

1922.

WESTERN AUSTRALIA.

REPORT
AND APPENDICES
OF
THE ROYAL COMMISSION
IN LUNACY.

PERTH :

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1922.

ROYAL COMMISSION.

GEORGE THE FIFTH, by the Grace of God of the United Kingdom of Great Britain and Ireland, and of the British Dominions beyond the Seas, King, Defender of the Faith, Emperor of India.

To Our Trusty and Well-beloved—
The Honourable William Charles Angwin, M.L.A.,
Horace Benson Jackson, Esquire, and
Dr. William Ernest Jones.

Greeting:

KNOW ye that We do by these Our Letters Patent, issued in Our Name by Our Governor in and over the State of Western Australia, in the Commonwealth of Australia, acting with the advice of the Executive Council, appoint you to be Commissioners to inquire into and report upon—

1. The accommodation for patients in hospitals for the insane; and whether additional accommodation is necessary, and, if so, whether it should be provided—

- (a) by enlarging an existing institution; or
- (b) by establishing a new institution;

and, if it is deemed advisable that additions should be made to an existing institution, as to the character of such additions; or, if it is deemed advisable that additional accommodation should be provided elsewhere, whether such accommodation should be provided near to the Hosiptal for the Insane at Claremont, or at Whitby Falls, or elsewhere in the country.

2. Administration, with regard particularly to—

- (a) the control of institutions;
- (b) the treatment of patients;
- (c) the rights of, and the means afforded to, patients to apply for their discharge;
- (d) finance;

and generally into matters of administration.

3. Legislation relating to the insane, with a view to such amendments of the law as may be deemed advisable.

And We appoint you the said Dr. William Ernest Jones to be Chairman.

And We require you to report as soon as possible to Our Governor in and over the said State of Western Australia the result of your inquiries into the matters entrusted to you by these Our Letters Patent, which We declare to be a Royal Commission to which "The Royal Commissioners' Powers Act, 1902," applies.

Witness Our Right Trusty and Well-beloved Sir Francis Alexander Newdegate, Knight Commander of the Most Distinguished Order of St. Michael and St. George, Governor in and over the State of Western Australia and its Dependencies in the Commonwealth of Australia, this 28th day of September, in the year of Our Lord One thousand nine hundred and twenty-one.

[L.S.]

F. A. NEWDEGATE,
Governor.

By His Excellency's Command,

JAMES MITCHELL,
Premier.

REPORT.

To His Excellency Sir Francis Alexander Newdegate, Knight Commander of the Most Distinguished Order of St. Michael and St. George, Governor in and over the State of Western Australia and its Dependencies in the Commonwealth of Australia.

MAY IT PLEASE YOUR EXCELLENCY,—

In conformity with the Commission issued by Your Excellency on the 28th day of September, 1921, we have the honour to report on—

Accommodation for patients in hospitals for the insane;
Administration of the Lunacy Department;
and
Legislation relating to the insane.

Proceedings of the Commission.

Publicity was given to the proceedings of the Commission by advertisement in the metropolitan newspapers.

The Commission held 42 sittings, at 23 of which evidence was taken. Inspections of institutions were made locally and in the Eastern States. Proceedings were conducted in public, and Press representatives were permitted to attend and report the examination of witnesses.

The witnesses examined numbered 101, and included departmental officers, the Board of Visitors, patients, ex-patients, and members of the public interested in lunacy matters.

Two of the Commissioners (Messrs. Jackson and Angwin) proceeded to the Eastern States for the purpose of inspecting institutions. In New South Wales visits were paid to Darlinghurst, Callan Park, Broughton Hall, Gladesville, Parramatta and Morritsett. The Commissioners were much impressed with the provision for treating early and voluntary cases. The special mental hospitals for such patients are well furnished, and their environment calculated to enhance the patients' prospects of quick recovery. In Victoria, under the escort of the Inspector General (Dr. W. Ernest Jones), inspections were made of the Royal Park Reception House and voluntary hospital, as well as the Mont Park and Kew institutions. The Commissioners also inspected the Parkside hospital for the insane in South Australia, as well as the premises recently erected at Enfield for early and voluntary cases.

ACCOMMODATION FOR PATIENTS.

Claremont Hospital for the Insane.

Repeated visits of inspection to this institution reveal the fact that, although it consists in the main of well-built and substantial pavilions, it exhibits very many features which would now be avoided in asylum construction, especially in a climate such as that of Western Australia. The administrative offices are, however, well-designed and commodious.

