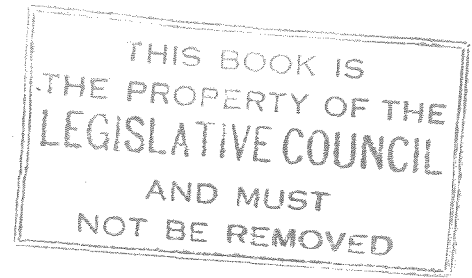


1938.
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WESTERN AUSTRALIA.
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REPORT

of the

ROYAL COMMISSIONER

appointed to inquire into

The Heathcote Mental Reception Home and the Administration of Mental Hospitals generally

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Presented to both Houses of Parliament by His Excellency's Command.

[THIRD SESSION OF THE SIXTEENTH PARLIAMENT.]

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ROYAL COMMISSION

WESTERN AUSTRALIA, } By His Excellency Sir James Mitchell,
TO WIT. } K.C.M.G., Lieutenant-Governor in and
JAMES MITCHELL, } over the State of Western Australia
Lieutenant-Governor. } and its Dependencies in the Common-
[L.S.] } wealth of Australia.

*To Henry Doyle Moseley, Stipendiary Magistrate,
Perth, Western Australia.*

I, THE said Lieutenant-Governor, acting with the advice and consent of the Executive Council, do hereby appoint you, Henry Doyle Moseley, to be a Commissioner to inquire into and report upon the following matters:—

1. The allegations made by the Western Australian Branch of the British Medical Association as to the lack of confidence in the Departmental and Domestic administration of the Heathcote Mental Reception Home.
2. And generally the Departmental and Professional administration of the Mental Hospital Branch of the Chief Secretary's Department of Western Australia.

And I declare that you shall, by virtue of this Commission, be a Royal Commission within the Royal Commissioners' Powers Act, 1902, as reprinted in the Appendix to the Sessional Volume of Statutes for the year 1928, and that you shall have the powers of a Royal Commission or the Chairman thereof under that Act.

And I hereby request you, as soon as reasonably may be, to report to me in writing the result of this your Commission.

Given under my hand and the Public Seal of the said State, at Perth, this sixth day of September, 1938.

By His Excellency's Command,

(Sgd.) J. WILLCOCK,
Premier.

GOD SAVE THE KING !!!

REPORT of the Royal Commissioner appointed to inquire into the Heathcote Mental Reception Home and the Administration of Mental Hospitals generally.

To His Excellency Sir James Mitchell, K.C.M.G., Lieutenant-Governor in and over the State of Western Australia and its Dependencies in the Commonwealth of Australia.

May it please your Excellency,—

In pursuance of the Commission issued to me by Your Excellency on the 6th day of September, 1938, to inquire into and report upon the following matters:—

1. The allegations made by the Western Australian Branch of the British Medical Association as to the lack of confidence in the Departmental and Domestic administration of the Heathcote Mental Reception Home.
2. And generally the Departmental and Professional administration of the Mental Hospital Branch of the Chief Secretary's Department of Western Australia,

a preliminary sitting of the Commission was held at Parliament House on the 19th day of September, 1938. The examination of witnesses was commenced on the 22nd day of September and continued until the 9th day of November. During that period 66 witnesses appeared before the Commission. Inspections were made by me of the Mental Reception Home at Heathcote, the Claremont Mental Hospital, and institutions at Green Place and Whitby.

By far the greater part of the evidence offered to me has relation to the Mental Reception Home at Heathcote and, because of the volume of that evidence, affairs at Heathcote will of necessity receive a great amount of comment in this report. Much of the evidence tendered was of assistance only in that it served to show how unfortunate had been the atmosphere, so far as the staff of that institution is concerned, for some months.

The evidence submitted regarding the administration of mental hospitals generally was more constructive in nature and I am grateful to those witnesses who have given me the benefit of their experience and have shown me their very definite desire to assist in placing our mental hospitals in a more satisfactory position.

Nothing further need, I think, be written by way of introduction, and I propose now to proceed to discuss the terms of reference in their order.

1. The allegations made by the Western Australian Branch of the British Medical Association as to the lack of confidence in the departmental and domestic administration of the Heathcote Mental Reception Home.

At a very early stage of the inquiry it became evident that the British Medical Association did not desire to associate itself with this term of reference as framed.

Representatives of the association who gave evidence before the Commission spoke merely of a feeling of uneasiness in the minds of members that

all was not well at the institution: that feeling, however, was definite—so definite that on the 9th August, 1938, the secretary of the association wrote to the Honourable the Premier suggesting that an inquiry be held into the departmental and local administration of Heathcote.

As the inquiry proceeded it became evident that the anxiety of members of the association was fully justified and that there was in fact in the minds of those members of the medical profession who had knowledge of matters at Heathcote less confidence in the value of the institution than had previously been the case.

But although the association was disinclined to make allegations of inefficiency against any branch of the administration, such diffidence was not noticeable on the part of some of the other parties represented before the Commission. The Chief Secretary (the Hon. W. H. Kitson) and the Acting Under Secretary (Mr. A. O. Neville) criticised adversely the administrative ability of the Inspector General of the Insane (Dr. James Bentley). The Inspector General retaliated and joined in his criticism the permanent Under Secretary (Mr. F. J. Huelin) and the Matron at Heathcote (Miss Showercross).

The Matron threw blame on the Medical Officer (Dr. V. H. Webster) and Dr. Webster was obviously anxious to demonstrate how unfitted for her position the Matron had shown herself to be. At the same time there was support for the Matron by the Chief Secretary and the Acting Under Secretary, and for Dr. Webster by the Inspector General.

In these attacks and counter attacks the various persons concerned were chiefly anxious to justify their own administrative actions and in some instances to stress their own professional abilities, and I obtained little help from them of a constructive nature as a guide to future administrative policy. I was compelled, rather than be accused of shutting out evidence of any aspect of Heathcote administration, however relatively unimportant, to listen to individuals blaming each other for any difficulties which have been experienced, seeking at the same time to absolve themselves from any share in that blame.

With this attitude so apparent, and realising that for some time past the same attitude had been in existence, it is no matter for wonder that the administration generally has occasioned concern, and one may be justified in expressing surprise and at the same time relief that this unfortunate state of affairs has not reacted to a greater extent to the disadvantage of the patients.

The Mental Reception Home at Heathcote was opened in 1929. It is not proposed to write a history of the institution. It may be recorded that there

is evidence to support the conclusion that for some years administrative affairs had not proceeded altogether smoothly. But it would appear from the evidence that the year 1937 may be assigned as the date when the trouble by official report to the Chief Secretary's Department first became evident. The culminating point was reached in 1938.

Were there during 1937 or shortly before any alterations in the existing administration which may be investigated in seeking for a possible cause of the increasing trouble?

A new Chief Secretary (Mr. Kitson) had assumed control of Mental Hospitals in August, 1936.

In May, 1937, the Inspector General of the Insane (Dr. Bentley) left the State on long service leave, and at the same time Dr. Ernest Jones, of Victoria, was appointed to take Dr. Bentley's place as Acting Inspector General.

In October, 1937, Dr. Webster, who for some 18 months had occupied a position as Junior Medical Officer at the Mental Hospital at Claremont, was transferred to Heathcote as Medical Officer.

Those changes took place, and it may also be mentioned that the appointment of Dr. Jones superseded a previous temporary appointment of Dr. Thompson (Medical Officer at Claremont) to act as Inspector General of the Insane.

It should further be noted that there were during the year, firstly, a recommendation by Dr. Bentley, supported by Dr. Jones, that the Matron should be retired on the ground of ill-health, a recommendation which, after inquiry, was not approved, and later, during Dr. Bentley's absence on leave, suggestions by Dr. Jones that she should be transferred from the position of Matron at Heathcote to that of Matron at either Lemnos or Claremont. These suggestions also were not approved.

Some of these incidents undoubtedly had a disturbing effect. Dr. Bentley resented the acting appointment of Dr. Jones and it is only natural that Dr. Thompson was disappointed in being deprived of the appointment. Dr. Jones' appointment was described by Dr. Webster (Evidence, p. 173) as causing considerable indignation amongst the medical officers and senior members of the staff, in which indignation he (Dr. Webster) shared. Similar indignation on the part of Dr. Jones was described by Dr. Webster as a result of the departmental refusal to transfer the Matron from Heathcote.

It was at this time that Dr. Jones transferred Dr. Webster to Heathcote in accordance with instructions given by the Under Secretary that an exchange should be effected between Dr. Bury of Heathcote and Dr. Webster of Claremont. Following this exchange Dr. Bury resigned from the service.

Possibly the most significant evidence that affairs at Heathcote were not happy at this time (1937-1938) is provided by the large number of complaints regarding the conduct of the Matron. There were in all seven complaints reduced to writing, in connection with three of which the Matron was suspended by the person complaining and in four an official inquiry of one kind or another was held. The only result adverse to the Matron of all these complaints was a reprimand by the Acting Under Secretary for having been insolent to a superior officer, the particulars being that she made use of an expres-

sion "It's like your cheek" to Dr. Webster. The insolence complained of was the outcome of an allegation by Dr. Webster that the Matron had left the institution without a proper officer being placed in charge and this was one of five charges made against her by Dr. Webster.

Now whatever may be said against the Matron, it is at least deserving of notice that of seven complaints embodying seventeen charges only one charge was sustained. It is not, I think, for me to express my own opinion of the correctness or otherwise of the findings on those complaints. I have been asked, however, by Counsel who appeared before the Commission for Dr. Webster and the Mental Nurses' Union to say that the inquiries (or at least some of them) were not conducted in good faith: Counsel alleged "that under the power the Matron was wielding through the Minister" (meaning the Chief Secretary) "the officers were afraid to or did not conduct the inquiries properly" and that "arising out of certain relationships the efficiency and discipline of the institution had broken down to such an extent as to necessitate departmental inquiries which were not conducted bona fide or impartially."

These were the statements of Counsel and there was no direct evidence to support them, however natural a feeling there may have been in the minds of some of the Heathcote staff that the Matron had Ministerial support. That feeling provides an aspect which will be dealt with more fully later. It is sufficient for me to say at this stage that having read the evidence given at those inquiries I hesitate to describe the conclusions as dishonest.

