
<td></td>
<td>502</td>
<td></td>
<td>492</td>
</tr>
<tr>
<td>Boarded out</td>
<td>158</td>
<td></td>
<td>129</td>
<td></td>
<td>158</td>
</tr>
<tr>
<td>Absent without leave</td>
<td>21</td>
<td></td>
<td>2</td>
<td></td>
<td>21</td>
</tr>
<tr>
<td>Total number on books, 31st December, 1956</td>
<td></td>
<td></td>
<td>4,139</td>
<td>4,074</td>
<td>8,213</td>
</tr>
<tr>
<td>Average number resident during the year</td>
<td>3,155</td>
<td>276</td>
<td>3,679</td>
<td>290</td>
<td>3,431</td>
</tr>
<tr>
<td>Persons under care during the year</td>
<td>4,770</td>
<td>967</td>
<td>5,072</td>
<td>690</td>
<td>5,737</td>
</tr>
</tbody>
</table>
Table VI.—Showing the Admissions, Discharges, and Deaths in Mental Hospitals with the Mean Annual Mortality and Proportion of Discharges per cent. of the Admissions for each year since the 1st January, 1900, including Voluntary Boarders from 1952.

<table>
<thead>
<tr>
<th>Year</th>
<th>Admitted</th>
<th>Discharged</th>
<th>Died</th>
<th>Remaining Sick December, each Year</th>
<th>Average Number Resident</th>
<th>Percentage of Discharges on Admission</th>
<th>Percentage of Deaths on the Average Number Resident</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Males</td>
<td>Females</td>
<td>Total</td>
<td>Males</td>
<td>Females</td>
<td>Total</td>
<td>Males</td>
</tr>
<tr>
<td>Average figures for the ten years 1900-09</td>
<td>415</td>
<td>337</td>
<td>752</td>
<td>177</td>
<td>154</td>
<td>331</td>
<td>201</td>
</tr>
<tr>
<td>Average figures for the ten years 1910-19</td>
<td>421</td>
<td>374</td>
<td>795</td>
<td>148</td>
<td>145</td>
<td>293</td>
<td>258</td>
</tr>
<tr>
<td>Average figures for the ten years 1920-29</td>
<td>436</td>
<td>394</td>
<td>830</td>
<td>143</td>
<td>162</td>
<td>305</td>
<td>243</td>
</tr>
<tr>
<td>Average figures for the ten years 1930-39</td>
<td>424</td>
<td>446</td>
<td>870</td>
<td>156</td>
<td>194</td>
<td>350</td>
<td>222</td>
</tr>
<tr>
<td>Average figures for the ten years 1940-49</td>
<td>420</td>
<td>476</td>
<td>896</td>
<td>168</td>
<td>206</td>
<td>374</td>
<td>230</td>
</tr>
<tr>
<td>1950</td>
<td>577</td>
<td>626</td>
<td>1,203</td>
<td>192</td>
<td>206</td>
<td>398</td>
<td>235</td>
</tr>
<tr>
<td>1951</td>
<td>569</td>
<td>659</td>
<td>1,219</td>
<td>260</td>
<td>310</td>
<td>570</td>
<td>269</td>
</tr>
<tr>
<td>1952</td>
<td>783</td>
<td>761</td>
<td>1,544</td>
<td>379</td>
<td>402</td>
<td>781</td>
<td>281</td>
</tr>
<tr>
<td>1953</td>
<td>1,016</td>
<td>804</td>
<td>1,820</td>
<td>612</td>
<td>392</td>
<td>1,004</td>
<td>261</td>
</tr>
<tr>
<td>1954</td>
<td>972</td>
<td>830</td>
<td>1,802</td>
<td>711</td>
<td>578</td>
<td>1,289</td>
<td>272</td>
</tr>
<tr>
<td>1955</td>
<td>1,157</td>
<td>988</td>
<td>2,145</td>
<td>773</td>
<td>333</td>
<td>1,306</td>
<td>245</td>
</tr>
<tr>
<td>1956</td>
<td>1,043</td>
<td>1,121</td>
<td>2,164</td>
<td>987</td>
<td>301</td>
<td>1,288</td>
<td>344</td>
</tr>
</tbody>
</table>

For the year 1952, the percentages of patients admitted whose ages were 65 years and over were: Males 16·6, Females 26·0; Total 21·2.
For the year 1953, the percentages of patients admitted whose ages were 65 years and over were: Males 18·5, Females 24·7; Total 21·4.
For the year 1954, the percentages of patients admitted whose ages were 65 years and over were: Males 18·5, Females 24·7; Total 21·4.
For the year 1955, the percentages of patients admitted whose ages were 65 years and over were: Males 18·5, Females 24·7; Total 21·4.
For the year 1956, the percentages of patients admitted whose ages were 65 years and over were: Males 16·3, Females 33·2; Total 23·4.

*Figures remaining at end of each year of decade.
TABLE VII.—Showing Certified Patients Boarded-out on 31st December, 1956.

<table>
<thead>
<tr>
<th>Patients Boarded-out to</th>
<th>Males</th>
<th>Females</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>After-care Hostels</td>
<td>4</td>
<td>6</td>
<td>10</td>
</tr>
<tr>
<td>Private Individuals</td>
<td>..</td>
<td>..</td>
<td>..</td>
</tr>
<tr>
<td>Ballarat Benevolent Home</td>
<td>31</td>
<td>38</td>
<td>69</td>
</tr>
<tr>
<td>Beechworth Benevolent Home</td>
<td>26</td>
<td>..</td>
<td>26</td>
</tr>
<tr>
<td>Bendigo Benevolent Home</td>
<td>1</td>
<td>..</td>
<td>1</td>
</tr>
<tr>
<td>Castlemaine Benevolent Home</td>
<td>97</td>
<td>85</td>
<td>182</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>159</td>
<td>129</td>
<td>288</td>
</tr>
</tbody>
</table>

TABLE VIII.—Showing the Primary Causes of Death of Certified Patients and Voluntary Boarders in Mental Hospitals during the year ended 31st December, 1956.

<table>
<thead>
<tr>
<th>Cause of Death</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Diseases of Nervous System</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(a) Vascular lesions affecting central nervous system</td>
<td>26</td>
<td>50</td>
<td>76</td>
</tr>
<tr>
<td>(b) Neoplasm of the brain</td>
<td>2</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>(c) Epilepsy</td>
<td>4</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>(d) Other diseases of the central nervous system</td>
<td>4</td>
<td>7</td>
<td>11</td>
</tr>
<tr>
<td><strong>2. Diseases of Circulatory System</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(a) Disease of blood vessels</td>
<td>32</td>
<td>28</td>
<td>60</td>
</tr>
<tr>
<td>(b) Diseases of heart</td>
<td>96</td>
<td>136</td>
<td>232</td>
</tr>
<tr>
<td><strong>3. Diseases of Respiratory System</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(a) Pulmonary tuberculosis</td>
<td>5</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>(b) Pneumonia</td>
<td>110</td>
<td>133</td>
<td>243</td>
</tr>
<tr>
<td>(c) Other diseases of respiratory system</td>
<td>7</td>
<td>11</td>
<td>18</td>
</tr>
<tr>
<td><strong>4. Diseases of Digestive System</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>14</td>
<td>7</td>
<td>21</td>
</tr>
<tr>
<td><strong>5. Diseases of Genito Urinary System</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>9</td>
<td>6</td>
<td>15</td>
</tr>
<tr>
<td><strong>6. General Diseases</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(a) Infective diseases (other than pulmonary tuberculosis)</td>
<td>2</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>(b) Neoplastic (other than tumour of brain)</td>
<td>12</td>
<td>20</td>
<td>32</td>
</tr>
<tr>
<td>(c) Metabolic nutritional diseases</td>
<td>..</td>
<td>..</td>
<td>..</td>
</tr>
<tr>
<td>(d) Exhaustion</td>
<td>..</td>
<td>..</td>
<td>..</td>
</tr>
<tr>
<td>(e) Senility</td>
<td>12</td>
<td>16</td>
<td>28</td>
</tr>
<tr>
<td><strong>7. Accidents and Violence</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>9</td>
<td>5</td>
<td>14</td>
</tr>
<tr>
<td><strong>8. Suicides</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>..</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>344</td>
<td>433</td>
<td>777</td>
</tr>
</tbody>
</table>
TABLE IX.—Showing the Primary Causes of Death of Certified Patients and Voluntary Boarders in Receiving Houses during the year ended 31st December, 1956.

<table>
<thead>
<tr>
<th>Cause of Death</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>22</td>
<td>22</td>
<td>44</td>
</tr>
<tr>
<td>1. Diseases of Nervous System:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(a) Vascular lesions affecting central nervous system</td>
<td>3</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td>(b) Neoplasm of the brain</td>
<td></td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>(c) Epilepsy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(d) Other diseases of the central nervous system</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>2. Diseases of Circulatory System:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(a) Disease of blood vessels</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>(b) Diseases of heart</td>
<td>4</td>
<td>5</td>
<td>9</td>
</tr>
<tr>
<td>3. Diseases of Respiratory System:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(a) Pulmonary tuberculosis</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(b) Pneumonia</td>
<td>6</td>
<td>6</td>
<td>12</td>
</tr>
<tr>
<td>(c) Other diseases of respiratory system</td>
<td></td>
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<tr>
<td>4. Diseases of Digestive System</td>
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<tr>
<td>5. Diseases of Genito Urinary System</td>
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<tr>
<td>6. General Diseases:</td>
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</tr>
<tr>
<td>(a) Infective diseases (other than Pulmonary tuberculosis)</td>
<td></td>
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<tr>
<td>(b) Neoplastic (other than tumour of brain)</td>
<td>2</td>
<td>2</td>
<td>4</td>
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<tr>
<td>(c) Metabolic nutritional diseases</td>
<td>4</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>(d) Exhaustion</td>
<td>2</td>
<td>1</td>
<td>3</td>
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<tr>
<td>(e) Senility</td>
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<td></td>
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<tr>
<td>7. Accident and Violence</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Suicides</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>22</td>
<td>22</td>
<td>44</td>
</tr>
</tbody>
</table>
CHIEF MEDICAL OFFICER'S REPORT.

Dr. H. J. C. Edmonds.

Accommodation.

There has been a little improvement in the overall accommodation available to patients. Towards the end of the year, 75 male patients were admitted to the re-conditioned old male building at Ballarat. These patients were transferred from Ararat, where it was decided to convert a ward of 112 male patients to female accommodation. A new hospital ward at Beechworth was recently opened and has accommodation for 35 patients. The Insulin Block and the Male Infirmary Ward at Royal Park were completed and occupied during the year. The removal of senile cases from the admission ward is a great improvement, and the insulin ward allows for a concentration and much more efficient treatment of these acute and recoverable cases.

In the second half of this year there was considerable increase in building activity, mostly relating to the erection of new wards. Wards were commenced at Mont Park, Ballarat, Beechworth, and Kew, and good progress is being made with the brick wards at Larundel. It is hoped that some of this accommodation will be available next year. Owing to the light construction of some of these wards, some reclassification of patients will be necessary, and it may not always be easy to meet the wishes of relatives in placing patients in individual hospitals. However, it has always been the policy to allocate patients to hospitals most convenient to relatives who are able to visit, and this policy will be continued wherever possible.

Very great difficulty is being experienced by the need to evacuate wards for renovations. For this reason wards are empty at Royal Park, Mont Park, Ararat, and Beechworth. The patients in these wards have had to be accommodated in other wards of their hospital and this has further aggravated the already very serious overcrowding. It would be preferable not to commence renovations of any other wards until some of the new wards are available to take the patients.

The numbers of patients admitted to our hospitals continue to grow, and the total number resident in all institutions at the end of December showed an increase of 267 over the figures of December, 1955.

The general health of the patients in our mental hospitals has been satisfactory and, under the circumstances, the standard of nursing care is good. No epidemics of infectious diseases have occurred, but typhoid fever and pulmonary tuberculosis are two diseases which cause us continual anxiety. There are still about fifteen known typhoid carriers in the various hospitals and new cases are occasionally discovered. Isolation of these cases is extremely difficult. They are distributed between Ballarat, Sunbury, Kew, and Mont Park. They should all be in the Isolation Ward at Mont Park, but at present more than half this ward is occupied by cases of pulmonary tuberculosis. The re-erection of wards brought from Greenvale is proceeding extremely slowly, and they will not be ready for occupation for another twelve months, unless better progress is made.

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Nursing Staff.

The total number of the nursing staff has shown considerable increase during the past twelve months, and is only about 60 short of the approved establishment. These figures are very misleading because there is still a very grave shortage of trained staff. However, it should be possible now to exercise greater selection in appointing new staff to try to improve the standard of the nursing staff as a whole.

Nursing Examinations.

The following table shows the numbers of candidates who sat for the nursing examinations in March and November, 1956, and the results of these examinations.

<table>
<thead>
<tr>
<th>Candidates</th>
<th>Passed</th>
<th>Failed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st year</td>
<td>Male 194 Female 115</td>
<td>Male 133 Female 94</td>
</tr>
<tr>
<td>2nd year</td>
<td>Male 52 Female 38</td>
<td>Male 15 Female 1</td>
</tr>
<tr>
<td>3rd year</td>
<td>Male 52 Female 30</td>
<td>Male 15 Female 1</td>
</tr>
</tbody>
</table>

As is usual the greatest number of failures was in first year. There will always be some unsuitable nurses excluded at this first examination but a better selection of student nurses appointees and screening of candidates for the examinations would reduce this wastage. The numbers passing the final examination, particularly females, are still not sufficient to build up the numbers of trained staff but it is hoped that this position will gradually improve during the next few years.

During the year a Psychiatric Clinic at the Bendigo Base Hospital was opened, and I have attended that Clinic one afternoon each four weeks.
A considerable number of persons have sought advice at Head Office regarding their own health. Where I considered that further investigation or treatment was required I have referred them to the Observatory Clinic, and some have been advised to enter hospital as voluntary boarders. Many persons have sought advice about their relatives, and the feature of these consultations has again been the difficulty of obtaining psychiatric treatment for relatives who refuse to seek treatment themselves.

Many enquiries have been made during the year regarding treatment for alcoholics. The voluntary treatment at a receiving house is inadequate for most of these cases, and there is also a very large number who refuse to seek any treatment themselves and who continue to be a burden to the community and the cause of great distress to their families. I wish to emphasize again the need for an Inebriates' institution so that the Inebriates Act could be used. Such a high proportion of the new admissions to the Receiving House at Royal Park are alcoholics that the re-direction of even a proportion of these cases would ease the case load at Royal Park considerably.

It would also help to relieve the pressure of admissions to Royal Park if the accommodation for senile patients at Pleasant View could be increased.

The Kinkora Road Hostel for women and the Trelowaren Hostel for men have continued to fulfil a very important function in the convalescence and rehabilitation of patients from the mental hospitals and clinics.

**Mental Defective Section.**

The biggest problem of this branch of the Department is the over-crowding at the Children's Cottages at Kew. The numbers of admissions continue to rise and each year the wards hold a greater number than they did the previous year. The increase in the past twelve months to November this year was 45.

As a male ward was evacuated to allow renovations, the problem is approaching the stage of chaos. Progress in the erection of the two new wards is extremely slow and, unless it is accelerated, these wards will not be occupied for another year. In the meantime, I strongly urge that a start be made on the other two wards whose building is planned. The medical and nursing care of the children at the Cottages is steadily improving.

One of the big events of the year was the opening of the Pre School Block at Travancore after many years frustration. This accommodates 24 children and will help reduce the waiting list. There are still many children waiting for admission to the residential special schools, and the pressure for their admission is growing. Many requests are made for the admission of intermediate children, but these are not accepted while Victorian children are waiting for admission. The parents of these interstate children have apparently decided that the facilities for training the mentally handicapped child are better in Victoria than in other States.

Most of the vacancies which have occurred at Janelield during the year have been filled by children from the Kew Children's Cottages. Very few of these children are suitable for Janelield, but they have been transferred to help relieve the over-crowding at the Cottages. Many children attending the Day Centres have been granted temporary admission to Janelield when vacancies have been available, and especially during the school holidays, to allow their parents to have a much needed holiday.

The Bristol Unit at Stawell is still not yet completed, but it is now hoped to have it available by February.

The numbers of boys admitted to the Bendigo Training Centre have gradually increased during the year, and in a few months time the maximum number of 96 should be in residence there. After that, it will probably be necessary to make other arrangements for those boys who, after a fair trial are unable to derive benefit from the training at the Centre, otherwise we would very rarely have vacancies for new boys. Group training at Bendigo is improving and now includes vegetable growing, carpentry, and boot making. Opportunities for private employment for the boys at Bendigo have become more restricted as the economic situation at Bendigo has deteriorated somewhat during the year owing to retrenchment at the Commonwealth Ordnance Factory.

Moonkynke Hostel for Girls has been functioning well, but here, too, the Supervisor has reported that it is becoming more difficult to obtain employment for handicapped girls.

Marlborough House at Portsea has provided very enjoyable holidays for the children from the special schools and has helped to improve their mental and physical well being. The Home has been offered for holiday periods for children attending day centres when it is not required by children from our institutions.

There is a great need for a special ward attached to one of our institutions for the treatment of emotionally disturbed children. They cannot be adequately dealt with at present at Travancore and often the school has either to exclude them or to allow them to disrupt the work of the less disturbed but in most cases the more retarded children.

Another problem which is not being adequately dealt with at present is the control and treatment of the juvenile delinquent intellectually handicapped boy. These boys are not properly placed in institutions for normal boys and they are not suitable for a community such as that at Bendigo Training Centre. Perhaps they could be suitably dealt with in a special ward at Janelield. This would necessitate increased psychiatric staff at that institution.

There is still no suitable accommodation for the adult defective. If it is intended to reserve one hospital for this purpose there would be adequate provision for this group, but if this action is not contemplated I would advocate the building of both male and female wards at Janelield to accommodate the higher grade adult defectives.

I would like to thank those members of the medical nursing and administrative staffs who have co-operated with me so willingly during my inspections of the institutions.
CHIEF CLINICAL OFFICER'S REPORT.

Dr. Alan Stoller.

Introduction.

The Mental Health Research Institute has come fully into operation this year, acting as the centre from which the Chief Clinical Officer has been able to develop the programmes for the encouragement of clinical treatment, training of medical officers, research and preventive mental health education. The building was officially opened on 10th May, 1956, by Sir Ian Clunies Ross, Director of C.S.I.R.O.

It is intended that the Institute shall act as a focus for research into mental illness in Victoria; shall study and develop aspects of the prevention of mental ill-health in Victoria; and promote an informed community understanding of mental health problems. It aims to stimulate and assist personnel within the Mental Hygiene Department, as well as in other scientific establishments in Victoria, to investigate mental health problems. Material is being collected and courses arranged so as to help professional workers in the community obtain increased appreciation and understanding of mental health aspects of their work. Through the Mental Health Research Fund granted annually by the Victorian Government, it is enabled to co-operate with the University of Melbourne in basic research into mental illness.

At the opening of the Institute the University Department of Anatomy showed some of its research into the neuroanatomical bases of emotion and the growth processes of mongoloid children: the Departments of Physiology and Pharmacology displayed some of their current work on cerebral sedatives and anaesthetics; whilst the Department of Pathology drew attention to its work on cerebral arteriosclerosis.

The Department of Mental Hygiene, in an impressive group of demonstrations, was able to show evidence of its active interest into both the physical and social sciences. The displays included investigations of the incidence of schizophrenia, Huntington's Chorea, and juvenile delinquency; the clinical effects of various tranquillising drugs; electro-encephalographic studies of brain-damaged children; the results of intra-medial orbital lobotomy; thallium treatment of hyperexcitable states; as well as a study of remedial reading as therapy for emotionally-disturbed educationally-backward children.

Accommodation.

The library, having already outgrown its accommodation, is to be transferred to a new building which is to be erected early next year, adjacent to the present building. It is intended to use the vacated area for permanent displays of scientific and educational matter, as well as provide additional teaching and office space. There is a need for clinical beds to help teaching and research programmes, and these are available at the nearby Receiving House, though use has not yet been made of this facility.

Staff.

The present establishment at the Mental Health Research Institute comprises the Chief Clinical Officer, Research Psychologist, Psychiatric Biostatistical Research Officer, Mental Health Education Officer, Librarian, Assistant Librarian, and three clerical officers. A Female Assistant, when available, has helped with the library work.

The Chief Clinical Officer, in addition, has been concerned with the development of the Neurosurgical Unit, Mont Park, as well as some aspects of the pathological services, the latest of which has been the initiation of a Neuropathological laboratory, under the control of Dr. Mackiewicz. It is anticipated that a medical officer will shortly be attached to the Research Unit, for the development of teaching programmes. One medical officer, Dr. Trood, was attached half-time to this unit for investigation into problems of the aetiology, clinical picture and management of behaviour disorders in brain-damaged children, the rest of her time being spent in routine work at Travanmore.

Training.

(a) Medical Officers.—The general training of medical officers involves the administrative arrangement whereby, as far as is possible, a newly-recruited medical officer spends the first year at a country centre, where he should have opportunities for wide basic reading. The next two years are spent in metropolitan areas, where facilities are granted for attendance at the University lectures for Parts I. and II. of the Diploma of Psychological Medicine at Melbourne University.

Within six months of arrival, the medical officer attends a residential course of one week's duration, when an orientation to the work of the Department is given, and visits to mental hygiene units are arranged. There is also a regular annual postgraduate course in psychiatry, designed to cover as many aspects of psychiatric work as possible. Last year, a full coverage was sought, but it has been found expedient to spread the coverage over a three-year period, and arrange a special annual symposium. This year's postgraduate course has been remarkably well attended, with attendances varying from around 40 to as many as 90 graduates per lecture. The Postgraduate Committee arranges an annual complementary course of lectures, which add to the instruction available. Most of the hospitals and clinics run regular conferences and case-discussions in addition. Additional psychiatric experience is available through attendance at general hospital psychiatric clinics and the regular meetings of the Mental Hygiene Medical Officer's Association and Australasian Association of Psychiatrists. However, there is a definite lack of man-hours for experienced supervised case-work, and more intensive instruction in psychiatry. The aim is to improve the latter as more senior personnel become available and staffing becomes less of a problem. Plans are in hand to raise the general level of training of medical officers, and it is hoped some of these will come to fruition next year.

(b) Nurses.—(i) "Activities" Courses.—These courses, run in conjunction with the School for Occupational Therapy, have continued throughout the year. There is now an important group of nurses in the Department who have been given an orientation towards group management, with emphasis on activity. The time must be coming ripe when hospitals in some organized way will be able to utilize this reservoir of special being knowledge.
(ii) Infant Welfare Sisters.—The Department helped with two revision courses for Infant Welfare Sisters organised by Maternal and Child Hygiene Branch of the Health Department during the current year.

(c) Theological.—Another course for theological students was organised this year. As a result of observations made, some reorganization of this course is to be made to increase its efficiency.

No course was run this year for mental hospital chaplains, but it is intended to resume such next year, and put courses on an annual basis. It is hoped to benefit from the experience of the Rev. Graham, who is at present overseas.

(d) Police.—An introductory series of four lectures on “Human Relations” has been given regularly this year to police recruits.

(e) Victorian Council for Social Service.—Two short courses were arranged for heads of institutions on the subject of Mental Deficiency and Pseudo-Mental Deficiency.

(f) Mental Hospitals’ Auxiliaries.—A six-lecture course for mental hygiene in Victoria was arranged for members of the Mental Hospitals’ Auxiliaries, and was well attended and enthusiastically received. Since these groups act as important liaison between the Mental Hygiene Department and the community, it is essential that they communicate reliable and up-to-date information. A repeat course has been requested for next year.

(g) 16 m.m. Projector Operators.—Two courses have been arranged with the aid of the State Film Centre to train 16 m.m. operators.

(h) Other Educational Activities.—A short course was arranged under the auspices of the National Council for Women, and was concerned with the mental health of the family.

Activities projected for next year include help to the College of Nursing in arranging a Refresher Course in Public Health Nursing, as well as help to the Marriage Guidance Council in organising its training courses for Marriage Councillors. A course for Y.W.C.A. personnel is also pending. Numerous lectures have been given to church and mothers’ groups, to civic organizations, and other interested bodies.

Our Mental Health Education Officer, Miss R. Banchevska, has helped with all of the above. In addition, she has prepared a comprehensive catalogue of mental health films available in Australia, has arranged regular film showings to bring the new films to the notice of suitable bodies. She has been able to advise outside organizations on the use of films, materials for lectures, exhibitions, and so on. She played an important part in the organization of the Departmental Mental Health Exhibition in October, the opening of the 1955 Fireman’s Exhibition in May, and gave assistance to both the Ballarat Travelling Exhibition and the Torch of Service Exhibition (National Council of Women). Her work may be said to have had a two-fold function:—(a) Educate the general public as to the facts of mental illness and so remove prejudices; and (b) highlight mental health aspects of the work of professional groups. The work is developing considerably, and must, in the not distant future, be hampered by lack of man-hours. A tribute must be paid to the rear voluntary help given in this educational programme by many members of the Mental Hygiene Department.

Research.

(a) Mental Health Research Fund.—The University Departments of Anatomy, Physiology, Pharmacology, and Pathology are continuing with the studies begun last year. Both the Departments of Anatomy and Pharmacology have sought to increase the scope of their investigations, and have enlisted the aid of the Department in this respect.

(b) Ataraxic Drugs.—Chlorpromazine and Reserpine.—A number of investigations of the effect of these two drugs have been carried out throughout the Mental Hygiene Department. Some of these studies have been designed with the help of the psychology staff of the Mental Health Research Institute, and they are at present being analysed. It is hoped to be able to publish the findings as a symposium when the analysis is completed.

At Sunbury Mental Hospital, the effect of reserpine on chronic shock-resistant and shock-sensitive schizophrenic patients was evaluated. Reserpine was tried with senile patients at Mont Park Mental Hospital, and there seems to be definite contra-indications to its use in this group. At Ararat Mental Hospital, the action of reserpine was contrasted with that of chlorpromazine in chronic patients. A further study of Larundel Mental Hospital on chronic patients, contrasting the effects of reserpine, a suspected reserpine-like compound and placebo have provided a model experimental result. All except the last study were carefully worked out with the aid of Mr. R. Lyle, Senior Psychologist, who, unfortunately, left in September before the programme was completed. The evaluation has been taken over by Miss Miller, who has had to leave her biostatistical work for the present. She fully worked up the Larundel Mental Hospital investigation.

Mention must also be made of a study carried out at Ballarat Mental Hospital on the effects of reserpine and chlorpromazine on stabilized chronic epileptics, as well as a comparative study of the relative merits of barbiturate and chlorpromazine on chronic agitated patients at Mont Park Mental Hospital.

Finally, an analysis is being made of all returns of the effects of chlorpromazine and reserpine on patients at the Observatory Clinic, Royal Park Receiving House, Mont Park Mental Hospital, Larundel Mental Hospital, Kew Mental Hospital, Sunbury Mental Hospital, Beechworth Mental Hospital, and Ballarat Mental Hospital. Many hundred reports have been received and are already proving of great value. Tribute must be paid to the ready help given by medical officers of this Department, who have so often had to write up this material during an already greatly reduced leisure time.
Suavitil.—The experimental study carried out by Dr. Maclean on the effect of this drug on out-patients at the Observatary Clinic has been published. There was no marked difference between suavitil and the control tablets. The interesting observation was made that both groups showed the same progressive improvement over two months as compared with one. The investigation is to be extended to the trial of larger doses of the drug.

Other Ataractics.—It is proposed to arrange out-patient investigation of the value of Milton in the near future on the same lines as Suavitil. In addition, supplies of many other drugs including Fenquel and Meratron, have been made available for trial. The observation has been made at Ballarat Mental Hospital of the risks of blood dyscrasias with pacatal.

d) Daptazole.—As a result of a suggestion by Professor Shaw, Professor of Pharmacology at Melbourne University, Daptazole was tested to see whether it would counteract reserpinaion of patients. Preliminary investigations carried out at Kew Mental Hospital suggest that Daptazole may not only counteract the effect of reserpine in part, but also produce a complementary beneficial effect. It is intended to follow up this observation.

(e) Brain-damage in Children.—Dr. Trood has now extended the study of her group of brain-damaged emotionally disturbed children to over 170. She is testing out various drugs on the group, the latest of which, Dianox, is providing interesting results in a few otherwise resistant patients. She is soon to collate and analyse the data available, especially the relationship between E.E.G. and clinical state, and the effect of different drugs on various members of the group.