In the main institution the accommodation consists of five large wards on the male side and four on the

female side. Without exception these wards reveal as their chief defect that each is built for too many patients.

On the male side, No. 1 ward, which is for quiet and chronic patients, consists of a large block of three storeys. It was originally designed for 106 patients and now contains 168.

It is not desirable that any ward should consist of more than two storeys, and even of quiet and chronic patients not more than 100 should be grouped together in one ward.

No. 2 ward, for recent and acute cases, originally designed for 70 patients, now contains 122. Here again the main objection is that of size. Wards of 40 or 50 patients of this class would be ideal.

No. 3 is the hospital ward. It is a one-storey building and contains 95 patients. It was designed for 62.

The dormitories are far too large and are ill ventilated. The positions of the single rooms in No. 1 hospital dormitory are ill-placed and interfere with cross-ventilation.

The sanitary spurs are not easily accessible to the dormitories and here, as in some other wards, the same objection is applicable that the sanitary spurs are so enclosed that thoroughly efficient cross-ventilation is practically impossible. W.C. accommodation for night use is insufficient.

No attempt has been made to provide verandah accommodation where sick patients could be treated in bed, both by day and night.

No. 4 ward is for epileptic patients. The principal objection to this ward is the huge size of the dormitory, which contains beds ranged in four rows for 47 patients, whilst at the end of the dormitory there are eight single rooms. There are 78 patients in the ward at the present time.

No. 5 ward is for troublesome and excited patients. It consists of two floors; the day rooms are downstairs and the dormitory accommodation is upstairs. The end sections of this block consist of double rows of single rooms, which is anything but an ideal arrangement. This ward was built for 51 patients and now contains 73.

On the female side, No. 1 ward is for quiet and chronic cases. In this ward there are, as a rule, about 100 patients. It was originally designed for 55, but one of the day rooms has been recently utilised as a dormitory. The planning of this ward is reasonably good, but quiet and chronic patients could be accommodated much more satisfactorily in a series of cottage blocks.

No. 2 is a refractory ward on the female side, and in this ward again there are 95 patients in accommodation designed for 63. The central dormitory in this ward is too large and has a third row of beds, and cross-ventilation is inhibited by the fact that a row of single rooms has been constructed at one end

of the ward. In this ward also one of the day rooms is in use as a dormitory.

No. 3 is the hospital ward, containing 87 patients. It was designed for 60. The same objections apply to this ward as to the male hospital ward.

No. 4 ward was originally designed for 64 epileptic female patients, but is in use for cases of imbecile and idiot children, together with a certain number of quiet and chronic patients who interest themselves in the younger inmates of the ward. Here again the size of the dormitory is objectionably large and the beds are arranged in four rows, and at the present time there are a few patients more than the accommodation originally provided for.

X block consists of a series of four buildings arranged in echelon. The wards are of two storeys. The day rooms are downstairs and the dormitories on the first floor. Generally speaking, these wards are of a simple and suitable design. One day room is in use as a dormitory and all dormitories contain rather more patients than originally provided for.

The principal objection to X block is the situation of the airing courts and their size. There is practically no outlook from them and they are somewhat restricted in area. This block was built at a later stage than the main institution and was designed for the use of quiet and chronic patients, who could be given a good deal of latitude and allowed parole in the hospital grounds. One cottage only is, however, really open and this contains most of the trusted workers.

The kitchen is unnecessary and could be used for other purposes.

N.B.—In the appendix to this report will be found a table indicating the extent of overcrowding.

The grounds of the institution are well laid out and kept in an attractive manner.

Overcrowding.

Based on the original capacity, the Inspector General's calculation is that there are in the hospital no fewer than 337 patients too many, but this estimate is based on a very high cubic capacity for each patient. If one accepts the principle laid down by the English Commissioners as too low for the climate of Western Australia, it would be reasonable to estimate that the mean would be approximately correct. Your Commissioners suggest that an estimate of 720 cubic feet for each dormitory bed, except in the hospital ward, where 1,000 cubic feet would be advisable, be accepted. If this reasonable estimate were adopted, it will be seen that there are still 270 patients in excess of the correct dormitory accommodation, and it is obvious that one of the first considerations is to do away with this overcrowding.

There are other features in connection with the patients' accommodation that demand attention, the most striking being the airing courts. These consist of nine uninteresting rectangular yards, bounded by high walls laterally, with a ha-ha in front. It has been found practically impossible to convert these yards into gardens, and, unfortunately, the view from them is particularly dispiriting.