I have referred to all these complaints and inquiries in an endeavour to show the atmosphere which obtained at Heathcote during the years 1937 and 1938. That this atmosphere was becoming worse is shown by the large number of complaints against the Matron in 1938—there being six, of which three (embodying seven charges) were made by Dr. Webster within a period of four months.

It is, I think, natural to consider those in charge of the institution in an endeavour to ascertain the cause of any trouble which existed.

To deal first with the Matron, Miss Shawcross: She joined the institution on the 1st July, 1929. On 24th April, 1937, prior to which date I can find no evidence of any trouble officially reported, Dr. Bentley was called by Dr. Bury (then the Medical Officer at Heathcote) to see the Matron who was ill. Dr. Bentley's subsequent report of 5th May is to the effect that on his first visit the Matron appeared to be under the influence of a strong hypnotic and was obviously mentally affected: that on his second visit a few days later her condition had improved but she was in a sub-acute maniacal condition: and that a week later there was further improvement; but he suggested to her that she should not be associated with mental patients and should find some other employment. In his report Dr. Bentley expressed the opinion that in the interests of the institution it was advisable that she should be retired.

Dr. Bury also reported on the Matron's condition at that time. His opinion was that she was under the influence of some drug and that she was suffering from sub-acute mania accentuated by taking excessive drugs of the barbitone series.

Sick leave and recreation leave were granted to her. Before her return Dr. Jones had assumed con-

trol of Mental Hospitals as acting Inspector General of the Insane.

Dr. Jones then had his first interview with her and—no doubt guided largely by the reports of Drs. Bentley and Bury—reported that he was by no means impressed by her suitability for a position such as that of Matron at Heathcote and did not think it desirable in her own interests that she should continue that occupation. He directed her not to resume duty until further instructed.

The Under Secretary recommended her retirement on the ground of ill-health and following that the Public Service Commissioner had several interviews with her. The latter official then held an inquiry and, having examined many doctors, nurses, visitors and others, decided that the Matron should not be retired on the ground of ill-health and considered that she should be reinstated in her position.

There is another phase of the matter which may be discussed here: it was on the 5th May, 1937, that the Inspector General of the Insane (Dr. Bentley) recommended the Matron's retirement on the ground of ill-health, but that was not for 11 days after Dr. Bentley had seen her. Why was there no earlier report? Dr. Bentley has complained that his recommendation was not accepted. If it were a matter of urgency that the Matron should be retired, why did he himself delay in making his report? Was it that he desired to leave behind him, when going on leave, a report as to the Matron's condition on which his successor might take action, or was it on account of his desire to wait until the Matron was well again before taking any action? Possibly it was because he was endeavouring to persuade her to resign. There may be an explanation, but it is not clear.

One may well think that the whole trouble would have been overcome had the Matron been retired when Drs. Bentley and Bury made their reports as to her state of health, and particularly when later those reports were supported by one from Dr. Jones, but Public Service Regulations require that, as a preliminary step, an inquiry should be held: that inquiry was held and the Public Service Commissioner, apparently rejecting positive medical evidence, recommended her reinstatement at Heathcote. No more need be said of that, because even if the Public Service Commissioner came to a wrong conclusion, there is no procedure by which his findings could be reversed. It would appear to be somewhat anomalous that an appeal is allowed by the officer charged but not by the officer who lays the charge.

There is evidence then (p. 176) of suggestions by the Acting Inspector General of the Insane that Miss Shawcross should be transferred to Lemnos Hospital or Claremont Mental Hospital, but on 14th August, 1937, the Chief Secretary directed that she be reinstated in her position as Matron of Heathcote, and she resumed duty there on the following day on the expiration of further leave which had been granted to her.

The suggested transfer to Lemnos was discussed by the Under Secretary with the Chief Secretary, and the latter's decision to reinstate the Matron at Heathcote no doubt had some relation to an objection by the Returned Soldiers' League or the Repatriation Department that she had not been on active service and therefore should not be sent to Lemnos (Evidence p. 1072). Regarding the proposed trans-

fer to Claremont, it would appear that the classification of the position of Matron of that institution was too high to enable the transfer to be effected. At all events, she returned to Heathcote and was there when Dr. Webster, as I have earlier mentioned, arrived on transfer from Claremont in October, 1937.

However they may have regarded each other from that time, there is no evidence of active trouble between them until March, 1938. At that time it was proposed to admit a Miss "Q" as a patient to Heathcote, and, according to Dr. Webster, it was agreed between Miss "Q's" family and him that Drs. Williams and Moss should examine her. He alleges that the Matron went behind his back and sought to make other arrangements, declaring that Dr. Williams should not examine Miss "Q." Whatever may have been the true facts, this caused Dr. Webster to report the Matron's actions to the Acting Inspector General of the Insane, who, in turn, informed the Under Secretary. The Under Secretary dealt with the matter by instructing the Matron that the Medical Officer was the official head of the institution and that she must do nothing that would interfere with his carrying out of his duties but must loyally support him.

No sooner had that small trouble been settled, than Nurse Jones of the Heathcote staff reported to Dr. Webster that the Matron's conduct towards her amounted to intimidation. This complaint passed through usual channels and reached the Acting Under Secretary, who disposed of it by remarking that the complaint seemed a trivial one.

A week later Dr. Webster reported the Matron for an "apparent" act of serious disobedience and stated that he had "reason to believe" she had disobeyed him. The Acting Under Secretary inquired into the matter and his finding was in favour of the Matron.

On 20th July, Dr. Bentley suspended the Matron on seven charges of negligence and improper conduct and these were dismissed with the exception of one charge of insolence and rudeness to the Medical Officer, to which I have already referred, and which earned for the Matron a reprimand. The suspension had been removed by the Acting Under Secretary immediately he received the Matron's explanation and before he heard any evidence, but, prior to the inquiry which he later held, the Matron was again suspended by Dr. Webster on further charges of negligence and improper conduct. These two suspensions occurred within two days of each other. The Public Service Commissioner held an inquiry into these later charges and his findings were in the Matron's favour, the suspension being removed and an order made for her reinstatement.

A further report against the Matron was sent to the Acting Under Secretary by Dr. Bentley on 11th August. It was treated as being trivial by the Acting Under Secretary and serves only to show how impossible affairs at Heathcote had become.

That is the story which has been told of the Matron by those who, in giving evidence before this Commission, have sought to blame her, in part at least, for the state of unrest which had so obviously been experienced at Heathcote: it is a story of complaints, suspensions and inquiries, out of which, but for one reprimand, the Matron, rightly or wrongly, emerged with little to disturb her mind but some irritation. Of such results, so favourable to the Matron, I am

asked to say that they are the dishonourable findings of officials, so concerned with the personal wishes of the Chief Secretary that their judgment has been entirely warped. I have already said that I am disinclined to draw so serious an inference.

With regard to the suspension of the Matron by Dr. Bentley, which suspension was removed by the Acting Under Secretary before an inquiry was held, it has been contended that in the removal of that suspension the Acting Under Secretary demonstrated that he was actuated by Ministerial influence. It may be, however, that the Acting Under Secretary did not correctly understand his powers, because in my view he should have proceeded with the inquiry before considering the matter of suspension. The meaning of the section of the Public Service Act (section 47, subsection 3) and Regulation 140 may not have been clear to him as a layman. There is no evidence that he was actuated by dishonest motives, but in all the circumstances existing at Heathcote at the time, it would have been better had he proceeded with the inquiry at once without at that stage concerning himself with the question of suspension.

The foundation of the allegation of dishonesty in inquiry is laid on the friendship of the Chief Secretary for the Matron and on his frequent calls at Heathcote, during which calls, as he has very candidly admitted, he almost invariably visited the Matron. It is not, I think, part of my duty in this Commission to decide the nature of such visits. The Chief Secretary, supported by the Matron, has stressed their innocence, and there is no conclusive evidence to throw doubt on his statement. But, on the other hand, it will be for me to consider the question whether or not such friendship and such frequent calls on the Matron of Heathcote by the Minister controlling the hospital have provided a factor contributing to administrative faults. For some time there was apparently little of ill-effect noticeable, but latterly, without doubt, the effect has been felt in a way not of advantage to the institution. The period of that change appears to date from the arrival at Heathcote of Dr. Webster.

From that time, in addition to the matters into which official inquiry was made, Dr. Webster had many other complaints to make against the Matron. He complained of her having given preferential treatment to political friends, of her favouring certain medical men, of her interference with Dr. Williams in his relations with patients, of her familiarity with a patient, of her disloyal references to the Inspector General of the Insane, of her telephoned conversations with the Minister, and of her approaching the Under Secretary direct. Generally he complained that she was unreliable and not dependable. Indeed it would seem that Dr. Webster found little right with the Matron.