(f) Geriatrics.—Dr. Davies, at Mont Park Mental Hospital, is carrying out a pilot investigation of the personality and social problems involved in the admission of geriatric patients to that hospital.

(g) Epileptology.—Dr. Cade has further analysed the schizophrenic admissions to Royal Park Receiving House in terms of age-specific rates. Miss Miller, Biostatistical Research Officer, has collected data in the pattern of admission, discharges, and deaths in public and private mental hospitals in Victoria between 1850 and 1950. She also has commenced a study of seasonal variations in the admission of patients to Royal Park Receiving House.

(h) Psychosurgery.—It is hoped to shortly complete the follow-up study of the first 100 patients who have undergone inferomedial prefrontal leucotomy. The initial survey of such patients is most encouraging.

(i) Special Psychological Studies.—Messrs. Gilchrist and Lyle have studied personality responses with the Thematic Appreciation Test in delinquent children, and their findings are in the press. Mr. Groh has published a study of ego-integration in disturbed children, using a standard series of the same cards.

(j) Others.—With evidence of the apparently increasing part alcoholism is playing in admissions to Royal Park Receiving House, some studies will be put in next year to investigate the position.

Clinical Treatment.

Electroencephalography.—The unit at Mont Park Mental Hospital is now functioning at a high level and providing a useful clinical service. It has helped train Dr. Sirisali, a doctor from Thailand, under the Colombo Plan. It has so far not been possible to introduce cortical stimulation work in the neurosurgical theatre, but this should become feasible next year. An Officer-transistor E.E.G. is on order for this purpose, and also to provide a portable E.E.G. service. The Both E.E.G. apparatus at Royal Park should be in operation early next year. There would seem to be a real need for another E.E.G. machine centred on Ballarat Mental Hospital.

General.

(a) Technical Library.—The library is now fully established at the Mental Health Research Institute, but has already outgrown its accommodation. A new building, as already stated, is being provided for this service. There are over 3,500 books and pamphlets in stock, and, of these, 1,900 are on permanent loan to various individuals and institutions. Over 100 books and pamphlets are issued each month, and there are many inter-library loans in addition. The library is receiving 188 journals regularly, and the total, with duplicates, adds up to 321. In the past twelve months, over 800 journals have been issued to nearly 500 borrowers. Journals bound number 294. Furthermore, items ordered are over 100 per month and rising, 340 items per month are mailed, and there is a constant stream of Departmental or outside callers who seek personal service, so that the library facilities are strained to the utmost. Because of this, no new books have been catalogued since 30th September, and there has been no opportunity to catch up on the back-log. Prior to this, a regular weekly bulletin of additions was issued and provided a very useful service. There is need for a quarterly review of staffing. It may well be said that the library has come of age and is providing a mental health service not only for the Department but also as part of the Central Medical Library scheme, for the rest of Victoria.

(b) Education.—Attention has already been drawn to the training and educational activities organized through our Mental Health Education Officer, Miss Banchevska. She will next year edit an intra-departmental Bulletin, which will contain information relating to the affairs of the Department, and will be for distribution therein, thereby improving communications. Plans are being prepared for the publication of mental health material suitable for Australian conditions. A small condensed booklet on Departmental facilities available
was prepared for the Departmental exhibition, but a more comprehensive publication is being prepared. Many slides have been prepared relating to scientific and social activities at our mental hospitals, especially Mont Park Mental Hospital and Ballarat Mental Hospital. The former hospital is preparing a colour-film on leucotomy, whilst the latter hospital is to prepare a series of short training films on aspects of social therapy.

(c) Publications.—There is a growing list of papers being published by members of this Department. It is proposed, in the future, to collect and list these annually, and bind them together for permanent record.

Acknowledgment.

The Chief Clinical Officer acknowledges with gratitude the constant help given by the Authority and the many officers at 300 Queen-street. Too high tribute cannot be paid to the high morale of the many members of the Department, who have invariably given voluntarily of their services when asked for these, and so made this year's accomplishments possible.
INSPECTOR MENTAL DEFICIENCY TRAINING.

Mr. K. M. Cathcart.

The Centres continue to carry out valuable work in the community. A serious difficulty is the provision of supervisors in the country. Generally the quality of staff in the city is improving but in country towns it is not always easy to obtain a suitable person, and it is virtually impossible to find a city applicant prepared to accept work away from Melbourne.

A new centre was established at Croydon and new buildings were opened at Geelong, Northcote, Oakleigh Craft Centre, and Wonthaggi, the last entirely as a result of voluntary effort.

Unfortunately the valuable services of Miss J. Fox were lost to the Department, and the lack of a suitable assistant precluded the commencement of a course for staff. This obstacle will be removed by the appointment of Miss Stella Woodroffe, so that a course will be held in the second and third terms of 1957.

A week-end conference for members of staff proved very successful. Over 50 members attended. The Victorian Council for Mentally Retarded Children has been asked whether staff from other States could attend future conferences.

With the Administrative Member of the Authority, I have been attending, by invitation, evening meetings of the Executive of the Council for Mentally Retarded Children. The liaison provides a useful and economical method of dealing with the Council.

The enrolment at the various centres is over 600, and at present some of the Centres have waiting lists. The reference at the beginning of this report to the uneven quality of staffs could equally apply to the nature of the work being carried out, but overall staffs and parents are reaching a more realistic estimate of the potentiality of the children, who are seriously retarded and consequently incapable of carrying on anything like normal school work. Where this is not realized, the hard task of changing the incorrect attitudes is being attempted.
STATE MENTAL HOSPITALS

Extracts from reports by the Psychiatrist Superintendents of the Mental Hygiene Authority

MENTAL HOSPITAL, ARARAT.

PSYCHIATRIST-SUPERINTENDENT: DR. J. CAMPBELL-YOUNG.


<table>
<thead>
<tr>
<th></th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of patients on books 1st January, 1956</td>
<td>545</td>
<td>291</td>
<td>836</td>
</tr>
<tr>
<td>Admitted—</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Voluntary—26 male, 17 female</td>
<td>32</td>
<td>21</td>
<td>53</td>
</tr>
<tr>
<td>Certified—6 male, 4 female</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transferred from other Hospitals</td>
<td>50</td>
<td>12</td>
<td>62</td>
</tr>
<tr>
<td>Discharged*</td>
<td>31</td>
<td>19</td>
<td>50</td>
</tr>
<tr>
<td>Transferred to other Hospitals</td>
<td>79</td>
<td>5</td>
<td>84</td>
</tr>
<tr>
<td>On Trial Leave</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Died</td>
<td>22</td>
<td>13</td>
<td>35</td>
</tr>
<tr>
<td>On books 31st December, 1956</td>
<td>472</td>
<td>271</td>
<td>743</td>
</tr>
</tbody>
</table>

* Includes 19 male and 14 female patients who were previously in the hospital as certified patients and who were discharged section 38 (2) and re-admitted as voluntary boarders.

Overshadowing all else has been the transformation scene taking place on the female side of the hospital. It was hoped that it would be completed by Christmas but alas, it was not Christmas, 1956.

The patients have withstood the onslaught of workmen with remarkable fortitude and great credit is due to Matron for the efficient way she has coped with the uncertainty of the availability of beds and even wards from one day to the next. The contractors have been very co-operative in this respect, but even so, the difficulties have been enormous. Order steadily emerges from apparent chaos and the contrast between the "old" and the "new" could have played a dramatic part in the Centenary celebrations in Ararat had the work been completed in time.

General Health.

Through a long wet winter, the health of the patients has been remarkably good when the advanced age of most of them is considered. No epidemic occurred throughout the year and deaths were sporadic. The average age of death was 63. All patients were innoculated with T.A.B.

In December, 75 male patients were transferred to Ballarat, in preparation for an increase of the female population by 110.

It is greatly hoped that the modernization of the male side will start soon, as the contrast (with the female wards) is almost fantastic.

Social Activities, Recreation and Amenities.

The greater portion of the enclosing wall on the female side was demolished. This did not result in an increase in the number of absconders. In actual fact the number decreased.

The maximum of freedom is allowed to the patients and the gardening enthusiasm on the male side is most gratifying. There is much friendly rivalry and exchange of ideas and seedlings. Fishing and rabbitting are also enjoyed.

In inter-hospital activities our patients' teams are stronger than most and in table tennis, cricket, and football our patients play their part locally. One patient being selected in a team in Melbourne Country week.

The programme of activities and entertainments would do credit to a seaside resort at the height of the festive season.

Occupational Therapy.

Occupational Therapy is thriving on the male and female sides and the Ararat stand at the Melbourne Exhibition attracted the eye. An endeavour is being made to bring a steadily increasing number into occupation and a graph of the percentage of occupied patients shows a slow but steady upward trend.

Research.

An extensive project was undertaken in the course of the year with Chlorpromazine and Reserpine. This suffered a little by changes in the medical staff during the project. It, however, proved valuable. Improvement was recorded in quite a number of unpromising cases and the project proved well worth while. The final assessment is in the hands of the Chief Clinical Officer.
Buildings, Equipment, Artistic Work.

In an old building such as this, maintenance makes a heavy demand on the artisan staff. They have been helped by a move into an L.T.C. building which makes excellent workshops for tailor, upholsterer, and carpenter and allows elbow room all round. A major undertaking was the painting of the recreation hall which was very dingy. It was ready in time for the annual Fancy Dress Ball and with improved lighting and a plasticised floor it presented a very gay spectacle.

Farm.

Milk production was 132,681 quarts an increase of 6,000 quarts on the previous year. Installation of the pasteurization plant which is nearing completion will be a great boon.

Egg production was 2,339 dozens, an increase of over 360 dozen on the previous year.

Vegetable Garden.

Vegetable production was 230,195 lb., an increase of 7,000 lb. on the previous year. Full credit must go to the Vegetable Garden Staff for a good supply of vegetables in season for the patients' diet and for the greatly increased numbers of staff quarters.

Flower Gardens.

Raising of seedlings for the ever increasing ornamental garden areas is becoming a big function of the Gardening Staff. The mass of bloom is evidence of the work done by this section of the staff together with the patients to assist. The gardens around the new staff houses erected on Oran-street are rapidly taking shape and the members of the staff occupying these houses must be commended for their enthusiasm.

Staff.

Recruitment of female staff is still disappointing both in quantity and quality. Dependence is still largely put on married staff who have domestic duties and responsibilities at home but who nevertheless do a good job in looking after the welfare of the patients and work hard making the patients' lot a happy one. The amount of work put in by the staff in getting patients ready for the Fancy Dress Ball, starting well before its date was a great credit to all.

During the year three of the male staff retired on superannuation after many years of service and it was sad to see them go.

An ancient custom was abandoned, that of having the male hospital controlled and partially staffed by females. This freed valuable staff to help reduce the shortage of nurses on the female side. The male staff embarked on their new task with zeal and keenness to do as good a job as had been done by the gentler sex. They may have gone a bit further in their ambition and they have succeeded.

Staff Training and Teaching.

With the help of block training at Ballarat, a 100 per cent. pass was achieved in the final examination and second year examination. In the first year examination the results were less satisfactory. We were unfortunate in losing two final year students transferred to other hospitals at their own request, one of them carrying away one of our best nurses as his wife.

Voluntary Organizations.

We are blessed with a very active Hospital Auxiliary who are each and all enthusiasts. They are tireless in their activities and the only duty called for from the Psychiatrist Superintendent in respect to them is a little restraint. The patients have been lavishly entertained and helped by the Auxiliary throughout the year culminating in the Christmas Ball where the repletion of the patients reminded one of Tom Websters' yearly gay spectacle.

Out-Patients.

An out-patient clinic is conducted at the Ararat and District Hospital with whom the liaison is cordial. In these days, however, when the full armamentarium of tranquillising drugs is prescribed by general practitioners before cases are referred, the task of the Psychiatrist is not quite so easy. Electric convulsive therapy still is a helpful form of treatment in spite of current opinion and has been used on out-patients and in-patients in the General Hospital.

"J" Ward is regretably almost always full to capacity but very useful work is done there. Gardening under the inspiring guidance of the Head Nurse both utilitarian and decorative has brightened the lives of the patients and the eyes of the visitors. A new occupational therapy building has been completed and is now functioning. The difficulty in such a ward is the combining of useful occupation which involves the use of sharp tools with the safety of the patients but a gradual build up of patients usefully employed is being achieved.

The local clergy of all denominations show great interest in the patients, in particular Canon Yeo, who is also an active member of auxiliary. There is a weekly " Padres evening " when the showing of educational and religious films is undertaken by the various denominations.

Admittedly the source of revenue in the kiosk is a substantial one. Good work is done by Mrs. De Clercq and others in occupational therapy. Country Women's Associations and Inner Wheel in the surrounding districts give wonderful picnics for bus loads of patients. It is really wonderful how small communities do so much for so many people and the gratitude is very real.

The risk now is not that patients are neglected by the public but that too much may come to them by so little effort on their part.
RECEIVING HOUSES BALLARAT AND NOVAR, MENTAL HOSPITAL, BALLARAT.

Psychiatrist-Superintendent: Dr. E. L. Roberts.


<table>
<thead>
<tr>
<th></th>
<th>Novar.</th>
<th>Receiving House</th>
<th>Mental Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Voluntary</td>
<td>Certified</td>
<td>Total</td>
</tr>
<tr>
<td>On books 1st January, 1956</td>
<td>7</td>
<td>12</td>
<td>24</td>
</tr>
<tr>
<td>Admitted</td>
<td>75</td>
<td>154</td>
<td>142</td>
</tr>
<tr>
<td>Discharged</td>
<td>74</td>
<td>150</td>
<td>165</td>
</tr>
<tr>
<td>Died</td>
<td>Nil</td>
<td>2</td>
<td>15</td>
</tr>
<tr>
<td>On books 31st December, 1956</td>
<td>8</td>
<td>13</td>
<td>15</td>
</tr>
<tr>
<td>On trial leave at 1st January, 1956</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Allowed trial leave during 1956</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Allowed trial leave during 1956 and returned</td>
<td></td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Total returned from trial leave</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Remaining on trial leave</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments.

The number of admissions increased by 39 at Novar, 63 at the Receiving House, and 49 at the Mental Hospital, but there was no increase in the percentage of voluntary patients. The outright discharge rate of all those admitted remained unchanged at 99 per cent., 54 per cent., and 60 per cent. respectively.

It was necessary to have certified one patient who entered the Receiving House voluntarily.

The admissions to the three Ballarat institutions represents a turn-over of 54 per cent. of the total available bed capacity (960) and of these 56 per cent. were re-admissions.

The percentage of deaths (96) of all those under care at the Mental Hospital during the year increased from 5.5 per cent. to 7.8 per cent. It was established that the five deaths from unnatural causes were not contributed to by negligence of the staff.

General Health.

The general health of the patients has remained good and there has been no epidemic of infectious disease. No X-ray survey was carried out but in one patient active tuberculosis was detected. All patients were inoculated against typhoid. The transferring of typhoid carriers to this hospital has made the isolation block unavailable for any other infectious disease and now such cases have to be nursed in single rooms. This problem will be partially solved when the new combined hospital ward is opened.

In addition to the weekly attendance for one session of the consultant physician, the appointment of Mr. H. Drury as surgical consultant when required is very helpful to the medical staff.

The co-operation given by the Ballarat Base Hospital continues to be very satisfactory and helpful.

The opening of the dental department at the end of the year will enable adequate conservative treatment for all patients when a full time dentist is appointed.

Treatment.

An important development of psychiatric treatment followed the appointment of two additional occupational therapists. An active centre was rapidly established in a new recreation building and the 60 women attending it from the adjacent ward, many of whom had previously been unoccupied, received considerable benefit. One of these occupational therapists then took charge of the male occupational therapy centre and as more space became available it was expanded and organized on modern lines. More than 40 patients now attend it, therefore, with the inclusion of the original female centre, 130 now have the benefit of this form of treatment. The extensive and varied programme of these centres is such that the patients have the opportunity to become integrated into creative groups in an environment which is secure but constantly changing by their own initiative, and which is partially under their control.

The therapists report that innovations, including the formation of a committee for free discussion about the activities and function of the centre; the extension of interest to the outside world, such as a bazaar where the patients personally gave to the children articles created by them from material of little value, and the rearing of live-stock and growing of flowers, have revived in many of the patients, self-respect, and the regressed and deteriorated people is aimed to enable the individual to engage in prevocational work in the hospital which will assist them in regaining a useful place in the community.

A number of craft groups are also operating in the wards with the guidance of the occupational therapists. They are conducted by the nurses under the control of the assistant head nurses and medical officers. Many of the articles created are purchased by the patient for the cost of the material or have some utilitarian value in the Hospital. The training given to the nurses working with the occupational therapists in the centres and in the wards is proving very valuable as also are the occupational therapy courses for nurses at Royal Park.

The occupation of patients throughout the Hospital increased from 60 per cent. to 70 per cent. and the increase compares favourably with that of 1955. The selection of patients for the type of work available improved and the nursing staff show a more flexible attitude towards this aspect of treatment. The numbers engaged in the different types of occupation vary but show no significant change from the previous year.
There was an increase by 10 per cent. of patients attending passive recreations and the highest figure reached was 73 per cent. in June. The recreation hall is not large enough for the purpose on occasions. The participation in active recreation did not increase markedly but reached 30 per cent.

Some members of the medical, nursing and occupational therapy staff have been able to enlarge the social programme by starting various groups of their own and integrating these into the community life of the Hospital, which has continued to develop, not only with the introduction of new activities but by consolidation and certain refinements of those previously introduced.

Ward committees of patients were formed with the direction of the charge nurse in order to promote a sense of self-management, facilitate communication, and to give a closer liaison between the wards and the recreation club committee.

The flourishing magazine “The Key to Health” issued by the recreation club attracts wide interest and reflects the growing spirit of independence and co-operation.

The club has with experience assumed more control of its function; the sub-committees are more active, but there is yet much to be done to bring about a greater active interest of recently admitted patients in the control of the club. At the instigation of the psychiatrist the club committee has attained control of membership and disciplinary powers within the club. Active membership of some group is held to be one of the fundamental principles of psychiatric treatment and much effort is needed to overcome the isolation which is part of the psychotic patient’s illness.

It was partly in order to present this important aspect to new patients as soon as possible that they are welcomed very forthrightly by the psychiatrist superintendent, the heads of the four main hospital branches, and the executive members of the club committee. Each of these people contributes to an explanation of the Hospital life and its aims, and questions and comments from the patients are sought. It is considered that a short film covering the same ground would be an advantage, and an attempt will be made to produce a film if finance can be obtained. Every endeavour must be made to relieve the newly admitted patient of his misapprehensions, and although actions speak far more than words the informal meeting of welcome over a cup of tea is itself an act which the patients evidently appreciate.

Unfortunately, comparable progress has not been made at the Receiving House. The limited space and absence of some facilities are largely responsible but there is a need for constant occupational therapy— the attendance of two Red Cross craftworkers three mornings weekly, though much appreciated, falls far short of what is required.

At Novar the situation is better in some respects but the attendance of an occupational therapist one afternoon and one evening weekly is insufficient.

The social evening introduced the previous year has been helpful to the in-patients and those ex-patients, day-patients, and out-patients attending. Very few patients seem to have the need of it for more than a few months after their discharge. Social therapy at Novar will improve when male patients can be accommodated.

A weekly social evening at the Receiving House is attended by patients from the Mental Hospital, particularly those who have transferred to the Mental Hospital from the Receiving House for prolonged or special treatment. It is more organized than the evening at Novar. The mingling of the patients in this way is thought to allay somewhat the fears that patients have of moving to the Mental Hospital for treatment.

Patients from both Novar and the Receiving House go voluntarily to the Mental Hospital for special social activities.

At the Mental Hospital the number who have some degree of parole has increased slightly, and averaged 30 per cent. No major difficulties were encountered and the majority of those who absconded did so from closed wards or when not on parole.

It was reported last year that the amount of money made available for the payment of gratuities was insufficient. Rising costs have aggravated the deficiency and many patients are considered to be receiving an inadequate reward for their labour.

Further reclassification of patients became possible on the female side when several more nurses qualified and the female occupational therapy centre opened. In the large ward which was divided administratively but not structurally most of the initial difficulties encountered have been overcome. Twenty beds were added to it to relieve overcrowding in the metropolitan hospitals. These wards become “open”. Two female wards occupied by 250 patients remain entirely closed. The three wards of 120 beds continue to present one of our greater problems in nursing care and their proposed sub-division is urgent, particularly as the facilities are much below modern standards. When the wards throughout the hospital were remunerated as requested, provision was made for the remodelling of each of them into three wards, but with a greater total bed capacity than at present.

Reconstruction of the “Old Male Division” enabled some reclassification of the male patients when it (M.11) was re-opened in December, but the majority of the 75 men transferred from Ararat to occupy the beds had been ill so long that M.3 ward, of necessity ceased to be an “open” ward, and the number of open male wards remains unchanged.

In general, the nurse-patient relationship has advanced and has been kept in mind in planning extension of occupational therapy. Some nurses continue to find it difficult to adopt the policy of getting work done with the assistance of otherwise idle patients instead of the easier but less satisfactory method of doing it entirely themselves.

The grouping of patients under one nurse for the purpose of recording nursing notes has resulted in more individual interest being taken in some patients. It is usually the disturbed patient who receives individual attention at the expense of the withdrawn patient who gives “no trouble”, unless something is done to counteract this tendency.
With regard to the religious part of the Hospital community life the chaplaincy work has extended, mainly as the result of the course for chaplains held at Royal Park in July, 1955, and the appointment of a full time resident Church of England Chaplain. In addition to regular services held by all denominations in the chapel, attendance at which has increased markedly, the protestant denominations have combined to hold monthly ward services. Occasional Communion Services have also been conducted in wards, the Receiving House and Novar. A film evening and special services for Easter and Christmas were appreciated. Follow up calls on patients and relatives in their homes have become an important aspect of the chaplains' work.

Special Treatment.

The Psychiatrist reports that in addition to the social psychiatry advances, the usual forms of treatment have been developed. The results of electroconvulsive therapy have been successful, but the need of it as a symptomatic treatment as distinct from the curative, is declining. The statistical results of insulin therapy compare unfavourably with the previous year owing to the inclusion of some patients with chronic schizophrenia, in whom the chances of remission were very low; of 9 females and 21 males treated, 6 and 4 respectively were able to leave hospital.

With the continued use of tranquillising drugs the best results were obtained when the patients were able to participate in group activities. As a special project a study was made of two groups of epileptics as part of a departmental research into the effects of these drugs. Owing to shortage of chlorpromazine, mepazine was substituted in the latter part of the year. Two cases of severe agranulocytosis following this drug caused considerable anxiety.

Several patients were referred to Mont Park for leucotomy with successful results.

With the increase of medical staff to six, more individual psychotherapy at the Receiving Houses has been possible, and at the Mental Hospital the doctors have been able to devote more time to their patients' problems and to play a greater part in the group activities.

Out-Patients.

In addition to the out-patient and consulting work done at the Ballarat Base Hospital by the Psychiatrist Superintendent and Psychiatrist, similar work has been extended at Novar by all members of the medical staff, where 147 patients were interviewed for a total of 500 hours. One group of women spent 63 hours in group therapy. A day hospital has been opened at Novar and thirteen patients attended a total of 267 days.

This represents a considerable amount of preventive work as well as treatment which in many cases has the value of avoiding the patients admission to hospital. A total of six sessions weekly has enabled more long term psychotherapy to be conducted. A number of children with severe problems are treated as out-patients as well as being admitted to Novar.

Research.

Research is continuing on the problem of epilepsy. One paper was published during the year by Doctors Lindsay and Smith, surveying the fate of fractured femora in the hospital. A paper has been prepared by Doctors Honey and Drake dealing with agranulocytosis following mepazine treatment.

Amenities.

Clothing.—In previous reports many defects in the clothing provided have been stressed. In most respects this problem has been resolved but some deficiencies in quality require attention. Blankets recently provided are too thin for the Ballarat climate.

Progress has been made in the storage, care, and maintenance of clothing; more pressing is done both in the laundry and wards.

Diet.—No noteworthy change of diet took place.

Staff.

No greater stability is indicated in the turnover of female student nurses as shown in the following table:

<table>
<thead>
<tr>
<th></th>
<th>Commenced</th>
<th>Resigned</th>
<th>Reclassification to Ward Assistant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>30</td>
<td>33</td>
<td>21</td>
</tr>
<tr>
<td>Male</td>
<td>15</td>
<td>28</td>
<td>5</td>
</tr>
<tr>
<td>Female</td>
<td>20</td>
<td>12</td>
<td>24</td>
</tr>
<tr>
<td>Male</td>
<td>1</td>
<td>Nil</td>
<td>3</td>
</tr>
</tbody>
</table>

An endeavour was made to improve the selection of applicants and a higher standard of English was demanded of the New Australians. The resident Chaplain arranged for English classes for New Australians. The demands of the home and family of the many married women are the cause of considerable absenteeism.

The changes in the female nurses' uniforms were generally considered satisfactory, but with the male staff the quality of material is considered poor and uneconomical and a larger issue of white coats is recommended.
The good standard of the qualified nurses has been maintained and many of the senior nurses have gained considerably in efficiency. The resignation of the tutor, Mr. R. Roberts, was received with regret. He had proved himself to be an excellent teacher.

The work of the medical officers has been of a high standard and they have co-operated well as a team under the skilled guidance of the psychiatrist who sees that they have every opportunity to study and treat all types of psychiatric disorder. Dr. J. Woodforde came from Sydney to join the staff in February.

The appointment of two recent graduates of the Victorian School of Occupational Therapy, Misses A. Bishop, and F. Honey has been mentioned above. On the basis of their thorough training, they have with experience, done remarkably well with deteriorated patients and it is to their credit that they immediately expressed the desire to work with some of the more difficult patients in the Hospital. As members of the therapeutic team they have had a beneficial influence on the attitude of the staff towards their specialized work, and it is hoped that more graduates of the school will come to work at this hospital.

Staff Training.

Following the opening of the Nurses Training School in January by Miss Jane Munro, S.R.N., the training blocks commenced but the return of the tutor to the United Kingdom at the end of the year has made the future uncertain. Three preliminary, two second and final year blocks were held throughout the year, in addition to the continuity of weekly lectures and tutorials to each year of nursing training. In addition to regular discussions in the wards of the therapy teams, postgraduate clinics have been held monthly throughout the year, and the visiting speakers have included members of the authority, and other psychiatrists. Dr. Pankow visited the hospital and gave two such lectures. Two meetings have been held in conjunction with local practitioners in the course of the year. The second chaplains conference in November included a discussion with members of other branches of the hospital following a talk by a visiting surgeon, Mr. Murray Clarke.

Results of the Nurses Examinations conducted in March and November were as follows:—

<table>
<thead>
<tr>
<th></th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Year</td>
<td>...</td>
<td>...</td>
</tr>
<tr>
<td>Second Year</td>
<td>...</td>
<td>...</td>
</tr>
<tr>
<td>Final Year</td>
<td>...</td>
<td>...</td>
</tr>
</tbody>
</table>

The graduation ceremony held in April was a success. Miss Ellice Lang, S.R.N., was the guest speaker and distributed the certificates and prizes. The presence of the Authority, His Worship the Mayor of Ballarat and representatives of local organizations was appreciated.

Buildings, Equipment, and Artisan Work.

The opening of the reconstructed "Old Male Division" by the Hon. the Minister of Health, Mr. E. P. Cameron in December was an important occasion. As well as providing a spacious ward of 76 beds for men, the building contains many departments which will be useful. The plastic tiled floor is thought to be very effective and it is hoped that some of the other floors in the wards can be covered in the same way.

The building of the new ward for treatment of physically ill men and women was carried out with unusual rapidity and finished towards the end of the year but there is now delay because other contractors have not completed their work.

The construction of four concrete veneer wards for men commenced. It is considered that as the building firm has the entire contract for these wards time and money will be saved.

The urgent need for remodelling of the three large female wards has been mentioned above. A number of the other wards require moderate alteration to increase their efficiency and raise the standard of living of the occupants to an adequate level.

The provision of kitchen and laundry facilities has proceeded at F.3 (C.W.A. Cottage) but the water supply to the laundry has delayed completion of the job and use of this facility.