Arranged along the walls are shelter sheds which, under certain atmospheric conditions, are airless and hot. Only in one ward is there a well-designed rotunda for shade purposes.

There seems also to be an insufficiency of outside sanitary accommodation for the numbers of patients in the yards. Owing to the comparatively small

of the yard and the large number of patients confined therein, there is almost invariably more turbulence and discomfort than should be the case.

The institution contains a very fine recreation hall, which is used for dances, entertainments, and religious services. Unfortunately it has also to be used as a central dining room for the patients from male ward 1 and female ward 1. Although the central dining room has some considerations in its favour, there are so many other reasons militating against it that the practice is generally falling into disuse, dining rooms being provided in each of the wards in more modern institutions.

A covered corridor runs the whole length of the building from north to south, and this appears to materially obstruct efficient cross ventilation.

The central kitchens are large; in point of fact, they appear too large, and greater efficiency would be obtained by bringing all the cooking vessels into the central kitchen, setting free the scullery for other purposes.

On either side of the kitchen are the quarters apportioned to the male and female staffs.

There is an insufficiency of separate rooms for each individual member of the nursing staff, and large associated rooms are the result. The position of these blocks is not in the best interests of the staff, particularly the nurses, who should be accommodated in an outside nurses' home.

The central administrative offices and the stores block are well designed and efficient. There is also an admirable workshops block which is very little used, and could with comparatively little expenditure be converted into additional accommodation for male patients.

An isolation block exists and is at present used for the housing of additional female staff. It is most unsuitable for such a purpose.

A bakehouse is provided, but it would appear that the two ovens which have been erected are so small as to necessitate a duplication of the batches.

A large laundry exists and it contains excellent modern washing and ironing machinery, but it is not well arranged and contains no mending room. There is, however, a separate and satisfactory laundry provided for the officers.

An abundant water supply is available from a bore and it is estimated that 95 million gallons of water are pumped annually. A large amount of this is used in connection with the electrical plant, but the daily per capita consumption of 243 gallons is extraordinarily high. The supply to the farm comes directly off the bore and is not included in the estimate pumped. The effluent from the sewerage tanks is led down to the garden, where it is of use for irrigation purposes.

There is a well managed farm run in connection with the Hospital, and this supplies milk not only to Claremont but to certain other Government institutions as well. Patient labour is available for work on the farm and the results are highly creditable, considering the comparatively poor nature of the sandy soil of which the estate principally consists.

In the appendix to this report will be found a table setting forth the expenditure and revenue derived from the farm.

Sanitary Spurs.

Except that the sanitary spurs in some of the wards are far too enclosed, they are almost uniformly well

and, generally speaking, the fittings are of the best types.

Furniture and Stores.

There is a good supply of suitable stores for the accommodation of patients' clothing. In spite of the difficulties entailed by the war, the bed linen is of good material and in fair order, but the furniture of the day rooms has become scanty and shabby. It is almost impossible to estimate the value of comfortable furniture in securing peace and quiet amongst the patients. Material is provided for the patients' clothing, but in a somewhat limited range of patterns. A greater variety could be obtained without substantially increasing the cost. Wherever possible, patients are encouraged to wear their own clothing, and this is most desirable.

Complaints have been made in the past of an insufficient supply of towelling. It is, however, fair to say these complaints hardly hold good at the present time. It has also been brought to the notice of the Commission that an inordinate amount of destruction of clothing is permitted owing to the fact that no strong and untearable material is supplied for the use of patients who habitually destroy the ordinary clothing. Whilst strict economy is desirable, it must be pointed out that the use of specially devised strong clothing is, from other points of view, not so desirable.

Garden.

In contrast with most hospitals for the insane, the garden area allotted at Claremont for the production of vegetables is comparatively small, and this, and the poor character of the soil, necessitates the purchase of vegetables from outside sources. We can see no reason why the garden area should not be considerably extended.

Recommendations.

In view of the character of the soil and the comparatively small area (400 acres) of the reserve, the Commission is of opinion that the number of patients in residence in the hospital should not be permitted in any circumstances to exceed 1,200. Even this may be considered a somewhat high estimate and requires qualification. It is generally considered that, when this number is exceeded, economy is no longer obtainable; that even this number is beyond the capacity of one superintendent, if he is to know each and every one of his patients intimately; but seeing that the principal need is to do away with overcrowding in the wards, it is recommended that the following steps should be taken:—

- (a) The establishment of a separate nursing home for about 70 nurses. This will permit of the conversion of the present nurses' block into a ward for quiet and working female patients, and will give accommodation for approximately 50 patients as well as additional single rooms in the wards.
- (b) The erection of a storey over the workshops block, converting the latter into a ward for quiet working patients. This will give accommodation for 60 male patients.
- (c) The utilisation and adaptation of the isolation block for imbecile children, with additional pavilion accommodation for the female patients.