There may be ground in these matters for some complaint against the Matron, but if she erred, it may be accounted for in the following way: It is obvious that a great deal of responsibility had, for some time, been given to her in the conduct of affairs at Heathcote. Through a shortage of medical officers there were many occasions when the Matron found herself in sole charge of the institution. In such circumstances it is only natural that a new medical officer taking charge of Heathcote would find a type of Matron to which he had not been accustomed. The

Matron cannot solely be blamed for that. It is not an easy matter suddenly to relinquish responsibility to which one has become accustomed and which one has assumed with departmental approval. In that I think the department has been greatly to blame. Not one witness amongst the members of the medical profession who has expressed an opinion on this question when giving evidence has failed to stress the impossibility of conducting Heathcote properly with only one medical officer. And the position became worse when Dr. Webster was sent to Heathcote, because as a married man he could not live on the premises, there being no suitable quarters, and it is beyond question that he spent far too much of his time away from the institution. To put the position shortly, he left the responsibility to the Matron during his absence and then blamed her for taking it. And no matter what type of Matron may be at Heathcote in the future there will always be a risk of the same unsatisfactory state of administration so long as one medical officer only is there, and particularly so if that medical officer is not resident at the hospital. In that condition of affairs, I think, lies the cause of a great deal of the trouble that there has been between Dr. Webster and the Matron. It must necessarily have irritated both parties: that feeling of irritation created a difficulty in the way of small irregularities being smoothed over; it grew until the staff of the institution, being aware of it, became divided into followers of either party, each section endeavouring to support its leader and doubtless helping to increase the feeling of animosity. There was an atmosphere of suspicion. Conversations were overheard and repeated, possibly with distortion, to one or other of the leading characters; an offer to the Matron of tickets for a cricket match was imagined by Dr. Webster to have come from the Chief Secretary, and in fact so sworn to by him in evidence, whereas it was proved conclusively to have come from someone else; the Minister's visits to the institution were described in a way which carried a sinister meaning; the bottom of a drawer in the Matron's office was removed by Dr. Webster because of some telephone numbers found pencilled there, and was produced to this Commission as evidence of the Matron's improper relationship with the Minister; at the instigation of a member of the medical profession the Chief Secretary's car was followed by a private inquiry agent; the windows of Dr. Webster's room were nailed by him—for some purpose not quite clear, but allowing of inference: stories of these and other happenings were related to the Commission by people who in their zeal to destroy the reputations of others seem entirely to have lost sight of what should have been their own professional standards. And in this unfortunate atmosphere it is not to be wondered at that every opportunity was taken of endeavouring to have the Matron transferred, or perhaps dismissed from the Service. Failure to achieve one or other of those purposes strengthened the feeling that Ministerial support of the Matron was too strong and increased the friction already existing. The genesis of that friction is traceable to two factors: the responsibility given by the department to the Matron, which invested her with a feeling of superiority, and her friendship with the Chief Secretary which strengthened that feeling and which, in her view, would render her immune from interference. Both these factors might have been and, in my opinion, should have been avoided.

I think it will be as well to comment on those complaints by Dr. Webster against the Matron to which I have referred, but in which no departmental inquiries were held. Firstly, he complained of her preferential treatment of political friends: The witnesses's words were "It was a common thing to find that in the case of any patient who had political friends there was a strong tendency for that patient to receive preferential treatment." In one instance mentioned by Dr. Webster as an example of the alleged preferential treatment, Mr. Stubbs, the political friend referred to, has satisfied me completely that even if preferential treatment were given to the patient it was entirely without any suggestion or even approach on his part.

It may be that the Matron was anxious to please those relatives of patients who had influence. There is a suggestion it was so, but it is a matter difficult of proof.

Regarding her alleged interference with Dr. Williams in his relations with his patients and her undue preference to certain medical men and patients, there is some evidence of this and it is not to her credit, and these actions on her part as well as her remarks about Dr. Bentley, her telephoned conversations with the Chief Secretary, and her direct approach to the Under Secretary, were no doubt encouraged by that feeling of authority which for some time she had experienced and to which I have already referred.

Dr. Webster's general complaint that the Matron was undependable and unreliable is probably justified. Dr. Bury formed a similar opinion of her while he was there, and although Dr. Bury's manner of giving evidence was not impressive, I think there is evidence to support him in the opinion he formed.

Having, exhaustively I think, referred to the Matron's experiences at Heathcote and to those circumstances of her administrative association with Dr. Webster which appear to me to be relevant to this inquiry, it seems appropriate now to consider Dr. Webster's position.

Dr. Webster's qualification as a medical practitioner was obtained in the year 1930. Prior to his appointment as medical officer at Heathcote his experience was derived from four years practice in Wyndham, 12 months at the Perth Hospital, and 18 months at the Mental Hospital at Claremont.

He arrived at Heathcote, one feels, with a preconceived impression of the Matron and doubtless with a proper determination to assume control of the institution. He arrived also with some knowledge of a treatment known as "cardiazol" which for some months had been discussed at Claremont. He himself had had no experience in administering the treatment, but within a month or thereabouts of his arrival at Heathcote the treatment was put into operation there. The acting Inspector General of the Insane (Dr. Jones) was not wholly in favour of the innovation, feeling that the time of a medical officer at Heathcote would be otherwise sufficiently occupied, but he gave permission to Dr. Webster to use the treatment, provided he was prepared to carry it out properly.

There are sufficient difficulties before me without my attempting to discuss such a technical subject as the cardiazol treatment. My contribution as a layman would be valueless and indeed, in any case, it would seem to find no appropriate place in this

report. It may be said that all the medical evidence offered to me on the subject is to the effect that it is a treatment of value and those of the profession who have had experience of Dr. Webster in his work have spoken highly of his results. I mention this with no intention of stamping Dr. Webster as an expert in the use of cardiazol. He has not attempted to pose as one and the adoption of the treatment is too recent to enable anyone justifiably to claim such a title; but it is obvious to me, having heard Dr. Webster on the subject, that he is a very ardent advocate of the treatment and the number of cases in which he has used it at Heathcote also demonstrates this beyond doubt.

To the extent that the institution of cardiazol treatment at Heathcote coincided almost with Dr. Webster's arrival, one may consider this as a possible contributing factor to the change which came on the scene at Heathcote. This was a new and unlooked-for phase in the institutional life to which the Matron had been accustomed—a phase for which in her view Dr. Webster was entirely responsible. Now that was a matter with which the Matron should not have been concerned: I think that in fact she was not greatly concerned with the introduction of a new idea: but without doubt she did resent Dr. Webster's keenness on this part of the work to the exclusion—as she regarded it—of other and equally important matters. She has said that he took very little interest in the patients. That statement can scarcely be accepted as entirely correct; he certainly was very interested in those patients who were receiving cardiazol treatment: but I do think that had his interest in the patients been general he would have spent more time at the institution. I have already referred to Dr. Jones' doubt as to whether the Medical Officer at Heathcote would have sufficient time adequately to carry out cardiazol treatment. It would naturally be expected that, with the large number of patients receiving that treatment, the remainder of the doctor's time would be fully occupied with other matters: and yet there is acceptable evidence that more often than not, he would leave the institution after his morning's occupation with cardiazol treatment. He gave the Matron the numbers of no fewer than four telephones by means of which she could communicate with him, and Dr. Bentley has recalled a conversation with the Matron in Dr. Webster's presence, at which he told her that it was not her duty to ring up different places where the doctor *might* be, if he was not at home. One of the medical witnesses—Dr. Williams—referred to the work of Dr. Webster at Heathcote as colossal and as that of a super-man. He was speaking of the cardiazol treatment and though the expressions used may be somewhat extravagant, it does seem strange that even with all the work in which this new treatment involved him, Dr. Webster was anxious to obtain in addition the position of Assistant Psychiatrist at the Perth Hospital. One should not criticise Dr. Webster for wishing to improve his knowledge—no doubt with possible later professional activities in view it was a perfectly natural desire—but I think he failed to recognise the fact that there was, apart from cardiazol treatment, more work than one man could successfully carry out at Heathcote: and it was at Heathcote that the work for which he was being paid was to be found. The refusal of the Chief Secretary to allow him to take up the position at Perth Hospital has been criticised by Dr. Webster: he has pointed out that he agreed to do the work on the

afternoon during the week when he would be away from duty on leave. The Minister, no doubt acting on the assumption that Dr. Webster's time was fully spent at the institution, was, I think, right in refusing his request to use his short period of relaxation for further medical duties. Dr. Bentley in forwarding Dr. Webster's application mentioned that the latter's time was "Very fully occupied at the institution." Had that really been the case I do not think that Dr. Webster would have felt inclined to devote his only free afternoon to further work. His own evidence as to his periods of duty is not consistent. At one stage he said he was overworked (p. 190) and that he found it necessary to be on duty for very long hours (p. 299). Later (p. 300) he admitted that he had every Saturday afternoon, most Sundays, and one or possibly two other afternoons weekly away from the institution. I am convinced that he was frequently absent from Heathcote. During that absence the control of the institution would necessarily be in the hands of the Matron. She would admit patients and interview relatives and assume duties which ordinarily would be those of the medical officer. In that, Dr. Webster delegated to the Matron responsibility which apparently he later resented her taking.

In his anxiety to place the discipline of the staff on a proper footing, Dr. Webster, if one may accept the Matron's story, seems to have proceeded to his task with a lack of tact. According to the Matron he had a mind attuned to trivialities: he reported to her that a nurse was reading in a store room, whereas the nurse in question was taking a half-hour's authorised respite from her duty: he complained that the Matron was unfair in her allocation of public holidays for the various nurses and that the Matron allowed nurses who were for the moment not feeling well to have an hour or two off duty when (in his view) they should have applied to him for sick leave. Whether or not these statements are true, they are useful as further evidence of the lack of sympathy which there was between the doctor and the Matron.

Other complaints which the Matron had to make of Dr. Webster were that he was an inhuman type of man—not kind to the patients: that he would put quiet patients in the same ward as noisy cases: that he would treat male cardiazol patients roughly—even cruelly—and that he would talk to one patient of another's peculiarities. The women patients, according to the Matron, were terrified of him. Because of this terror, the Matron said, the Board of Visitors decided to visit the patients unaccompanied by either doctor or matron. It is true that the members of the Board did go around alone from a certain time, but Dr. Kasner Moss, a member of the Board, says in his evidence (p. 1339) that it was because of information which reached him that the patients felt they were not able to approach the Board when the Medical Staff was in attendance. But there is no evidence that the Board discovered anything to support the Matron's statements regarding the cruelty of Dr. Webster made before the Commission.

From a layman's point of view, Dr. Webster certainly seems to have some unusual ideas. He suggested in his evidence that it might be a good thing if patients at Heathcote were to witness the cardiazol treatment of other inmates. The treatment results in

an epileptic fit: I find it difficult to regard such a happening as one suitable to be viewed by patients who might possibly later be subjected to similar treatment.

Probably Dr. Webster lacks that refinement of feeling and manner which one looks for but does not always find in professional men. In his short experience he has not acquired, as Dr. Moss expressed it, the "bedside manner." One would not expect many doctors to say much more against a fellow professional man, even if they felt it. Possibly Dr. Moss has erred in moderation, as I think the Matron has in extravagance. Many patients, no doubt, based their opinion of the medical officer on their experience of him as the controller of the cardiazol treatment. Possibly, if they seemed to the Matron to be "terrified," it was a reaction more to the treatment than to the one administering it. The Matron would have me think the doctor was brutal: However short he may have fallen of the ideal medical officer I can find nothing to justify that description.