Novar is still not fully occupied as provision of heating and hot water services are not completed. The Contractor is dependent on firms to supply certain units—one from overseas. The old central heating is still usable but hot water is available in only one bathroom. The interior was vastly improved with redecoration by the Hospital painters.

Re-construction of the Receiving House kitchen has been completed after some years of delay. The kitchen is vastly improved. New floor covering was provided throughout almost all rooms.

If a new laundry is not contemplated at an early date, conditions should be improved in the washhouse, where staff and patients are constantly walking in water. Attention has been drawn to this previously. The provision of a dry cleaning plant should be considered in the present laundry.

One cannot expect perfect conditions when the staff are providing for approximately twice the number than that for which the kitchen was designed and at a time when less thought was given to kitchen planning. Despite the conditions, the meal service has improved and there are few complaints. The long awaited fish fryer has been supplied and installed but other equipment requested has not yet been provided.

The pharmacy and the store are becoming less and less adequate as the hospital grows, but the problem of office accommodation should become less acute when a Medical Officer's flat becomes vacant.
It is inevitable that as the buildings age and more wards, &c., are added, the volume of maintenance must increase. The artisan staff is coping with this work but there are sometimes delays when more urgent repairs become necessary and work programmes are interrupted.

A case in point is the vegetable storage shed which is now quite inadequate. Extension of this shed must ultimately be done to meet the growing requirements of new wards and additional staff. The garden acreage has been extended on ornamental grounds are steadily making improvements in addition to maintenance. The new nurses home has been maintained for most of the year but the continued wet and cold weather delayed growth when it was most needed to offset increased issues of vegetables when potatoes were at such a high price. The irrigation system is an asset but when the weather is at all dry and hot, water pressure is so low that day-time watering is an impossibility. The poor water pressure presents other problems. The gardeners in the ornamental grounds are steadily making improvements in addition to maintenance. The new nurses home area reflects creditably on their work. Other parts of the hospital have been improved in appearance. The cricket oval calls for considerable attention.

Many flowers have been provided for ward decorations but during recent weeks the watering of gardens and lawns has been impossible. The low pressure has required that water must be reserved for essential purposes and our lawns are ugly instead of pleasant green surfaces.

Water has also been the engineer's worry. On a recent occasion, when the pressure dropped to 5 lb. it was not sufficient to lift water to the generators and the generation of steam had to cease. Generators provide no reserve as boilers did. The evening meal was prepared under make-shift arrangements. The Public Works Department hopes to prevent a recurrence by the installation of a pump. On the other hand, the removal of the old booster pump is contemplated as it is contended it will not be necessary when the replacement of old water mains, now in course, is complete. Retention of this emergency pump is strongly urged, as it offers some security in an emergency.

The unsightly old boiler house is still awaiting repair and a contract has at long last been let. No provision has yet been made for much needed storage of engineering supplies and this is another job awaiting the carpenters, as is also a new timber rack which has been well designed by one of the carpenters.

The generators now in operation for eighteen months are proving costly and already over £1,000 has been expended in their maintenance. The provision of a filtration plant, recommended before the generators were installed has proved an advantage. However, we are of the opinion that when the load is increased for the new wards, all three generators will need to be kept under steam and there will be no reserve. The limitations of generators and their costly upkeep seems to indicate that the installation of more of them should be abandoned in favour of "packaged" boilers, packaged because they have already been tested in the factory and are delivered ready for the operation as soon as water, steam, and oil lines are connected. There is no costly boiler installation. It is understood that this type of boiler has been successfully used in England.

Through the activity of the chaplain in interesting churches and guilds, sufficient funds were subscribed to furnish the chapel. It was re-decorated and is now very much improved as a place of worship.

Among other work undertaken by the painters was the interior decoration of the concert hall and of the staff dining room. Both buildings are very much brighter and more attractive.

Work on the old nurses home to provide flats for senior members of the female nursing staff commenced and is proceeding very slowly. All the interior of this building calls for renovation and painting but nothing has yet been done in execution of the requisition submitted for this work.

Though additional extensions from the local telephone switchboard have been provided and the switchboard has been extended to permit of the additional lines, no phones have yet been connected to resident staff and the more important wards. The result is that messages have to be relayed and sometimes, without carelessness, may be unintelligible or misleading to the person concerned. Misunderstandings can be serious. At other times, inconvenience is caused to both our staff and the public when time is spent seeking to locate a doctor in the wards and bringing him to the phone. The only satisfactory solution is to have installed all the extensions requested and an attendant to provide a 24-hour service.

One of the greatest drawbacks experienced is the lack of plans showing reticulation of sewer, water mains, &c., with the result that often much time is wasted finding these mains when work is required to be done. Hours have also been wasted in searching for valves to control water before repairs can be effected.

The farm has been improved by the erection of the new machinery shed, the new hay shed, and new oil store. Seventy-five chains of new fencing has been erected by the farm staff. The resultant smaller paddocks permit better control and rotation of grazing, top dressing, cropping, following, and seeding. The farm yard fence is in bad condition but this will be replaced by a cyclone fence erected by our staff as soon as materials are supplied.

It was a disappointing year in pig production through the death of a young boar. An area of 35 acres not previously cultivated was put under oats and a good yield resulted. There was a prolific growth of grass hay but the quality is below standard due to slow handling. A pick-up baler would have been advantageous. The dairy herd has been improved by the culling of older cows and the addition of young stock. This practice must continue if we are ever to provide all the milk required but this should be possible in course of time. With this end in view we need more land. A certain amount of the better ground has been taken up in new buildings but none of our land is very good. It is hoped we may secure another 70 acres of Common Land.
The Fire Protection service advocated by the Metropolitan Fire Brigade some years ago, which entailed quite an amount of installation, came into operation. There is an automatic sprinkler system in the laundry, automatic fire detectors in all buildings not manned both day and night, and alarm points at other advisable locations throughout the hospital. In the event of any of these operating, the alarm is raised both here and at the local fire station, the indicator board reveals the point, and the booster pump comes into operation. Several false alarms have been very promptly responded to by the brigade but there was only one fire, which was very expeditiously dealt with by the staff and controlled before the arrival of the brigade. From time to time the engineering staff demonstrate the use of fire fighting equipment to other members of the staff, give practise in their use, and give advice on methods of dealing with fire according to wind and other conditions.

Voluntary Organizations.

The work of the Ladies' Auxiliary continued to expand: the profits of the Kiosk were wisely expended on amenities; personal help was given patients in need, including technical correspondence courses; equipment was supplied for the occupational therapy centres, and many outings, some in conjunction with the C.W.A. and other organizations were arranged. We are grateful for the active interest and support of this hard working group.

The Y.M.C.A. commenced active work in the Hospital, with members engaged in billiards tournament with patients. Other organizations, including the St. Vincent de Paul Society and R.S.L. pay regular visits.

The Ballarat Choral Society, Symphony Orchestra, National Theatre, and many others too numerous to mention, have entertained large and appreciative audiences at the Hospital.

Public Relations.

An Open Day on a Sunday during the Begonia Festival and another later in the year attracted about 150 people to see over the Hospital.

For the third successive year a floral float prepared by the staff and patients took part in the Begonia Festival procession.

Members of the staff gave 35 illustrated talks to groups and organizations. In addition to giving the majority of these talks, the Church of England Chaplain also gave eight talks on aspects of mental health over station 3 BA.

Following the Departmental Exhibition in the Melbourne Town Hall this Hospital arranged a Mental Health Exhibition during Health Week which visited Hamilton, Horsham, Mildura, Maryborough, and St. Arnaud. Approximately 600 people attended and useful contacts were made with civic and social group leaders; details for and advice on health matters. It is considered that the success of this experiment in public education warrants annual repetition with some modification. The series of colour slides showing the referral of a person to Novar and the progressive use of Novar as an early treatment centre was the focus of interest and did much to inform the people of the importance of early treatment. In every city the authorities and health officers suggested the exhibition should be repeated. Two weeks after the tour the Exhibition was shown in a marquee in the centre of Sturt-street, for one day.

The Ballarat Courier continued to report outstanding Hospital events.

The visits of members of social organizations mentioned above and also individual visits, is effective in modifying the attitude of people towards mental ill health and the function of mental hospitals. The Bishop of Armidale, the Right Rev. Dr. J. S. Moyes, made very encouraging references to the progress of this Hospital following his visit.

The Coming Year.

In the report made eighteen months ago certain major requirements were outlined and a number of them await fulfilment. They include the completion of Novar, the sub-division of the three large female wards, a new laundry, kitchen, dispensary, and recreation hall, and enlargement of the store.

The purchase of Norwood from the Ballarat Base Hospital would enable the Receiving House to be established there, and in conjunction with Novar, which adjoins it, would provide adequate facilities for all the early treatment requirements for many years to come.

Though the present Receiving House in Dana-street is most unsatisfactory, the building is very suitable for a hostel. Were it to become a hostel it would soon be fully occupied by patients from the Mental Hospital who are well enough to obtain employment, but who have not suitable homes and who require continued support and supervision in conditions which cannot be obtained in boarding houses. Those who obtained full employment would pay for their board and lodging from wages, and others would be eligible for the invalid pension.

In the same report plans for development of treatment were mentioned. These were energetically pursued by the staff. It is proposed to continue on the same lines, paying greater attention to grouping patients for nursing management.

With a clearer recognition of the aims of the Department and the Hospital, and of the role of the individual within the Hospital structure, a stability of function is palpable, which is to the patients' increasing benefit.
Mental Hospital, Beechworth.

Psychiatrist-Superintendent: Dr. L. F. Donnan.

Statistics.

There were 690 certified patients and 19 Voluntary Boarders in Hospital on 1st January, 1956, making a total of 679. There were 30 direct admissions of certified patients, and 25 admissions of Voluntary Boarders, making a total of 45. There were 48 transfers from other institutions.

Nine patients were discharged and at the end of the year 22 patients were on trial leave. At the end of the year 26 patients were boarded out at the Ovens and Murray Home.

During the year there were 32 deaths, of which 31 were natural and one was due to shock from severe burns, incurred through setting fire to bedclothes.

On 31st December, 1956, the number of patients on the Hospital books was 730 certified cases and 23 Voluntary Boarders, making a total of 753.

The figures appear much the same as the previous year, although a more stringent criterion for discharge seems to have been applied.

General Health.

The physical health of the patients continued to be satisfactory during the year of 1956. There were no epidemics. Arrangements were made for Optical and Ophthalmic supervision by Dr. Brian Harley at Wangaratta, as a result of which a steady flow of patients were supplied with suitable glasses and Ophthalmic treatment.

Treatment.

(a) Occupational.—Two active Occupational Therapy Units were functioning both on the female side, as the male O.T. unit was still in use as a dormitory, prior to the reflooring of the newly modelled male wards. Selected male patients worked in the junior unit, which was in the care of keen and enthusiastic nurses, who did much to keep up the morale of the semi deteriorated patients. Quite a number of stuffed felt animals were produced for Xmas, all of which sold like hot cakes. Male patients continued to work with the various artisan groups, in the vegetable garden, and on the home farm. Mr. Hoiles, the farmer, did particularly good work providing suitable occupation for the mentally deficient young men who otherwise would have been largely unoccupied, and he managed them very effectively.

(b) Social and Recreational.—The very considerable degree of outlet provided by cinema and dance evenings, record recitals, "Pleasant Sunday Afternoons", patient's committee meetings, and picnics continued, augmented by a weekly cinema showing in a deteriorated ward. The hospital magazine continued in publication, although it could be improved in both format and content.

Both the Wangaratta and Beechworth Auxiliaries took an active interest in the hospital, the former largely in providing comforts to the mentally deficient "children" and the latter in the frequently hectic work of maintaining the hospital Kiosk. This Kiosk had an amazing financial turnover.

(c) Rehabilitation.—The Employment Officer in Wangaratta has been very helpful and accommodating in offering employment to suitable cases, although it is in the nature of the character of the hospital that we could make little use of his services.

Special Treatment.

Although the supply of Largactil fluctuated, this drug and Reserpine continued to maintain a patient picture very different from what it must have been before the tranquillizers were introduced. Even the disturbed wards were as quiet as the chronic wards used to be. The newer less active drugs such as Karmazine and Pacatol were tried in a number of cases, but in all but a very few were found to be insufficient. Electro Convulsive Treatment was rarely in use, and was almost altogether confined to cases of depression and as emergency treatment for extreme agitation and restlessness.

Public Relations.

A good liaison existed between the hospital and the Beechworth and Wangaratta Auxiliaries and the Myrtleford Country Women's Association. During Xmas all of these bodies gave gifts to patients in which they were interested, visited them, and were shown round the better parts of the hospital. During the year the South Wangaratta Country Women's Association presented a wheel-chair to the hospital which was in use from time to time.

Amenities.

(a) Freedom.—The policy of allowing as much parole as possible was continued, and it had been found that the retaking of absconders was not a difficult matter, the fact that most of them were well known to the townspeople and the limited nature of exits to the area contributing much to a fairly standard pattern of return. "Pall Parole" has now been subdivided into "Unrestrained Parole" up to 11.30 p.m., and "Daily Parole", up to 6 p.m. The former division is to enable suitable patients to attend the local cinema, from which a group of them usually return together by car.

(b) Classification.—The occupation of the Bristol Unit has now permitted of a better classification. Each wing of the Bristol Unit houses patients of different sexes, and is further subdivided into wards for hospital patients and for new admissions. The previous hospital units are now classified as Infirmaries, permitting of the better care of old and infirm patients.

(c) Clothing.—The separate type of winter clothing for female patients proposed in the last report has now been supplied, and was much more satisfactory, although it had to be dry cleaned which was rather expensive. Cotton dresses are still retained for summer wear.

The better type of male patients are issued with ready made tweed coats and trousers, which they appreciate.
Out-Patients. The volume of work is almost at a point when two sessions a week will be necessary. Towards the end of 1956 the lack of trained female staff was very evident, relatively untrained staff having to take charge of some wards from time to time. There was a scarcity even of junior female staff, although there was evidence that the Tannery would be lessening its number of employees shortly. In view of the increased requirements of the augmented hospital and its services further medical staff are definitely needed.

Buildings. The buildings situation is substantially as reported in August, 1955, except that the far end of the burnt-out male block, wards 5 and 6, are completed, and await floor tiling, and the Bristol Unit is complete apart from the final electrical details, and should be in full operation within a few weeks. It is still unfortunately necessary to accommodate a small proportion of the female patients on verandahs during the hot summer months, although there is competition among the patients themselves for these airy and uncrowded beds.

Nothing has been done towards the remodelling of the male cottages, which are urgently in need of ceiling attention. The ground for the new male wards has been levelled, and I understand that work on their erection will commence shortly.

Equipment. An adequate amount of ward surgical necessities have been obtained. A 16 m.m. Film Projector has been obtained and is in constant use. A Pottery Kiln and Wheel are now available for pottery work, although the response to its availability has been so far poor. A variety of Occupational Therapy equipment has been obtained and is now in every day use.

Arts and Crafts. Maintenance work, which is increasing with the expansion of the hospital, and will shortly increase still further with the incorporation of the new male wards, kept the Artisan staff fully occupied, but an additional carpenter would definitely be required to keep the work up to date. Work which has been done has been carried out most efficiently and satisfactorily.

Farm and Garden. Land purchased last year to enable the dairy herd to be enlarged was brought into use and carried 40 head of young heifers during the year. To maintain the plan for increased milk production however, it will be necessary to obtain additional farm land, particularly as recently 14 acres of good grazing land was taken over as a site for the erection of new wards.

Milk production for the year was 170,900 quarts, an increase of 25 per cent. over the previous year.

Staff. Medical.—During the year there were many staff changes, no less than three Superintendents having charge of the hospital at various times during the year. By the end of the year the medical staff consisted of a Superintendent and two Medical Officers, one of them was expected to be transferred to Melbourne shortly. In view of the increased requirements of the augmented hospital and its services further medical staff are definitely needed.

Para-Medical.—Both laboratory work and X-raying have to be done by the medical staff, which is not altogether satisfactory especially in the estimation of results. The hospital suffers much from the lack of Occupational Therapists, although it is carried out well and keenly by nursing staff. It is probably too much to expect that an Occupational Therapist would come so far from Melbourne.

Clerical.—Mr. John Thomas Garvey replaced Mr. F. J. Walsh as Secretary to the hospital in July. The administrative staff carried out its duties well and is at full strength.

Nursing.—The male staff is at full strength and performed its duties well. Towards the end of 1956 the lack of trained female staff was very evident, relatively untrained staff having to take charge of some wards from time to time. There was a scarcity even of junior female staff, although there was evidence that the Tannery would be lessening its number of employees shortly and it was hoped to gain some staff from that change.

Teaching and Training.—Three nurses obtained their nursing diploma during the year. All who sat for their second examination passed and only two failed in their first examination. Lecture classes for all three years are in progress with lectures being held twice a week. Staff are reluctant to take the post graduate courses at Royal Park but when persuaded to go, return much interested, and these courses remain a useful stimulus to the senior staff.

Voluntary Organizations.—The Red Cross lending service from their record library and the Red Cross book library provide valuable service to the patients' welfare.

Out-Patients. The volume of work at the weekly outpatient clinic at the Wangaratta Base Hospital has steadily increased, and is almost at a point when two sessions a week will be necessary. Many of the patients have come from considerable distances and the clinic is of real value to the General Practitioners in a wide area round Wangaratta.

General Comments. On the positive side there is an increased emphasis on the establishment as a hospital for the mentally ill, and a good relationship between the staff and the patients, the majority of whom are permanent inmates, exists. On the other hand gross overcrowding continues and the irregularity of the reconstruction and re-modelling programme is a dampener to enthusiasm.
### REPATRIATION MENTAL HOSPITAL, BUNDOORA.

**Psychiatrist-Superintendent:** Dr. T. G. C. Retallick

### Statistics

<table>
<thead>
<tr>
<th>Category</th>
<th>Patients</th>
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</thead>
<tbody>
<tr>
<td>Patients on books, 1st January, 1956—</td>
<td></td>
</tr>
<tr>
<td>On trial leave</td>
<td>48</td>
</tr>
<tr>
<td>Boarded out</td>
<td></td>
</tr>
<tr>
<td>Escaped</td>
<td>1</td>
</tr>
<tr>
<td>Remaining</td>
<td>217</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>266</strong></td>
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<table>
<thead>
<tr>
<th>Patients Admitted during 1956—</th>
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<tr>
<td>Section 234</td>
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<table>
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<tr>
<th>Patients Discharged during 1956—</th>
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<tbody>
<tr>
<td>From Hospital</td>
<td>7</td>
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<tr>
<td>From Escaped</td>
<td>4</td>
</tr>
<tr>
<td>From on Trial</td>
<td>13</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>24</strong></td>
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<table>
<thead>
<tr>
<th>Patients died during 1956—</th>
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</tr>
</thead>
<tbody>
<tr>
<td>In Residence</td>
<td>14</td>
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<tr>
<td>Whilst on trial</td>
<td>6</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>20</strong></td>
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<table>
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<th>Patients on books at 31st December, 1956—</th>
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</tr>
</thead>
<tbody>
<tr>
<td>On trial leave</td>
<td>49</td>
</tr>
<tr>
<td>Boarded out</td>
<td></td>
</tr>
<tr>
<td>Remaining</td>
<td>218</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>268</strong></td>
</tr>
</tbody>
</table>

The statistics for the year reveal that our numbers remain virtually static. The number of deaths was slightly more and nearly all were ex-servicemen of the First World War. The tendency is for the ratio of First World War patients to decrease, but such decrease still leaves the majority of our patients from its ranks. The ratio is now First War patients to Second War patients as four is to three. One Korean War patient only is on the books.

### General Health.

Progressive deterioration of the older patients continued as expected. A factor of some importance has been the emergence of strains of staphylococci, resistant to Penicillin, but showing some response to tetracycline.

From time to time outbreaks of furuncles tend to occur among the older deteriorated bed-ridden patients; however, even in these recovery was the general rule, although one patient died of septicaemia not responding to any antibiotic.

The majority of medical illnesses treated within the Hospital consist of those associated with myocardial degeneration and cardiac disease with a large respiratory element, viz:—Cor Pulmonale due to pulmonary fibrosis and emphysema.

There was one death from Huntington’s Chorea during the year. There are four patients in the Hospital Ward suffering from Huntington’s Chorea and degeneration is slowly progressing.

### Treatment—Occupational, Social, Recreations.

The social side of the patients amenities has once again been well provided for by the many organizations who take a very keen interest in the returned servicemen at this Hospital. Concerts, drives, picnics, and dances have been provided, but unfortunately, owing to the fact that Repatriation Department can only permit us the use of one or two bus trips per month, transport for these amenities is becoming a very serious problem.

Regular screening of general and occupational films is quite a feature of this Hospital, as is also music appreciation afternoons and evenings.

Recreations, including billiards, table tennis, soft ball, volley ball, football, tennis, and cricket are played, and the Hospital teams have done well in competitions with other Mental Hygiene and Repatriation Hospitals.

Treatment through the Occupational Therapy has been limited as we have not had the services of trained Occupational Therapists since the taking over of the Therapy Centre by the State from the Commonwealth.

### Special Treatment.

<table>
<thead>
<tr>
<th>Drug</th>
<th>Patients</th>
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<tbody>
<tr>
<td>Chlorpromazine</td>
<td>46 patients</td>
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<tr>
<td>Reserpine</td>
<td>66 patients</td>
</tr>
<tr>
<td>Lithium Carbonate</td>
<td>15 patients</td>
</tr>
<tr>
<td>Equinal and Pacatol</td>
<td>each 2 patients</td>
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</tbody>
</table>
Routine TAB inoculation was given to all patients and staff.

Electro-convulsive Therapy was given from time to time as indicated.

Assessments—Freedom, Classification, Clothing, Diet.

Further classification of patients is still dependent on the splitting of our largest ward into two smaller wards. Progress in this work is heartbreakingly slow, and it appears as though finality will not be reached for some years. This also applies to the erection of new wards and other urgently required buildings. Slowness in this regard is due to the lack of finance being provided by the Commonwealth Government.

The clothing of the patients is improving, particularly the private clothes which are purchased from accumulated funds from their Repatriation Pensions.

The dietary of the Hospital is in conformity with the dietary of other Mental Hospitals. However, we have also now been able to provide special diets for our physically sick patients.

Buildings, Equipment, Artisan Work.

Buildings at this Hospital generally speaking need considerable repairs and preventive maintenance. Many of the buildings show bare woodwork from which paint has completely vanished. Here again it is believed that lack of financial provision by the Commonwealth is the main cause for the arrears and for the slowness in any programme to overtake the arrears of maintenance work. Probably the residence of the Engineer is the most outstanding example of this lack of maintenance.

Heating in our closed wards has been improved by the change over from manually fired coke boilers to an automatic electrical fired oil burner boiler. Nothing however has been done in regard to heating of the enclosed verandahs of the Hospital Ward, nor the provision of heating in the old homestead ward.

A small Laundry has been installed and this copes with the problem of daily wet and dirty bed linen.

The Commonwealth are still considering improvements in the sculleries of the two closed wards, but nothing has been done in regard to the expansion of the staff messroom or improvements in the main kitchen.

Plans have been prepared for the provision of medical rooms and visitors rooms in the wards, but once again lack of finance has curtailed any action.

With the progress of internal painting of wards Public Works Department are proceeding with the laying of linoleum throughout the wards.

Farm and Gardens.

The extensions of our lawns and gardens are progressing favourably, but unfortunately the shortage of water taps throughout the Hospital is delaying and making most difficult this programme. The vegetable garden is proceeding well but here again lack of water taps is a serious draw-back.

The garden staff have done a lot of work in regard to drainage along our roads, but until the Commonwealth tackle this problem on a comprehensive scale, the unsealed roads and lack of gutters will create many difficulties and increase the annual damage to what roads we have.

Staff.

The medical staff position has improved with the appointment of two Medical Officers in addition to the Superintendent.

The nursing staff, due to lack of senior trained men, is still working under many difficulties.

The Artisan staff has had many changes, but shortages have been filled promptly.

Staff—Training and Teaching.

The training and teaching of nursing staff is carried out by the medical staff who would be able to concentrate more on treatment of patients if a tutoring staff could be made available.

Voluntary Organizations.

Our numerous voluntary organizations have continued their loyal support and provided dances, concerts, and outings which have been greatly appreciated by the patients.

The Red Cross and ladies of the Preston R.S.L. are to be commended for their serving of afternoon teas to the patients on six days per week.

Out-Patients.

A number of ex-patients return to the Hospital for treatment and guidance, but owing to the fact that Repatriation Department provide full out-patient facilities, most treatment is done through this source.

General Comments.

The necessity for legislation to enable voluntary boarders to be admitted to this hospital becomes more obvious day by day. Many of our patients would be much more suitable for a voluntary boarder admission than a mental treatment one, and it is felt that the benefits of voluntary detention would be more in keeping with modern psychiatric principles.

Lack of finance for the Repatriation Department by the Commonwealth Government is still retarding the commencement of new works urgently required.

Our water supply has greatly improved, but main extensions are still awaited.

A sports oval pavilion and a proper canteen are still required to provide better facilities for patients.
MENTAL HOSPITAL, KEW.

PSYCHIATRIST-SUPERINTENDENT: DR. H. M. BOWER.


<table>
<thead>
<tr>
<th></th>
<th>Male</th>
<th>Female</th>
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<tbody>
<tr>
<td>On books, 1st January, 1956—</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Certified</td>
<td>593</td>
<td>540</td>
<td>1,133</td>
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<tr>
<td>Voluntary</td>
<td>25</td>
<td>32</td>
<td>57</td>
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<tr>
<td>Admitted during 1956—</td>
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<tr>
<td>Certified</td>
<td>186</td>
<td>176</td>
<td>362</td>
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<tr>
<td>Voluntary</td>
<td>85</td>
<td>44</td>
<td>129</td>
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<tr>
<td>Transferred from other Hospitals—</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Discharged</td>
<td>36</td>
<td>33</td>
<td>69</td>
</tr>
<tr>
<td>Voluntary</td>
<td>44</td>
<td>42</td>
<td>86</td>
</tr>
</tbody>
</table>

On books, 31st December, 1956—

Certified: 565
Voluntary: 44

Total: 1,107

The average age of patients admitted to this Hospital during 1956 was 64. Only 10 patients (9 males and 1 female) were direct admissions; all others were admitted under Section 45 (Subsection 5), from the Receiving House, Royal Park. Of the 271 patients who died at this Hospital during 1956, 141 were admitted during the same year. In the majority of these cases, death occurred within a few days or weeks of admission. The average age of patients who died was 72; it might be noted, that the expectancy of life, at birth, in Victoria is 66.07 for males and 70.06 for females, and the expectancy of life at the age of 64 (average admission age at Kew) is 76.84 for males and 79.15 for females.

General Health.

Any consideration of the death rate at the Kew Mental Hospital must take into account the high age of patients at the time of their admission. Many were, in addition, physically ill on entering hospital, a number of them moribund. Other contributory factors, in order of importance, were gross overcrowding, poor facilities for the treatment of infirmary and hospital patients, inadequate heating of wards, and fly-borne infections due to lack of efficient garbage-disposal units, outmoded kitchen equipment, and poor plumbing.

The degree of overcrowding was indicated by the fact that during the first half of 1956, one-fifth of the female hospital population had to sleep on floor beds. Adequate segregation of senile patients from young and active psychotics was difficult, resulting in a number of fractures and lacerations amongst elderly patients.

The Hospital housed four typhoid carriers and six cases of active tuberculosis, all of whom were nursed in strict isolation.

The general standard of health among the younger patients was very good. Several minor outbreaks of gastro-enteritis occurred during the year, but were quickly brought under control.

Treatment.

(a) Occupational.—With the completion of both male and female occupational therapy units there has been a considerable increase in patient activity; in the female division, the number of patients participating in various forms of occupational therapy has doubled during 1956.

An increasing number of patients are now attached to hospital artisans and assist with simpler tasks, in isolated cases doing extremely competent work. One could observe the gradual emergence of some group cohesion, accompanied by increased efficiency and re-socialization of these patients.

The recent appointment of a painter-instructor provided for further expansion in this field. In one instance, a male ward was being independently remodelled by its own staff and patients. Work is progressing rapidly, and a higher level of morale and interest in hospital progress is apparent.

Early in 1956, the patients' committee planned the publication of a hospital magazine, and in May the first number of "Q News" was produced. In addition to the benefits to those patients actively participating, relatives and auxiliaries were kept informed of current and future events at the hospital and general interest in hospital activities was stimulated. The circulation of the magazine increased from an initial 300 to 1,000 copies per month.

