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PART 1.—ORIGINAL ARTICLES.

Address in Psychological Medicine, delivered at the Intercolonial Medical Congress in Melbourne on January 11, 1888. By F. N. MANNING, M.D., Inspector-General of the Insane in New South Wales, and Lecturer on Psychological Medicine in the University of Sydney.*

In taking this chair I have first to acknowledge the courtesy and consideration which induced the Council of the Congress to select as the President of this section the senior officer of the Lunacy Department of the mother colony, and next—it being my good fortune to occupy this position—to express my personal gratification at presiding over the first session of the important section of psychological medicine.

The choice of a subject on which to address you required some thought and consideration. I could scarcely hope to say anything very new or very interesting on the more abstract and scientific questions pertaining to our specialty, and remembering that this is our 100th birthday, it occurred to me that I might with interest to you, and possibly with interest and advantage to those who may come after us, review our present position in regard to lunacy matters in Australia; set up, in fact, a sort of milestone on which to record our position and progress; and then, if time permits, indicate some of the steps which it behoves us to take on our path onward.

I shall trouble you as little as possible with statistical details, beyond what are necessary to bring out and make clear the more salient and important facts, and shall relegate to an appendix various tables and returns, which are of considerable interest, and for the means of compiling which I

* In the last number of this Journal we made some extracts from this Address, but it is as a whole so valuable a production that we have decided to print it *in extenso*.—[EDS. "J. M. S."]

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am indebted to my *confrères* and co-workers—the heads of the Lunacy Departments in the various Australasian colonies. The returns from New Zealand are given separately. It is much to be regretted that the statistics from Western Australia are so imperfect as to be useless, except on one or two main points; but I felt that I could not trouble Dr. Barnett for more details after his somewhat plaintive statement in reply to my second letter of inquiry, that his "asylum work was merely an item of his general duties, and that he had no assistant."

The first point I shall notice is the proportion of insane to population:—

On Dec. 31, 1887 (and I may mention here that all the statistics I have collected go to the close of 1887), the population of the Australian colonies was 2,951,590, and the number of insane 8,435. There was, therefore, 1 insane person in every 349, or 2·86 per 1,000, the proportion of insane men being 1 in 330, and that of women 1 in 377.*

There was considerable difference in the proportion in the different colonies,† Victoria heading the list with 1 insane person in every 294, and Queensland and South Australia closing it with 1 in 419 and 1 in 431 respectively. The proportion in New Zealand was 1 in 380. The reason why lunacy is more prevalent in Victoria than in the other colonies I must leave for your discussion, merely suggesting that the returns seem to point to a somewhat over stringent registration—patients on leave of absence being retained on the books for long periods. In the case of Queensland there has been hardly time for the full accumulation of chronic cases—a process which takes some years.

How does the proportion of insane in Australia compare with that in Great Britain and Ireland? On Dec. 31, 1887, the proportion in the mother country was 1 in 342, or 2·92 per 1,000; the range being from 1 in 316 in Ireland to 1 in 346 in England,‡ so that at present the burden of insanity in Australia is somewhat less than in the United Kingdom.§

Is insanity in Australia increasing in proportion to the general population? I must answer this question in the

* Table I.

† Victoria	1 in 294	New Zealand	1 in 380
West Australia	1 in 351	Tasmania	1 in 399
New S. Wales	1 in 369	Queensland	1 in 419
S. Australia	1 in 431		

‡ Table II.

§ One in 349 in Australia, as against one in 342 in Great Britain and Ireland.

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affirmative, and add that the increase has during the last 10 years been only a slight one, and would appear to be due to the accumulation of chronic cases, and not to any proportional increase in the rate of "occurring insanity." On Dec. 31, 1877, the proportion of insane to population was 1 in 356, or 2·80 per 1,000, against 1 in 349, or 2·86 per 1,000 ten years later, by no means a large increase, and mainly in the younger colonies. In the older colonies there was even some decrease. In Tasmania the proportion decreased from 1 in 317 in 1877 to 1 in 399 in 1887. In New South Wales there was a slight decrease. The proportion in Victoria was practically unchanged. South and West Australia and Queensland showed an increase—greatest in the latter colony.*

The admissions in proportion to the population, which show the ratio of "occurring insanity," were in 1878 1 in 1,550, and ten years later, 1887, had dropped to 1 in 1,738, the average for the ten years being 1 in 1,690.†

The nationality of the insane at present under care is of interest now, and will be of equal, if not of greater, interest to those who may examine our statistics some years hence. These statistics are not as exact as they might be, owing to imperfect returns from Victoria and Tasmania, in which the nationality of a considerable number is returned as "unknown," but they show several important facts, the chief among them being that only 23·12 per cent. of the insane now under care were born in Australia, and that the larger proportion of our patients, therefore, are of other than Australian nationality. Upwards of 26 per cent. are from Ireland, 23 per cent. from England, 6 per cent. from Scotland, 2 per cent. from Germany, and 2 per cent. from China, whilst under the heading of "other countries and unknown" nearly 14½ per cent. are tabulated. Of these about 5 per cent. come from countries other than those already specified, and include stray specimens of nearly every race and nationality. Those tabulated as "unknown" in the Victorian and the Tasmanian statistics are evidently of foreign as opposed to Australian nationality, and by far the larger proportion should be credited to England, Scotland, and Ireland, and go to swell the already large percentages from these countries.‡

The proportion of patients of Australian nationality is, as might be expected, much greater in the older than in the younger colonies, and ranges from 12 per cent. in Queensland

* Table I. † Table III. ‡ Table IV.

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to 32 per cent. in Tasmania. No detailed census has been taken since the year 1881, and it is not possible, therefore, to fix accurately the relative proportion of the insane with regard to nationality, but there can be no doubt that the proportion of insanity is, throughout Australia (as it was in New South Wales in 1881), much greater among the foreign than among the native born. At that time in New South Wales the proportion of insane per 1,000, among persons of British nationality, was 8·03, and among foreigners 6·87, whilst among Australians it was only 1·22 per 1,000.

The comparatively small proportion of insanity among Australians is partly to be accounted for by the fact that fully one-third of these are children, whilst insanity is mainly a disease of middle life and old age, but there are some reasons, which I have not time to detail, which lead to the pleasant conclusion that Australians are less subject to insanity than people of other races living in Australia.

Turning now to the question of the recovery and death rate of insane persons under treatment and care, it is satisfactory to find that, with all the imperfections of Australian asylums, and the difficulties with regard to management which beset us, but from which the medical officers in English asylums are happily free, our recovery and death rate compare not unfavourably with those in asylums in the mother country. Taking the decennial period from 1878 to 1887 (and statistics on these points are apt to be misleading unless they include quinquennial or decennial periods), the recovery rate in Australian asylums was 42·09 per cent., whilst in addition 6·97 per cent. were discharged as relieved, as compared with a recovery rate of 40·04 per cent. in English asylums for the corresponding ten years. The recovery rate in Scotch and Irish asylums averaged a little below 40 per cent. for the same period.

It should be noted, however, that whilst the statistics of Australian asylums include idiots—a very incurable class—these are eliminated from the English statistics, and the Australian returns are therefore even better than they would at first sight appear.

The death rate in Australian asylums for the decennial period above mentioned was 7·09 per cent., whilst in England it was 9·58 and in Scotland 8·50. The death rate in the various colonies was as follows:—Queensland, 5·82; New South Wales, 6·72; Victoria, 7·11; Tasmania, 8·00; and South Australia, 9·00. The New Zealand death rate was

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5·94.* The returns from Western Australia are incomplete.