Many other matters of less importance were mentioned by the Matron in her criticism of Dr. Webster. She summed up her opinion of him by saying "Most people have some good points but I cannot mention any about him."

Remembering the many faults Dr. Webster discovered in the Matron it was not surprising to hear her speak in that way of the Doctor. Looking back, it is difficult to understand, with so much antagonism between the two people immediately in control of the institution, how the place continued to exist for so long.

Next for consideration is Dr. Bentley, the Inspector General and Medical Superintendent of the Claremont, Lemnos, Whitby and Green Place Hospitals and the Heathcote Home.

Dr. Bentley is by virtue both of length of service and status a very senior public servant. He has been connected with Mental Hospitals of this State for thirty years and rose to his present position from that of junior assistant medical officer.

As Medical Superintendent, Dr. Bentley has control of Heathcote. As Inspector General his duty is to inspect the institution of which he is the Superintendent. More will be said later about this dual position which he has held for many years and which—for the moment—he still holds.

Of his connection with Heathcote during the period of active trouble there is not a great deal which can be written. I have selected the years 1937-1938 as the time during which the position became acute. It will be remembered that Dr. Bentley proceeded on long service leave on 5th May, 1937. He returned to duty on 9th December, 1937. He was suspended from his office on 11th January, 1938, and after inquiry was reinstated on 6th May, 1938.

Almost his last act before going on leave in May, 1937, was to write the memorandum—to which reference has already been made—regarding the Matron's state of health. He considered that she should not be associated with mental patients and that in the interests of the institution it was advisable that she should be retired. Knowing that Dr. Bury's opinion of her health supported his own, Dr. Bentley must have been surprised to learn on his return from

leave that the Matron was still in her position at Heathcote. But he had not returned to his office for very long before he had other and more personal matters to think of. He was suspended from office by the Under Secretary and charged with faulty administration. Further reference will be made to this charge when dealing with the second Term of Reference.

Soon after that trouble was settled, Dr. Webster was transferred from Heathcote to Claremont and Dr. A. O. Barkley appointed as Medical Officer at Heathcote. Affairs from that time appear to have been conducted without trouble between the Matron and Medical Officer, although it is apparent that peace was not complete at the institution.

Dr. Barkley had not been long at Heathcote when he received a letter from one of the nurses containing references to criticism of his work. This letter became the subject of inquiry by Dr. Bentley, and Dr. Barkley was so dissatisfied with the general position at Heathcote and the manner in which Dr. Bentley conducted the inquiry that he resigned in less than two months after his appointment.

The notes of this inquiry are on Mental Hospitals File 143/38. They show clearly that Matron Shawcross by her presence and interjections made Dr. Bentley's task very difficult, and although as far as the procedure is concerned it was not quite that which one would expect, I am not going to criticise the result in so far as Dr. Bentley's honesty of purpose has been questioned.

It will be seen that during the greater part of the period of acute trouble at Heathcote, Dr. Bentley was not occupying his office, but he did, in giving evidence before the Commission, make certain complaints about "unwarranted interference by Head Office in matters of detail." He objected to the transfer of Dr. Webster, and to directions that he (Dr. Bentley) should visit Heathcote more frequently.

Regarding the transfer of Dr. Webster this will be dealt with later. As to the instruction that Dr. Bentley should make more frequent visits to Heathcote, although he, as Inspector General of Insane, may have had reason to resent dictation of this kind, matters at Heathcote had become so serious that a closer control by the Inspector General certainly seemed necessary. It would have been wiser, no doubt, had the Minister conveyed his wishes to Dr. Bentley more as a suggestion than a direction.

The last to be considered in connection with the administration of Heathcote is the Chief Secretary (Mr. Kitson). I have already mentioned that he assumed ministerial control of the institution in August, 1936. He has said in his evidence (p. 1093) that before then he was greatly interested in the place: that he had been in the habit of visiting there frequently to see patients in whose welfare he was concerned. He has also said that his interest increased on his taking over control. At that time the Matron was no stranger to him—he had first met her in 1930 and since that time the Matron had been a friend of both Mr. and Mrs. Kitson. It is possible that on some of his visits to the institution he was accompanied by his wife: it is certain that on many of them he went alone. Now what a man does in his private life is—or should be—his own concern, unless indeed his way of living becomes a public scandal. This rule should apply in the same way to Ministers of the Crown as to people of less prominence in

public life. My duty is not to determine what happened when the Chief Secretary visited the Matron, but I must consider his actions in relation to the administration of Heathcote and determine the effect that his friendship with the Matron had on that administration, even if there were no awareness of that effect in the Chief Secretary's mind.

Possibly there was no appreciable effect at all while Dr. Bury was the Medical Officer. The Matron was, I feel, more closely connected with the control of the institution than Dr. Bury, and so long as the Matron performed her hospital duties and treated the nurses and patients in a proper way, no one was likely to care much who visited her. But I have already referred to Dr. Webster's determination to take charge of the institution in something more than name and it was on his arrival at Heathcote that trouble might be expected to appear. It is obvious, however, that long before then the Chief Secretary's visits were known to the staff and were, no doubt, the subject of comment. Mental nurses (both male and female) have given evidence of his visits as long ago as 1934. Expressions such as "hundreds of times" and "two or three times a week" were used in estimating the number of visits, and two witnesses said that on one occasion the Matron was dressed in pyjamas and a cloak when seeing the Chief Secretary off the premises. Visits described in that way could not but have excited comment, and there is no doubt that even if the number of occasions has been exaggerated and the details of the Matron's dress wrongly described, the friendship of the Chief Secretary with the Matron did incalculable harm to the administration. Dr. Bury in his time may not have cared; Dr. Webster was obviously incensed. I have no doubt that a great amount of the trouble between Dr. Webster and the Matron was caused by the association of the Matron with the Chief Secretary, and whether or not the conclusions of Dr. Webster and some of the staff were justified, these officers were firmly of opinion that the favourable results to the Matron of the many complaints laid against her were entirely due to the Minister's influence. And though I have said that in examining the evidence before me I cannot find sufficient to enable me to draw an inference so seriously affecting the integrity of responsible officials, I cannot blame anyone who felt that the Chief Secretary's friendship for the Matron had a very close relation with the many findings which were given in her favour at a time when a change in the position of Matron would have removed the greatest cause of trouble.

Apart from providing those at Heathcote with knowledge that the Matron and he were on very friendly terms the Chief Secretary must have shown his interest in the Matron to Dr. Bentley at the interview which took place between them before Dr. Bentley charged and suspended the Matron in July, 1938. At that interview, Dr. Bentley says, both the Chief Secretary and the acting Under Secretary endeavoured to coerce him not to lay the charges but to substitute others less serious in their place. This attitude of the Minister (as it appeared to Dr. Bentley), considered in conjunction with the removal of the Matron's suspension by the acting Under Secretary immediately it was imposed by Dr. Bentley, could not fail to arouse a suspicion of bias in the Matron's favour; and if anything were needed to add to that suspicion, it might well be found in the transfer of Dr. Webster to Claremont following the

Matron's reinstatement at Heathcote. This was a severe blow to the professional pride of Dr. Webster—an ignominious step for him. It must be remembered that Dr. Webster had offered to separate himself from his family and occupy the single man's quarters at Heathcote, just as the present medical officer, who is married, is doing.

I can realise that at this stage the Chief Secretary may have found himself in a quandary. Because of the Public Service Commissioner's findings, the Matron must either be reinstated or another position of equal value must be found for her: there was no other such position. Dr. Webster and the Matron could not both remain at Heathcote: therefore Dr. Webster must go. However desirable it was to have a resident medical officer at Heathcote and however impossible it was for Dr. Webster as a married man to reside there, I am convinced that the chief reason for Dr. Webster's transfer to Claremont was that Heathcote was not large enough to accommodate both him and the Matron: that is virtually admitted by the acting Under Secretary in his evidence (p. 933).

One regrettable circumstance in connection with Dr. Webster's transfer is that it occasioned a great modification of the cardiazol treatment. I say this because I accept the medical evidence available, that the treatment is valuable. A peculiar feature of the transfer is that although undoubtedly Dr. Webster regarded the treatment as one of some difficulty to the medical officer, he was content to leave Dr. Barkley (his successor) to carry on the treatment with little or no instruction or demonstration. It is no wonder that Dr. Barkley greatly reduced the number of cases in which cardiazol was used. I have said that Dr. Webster was obviously keen on the treatment. He could well have carried it on at Claremont after his transfer, or he might have stayed longer at Heathcote until Dr. Barkley had acquired greater knowledge: but he resigned and asked for immediate release from service with the Government. I do not blame him for his indignation, but I think his feeling of pique outweighed his regard for the patients' welfare. It is significant of his attitude that an announcement of his resignation was published in the Press before his letter tendering his resignation reached the acting Under Secretary.

Now I have dealt in turn with all the chief characters in the administration of Heathcote. It remains to sum up and make a suggestion for improvement, in addition to those which will appear on the question of general administration raised by the second term of reference.

Miss Shawcross, as I have formed an impression of her, is a woman of strong determination and will-power, but lacking an ability to exercise these qualities reasonably: she is inclined to favoritism and to an exaggerated suspicion of those who hold views differing from her own: that she is extremely self-possessed was shown by her demeanour when giving her evidence which extended over a period of five days.

A frequent visitor to Heathcote has described her (p. 1074) as "a patients' Matron and not an institutional one" and I can readily accept the description. Undoubtedly she has an understanding of her duties towards mental patients and is capable of caring for them with kindness and sympathy and treating their visiting relatives with great consideration. There have been many witnesses to testify to that; but

those qualities are not enough. In an institution employing some thirty-six nurses and attendants, both male and female, as well as a domestic staff of eight, discipline must be preserved, and an example of proper discipline must come from those at the head of affairs.

One feels sorry for a woman, well fitted in many ways for her position, who has succumbed to the dangers of too great a friendship with her Ministerial chief, but it is very apparent to me that that is what has happened, and, in happening, it has caused trouble at Heathcote. It produced in the Matron a dislike of interference in what she regarded as her control and authority over the institution.