(b) Social and Recreational.—Weekly record recitals were introduced early in the year under the leadership of a Medical Officer, Occupational Therapist, or Minister of Religion. In addition, the Red Cross Music Committee arranged fortnightly afternoon record recitals, which are very popular with both patients and staff. The formation of a small patients orchestra, under the guidance of a staff member, is at present in progress.
A cricket club has been formed and several matches have been played. Physical exercise classes were being held twice weekly to stimulate withdrawn and non-working patients into some form of physical activity. Art classes were held once weekly, under the supervision of a competent professional artist. These classes are most popular with patients and productivity is high. A selection of these works was shown in the Mental Hygiene Exhibition in September, 1956.

Religious services of all denominations were held regularly, and Chaplains have further entered into the community life of the hospital and rendered indispensable services. Weekly film screenings were held in the Concert Hall, and special picture shows were arranged in disturbed wards.

Picnics and other outings were arranged by auxiliary organizations, and the annual Fancy Dress Ball and Christmas Fair were important social events in the Hospital.

(c) Rehabilitation.—The background and possibilities for employment of suitable patients were investigated by the social worker, who made regular home visits and conferred with various employment agencies. The Department of Labour and National Service was extremely helpful in the placement of selected patients.

English classes for New Australian patients were held regularly, assisting in the rehabilitation programme. Some New Australian patients were visited by representatives of various national groups.

(d) Special Treatment.—Electro-convulsive treatment, although still employed in the management of psychotic patients, is decreasing in frequency. It has largely been replaced by various forms of pharmacological tranquillisers, which are easily administered and have proved to be at least equally effective. Several patients were referred to the Neuro-surgical Unit, Mont Park, for leucotomy operations; in two cases results were most encouraging.

The existing insulin clinic was suspended as suitable patient-material was lacking, and the time demand on a medical officer was unwarranted.

It must be pointed out that with the current development of Kew as a Geriatric Hospital, an increasing number of patients required general medical treatment in all its ramifications; consequently there has been some decrease in the amount of psychiatric treatment.

Medical officers were assisted in their work by a visiting physician, neurologist, and ophthalmologist.

Research and Publications.

Psycho-pharmacological agents have been given an extensive trial this year, preparing the way for some more formal research in the future.

A paper entitled "Freud and Society" was read by Dr. H. M. Bower at a meeting at the Australasian Association of Psychiatrists in October, 1956, and has been submitted for publication.

Amenities.

(a) Freedom.—Overcrowding and consequent difficulty in exact classification of patients hampered the extension of the open-ward policy in this Hospital. Two female wards (A.1 and O.1) were, however, declared open during 1956. The number of parole patients has increased slightly, facilitating the functioning of the hospital entertainment programme, occupational therapy, and the work of patients attached to artisan groups. The increased freedom given to patients has been accompanied by a minimum of reported damage inside or outside the Hospital.

Restraint and seclusion, as measures in the management of patients, have virtually ceased to exist.

(b) Classification.—Classification of patients has been hampered by severe overcrowding, an extensive rebuilding programme and the gradual emergence of Kew as a geriatric unit. The patient population now falls broadly into three categories: Adult Mental Defectives, Chronic Schizophrenics, and Senile or Arteriosclerotic Dementias.

(c) Clothing.—There has been a continued improvement in clothing standards, but the large number of incontinent, ambulatory patients presents a problem of some magnitude.

(d) Diet.—Food served to patients was generally of high quality, but totally inadequate kitchen and serving facilities caused considerable catering difficulties. As well as being too small for the existing hospital population, the kitchen was not designed for present-day standards of nutrition. There is an urgent need for heated dinner wagons and food lifts.

(e) Gratuity.—The annual grant for gratuities paid to working patients has been increased, in line with the policy of introducing outside values into the hospital community, and increasing the incentive to work.

(f) Miscellaneous.—The hairdressing salon was well patronised. A full-time Chiropodist provided essential service, particularly to the elderly. Electric shaving has been introduced and an attempt made to provide frequent and regular shaving.

Buildings.

(a) Completed During 1956.—The new Nurses’ Home was officially opened by the Minister of Health in July, 1956, and was fully occupied by the end of the year. This modern building, attractively fitted and furnished, and commanding a beautiful view, will be of great value in the future recruitment of nursing personnel.
The old Nurses' Home has been successfully converted into an open female ward, housing employable patients under favourable conditions.

The renovation of one male ward (D.1) was completed and it is now occupied. The transformation of a dingy and totally outmoded ward to an attractive and functional one, proves that much can be achieved within the existing framework of old establishments.

In four other wards, deteriorated floors were re-surfaced with plastic tiles.

A new light timber construction building was erected (near the laundry) to house artisan workshops, and it now awaits internal fittings.

The Concert Hall was greatly improved by re-decoration of the stage.

Seven new houses for medical officers were completed and are occupied.

The ground-floor of the administrative building was completely re-painted, new floor coverings laid, and one large room equipped as a follow-up Clinic.

Using Hospital labour and materials, a well laid-out car park, providing accommodation for 35 cars, was constructed at the head of the main drive. An old and redundant rotunda and several other obsolete brick walls were removed adding to the effect of spaciousness and order in the grounds.

(6) Work in Progress.—A new pre-fabricated Hospital Unit is in the course of construction. In addition to providing wards for physically ill patients, this Hospital will contain a small operating theatre, laboratory, pharmacy, and X-ray unit. Work on this new Unit is progressing rapidly, and when completed it will be an important contribution to the efficiency of the Hospital.

Reconstruction work being carried out in wards includes:

(a) Male Ward (F), is being renovated by the Public Works Department;

(b) Male Ward (G), is being re-equipped and decorated by a combined effort of the Mental Hospital Auxiliaries of Victoria; and

(c) Male Ward (G.1), is being painted, floors renewed, &c., by staff and patients.

Extensive re-wiring is being done in several wards.

The first floor of the Administrative building, which was formerly occupied by nurses' quarters, has been cleared, and will provide new office space for medical, nursing, and ancillary staff.

A bowling green, largely financed and planned by voluntary efforts, is nearing completion.

Five more houses for medical officers are in the course of construction.

(c) Planned.—Two more male wards have been selected for early reconstruction. It is planned to remove the existing kiosk into the present pharmacy, which provides adequate space for this function. A new toilet block will be installed in the administrative block, and the old lavatories (partly obstructing the inner entrance of the hospital) will be removed.

One of the superfluous artisan's workshops, which is structurally sound, will be converted into a Chapel, and the remaining ones will eventually be removed. Ward gardens will be generally improved. Following the completion of the bowling green on the male side, construction of two new tennis courts on the female quadrangle will be initiated.

Plans for a new Concert Hall and a new Store, are under discussion.

(d) Future Needs.—Heading the list in a general reconstruction programme are the following requirements:

1. Modernization of kitchens.
2. Improvements in the main water supply to the hospital. This has been urged in past reports; ward management is becoming increasingly difficult due to the lack of a consistent flow of water for essential purposes.
3. A new heating service, providing adequate hot water and allowing the central heating of all wards. In view of the age and debility of the majority of patients, adequate heating of wards, and especially dormitories, is imperative.
4. Renovation of remaining male wards, and the entire female division (with the exception of A.1).
5. Staff amenities, including reconstruction of male and female rooms, change rooms, and shower facilities.

Equipment.

The professional library has been enlarged during the year, and provides adequate reference material for the medical staff. One additional E.C.T. machine, a tape-recorder, and diagnostic sets for the medical staff were purchased.

A duplicator was procured for the printing of the hospital magazine; the patients' library shelves have been replenished, and the foundation of a record library has been laid. Additional ward furniture was supplied for the male and female divisions, modern functional furniture and attractive soft furnishings, replacing the drab and antiquated. Additional modern prints were a further improvement.
Artisan Work.

The enormous task of general maintenance in the Hospital and grounds has been carried out by an energetic artisan staff. The present force is, however, unable to cope with new undertakings which are envisaged in the replanning of this hospital.

Farm and Gardens.

Vegetable production for the year amounted to 74 tons. Seventy pigs were sold, the farm land was used for grazing of cattle from Mont Park.

Staff.

(a) Medical.—The Medical Staff consisted of a Superintendent and four Medical Officers. Although adequate in number, it included only one qualified Psychiatrist; two Medical Officers were engaged in studies for the Diploma of Psychological Medicine, increasing the overall work load.

(b) Para Medical.—Our staff complement included one social worker, two female occupational therapists, one full-time and one part-time Pharmacist, one Chiropodist, and one part-time Physical Culture Instructor. Owing to the shortage of Psychologists throughout the Department, there was no Psychologist available to meet hospital needs; it would seem that a psychological service on a sessional basis (one afternoon a week) would fulfill the requirements.

The appointment of an amenities officer, who would co-ordinate the recreational programme, arrange the work of Auxiliary Groups and stimulate social activities, would be most desirable.

(c) Nursing.—Although satisfactory in number, there is still a shortage of experienced senior nursing staff. Improvements in nurses uniforms and accommodation have enhanced the nurse’s status and make possible a more selective recruitment of personnel.

(d) Chaplains.—During this year the work of Chaplains has increased in scope. In addition to regular religious services and personal administrations to patients, ministers of religion have been most co-operative in shouldering additional responsibilities.

(e) Administrative Staff.—The appointment of a permanent Secretary in May, 1956, proved of great benefit. The increasing complexity of the Psychiatric Hospital has resulted in additional clerical work requiring more administrative personnel.

(f) Artisans.—Although working most efficiently, and in many cases acting as “Occupational Therapists” of the first order, the present artisan force is inadequate. The appointment of an additional bricklayer, gardener, electrician, plumber, permanent driver, and several cleaners, is most necessary.

Teaching and Training.

Regular weekly clinical meetings of the medical staff have been introduced, and have on some occasions been attended by private Psychiatrists.

Nurses’ lecture courses for all three years were held twice weekly, and the number of candidates for examination was higher than from many other Hospitals. The appointment of a resident Tutor would undoubtedly improve results and relieve the medical staff of some teaching duties.

The occupational therapy courses and block training at Royal Park have been of inestimable value.

New Medical Officers, during their induction course, were addressed by the Superintendent, and inspected the Hospital. A group of Student Nurses, led by the Tutor, were also taken on a tour of inspection.

Public Relations.

The Superintendent addressed a meeting of the Mental Hospital Auxiliaries of Victoria, the Kew Mental Hospital Welfare Group, the annual meeting of the Savoy Auxiliaries, the annual meeting of the Malvern Auxiliaries, the Oakleigh Mentally Retarded Children’s Welfare Association, the Church of England Men’s Society, and students of the Teachers’ Training College. Four tutorials were given to a group of Theological students, and one tutorial to a group of Psychology students.

Numerous groups, including the Physiotherapists of the Royal Melbourne Hospital, Rotarians and auxiliary bodies were taken on tours of inspection of the Hospital.

Voluntary Organisations.

Voluntary organizations were responsible for innumerable improvements to the Hospital as well as providing for patients’ recreations. The reconstruction of G Ward was made possible by a combined effort of all Auxiliary Groups and work should be completed in the very near future. The Kew-Hawthorn Auxiliaries among other activities undertook the arrangement of the annual Patients Fancy Dress Ball and a highly successful Christmas Fair. The Savoy Group, the Malvern Auxiliaries, the Newport Auxiliaries, and the Church of England Mothers’ Union did most valuable work during the year. The Kew Welfare Group has done all in its power to improve conditions for patients at this Hospital. Many Branches of the Country Women’s Association have entertained and catered for large groups of patients. The Red Cross has always been willing to aid in every possible way, providing transport, library service, and record recitals. The Kiosk Committee has been very generous in making large cash donations and providing gifts for patients’ amenities. The Presbyterian Ladies’ Guild of Croydon and the Adult Deaf and Dumb Society of Victoria visited regularly. Members of the Mental Health Federation have shown much interest in Hospital activities, and have been instrumental in procuring furniture and other items for patients’ use. A number of Victorian Bowling Clubs, stimulated by Mr. Vaughan and Mr. Greer, donated towards the construction of a bowling green.
The Australian Broadcasting Commission has donated records for our library. Amongst others who have given generously of their time and support are Mr. Dillon, who supervised the reconstruction of G Ward, Mr. Skerritt, who helped greatly with the launching of "Q News," and Mr. Lowe who planned the bowling green. The official visitors have kept in close touch with Hospital activities and have given valuable advice and support.

Out-Patients.

At the beginning of the year, discharged patients and patients on trial leave who were in further need of observation, were referred to various departmental out-patient Clinics. A Follow-up Clinic has now been established here, and potential out-patients are referred to this clinic.

General Comments.

Some progress in new building and reconstruction of existing facilities has been made. Some reorganization of hospital services has also taken place. The gross overcrowding and the rapid transition towards a Geriatric Hospital, have made effective re-organization doubly difficult. However, those advances which have been made in the past year have resulted in a marked improvement in general staff morale, and the co-operation of all personnel cannot be too highly commended.
MENTAL HOSPITAL, LARUNDEL.
PYSCHIATRIST-SUPERINTENDENT: DR. H. C. STONE.


<table>
<thead>
<tr>
<th></th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
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<tbody>
<tr>
<td>On books, 1st January, 1956</td>
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<td>166</td>
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</tr>
<tr>
<td>Admitted--</td>
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</tr>
<tr>
<td>Voluntary</td>
<td>225</td>
<td>88</td>
<td>313</td>
</tr>
<tr>
<td>Certified</td>
<td>219</td>
<td>50</td>
<td>269</td>
</tr>
<tr>
<td>Total</td>
<td>444</td>
<td>138</td>
<td>582</td>
</tr>
<tr>
<td>Discharged</td>
<td>300</td>
<td>89</td>
<td>389</td>
</tr>
<tr>
<td>On Trial Leave</td>
<td>98</td>
<td>51</td>
<td>149</td>
</tr>
<tr>
<td>Died</td>
<td>40</td>
<td>14</td>
<td>54</td>
</tr>
<tr>
<td>On books, 31st December, 1956</td>
<td>529</td>
<td>204</td>
<td>733</td>
</tr>
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General Health.

The general health of the patients has been good. One case of flexner dysentery occurred, unfortunately with a fatal termination. Cardiovascular diseases accounted for most of the deaths in the hospital. The incidence of respiratory tract infection was low.

Treatment.

The Occupational Therapy Department, as such, has ceased to function owing to the inability to obtain trained therapy staff, and the non-completion of the new therapy department. The ward which was used as a therapy department in the past is now fully occupied by patients. Despite repeated attempts to recruit therapy staff, these have been unsuccessful. However, much useful therapy has been carried out in the wards, under the supervision of members of the staff who have undergone training on Activity Courses. Social activity and recreation has been restricted by lack of special staff and facilities, namely sports grounds, social centre, and suitable recreation hall. Again, however, despite a lack of these facilities, a not inconsiderable amount of such activities has been carried on.

The patients' Social Club functions satisfactorily. The construction of a sports ground by patients is under way, but has been impeded by exceptionally late wet weather and lack of heavy equipment. Again, however, despite a lack of these facilities, a not inconsiderable amount of such activities has been carried on.

The appointment of a full-time Chaplain, to commence at the beginning of 1957, should be an important acquisition to the staff, and should greatly assist in the organization of social therapy.

Sixteen mm. films have been shown weekly, and have been greatly appreciated, but the great need for a 35 mm. projector is bound up with the provision of a proper concert and recreation hall.

Special Treatment.

A large insulin clinic administering full coma and sub-coma insulin therapy has been maintained, with some very satisfactory results in the psychiatric condition of the patients. Electro Convulsive therapy with anaesthetic and relaxants has been given to a large number of patients with very beneficial results. Ataractic drugs have been used extensively with great improvement in behaviour of disturbed patients, general improvement in the mental state of many other patients, and a number of patients have been able to leave hospital and remain in the general community with a maintenance dose of these drugs.

Research.

Chlorpromazine and Reserpine studies were made on all patients receiving these drugs, and were forwarded to the Chief Clinical Officer for assessment.

A project was carried out with 30 male patients (half from open and half from closed wards) with administration of Reserpine, a Reserpine-like compound, and a placebo. Psychiatric ratings and Electro Encephalograms were recorded before and after the study. The full correlation of the results of this project are not yet available.

A project, which is still proceeding, involving the administration of procain-amine, to cases of Huntington's Chorea, is seriously limited by lack of clinical material.

Group therapy sessions have been continued, and group music therapy was commenced, and beneficial results were achieved. All suitable patients were encouraged to attend Alcoholics Anonymous, and arrangements were made to facilitate their attendance.

Amenities.

The total number of wards in the Hospital is fourteen, of which ten are open wards and, in addition, many of the patients in the closed wards have full or limited parole. Classification has been reasonably satisfactory. The dingy condition and poor state of repair of the old wards, formerly designated "The Farm Workers Block", interferes with classification. Classification was also made difficult, particularly in the latter part of the year, by the very large number of admissions in the male section of the Hospital, with inevitable over-crowding.
Clothing was generally of good quality and standard. With the large turn-over of patients, many retained their private clothing throughout their stay in hospital.

Diet was maintained at a good standard, with a sufficient variation of the menus from day to day, and seasonally.

Buildings.

The hospital buildings, excluding the "Farm Workers Block", are generally in a satisfactory state.

The new serveries, which have been under construction for an abnormally long time in the hospital block, were completed and have already proved of great benefit.

The enlargement of F.1 Ward, by the enclosing of balconies to provide dining-room and extra bed accommodation, has proved a great success. Similar work is under way in M.1 Ward, and this should be completed early in the New Year.

New Buildings.—Very good progress has been made in the new building programme. Construction of the six female and two male wards is proceeding very satisfactorily, and it is anticipated that they will be completed by the end of 1957.

The two Nurses Homes are expected to be completed early in 1957. These will make available for patient accommodation the present Nurses accommodation on the First Floor of the Hospital Block. It is planned to occupy this accommodation with both male and female patients, with community recreation and cafeteria dining-rooms.

With the exception of the building occupied by the School of Nursing, which is fully equipped but for toilet facilities, the timber units erected for the Occupational Therapy Department, Artisans Workshops, &c., although basically completed, have not yet been modified or provided with essential services, namely water, sewerage, light, &c. This has seriously retarded artisan activity, recruitment of Occupational Therapy staff, and organization of an Occupational Therapy Department.

The old wards, previously known as the "Farm Workers Block", are in the same deplorable condition. It is understood tenders were called during the year for renovation, but none was accepted. As has been repeatedly stated, this work is considered to be of the highest priority.

The hall in this section, which still has to be used as a dining-room, has been painted by the Hospital staff, with a considerable improvement in its appearance.

Residences.—Houses for three medical staff and the matron have been completed.

Gardens and Orchard.

The grounds generally arc in good condition, but the very wet winter and subsequent dry spell, with associated water restrictions, have not helped the gardeners in their work. The orchard also has been affected by the abnormal seasonal conditions. The net return is probably the lowest on record.

Staff.

Medical.—An additional medical officer was appointed late in the year, and this enabled the hospital to cope better with the large admission rate, and the great volume of psychiatric treatment. The number of hours involved by medical officers attending post-graduate lectures is always a problem. The appointment of an extra senior medical officer at this Hospital is an absolute necessity.

Nursing Staff.—The marked shortage of trained nursing staff still exists, and always presents a major problem. The turn-over generally of junior nursing staff has again been great.

Artisans.—The staff generally has been up to strength, although technical officers, such as electricians and firemen, are still hard to get. This has been reflected in the considerable amount of overtime necessary for the engineering staff. Maintenance is, in the main, reasonably up-to-date.

Administration.—The year has again been covered with difficulty; the transfer of an experienced clerk and replacing by others whose experience is limited, makes the burden very heavy.

Staff Training.

A great advance was made in the progress of staff training by the establishment of a School of Nursing, to encompass the training of staff of this and nearby hospitals. A Tutor has been appointed, and the School of Nursing is now functioning on a very efficient and satisfactory level.

At the November Nursing examinations the successful candidates were—

<table>
<thead>
<tr>
<th>Year</th>
<th>Number</th>
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<tbody>
<tr>
<td>1st</td>
<td>3</td>
</tr>
<tr>
<td>2nd</td>
<td>5</td>
</tr>
<tr>
<td>3rd</td>
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</table>

It is very pleasing to note that all candidates passed the third-year examination.

Voluntary Organizations.

The Preston-Reservoir Branch of the Mental Hospital Auxiliaries, although numerically small, has again been very enthusiastic. The Kiosk is functioning very successfully, and is an amenity greatly appreciated by the patients. The Auxiliary-sponsored Christmas Treat was keenly anticipated, and thoroughly enjoyed by all the patients. A Fancy Dress Ball was organized by the Auxiliary; this year for the first time this proved the high-light of the social year, and the spectacular costumes and festive atmosphere was thoroughly enjoyed by all concerned. We are also indebted to the Auxiliary for some very enjoyable bus trips. Sincere thanks and deep appreciation is expressed to this hard-working body.
The Hospital is also indebted to various sub-branches of the R.S.S.A.I.L.A. who provided for Ex-Servicemen entertainments, outings, and the distribution of comforts. The Red Cross provided cigarettes, &c., for Ex-Servicemen, and the provision of books and organization for the library. The Methodist Home Mission League provided parcels for Christmas; the Catholic Women's Social Guild visited the patients and provided comforts; and The Australian Association of Relatives and Friends of the Mentally Ill provided parcels for Christmas. Again most sincere thanks and deep appreciation are expressed to all mentioned for the amenities provided.

**Out-Patients.**

A number of patients were treated at the Hospital as out-patients, after going on Trial Leave or being discharged. The Psychiatrist-Superintendent also follows up a number of ex in-patients at the Observatory Clinic.

**General Comments.**

Apart from shortage of trained staff, the greatest needs of the hospital, at present, are the renovation and redecoration of the old "Farm Workers Block"; the staffing, organization, and establishment of the Occupational Therapy Department, and the further development of recreational and social activities by the appointment of an amenities officer, and the provision of essential buildings.
Mental Hospital, Mont Park.

Psychiatrist-Superintendent: Dr. G. A. Wright.


<table>
<thead>
<tr>
<th></th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
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<tbody>
<tr>
<td>On books, 1st January, 1956—</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Certified patients</td>
<td>537</td>
<td>953</td>
<td>1,490</td>
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<tr>
<td>Voluntary patients</td>
<td>45</td>
<td>95</td>
<td>140</td>
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<tr>
<td>Admitted—</td>
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<tr>
<td>Certified patients</td>
<td>48</td>
<td>169</td>
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<tr>
<td>Voluntary patients</td>
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<tr>
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<td>57</td>
<td>81</td>
<td>138</td>
</tr>
<tr>
<td>Voluntary patients</td>
<td>67</td>
<td>133</td>
<td>200</td>
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<tr>
<td>Died—</td>
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<tr>
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<td>87</td>
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</tr>
<tr>
<td>Voluntary patients</td>
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<td>18</td>
<td>24</td>
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<tr>
<td>Total</td>
<td>172</td>
<td>319</td>
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<tr>
<td>On Trial Leave at 31st December, 1956</td>
<td>85</td>
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<td>Total remaining on books, 31st December, 1956—</td>
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<td>1,152</td>
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<tr>
<td>Certified patients</td>
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</tr>
<tr>
<td>Voluntary patients</td>
<td>54</td>
<td>101</td>
<td>155</td>
</tr>
</tbody>
</table>

Transfers to and from Mont Park not shown in above figures.

General Health.

The general health of the many patients of this Hospital was very satisfactory throughout the year. No serious epidemic of disease or serious accident occurred.

Treatment.

The medical staff has been increased in number and this has assisted greatly in providing a better medical service to the patients in their treatment and maintenance of general health. The medical staff have been materially assisted in their work of promoting and maintaining the good health of the patients by the many allied departments and activities within the Hospital.

Occupational Therapy.—The development of Occupational Therapy has been most marked throughout the year. This has been brought about by increases in staff and the availability of greater facilities. Two new large light timbered buildings were taken over, so enabling many more long term patients to receive treatment. A number of nurses, both male and female, have attended Activities Courses arranged by the Occupational Therapy School of Victoria, and these nurses are assisting the Occupational Therapists in these areas. In addition, many more recent and short term patients received specific occupational treatment by a team of trained Occupational Therapists. These Occupational Therapy Departments have been developed along very practical lines and the activities and the interest associated with them has proved most beneficial to the patients.

The manufacture of articles for hospital use, particularly by long-term patients, has been developed and proved most beneficial. It is hoped to further develop this during the coming year. Particularly in the Male Occupational Therapy has this practice been adopted and brooms, mops, scrub brushes, bannister brushes, coil mats, and articles of furniture have been made for Hospital Ward use. Patients have also been allowed to purchase at a nominal price articles made by them, and this creates considerable interest and is beneficial.

There has been an increase in patients’ activities in closed wards. Films and community programmes arranged and supervised by an Occupational Therapist have assisted in bringing interest and mental activity to many patients, especially the aged.

During the year Miss D. Goode, Senior Occupational Therapist attached to this Hospital, visited the United States of America officially on behalf of the Mental Hygiene Department, and representing the Australian Association of Occupational Therapists. She attended many conferences and studied her work in many American Centres, and the knowledge she has gained should prove of great value to us in view of the great expansion of Occupational Therapy at Mont Park.

Social Services.—A Psychiatric Social Service was provided throughout the year to assist the patients and the medical officers with the social problems connected with the proper treatment and care of the patients. With so many patients in hospital and the ever increasing number of new admissions these social needs of patients are great. We have only one Social Worker, and her task is difficult. At least one other Social Worker is needed to carry out this very important part of Psychiatric Hospital treatment.
Recreational and Social Activities and Amenities.—This year has been one of increasing activity with, I feel, a corresponding awareness by the patients that it is not just a case of the Hospital providing and they accepting, but that they have a responsibility to help themselves and so help their fellow patients. This is shown in the work of the various committees and in the number of activities organized by the patients themselves.

The Social Centre, established last year, has had increased use during the year, and the provision of suitable furniture, i.e., lounge chairs, &c., plus venetian blinds and curtains, has been much appreciated by the patients. The evening attendance has been most encouraging, and male closed wards have been particularly well represented. The attendance from female closed wards has not been good, but I feel that staff problems may be the cause. This Centre has extended its activities so quickly that it could already use a building twice its present size.

The provision of an excellent up-to-date lending library, donated and supervised by the Red Cross Society of Victoria, has been one of the most important events of the past year, and a steady flow of borrowers has more than justified its installation.

The Patients' General Committee has met fortnightly, and some worth-while discussions have ensued. Many problems of a general nature have received attention, and the patients have taken a lively interest in these and have assisted in the general solution. They have expressed dissatisfaction on various occasions, but have not been slow to express their appreciation when their requests have been met.

The Patients' Social Committee has been most active during the year. The members have worked hard at the various social functions, the success of which has been entirely due to their efforts. They have provided refreshments for visiting concert parties, football and cricket teams, and visiting groups from other hospitals. A pleasing feature of this committee's work has been its continued interest in the promotion of social evenings in the closed male and female wards. These have been an outstanding success from the closed wards point of view, and it has also encouraged the members of the committee to continue their efforts in this direction. A very successful year with much achieved.

The Hospital Magazine, "The Window," now in its second year of publication, has maintained a steady improvement. Colour printing has been successfully introduced, and lino cuts can also be used if required. The literary material has been contributed by the patients themselves and is entirely original, and a good standard has been maintained. The editorial staff have required only nominal supervision and their enthusiasm has been well maintained. They have also played an important part in the inter-hospital magazine staff conferences, and have received great benefit from their association with the magazine staff of other hospitals.

The football and cricket teams have functioned most successfully. In each case a patients' committee has selected the teams and arranged for necessary equipment to be available. Teams from the Ararat, Ballarat, Sunbury, Kew, Larundel, Bundoora, and Janefield Hospitals have been played, and the social atmosphere prevailing has been very pleasant. Interest in tennis has been maintained by a small group of patients, who have enjoyed their games.

The attendance at all entertainments was excellent, such as Amateur Hour, Sports Day and Gymkhana, Annual Ball, Opportunity Stalls, &c., and the outstanding event for 1956 undoubtedly was the Sports Day and Gymkhana. Invitations to other hospitals to participate received an encouraging response, and it is hoped to repeat this event each year.

The weekly cinema shows and dances were well attended; community singing on the first Friday in each month was very popular, and the patients took part enthusiastically in the various quiz competitions held on these nights.