- (d) The erection of verandahs to the Hospital wards, giving additional sleeping accommodation for certain classes of cases at present constantly confined to bed.

- (e) The completion of the fourth ward at X block.

(N.B. These recommendations, if carried out, coupled with a slight increase in the accommodation at Whitby Falls and Greenplace, would have the effect of reducing overcrowding to a negligible point.)

- (f) The subdivision of certain of the principal wards in the main institution, so that two comparatively small wards will be brought into being where one large one at present exists. This would have the effect of improving the classification, which is now extremely inadequate.
- (g) It is considered extremely desirable that some small portion of the quiet and chronic blocks on either side should be set apart for the reception of recently admitted cases, and that an endeavour should be made to provide separate airing courts for these patients in that portion of the waste land which lies directly in front of the recreation hall.
- (h) It is desirable also that one by one the high divisional walls between the airing courts should be pulled down and light fences substituted, and that central rotundas should be erected, an attempt being made to plant shade trees and establish flower beds in the airing courts.
- (i) Generally speaking, the single rooms are, for a climate such as this, too small. They are also ill-ventilated. Steps should be taken to secure cross-ventilation; for example, the blank walls in the dormitories of each hospital on the east side could be cut into by louvred openings above the roof of the verandah. In these wards, too, better sanitary accommodation should be provided in the dormitories for the convenience of patients by utilising certain rooms opening out of the dormitories, and into which could be placed a bathroom, slop sink and w.c. pedestal.

Greenplace.

A private house, which was formerly used as an institution for the reception of female inebriates, has been taken over by the Lunacy Department. It is used exclusively for quiet and convalescent female patients. On the occasion of the visit of the Commission there were in residence 15 patients who are looked after by a staff nurse, one junior nurse, and one cook. The eight-hours' system does not apply to the staff, and for their practically continuous service the members are granted extra leave. The patients are on similar rations to the staff and do a good deal of the housework and mending of clothes. The situation of Greenplace is charming, and the only thing that can be said against it is that it is somewhat difficult of access for patients. The house is comfortable and, with certain repairs, which are obviously required, and slight additions both in the direction of accommodation and staff, it is thought that Greenplace could be made still more useful and would accommodate a greater number and a larger variety of patients.

ients. This could be effected at a comparatively slight cost. It may be found necessary to provide a better heating system and shower baths, even if it be not possible to establish a water-borne sewerage system.

Whitby Falls.

The Commission visited this adjunct to Claremont, wherein 26 male patients are kept in an old-fashioned type of farm house, principally for the purpose of looking after the young and dry stock belonging to the Claremont dairy, as well as growing vegetables—the surplus vegetables being sent to Claremont. The farm consists of about 1,000 acres, of which only 100 are arable, and 50 acres are used for the production of hay. For the care of the patients there are a head attendant, three male attendants, and a male cook. Two farm hands are also employed. There is ample accommodation in the house for 40 patients, and if more patients could be sent there they could be usefully employed and the farm and gardening operations extended thereby. As things are at present it is practically impossible to rely on the water from the Falls.

On our visit of inspection one patient made certain suggestions, and also made certain trifling complaints, the principal one of the latter being that it is thought the Board of Visitors should periodically inspect Whitby Falls.

The future of Whitby Falls appears to depend on the question as to whether it will be necessary to erect a new hospital for the insane to make provision for the inevitable increase in numbers. It is perhaps impossible to extend the use of the Whitby Falls estate for the establishment of a large institution, but in the meantime there is ample reason for a greater use of this property. It would be wise to extend the number of parole and convalescing cases under the excellent conditions which Whitby affords of testing the fitness of patients for subsequent discharge.

Stromness.

This hospital is for military mental cases only, and is provided by the Department of Repatriation, but is under the supervision of the Inspector General, who visits frequently. It consists of a private house, situated in the Cottesloe district, its principal defect being that it has comparatively little ground about it. The patients kept there, however, are quiet and tractable cases, and they are detained under the provisions of the Mental Treatment Act, which was a measure designed to give powers to the Defence Department, or some other person or body of persons, to make a special and separate provision for cases of mental disorder arising amongst soldiers. It is questionable, however, whether it is desirable that this Act should continue in operation any longer. It should be noted that for the 15 patients who were in residence at our inspection it is necessary to employ a staff of 10, which includes a male cook. This strength of staff, however, provides for only four attendants on duty during the daytime. The house is comfortable and the patients are unquestionably well cared for, and interest is taken in them by outside societies, entertainments being frequently given.