The small death rate in the young colonies of Queensland and New Zealand is interesting in connection with the rapid increase of insanity in these colonies, and the difference between the Australian and the English rate goes far to account for the somewhat rapid growth of insanity in all the Australian colonies as compared with the mother country up to very recent years. The warmth and equability of our climate, which render our patients much less liable to pneumonia and other chest affections than the insane in Great Britain, have, I think, more to do with the low death rate than any other causes, and it is interesting to observe that, with one exception, the warmer and more equable the climate, the lower the asylum mortality.

With regard to the classification of the insane, it appears that of the total number 9·35 per cent. are suffering from undeveloped intellect, are, in fact, imbecile or idiotic; 3·07 per cent. are under criminal disability; nearly 1 per cent. are still at the charge of the Imperial Treasury—the relics of a by-gone *régime;* and 86·59 per cent. belong to the ordinary class of the insane, who have possessed intellect and lost it, and who are under no criminal ban.† Only 1·188 of the total number of 8,435, or 14·08 per cent., are deemed curable; so that the large mass of our asylum population consists of chronic and incurable patients.† The differences in the proportion of the various classes in the different colonies as shown in Table VI. are interesting, but I have not time to discuss them or their probable causes.

I should have been glad to discuss the question, "Does insanity, as seen in Australia, differ in its forms and types from insanity in other countries?" but on this point must content myself with placing before you one or two facts relative to general paralysis, a most interesting and typical form of insanity, which has only been fully known and recognized in modern times, and which is undoubtedly increasing in frequency.

This peculiar affection is at present much less common in Australia than in England. The proportion of general paralytics admitted to Australian asylums in 1887 was 1·8 per cent. of the total number admitted, whereas the proportion admitted into English asylums for the same year was 8·6 per cent.‡

* Table V. † Table VI. ‡ Table VII.

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Again, the proportion of general paralytics admitted to the New South Wales asylums for the quinquennial period 1883 to 1887 was 3·4 per cent., whilst the proportion admitted to English asylums for the same period was 8·4 per cent.* This disease already appears more common in the older than in the younger colonies, and it will be interesting to observe if it increases in all.

I may note in passing that as yet epilepsy is decidedly less common in Australian than in English asylums.†

Time will not permit of any lengthened notice of the lunacy laws of the Australian colonies, but this is a subject which I cannot pass over altogether in silence.

Each colony has its own Lunacy Acts, passed at various dates, commencing with that for Tasmania in 1858, and ending with that for Queensland in 1884. The foundation of all of them is English law and precedent. The superstructure varies with colonial needs and expediency. The scattered population, the paucity of qualified medical practitioners, the enormous distances, and various other matters have had to be taken into account, and legislation adapted thereto.

In all the colonies (except in the case of indigent patients committed by Justices in Tasmania and South Australia, where one medical certificate is accepted) two medical certificates are required before patients can be admitted to hospital. In all patients can be admitted at the "request" of relatives or friends if such a request is accompanied by two medical certificates. In all there are stringent provisions that the persons signing the "order," "request," and certificates shall be independent and unassociated persons. In all there are provisions for the rejection of imperfect certificates, and in all, except Tasmania and South Australia, where there are special arrangements, the medical officer of the hospital must give a separate and independent certificate of insanity within a brief period after admission, or the patient cannot be detained. There are also in all abundant provisions for inspection by inspectors, commissioners, official visitors, or other authorized officials, and the interests of the patients are as fully guarded with regard to discharge as to admission.

On the whole the lunacy laws of the Australian colonies appear to be satisfactory, sufficient, and well abreast of the time. They are in no way behind, and in some respects

* Table VIII. † Table VII.

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ahead of the legislation in Great Britain, the United States, Canada, and the principal European countries. In the provision of reception houses in New South Wales and Queensland, and of lunacy wards in public hospitals in Victoria, for the treatment of insanity in its early stages, the Statutes are decidedly in advance of those of Great Britain.

During the year 1887 the Master in Lunacy in New South Wales applied to the English Courts for the payment to him of money belonging to a patient in one of the hospitals of the colony, and in delivering judgment* Lord Justice Cotton thus expressed himself: "We have been referred to the Lunacy Act of New South Wales, and undoubtedly that Act contains provisions which make it practically impossible that anyone should be in an asylum without sufficient reason;" whilst Lord Justice Bowen said: "I desire most emphatically to add my voice to what has been said by the Lord Justice as to the provisions of the Colonial Legislature being above all comment and criticism as regards these insane patients. We have the most ample confidence not only in the legislation, but in the officers who administer the law, and the patient is surrounded by all the protection and safeguards that could reasonably be invented for the purpose of taking care of herself and her property."

What is here said of the lunacy laws of New South Wales might, I believe, be said with but little reservation of the lunacy laws of all the Australian colonies. The newer Acts are—as they should be—the better. Our younger sister, Queensland, has been able to see the few weak points in the legislation of the older colonies, and avoid them.

Whilst I am on this subject I may mention that during the last three or four years there has been in England an outcry for the reform of the Lunacy Acts, and so-called reformers have advocated three radical changes:—

1st. That no patient shall be sent to an hospital or licensed house unless examined and committed thereto by a judge or magistrate.

2nd. That all such committals shall be for a definite time —say one or two years, and shall be renewed if necessary.

3rd. That all medical certificates shall be signed by specially appointed medical practitioners or experts.

I think there is reason for the strongest objections to each and all of these proposals. It is clear that they would widen the breach between the care and treatment of diseases of the

* Law Report, Chancery Div., Part 12, 1887.

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brain and diseases of other organs, which for years all the teaching, all the endeavours, and all the wisdom of modern science has been endeavouring to close and annul, and did time permit I should, I think, be able to show that such legislation would be a retrograde step, and be able to give good and sufficient reasons for its rejection.

As yet there is no special legislative provision for idiots and imbeciles in any of the Australian colonies, and the English "Idiot Act of 1886," entitled "An Act for giving facilities for the care, education, and training of idiots and imbeciles," might with advantage be adopted.

In Great Britain there are various methods of providing for the insane. Besides State institutions for criminals and for the insane of the military and naval services, there are county, district, and parochial asylums, as well as lunatic wards in poorhouses, under the management and control of local authorities, and the inspection of Government officials; lunatic hospitals under trustees, in which the excess payments of the well-to-do are used for the support of those less favoured of fortune; private asylums which receive patients at rates suited to almost all classes of paying patients; a system of payment to relatives towards the support of the insane poor; and in Scotland and other places "boarding-out" with strangers who have no connection with, or interest in the patients except the monetary one.

In Australia, with the exception of private asylums in New South Wales and New Zealand, the whole of the institutions for the insane are under State control, supported by funds provided by Parliamentary vote, and managed directly by the Government, and there is no established system of payment to relatives or "boarding-out."

In Great Britain, with an elaborate system of local government, the result of long experience, the local or district provision for the insane leaves little or nothing to be desired. In America (where local government is less completely organized), whilst the State asylums are admirable, the institutions under local or municipal control are for the most part dismal failures. The fifth report of the State Committee on Lunacy of the Commonwealth of Pennsylvania, published only a year or so ago, contains the following statement:—"The entire arrangement and government of many of the county institutions are such that the insane poor cannot be otherwise than neglected and cruelly wronged, and the treatment of this unfortunate class in poorhouses has been simply that of continued neglect." The details

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given in this and other reports, from Pennsylvania, New York, and other States, are simply horrible.

I see nothing in the present state of local government in Australia which leads me to think that municipal or county authorities would be any better guardians for the insane than they are in America, and I think our insane fortunate that they are, so far, wards of the State. It would be well, however, if our State institutions were supplemented by others, like the lunatic hospitals at home, managed by trustees for the good and profit of the patients only, and bearing the same relation to the sick in mind as our general hospitals do to the sick in body.