The Auxiliaries contributed also in the entertainment field. Malvern-Caulfield Branch organized a most successful Amateur Hour, and the Riversdale Auxiliary sponsored several Opportunity Stalls and the Annual Ball, which was again an outstanding success. The various auxiliary branches also made valuable contributions to the patients' Christmas enjoyment by their Christmas parties in all wards.

Outside voluntary concert parties provided some excellent entertainment on one Sunday afternoon each month, and we also had a musical comedy by the Glamorhil Company, and two excellent plays by the Ararat Dramatic Company, these being held on Saturday evenings.

Patients generally expressed satisfaction with the number and quality of entertainments held through the year.

16 mm. Projector.—The projector has more than justified itself this year. With the help of an operator on the Occupational Therapy and Nursing Staff, film shows have been taken into the closed wards on an average of four afternoons and four evenings per week. This should be increased in the coming year, when we hope to have more trained operators.

The projector was also used for medical and nursing films, and in this direction there is opportunity for increased use.

The acquisition of a film camera has enabled us to commence films of hospital activities, some of which have already aroused great interest amongst patients and staff. We are in the process of compiling a film of a complete year of social and recreational activity in this Hospital, and in this the technical assistance of our radiographer, Mr. R. Wilson, is invaluable.

Co-operation has been excellent from all departments of the hospital, the auxiliaries have been most generous, and their latest offer of a television set has been received by the patients with unstinted gratitude and pleasure.

7276/57.—4
For the future, I think that there is scope for greater recreational activity in all airing courts, and indoor games equipment, particularly table tennis, would be appreciated in many wards.

The inclusion of the country Victorian Mental Hospitals in our sporting fixtures has been very worth-while. Apart from the added variety to our sporting fixtures, it has resulted in a great widening of the scope of patients' social activities, with excellent results.

This field of recreational and social activities and amenities for the patients has been developed very considerably, and with splendid organization throughout the year, is of great benefit and value to our patients, so many of whom must unfortunately spend their life in the care and protection of the Hospital. It is certainly brightening their lives and broadening their outlook and their horizons, and making the Hospital a better place to live in, and I must express my thanks and pay tribute to my Acting Amenities Officer, Mr. Sagar, whose services I was fortunate to obtain some eighteen months ago for the organization and great development of this aspect of the patient's life at Mont Park. In this field he has been assisted greatly by our resident Chaplain, Rev. G. Lamble, who has contributed materially in the Social and Sporting Activities of patients in the Hospital.

Religious Services.—A full-time Chaplain was appointed to this Hospital last year, and this year has been chiefly one of consolidation of the work started following appointment, although certain new developments for this Hospital have been attempted.

Services have been held regularly in the Chapel Hall each Sunday morning, and a completely non-denominational Chaplain's Hour held on one Sunday evening each month. Also one afternoon service was held each month, and a second when there was a fifth Sunday.

In addition, Mass has been said on the first Monday of each month, preceded by a hearing of Confessions.

Attendances at all services have built up but there is great room for improvement. It is hoped that with a Chaplain now in residence it will be possible to arrange for more patients from closed wards to have the opportunity of attending services in the Hall.

A ward service has been held regularly in two wards and has proved worth-while. However, there is room for great development in this direction and every effort is being made to find the most acceptable method of conducting such services. A clue to this was found in the Christmas experiment of tape-recording Christmas Carols sung by the patients in the Hall, and played back in the wards. The response leads us to believe that handled carefully, this medium should lead to a greater sense of corporate worship and real co-operation from patients in the deteriorated and chronic wards.

The development of this type of service in the more chronic wards appears to be an immediate task in this side of our work.

Contact with relatives, particularly those in emotional or spiritual stress because of the situation of their patient, has proved, we feel, of real value in many cases; whilst the more than 30 preachments and deputations undertaken throughout the State, particularly to some secondary schools, has, we hope been tremendously important and worth-while.

The opportunity for the Chaplain to lecture to the preliminary training school at Larundel was welcomed, and we feel that a similar lecture later in the nursing course would increase efficiency and staff understanding of the Chaplain's position in the Hospital.

One of the chief developments during the year has been the establishment of a choir capable of playing its proper part in leading the singing at Chaplain's Hour and the services. It is hoped that during 1957 it will be possible to robe this choir. The Acting Amenities Officer, Mr. Sagar, has been the chief force in the choir achieving what success it has.

During the year a further appointment of the Rev. Earl Fabb as full-time Chaplain to the Mont Park Area was made, and he will work in conjunction with the Rev. Gilbert Lamble in providing religious services for the area which includes Larundel Hospital, Bundoora Hospital, and Jarnefield Colony. Consequent resignations of the Rev. F. T. Cleverdon and Dr. Antal were received as Associate Chaplains.

The faithful and friendly service of Mr. Cleverdon and Dr. Antal will be much missed, and, to cover the gap in the work which their particular gifts filled, will be difficult, but must be done. However, Mr. Fabb, who is obviously equally friendly and co-operative, should, I feel, benefit the whole area.

The last report concluded with the statement that the work could never hope to be sufficiently covered until full-time Chaplains were in residence, and a place set apart within the Hospital for religious observance, preferably a Chapel, was made available.

The first of these lacks has now been filled, and already it is clear that more efficiency can be achieved; but, may I repeat, on behalf of all who have worked at Mont Park this year, that the second lack—that of a definite local focus in a building for the religious life of the patients and staff—is a very urgent matter.

Special Treatment.

Insulin Therapy.—Nineteen male and eighteen female patients received this form of treatment during the year.

Electro-convulsive Therapy (E.C.T.).—This treatment was used in many selected cases throughout the year. Most of these treatments were given with a relaxant, i.e., Brevidal usually preceded by Pentothal. No complications were recorded.
Penothal interviews, hypnotherapy and Psychotherapeutic interviews were other forms of special treatment given to a number of patients during the year, and the use of the new ataxic drugs was made with patients when indicated. Reports and investigations on the use and value of these drugs are being made.

Neurosurgery.—Neurosurgery and neurosurgical investigations were carried out during the year. The neurosurgical operation of leucotomy was carried out on 32 cases by Mr. Bradley, visiting Neurosurgeon, and neurological investigations were greatly assisted by the advice of Dr. Schweiger, visiting Consultant Neurologist.

General Surgery.—General surgical operations were carried out on 167 patients during the year. These cases were from the various Hospitals in the Department of Mental Hygiene.

Electroencephalograph Department (E.E.G.).—Three hundred and forty-five patients were investigated by this department during the year in a total number of 488 examinations. One hundred and seventy of those examined were children referred from the Developmental Centre at Travancore. Twenty-three patients were referred from Out-patient Clinics.

The majority of examinations carried out were straightforward E.E.G. investigations, but several examinations required special forms of activation, e.g., with the administration of Metrazol, Megamide, General Anaesthesia or Paraldehyde.

This department was active in research during the year (see Research Activities) and in addition to this, examinations were performed to investigate patients with the following conditions:—

(a) Epilepsy including behaviour disorders due to epilepsy, states of disturbed consciousness without major seizures, and the checking of treatment with anticonvulsant drugs;
(b) Space occupying lesions in the cerebral;
(c) Brain damage mainly due to birth trauma;
(d) Psychoneurotic tendency including emotional immaturity;
(e) Differentiation of psychological and organic blindness and deafness.

The department has also invented and constructed an automatic strobo-sweep for diagnostic and research purposes and has established an abstracting service for E.E.G. literature up to this year. Dr. Siri-Salt from Thailand has been working in this department under the Colombo Plan from July to December of the year.

Radiology Department.—The range of examinations required of this department has become very complex and far wider than most X-ray departments in Victoria. For this reason it has been recognized as a Training School for Radiographers and has commenced training Division of X-ray Survey's personnel. Over the year simple types of examinations gave way to an increasing number of complex investigations, e.g., Smith Petersen Pin operations, Air Encephalograms, &c. Dr. B. L. Deans was appointed Consulting Radiologist, attending one day weekly.

Associated with this department has been established a photographic section, and the range of photographic work has become very wide with scientific, clinical, and social photography.

Ophthalmology Department.—Dr. L. Mitchell was appointed visiting Consultant Ophthalmologist just prior to commencement of the year, and the department has been established just over the twelve months. The number of consultations carried out was 184. An appreciable number of the cases involved lesions of the eyeball and adnexa. Presbyopia was the commonest finding, and the loss of glasses from different causes made this deprivation more demanding of attention. The service is appreciated by the patients, and the Staff are able to see more of their patients at reading and handwork. The co-operation of Mr. W. Marshall, visiting Optometrist, has been most efficient and his supply of glasses always prompt. The Optometrist saw 141 cases referred to him for refraction by the Ophthalmologist. The glasses supplied comprised 128 pairs, no change being required in 13 cases.

Pharmacy Department.—The amount and the nature of the work and the responsibility of this department have progressively and considerably increased in recent years and particularly the past three years, and this year it has been difficult to cope with all the work with the present inadequate staff and facilities. The occasional assistance of a relieving chemist has been helpful, but the addition of another full-time qualified chemist is essential for an efficient service.

Dental Clinic.—A separate report of the Hospital Dentist is attached. This Clinic continued to carry out an excellent dental service for all the patients, and greatly assisted the medical staff in maintaining the good health of the patients throughout the year.

Chiropody Department.—This department is greatly appreciated by patients and staff in promoting and maintaining foot comfort. During the year the total number of treatments carried out was 3,036. Treatment was carried out for the following conditions:—

<table>
<thead>
<tr>
<th>Condition</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Corns</td>
<td>447</td>
</tr>
<tr>
<td>Callouses</td>
<td>158</td>
</tr>
<tr>
<td>Ingrowing Nails</td>
<td>11</td>
</tr>
<tr>
<td>Verruca</td>
<td>98</td>
</tr>
<tr>
<td>Tinea</td>
<td>1</td>
</tr>
<tr>
<td>Suppurating Corns</td>
<td>8</td>
</tr>
<tr>
<td>Arch Supports fitted</td>
<td>8</td>
</tr>
</tbody>
</table>
Research.

Research activities into the following subjects have been carried out during the year:

(a) A comparative study of the effect on psychotic patients of Largactil and Phenobarbital;
(b) Changes in the E.E.G. record produced by Ataraxic drugs;
(c) The effect on the E.E.G. record of an Australian "serpasil-like" drug;
(d) E.E.G. changes correlated with psychological changes following leucotomy;
(e) An E.E.G. investigation of "psychogenic epilepsy";
(f) Investigation of "serotonin" effect on the E.E.G. with a view to the treatment of mental illnesses;
(g) E.E.G. survey of patients with Huntington’s Chorea;
(h) Investigation into the clinical effort of Serpasil on mental patients over 60 years of age;
(i) The factors determining the nature and onset of the senile dementias;
(j) The classification of Yarra Bend patients from records held at Mont Park.

One or more of five medical officers were concerned in each of the investigations.

Buildings.

External painting is being carried out on the Hospital Ward and Central Administration Block, including Main Kitchen and Boiler House.

Residences for 3 Medical Officers, 1 Chaplain, and 1 Senior Engineer are in final stages of completion.

Two T.B. Units are being transferred from Greensvale Sanatorium and re-erected in the South-East Area.

Light-timbered construction buildings await floor coverings and blinds, and some of them require water supply.

Male Wards M.4, M.5, are still being renovated. Engineer’s Workshop is practically completed, but no telephone has yet been installed. During the year the Tennis Pavilion was destroyed by fire.

Furniture.—New furniture has been placed in Wards F.13, M.1, and M.6, and in the Social Centre (I.T.C. Building).

Sewerage.—The Melbourne and Metropolitan Board of Works commenced the huge task of completely sewerimg Mont Park and appears to be making good progress.

Road Lights.—Additional road lighting, which was requisitioned some years ago, has not yet been installed.

Hot Water Supply.—New oil-burners have been installed at South East Block and at Wards F.11, F.12, and are providing a better service than the coke-fired boilers which they replaced.

In course of installation are four oil-fired steam generators to replace coal-burning boilers which service the entire Central Block.

Artisans.—Good service was rendered by artisans engaged in maintenance of buildings and furniture, and all services necessary to the functioning of the hospital.

There has been a falling off of work connected with manufacture of clothing and bedding, owing to the purchase of many articles formerly made at the hospital.

During the year Mr. P. Pinches, Foreman Carpenter, attained the age of 65 years, and retired after 41 years of valuable service to the Department.

Catering Services.

The patients diet is adequate. The menu, alternating weekly and changed each quarter, probably provides a better variety of meals than would be found in many private homes. Allowance, however, must be made for bulk cooking, but every effort is made under these circumstances to have the meals properly cooked, delivered to the wards, and tastefully served.

Non replacement of two defective electric ovens in the Main Kitchen has caused some inconvenience, but it is hoped they will be delivered and installed early in the coming year.

Visits of groups of patients from other Mental Hospitals for sporting and social events, amongst other things, have increased the scope and activities of the Catering Staff.

Housekeeper’s Activities.

Laundry.—This unit was kept busy during the year, number of articles processed was an increase on previous year, particularly special bed linen sent in daily from wards and returned to linen stores on same day.

Nursing staff uniforms, artisans overalls, white coats for male nurses, therapists, &c., also increased.

New issues of nurses uniforms are joined from hem to waist and need more handling on the press. This necessitated working three hours overtime on five evenings during end of last year. Work increases on the presses is becoming a problem and would require another press and operator if movement to Larundel was not mooted in the near future. Machinery (washing and hydro) in the room where officers laundry is processed required much attention and is still far from satisfactory.

Linens Store.—Approximately 2,000 articles (bed linen, nightgowns, pyjamas, towels) are replaced to wards daily. Torn articles are condemned weekly, but given to wards daily. This unit is functioning very smoothly.
Dry Cleaning.—Thirty articles per week were cleaned by Brown Gouge to end of November when the contract was terminated.

Female Hairdresser.—The appointment of a second operator proved an excellent move, as work was too much for one. Two resignations were accepted at end of year, one vacancy only has been filled.

Sewing Room.—Work is still slack, nursing staff uniforms and aprons were purchased during year. One seamstress Grade I. and one Grade II. cope with the work. Two seamstresses are used in linen store and dry cleaning.

Patients’ Clothing.—The new issue purchased is of better quality, particularly the print frocks, they are bright and made in attractive styles. Interlock cotton underwear is wearing well and an improvement on previous issues.

Some special frocks made in the sewing room from materials issued to replace galatea proved successful, looking bright and durable as to wear.

Condemning.—Clothing and bedding is condemned weekly, the number of articles condemned has fallen.

Farm and Gardens.

More progress has been made in having farm lands laid down to grass, and towards completion of the fencing programme. Fencing on western boundary at Bundoora is bad, and it is hoped that the Public Works Department will shortly put up a new fence which it is estimated will save 150 acres of grazing from interference by outside stock.

The new machine milking shed is working to capacity, and the total yearly output of an average of 79.77 tons in milk daily was 73,438 gallons. On 31st December, 99 heifers and heifer calves were being reared which auger well for future milk production.

125 pigs were sold by auction, 116 provided 11,600 lb. of pork for hospital consumption, and 39 pigs were converted to 5,850 lb. bacon for hospital use.

22,000 bales of meadow hay were harvested.

Suitable labour for the farm is still hard to get, and considerable difficulty was experienced in maintaining enough staff to look after the livestock and pay annual leave.

Despite floodlighting at the farm, pigs have been stolen from piggery on various occasions during the year. In each case the C.I.B., Ivanhoe have been informed.

Vegetable Garden.—A total of 60 tons of vegetables for hospital consumption was produced during the year.

Many raids were made on this garden by thieves and vandals. To prevent these happenings it would appear necessary to erect a gardener’s residence within the garden area.

Staff.

There has been little improvement in the female nursing staff position. This is particularly seen in the failure to train so many of the younger nurses. Only two female nurses qualified last year and do not even make up for retirements of qualified staff. Trained and experienced female psychiatric nurses were fewer than the previous year, and the Management of Wards suffered as a result. Although numbers of staff were slightly higher throughout the year, the majority were ward assistants and frequently changing.

The male nursing staff position has been satisfactory.

Staff Training and Teaching.

This was carried out during the year and lectures were given to Student Nurses by Medical Officers. Lectures on Ward Management and the care of the patients were given by the Principal Nurse and Head Male Nurse.

Student Nurses attended tutorials in the Training School attached to the Larundel Hospital.

The Annual Examinations were held in November and the results were as follow:

<table>
<thead>
<tr>
<th>Year</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>First</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Candidates</td>
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<td>6</td>
<td>18</td>
</tr>
<tr>
<td>Passed</td>
<td>8</td>
<td>6</td>
<td>14</td>
</tr>
<tr>
<td>Second</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Candidates</td>
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<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Passed</td>
<td>1</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Third</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Candidates</td>
<td>7</td>
<td>6</td>
<td>13</td>
</tr>
<tr>
<td>Passed</td>
<td>3</td>
<td>6</td>
<td>9</td>
</tr>
</tbody>
</table>
Four General Trained Nursing Sisters qualified as Psychiatric Nurses following twelve months psychiatric training.

Group discussions were held with Charge Nurses during the year, and medical officers and senior staff were encouraged to assist in the training of junior staff in the wards.

Voluntary Organizations.

We were again assisted greatly in all our recreational, social, and entertainment activities, and in the provision of amenities for our patients, by the many voluntary organizations which have been associated with the Hospital. The Mental Hospital Auxiliaries of Victoria were still very active in providing comfort to the patients and in promoting and supporting all forms of entertainment throughout the year.

We are particularly indebted to the Riversdale, Hawthorn, Heidelberg, Malvern, Yarra, City, Ferntree Gully, and Kallista branches for their untiring efforts on behalf of our patients. Also the Association of Relatives and Friends of the Mentally Ill, the Country Women's Association, Returned Soldiers Associations, the Methodist Ladies' Guild, and the Ladies' Kennel Club of Victoria who again assisted so generously our Male Occupational Therapy Department.

Out-Patients.

Sixteen female and five male out-patients were regularly seen at the Hospital and several of the female patients received E.C.T.

Dr. Ellis, Psychiatrist, and Dr. Benn, Senior Medical Officer, of the Hospital, attended Out-patient Clinics at the Observatory Clinic and Psychiatric Clinic respectively.

General Comments.

Administration.—Owing to expanding activities at this Hospital, the Administration Staff has had a busy year, and despite considerable overtime worked, arrears of work are mounting.

The office work was disorganized by staff changes within the office, three senior officers being transferred away, Mr. Garvey promoted to Secretary, Beechworth; Mr. Hayes to Secretary, Warrnambool; and Mr. Cousins to Secretary, Pleasant Creek, Stawell. Their places were taken by Mr. Fellow-Smith from Royal Park, and Mr. Dennett from Sunbury, leaving one vacancy to be filled.

It has not been possible to take stock throughout the Wards because of these changes and pressure of work.

However, in the face of all difficulties of administration I feel sure that the past year has been a year of marked progress, and that this has been appreciated by the Patients and their Relatives and Friends, and I wish to extend my thanks and appreciation to all Senior and Responsible Staff throughout the Hospital for their sincere work and loyal co-operation in making it so.
RECEIVING HOUSES, ROYAL PARK AND PLEASANT VIEW.

PSYCHIATRIST-SUPERINTENDENT: DR. J. F. J. CADE.


<table>
<thead>
<tr>
<th></th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Royal Park</strong></td>
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<td></td>
<td></td>
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<tr>
<td>On books, 1st January, 1956</td>
<td>73</td>
<td>92</td>
<td>165</td>
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<tr>
<td>Admitted—</td>
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<tr>
<td>Voluntary</td>
<td>999</td>
<td>949</td>
<td>1,948</td>
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<tr>
<td>Certified</td>
<td>736</td>
<td>851</td>
<td>1,586</td>
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<tr>
<td>Transferred—</td>
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<tr>
<td>Voluntary</td>
<td>369</td>
<td>193</td>
<td>562</td>
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<tr>
<td>Certified</td>
<td>619</td>
<td>519</td>
<td>1,138</td>
</tr>
<tr>
<td>Discharged—</td>
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<tr>
<td>Voluntary</td>
<td>597</td>
<td>728</td>
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<td>Certified</td>
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<tr>
<td>Died</td>
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<td>16</td>
<td>34</td>
</tr>
<tr>
<td>On books, 31st December, 1956</td>
<td>91</td>
<td>119</td>
<td>210</td>
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<tr>
<td><strong>Pleasant View</strong></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>On books, 1st January, 1956</td>
<td>23</td>
<td>38</td>
<td>61</td>
</tr>
<tr>
<td>Admitted—</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Voluntary</td>
<td>7</td>
<td>9</td>
<td>16</td>
</tr>
<tr>
<td>Certified</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Discharged—Voluntary</td>
<td>4</td>
<td>6</td>
<td>10</td>
</tr>
<tr>
<td>Died</td>
<td>4</td>
<td>5</td>
<td>9</td>
</tr>
<tr>
<td>On books, 31st December, 1956</td>
<td>22</td>
<td>37</td>
<td>59</td>
</tr>
</tbody>
</table>

Comments upon the Admission Data.

The total number of annual admissions continues to rise rapidly. This year it was nearly 3,600. My remarks in last year’s report concerning the unwieldy size of the case load apply with even greater force. It is painfully obvious that at least one other Receiving House is required for the Melbourne Metropolitan Area.

There has been only a slight (about 1 per cent.) rise in the percentage of voluntary admissions. For this year it was 53.6 per cent. compared with 52.6 per cent. for 1955.

General Health.

The commonest cause of mental ill-health in the male is alcoholism. About 38 per cent. of our male admissions were due to this cause (and about 8.5 per cent. of female admissions). This is a quite appalling state of affairs and demands concerted community action.

The “65 and over” group continues to be disproportionately represented amongst our admissions. They comprise about 16 per cent. of the admissions although only 8 per cent. of the population. More elderly women are admitted than men (in the proportion of 3 to 2). The only separate accommodation for them is in the wards at Pleasant View. These represent only a fraction of our actual needs in geriatric admission beds.

Alcoholism and senility, in addition to the mental disorders they cause, are also responsible for the majority of cases of physical ill-health amongst our patients.

Treatment.

(a) Occupational.—The Occupational Therapy department is now fully organized and operative. The wide range of therapeutic activities has now become an integral part of the total treatment programme.

An interesting and important development has been the appointment of an Art Therapist, in the person of a well known artist, Mr. Max Middleton. This particular approach has both diagnostic and therapeutic value.

At last, men’s and women’s hairdressing departments have been opened and, as expected, are proving of great value to the patients.

(b) Social and Recreational.—Perhaps the two most outstanding developments in this field have been—

Firstly, the presentation to the hospital, through the generosity of the Yarra Branch Auxiliary, of its first Television set. I understand we were the first psychiatric hospital in Australia to be so equipped. The set was first operating on the opening day of the Olympic Games and has been a most important and popular addition to the ward recreational facilities.

Secondly, the laying down of tennis courts, basket ball courts, croquet lawn, putting green, and practice cricket pitch on the former football ground has commenced. On completion, it will permit organized sport to be developed for both patients and staff.
(c) **Rehabilitation.**—The Commonwealth Employment Service continues to maintain a cordial and fruitful liaison with the medical and social worker staff regarding placement of convalescent patients.

Another organization that can, I think, be regarded as rehabilitative in a very real sense is Alcoholics Anonymous. I believe that it has more therapeutic and rehabilitative value than anything that yet exists in this community for the chronic alcoholic.

**Special Treatment.**

Miss Helen Johnston was appointed as part-time physiotherapist early in the year. There has been considerable need for this specialized treatment, especially in many tense psychoneurotic states as well as in various physical disorders occurring quite commonly amongst our admissions. It has become quickly evident that there is more work to be done than is possible with a part-time appointment and approval has been sought for it to be made a full-time one.

There has been increasing emphasis on group methods of treatment, especially with alcoholic patients.

**Research.**

It is hoped to develop steadily at this hospital facilities for research over a wide field in psychiatry. From time to time we have been able to co-operate with one or other University department in making facilities available for study into some aspect of medicine. With the appointment of an experienced neuro-pathologist (Dr. Mackiewicz) it should be possible to organize quite rapidly work in this important field, both from the point of view of research as well as teaching.

The results of an epidemiological survey of schizophrenia, done by me, were published during the year ("The Etiology of Schizophrenia"—Medical Journal of Australia, July 28, 1956), also a paper emphasizing certain aspects of alcoholism especially the necessity for an adequate and widespread campaign of prevention ("Alcoholism—A Community Responsibility"—Medical Journal of Australia, March 2, 1956).

**Amenities.**

(a) It is with pride that one can now say there is no closed ward in the Hospital. It is a reflection both of the new outlook towards psychiatric in-patient treatment and the great advances that have taken place in the last few years in the nursing of the patient who is acutely disturbed on admission. In spite of the fact that this Hospital receives far more acutely mentally ill patients than any other in Victoria, the Admitting Wards are, in general, far more peaceful places than many general medical or surgical wards elsewhere.

Gradually the hairpin fences are either being removed entirely (as was done with two ward gardens during the year, with a vast improvement in appearance) or replaced with pleasant hedges.

(b) Classification. The opening of a new insulin ward and a new male infirmary ward during the year, as well as increasing the number of beds, has helped greatly in the better classification of patients according to their needs and disability.

(c) Diet and clothing have been most satisfactory. The special needs of the elderly people at Pleasant View in these respects are separately catered for.

**Buildings.**

During the year the remodelling of the Female Receiving Ward was completed (with the exception of the single room wing). It now reflects the best in modern conditions. There is no doubt that this in itself is of tremendous value to the patient in establishing confidence, tranquility, and self-respect.

Remodelling of the Female Convalescent Ward and a small Male Convalescent Ward was commenced, and that of the main Male Convalescent Ward nears completion. At another Female Convalescent Ward (at the old Receiving House) conversion of a former large detached room has given us another pleasant sub-ward of twelve beds.

As mentioned earlier the Insulin Treatment Ward, Male Infirmary, and Central Sterilizing Department were completed, equipped and opened. The laboratory staff also were able to move into their well-equipped new building.

After considerable delay work has commenced on the much needed X-ray and E.E.G. department. This should be ready for use in the first half of 1957.

Erection of houses for medical and other staff has been completed during the year and our immediate needs in this direction are now well met, except that some houses are still without garages.

Unfortunately the building position is not so satisfactory in regard to general store accommodation and artisans' workshops. Requisitions for additions to the general store, engineering workshop, painters' workshop, new sewing room with a central linen store adjoining, alterations to administrative block, have not yet been satisfied. Despite the increase in size and widening of the hospital's activities, no alteration has been made to the store with the result that stores are housed in four separate buildings with obvious inconvenience and impairment of efficiency.

The new boiler house with three steam generators was completed during the year but the engineering staff, other than firemen, still work in the old and inadequate shop some 200 yards away from the new boiler house.
Although three painters are employed, they use the small workshop formerly used by one man, and which is scarcely large enough for a paint store. There is really no painters’ workshop and until our requisition for this is satisfied the painters work under deplorable conditions during unfavourable weather and cannot give of their best, however willing they may be. As maintenance work will become much heavier in the near future it is to be hoped that the artisans will not be required to work much longer under the existing conditions.

Equipment.
Both medical and non-medical equipment is satisfactory.

Artisan Activities.
General maintenance work has been carried on during the year but, because of the inability to fill the vacant position of fireman, the engineering staff has been working overtime continuously.

Garden.
To cope with the additional demand for fresh vegetables, an increased area has been cultivated by grubbing out the old fruit trees. Practically all vegetables required by the hospital have been grown here and, on occasion, surpluses have been available to other hospitals. Mechanization, by use of a tractor and equipment, has been a big factor in obtaining the increased production.

Ornamental. These have developed as new buildings have been occupied; new lawns have been laid down and shrubs and trees planted at many places. Although much has yet to be done, the past year has brought a big improvement in the appearance of the grounds.

Staff, although sufficient for immediate needs, will need augmenting when the new sports area is completed and further areas developed as parklands or lawns.

Staff.
(a) Medical. Although numerically the medical staffing is almost adequate, I would stress, as I did last year, the need for more senior medical staff, i.e., of psychiatrist status.

(b) The appointment of physio-therapist and art therapist has been mentioned. The Psychiatric Social Worker staff needs increasing from three to four, and I am sure that it will not be long before further increase is required.