I doubt whether the harm can ever be eradicated while Miss Shawcross remains in her position at Heathcote. Notwithstanding her kindness and sympathy and a general recognition of her duty towards the patients, she should, in my opinion, give way to someone else possessing not only those qualities I have just mentioned which are so valuable from a patient's point of view, but possessing also a temperament of greater stability, a greater readiness to submit to control by the medical officer, a more phlegmatic outlook on life and an ability to prevent close friendships from interfering with official duties.

It was found impossible, as a result of the Public Service Commissioner's findings on the inquiries under the Public Service Act, to remove her from her position: but on the evidence before me I have, without hesitation, formed the opinion that Heathcote should be given a new beginning and that Miss Shawcross should be removed, not necessarily from the Service, but certainly from that branch of the department by which she is now employed to another position in which she may in a new atmosphere make use of those qualities which are to her credit.

Dr. Webster has left the Service, and it is therefore, unnecessary to say more than I have already said about him. I have endeavoured to point out how, in my view, by peculiarity of temperament and lack of tact he has assisted in bringing about the regrettable condition of affairs at Heathcote.

So far as Dr. Bentley is concerned, the part he played in Heathcote affairs during the period of unrest was a small one. His administrative qualities will be considered later, on the wider question raised by the second term of reference.

The position of the Chief Secretary has, I think, been sufficiently discussed. He is entitled to his opinion that the Matron was worthy of his support, but as a final observation I would say that it would have been more judicious, especially in view of his friendship with her, had he refrained from taking such a very personal interest in matters of administrative detail, which, in my opinion, might well have been left to the Under Secretary or the Inspector General.

2. Generally the Departmental and Professional administration of the Mental Hospital Branch of the Chief Secretary's Department of Western Australia.

This term of reference takes us away from the unpleasantness of what has come to be known as the "Heathcote Inquiry" and opens up a wider and more interesting field for comment.

The Mental Hospitals Branch of the Chief Secretary's Department comprises the following institutions:—

Claremont Mental Hospital.
 Heathcote Mental Reception Home.
 Green Place Mental Hospital.
 Whitby Falls Mental Hospital.

In addition, the branch controls Lemnos Hospital, but part of the cost of conducting this institution is reimbursed to the State by the Commonwealth.

The Head of the Mental Hospitals Branch is Dr. Bentley, who occupies the two positions of Inspector General of the Insane and Medical Superintendent of all the institutions mentioned including Lemnos. Dr. Bentley resides at the Claremont Hospital.

At the present time the medical staff at the institution is as follows:—

Claremont: Inspector General of the Insane and two resident Medical Officers.

Heathcote: One resident Medical Officer.

No medical officer is attached to any of the other institutions but visits are, of course, made to them by the medical officers from Claremont.

I have considered the present organisation in conjunction with the "Head Office" administration, in an endeavour to form an opinion as to whether any alteration should be made to bring about improvement. The system is analogous to others in the Public Service, and though it does not necessarily follow from that circumstance that it is not capable of improvement, one should hesitate before altering an organisation which in Government Departments generally seems to have survived the test of time.

Suggestions have been made by medical witnesses of a different form of control and no doubt from a medical point of view they have something to commend them. Chiefly they involve the appointment of a board. Candidly, I should require proof that the present system is hopeless before discarding it in favour of a board.

One witness from the medical profession expressed the opinion that "it is not the form of administrative control which is wrong, but the fault is in the lack of co-operation which exists in that administration. Until the Under Secretary, the Inspector General of the Insane, the Medical Superintendent and the Matrons of the various hospitals can work harmoniously together, with the sole object of improving the welfare of the patients, satisfactory improvement is, I think, likely to be difficult." That is the evidence of Dr. McWhae, who, it is recognised, has had wide experience of the working of mental hospitals, and his opinion is of value.

Apart from that opinion, however, it has been apparent to me during this Inquiry that there has for long been a lack of co-operation and harmony between some of the various officials who comprise the administration.

It is not only that the present dual control vested in the Inspector General and the Managing Secretary—to which greater reference will later be made—has produced an atmosphere of some strain, but there have been occasions when others in the organisation have been out of tune. This culminated on Dr. Bentley's return from leave of absence in December,

1937, when he was suspended from his office and the Under Secretary (Mr. Huelin) laid charges against him. Those charges—to use the words of the Under Secretary himself—resolved themselves into a "character study" of Dr. Bentley, and it is clear that he fell far short of what Mr. Huelin regarded as ideal. At the proceedings before the Appeal Board the presiding judge described it as an "impossible ideal" and I am well content to accept that opinion. Obviously Mr. Huelin had not suddenly arrived at his estimate of Dr. Bentley's administrative capabilities—the notes of evidence contain references to alleged faulty administrative acts over a period of years. The Appeal Board found that those acts, with which Mr. Huelin found fault, were justified. That finding, which must stand as the final word on the matter, imports a criticism of Mr. Huelin's own administrative ability.

Dr. Bentley undoubtedly experienced difficulties and it would appear that the beginning of those difficulties occurred when no doubt with a view to economy, he was asked to hold the dual position of Inspector General and Medical Superintendent.

Because Mr. Huelin, by reason of his absence on long service leave, has not appeared to give evidence before this Commission, I feel that it would be doubtfully fair to comment on specific administrative acts, except in such cases as those acts may appear self explanatory.

Of two matters I am satisfied:—Firstly, that Dr. Bentley has a sincere sympathy for his patients and has always had a regard for their comfort: Secondly, that Mr. Huelin, in his desire for economical administration, has relegated the care and comfort of hospital inmates to a position of minor importance.

Dr. Bentley has no doubt been hampered in carrying out his ideas; from the Under Secretary's opinion of him that would naturally follow. Continuous opposition, or at least lack of support by the permanent head, would inevitably discourage the "sub-head" and produce in him what the Under Secretary would no doubt regard as weakness.

Other departments have not always been helpful. As an example, on an occasion of the Inspector General applying for three additional attendants, a Treasury official was instructed to report on the matter. That officer recommended two attendants as sufficient and the Treasury promptly approved of two without further reference to the Inspector General. Eventually the Inspector General was given three attendants, but the attitude of the Treasury in the first place was not conducive to harmony.

If the unfortunate state of affairs which has existed can be overcome, I think there would be no necessity for any other form of government which would do away with the present system of administration by a Minister and Under Secretary as controlling heads of the Department.

Dr. McWhae suggested as an alternative form of control, the establishment of an advisory committee, but I think that expedient should be resorted to only when it appears beyond doubt that the present system has become entirely unsatisfactory. There is definitely a danger of it becoming so unless co-operation between the various controlling units is effected.

Another witness on the medical side, Dr. Hayward, suggested, on behalf of the Council of the British

Medical Association, that it would be of great assistance to the Government in the administration of *all* hospitals if a strong permanent committee were appointed to act in an advisory capacity in *all* hospital administration. This would embrace the Perth Hospital, the Children's Hospital, the Fremantle Hospital, the Mental Hospitals and all country hospitals subsidised by the Government.

Dr. Hislop also advocated the appointment of a board on the same lines as those which govern the affairs of the Perth Hospital and the Children's Hospital.

I do not think that, in any event, it would be wise to have one board dealing with all hospitals, general and mental; the problems of each branch are widely different. No doubt if such a board were constituted, its personnel would include a mental specialist, but he would at the best be a part-time official. My objection to the appointment of a board to embrace every type of hospital may be born of my disinclination to have a board of control at all; my views on that question are definite. Given a proper spirit of team work, there is no reason why the present system should not function satisfactorily.

The Act (s. 94) provides for a Board of Visitors. That board is in existence to-day and under the Act it has wide powers, but these are subject to regulation. I understand, however, that no regulations have been promulgated. It is hoped that no action will be taken to restrict the Board in its functions, which are in no way analogous to those of a Board of Control.

At the time of writing this report there are in this State 1,549 persons in institutions controlled by the Mental Hospitals Branch, either certified as insane or receiving treatment under the Mental Treatment Act or Inebriates Act.

These persons are distributed as follows amongst the institutions:—

	Male.	Female.
Claremont Mental Hospital ..	788	523
Heathcote Mental Reception Home	53	46
Greenplace Mental Hospital ..	—	17
Whitby Falls Mental Hospital ..	38	—
Lemnos	84	—

Those certified as insane comprise 870 males and 536 females; 92 males and 48 females are under the Mental Treatment Act and one male and two females under the Inebriates Act.

The figures showing the number of those certified insane do not, of course, represent the total number of insane persons in the State. It is not in every case that a person is dealt with under the Lunacy Act; but in proportion to the total population this State does not compare unfavourably with the other States of the Commonwealth, as the following table, which is compiled from the latest comparative figures available (1936), will show:—

State.	Popula- tion.	No. of Persons Certified.	Rate per 1,000 of Popula- tion.
New South Wales	2,681,736	11,145	4.16
Victoria	1,851,593	7,209	3.89
Queensland	989,668	3,368	3.40
South Australia ..	589,312	1,627	2.76
Western Australia	451,557	1,488	3.30
Tasmania	235,328	647	2.75

Though I have said that all insane persons are not brought under the control of the Mental Hospitals

Branch, the general attitude of the public towards these unfortunate people seems to be that they are a danger to the community and deserving of detention. The protection of society seems to be their one consideration. This view, no doubt, in certain cases of insanity is justified. But it would seem that those cases do not comprise the majority, and that there are a great many for whom something could be done other than the issuing of a certificate that they are fit subjects for a hospital for the insane. It cannot be, for instance, that so many of the patients at present at Claremont are appropriate to the method of detention which almost universally is found there. And yet one feels that most people, just as they would be content to know that a person suffering from physical illness is being well treated in a hospital, would be well satisfied in the knowledge that one suffering from mental illness is being kept safely under lock and key. It is hoped that society generally will be educated to a point when it will understand that in cases of mental, just as in physical, illness, treatment (of one kind or another) is the chief consideration. When that outlook is obtained, there will, perhaps, be a greater number of voluntary patients and we may forget the idea, so unfortunately prevalent to-day, that a hospital for the insane is not far removed from a prison and may realise that even in those cases where compulsion is necessary and restraint must be resorted to, those elements are still no more than incidental to the treatment of the patient.

