

The psychological level is the last level to come within the ken of the physician because it is the most complex and the most difficult to confront and requires a great deal of knowledge about the lower levels before it can be approached at all. Therefore it has remained the stronghold of the charlatans and the faith curists.

“ ‘ Practically none of the older physicians have ever had courses in their medical training that dealt with mental disorders, and very few of the younger practitioners have ever had anything that remotely resembles an adequate course of instruction. Therefore, the physicians, themselves unable to meet these conditions, are indirectly one of the greatest sources of revenue of the charlatan. The charlatan gets what the physician cannot deal with. It becomes, therefore, the duty of the physician to equip himself to handle these conditions rather than to bewail the fact that his patients go elsewhere.

Such remarks will not apply to the rising generation of medical practitioners trained in South Africa, where they have $2\frac{1}{2}$ years training in psychology and psychological medicine, nor will it apply at all when all medical men realize, as some of the best universities have realized, that this subject is of fundamental importance—that treatment of illness at the psychological level is even more important than at the physical and physiological.

VICTORIA.

In the report of the Inspector-General of Mental Hospitals for the year 1925, it is shown that there were at the end of the year a total of 6,282 certified insane in civil institutions in Victoria (an area of about half as large again as England and Wales, with a population of approximately 1,700,000), and statistics show that there has been an average annual increment of about 37 cases during the past ten years. Owing to the steady increase in the population it is shown that while in 1911 there was one certified person to 245 of the general population, in 1925 the proportion is one certified person to 268 of the population. The Yarra Bend State Hospital ceases to function after the date of this report, the patients having now been transferred to Mont Park, and the State institutions will be eight in number: Kew Idiot Institution, Kew Asylum, Ararat, Beechworth, Sunbury, Ballarat, Royal Park and Mont Park.

The numbers admitted into the State Hospitals for the year were 746 (M., 399; F., 347)—the numbers admitted into the Receiving Houses 850 (M., 472; F., 378), but it is noted that something like 40% of the admissions to the Receiving Houses could have been certified and sent direct to the State Hospitals, which would have materially prevented overcrowding in the wards of the Receiving Houses, which are meant for the accommodation of doubtful cases “for observation, and the treatment of early and readily curable cases.” The difficulties of a Receiving House are also shown in Dr. Shaw’s report on that at Ballarat:

“As in former years, there has been among patients admitted a comparatively large number of cases by no means falling under the category of ‘Receiving House cases.’ These cases included such well-marked and chronic forms of insanity as senile dementia, primary dementia, imbecility, etc.

“The average number daily resident throughout the year, three males and five females, shows a diminution of one male as compared with the year 1924. Notwithstanding the fact that a number of unsuitable cases was admitted, there were

some to whom the provision of accommodation offered by the Receiving House was a distinct advantage.

"Under the present conditions, owing to the comparative inaccessibility of the Receiving House, resulting in the lack of sufficient medical supervision, it is necessary to transfer to the Hospital for the Insane patients who, under other conditions, might remain at the Receiving House. Also, at times it has been necessary to transfer patients who might become an annoyance to the neighbours owing to their noise. Whatever arrangements are made with regard to this, it is impossible to prevent the Receiving House from being an annoyance at least to the nearest neighbours. If it were possible to sell the Receiving House building to advantage and build new Receiving House wards near the Hospital for the Insane, there would be a great advantage; more supervision could be exercised and more economy would result."

and again in the report of Dr. Philpott on the Receiving House at Mont Park—

"In a certain number of these cases it seems that acute exacerbations of symptoms are marked as a separate attack, whereas the condition, as in congenital mental deficiency and primary dementia, is really a continuous one. The common 'nervous breakdown' of years before is really the danger sign of a permanent or long-lived psychosis which, had it been treated by one expert in such conditions before it became organized, would in many cases have recovered."

The urgent need of a central research laboratory "modelled upon the lines of the Maudsley Laboratory" is referred to by Dr. Lind, the State Neurologist and Pathologist to the Lunacy Department.

The State Superannuation Act, which is contributory, came into operation in January, 1926.