As yet private benevolence has not stepped in to assist in the maintenance and care of the insane in Australia. We have no institutions like the Maclean Hospital in Massachusetts; the Pennsylvanian Hospital for the Insane at Philadelphia; the Hospital at Coton Hill, near Stafford; Barnwood House, near Gloucester; the Friends' Retreat at York; St. Andrew's Hospital, Northampton; the Holloway Sanatorium at Virginia Water; Murray's Asylum at Perth; the Crichton Institution at Dumfries; or the several Royal Asylums at Edinburgh, Montrose, Glasgow, and other cities. I mention these as types of many others in Great Britain and America, all of them magnificent institutions, built or endowed by private beneficence, for the care of patients who are not able to meet the charges for maintenance. In the small New England State of New Hampshire, upwards of £54,000 has been bequeathed for the benefit of the patients in the State Asylums—and the interest is now expended by the trustees for their benefit. This is by no means an exceptional instance in America, whilst, so far as I am aware, not one penny of private means from subscriptions, donations, or legacies, is available for the maintenance of insane persons in this great continent.

I trust that such an opprobrium will not long continue, and that, ere long, the sick in mind may share with the sick in body in the contributions of the benevolent. I know no way in which the surplus wealth of the rich can be better expended. I know no way in which more real solace and comfort can be afforded, and a truer charity exercised, than placing in a position of comfort the minister of religion, the physician, the artist, or the teacher, who would, except for such aid and assistance—owing to the loss of all means through a cruel malady—be left to the charity of the State, and have to herd with the vagrant and the pauper, though

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still refined—still cultured—still with the instincts of a gentleman.

Again, though I am no advocate for private asylums, I think these institutions—for the richer classes—have a useful place in an asylum system, and can make provision for those who cannot be so adequately cared for under the, perhaps, necessary restrictions as to outlay in Government institutions.

Until within the last few years all the hospitals for the insane in Australia received all classes, and were in no way specialized, but with the growth of population the wisdom, nay, the necessity, of providing separate accommodation for criminals, for idiots, and imbeciles, and for the large class of chronic insane, has been recognized.

New South Wales, Victoria, and Tasmania have already, practically, distinct institutions for criminals. In New South Wales there is a separate hospital for idiots. In Victoria and Tasmania these classes are placed in cottages—separate from, though in connection with, the hospitals—and the Victorian Government, to its great honour, has lately made a distinct step in advance, and commenced a system of special education and training, after English and American models, for this feeble-minded class.

The much-debated subject of the separation of the acute and chronic insane by placing them in different institutions, has found a practical settlement. At Parramatta in New South Wales, Sunbury in Victoria, and Ipswich in Queensland, buildings erected for other purposes, and unsuited for the more demonstrative classes of the insane, have been set apart for chronic cases, and there can be little doubt but that this arrangement will be more fully carried out in the future, as tending to economy and more systematic classification.

The system under which all patients who are brought to our hospitals in all the Australian colonies are admitted, whether there is room or not, is one that, so far as I am aware, obtains in no other country—certainly in no other English speaking community. In Great Britain, in the United States, in Canada, a standard of accommodation is fixed, and no patient is admitted in excess of this. In Great Britain the numbers in excess of the accommodation in local asylums are accommodated temporarily in the asylums of other districts, in licensed houses or poorhouses. In Canada and the United States the temporary accommodation provided is in poorhouses, or other receptacles, and the patients must await their turn for admission, should the State asylums be full. Our system has one advantage—it gives us our patients

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in an early, and, in many cases, curable stage of their malady; but it has disadvantages which outweigh this. It does not allow us to do our best for them when we have got them. Our accommodation (I speak from twenty years' experience) is seldom or never in advance of our needs. It is often grievously behind them; and the overcrowding consequent on this is subversive of all order, cramps, if it does not paralyze, the best efforts of our medical officers, and is too often fatal to the mental health of our patients.

If this system of admission is to be continued, it should be in connection with one for providing more speedily, and under less restrictions than at present, ample and suitable accommodation—and this, gentlemen, I fear, will never be until the management of our asylums is placed in the hands of persons (a Commission it might be—these are the days of Commissions) who will have more weight, and be more listened to by the Government than any single head of a department—even if an embodied importunity—can hope to be. I think I have not been remiss in urging the claims of the insane in New South Wales, but the accommodation in that colony is still far short of what is necessary to give 600 cubic feet per patient—the least space necessary for health, quiet, and efficient administration; and I gather that the same condition of things exists in other colonies.

Some of the buildings in use for housing the insane in Australia are strangely different to what they should be, and require improving off the face of the continent. There are some in Tasmania, in Victoria, and in New South Wales which are heart-breaking to those having charge of them, but it is to be hoped that these will soon be things of the past, and the fine piles at Kew in Victoria, at Parkside in South Australia, at Callan Park in New South Wales, at Toowoomba in Queensland, and at Seacliffe near Duneden in New Zealand, are evidences of a large and wise liberality, and an earnest of advancing civilization.

The number of medical officers to patients in Australian asylums is at present far below what it should be. In the United States it is 1 to every 160; in Ontario, the foremost State of the Dominion of Canada, 1 to 209; in Great Britain and Ireland, 1 to 250; in Australia, 1 to 325.

I understand that arrangements have been made in South Australia to commence this year with one additional medical officer, and the New South Wales Parliament has provided means for the employment of two in addition to the present medical staff.

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Under disadvantages, some of which I have indicated, we may, I think, be proud that non-restraint in the treatment of our patients is our rule—restraint the occasional exception. From the returns furnished to me from all the Australian and New Zealand asylums it appears that restraint is on an average used only in 1 out of 300 or 400 cases, and then chiefly for surgical reasons or to guard against suicide.

Thus much as to our present position. And now turning from the present to the future, what are to be our further onward steps in the care and treatment of the insane and in the advancement of Psychological Medicine? To the amateur alienist—at all events in Victoria—the great desideratum would seem to be the replacing of what are somewhat unfairly called barrack buildings by cottages, and if one is to trust newspaper reports, the Government of Victoria is about to take the astounding step of housing some 1,500 insane patients in cottages, and placing this "City of the Simple" at some distance from the metropolis.

The objections to this scheme have been so ably set forth by Dr. Barker, an officer of the Victorian Lunacy Department, that it is perhaps not necessary for me to go fully into the subject. Something, however, I must say on this point.

Whilst I am very decidedly of opinion that cottages should form a part of every Hospital for the Insane, I am also of opinion that they cannot be very largely used, and that for three-fourths, if not nine-tenths, of the insane under hospital care, cottages will be found altogether unsuitable. They are costly to build, costly to work, difficult to administer and supervise, and add little or nothing to the comfort and well-being of the patients placed in them. The truth is that the large majority of patients when fit for cottages are fit for discharge. For convalescents, for certain of the chronic insane—especially the steady workers who do so much to carry on the farm and garden operations of all hospitals—cottages afford a comfortable and suitable home. For the sick they are unsuitable as withdrawing them too much from efficient medical supervision; for a great majority of acute cases, for the excited, dangerous, and turbulent they are unsafe; and for the chronic dements, the dirty, the paralytic—who make up so large a part of all asylum population—they involve too much expense, and too extended a supervision, without any commensurate result. Let us have cottages as part of our hospitals by all means. So far as the hospitals under my supervision are concerned, I could wish for a decidedly larger proportion of this class of accommoda-