While some of the present forms of procedure and organisation exist, it will be difficult to encourage the new idea. The procedure is, in some cases, faulty, because the organisation is wrong. It may be sufficient to consider one example: The Lunacy Act (section 5) provides that if any police officer shall discover any person whom he shall on reasonable grounds believe to be insane—

- (a) wandering at large, or
- (b) without apparent sufficient means of support, or
- (c) under circumstances that denote a purpose of committing some offence against the law, or
- (d) appearing to be not under proper care and control

he may arrest such person without warrant and take him before two justices.

The first point for comment is that to a police officer, for the time being, is left the difficult task of judging the individual's sanity. Being a temporary expedient, one would not take such exception to that, if it were not for the constable's power of arrest. The real objection lies in the person arrested being lodged in a police gaol. There he is compelled to stay, though he has committed no offence, until such time as a physician has sufficiently observed his conduct to enable him to certify that he is either fit for mental treatment or for discharge. Why is it that there is no place other than a gaol where the unfortunate person can be seen by the medical authority? It is because there is no such place that I have said that the procedure is sometimes wrong because of the organisation. If there were a reception home where such a case could be observed with greater continuity and in surroundings more appropriate, there would—or should—be no stigma on the individual as there must be by reason of the present procedure. It may be said that a reception home already

exists at Heathcote where those cases could be observed, but there is no proper means of classification at Heathcote for those cases under observation.

In my opinion, and I may say that my opinion is based on medical evidence, there should be an additional building at Heathcote, to be called a "Reception Villa," through which all new cases will pass and in which there will be a means of classifying the inmates at the earliest opportunity. Unavoidably some mistakes may be made; the present position will, however, be greatly improved. Some of those admitted to the reception villa will, no doubt, later be certified and will find their way to Claremont; others will respond to treatment at Heathcote and eventually be discharged. For the greater part, at all events, those who are to go to Claremont Hospital will not have mixed with those who are to remain at Heathcote.

This question of classification on first admission was referred to by medical witnesses. One of them quoted from the report of the English Royal Commission on Lunacy in 1926, and I should like to embody that Commissions' observations in this report:

The classification of patients on their first admission was the subject of complaint from nearly all the witnesses who had previously been under care. Some patients on admission are no doubt too distraught or too indifferent to notice the surroundings into which they are introduced; others, however, are fully able to appreciate what is happening. To a patient in this highly sensitive condition, admission to a mental hospital must, in any case, be a trying experience, but if he is placed in a ward where he is exposed to distressing sights and sounds the patient's suffering must be needlessly aggravated and his prospect of recovery prejudiced. The provision of a separate admission block or admission hospital or wards is essential, but within this it is equally necessary that the accommodation should permit of the segregation of noisy or objectionable cases in such a manner that quiet patients are not exposed to distressing sights and sounds.

The establishment of a reception villa might well result in fewer certifications than are at present found necessary. Many acute cases recover. In other cases under observation as possible psychotics, the patients in such a reception villa would receive treatment which might possibly result in their discharge. Once that were established, it would no doubt encourage people to submit themselves more readily to treatment, knowing it would not necessarily result in certification. Certification should be the last resort and not a preliminary to treatment.

The existing laws will act as sufficient safeguard in the case of involuntary patients. They may be sent to the reception villa at Heathcote under a provisional treatment order.

It may be opportune to note at this stage that medical evidence on the question of voluntary patients seems to favour an amendment of the existing law by which the medical superintendent has power to hold such patients for only 10 days. This period of observation should, from a medical viewpoint, be extended.

Apart from the establishment of a reception villa at Heathcote for the temporary accommodation of

all cases, it is generally considered by the medical witnesses that Heathcote should be reserved exclusively for psycho-neurotics—not possible psychotics.

DUAL CONTROL OF BRANCH.

The immediate control of the Mental Hospitals Branch is vested in the Inspector General of the Insane and a Managing Secretary (Mr. Stewart). These two officers, whose salaries differ very widely, are equal in status, each holding the title of "sub-head" and each dealing direct with the Under Secretary, the permanent head of the department. This organisation came into being in 1931 and has never been entirely satisfactory. The Inspector General of the Insane is concerned chiefly with the care and comfort of his patients. The Managing Secretary, who is responsible for matters of food, shelter and clothing, though no doubt anxious that the patients shall be well cared for, at the same time desires to conduct the branch as economically as possible. This system has given rise on more than one occasion to incidents which have occasioned a degree of ill-feeling between the Inspector General of the Insane and the Managing Secretary.

No doubt it is an admirable system from the point of view of the permanent head of the department. His instructions to the Managing Secretary on his appointment were that he should "work in the closest co-operation with head office." Under Secretaries must, and no doubt do, watch carefully for every possible avenue of economy, and it is clear that in making the Managing Secretary a "sub-head," thus giving him direct access to the Under Secretary, it was in order that the co-operation between these two officials should be as close as could possibly be arranged, and that the Branch expenditure should be restricted to the lowest possible amount. Anything more embarrassing than that to the Inspector General can scarcely be imagined. For some years he had been striving to improve his institutions (particularly Claremont) and though he had failed to obtain the necessary money to achieve large results, he had no doubt been able to effect from time to time minor improvements. With the advent of the new organisation and the close co-operation between the Managing Secretary and Head Office, small requests met with opposition. The Inspector General's application for a second hose for a new airing court was considered by the Managing Secretary to be unwarranted and the Under Secretary suggested the matter be referred to the gardener for decision.

The Managing Secretary decided that it was no longer necessary that floors in the male wards should be polished: his new method of having them scrubbed with soap and water may have resulted in a small economy: it has also produced an objectionable smell, as I noticed during my inspection.

The Managing Secretary wanted to use grey blankets extensively in the wards because they could be procured more cheaply (p. 1394). He expressed the opinion that they were quite suitable. The Inspector General disagreed and wanted white blankets. I saw one ward containing beds all with outside coverings of grey blankets, in spite of the Managing Secretary's evidence (p. 1400) that each bed had a counterpane or red blanket. They certainly provided a very depressing appearance compared with the wards where white is predominant. Dr. Bentley's prefer-

ence is easily understood: the adherence to grey can only be explained by the desire to economise.

I have mentioned these incidents to emphasise my opinion that the dual control must be embarrassing to the Inspector General. It may be that the embarrassment is greater because the Inspector General is also the Medical Superintendent, and because it was an innovation imposed on Dr. Bentley after he had for years been in full control. With a separation of the two positions of Inspector General and Medical Superintendent the relationship between the medical and lay control might possibly improve, but having heard the evidence tendered at the Commission, I have come to the conclusion that the principle of dual control is unsound. There must, of course, be someone to relieve the Medical Superintendent of much of the administrative work, but it is difficult to separate administrative from medical functions in dealing with these institutions, and though the Medical Superintendent must have assistance in administrative detail, it is equally important that he should retain control.

In Queensland, New South Wales and Victoria the Medical Superintendent has full control. In each case he has assistance in matters of administration other than medical.

In South Australia the control is divided between a Medical Superintendent and a lay Superintendent.

It will be noted that three of the Eastern States have decided in favour of control by the Medical Superintendent. In communications received from two of those States reference is made to the satisfactory working of that system.

It is sufficient for my purpose to express the opinion that the system of dual control in this State has proved unsuccessful, except, perhaps, from the one aspect of curtailment of expenditure.

CLAREMONT MENTAL HOSPITAL.

Medical Staff:

A decision has been reached in Cabinet to separate the two positions of Inspector General and Medical Superintendent at Claremont.

Recently, however, when the Government decided to effect the change, it was found impossible to do so owing to a shortage of medical officers. Dr. Bentley has said in evidence that continuous advertising throughout Australia for medical officers, over a period of eighteen months, has met with little response, and it seems that when medical men are obtained, many of them are disinclined to stay. The fact that there have been some ten changes in the staff in two years, two within two months, suggests that medical positions in the Mental Hospitals' Branch are not popular. The reason for these changes is not entirely clear; the salary and emoluments are similar to those paid in Victoria, but the advisability of increasing the rate for this State must be considered.

No definite views have been expressed by the witnesses before this Commission as to the number of medical men who should be engaged on the staff at Claremont, but adopting the procedure which is apparently followed in England, it appears that for the treatment of chronic cases such as are to be found in the Claremont Hospital, the maximum number of

patients to be attended to by one medical officer should not exceed 250. That being so, there should, strictly speaking, be no fewer than five medical officers at Claremont. The Public Service List, however, provides for four only, and whether or not it is found possible to increase that number, the four positions at present existing should most certainly be filled not only to enable the positions of Inspector General and Medical Superintendent to be separated, but also because any number short of that would be inadequate to give the necessary attention to the hospital.

In 1928 a pathologist and bacteriologist was appointed to the Claremont Medical Staff, but in 1937 he was retired from the Service, the position being abolished. Apparently, from the files available, it was considered he was not doing the work for which he had been appointed; if true, this would point to a laxity of administration on the part of the Inspector General. He (the Inspector General) has said that the occupant of the office was lazy. That should have been a reason for dispensing with the officer's services, but it seems to have been used as a reason for abolishing the position. However that may be, the medical witnesses are most emphatic that the position is one of necessity for the efficient working of the hospital. With such an appointment the staff would then be brought approximately to the number which is considered necessary in English hospitals. This appointment should be made.

Nursing Staff:

No suggestion has been made by those connected with the institution that any additional nursing staff is necessary.

It may be taken that until such time as new accommodation is provided, the staff is adequate to look after the patients. Further reference to this will be made when dealing with the question of occupation of patients.

Buildings and Equipment:

For the greater part, the condition of the buildings housing the patients exhibits a depressing spectacle of neglect. This remark refers chiefly to the male side, where in many sections, I understand, little in the way of repair has been done since the institution was built in 1905. In a great many places the plaster has either come away or has been torn away from the walls to a large extent; the remainder is dirty—in some places filthy. However difficult it may have been in the past for the Government to add to the accommodation, it is inexcusable that the existing buildings should have been permitted to lapse into their present state of disrepair. Apart from the economic aspect, the effect on the patients of such surroundings must be to their disadvantage. Furniture in the day rooms badly needs attention. The bareness of the rooms is unattractive and the dilapidated condition of the furnishings adds to the scene of depression.