(c) Clerical Staff. The statements of last year regarding the need for increased staff are still applicable despite two very necessary appointments during the year, i.e., a personal secretary to the psychiatrist-superintendent, and a typiste for the psychiatric social worker’s and principal nurse’s departments.

(d) Nursing Staff. Although numbers have been fairly adequate, there is still too large a turnover and not enough suitably qualified young men and women seeking training as student nurses. It should be pointed out that 66 per cent. of our male and 62 per cent. of our female nursing staff are non-British European migrants, many of whom are either qualified on arrival or have since started or completed their training. They have made, most of them, excellent nurses and, in addition, have been indispensable as interpreters for patients of their own country of birth.

(e) The chaplain strength of the hospital has now been increased with the appointment of part-time Anglican, Methodist, and Presbyterian chaplains. Apart from their spiritual functions they play a variety of important roles in the life of the hospital community.

Teaching and Training.
The teaching role of this hospital has grown steadily with a number of courses throughout the year for medical and nursing students, post-graduate medical lectures and courses for other ancillary groups. The pressure upon accommodation at the Nursing Training School has become so great that it has been necessary to ask for additional accommodation.

As well as the numerous intra-mural courses, various members of the staff have given talks or lectures to a considerable number of community groups.

Voluntary Organisations.
It is always a pleasure to record each year the generous activities of the individuals or groups who have given so much of their own time and energy in service to the hospital. It is impossible to mention the numerous individuals but one must pay special tribute to the ladies of the Yarra Branch Auxiliary (and their magnificent gift of a T.V. set) and to the C.W.A. ladies.

Out-Patients.
There are increasing numbers of patients who require follow-up treatment, supervision or support, and the need for a properly organized out-patient department in close association with the hospital is becoming more and more evident.

Lectures.
During the year fifteen lectures were given by various members of the professional staff on a variety of subjects in the mental health field to interested bodies.
MENTAL HOSPITAL, SUNBURY.

Psychiatrist-Superintendent: Dr. J. L. Fordyce.


The movement of patients between this Hospital and the general community is indicated in the following table:—

<table>
<thead>
<tr>
<th>Year</th>
<th>Certified (Direct or from Resettling Home)</th>
<th>Returned from Trial Leave</th>
<th>Returned from Boarded Out</th>
<th>Total</th>
<th>Discharged Directly</th>
<th>Allowed on Trial Leave</th>
<th>Boarded Out</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In.</td>
<td></td>
<td></td>
<td></td>
<td>Certified</td>
<td>Voluntary</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1956</td>
<td>315</td>
<td>354</td>
<td>248</td>
<td>45</td>
<td>962</td>
<td>25</td>
<td>292</td>
<td>424</td>
</tr>
<tr>
<td>1955</td>
<td>205</td>
<td>310</td>
<td>194</td>
<td>16</td>
<td>775</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

One hundred and twenty-eight patients were discharged while on trial leave.
Fifty-six patients died in Hospital.

Patients on books—

- Resident
- On trial leave
- Boarded out
- Absent without leave

Total

1,666
1,767

There has been an increase of 63 patients in the hospital during the year. This increase in our total numbers has resulted in much overcrowding in the wards.

The percentage of voluntary patients has increased slightly from 8 per cent. to 10.5 per cent. At present a policy is being pursued of converting suitable certified patients into voluntary boarders.

General Health.

The physical health of the patients has been satisfactory and the death rate has been low.

During the year Mr. Bruce Fry commenced work as full-time dentist to the hospital. As a result the dental care of the patients is being vastly improved. However at present Mr. Fry is working in most unsuitable and crowded conditions. It is hoped that during the coming year his facilities will be greatly improved.

At the end of the year a consulting Ophthalmologist and Optometrist were appointed. They will be visiting the hospital each fortnight. This will be of great value.

Diet.

The diet is still improving and is now reasonably adequate in both quantity and variety.

Clothing.

The clothing of the patients is now fairly good. At present our efforts are being directed mainly towards improving its general care. For this it is essential that a much larger proportion of the clothing be dry cleaned rather than washed at the laundry.

Treatment.

The number of patients taking part in some regular occupation while in hospital is gradually increasing. However, more advance has been made in forming a community life than in additional occupations. A wide variety of recreations is now available to the patients. Much of this is run by the patients themselves through their own committee. Socials are now held regularly in several of the wards, and are looked forward to eagerly by the patients taking part.

The occupational therapy units are doing a magnificent work in spite of considerable difficulties. During the year our trained Occupational Therapists resigned; however, Miss V. Smyth has been maintaining a very high standard of work.

A particular effort has been made to occupy male patients on work in the hospital grounds. As a result almost all of the men in the front wards of the hospital have been occupied at times. However it is difficult to maintain continuity in this. A large number of patients in the hill wards are also occupied in working parties. An effort has also been made to have some patients assist in carpentry and painting under the supervision of nursing staff. The head nursing staff are to be particularly commended for their drive in these various projects.

A major re-classification of patients in the men’s hill wards took place towards the end of the year. This involved the conversion of M.4 into an open ward and the splitting of M.6 into a habit training ward and a closed ward for long term patients. The classification of patients on the male division is now fairly satisfactory. A similar re-classification of the female patients is being held up by a shortage of nurses, particularly senior nurses.
At present 52 per cent. of male patients are in open wards but only 28 per cent. of female patients. However, the percentage of parole patients is gradually increasing. The time is approaching when almost all our male patients will be in unlocked wards.

The Hospital Magazine has continued to be produced monthly and is showing a steady improvement in quality.

Films are shown regularly in the closed wards for the benefit of those patients who are not well enough to attend the picture shows in the Concert Hall.

Special Treatment.

Various physical methods of treatment have been used extensively during the year. This has included electrical treatment, insulin treatment, and a considerable use of the tranquilizing drugs. The use of the tranquilizing drugs is extending rapidly through the hospital with gratifying results in the management both of acute patients and disturbed chronic patients.

It has only been possible to give regular psychotherapeutic interviews to a very few patients due to the shortage of medical staff. The medical staff have also been able to give relatively little attention to the large number of patients suffering from alcoholism. However, it is hoped in the near future to establish a formal Alcoholic Unit in which the more hopeful cases may receive intensive treatment. It is similarly hoped to give more attention to our psychopathic patients who until now have been treated rather haphazardly.

Research.

During the year a controlled experiment into the value of Reserpine was completed. This experiment was carried out in a very thorough manner in a disturbed female ward.

Staff.

Medical Staff.—In July, Doctor G. Goding, the Psychiatrist-Superintendent, was transferred to the Out-Patient Clinic at Bouverie-street, Carlton, after spending a very valuable two years at Sunbury. He was replaced by Doctor J. L. Fordyce who was transferred from the Mental Hospital, Beechworth.

The Medical Staff now consists of the Superintendent, and Acting Senior Medical Officer, and three Junior Medical Officers. This staff is quite inadequate to deal with the 1,300 patients in the hospital.

With this shortage of Medical Staff few patients can receive the amount of individual attention they need, little psychiatric training can be given to the Junior Medical Officers, the training of nurses is greatly handicapped, and research work can only be done on a very limited scale and at the expense of other necessary work in the hospital.

In spite of the shortage of staff, clinical meetings have been held regularly each week.

Nursing Staff.—On 31st December, 1956, there was a shortage of 46 female nurses on an establishment by no means generous. The male staff had a full establishment. The greatest shortage is in senior staff, there being only two Deputy Charge Nurses and 9 Charge Nurses on the female division against an establishment of 31 and 26 respectively.

The shortage of female nurses has meant that a great deal of overtime has been necessary. This not only imposes a considerable strain on the nurses but is expensive and impairs the efficiency of their work. It is only with considerable difficulty that Matron is able to keep ward staffs at even minimum levels and our Assistant Head Nurses are continually being called on to act as relieving Charge Nurses in the wards. One Assistant Head Nurse is permanently in charge of the female hospital ward owing to the shortage of Charge Nurses. The shortage of female nurses is also making the adequate classification of patients and the sub-division of wards a matter of extreme difficulty.

Training.—During the year the members of the first, second, and third year classes attended Block Training Courses at Royal Park. In addition, lectures were given regularly by Medical Officers and by Mr. Ward, the tutor from Royal Park. It is hoped that the newly instituted Block Courses at Royal Park will lead to a considerable improvement in our nursing standards.

The results at the nurses' examinations during the year were poor. Only seven candidates passed their First year, two the second year, and four the 3rd year examination.

Our two Occupational Therapists resigned during the year, one to go to England and the other to get married.

Mr. Reeves, our Social Worker, has been very fully employed providing a much needed link between the patients and the outside world, particularly in relation to arranging employment, acting as liaison officer with the Public Trustee and in other ways.

Reverend W. H. Graham, our full-time Chaplain left Sunbury early in the year and was replaced by Reverend R. H. Ford who was formerly part-time Chaplain at Beechworth Mental Hospital. Reverend Ford in addition to holding regular religious services and visiting patients in the wards has taken a leading part in the patients' activities and holds English Classes for the New Australians on the staff.

Administrative Staff.—The Administrative Staff had several changes during the year, but unfortunately is once again below strength. The Senior Clerk, Mr. Sleeman was transferred to Janefield as Secretary and was replaced by Mr. Turner from Head Office in March.

Artisan Staff.—The Artisan Staff is still minus a plumber and an electrician. It is practically impossible to fill these vacant positions without accommodation being made available within the grounds.
Buildings and Equipment.

The remodelling of the "Hill" wards has been largely completed. However, the sculleries are still not finished, and offices for charge nurses have yet to be built in some of the wards. As a result, the wards though very much better than formerly, are still under difficulties. In the case of one male ward which has been split into two, it is necessary for the two new wards to use one common scullery. This is far from satisfactory.

The building for the new Kiosk has been completed but the internal fittings have yet to be provided. The completion of the Kiosk appears still to be many months away.

All of the residences for Medical Staff have now been completed, and all but one are occupied.

During the year many rubber mattresses were delivered. However, several men's wards still have only straw mattresses and pillows.

Farm and Garden.

Once again the farm had an excellent harvest. Milk and eggs produced were above previous years, whilst sales of pigs showed an increase of more than £900 over the last year.

The new dairy is only awaiting completion of site works before it is opened.

With the installation of an irrigation spray system and the mechanization of equipment, the vegetable garden is now producing a larger quantity of vegetables although not yet sufficient to prevent purchases being made. The Lands Department is still treating a large part of this garden for hoary cress and bindweed. A new section of approximately 8 acres was opened during the year to compensate for the loss of ground under treatment. Very satisfactory results are now being obtained from this section.

Voluntary Organisations.

Once again valuable assistance has been given by a number of outside organisations. The Central Council of the Mental Hospital Auxiliaries of Victoria have continued to supervise the running of the Kiosk most efficiently. The Sunbury Mental Hospital Auxiliary has continued to be a tower of strength to the hospital. It catered for the Mid-year and New Year's Eve Balls, and helped very greatly in the catering and management of the Annual Picnic. The Auxiliary in addition donated a Player Piano, an Amplifier and Recorder and also a piano for the Staff Recreation Room. With the co-operation of the hospital staff the Auxiliary organized the Annual Picnic and gave an attractive Christmas present to every patient.

A number of patients have been visited by the members of the Auxiliary and a birthday club for patients has been very active and much appreciated.

Several Branches of the Country Women's Association have acted as hosts to groups of patients or have made visits to the Hospital. They have also made gifts of clothing and of books. The Australian Association of Relatives and Friends of the Mentally Ill made the usual valuable donation at Christmas time and have also donated other items.

The Red Cross Society has provided many concerts at the Hospital and has also provided records for our music club. They have also continued to provide the Red Cross Library. This has been supervised once a week by members of the Sunbury Country Women's Association Branch. During the year the books of the Sunbury Red Cross Library were exchanged with those of the Red Cross Library at Ararat Mental Hospital.

Numerous other concert parties entertained on Sundays.

General Comments.

Substantial improvements have been made to the Hospital during the period covered by this report. However, a very great deal yet remains to be done both in improving physical conditions and organization before the Hospital is of first grade.
KEW CHILDREN’S COTTAGES.

DEPUTY PSYCHIATRIST-SUPERINTENDENT: DR. W. A. BRADY.


<table>
<thead>
<tr>
<th></th>
<th>Male.</th>
<th>Female.</th>
<th>Total.</th>
</tr>
</thead>
<tbody>
<tr>
<td>On books, 1st January, 1956</td>
<td>377</td>
<td>232</td>
<td>609</td>
</tr>
<tr>
<td>Admitted</td>
<td>95</td>
<td>66</td>
<td>161</td>
</tr>
<tr>
<td>Transferred</td>
<td>23</td>
<td>21</td>
<td>44</td>
</tr>
<tr>
<td>Died</td>
<td>23</td>
<td>22</td>
<td>45</td>
</tr>
<tr>
<td>Patients on trial leave</td>
<td>76</td>
<td>19</td>
<td>95</td>
</tr>
<tr>
<td>Total number on books, 31st December, 1956</td>
<td>425</td>
<td>257</td>
<td>682</td>
</tr>
<tr>
<td>Voluntary Boarders</td>
<td></td>
<td>3</td>
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</tbody>
</table>

General Health.

The improvement in the general health of the patients has been maintained during 1956. There were the usual number of minor fractures and casualties.

During 1956, 31 cases of diarrhoea were notified, the organisms isolated being Shigella flexner 4a, Shigella flexner 2, Shigella sonnei, dysenteriae 2.

Approximately 50 per cent. of the cases were carriers—patients who had been in residence for some time and who were not clinically ill. The remainder were new admissions who developed clinical dysentery some three weeks after admission.

Several factors seem to have been responsible for the outbreak:—

1. The type of child with very poor personal habits, particularly in the ambulatory wards;
2. Gross overcrowding, particularly among bedridden children, and poor nursing facilities in these wards;
3. Staff shortages, giving rise to poor nursing standards through overwork and shortage of time.

In Ward 21 a survey showed that not one carrier of dysentery was discovered. In this ward the bathing and other facilities are good and the staff-patient ratio, although not perfect, is better than in the other wards.

We are greatly indebted to Dr. McCubbery of the General Health Department and to Professor Rubbo and Mr. G. Cooper of the University Bacteriological Laboratory. All of these gentlemen have put in considerable time in the effort to help us to deal with the epidemic. They have made valuable recommendations, such as the education of staff, regular bacteriological examinations, and given general advice in management for improving nursing techniques which we are following, and a vaccine has now been prepared which it is hoped will give good results.

Treatment.

The Occupational Therapy Centre had a successful year. There was much activity in the various sections here which included sewing classes (including use of electric machines)—cookery, laundry, housework, pottery, basketmaking, painting, typewriting, and film screening.

The major advance during the year was the appointment of a Speech Therapist, Miss J. Lark, who works 1½ days per week, and during 1956 was able to treat 40 patients. It is hoped that Miss Lark will be able to devote three days per week to speech therapy during 1957.

The Colour Chord Band, which was installed in 1955, is functioning very well and the children pick up the idea remarkably quickly and thoroughly enjoy making music in this way.

During the year Assistant Therapists Miss Leistner and Mrs. Gani both resigned to accept other appointments, and their places were taken by Mrs. Gervich and Mrs. Gleeson. Mrs. Gervich is a trained musician and has been of great value in the musical activities which form such a useful approach with many of our very handicapped children. Mrs. Gleeson has been primarily concerned with the domestic training side and has handled sewing, cookery, laundry work, &c., with the girls.

The arrangement whereby Miss Rosenthal, our Senior Occupational Therapist, has been allocated the training of two students at a time from the Occupational Therapy School, has been very successful. The students appear to have been very happy with their training.

Social Activities.—Unfortunately no children were able to have a seaside holiday during 1956. In 1955 a number of the children went to Marlborough House, Portsea. Unfortunately the holiday was not a particularly happy one, perhaps our children being rather too low grade to fit into the general atmosphere of Portsea during the holiday period. Consequently it was felt that the previous idea of the holiday camp at Point Lonsdale was rather too expensive for the budget at that time, and the holiday in 1956 had to be abandoned. However, there were many concerts and outings arranged by therapists, school teachers, the various auxiliary branches, the Country Women’s Association, and many voluntary helpers.
Recruitment.—A physical culture instructor and male nurses instructed the boys in gymnastic and various team games. Many of the patients attended the weekly film screenings at the main building. Square Dancing classes (organized by Mrs. Morrow and her helpers) were held regularly; and several of the girls have qualified for full membership and are very proud of their uniform when attending local Ranger meetings.

Special Treatment.

Serpasil and Largactil were found to be of some use in controlling disturbed patients.

Amenities.

Freedom.—The policy was followed of giving as much freedom to individual patients as was possible and considerable numbers of patients went on trial leave for varying periods, and for weekend visits. The practice is growing of parents taking better grade children home for school holidays and quite a number of our patients attend local entertainments, such as football and cricket fixtures, films, &c.

Classification.—Classification of patients was extremely difficult during 1956, owing to the ever increasing numbers in residence, the difficulty of making vacancies through transfers to other hospitals, and the remodelling of wards.

Building, Equipment, Artisan Work.

The year was quite a difficult one with many patients still housed in quite inadequate temporary accommodation. The wards were even more grossly overcrowded than in 1955, and there is still a great shortage of suitable fenced areas for ambulatory children. This means that many low grade children have to be kept indoors quite frequently for their own protection, and on many occasions members of the nursing staff had to leave their wards and search extensively for small children who had wandered away from unfenced wards.

Work on the two new Cottages north of the back road proceeded with painful slowness and there seems to be little hope of these wards being occupied for at least some months. These two new Cottages, providing as they will some 128 beds, will be tremendously valuable, but more similar cottages are required to cope with the ever increasing admissions, and relieve overcrowding.

Remodelling is still proceeding in Ward 16, the main work still requiring to be done being flooring and the completion of the meal service unit. However, the patients are occupying the ward meanwhile.

An urgent necessity is the closing of Ward 11 in its present state and its remodelling as an additional nursery ward. Ward 21 was originally designed to house 25 infants but the ward has consistently carried some 42 patients. This imposes a tremendous strain on the nursing staff and makes their work very much more arduous. In point of fact the vast majority of our new admissions are infants.

Wards 22 and 23 are still awaiting remodelling, and it is questionable whether Ward 23 should not perhaps be dispensed with completely when new accommodation is available. Ward 13 too has still to be considered and it drastically requires extensive remodelling. No doubt this work will be possible when some building is available to house medical and administrative staff in a more or less central position.

Equipment.—A good deal of play equipment has been received during the year, mainly from private benefactors. There is still some equipment not yet in regular use and we propose to install some of this around the newer wards.

Artisan Staff.—The artisan staff are still finding great difficulty in coping with maintenance work and the Cottages cannot be satisfactorily maintained until such time as a separate artisan staff is appointed. The same difficulty exists with regard to the laundry, and a separate sewing room is also badly needed.

Staff.

There is still a very severe shortage of nursing staff on the female division, the male division being quite reasonably staffed. On the female side the shortage is especially felt in senior ranks at charge and deputy charge nurse level. Additionally, the actual numbers of nurses are far below that required for satisfactory staffing. Now that we are carrying some 600 patients the charge nurses quite rightly are constantly asking for more nurses for day and night duty. The effort to staff the wards adequately with such a small number of nurses to draw upon has been largely responsible for the enormous overtime allocation and it is difficult to see how this overtime can be cut in any drastic way until the nursing establishment is considerably increased.

On several occasions during the past few years a request has been made to the Authority for the appointment of a physio-therapist. It is to be hoped that this appointment can be made next year as there is a vast field to be covered in physio-therapy, and it is felt that a great number of our patients would derive great benefit if a permanent physio-therapist could be appointed.

During the latter part of 1956, Rev. L. Hahn was appointed Anglican Chaplain to the Cottages. Working closely with the O.T. Department and the Special School his contribution as a member of the team has already proved to be a valuable one.

It is to be hoped that during 1957, when the survey is completed, that the Cottages can be definitely split off from the main building, and a Secretary and clerical staff appointed. This will make for more economical and more efficient administration in every way.

Staff Training and Teaching.

Every effort was made to ensure that student nurses received training in all aspects of the work. The various courses at the Royal Park Training Centre were found to be of great value.
Voluntary Organizations.

During 1956, we valued the services, under the leadership of Mrs. Irving, of a group of ladies who came weekly and undertook mending for all wards at the Cottages.

The regular voluntary workers' groups have continued their active interest in the Cottages. Gifts, recreational outings, &c., have been provided by the various branches of the Mental Hospital Auxiliaries. The Kew Mental Hospital Welfare Group, branches of Country Women's Association, and various Mothers Clubs have shown continued keen interest in the children.

We are greatly indebted to the Anonymous Hostesses who held a Shepherds' Market Fair in December in Toorak-road. The proceeds of this Fair were used to purchase a Volkswagen bus which is making a tremendous contribution to the happiness and Welfare of the patients and will also be responsible for an enormous saving in transport costs.

We are indebted to the State Savings Bank Officers' Association for their extremely generous gifts of a Television set plus £100's worth of wheel toys.

We are grateful to Mr. Trask and his band of Seventh Day Adventist helpers for their gifts, entertainments and transport for various outings for the children.

During the year a tremendous number of donations were received from private individuals, State and private schools, and social clubs from various offices and factories, &c. A large number of these donations were in the form of cheques. These cheques are banked in a special fund which is drawn upon from time to time when some amenity is required, for example, recently a large paddling pool was purchased for the girls in Ward 26, and five girls attended a gymnastic session of the Olympic Games, tickets being paid for from this fund. Councillor Donald Chipp very kindly arranged these tickets for the girls at greatly reduced rates.

We are also greatly indebted to the Anonymous Hostesses who were largely responsible for the purchase of several hundreds of pounds' worth of rubber mattresses through the Mental Hospitals Donations Trust Fund.

During the year a group of senior boys from Wesley College came every second Tuesday afternoon and did much valuable work in the way of cleaning up the grounds, removing boulders, and grading and levelling. During the August vacation these boys gave us a full week of their time and almost completed the making of a car park on the north side of Ward 26.

Several senior boys from Xavier College came regularly and took a batch of the school boys for spiritual guidance.

We are greatly indebted to Mr. Romske for his continued keen interest in the Cottages and for his generous donations of sets of kindergarten tables and chairs which are used in the O.T. Centre and wards accommodating smaller girls.

Out-Patients.

We are gradually working up towards the establishment of an out-patient department, as frequently parents with handicapped children come to consult medical staff or Social Worker about their problems with a view to possible ultimate admission of the patient. Quite commonly too, patients on long term trial leave are brought back by their parents or guardians for advice.

Dr. E. M. Wann attends Royal Children's Hospital on one afternoon per week as a Clinical Assistant in the Out-patients Department.

General Comments.

The general picture during 1956 followed the rather familiar pattern of trying to fit too many patients into too few beds. The admissions numbered 161 and it was always a considerable problem how to fit them in. The opportunities for making vacancies through transfer are extremely limited.

Although there appeared to be a good deal of activity in the way of building and remodelling, actually no new accommodation was made available during the year. However, with the opening of the new Cottages in 1957 these conditions should ease somewhat.

It is hoped that the nursing establishment can be increased considerably in the near year as at the present time nursing becomes extremely arduous owing to the very poor patient-staff ratio.

The Special School at the Cottages continued during 1956 to function most effectively under Mr. Griffiths, Head Teacher, and his staff.

Public Relations.—Dr. E. M. Wann, during 1956, gave the following talks:—

Two lectures "Medical Aspects of Mental Retardation" to Infant Welfare Sisters' Refresher Course.

One lecture "Mongoloidism" to Resident Medical and Senior Nursing Staff, Royal Children's Hospital.

One lecture "Training of Retarded Children" to Occupational Therapy students.

Two talks "Kew Cottages" to Mothers' Club, Caulfield North Central School; Country Women's Association, South Yarra Branch.

Social Worker, Mrs. Higgins, gave a talk "The Role of a Social Worker in the Institution" to Ringwood Branch of the Mental Hospital Auxiliaries.

Group Therapy.—Every Monday afternoon the Social Worker has handled a discussion group among the older girls from Ward 25. This has proved to be a most informative and useful session and the girls have been greatly helped thereby.
JANEFIELD COLONY.

PSYCHIATRIST-SUPERINTENDENT: Dr. T. G. RETALLICK.


<table>
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<tr>
<th>Certified Patients—</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
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<tbody>
<tr>
<td>Resident in Hospital, 1st January, 1956</td>
<td>8</td>
<td>80</td>
<td>88</td>
</tr>
<tr>
<td>On trial leave, 1st January, 1956</td>
<td>2</td>
<td>5</td>
<td>7</td>
</tr>
<tr>
<td>Admitted including transfers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discharged</td>
<td></td>
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<tr>
<td>Died</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Transferred</td>
<td>1</td>
<td>15</td>
<td>16</td>
</tr>
<tr>
<td>Resident in Hospital, 31st December, 1956</td>
<td>5</td>
<td>59</td>
<td>64</td>
</tr>
<tr>
<td>On leave, 31st December, 1956</td>
<td>4</td>
<td>19</td>
<td>23</td>
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</table>

<table>
<thead>
<tr>
<th>Special Cases and Voluntary Boarders—</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resident in Hospital, 1st January, 1956</td>
<td>25</td>
<td>161</td>
<td>186</td>
</tr>
<tr>
<td>Admitted</td>
<td>10</td>
<td>37</td>
<td>47</td>
</tr>
<tr>
<td>Discharged</td>
<td>10</td>
<td>22</td>
<td>32</td>
</tr>
<tr>
<td>Died</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Resident in Hospital, 31st December, 1956</td>
<td>25</td>
<td>176</td>
<td>201</td>
</tr>
<tr>
<td>Total resident, 1st January, 1956</td>
<td></td>
<td></td>
<td>274</td>
</tr>
<tr>
<td>Total resident, 31st December, 1956</td>
<td></td>
<td></td>
<td>265</td>
</tr>
</tbody>
</table>

General Health.

General health has been satisfactory. New admissions had TAB and antidiptheritic injections. The new buildings provided for occupational therapy and the extensions at the school have been occupied, but absence of toilet accommodation at both units causes great inconvenience. There is need also for a cooling or fan system in the Occupational Therapy block.

Amenities.

Although accommodation for a Kiosk has been made available, this has not as yet been taken over by the Auxiliary. The opinion is expressed that the position is not the most suitable and it would be preferable to provide a prefabricated building at some future date.

From the local point of view, establishment of a ward for adults would prove a most desirable acquisition. There is less transferring of older patients to Mental Hospitals than previously, but the girls growing older become more restive and discontented having to associate with younger girls.

Another ward, again, is required for low grades unless such cases can be transferred elsewhere.

The patients are well clothed. The sewing room manufacture the majority of the dresses, &c., because our children's measurements are so varied. A greater variety of material is being purchased and the articles manufactured by our sewing room are most attractive.

Steps are well advanced for a menu, compiled by the Supervisor of Catering, Mr. Moran and approved by Dr. Traup, to be put into operation at Janefield.

Buildings, Equipment, Artisan Work.

Once again attention must be drawn to the unsightly Engineers' Shop and Laundry—another year has gone by and nothing has been done to progress with the proposed plan for a new Engineers' Shop, Laundry, and Main Kitchen.

The former medical officers' quarters has been utilized as a Female Artisans Hostel, but this has relieved the accommodation problem only slightly and at this stage it is recommended that consideration be given to provision being made for the construction of another Nurses Hostel.

There is need for washing machines in the wards. Although authorized years ago, only one has yet been forthcoming.

Another requirement is some form of conveyance to take children for visits to hospital clinics, to get special shoes, &c.

Farms and Gardens.

The farm is showing the results of last year's planning. Herd members are being built up and also production per head to such an extent that during the flush of the season we are able to supply Mont Park with an average of 3,000 quarts per month—and in the near future this will increase.

Approval has been given to establish a piggery at Janefield, not only will this give the boys greater interests and training in farming but will put our food waste to a profit.

The vegetable garden has increased its production and with the approval given to increase our gardeners (2) by 100 per cent. both the vegetable and the landscape gardens should benefit greatly.
Staff, Training and Teaching.

Three Female Nurses and one Male nurse gained their Mental Deficiency Certificates last year.

It is recommended that a Social Worker be appointed especially for patient follow-up and placement after leaving the institution.

Voluntary Organizations.

Once again, appreciation is expressed for numerous gifts from interested organizations and individuals, and the various concerts and parties arranged.

General Comments.