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tion, but I do not anticipate any great amelioration of the condition of the insane by this means, and if the official programme is to be carried out in Victoria I fear it will be a costly mistake. The truth is that no one form of building can meet all the needs and requirements of the insane. Cottages alone will be as unsuitable as "barracks" alone. What is required is variety in the construction, arrangement, and position of the buildings of an asylum; so as to allow of judicious segregation, and to provide for the wants of patients of different classes. If I am to indicate briefly what I consider the best form of asylum; what it is desirable that the Psychopathic Hospital of the future should consist of, I should stipulate for a central hospital for the sick and for acute cases, surrounded by pavilions or blocks of varying form and construction for different classes, and supplemented by cottages for the convalescent, the quiet, and for certain chronic cases. The buildings should stand on a large estate and be spread over a considerable area. They should contain abundant space, with light, airy, cheerful day rooms, large verandahs, and well-ventilated dormitories. It is essential that one-fourth at least of the total accommodation should be in the form of separate or single rooms. It is important, at all events in our climate, that the day-rooms should all be on the ground floor, so as to afford direct and easy access to the verandahs and the open air. It is even more important that the blocks or divisions should be comparatively small, so as to prevent too large an aggregation of patients, and sufficiently numerous so as to allow of a varied classification. These are our main requirements, and I would point to the Eastern Hospital for the Insane at Kankakee, Illinois, as perhaps the best existing model. Special architectural forms or styles are but of secondary importance, but I would plead for space as against outside ornamentation, which is too often only a mockery of the misery within.

The boarding-out of pauper children has been so unqualified a success that it has been assumed that the boarding-out of pauper lunatics is likely also to have a good result. The lunatic colony at Gheel, the boarding-out at Kennoway and other places in Scotland, are each in their way interesting and encouraging experiments. The system, as tried to a very limited extent around the Sussex County Asylum and at other places in England, has not been without good results, and it must not be forgotten that there are in England upwards of 6,000 outdoor pauper lunatics, or upwards of 7 per cent. of the total number of the insane,

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mostly living with relatives, and receiving weekly relief from the guardians out of the poor rates; but that it will ever be in Australia a method of providing for any large number of the insane, I very much doubt. I do not propose to discuss the question at length, as it is the subject of separate notice in a paper by Dr. Beattie Smith, but I would point out that with children there is increasing growth, increasing usefulness, increasing intelligence, to appeal to the feelings of their foster parent, whilst with the lunatic there is none of these things, and the conditions are altogether different.

To subsidize, assist, and encourage the friends of the chronic insane to keep them at home, or to remove them from hospitals when fit for such removal, should, I believe, be part and parcel of our asylum system, and in time I believe a very considerable number will be kept in their homes by means of State, parochial, or municipal aid, but whilst wages are high and there is much scope for active employment, the number will not be large.

The antecedent conditions which have rendered Gheel and Kennoway possible—a large waste of poor land, and a miserably poor proprietary who are glad of the added pittance to eke out their want of means—are things which none of us can wish to see in Australia. The well-to-do condition of our working classes renders the boarding-out of the insane (by which I mean paying strangers to receive and take care of them in their homes) at present at all events impracticable, even if it were desirable, whilst the absence of village life, the isolated dwellings, the sparse population, the special dangers and difficulties of "bush" life, and the impossibility of effective medical or parochial supervision, all stand in the way of an adoption of the system, except in very special and occasional cases.

The separation of the idiotic and imbecile from the insane, both by legislative enactment, as I have already indicated, and by the provision of special institutions in which they can be trained and taught, is a matter of very considerable importance, and will, I have no doubt, be undertaken in all the colonies as soon as the number of these patients in each justifies the expense necessary for the special provision. The memorandum of the Committee of the Charity Organization Society, agreed to at meetings held in London in 1877, has been virtually adopted by all who have thought on and worked at this subject.

In a few more years, when the number of the criminal insane has increased, the wisdom of making provision for

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this class in separate buildings, if not in separate establishments, will, I have no doubt, be acknowledged and acted on in all the Australian Colonies, as it has been in England, Scotland, Ireland, in the State of New York, and in New South Wales, and provisonally in Victoria and Tasmania. The further question arises whether such provision should be in connection with the Lunacy or the Penal Department. Those patients who are acquitted on the ground of insanity, who are insane first, and whilst insane and irresponsible commit criminal acts, may fairly and properly be placed in wards or establishments in connection with the Lunacy Department; but so far as I can understand there are no valid reasons why arrangements should not be made for the treatment of those who become insane whilst undergoing sentence—who are criminal first and insane afterwards—in connection with the Penal Department. When prisoners undergoing sentence suffer from bodily ailment they are treated in properly provided hospitals in the prisons. Why should not provision be made in prisons also for those suffering from mental ailments and brain diseases? Suitable buildings should not be difficult to provide. The prison surgeon should be as well qualified to treat diseases of the brain as of other organs, and the gaol warder has special qualifications for dealing with this special class. The transfer and re-transfer of these patients from the Penal to the Lunacy Department is a constant difficulty and trouble, the system leads to malingering and to numerous other difficulties in both departments, and it tends to make our asylums into prisons. The practical wisdom of the Scotch has solved the question by establishing wards for criminal lunatics in connection, not with an asylum, but with the general prison at Perth, and an interesting experiment at Woking Prison in England, where all the insane convicts have been kept during the last 11 years, has been reported on at length by Dr. Gover, in an appendix to the report of the Director of Convict Prisons for 1885-86, and has proved a substantial and gratifying success.

The most desirable and necessary onward step, as it appears to me, is a more extended, larger, and more accurate scientific study of insanity. More extended with regard to the medical profession at large. Larger, more accurate and scientific, so far as those specially engaged in asylum work are concerned. I think I am not overstating the question when I say that not half of the medical practitioners in Australia—aye, and in Great Britain also for that matter—

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have ever attended a lecture on, or made any study of, mental diseases. In the great Medical School, forming part of the University of Edinburgh, although there is a lecturer on insanity—in every way a master in his speciality—attendance on his lectures is not compulsory, and he is not permitted to set a single question in the examination papers for the degrees granted by the University. Most of the London medical schools have lecturers, but attendance, as at Edinburgh, is voluntary, and the licensing bodies make pyschological medicine no part of their examination. It is quite natural that with so many things a student must know, he holds in light esteem those things about which he may or may not trouble himself at his discretion, and the study of mental phenomena occupies the attention, therefore, of only a few of the more thoughtful students. At some medical schools no provision is made for teaching the subject, and the result is that the overwhelming majority of medical practitioners can, and do, obtain their diplomas to practise without having attended a lecture or answered a question on the subject of mental diseases, seen the inside of a lunatic asylum, or examined a person of unsound mind, except in connection with some physical ailment, as in the delirium of fevers. It is only a necessary consequence of this that abnormal mental processes in their beginnings, slight deviations from mental health—insanity in its most remediable stage—are too often unrecognized and untreated, and when recognized too often regarded as disorders of the intellect rather than diseases of the brain, and held to be beyond the ordinary resources of mental science. It is a consequence also that the medical profession as a body takes but little interest in insanity, and that medical practitioners, as a rule, consider their duty with regard to it to consist in the somewhat perfunctory signature of medical certificates. But more important than all, a host of neurotic individuals become insane, who under proper care need never pass the boundary line, and numerous individuals who, under proper advice, might keep sane, break the laws of mental health with disastrous results to themselves and their offspring. The young Universities of Sydney and Adelaide have very wisely insisted that the study of psychological medicine shall form a compulsory part of the curriculum for their degrees, and that all candidates shall be examined in this subject. The University of Melbourne has, as yet, taken no steps in this direction, but I cannot believe that its medical graduates will much longer be untaught and un-