The beds, apart from there being far too many in each dormitory, are not unattractive to look at, with the exception of those covered by grey blankets to which I have already referred. Those with red coverings certainly brighten the appearance of the dormitories. Floor runners, where they exist, are almost in the last stages of wear. From the absence of these floor coverings in some wards one suspects that, as they completely wear out, they are not replaced.

When one remembers that the bare floors are not polished and emit an unpleasant odour, it will be seen that the male dormitories leave much to be desired.

In the main dining hall, which I have already said accommodates some 400 patients, long tables are used. They are without covers, but it was pointed out by members of the Board of Visitors in their evidence that the tablecloths which were at one time in use became so soiled and attracted so many flies that it was decided to dispense with them. Clean bare tables are, no doubt, preferable to those with soiled tablecloths, but I think it would be an improvement if all table-tops were ducoed white, as a few of them have been. This, no doubt, will receive attention, and would provide a good substitute for tablecloths without occasioning any difficulty in keeping the tables clean.

One matter relative to the dining room should be mentioned. The general use of aluminium plates seems wrong. It is possible that breakages of crockery result in a large item of expenditure and that under the present system distinctions would be unwise. With further accommodation and more improved classification, it is hoped that aluminium plates will provide the exception rather than the rule.

It is pleasant to be able to record that on the female side, both buildings and furniture are much more attractive. Some of the wards have recently been painted, the furniture is in better repair, and the Matron and her staff deserve great praise for all they have done to make the appearance of both day rooms and dormitories pleasant. It may be that women are more affected than men by nice surroundings, but I feel that on the male side the patients would be happier in more attractive rooms.

Accommodation:

No report on mental hospitals of this State would be complete without some reference being made to the grossly overcrowded condition at Claremont. At the same time, that condition has continued for so long and has so often been the subject of adverse comment, that one wonders whether any advantage will be gained by again drawing attention to it. Some of the dormitories are populated to a degree which is entirely wrong.

Generally the extent of the overcrowding may be stated at 33 per cent. As a consequence day rooms have been converted into dormitories, with a resultant disadvantage to patients and danger to the general administration. Inmates of one ward dine in another ward and in some cases those who spend the day in one ward, go to another to sleep. In the main dining hall—which is really the concert hall—400 patients of varying types, male and female, dine together—the sexes separated by a wooden railing. This system, I gather, is not to be found in any modern hospital and would seem to render any form of classification out of the question.

The airing courts are too small for the numbers using them and are unattractive—particularly No. 5. This court, like some others, has no grass and no trees—it is paved with bitumen or some similar substance, and shade is provided only by a rotunda and shed. It is, in common with others, surrounded by a high brick wall. The patients have nothing with which to occupy themselves, and either sit about in a disconso-

late way or walk restlessly up and down. It is a depressing sight. I have been told of airing courts in England, which are gardens and lawns surrounded by a fence 6 feet high with iron bars bent over at the top. The fences are frequently screened by hedges. Many of the English ideas are possible only because there seems to be much money available, but this matter of improvement of airing courts depends chiefly on an adequate water supply. Given that, and there should be no shortage at Claremont, no great expenditure would be involved.

During this Commission's investigations the Chief Secretary complained, when giving evidence, that the only assistance he had from the Inspector General of the Insane in his endeavour to reduce the overcrowding was advice that a new institution was necessary. That may be so, but in considering this question of overcrowding it is interesting to note the attitude of the Head Office of the Department in 1933. On the 6th September in that year the Under Secretary communicated with the Principal Architect in the following terms:—

With reference to your discussion with me yesterday in regard to the proposal to spend approximately £21,000 in building additions to the female wing at the Claremont Hospital for the Insane, I have to say that it is quite correct that on the male side we have a vacant ward in which could be housed approximately 50 patients, but the reason for this being vacant is not on account of a shortage of patients (in the aggregate, the male wards are much overcrowded) but this concentration of patients is continued because of the economy in staff which results.

2. If the vacant ward were occupied, the same number of staff would have to be employed in other wards, and in addition we would have to pay the salaries of staff for Block 6. Consequently, so long as we can continue to leave that block vacant, economy will result.

Such a communication, I think, requires no comment from me.

The Chief Secretary was not satisfied with the Inspector General's suggestion of a new institution and in 1937, as I have mentioned before, he took advantage of an opportunity provided by Dr. Bentley's going on long service leave to obtain the services of Dr. Jones as Acting Inspector General of the Insane. Dr. Jones had just retired from the position of Director of Mental Hygiene in Victoria, and had previously occupied the post of Inspector General of the Insane in that State. He made two reports in which he gave advice regarding the reduction of overcrowding at Claremont. That advice is largely on similar lines to that tendered before this Commission by medical witnesses, and it is on the suggestions made by Dr. Jones and those witnesses that I base my recommendations for the relief of the present very bad position.

But let me first of all refer to a suggestion by certain witnesses that it is doubtfully wise to have any one institution accommodating, as Claremont does, nearly 1,400 patients. A limitation of 1,000 patients was recommended by the Royal Commission of 1926 in England. To adopt that limitation in this State would, however, involve the administration in the building of a new hospital, and that seems to be, from the point of view of finance, out of the question. It

must be remembered, on the other hand, that the Mental Hospitals Department of the London County Council, which controls many mental hospitals, considers that an institution of 2,000 patients is not too large for a Medical Superintendent to supervise.

If, in discussing this and other questions, I refer more extensively to the evidence of Dr. Douglas McWhae than to that of other medical witnesses who agree with him, I should like to make clear my reason. Dr. McWhae put his views before the Commission almost immediately on his return from a visit to England, during which he investigated problems of mental treatment by visits to many institutions and discussions with many authorities. I have, therefore, selected Dr. McWhae as the professional witness whose views are based on the most recent study of methods in England. As I have said, other medical men appearing before the Commission have, in the main, expressed similar ideas.

I now deal with Dr. McWhae's suggestions for further accommodation.

The first is for the establishment of a reception or admission villa to take the place of the hospital wards for new patients, at present existing at Claremont.

This means of dealing with new patients was the subject of comment by the English Royal Commission, whose remarks I quoted earlier in my introduction to this part of the report.

It is not necessary that I should quote at length from Dr. McWhae's evidence on this point. His views appear in the notes of evidence (pp. 1297-9) and are submitted for consideration. The most important observation is that at Claremont at present there are no proper facilities for segregating noisy and objectionable new patients. This could be remedied by the establishment of a reception villa on plans described by Dr. McWhae (pp. 1297-9) under which system it may be said there would be nothing to indicate to a patient that she or he is in a mental hospital.

The second suggestion is for the building of a convalescent villa for patients prior to discharge, and separate hospital wards for the acutely sick cases which may develop; at Claremont there is no such accommodation.

By those means, some of the congestion—but not all—will be relieved. Further means must be looked for.

It is interesting to note that Horton Hospital in England, which was opened in 1902, was built on the same block system which was adopted at Claremont in 1905. Wards built since and about to be built at Horton are villas, and Dr. McWhae, with a full knowledge of both institutions, considers that that plan should be followed at the Claremont Hospital.

Having heard Dr. McWhae's evidence and that of others who agreed with him, and having seen something of the present system at Claremont, it appears to me that this course should be adopted, for the two reasons, that it will eliminate the over-crowding, and that if carried out on English lines, it will provide a number of suitable patients with greater liberty and more attractive accommodation.

It has been stated that the existing buildings at Claremont will accommodate approximately 1,000

patients; there are now 1,311. Those figures do not suggest that the problem of over-crowding is by any means impossible of solution.

If the reception or admission villa were built to accommodate 60 patients of each sex, as at Horton, or even 50 of each sex, as at Shenley (another English hospital) accommodation would then be provided for one-third or more of the surplus now existing.

The convalescent villa in the English hospitals is somewhat smaller—one (St. Ebba's) providing for 29 of each sex.

With those two villas in existence at Claremont, it would be sufficient to build two others, each accommodating 120 patients, bringing the total of new buildings to four, to provide ample accommodation for the present and for the immediate future.

It has also been advocated by medical witnesses that there should be a treatment block; at the present, I understand, the accommodation is not suitable. This, I have no doubt, is extremely desirable from a medical point of view, and may even be considered a necessity. My chief concern for the moment, however, is to give the patients the suitable living accommodation which for so many years they have lacked.

It has been impossible at the moment to obtain an accurate estimate of the cost of the proposed additions. From the information in my possession, it would appear by no means prohibitive. Villa accommodation, it may be said, will not be more costly than the block system from the point of view of construction.

Food:

In an institution of over 1,300 patients, this matter must necessarily occasion some difficulty. The first point which occurs to one is that with the present system, the location of the kitchen must make it difficult, if not impossible, for the patients to receive their meals hot. It can be no better than warm when it reaches the wards or the main dining hall. By the time it has gone through the very slow process of being served, it must certainly be cold. Of the one meal I saw being served in the main dining hall at mid-day, I say, without hesitation, I have seldom seen anything less appetising. The managing secretary made some kind of apology—but nothing would justify it in my opinion. It consisted of indifferent looking brawn, a carrot, and a baked potato, dry and uninviting, on an aluminium plate. I have already referred to the plate. Among the 400 patients in that hall there must have been many who would have revolted at the sight of such food, and it was noticed that many plates were returned with food remaining on them.

Of the diet generally I cannot write from personal knowledge. Once again to refer to Dr. McWhae's evidence, he considers the diet at Claremont is capable of great improvement. He has produced diet sheets of other hospitals which are available for adoption—in part at all events. With the lack of modern kitchen equipment at Claremont, it would be impossible to adopt them in full. That there is room for great improvement in method as well as in food is obvious when one considers the present practice of spreading bread with melted butter at noon, to be consumed at the evening meal. This and other things might be altered if the control of

dicting were in the hands of the medical superintendent instead of the managing secretary.