A recommendation made by the Chief Medical Officer at one of his monthly visits should be given consideration—that of the construction of another ward for boys—there is ample facilities here for the training of another 30 boys.

There was great sorrow at the passing of ex-Matron Minahan during her first year of retirement; also at the death of Mr. Watson, a very active and generous member of Janefield Mens’ Auxiliary. During the year, Mr. Mason, Secretary, retired and was succeeded by Mr. Sleeman.

Thanks are due to Matron Watt who originally trained at Janefield, but was absent therefrom for periods at Mont Park and Travancore to obtain further experience and Certificate for Mental Nursing.
PLEASANT CREEK SPECIAL SCHOOL, STAWEll.
PSYCHIATRIST-SUPERINTENDENT: DR. G. CAMPBELL YOUNG.


<table>
<thead>
<tr>
<th></th>
<th>Private.</th>
<th></th>
<th>C.W.D.</th>
<th></th>
<th>Total.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Boys</td>
<td>Girls</td>
<td>Total</td>
<td>Boys</td>
<td>Girls</td>
</tr>
<tr>
<td>On books, 1st January, 1956</td>
<td>21</td>
<td>14</td>
<td>35</td>
<td>31</td>
<td>12</td>
</tr>
<tr>
<td>Admitted</td>
<td>12</td>
<td>4</td>
<td>16</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Total Cases</td>
<td>33</td>
<td>18</td>
<td>51</td>
<td>13</td>
<td>3</td>
</tr>
<tr>
<td>Discharged</td>
<td>7</td>
<td>5</td>
<td>12</td>
<td>10</td>
<td>3</td>
</tr>
<tr>
<td>On books, 31st December, 1956</td>
<td>26</td>
<td>13</td>
<td>39</td>
<td>22</td>
<td>10</td>
</tr>
</tbody>
</table>

General.

In spite of changes of Psychiatrist-Superintendent, Secretary, and Matron, and the part-time Medical Officer in the course of the year, the school has thrived. As the statistical table shows, there is an increasing number of private admissions which testifies to the reputation the school has established. Enquiries have even been made by parents whose children are above Special School level in intelligence.

The general health of the children was good. The year had a good start with the annual holiday at Portsea. This is really the event of the year in anticipation, participation and in retrospect. There were two cases of rheumatic fever. Both returned to school before the year was out. One girl had her tonsils removed and another her adenoids. All children had Salk Vaccine injections and suffered no ill effects.

Nursing Staff.

There was shortage of staff through most of the year but this is now remedied and there are now more candidates than posts. In spite of the more limited experience inevitable in an institution of this kind, four student nurses passed their second year examinations and one her first year. Four new class rooms were occupied during the year and the numbers of pupils increased to 79.

School.

Generally the children showed progress with their studies and the enthusiasm with which the teaching staff tackle their not always rewarding task is worthy of all praise. A Young Farmers' Club project in pen poultry keeping was started.

Education Day was held in August and in spite of it being a very wet day 75 visitors attended. Excursions were made to other schools and industries in the district.

Two Children's Welfare Officers visited and a full discussion of their wards' problems was held.

The standard of craft therapy was high and the Stawell stand in the Exhibition in Melbourne displayed amongst other items a beautiful model of the Olympic Games Stadium. A stand was also used at the local hobbies exhibition.

Right boys were sent to Bendigo in their sixteenth year and it is understood that they are doing well.

Buildings and Equipment.

Work was recommenced on the Nurses' Home and this should be completed in 1957. The enlargement of the Concert Hall is not yet complete.

The new Bristol Building which will be used as dormitory accommodation for senior boys should open early in 1957. When this happens it is hoped to raise the proportions of girls to one corresponding more closely with the number of boys.

Artisan Work.

The Engineer Mechanic and two general assistants had a busy year with repair and maintenance work and it is hoped that a carpenter will be added to the strength.

The laundry and kitchen maintained a high standard of work and the sewing room was far from idle.

Garden and Orchard.

Additional acreage is under cultivation and the fruit and vegetables supplied were of a good variety, quantity, and quality.

Voluntary Organizations.

The Auxiliary members were active with Christmas Tree and the quarterly birthday parties. They also supplied the children with swimming suits for their seaside holiday.

The Sun Toy Fund, C.W.A. Branches, and other organizations contributed to the happiness of the children in various useful ways and the children have been entertained by parties from as far away as Horsham.

In conclusion it is pleasing to be able to record that, in spite of changes in personnel, the rapport between school and nursing staff is cordial and all work together for the benefit and development of the children under their care.
TRAVANCORE DEVELOPMENTAL CENTRE.

PSYCHIATRIST-SUPERINTENDENT: DR. V. P. JOHNSON.

The opening of the pre-school unit during the year has emphasized certain inadequacies of Travancore as an institution. The water supply, which never was satisfactory in hot weather, has now become a serious problem. On occasion wards may have no water for bathing or for flushing W.C.s, and there is a risk that the boilers may suffer serious damage. It would seem that enlargement of the existing supply main, or preferably the provision of a second main entering the institution from the rear, is necessary.

The present arrangements for operating the children's swimming pool cause several serious difficulties. The filling of the pool, which must be done at least once a week, seriously embarrasses the institution's overburdened water services. The method of chlorination by adding hypochlorite by hand is of doubtful effectiveness, and the problem of the pool effluent draining into private properties adjacent to Travancore has been a source of complaint for years. All of these difficulties could be overcome by the installation of an aeration filter with an automatic chlorination device. This would enable the water to be pumped back into the pool and safely re-used.

Two other deficiencies at Travancore cause concern from the standpoint of the children's health inter alia. One is the lack of a hygienic method of kitchen garbage disposal. The present arrangements are such that kitchen refuse often remains for days in close proximity to both the kitchen and the children's dining rooms, attracting flies and constituting a nuisance in the public health meaning of the term. The installation of a kitchen refuse liquifier was suggested by Dr. Dax when he visited Travancore in 1955, but the requisition then submitted was replaced with one for an incinerator of a type which will not dispose of kitchen refuse.

The situation in the boys' division, which necessitates the crowding of 38 children into one relatively small playroom, is both prejudicial to health and provocative of behaviour disorders. A requisition for an additional play room submitted in 1955, and approved by the Authority, is still unfulfilled.

Renovation of the nursing staff quarters is long overdue, and would be helpful to our endeavours to recruit and retain a capable and enthusiastic staff.

The difficulty of keeping Travancore in a reasonable state of repair has been greatly lessened by the decision of the Authority to base at Travancore the carpenter appointed to service the clinics. This officer, however, has been handicapped in not having a workshop, but I understand that this will soon be provided.

The decision of the Authority to establish a full-time Secretary at Travancore should result in the solution of many administrative difficulties, and is greatly appreciated by the chief nurse and myself.

In conclusion, I desire to thank Dr. Allison for his work as my deputy during my absence abroad for a considerable part of the year.
The long awaited alterations to the pre-school unit were Admitted Discharged during 1956 on book, 31st December, 1956.

C.W.D.

Private cases State School Mothers' Club.

MacRobertson Girls High Certified helpful to the maladjusted type behaviour problems.

A JHP families.

Country Women's organizations continued

Cubs Club complimentary to the boys' uniforms were donated by Mrs. Fink eight years old Tongala training, thus increasing the responsibilities of the small number of senior nursing staff.

General Health.

Medical Officer's Report.—The general health of the children was good during the year, and there were no serious epidemics. Minor ailments continued to be fairly frequent with this grade of child. Dental inspections and treatment were carried out by the School Dental Services. Salk immunisation for Poliomyelitis was carried out by the visiting immunisation team from the Health Department. A number of the staff were also inoculated.

Treatment, Occupational, Social, Recreations.—The children requiring speech therapy continued to have individual tuition from the speech therapist. The many special occupational activities of the school continued to be of great value, but no therapist is available outside school hours. During the year a Cubs Club was started by Miss Gorry and Miss Geary, and was held every Friday night in the hall. The boys' uniforms were donated by Mrs. Fink and friends. The boys showed a keen interest in the Cubs, and it is hoped later to form a Guides section for the girls.

Special Treatment—Research.—Dr. Trood continued to arrange for electro-encephalographic investigations, and this research has been a great help in giving guidance or therapy for many of the disturbed states and behaviour problems.

Courses in play therapy were given to selected cases by the psychologists, and these courses were most helpful to the maladjusted type of child.

Amenities.

Freedom, Classification, Clothing, Diet.—All children who did not go home for holidays were taken for holidays to Marlborough House, Portsea, at Christmas time and again in September. During the year outings and entertainments for the children included the following:—Pictures held regularly in the hall and conducted by the Church of England Boys' Club. Visits to the Waratah Picture Theatre, pantomines, picture matinees in the city, Moomba Carnival, bus picnic to Healesville, train picnic to Ferntree Gully, picnic to Williamstown Beach (given by Essendon Rotary Club), visits to league football games for which complimentary tickets were received from North Melbourne, Essendon, and Fitzroy Clubs, and visits to the Royal Show.

The new type of nurses' uniform was introduced and appeared to be appreciated by the pupils as well as the staff. Jeans were obtained for the children, which helped their freedom in outdoor play.

Buildings, Equipment, Artisan Work.—The long awaited alterations to the pre-school unit were at last completed and this was opened in October, giving accommodation for 24 pupils—boys and girls of the under eight years old age group.

Staff Training and Teaching.—A high proportion of the nursing staff are still in the earlier phases of training, thus increasing the responsibilities of the small number of senior nursing staff that we have at present, but those who are in training are showing keen interest and a good standard of work. The student nurses continued to attend lectures at Royal Park Training Centre, and some third-year lectures were also given here.

Voluntary Organizations.—Much kindly interest and help were given during the year by various organizations and individuals, and particular appreciation is given to the following who helped:—Various Country Women's Associations and State Schools Mothers' Clubs who have "adopted" children and sent them birthday gifts, &c., Essendon Rotary Club, Jasper Girls' Club, Cressey Golf Club, Sun Toy Fund, Tongala Mothers' Club, Flexible Drives Pty. Ltd., Federated Mothers' Clubs, Austral Literature Society, MacRobertson Girls High School, Good Pals Club, Order of Eastern Star Auxiliary, Technical Teacher College, Coburg Church of England Boys' Club, Yarragon State School Mothers' club, and Chisholm-street State School Mothers' Club.
General Comments.—Early in the year Miss Carter was appointed Matron, and Miss Powell, Deputy Matron.

Pre-School Unit.—Although this can only accommodate a very small proportion of the necessitous cases in this age group, it is hoped that it will be of great service to the community. By admitting cases at the earlier stage of child development it is hoped there will be a better chance of success than in cases which can not be admitted till a later age. As the available accommodation is so small, and the number of such cases requiring treatment so large, vacancies should be taken up by children who, it is considered, will, with guidance, be able to adjust and take their place in the community when they leave school. As with the other sections of Travancore, all new admissions to the pre-school unit will be on trial. If, after a trial period, they show no signs of improvement or promise, the next child on the list will be given the opportunity, priority being given to the most necessitous cases. It is believed that to function efficiently it is most important that Travancore Developmental Centre should concentrate on pupils of a standard acceptable to special schools of the Education Department. It is unfortunate that no residential beds at all are available for opportunity grade pupils or for the more grossly mentally disturbed children.

Due to the shortage of day room space in the boys' unit, a large hut is very badly needed as a play and rumpus room, but so far this has not been installed. This is particularly necessary during winter months. A room in the pre-school unit which was previously used for play therapy is no longer available, and the rumpus room would be used for this also.

During the greater part of the year, Dr. V. P. Johnson, Psychiatrist-Superintendent, was visiting centres in England and was greatly missed, but his experience while away will help to further the progress of this Centre.
BENDIGO TRAINING CENTRE.
SECRETARY: MR. D. NUGENT.


| Number of boys under care at 1st January, 1956 | 47 |
| Admitted during 1956 | 38 |
| Left Centre during 1956— | |
| Transferred to other Institutions | 5 |
| Returned to parents or relatives | 5 |
| Absconded | 3 |
| Under care at 31st December, 1956 | 72 |

The number shown as under care on 31st December, 1956, includes sixteen boys who were absent on that date on short Christmas holidays and one boy who was absent in the course of his employment. Behaviour difficulties caused the five transfers to other institutions.

Health.—There was no case of illness serious enough to warrant hospitalisation during the year and no infectious illness. The physical development and hardiness of most of the boys is most apparent.

Behaviour.—Generally the behaviour of the boys, particularly when they are outside of the Centre, has been quite good except for two instances, one of indecent assault and one of larceny, which caused the appearance of two boys before local courts during the year. Both cases were sympathetically heard and the first of the boys was transferred to another institution by direction of the court. Otherwise the behaviour before the public has been consistently good and the boys generally have an excellent reputation among the Bendigo citizens. Within the Centre, behaviour problems very naturally occur, but except in odd cases they have been neither serious nor constant.

Training Activities.

(1) Work.—The groups in which the boys work are largely the same as in 1955, except that they have been extended and more clearly defined. They are Carpentry, Painting, Ornamental Gardening, Vegetable Gardening, Engineering, Laundry, Kitchen and Dining Hall. The carpentry group has been most active mainly with works associated with the improvement of the Centre. Their accomplishments include two new buildings, a garden store and shelter shed and the poultry house, and they are now engaged with the erection of a large L.T.C. building which will serve as a workshop for themselves and for our other trades groups. The painters have progressed steadily with the work of maintaining and improving the appearance of all of our buildings which provide ample scope and variety of work for them. In the New Year their programme includes painting the exterior of our two residences and the interior of every boy's room. The ornamental gardeners have consistently improved the appearance of the area and the vegetable garden has been well established despite many difficulties. The Engineer's small group has done a variety of work in many fields and the boys engaged in the domestic services have performed their constant and essential duties very well.

Near the close of the year another activity, poultry farming, was introduced and this will be extended as time goes on to provide another suitable occupation for training. It is also intended to set up a boot repairing and leather work section early in the New Year.

(2) Other Training.—All of our other activities which were established in 1955 have continued and in some respects improved. The weekly meeting of staff and boys for general discussion, criticisms, and allotment of points based on the week's performances was continued throughout the year and has proved to be a very satisfactory feature. Training in gymnastics, physical culture, and marching produced some very gratifying results which were demonstrated at our Speech Night and on other occasions in Bendigo towards the close of the year. During the winter months lectures and instruction in various semi-educational subjects together with singing, dancing, and elocution training have proved to be suitable evening activities in addition to indoor sports. During the summer organized outdoor sport such as cricket and athletics have proved most popular and suitable. Swimming classes and free swimming periods have been held with such good results that only a handful of boys, most of them physically handicapped, cannot swim at least 25 yards. Visiting chaplains attend to religious instruction and the boys attend outside churches.

Working Boys.—At the close of the year seven boys were engaged in full-time outside employment and one other in a regular part-time position. This figure is somewhat disappointing because throughout the year the number was generally much higher. Five other boys worked satisfactorily for about three months in a canning factory which of course is only a seasonal occupation. Several others performed quite well in temporary positions. There were only six instances where boys failed to hold positions in which they were placed, and in two of these instances the failure was not due to lack of ability or any other fault of the boy.

There is a fair number of boys here who could be confidently tried in any reasonably suitable position, but for some months the lack of employment opportunities has been an obstacle.

Of the boys in employment, some have made considerable savings, the highest being £301.

Other Activities.

The boys have had a good selection of entertainment, recreation, holidays, and outings. They are permitted to attend local theatres once each week and there are regular monthly social evenings within the Centre the highlights of which were a Fancy Dress Ball in July, a Speech Night in November, and two Christmas Parties. This year we had two holiday periods of a fortnight each, one in June and the other at Christmas when boys who have interested relatives or friends are permitted to go to them. The object of this innovation was to curtail the haphazard interruptions to the training routine without involving undue hardship for any boy. All of the boys enjoyed a fortnight at Portsea early in December.
Voluntary Help.

Our most constant and active helpers were once again the members of the Ladies Auxiliary which had a very successful year. The Auxiliary provided a very acceptable Christmas gift for every boy, contributed towards the large number of prizes which were distributed on Speech Night, gave great assistance with the many problems associated with the Fancy Dress Ball, and joined with the Golden Square Football Club in raising sufficient money to purchase a magnificent piano for us. We are also indebted to a very great number of people and organizations for assistance during the year particularly with our entertainments. The people of Bendigo have shown a very charitable attitude towards the boys in every way, and the good will which exists is a factor which is of great assistance in the administration of the Centre and also contributes to the general happiness of the boys.

Staff.

Among all sections of the staff there has always been a willingness to undertake duties of any nature and it is this attitude which makes it possible for us to successfully indulge in such a wide range of activities, without at the same time having a large staff of specialists. Mr. Walsh was succeeded as Training Supervisor in July by Mr. A. L. Conroy from Ararat. Mr. Conroy has carried on in the same wonderful tradition which Mr. Walsh established, and with his keen interest, ability, and devotion to his onerous duties he has already contributed a great deal to the further development of the Centre.

General Comments.

The year has been one of quite satisfactory progress in which the working activities have advanced to an extent where they are becoming more of a real training medium rather than just a series of jobs to be done. The completion of our workshops building, the acquisition of a vehicle to cope with our heavy cartage problems, and the installation of suitable laundry machinery early in 1957, should be further major advances in this regard. The increasing number of boys has been absorbed quite satisfactorily and it is considered that we will be able to cope with our proposed maximum number of 96 boys.

Now that the population has reached three quarters of its eventual strength and is increasing rather rapidly it has become very obvious that regular reviews of the progress and prospects of all boys must be made. We have quite a variety of ages and mental levels and this of course tends to complicate the organization of all of our activities and detracts from the value of them to the better boys. So far we have recommended the removal of a few boys only when the problems associated with them became quite intolerable. There are many others who by reason of their retardation or other defects have very poor or no prospects, and whilst they should and do derive some benefit from a stay here they also tend to lower the standards which have to be set for all boys. In any case once we reach our capacity overall reviews will be essential unless the Centre is to be regarded as a permanent home for the boys who fail to graduate.

There are two other problems which are becoming increasingly obvious and which will have a decisive bearing on the future success of the Centre as a rehabilitation unit.

The first, and at present the most pressing problem, is the apparent lack of employment opportunities in Bendigo during the last few months. Not only have we been unable to find employment for boys who are regarded as well worthy of a trial, but there have been cases of boys losing positions in which they appeared to be well established purely because of the local conditions. It is to be hoped that this situation will soon improve.

The other problem which will certainly become more pressing as time goes on is the placement of boys who are established in employment and who are sufficiently well behaved and experienced to warrant discharge from here. Unless a boy has relatives or friends who are prepared to take him, and most have not, then he would have to be very fortunate indeed to find suitable accommodation, company, and guidance on his own in the outside world. The establishment of hostels may be the best solution. Such hostels would have to be situated in the areas offering the best employment opportunities. A series of small units would probably be preferable because they would provide a more homely atmosphere, would require little administration, and they could be at least partially self-supporting. We already have a small group of boys who are established in employment and who would now be much better placed in a separate local hostel. There they would be practically free of institutional life but would still have sufficient supervision and could have the necessary guidance to help them to complete their social and economic rehabilitation.
MOORAKYNE HOSTEL, HAWTHORN.

HOSTEL SUPERVISOR: MISS A. E. M. McINTOSH.


(a) Hostel Residents—

<table>
<thead>
<tr>
<th>Event</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of girls in Hostel, 1st January, 1956</td>
<td>33</td>
</tr>
<tr>
<td>Admissions during 1956</td>
<td>15</td>
</tr>
<tr>
<td>Girls leaving Hostel during 1956—</td>
<td></td>
</tr>
<tr>
<td>Left Hostel at attaining age of 20 years</td>
<td>7</td>
</tr>
<tr>
<td>Transferred to Janefield</td>
<td>2</td>
</tr>
<tr>
<td>Left Hostel to return to own homes</td>
<td>8</td>
</tr>
<tr>
<td>Girls remaining in Hostel, 31st December, 1956</td>
<td>31</td>
</tr>
</tbody>
</table>

(b) Employment.

The following figures show the number of girls employed by various firms during the year.—

<table>
<thead>
<tr>
<th>Firm</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Melbourne Textile Co. Pty. Ltd.</td>
<td>1</td>
</tr>
<tr>
<td>Sheldon’s Laundry</td>
<td>3</td>
</tr>
<tr>
<td>The Royal Melbourne Hospital</td>
<td>1</td>
</tr>
<tr>
<td>Epworth Hospital</td>
<td>1</td>
</tr>
<tr>
<td>Bethesda Hospital</td>
<td>1</td>
</tr>
<tr>
<td>Davies Coop and Co. Ltd.</td>
<td>3</td>
</tr>
<tr>
<td>Arosa Knitting Mills</td>
<td>2</td>
</tr>
<tr>
<td>Fastdye Pty. Ltd.</td>
<td>1</td>
</tr>
<tr>
<td>Herald Gravure</td>
<td>1</td>
</tr>
<tr>
<td>Murfett Publishing Co.</td>
<td>3</td>
</tr>
<tr>
<td>Holeproof Pty. Ltd.</td>
<td>2</td>
</tr>
<tr>
<td>Victoria Quilt Manufacturing Co.</td>
<td>1</td>
</tr>
<tr>
<td>Central Taxation Office</td>
<td>1</td>
</tr>
<tr>
<td>Business and Professional Women’s Club</td>
<td>1</td>
</tr>
<tr>
<td>Sealex</td>
<td>1</td>
</tr>
<tr>
<td>Home duties</td>
<td>4</td>
</tr>
<tr>
<td>Unemployed</td>
<td>4</td>
</tr>
</tbody>
</table>

Several new firms have been added to the list of employers this year but it is now difficult to find employment for girls over 18 years of age.

During the year the general standard of health remained good, except for a few cases of mild influenza, colds and minor complaints. Visits to the dentist for treatment and check-ups have been maintained regularly.

The girls held their Annual Fete on the 10th November and the amount raised was £167. This has been distributed to various charities including some of our own Institutions.

Several times the girls were entertained by the Bluebird Club, and also attended a Fancy Dress Ball at Oakleigh Mentally Retarded Centre. In return we invited them to a Social Evening, and the girls did some Scottish Dancing also Folk Dancing, and later we showed coloured films of outings taken during the year.

Easter week-end and the Christmas Holidays were spent at Portsea and a very enjoyable time was had by all.

We have had many visitors to the Hostel and several of them have shown pictures of their trips abroad.

Installation of a coke boiler in No. 6a and one in No. 10 have greatly improved the hot water system.

The surface of the tennis court was renewed and the cost was paid from Hostel funds.

Sincere thanks are expressed to all members of the staff for their faithful and loyal service throughout the year.
BOUVIERIE CLINIC (233 Bouverie-street, Carlton).

PSYCHIATRIST-SUPERINTENDENT: DR. G. A. GODING.

The first patients were seen at this Clinic on 29th October, 1956. The Clinic occupies the buildings of the former Baptist Free Kindergarten, one large room having been converted into Clinic offices. Bouverie Clinic has taken over what were previously the main functions of the Psychiatric Clinic in Collins-street. The major part of the family case load together with the patients awaiting treatment have been transferred from the Psychiatric Clinic to this Clinic.

The basic function of this Clinic is to provide a family guidance service. Cases usually present as a problem in a child's behaviour and through this an approach is made to the problems of the family. Usually at least two members of each family are under treatment by different members of the Clinic Staff and an attempt is made to deal with the family situation as a whole.

By 31st December there were 36 families under treatment at this Clinic together with 13 individual patients, most of whom had previously been in Mental Hospitals. There were 56 cases listed as awaiting treatment. Other patients previously on the books of the Psychiatric Clinic, Collins-street, from time to time request further help and must be given priority in fitting in appointments.

Staff.

The Clinic has commenced with the minimum staff of Psychiatrist-Superintendent, Psychologist, Social Worker, Clinic Nurse, Typist, and a part-time Speech Therapist. It is expected that the staff will be brought up to establishment next year as staff and accommodation become available.

The Psychiatrist-Superintendent has seen 15 new family cases involving 30 interviews and has conducted a further 110 treatment interviews with patients on return visits. He sees both children and parents, together with the few adult cases mentioned above.

The Psychologist conducts projective tests on the children attending the Clinic and also conducts play therapy with a number of the children, under the guidance of the Psychiatrist. He has performed the initial psychological testing on the children in the 15 new cases and has conducted 92 further interviews for additional testing or play therapy.

The Psychologist is continuing a study on the selective effect of emotional disturbance in children on response to intelligence tests. He is also making a study of the effect of severe thought disorder on intellectual development.

The Social Worker takes the social history at the initial interview of the family and works with the parents, mainly on a case-work basis, as required.

She has conducted an initial interview on 13 cases, has had 59 interviews with patients on return visits and has made 34 school and home visits.

The Clinic Nurse plays an important role in establishing or maintaining contact between the Clinic and outside organizations and individuals. She also has the difficult task of arranging appointments with minimum loss of time by either Clinic Staff or patients.

The Speech Therapist attends the Clinic on two afternoons a week. She has treated 7 patients on a total of 34 visits.

Other Clinical Activities.

An important part of the Clinic's preventative work lies in the field of community mental health education. A start has been made in this direction in that the Psychiatrist-Superintendent has given three and the Social Worker four lectures to outside groups.

Dr. Pankow, a visiting child psychiatrist gave three lecture demonstrations at this Clinic which were attended also by members of the staff of other Clinics.

Three Clubs meet in the Clinic hall at night, one for youths, one for young women who are intellectually handicapped, and the third for adult out-patients who suffer from difficulties in social relationships. These Clubs are supervised by the Travancore and Observatory Clinic staffs respectively.

Buildings.

The large rear building, still mainly in its original dilapidated state, is urgently in need of renovation. It provides the only space available for play therapy with the more disturbed children and could also provide much needed office space.
CHILDREN'S COURT CLINIC.

PsYcHIATRIST-SUPERINTENDENT: DR. J. L. GORMAN.

The year 1956 has been one of transition and development with regard to this clinic.

At the end of April, 1956, it was decided—

1. To increase the case-load;
2. To "follow-up" cases as far as possible, i.e., to afford treatment in addition to the diagnostic work necessary for providing reports to courts on cases referred for investigation.

1. Increase of Case-load.

New cases seen in 1956 numbered 345 as against 276 in 1955. As the decision to expand was made at the end of April it is of interest to compare the figures for the two half years:

(a) From January to end of June
(b) From July to end of December

This represents an increase of 57 per cent. in the second half year.

This increase came from both court referrals and private referrals.

The private referrals have increased but complete priority is given to court referrals and private cases are fitted in only when the court requirements have been fulfilled. Court referrals in 1955 numbered 167; in 1956 they increased to 240, an increase of 43 per cent.

II Development of "Follow-up" or Treatment.

Every case is treated at least once. Initially there is the diagnosis and assessment of the case for the purpose of furnishing a report to the referring Court. At the end of this report is a list of recommendations made after an assessment and analysis of the factors bearing on each particular case. These recommendations are accessible to Probation Officers if the child is placed on probation, or to Institutions if the child is institutionalized.

Further, however, before the interview terminates a psycho-therapeutic session is held with the child and parents separately and if necessary together. The aim is to treat the family as a unit and it has given gratifying results.

Any further treatment depends on the disposition of the case. Most are granted probation. If so it is regarded as of the utmost importance to work in close liaison with the probation officers and thus maintain continuity in the treatment of delinquent children. The results have been most satisfactory and frequent consultations are held with probation officers either at the clinic or by phone. Any further treatment at the clinic is with the knowledge and consent of the Probation Officer. He is free to refer back any cases in which difficulty is being encountered during the probationary period. A progress report is entered in the file of every child so treated and is readily accessible when required.

The name of the clinic has also been changed from "Children's Court Clinic" to "Children's Clinic". It was felt that this would put the children more at their ease, particularly with private referrals. Actually it has proved most acceptable to court referrals also.

Medical supervision of all cases was ensured towards the end of the year by the appointment of a half-time Medical Officer who, apart from helping in the general work of the clinic, would be in attendance during any absence of the Psychiatrist-Superintendent.