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examined in this important branch of scientific medicine. In this connection, and for other reasons which I cannot now enter on, I regard the proposal to remove both the hospitals for the insane from the neighbourhood of Melbourne, and therefore from the neighbourhood of the University, as wanting in wisdom and forethought. The Metropolitan Hospital for the Insane should be in a manner affiliated to the University, and should be a school of practical teaching, and believe me such teaching will be fraught with the highest good, not only to the students, but to the medical officers of the hospital, will give them a renewed interest in their work, and will lead to a more accurate and systematized knowledge of their subject. I believe that the time is not far distant when all the medical officers of our hospitals for the insane will be engaged in clinical teaching and demonstration, and when arrangements will be made for the assistant medical officer's appointments to be held for limited periods by our newly-fledged graduates. There is yet another step—and one I have for some years held in hopeful view—to complete a system of alienistic medical training, so as to procure an adequate supply of competent and efficient candidates for the various positions in our asylums and other medical offices in the public service, as well as to advance practical psychiatry, and to diffuse a better knowledge of insanity throughout the profession of medicine, and this is the establishment in connection with our chief hospitals for the insane of a system of clinical clerk or assistantships. These positions, corresponding to those of "interne" in continental hospitals, should have a tenure of from six to twelve months, and carry with them residence with adequate provision for board and attendance. Such a system is in force in several of the hospitals for the insane in the United Kingdom, notably at Bethlem, the West Riding, and at Edinburgh. It has been tried with great promise of public utility under the administration of Dr. Workman in Ontario, and the Minister for Public Instruction in Italy, to his honour, and to that of the Italian Government, some time ago initiated a complete and liberal scheme of this kind in connection with the University of Modena, under the direction of Professor Tamburini, the Medical Director of the asylum of Reggio Emilia.

In advocating a larger, more accurate, and scientific study of insanity by all specially engaged in asylum work, I am bound to point out that we have hitherto, at all events till

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lately, worked too much within the trammels of a somewhat narrow specialism. We have regarded insanity as standing apart from other diseases, we have gravitated, so to speak, round psychology, and it is only of comparatively late years that we have recognized that diseases of the cerebrum are only a part of the great subject of diseases of the nervous system. The very name of this section of our Congress is in a measure evidence of this, and I would suggest that at our future meetings a Psychological and Neurological section would be a more fitting appellation in relation to the ground which we desire to cover. By the study of general paralysis, which is a disease not only of the brain, but of the whole nervous system, by the ascending course of some diseases of the spinal cord by which ataxic and paraplegic subjects become dements, by examples of general sclerosis of the nervous tissue and other affections, we are being shown the intimate correlation of disease; and the study of cause and effect is demonstrating to us that if a large part of our insanity is not absolutely caused by diseases of other organs, there is no single part of the economy, lesions of which may not bring about psychical disorder in predisposed subjects. We are beginning to understand, but as yet we are far from an accurate and scientific knowledge of what may be called the alterations of neuroses, that though neurotic manifestations may be different in the individual, and interchangeable by inheritance from generation to generation, they are practically of one family and essence. In truth, as has been well said by a recent writer: "We have crossed the threshold of the great temple of mind, but we know little of the inner sanctuaries." This knowledge can only come by adding to our empirical work and observations a scientific comparative study of the homologies of disease.

That the study of insanity has heretofore not been as scientific and accurate as is desirable is not the fault of the medical officers of hospitals for insane in Australia. They are overweighted and overburdened with other work, and until their number is increased in proportion to the patients under their charge, they cannot undertake the pathological, the microscopical, and the scientific therapeutical work which should be steadily progressing in every hospital.

I believe that the large majority of those engaged in the care and treatment of the insane are duly impressed with the advantage, nay, the necessity of systematic and varied amusements as an aid in curative treatment, and the increasing percentage of patients actively and usefully employed in

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our asylums shows that the value of employment towards the same end is duly appreciated.

The importance of a generous dietary, indeed of a wise liberality in the matter of food, is fully recognized, and not a few of us are disciples of the "gospel of fatness," so ably and eloquently preached by Dr. Clouston, but I believe there are some curative agents which are neither as fully nor as wisely employed as they should be, and which it behoves us to use with greater accuracy, greater care, and greater method. And first as to drugs—medical men, and those practising our specialty in common with the rest of the profession, have become only too often sceptics in medicine as well as in religion, and to quote a distinguished American alienist, they "give their physic as they say their prayers —without expecting any immediate or any literal answer." Now I would deprecate this mental attitude, and urge a more liberal, and more accurate, and, in some cases, a more continuous employment of drugs. Considering the immense importance of sleep, do we study sufficiently the old vegetable neurotics and their alkaloids, and the newer chemical compounds, in regard to their action and their dosage with the view of producing sound, and yet harmless sleep? Do we not fail in many of the cases in which we do employ sedatives because we measure out inadequate quantities to calm the excitement of mania, or the distress of melancholia? Considering the marked trophic changes in many forms of insanity, do we employ the alteratives such as arsenic and the milder mercurials, alkaline salts, and the nervine and vasi-motor tonics and stimulants with sufficient discrimination and for sufficient periods of time? Considering the marked dryness of hair and skin and the malodorous character of the cutaneous secretions, is our knowledge or our practice of hydrotherapeutics either creditable or satisfactory? Is the Turkish bath employed either as frequently or as fully as it might and should be, and is our use of simple or medicated baths carried out even to the full scope of the means at our command? The physical inaction of a number of the insane, especially in some of the forms of mental stupor and dementia, points to massage as a curative agent as yet too little used and understood in our specialty. The obvious relation of electricity to nervous force and the extreme sensitiveness of our patients to electrical change, as evidenced by increased excitement and noise, and by more frequent and severe epileptic fits during times of electrical and atmospheric disturbances, are well known. The influence

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of electricity on some of the more obscure nutritive changes is recognized, and the treatment of some forms of insanity by the continuous current has been more than favourably reported of. But has galvanism been with us thus far, except in a few instances, much more than a scientific toy?

There is surely much for us to do in this, and in other directions I have indicated, towards the scientific treatment of insanity. Among other things, our hospitals should be great fields for brain surgery, the brilliant results attending which are of the highest interest and importance. Another direction in which I anticipate progress is the systematic training of attendants and nurses for their special duties. This training shall include a knowledge of general as well as special nursing, and to this end the general hospitals should render us assistance by receiving for definite periods our attendants and nurses for training on their staff. So far the system is as yet in its infancy in these colonies, but Dr. Sinclair and Dr. Ross, who have been working for two years at Gladesville, are more than gratified with the result, which, to my mind, is most satisfactory. The effort to improve the qualification of those in immediate attendance and care of patients promises great benefit to the insane, and I am making no rash prediction in saying that within another decade no attendants or nurses will be employed in State Hospitals for the Insane in these colonies, except as probationers, who have not gone through a systematic course of training and instruction in their duties, and received certificates of their fitness for their special work.

Did time permit, I might go on to indicate some of the hindrances, the troubles, and difficulties which are known only to those who are engaged in lunacy work, but I should serve no practical purpose. Insanity, though a most interesting, will always be an unpopular subject, and one in which little or no outside interest will come to our aid. Most of the progress which I have indicated must come from within rather than from without, and though I believe that the care and treatment of the insane, and our knowledge of insanity, will steadily improve, and a more intelligent interest arise in our work, especially among the members of the medical profession, we shall in the future, as in the past in only too many cases, and for some years to come, have to do perforce of circumstances what is expedient or possible, instead of what is right and best, and to be content, or as content as we can, with an attainable good instead of an unattainable better.