Occupation:

From one's own observation, as well as from the medical evidence, it is beyond question that in every possible case some occupation should be given to patients. The opinion has been expressed that the number of detached patients at Claremont compares favourably with that at institutions in other parts of the world. Even so, an inspection of Claremont leaves one with an impression that there are more patients who could be employed if there were more attendants to supervise them. With so much which could, and I think should, be done in the grounds to make them more attractive, and perhaps more productive, it is hoped that this matter will receive further consideration, remembering always that occupation is now generally accepted as a necessary part of treatment.

Clothing:

It is a great improvement, which one finds in the store, that the clothing for female patients is becoming less institutional in character. Instead of the old uniform, most drab and uninteresting in appearance, it is now the custom to provide women patients with clothes of different varieties of brighter materials, different design and made to the measurements of the individuals who will wear them. This is one of the details which must count greatly to the advantage of the women patients in their general outlook.

HEATHCOTE MENTAL RECEPTION HOME.

So much that has been distasteful has been written in relation to the first term of reference that it will be pleasant to write of those aspects of this institution which are in its favour. Its situation was well chosen and the general appearance of the buildings and grounds comes as a relief after visiting Claremont Hospital. That it has in the past, notwithstanding its difficulties, carried on work of value, is shown by the number of patients, 2,953, which has been dealt with in the institution since its inception. The usefulness of the home will continue so long as only those likely to recover by treatment are admitted as patients. The general opinion of medical men giving evidence before the Commission is that Heathcote should be reserved for psycho-neurotics—a hospital for cases of acute nervous disorder. In dealing with the various phases of Heathcote administration that idea will be kept in view.

In this introduction it may be mentioned that the Melville Road Board has taken exception to the location of this reception home. No doubt wherever it were placed there would be some resentment by residents of the district.

I think, however, the Board's objection was more to the type of patient which has sometimes in the past been sent to Heathcote for treatment, and if in the future the institution is reserved for the treatment of psycho-neurotic cases and if those under observation are not allowed to wander at will, the board will, I think, be reconciled to the situation.

Medical Staff:

This is inadequate. I have already said that there is one medical officer at Heathcote: if he is a single

man he is a resident—if married he lives away from the hospital. Whether he lives on the premises or not, a certain proportion of his time will be spent away from the institution, and that in the past has proved disastrous. There should always be one medical officer on the premises. Opinion is divided amongst members of the medical profession as to the number of medical officers necessary successfully to control Heathcote. Some consider there should be a senior and two junior officers, because of a possible difficulty in apportioning duties between a senior and one junior. Others do not admit that difficulty, and think there would, in any case, be insufficient work to occupy three medical officers. It is a matter of opinion, but it is obvious that there should be two at least. Taking the organisation in English hospitals as a guide, it is considered there that there should be one medical man for 50 acute cases, Heathcote's complement should, therefore, be two. I have referred already to a difficulty experienced in obtaining junior medical officers for the Mental Hospitals Branch generally. It may be, of course, that knowledge of the troubles of Heathcote in the past has gone abroad and it is to be hoped that less difficulty will be found in the future. Possibly the introduction of the cardiazol treatment may provide a greater inducement to members of the profession, by reason of the opportunity for increasing their knowledge. At all events, everything possible must be done to give Heathcote two medical officers, if the institution is to achieve complete success. The senior of these should, in my opinion, be appointed Medical Superintendent of the institution.

Nursing Staff:

In Dr. Jones' report of 15th July, 1937, he emphasised that the male staff was "inadequate to the point of danger." At that time, however, Heathcote was greatly overcrowded with patients, 112 inmates being housed in accommodation built for 76. In a later report of 1st December, 1937, Dr. Jones stated that the overcrowding had been eliminated and made no reference to a need of further staff on the nursing side.

It may be assumed, therefore, that so long as Heathcote contains only that number of patients for which it was designed, the staff is adequate.

Further accommodation will, however, later be recommended and naturally increased staff will be necessary if those recommendations are adopted.

A good deal has been said of a need of further generally trained nurses, and, bearing in mind the object, or what should be the object, of Heathcote, it seems that an increase in the number is necessary. At the present time the only general nurses on the staff are the Matron and one other. Some discontent was expressed by the Mental Nurses' Union on the appointment of that nurse to the staff of Heathcote, it being felt that her presence on the staff would militate against the chances of promotion of those who had been there longer than she but who possessed only a mental nurse's certificate.

A suggestion has been made that the mental nurses on the staff should have an opportunity of qualifying for a general nursing certificate, and if this can be arranged, it appeals to me as a sound idea. One can understand the feeling of uneasiness amongst

members of the existing staff at the arrival of the nurse mentioned, appointed as she was "as a nurse to undergo mental training with one year's seniority over ordinary first year trainees." If those mental nurses were given an opportunity of general training, so that for purposes of promotion all would have an equal chance, there should be no further cause for discontent. It seems to me this could be arranged by co-operation between the Perth Hospital and the Mental Hospitals Branch.

While considering this question of nursing staff, it is appropriate to mention the large amount of clerical work performed by the Matron and Deputy Matron. It is obvious that their time should be almost exclusively devoted to nursing duties. This could easily be made possible by the appointment of a junior clerical assistant, and the establishment of such a position is recommended.

Buildings and Equipment:

The present buildings, as far as they go, require little comment. They are, as has already been said, reasonably new and in good repair. The same remarks apply to equipment.

Accommodation:

The new buildings which appear to be necessary at Heathcote are:—

Admission villa.

Treatment block.

Quarters for married medical officer.

The admission villa should be on the same lines as that recommended for Claremont—it need not be so large but the same means of classification should be preserved.

The treatment block would obviate the present practice of administering cardiazol treatment in the wards and would also provide accommodation for any minor operation which might be necessary.

The necessity for quarters for a married medical officer needs no elaboration. Much of the trouble in the past has been due to the lack of such accommodation.

Food:

A diet list was produced to the Commission, and in comparison with lists obtained from English institutions of a similar character, received favourable comment from Dr. McWhae. I rely on his opinion.

WHITBY FALLS MENTAL HOSPITAL.

This institution may be described as being in the nature of a farm colony. The area controlled is approximately 1,000 acres, of which 600 acres may be utilised either for cultivation or for grazing purposes. The whole of this 600 acres is in use. Thirty-eight male patients of the quiet type are located here and are under the control of three attendants. All the inmates are occupied in one way or another and it is a matter for regret that the system cannot be extended.

There is some indication that Whitby is not regarded highly from an agricultural point of view. I do not pretend to be a judge of that, but the fact that the staff and patients tend some 147 head of cattle, harvest sufficient oaten hay to supply the Claremont dairy herd, grow a large proportion of

the vegetables required by all mental institutions, and keep in laying condition 1,200 head of poultry, indicates the value of the farm as a necessary adjunct to the department.

If, as I understand from the Inspector General, he has under his care no further suitable patients for transfer to Whitby or any similar institution, no advantage would be gained at present by transferring to another larger location, unless from an entirely productive aspect, in which case paid labour would necessarily be employed.

Whitby, as I see it, serves a useful purpose. It produces to the limit of its capacity and provides some patients at least with a freedom which otherwise they would not enjoy.

GREEN PLACE MENTAL HOSPITAL.

This institution was opened as a home for female inebriates, but owing to the small number of applications for admission, it was converted into a home for the reception of mental patients.

It is exclusively used for women patients and at the present time accommodates seventeen. They are of the quiet type and are occupied in making shirts for male patients in the other institutions.

It is attractive in its proximity to the river and the house is comfortable, although in need of some minor renovations.

It serves, for the women, the same purpose as Whitby for the men, and those patients who, by reason of type, are considered suitable for Green Place, are fortunate in the comparative freedom and comfort of their home.

LEMNOS.

I did not visit this institution, which, as is well known, is exclusively for ex-soldiers. Little mention was made of it during the proceedings, and I feel confident that if all were not well in the conduct of the institution, information to that effect would have been furnished by the Repatriation Department or the Returned Soldiers' League.

AFTER CARE.

As homes conducted for the care of discharged patients do not come within the scope of my inquiry, it is, perhaps, not strictly right that I should make any reference to them. Evidence to show their usefulness was, however, submitted by witnesses interested in such matters and I decided to visit some of the Homes. Having in that way gained some knowledge of their operations, I was impressed by the undoubted value of such places for those who have been inmates of mental hospitals. I wish to offer only one suggestion: I think it would be wise that they should be under some form of independent supervision. If such supervision were placed in the hands of the Inspector General or his deputy, advice from a medical point of view might be given to those in charge which would be of value to them.

RECOMMENDATIONS.

Department Generally:

1. Abolition of dual control by Inspector General and Managing Secretary.
2. Appointment of Bacteriologist and Pathologist.

3. Extension of observation period for voluntary patients.

Claremont Mental Hospital:

1. Appointment of additional Medical Officer to permit of separation of position of Inspector General and Medical Superintendent.
2. Provision of reception villa, convalescent villa, two villa wards, hospital wards and treatment room.
3. Renovation of existing buildings.
4. Occupation for more patients.
5. Improvement in diet.
6. Improvement of airing courts.

Heathcote Mental Reception Home:

1. Removal of present Matron.
2. Medical staff to be a Medical Superintendent and one Junior Medical Officer.
3. Exclusive use as a hospital for psycho-neurotic cases.
4. Appointment of clerical assistant.
5. Provision of reception villa and treatment room.
6. Provision of quarters for married Medical Officer.
7. Larger proportion of general trained nurses at Heathcote and opportunity for mental nurses to qualify as such.

CONCLUSION.

It will be noticed that some matters mentioned during the inquiry have received no comment from me in this report.

I have endeavoured to deal with those subjects of major importance which impressed me as calling for urgent attention. Where criticism has to me seemed necessary, I have sought to be constructive.

If it is found possible to adopt the suggestions submitted, I feel that they will not only be of benefit to the patients but will also make for more effective administration.

I desire to record my appreciation of the valuable assistance I have received from the Secretary to the Royal Commission, Mr. R. J. Bond, and my thanks to Miss P. W. Hurley for her efficient services as stenographer, during the time I have been engaged in the preparation of the Report.

I have the honour to be,

Your Excellency,

Your obedient servant,

H. D. MOSELEY,

Royal Commissioner.

30th November, 1938.