Sources of Referral—

Children's Courts—

<table>
<thead>
<tr>
<th>City</th>
<th>Country</th>
<th>Suburban</th>
<th>Other—mostly private</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>40</td>
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<td></td>
<td>10</td>
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<td></td>
<td>190</td>
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<td></td>
<td></td>
<td>240</td>
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<td></td>
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<td></td>
<td>105</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>345</td>
</tr>
</tbody>
</table>

Sex—

<table>
<thead>
<tr>
<th>Males</th>
<th>Females</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>262</td>
</tr>
<tr>
<td></td>
<td></td>
<td>83</td>
</tr>
<tr>
<td></td>
<td></td>
<td>345</td>
</tr>
</tbody>
</table>

Cases prior to 30th June, 1956

<table>
<thead>
<tr>
<th>Cases subsequent to 30th June, 1956</th>
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<tr>
<td></td>
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</tbody>
</table>

Types of Charge (many duplicated)—

1. Capital offences
2. Assault
3. Sex offences
4. Breaking and entering
5. Larceny
6. Arson
7. Wilful damage
8. Traffic Act
9. Neglected child or protection application
10. Other types including breach of probation

<table>
<thead>
<tr>
<th></th>
<th>Nil</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>2</td>
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<td>26</td>
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<td>59</td>
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<td></td>
<td>73</td>
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<tr>
<td></td>
<td>Nil</td>
</tr>
<tr>
<td></td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>17</td>
</tr>
<tr>
<td></td>
<td>48</td>
</tr>
<tr>
<td></td>
<td>33</td>
</tr>
</tbody>
</table>
It is to be noted that the Protection Application is now used instead of the old charge of Neglected Child. The exact wording is “Child or Young Person in Need of Care and Protection”. This has proved much more satisfactory.

Some other changes in legislation to come into operation in January, 1957, are of significance:

(a) The jurisdiction of the Children’s Courts is to be increased to cover major crimes other than homicide;
(b) Committal to an institution for an offence will be for a set term and not indefinite as before;
(c) The age limit of probation will be raised to 19 years.

These are all notable advances in the treatment of juvenile delinquency.

Staff Changes.

In April, 1956, Dr. J. L. Gorman succeeded Dr. T. G. C. Retallick as Psychiatrist-Superintendent. Dr. M. Mackay was appointed half-time Medical Officer in October. Miss N. Scott succeeded Mr. M. McMillan as Psychologist in January. Mrs. J. Hammet succeeded Mr. J. Clark as Social Worker in June.

General Remarks.

The Children’s Clinic has outgrown its present habitat which is grossly overcrowded. Fortunately there is a proposal to transfer both the Melbourne Children’s Court and the Children’s Clinic to Batman-avenue. The proposed plans would adequately solve this problem and at the same time preserve the close liaison with the Melbourne Children’s Court which has proved so beneficial in the past.

The great majority of delinquent children fall within the average intelligence range, but many of them are educationally retarded either in Reading or Arithmetic or both. Every case is now tested for educational retardation and help is given at the clinic by the Psychologists in selected cases.

A psychological research project was completed by Mr. A. Gilchrist (Clinic Psychologist) working in conjunction with Mr. J. Lyle, formerly of this clinic. They attended the Canberra Conference of the British Psychological Society in October and read articles based on their researches.

There has been only one Social Worker attached to the clinic this year. This has proved unsatisfactory and it is to be hoped that another Social Worker can be appointed despite the shortage.

It becomes more apparent every year that the main contributing cause to juvenile delinquency is the broken home whether by death, desertion or divorce. A fourth D—drunkenness—is appallingly frequent. Even the temporary absence from home of the working mother appears to be a contributing factor in many cases.
MENTAL HEALTH CLINIC (14 Collins-street, Melbourne).

PSYCHIATRIST-SUPERINTENDENT: DR. J. V. AMBURNER.

Commencement of the Clinic.

The Mental Health Clinic began its separate existence on 23rd October, 1956, when the Child Psychiatric Clinic moved to Bouverie-street. Even before this date, a number of the new clinic's duties had already commenced. Those not already included in the 1955 Annual Report will be commented on here.

Functions.

The functions of the Mental Health Clinic are:

1. To provide consulting psychiatric services to various welfare agencies and to other government departments. (The Superintendent is Honorary Consulting Psychiatrist to the Welfare Division of Red Cross and to the Family Service Project of the Brotherhood of St. Laurence, and is a member of the executive of the Marriage Guidance Council).

2. To continue to operate as an out-patients clinic for cases accepted from these sources as requiring more detailed investigation and treatment.

Staff.

The Clinic staff comprises Psychiatrist, 4 Psychologists, 2 Social Workers, Clinic Nurse, and Stenographer.

Activities.

Maternal and Child Hygiene Branch.—Dr. Isla Stamp (psychologist) has continued her work in the Kindergartens along the lines indicated in the 1955 Annual Report.

For instance, during November-December, 1956, she saw 46 children 65 times, had 42 conferences with teachers and 37 with parents, and made two home visits. In this period 17 new cases were referred by 16 kindergartens. The few cases which are not "nipped in the bud" by this early guidance are referred to the appropriate doctor or clinic for further attention.

"Turana", Children's Welfare Department.—Mrs. J. Cole commenced duty as Psychologist in April, 1956. Since then she has examined 112 children on 34 occasions each, and has given educational and vocational guidance, assisted in the problems of parents and foster parents, and helped ward nurses to understand individual children. I have attended for a half-day weekly and have each time seen 2 to 4 cases in consultation with Dr. Tawseay.

"Winlaton", Children's Welfare Department.—Mrs. Margaret Darbyshire (psychologist) commenced duty, one and a half days per week, at Winlaton on 17th October, examining disturbed girls, referring cases to the psychiatrist, and assisting in the social rehabilitation programme. I made only two visits in the period to the 31st December, but Mrs. Darbyshire consults me at clinic conferences.

G. Division, Pentridge.—Examination of prisoners in G Division, Pentridge, commenced on a token scale in July, 1956. Up to 31st December, 32 prisoners had been examined 73 times. In 20 cases there has been one or two examinations only, either as pre-sentence investigation or to determine suitability of a prisoner for treatment in G Division. Investigation and treatment is continuing in 11 of the prisoners seen in 1956, three having continued since discharge from prison.

"Fairlea" Women's Prison.—Visits to Fairlea were commenced in October. In all there were seven psychiatric visits and two by the clinic psychologist, and the visits were primarily concerned with the treatment of a small group of mentally ill prisoners.

Consultative Work.—In the period under review there were 155 psychiatric examinations or treatments in the clinic and two consultations outside the clinic.

The clinic psychologist, in addition to carrying out psychological examinations at Pentridge and Fairlea; spent five half days in assisting, (by social psychological investigations and techniques) to overcome a high incidence of emotional disorders in a small Children's Home; and in addition has made ten visits to children in other hostels and institutions; and has examined 65 cases in clinic.

Teaching Tasks.—One lecture was given to Police Recruits and one to Prison Officers, during this period, and a course of three case discussions was held in kindergartens with a group of Kindergarten Directors.

Staff Conferences.—In a clinic such as this, where various members of the staff each spend a good deal of time away carrying out their separate functions, the co-ordinating function of the staff conference held each week is of first importance. For these reasons no effort has been made to invite non-members of the clinic to these meetings, which are directed more at self-criticism than at instructing others. During 1957 however these conferences will consist of a series of methodical explorations of the fields in which the clinic is active.

Other Clinic Tasks.—The work of the various staff members in keeping up with the above mentioned work needs no comment other than an expression of gratitude for their industry and efficiency.
The following is an analysis of numbers of patients treated:

<table>
<thead>
<tr>
<th></th>
<th>New Patients, 1956</th>
<th>Patients First Seen in 1955 or Earlier</th>
<th>Totals</th>
<th>Number of Psychiatrist-Patient Interviews</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Observatory Clinic</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adults</td>
<td>93</td>
<td>241</td>
<td>334</td>
<td>2,394</td>
</tr>
<tr>
<td>Children</td>
<td>105</td>
<td>108</td>
<td>213</td>
<td>545</td>
</tr>
<tr>
<td><strong>Out-Patient Centre</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adults</td>
<td>445</td>
<td>188</td>
<td>643</td>
<td>2,228 (450 sessions)</td>
</tr>
<tr>
<td>Children</td>
<td>33</td>
<td>11</td>
<td>44</td>
<td>273</td>
</tr>
<tr>
<td><strong>Yallourn Centre</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adults</td>
<td>21</td>
<td>9</td>
<td>30</td>
<td></td>
</tr>
<tr>
<td>Children</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td>707</td>
<td>557</td>
<td>1,264</td>
<td>5,741</td>
</tr>
</tbody>
</table>

Psychiatrist-Patient-Contacts at Group Therapy Sessions: 239
Psychiatrist-Patient-Contacts at After Care Hostels: c. 350
Psychiatrist-Patient Contacts at Social Club: c. 2,200
Total Psychiatrist-Patient Interviews and Contacts: c. 8,530

<table>
<thead>
<tr>
<th>Observatory Clinic, O.P. Centre, and Yallourn Centre.</th>
<th>New Patients</th>
<th>Old Patients</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of Adult Patients seen in 1956</td>
<td>581</td>
<td>440</td>
<td>1,021</td>
</tr>
<tr>
<td>Total Number of Child Patients</td>
<td>126</td>
<td>117</td>
<td>243</td>
</tr>
<tr>
<td>Total</td>
<td>707</td>
<td>557</td>
<td>1,264</td>
</tr>
</tbody>
</table>

Total Number Psychologist-Patient Interviews at the Observatory Clinic only, excluding contacts at Social Club, Groups &c.

Adults: 308
Children: 1,347
Total: 1,655

Referral sources could be grouped as follows:

<table>
<thead>
<tr>
<th></th>
<th>Children</th>
<th>Adults</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical referrals</td>
<td>47</td>
<td>66</td>
</tr>
<tr>
<td>Referrals by responsible persons and agencies</td>
<td>34</td>
<td>11</td>
</tr>
</tbody>
</table>

Total medical and other responsible referrals: 81% for children, 77% for adults.

It was found that approximately 40 per cent. of new adult patients were males, and 40 per cent of new child patients females.
Outpatient Centre.

It will be seen that there has been a marked increase in the number of sessions given by visiting and local psychiatrists, and therefore in the numbers of patients treated; and by the end of 1956, ten psychiatrists were attending, three being on the Observatory Clinic staff, of whom two were each giving two sessions weekly, and the remainder one each. In addition, the Consulting Physician, Dr. Bruce Robinson, continued to attend once fortnightly. As in previous years, patients suitable for extended psychotherapy were transferred to the Observatory Clinic itself, and those needing E.C.T. etc. to the Treatment Centre. An increasing number of ex-hospital patients was given supportive treatment in the hope of reducing the relapse rate, but the majority of new patients had not previously been in psychiatric hospitals, and only a small number needed to be admitted after being seen.

All new adult patients presenting at the Out-patient Centre or Observatory Clinic itself were seen at the Out-patient Centre with the exception of a relatively few patients seen primarily at the Observatory Clinic for teaching or research purposes, or arriving there as emergencies at times when no psychiatrist was in attendance at the Out-patient Centre, so that one or other member of the Observatory Clinic medical staff undertook immediate treatment.

During 1956, Dr. R. F. Butterworth attended at the Out-patient Centre for one session weekly from March 9th until June 1st, while Dr. H. Bower commenced on May 21st and Dr. W. E. L. Crowther on September 18th. Dr Maxine Tennant withdrew from March 26th.

Activities.

A difficult problem has been that of the growing waiting list on the child guidance side, especially since it is almost impossible to handle properly more than two new child cases weekly (plus an occasional special or emergency case) owing to the Clinic's other commitments and the need to make provisions for time off-duty equivalent to that worked in the evenings. It is well-known in child-guidance work that in all but a few cases, short treatment is useless, and it was found in a study made here in 1955 that the median duration of treatment was 18 months; hence the numbers of new families seen each year cannot be large. Also, although not figuring as separate patients in the tables, siblings of children referred have been examined in some detail, and given treatment time, in over 10 per cent of cases. As a step towards using the Clinic resources in increasingly effective ways, group therapy with mothers and with fathers was commenced in 1956.

Fifteen mothers of Clinic children were divided into two groups, each of which attended on four occasions during a preliminary trial of child-centred group therapy, and it was felt that as a result the earlier Mothers' Afternoons with films and questions &c., would be abandoned in favour of continuous groups in 1957, each having a staff leader and recorder and meeting weekly.

During 1956, two groups of fathers attended on seven evenings, and here again it was felt that the method could be extended in 1957, with the addition then of mixed (mother and father groups), a child activities group, and a group of adolescent non-readers.

The Clinic contributed to the Mental Health Exhibition in September, served Fairfield Hospital, Kinkora and Trelowarren After Care Hostels, the Tuberculosis Sanatoria &c., and provided some evenings and Saturday morning treatment locally.

Yallourn Centre.

Dr. G. L. Christie visited Yallourn monthly throughout the year, increasing the service from two sessions to four per visit from November. As before, some patients have been sent to the Observatory Clinic for further investigation and treatment, while at Yallourn, Moë etc., counsel has been given to medical practitioners concerning the handling of patients who do not appear in the statistics as persons treated.

Social Club.

From the beginnings in December, 1955, this venture culminated in December, 1956, in a First Anniversary cum Christmas Party which about 80 attended. Throughout the year, regular Thursday Social Club meetings were held, not excluding Show Day and the Olympic Games holiday. Miss Anderson filled the role of Leader, responsible to Dr. Christie, to be replaced by Miss Cane when she resigned, and the management was largely in the hands of the patients' own Committee, and owed much to their own master of ceremonies. Much work behind the scenes however, fell to members of the Clinic staff, to whose willingness the steady growth and success of the Club owes a great deal. Until the appearance of a Social Club for ex-patients of Mental Hospitals, our own Club (referred to as the "Orana Club" by vote of the patients, but having no connection with the Peace Memorial Home at Burwood) will cater for many markedly disturbed patients more suitable for the projected club, in addition to the more neurotic or schizoid group of Clinic out-patients. The present Club has shown that much can be done to socialize the inhibited patient in a group of the similarly inhibited and socially inept, particularly where individual treatment continues away from the Club.

The Psychologists.

Under Mr. Esson's guidance, the usual work has continued, along with Remedial Reading and the examination of candidates for Kindergarten Training College, and Play Leader, bursaries, and the psychologists have played a part in group work.

The Social Workers.

Below full strength towards the end of the year, especially with the loan of Mrs. Poole to the Brotherhood of St. Laurence project for one day weekly, the Social Workers under Mr. Aslett's guidance have continued with child work, with adult work where requested by Out-patient Centre psychiatrists, and with the developing group work, and the training of Social Studies Students.
Occupational Therapists.

Miss Anderson, until she left in September, ran 88 organized sessions, with 465 patient visits, kept in touch with the needs of Miss Dyring at the After Care Hostels, and was Social Club Leader and Clinic Librarian (to be succeeded by Miss Cane and Dr. Crowther respectively). Students from the Occupational Therapy School were accommodated. With a gap of nearly seven weeks before Miss Legge became available after Miss Anderson left, much rebuilding of the work with patients was necessary during the remainder of the year.

Speech Therapist.

Miss Crabtree, in taking over after Miss Nelson's departure in January, provided the usual service at the clinic up to 20th March she gave one session per week to the Psychiatric Clinic, 16 Collins-street, until Miss Lark was appointed there, and throughout the year two sessions weekly to Trarancore.

Artist.

With the appointment of Mrs. Dawn Sime in May as artist, attending for one afternoon session weekly, a new service appeared which provided for help with the production of paintings, drawings, and other art products by patients in regular treatment by psychiatrists which had a definite value in diagnosis and treatment, and also for help in the case of some patients who, on the road to health, wanted to learn to paint as a creative outlet which could be invaluable in lessening the likelihood of relapse.

In the former class, the artist helped the patients to use painting and drawing as a means of communicating ideas and feelings to the psychiatrists helping them, and later, with improvement to express and intensify inner harmony which came with growing mental health. This venture is distinct from the use of painting and drawing in child treatment by other members of the staff, in association with play therapy.

Educational.

As in previous years, Seminars on the last Tuesday in each of eight consecutive months were held, the details being:

- March 27th — Mr. J. G. Lyle, "Delinquent Behaviour in Children".
- April 24th — Dr. C. Geroe, "Neurosis in Children".
- May 28th — Mr. L. Groh, "The Schizophrenic Child".
- June 26th — Dr. W. Rickards, "Treatment of the Child".
- July 31st — Mr. L. Tierney, "The Institutional Child".
- August 28th — Dr. Christie, Miss Crabtree, and Mr. Maine, "The Treatment of Stammering".
- September 25th — Mr. K. Catheart, "Centres for Retarded Children".
- October 30th — Dr. G. Christie, "The Paranoid Personality".

It will be noticed that the first four meetings constituted a series or symposium on the subject of the Maladjusted Child, and considerable interest was shown and large attendances experienced.

Dr. Hirschfeld, on 10th January, gave the sixth of his demonstrations, and a report was prepared on the series. Much of the information was found useful locally in organizing group activities for children.

Medical Officers within the Department attended during two Induction Courses, post-graduate lectures were given, tutorials to Theological Students, three talks to Police Recruits, three to Police and other Club Leaders, in addition to Council for Adult Education, National Council of Women, National Fitness Council, Victorian Association of Youth Clubs, and Mt. Scopus School, and Mental Hospital Auxiliaries lectures.

Lectures were given to Infant Welfare Sisters, as well as provision of two tours of the Clinic, and other courses of training.

Case Conferences were continued weekly, as well as Staff Seminars which on six occasions provided for local interchange of ideas and teaching of staff, and at three Case Conferences the presence of Dr. Giselle Pankow provided a good deal of stimulus.

A talk on the Clinic combined with discussion of child and adult work was given at Ballarat Mental Hospital in May; and a paper on Benactyzine read at the Annual Meeting of the Australasian Association of Psychiatrists at Brisbane in August.

Research.

During the year a controlled study of the effect of benactyzine hydrochloride (Suavitil) was made, and a paper accepted for publication in the Medical Journal of Australia.

An investigation into the use of "Shadowing" and "Masking" as the treatment of stammering was begun, the greater part of the work falling to the Speech Therapist, Miss Crabtree, with co-operation from Mr. Maine of the Commonwealth Acoustic Laboratory.

Visitors.

Dr. W. B. C. Gray, of Perth, Dr. Sirisali, Dr. Shea, Dr. Strait of Sydney, Dr. Suva of Manila, the Reverend Dr. Percy Jones, Mr. Head and Miss Kelly of Ballarat, Sister Lim and Sister Choi, Miss Roberts and Miss Griffin (Almoners), Mr. Ludlow of Adelaide, and Mrs. Elton Brown, a Fulbright Scholar, were among those who visited the Clinic.
General.

In a Clinic having a separate Treatment Centre and Out-patient department, and a Yallourn Branch, and a separate Social Club some distance away, and having at full strength a staff of 19 (including part-time members) together with additional sessional consultants totalling 8, i.e., 27 wholly or partly serving the Clinic (excluding cleaning and ground staff), the most urgent need is for an Administrative Officer with training comparable with that of a hospital secretary. Such an officer might, even if only half-time at this Clinic, release the Psychiatrist-Superintendent for two or more treatment sessions weekly and save him a large amount of detailed administrative work, little of which can be delegated to an office staff paid as typists and fully occupied as such, and no one of whom is in a sufficiently authoritative position to take on such a role.

Finally, I would thank the Mental Hygiene Authority and its officers and my own staff for their co-operation during a very busy year.
TRAVANCORE CLINIC.

PSYCHIATRIST-SUPERINTENDENT: DR. V. P. JOHNSON.

Statistical Summary.

Table 1.

<table>
<thead>
<tr>
<th>Age in Months</th>
<th>Males</th>
<th>Females</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-12</td>
<td>1</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>13-24</td>
<td>2</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>25-36</td>
<td>2</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>37-48</td>
<td>7</td>
<td>10</td>
<td>17</td>
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<tr>
<td>49-60</td>
<td>19</td>
<td>9</td>
<td>28</td>
</tr>
<tr>
<td>61-72</td>
<td>24</td>
<td>9</td>
<td>33</td>
</tr>
<tr>
<td>73-84</td>
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<td>85-96</td>
<td>25</td>
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<tr>
<td>97-108</td>
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</tr>
<tr>
<td>109-120</td>
<td>17</td>
<td>9</td>
<td>26</td>
</tr>
<tr>
<td>121-132</td>
<td>14</td>
<td>5</td>
<td>19</td>
</tr>
<tr>
<td>133-144</td>
<td>11</td>
<td>3</td>
<td>14</td>
</tr>
<tr>
<td>145-156</td>
<td>17</td>
<td>6</td>
<td>23</td>
</tr>
<tr>
<td>157-168</td>
<td>9</td>
<td>5</td>
<td>14</td>
</tr>
<tr>
<td>169-180</td>
<td>7</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>181-192</td>
<td>5</td>
<td>5</td>
<td>10</td>
</tr>
<tr>
<td>193-204</td>
<td>4</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>205-216</td>
<td>1</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>217-228</td>
<td>3</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>264</td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>276</td>
<td>1</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>300</td>
<td></td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>324</td>
<td>1</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>372</td>
<td>2</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>198</td>
<td>103</td>
<td>301</td>
</tr>
</tbody>
</table>

Total new cases (all ages): Males, 198; Females, 103. Total, 301.

In addition to these new cases there were 97 re-examinations carried out on old cases of previous years, making the over-all total of cases handled by the Clinic 398.

Table 2.

Referrals of new cases seen at the Clinic:

Medical Practitioners: 41
Hospitals: 21
Children's Welfare Department: 49
Psychology Branch and School Medical Services: 44
Mental Hygiene Authority (Chief Medical Officer): 37
Private: 39
Church Organizations: 25
Occupation Centres and other Organizations: 45

398
TABLE 3.—1956.

Classification of new cases seen at the Clinic:

<table>
<thead>
<tr>
<th>Category</th>
<th>Males</th>
<th>Females</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scholastic retardation, dull, and backward</td>
<td>47</td>
<td>23</td>
<td>70</td>
</tr>
<tr>
<td>Mentally retarded</td>
<td>62</td>
<td>27</td>
<td>89</td>
</tr>
<tr>
<td>Idiots, imbeciles</td>
<td>26</td>
<td>18</td>
<td>44</td>
</tr>
<tr>
<td>Mongols</td>
<td>12</td>
<td>8</td>
<td>20</td>
</tr>
<tr>
<td>Epileptic</td>
<td>12</td>
<td>9</td>
<td>21</td>
</tr>
<tr>
<td>Spastic and other organic conditions</td>
<td>4</td>
<td>8</td>
<td>12</td>
</tr>
<tr>
<td>Behaviour disorders and emotional disturbances</td>
<td>35</td>
<td>10</td>
<td>45</td>
</tr>
</tbody>
</table>

Total: 198 Males, 103 Females, 301 Total

TABLE 4.

Recommendations concerning new cases seen at the Clinic:

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Males</th>
<th>Females</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Re-examination at a later date</td>
<td></td>
<td></td>
<td>45</td>
</tr>
<tr>
<td>Normal school and child guidance</td>
<td></td>
<td></td>
<td>48</td>
</tr>
<tr>
<td>Opportunity Grade and remedial teaching</td>
<td></td>
<td></td>
<td>21</td>
</tr>
<tr>
<td>Centres for physically handicapped</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Special Schools (including Travancore Developmental Centre)</td>
<td></td>
<td></td>
<td>97</td>
</tr>
<tr>
<td>Moorskyns and Bendigo Hostels</td>
<td></td>
<td></td>
<td>13</td>
</tr>
<tr>
<td>Janefield</td>
<td></td>
<td></td>
<td>5</td>
</tr>
<tr>
<td>Kew Children's Cottages</td>
<td></td>
<td></td>
<td>43</td>
</tr>
<tr>
<td>Occupation Centres</td>
<td></td>
<td></td>
<td>22</td>
</tr>
<tr>
<td>Other Institutions</td>
<td></td>
<td></td>
<td>7</td>
</tr>
</tbody>
</table>

Total: 301

The work of the Clinic during 1956 was somewhat handicapped by staff losses. The Psychiatrist-Superintendent was engaged in post graduate studies abroad, as recipient of a National Health and Medical Research Council Fellowship, for a considerable part of the year.

Because of the lowered strength of the staff it was not possible to carry out a programme of intra and extra mural educational activities as in previous years. However, talks and demonstrations were given by the clinic staff to groups of Departmental medical officers, physiotherapy students, and theological students.

Individual instruction was given to several Asian post-graduate students who each spent some time at the Clinic. These included two psychologists and three nurses.

As the appended statistical summary indicates, clinic case work was carried on without any significant change of pattern from previous years, although it was necessarily somewhat reduced in amount as a result of the weakened staff situation. An advance was made, however, in the treatment of cases with marked emotional disturbance. Play therapy was used for certain of these cases, with promising results. Mr. Groh first undertook this work, and after his transfer it was carried on by Mr. Macmillan.

A number of children with significant E.E.G. findings were treated medically, and a proportion of these benefited considerably from such treatment.

The treatment of children suffering from severe emotional disturbance or psychotic disorder who, because of the gravity of their condition or because they have no stable home situation need hospital treatment, has become a very serious problem. I refer to children who fall outside the mentally deficient range, but who are being referred for clinic investigation in increasing numbers. I would suggest that the Authority consider the early establishment of a hospital treatment unit on the lines of that attached to the Maudsley Hospital in England. While realizing the difficulties facing the Authority at the present time, I hope it will be able to develop a plan for the extension of child psychiatric facilities of all types, as the available facilities both in the field of intellectual handicap and emotional maladjustment are clearly becoming grossly inadequate, having regard to the rapid increase of the population of the State.

Another clinic problem is the amount of time which has to be given to the re-examination, guidance, and treatment of old cases now that the clinic has more than 6,000 of the latter on its books. This makes it increasingly difficult to maintain the volume of new case work previously accomplished.

It is most regrettable that the building housing most of the clinic staff still has no water supply or lavatory facilities, although a requisition for such was approved by the Authority early in the year. This not only causes great inconvenience to both staff and patients but has danger from the standpoint of medical officers and their assistants having to perform physical examinations on cases who may be dirty or suffering from skin or other infections, without the means of washing their hands or sterilizing their instruments.

I would like to express my appreciation of Dr. Allison's work as my deputy during my absence abroad. To have organized and maintained the clinic services when faced with the loss of so many experienced members of the staff was a very difficult task, and I think Dr. Allison is to be commended for managing so well.
REPORT OF PATHOLOGIST.
(Dr. G. C. Jago).

During the year 498 post-mortem examinations were made in the metropolitan Mental Hospitals, as stated below:—

- Royal Park: 26 cases
- Kew: 295 cases
- Mont Park: 129 cases
- Larundel: 48 cases

Total: 498 cases

Senility, pneumonia, and cardio-vascular conditions accounted for the greater proportion of cases; but notable causes are seen in 47 from cerebral haemorrhage or thrombosis. There were fifteen deaths directly attributed to alcohol.

Details of the various causes are as follows:

- Senility: 85 cases
- Cardiac conditions: 163 cases
- Pneumonia: 100 cases
- Dysentery: 7 cases
- Epilepsy: 7 cases
- Cerebral Haemorrhage and Thrombosis: 47 cases
- Hydrocephalus: 7 cases
- Carcinoma: 20 cases
- Diabetes: 3 cases
- Alcoholism: 15 cases
- Renal conditions: 15 cases
- Peritonitis: 7 cases
- Electric Shock Therapy: 2 cases
- General Paralysis: 2 cases
- Tuberculosis: 3 cases
- Insulin Coma: 3 cases
- Cerebral Tumor: 2 cases
- Miscellaneous: 10 cases

Tests Done in the Laboratories:

- Serological: 1,978 tests
- Cerebro-Spinal fluid: 224 tests
- Haematology: 2,528 tests
- Bacteriology: 370 tests
- Urinology: 1,300 tests
- Histology: 80 tests
- Bio-chemical: 165 tests

Total: 6,645 tests

A notable feature is the increasing amount of haematology done in the laboratories. This, together with serology, necessitates the constant employment of one laboratory assistant for these tasks. The employment of a junior attendant at Royal Park for the cleaning and preparation of glassware has been beneficial.

During the year many anatomical specimens, put up in perspex jars, have been prepared and sent to various mental hospitals for teaching purposes.

Photographic plates of a wide range of clinical and pathological conditions have been completed, and now number several hundred. These are available for lecture purposes.

I would like to express my thanks to the laboratory staff for the many tasks performed during the year. The range of work in the laboratories is ever increasing and I wish to express my appreciation for the extra appointments that have been made to the staff.

By Authority: W. M. Houston, Government Printer, Melbourne.