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TABLE I.—Showing Population of Australian Colonies and the Number of the Registered Insane on 31st December, 1887, together with the Proportion of Insane to Population at that Date and on 31st December, 1877.

Year of Foundation of Colony.	Colony.	Population, 31st December, 1887.			Number of Insane, 31st December, 1887.			Proportion of Insane to Population, 31st Dec., 1887.			Proportion of Insane to Population, 31st Dec., 1877.		
		Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.
1788	New South Wales	574,012	468,907	1,042,919	1,735	1,086	2,821	3·03 per 1,000, or 1 in 330.	2·32 per 1,000, or 1 in 431.	2·71 per 1,000, or 1 in 369.	3·13 per 1,000, or 1 in 319.	2·29 per 1,000, or 1 in 435.	2·76 per 1,000, or 1 in 362.
1851 (separated from N.S.W.)	Victoria	550,050	486,060	1,036,110	1,886	1,633	3,519	3·42 per 1,000, or 1 in 291.	3·35 per 1,000, or 1 in 297.	3·39 per 1,000, or 1 in 294.	3·68 per 1,000, or 1 in 271.	3·01 per 1,000, or 1 in 332.	3·36 per 1,000, or 1 in 296.
1836	South Australia ...	168,336	154,952	323,288	421	329	750	2·50 per 1,000, or 1 in 400.	2·12 per 1,000, or 1 in 471.	2·31 per 1,000, or 1 in 431.	2·11 per 1,000, or 1 in 473.	1·92 per 1,000, or 1 in 523.	2·01 per 1,000, or 1 in 496.
1859 (separated from N.S.W.)	Queensland	214,531	152,409	366,940	554	320	874	2·58 per 1,000, or 1 in 387.	2·10 per 1,000, or 1 in 476.	2·38 per 1,000, or 1 in 419.	2·03 per 1,000, or 1 in 491.	2·08 per 1,000, or 1 in 479.	2·05 per 1,000, or 1 in 487.
1804	Tasmania	74,784	65,061	139,845	193	157	350	2·58 per 1,000, or 1 in 387.	2·41 per 1,000, or 1 in 414.	2·50 per 1,000, or 1 in 399.	3·78 per 1,000, or 1 in 264.	2·43 per 1,000, or 1 in 411.	3·15 per 1,000, or 1 in 317.
1829	Western Australia	24,807	17,681	42,488	79	42	121	3·18 per 1,000, or 1 in 314.	2·37 per 1,000, or 1 in 421.	2·84 per 1,000, or 1 in 351.	2·11 per 1,000, or 1 in 472.	2·78 per 1,000, or 1 in 359.	2·38 per 1,000, or 1 in 419.
	TOTAL	1,606,520	1,845,070	2,951,590	4,868	3,567	8,435	3·03 per 1,000, or 1 in 330.	2·65 per 1,000, or 1 in 377.	2·86 per 1,000, or 1 in 349.	3·03 per 1,000, or 1 in 330.	2·52 per 1,000, or 1 in 396.	2·80 per 1,000, or 1 in 356.
1840	New Zealand.........	347,398	297,932	645,330	1,053	642	1,695	3·03 per 1,000, or 1 in 329.	2·15 per 1,000, or 1 in 464.	2·63 per 1,000, or 1 in 380.	2·47 per 1,000, or 1 in 404.	1·66 per 1,000, or 1 in 603.	2·09 per 1,000, or 1 in 479.

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TABLE II.—Showing the Proportion of Insane to Population in England, Scotland, and Ireland, on 31st December, 1887.

COUNTRY.	POPULATION.			NUMBER OF INSANE.			PROPORTION OF INSANE TO POPULATION.		
	Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.
England* ...	13,931,592	14,697,212	28,628,804	37,601	45,042	82,643	1 in 370, or 2·69 per 1,000.	1 in 326, or 3·06 per 1,000.	1 in 346, or 2·88 per 1,000.
Scotland† ...	...	...	3,991,499	5,444	6,165	11,609	...	...	1 in 343, or 2·91 per 1,000.
Ireland‡	...	...	4,837,352	7,681	7,582	15,263	...	...	1 in 316, or 3·16 per 1,000.
TOTAL	...	...	37,457,655	50,726	58,789	109,515	...	...	1 in 342, or 2·92 per 1,000.

* Report of Commissioners in Lunacy, England, for 1887. † Report of Commissioners in Lunacy, Scotland, for 1887.
‡ Report of Inspector of Asylums, Ireland, for 1887.

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TABLE III.—Showing the Population of the Australian Colonies, the Number of Patients admitted to Asylums, and the Proportion of Admissions to Population for the Ten Years, 1878 to 1887 inclusive.

Year.	New South Wales.			Victoria.			South Australia.			Queensland.		
	Population.	Number of Admissions to Asylums.	Proportion to Population.	Population.	Number of Admissions to Asylums.	Proportion to Population.	Population.	Number of Admissions to Asylums.	Proportion to Population.	Population.	Number of Admissions to Asylums.	Proportion to Population.
1878	693,743	424	1 in 1,636	827,439	560	1 in 1,477	248,795	203	1 in 1,225	210,510	120	1 in 1,754
1879	734,282	440	1 in 1,668	840,620	585	1 in 1,437	259,460	195	1 in 1,330	217,851	133	1 in 1,638
1880	770,524	476	1 in 1,618	860,067	547	1 in 1,572	267,573	223	1 in 1,200	215,054	145	1 in 1,483
1881	781,265	494	1 in 1,581	882,232	544	1 in 1,621	286,324	199	1 in 1,439	226,968	132	1 in 1,719
1882	817,468	473	1 in 1,728	906,225	465	1 in 1,949	293,509	224	1 in 1,310	248,255	136	1 in 1,825
1883	869,310	476	1 in 1,826	931,790	480	1 in 1,941	310,967	213	1 in 1,497	287,475	160	1 in 1,796
1884	921,129	493	1 in 1,868	961,276	547	1 in 1,755	318,300	209	1 in 1,523	309,913	175	1 in 1,770
1885	980,573	567	1 in 1,729	991,839	519	1 in 1,911	319,769	219	1 in 1,640	326,916	221	1 in 1,479
1886	1,030,762	567	1 in 1,817	1,003,043	595	1 in 1,685	318,785	207	1 in 1,540	342,614	205	1 in 1,671
1887	1,042,919	532	1 in 1,960	1,036,110	657	1 in 1,577	323,288	192	1 in 1,683	366,940	234	1 in 1,568
10 Years	8,641,975	4,942	1 in 1,749	9,240,641	5,499	1 in 1,680	2,946,770	2,084	1 in 1,414	2,752,496	1,661	1 in 1,657

Year.	Tasmania.			Western Australia.			Total Australian Colonies (except Western Australia).		
	Population.	No. of Adms. to Asylums.	Proportion to Population.	Population.	No. of Adms. to Asylums.	Proportion to Population.	Population.	No. of Adms. to Asylums.	Proportion to Population.
1878	108,525	34	1 in 3,191	...	...	...	2,089,012	1,341	1 in 1,550
1879	111,208	53	1 in 2,098	...	...	...	2,163,421	1,406	1 in 1,538
1880	113,615	36	1 in 3,155	...	...	...	2,226,833	1,427	1 in 1,560
1881	117,314	48	1 in 2,444	...	...	...	2,294,103	1,417	1 in 1,619
1882	120,701	52	1 in 2,321	...	...	...	2,386,158	1,350	1 in 1,767
1883	124,350	47	1 in 2,645	...	...	...	2,523,892	1,376	1 in 1,834
1884	128,380	65	1 in 1,975	...	...	...	2,638,998	1,489	1 in 1,772
1885	132,166	58	1 in 2,278	...	...	...	2,751,263	1,584	1 in 1,737
1886	135,501	42	1 in 3,226	...	...	...	2,830,705	1,616	1 in 1,751
1887	139,845	59	1 in 2,370	...	...	...	2,909,102	1,674	1 in 1,738
10 Years.	1,231,605	494	1 in 2,493	...	...	...	24,813,487	14,680	1 in 1,690

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TABLE IV.—Showing the Nativity of the Patients under Care in Australian Asylums during the Year 1887.

NATIVITY.	New South Wales.			Percentage.			Victoria.			Percentage.		
	Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.
Born in the Colony or other British Colonies	588	458	1,046	29·47	35·70	31·91	434	350	784	19·02	18·31	18·70
do. Great Britain { England and Wales	524	277	801	26·27	21·59	24·43	477	317	794	20·90	16·59	18·93
do. Great Britain { Scotland	100	60	160	5·01	4·68	4·88	160	147	307	7·01	7·69	7·32
do. Great Britain { Ireland	485	437	922	24·31	34·06	28·13	494	562	1,056	21·65	29·41	25·19
do. France	14	5	19	0·70	0·39	0·58	12	...	12	0·52	...	0·29
do. Germany	67	14	81	3·36	1·09	2·47	49	26	75	2·15	1·36	1·79
do. China	78	...	78	3·91	...	2·38	99	...	99	4·34	...	2·36
do. Other Countries*	139	32	171	6·97	2·49	5·22	557	509	1,066*	24·41	26·64	25·42
TOTAL	1,995	1,283	3,278	100·00	100·00	100·00	2,282	1,911	4,193	100·00	100·00	100·00

NATIVITY.	South Australia.			Percentage.			Queensland.			Percentage.		
	Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.
Born in the Colony or other British Colonies	109	85	194	20·45	21·09	20·73	92	39	131	13·98	10·08	12·54
do. Great Britain { England and Wales	198	134	332	37·15	33·25	35·47	177	97	274	26·90	25·06	26·22
do. Great Britain { Scotland	42	31	73	7·88	7·69	7 80	57	30	87	8·66	7·75	8·32
do. Great Britain { Ireland	104	130	234	19·51	32·26	25·00	170	179	349	25·84	46·25	33·40
do. France	3	1	4	0·57	0·25	0·42	1	...	1	0·15	...	0·09
do. Germany	42	22	64	7·88	5·46	6·84	50	25	75	7·60	6·46	7·18
do. China	6	...	6	1·12	...	0·65	40	...	40	6·08	...	3·83
do. Other Countries*	29	...	29	5·44	...	3·09	71	17	88	10·79	4·40	8·42
TOTAL	533	403	936	100·00	100·00	100·00	658	387	1,045	100·00	100·00	100·00

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TABLE IV. (*Continued.*)

NATIVITY.	TASMANIA. Male.	Female.	Total.	Percentage. Male.	Female.	Total.	WESTERN AUSTRALIA. Male.	Female.	Total.	Percentage. Male.	Female.	Total.
Born in the Colony or other British Colonies	89	41	130	38·87	24·55	32·83	15	10	25	15·46	22·22	17·61
do. Great Britain { England and Wales	72	15	87	31·44	8·98	21·97	39	9	48	40·21	20·00	33·80
do. Great Britain { Scotland	14	14	28	6·11	8·38	7·07	3	2	5	3·09	4·45	3·52
do. Great Britain { Ireland	43	19	62	18·78	11·38	15·66	24	24	48	24·74	53·33	33·80
do. France	...	...	...	...	...	...	...	...	...	...	...	...
do. Germany	...	1	1	...	0·60	0·25	2	...	2	2·06	...	1·41
do. China	2	...	2	0·87	...	0·50	8	...	8	8·25	...	5·63
do. Other Countries*	9	77	86*	3·93	46·11	21·72	6	...	6	6·19	...	4·23
TOTAL	229	167	396	100·00	100·00	100·00	97	45	142	100·00	100·00	100.00

NATIVITY.	TOTAL. AUSTRALIAN COLONIES. Male.	Female.	Total.	Percentage. Male.	Female.	Total.	NEW ZEALAND. Male.	Female.	Total.	Percentage. Male.	Female.	Total.
Born in the Colony or other British Colonies	1,327	983	2,310	22·90	23·43	23·12	92	68	160	8·74	10·59	9·44
do. Great Britain { England and Wales	1,487	849	2,336	25·67	20·23	23·38	375	210	585	35·61	32·71	34·51
do. Great Britain { Scotland	376	284	660	6·49	6·77	6·61	166	116	282	15·76	18·07	16·64
do. Great Britain { Ireland	1,320	1,351	2,671	22·78	32·20	26·74	266	206	472	25·26	32·09	27·85
do. France	30	6	36	0·52	0·14	0·36	8	6	14	0·76	0·93	0·82
do. Germany	210	88	298	3·62	2·10	2·98	24	9	33	2·28	1·40	1·95
do. China	233	...	233	4·02	...	2·33	26	...	26	2·47	...	1·53
do. Other Countries*	811	635	1,446	14·00	15·13	14·48	96	27	123	9·12	4·21	7·26
TOTAL	5,794	4,196	9,990	100·00	100·00	100·00	1,053	642	1,695	100·00	100·00	100·00

* The returns from Victoria and Tasmania show a large proportion under the heading of "other countries" and "unknown." In all the other Colonies the nationality of all the patients is known, and all shown under the heading of "other countries" are foreigners belonging to countries other than France, Germany, and China.

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TABLE V.—Showing the Recovery and Death Rate in Australian Asylums for the Year 1887 and for the Decennial Period ending 31st December, 1887.

		New South Wales.			Victoria.			South Australia.			Queensland.		
		Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.
Percentage of Recoveries on Admissions and Re-admissions	For the year ending Dec. 31, 1887	34·63	49·50	40·22	37·60	47·24	41·85	30·8	26·7	29·2	41 00	57·50	46·88
Percentage of Patients Relieved on Admissions and Re-admissions	For the year ending Dec. 31, 1887	3·31	7·00	4·69	1·63	0·68	1·21	20 5	28·0	23·4	2·6	2·5	2·13
Total percentage of Patients Recovered and Relieved on Admissions and Re-admissions............	For the year ending Dec. 31, 1887	37·94	56·50	44·91	39·23	47·92	43·06	51·3	54·7	52·6	43·6	60·00	49·01
Percentage of Recoveries on Admissions and Re-admissions...........	For decennial period ending Dec. 31, 1887	41·10	41·49	41·25	41·01	49·13	44·51	42·7	32·4	38·6	42·63	48·98	45·00
Percentage of Patients Relieved on Admissions and Re-admissions	For decennial period ending Dec. 31, 1887	5·64	9·24	6·98	2·69	2·18	2·47	13·8	29·0	19·8	3·56	5·47	4·22
Total Percentage of Patients Recovered and Relieved on Admissions and Re-admissions............	For decennial period ending Dec. 31, 1887	46·74	50·73	48·23	43·70	51·31	46·98	56·5	61·4	58·4	46·19	54·45	49·22
Percentage of Deaths on average number Resident	For the year ending Dec. 31, 1887	6·64	7·03	6·79	8·91	5·40	7·30	12·4	10·1	11·4	6·87	6·09	6·58
Percentage of Deaths on average number Resident	For decennial period ending Dec. 31, 1887	7·43	5·52	6·72	8·57	5·25	7·11	10·2	7·5	9·0	6·42	4·93	5·82

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TABLE V. (*Continued.*)

		Tasmania.			Western Australia.			Percentage for all Australian Colonies (except Western Australia).			New Zealand.		
		Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.
Percentage of Recoveries on Admissions and Re-admissions............	For the year ending Dec. 31, 1887	22·85	8·33	16·94	...	...	...	35·82	45·44	39·66	40·39	48·75	43·61
Percentage of Patients Relieved on Admissions and Re-admissions	For the year ending Dec. 31, 1887	8·57	25·00	15·27	...	...	...	4·77	6·72	5·55	9·41	8·12	8·91
Total percentage of Patients Recovered and Relieved on Admissions and Re-admissions............	For the year ending Dec. 31, 1887	31·42	33·33	32·21	...	...	...	40·59	52·16	45·22	49·80	56·87	52·52
Percentage of Recoveries on Admissions and Re-admissions............	For decennial period ending Dec. 31, 1887	28·16	25·60	27·08	...	...	...	41·06	43·64	42·09	29·18	34·97	31·20
Percentage of Patients Relieved on Admissions and Re-admissions	For decennial period ending Dec. 31, 1887	9·85	17·87	13·23	...	...	...	5·58	9·04	6·97	7·57	10·36	8·65
Total percentage of Patients Recovered and Relieved on Admissions and Re-admissions............	For decennial period ending Dec. 31, 1887	38·01	43·47	40·31	...	...	...	46·65	52·68	49·07	36·75	45·33	39·85
Percentage of Deaths on average number Resident	For the year ending Dec. 31, 1887	12·24	0·67	7·24	...	...	...	8·30	6·24	7·42	7·15	4·40	6 13
Percentage of Deaths on average number Resident	For decennial period ending Dec. 31, 1887	10·78	5·22	8·00	...	...	...	8·19	5·52	7·09	6·85	4·16	5·94

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TABLE VI.—Showing the Classification of the Insane in the Australian Colonies on 31st December, 1887.

COLONY.	Idiots and Imbeciles. (Including all cases of undeveloped intellect, congenital or acquired.)			Percentage.			Criminals. (Including all serving sentences, awaiting trial, or detained during the Governor's pleasure.)			Percentage.			Convicts. (Still at the charge of the Imperial Treasury.)			Percentage.		
	Male.	Fem.	Tot.	Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.	Male.	Fem.	Tot.	Male.	Female.	Total.
New South Wales	127	113	240	7·31	10·40	8·50	53	9	62	3·05	0·82	2·19	15	3	18	0·86	0·27	0·63
Victoria	201	132	333	10·65	8·08	9·46	39	8	47	2·06	0·48	1·33	...	...	...	...	...	...
South Australia...	59	40	99	14·01	12·15	13·20	78	19	97	18·52	5·57	12·93	...	...	...	...	...	...
Queensland	35	29	64	6·31	9·06	7·32	11	2	13	1·98	0·62	1·48	...	...	...	...	...	...
Tasmania	17	12	29	8·80	7·64	8·28	26	11	37	13·47	7·00	10·57	35	...	35	18·13	...	10·00
Western Australia	15	9	24	18·98	21·42	19·83	2	1	3	2·53	2·38	2·47	30	...	30	37·97	...	24·79
TOTAL	454	335	789	9·32	9·39	9·35	209	50	259	4·29	1·40	3·07	80	3	83	1·64	0·08	0·98
New Zealand	166	83	249	15·76	12·92	14·69	47	12	59	4·46	1·86	3·48	...	...	...	...	...	...

COLONY.	Ordinary Insane. (Not included under either of the foregoing heads.)			Percentage.			Total.			Deemed Curable.	Percentage.	Deemed Incurable.	Percentage.	Total.
	Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.					
New South Wales	1,540	961	2,501	88·76	88·48	88·65	1,735	1,086	2,821	521	18·46	2,300	81·53	2,821
Victoria.....................	1,646	1,493	3,139	87·27	91·42	89 20	1,886	1,633	3,519	319	9·06	3,200	90·93	3,519
South Australia	284	270	554	67·45	82·06	73·86	421	329	750	199	26·53	551	73·46	750
Queensland	508	289	797	91·69	90·31	91·18	554	320	874	94	10·75	780	89·24	874
Tasmania	115	134	249	59·58	85·35	71·14	193	157	350	43	12·28	307	87·71	350
Western Australia......	32	32	64	40·50	76·19	52·89	79	42	121	12	9·91	109	90 08	121
TOTAL	4,125	3,179	7,304	84·73	89·12	86·59	4,868	3,567	8,435	1,188	14·08	7,247	85·91	8,435
New Zealand	840	547	1,387	79·77	85·20	81·82	1,053	642	1,695	...	...	...	...	...

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TABLE VII.—Showing the Number of Epileptics and General Paralytics admitted into Australian Asylums during the Year 1887, and into English Asylums during the Year 1886, with the Proportion (per cent.) to the Total Number Admitted.

Year.	COUNTRY.	Total Number of Patients Admitted.			Of Total Number of Patients Admitted.						Proportion (per cent.) of Epileptics and General Paralytics Admitted to the Total Number of Patients Admitted.					
					Number of Epileptics.			Number of General Paralytics.			Epileptics.			General Paralytics.		
		Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.
1887	New South Wales	321	194	515	28	14	42	14	1	15	8·7	7·2	8·1	4·3	0·5	2·9
1887	Victoria	490	345	835	27	20	47	8	...	8	5·5	5·7	5·6	1·6	...	0·9
1887	South Australia	116	91	207	4	5	9	3	2	5	3·4	5·4	4·3	2·5	2·1	2·4
1887	Queensland	132	73	205	6	6	12	2	...	2	4·5	8·2	5·8	1·5	...	0·9
1887	Tasmania	35	24	59	3	2	5	4	...	4	8·5	8·3	8·4	11·4	...	6·7
1887	Western Australia	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Total Australian Colonies (except Western Australia)	1,094	727	1,821	68	47	115	31	3	34	6·2	6·4	6·3	2·8	0·4	1·8
1887	New Zealand.........	255	161	416	9	3	12	11	1	12	3·5	1·8	2·8	4·3	0·6	2 8
1886	England	6,712	6,912	13,624	710	522	1,232	964	213	1,177	10·5	7·5	9·0	14·3	3·0	8·6

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Table VIII.

Showing Number of Patients and Number of General Paralytics Admitted for Five Years, 1883 to 1887 inclusive, to Institutions for the Insane, New South Wales.

Year.	Total of Patients Admitted.			Total of General Paralytics Admitted.			Percentage of General Paralytics.		
	Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.
1883	278	178	456	15	3	18	5·3	1·6	3·9
1884	294	186	480	19	...	19	6·4	...	3·9
1885	332	220	552	14	1	15	4·2	0·4	2·7
1886	356	193	549	18	3	21	5·0	1·5	3 8
1887	321	194	515	14	1	15	4·3	0·5	2·9
Total for 5 years......	1,581	971	2,552	80	8	88	5·0	0·8	3·4

Showing Number of Patients and Number of General Paralytics Admitted for Five Years, 1882 to 1886 inclusive, to English Asylums.

Year.	Total of Patients Admitted.			Total of General Paralytics Admitted.			Percentage of General Paralytics.		
	Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.
1882	6,663	6,918	13,581	923	228	1,151	13·8	3·3	8·5
1883	7,017	7,441	14,458	918	242	1,160	13·1	3·2	8·0
1884	7,075	7,233	14,308	986	206	1,192	13·9	2·8	8·3
1885	6,345	6,813	13,158	952	223	1,175	15·0	3·2	8·9
1886	6,712	6,912	13,624	964	213	1,177	14·3	3·0	8·6
Total for 5 years......	33,812	35,317	69,129	4,743	1,112	5,855	14·0	3·1	8·4

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