Future Hospital Provision.

reached a year or so ago, and since that time the numbers, for various reasons, have declined, so that on 12th December, 1921, there were only 1,022 patients in residence as against a higher average number resident daily in the year 1919 of 1,148.

It would appear that there is a tendency for the admission rate to keep lower than was the case in the few years preceding the outbreak of war, but, taking the annual increment over a period of 10 years, there are 32 more cases of mental disorder to be accommodated annually.

If the capacity of the Claremont Hospital is not to be enlarged beyond the 1,200 beds, the time will come when an additional institution will be needed, since the utilisation of Greenplace and Whitby Falls to a much greater extent than is the case at present appears to be out of the question. Consideration of the distribution of population in Western Australia fixes the position of the second institution in the metropolitan area (*vide* Inspector General's report for 1921, table 11). This has been gone into with the Inspector General, and his opinion is quite clear and sound on the need for making a start in the direction of a new hospital. This will especially be the case if the population of this State is to increase materially, whether by natural increase or by additional immigration. The first step is to acquire a suitable site, and consideration should be given to the following points in order of importance:—(1) water supply; (2) accessibility; (3) good land for farming; and (4) high building sites. Your Commissioners inspected a site at Jandakot, which is a Government reserve, reasonably accessible and suitable in many other ways. Your Commissioners are prepared to recommend this site unless another one, containing more arable land, can be obtained elsewhere, and equally suitable in other respects. The cultivable land on the Jandakot site is restricted, and it is doubtful whether it will prove sufficient to support a large institution the year round. It would, of course, be necessary to make employment there sufficiently attractive to retain the necessary staff. The Inspector General, however, anticipates no difficulty in that direction.

Reception House or Acute Mental Hospital.

At the present day public opinion is demanding the treatment of mental disorders on general hospital lines, and in English-speaking countries it is beginning to be recognised that insanity is a disorder insidious in character and slow in onset; that more often than one can accurately estimate, the patient goes through a period—varying in each case—during which skilled treatment, properly administered, will prevent an impending attack or successfully deal with it in its early stages; whereas if such treatment is to be delayed until certification is possible, the recovery of the case will be materially prejudiced. Psychiatric clinics in general hospitals are doing admirable work in European countries and in North America, maintaining as an essential part of their equipment an Out-patient Department and an After Care Association, which interests itself in the welfare of patients after discharge.

Connected with the Perth and Kalgoorlie Public Hospitals are observation wards, where patients are held for a short period for observation before being committed to the Claremont institution. These wards can-

iron fence, the airing courts inside such fence being of very small area. The Perth wards are erected in the hospital grounds, while the airing courts are not enclosed, as at Kalgoorlie, the only view from same being the hospital mortuary.

There is no marked line dividing sanity from insanity; there are degrees intervening which must be recognised and provided for. Beyond the observation wards at the Perth and Kalgoorlie Hospitals (which are insufficient for the purpose), there is no institution in Western Australia which can deal effectively with this important question; there is, so to speak, nothing between sanity and Claremont. The Perth and Kalgoorlie observation wards more or less fulfil the function performed by the Darlinghurst Reception House in Sydney, which deals very largely with acute alcoholic cases and a comparatively small proportion of cases of early mental disorder. The Receiving House at Royal Park, Victoria, deals especially with the latter class of patient. South Australia in establishing a new institution, has followed this last example; but Victoria, in the acute mental hospital, has another line of treatment corresponding more closely to the new mental hospital recently established in Sydney at Broughton Hall and Callan Park. An essential feature in the policy of these new mental hospitals in New South Wales and Victoria is the recognition of the principle of voluntary admission, which has legal recognition in the Victorian Lunacy Act, but is not specially provided for by legislation in New South Wales at present.

Consideration of these matters induces your Commission to recommend the establishment of such an institution.

It should be away from the environment of Claremont and situated in a reasonably accessible position, so far as the centre of population is concerned. A breezy position on the river, or high above it, is desirable. An area of land of approximately 10 acres would be of advantage so that some degree of privacy could be obtained. In the first place the institution should be erected for 35 males and 25 females, distributed into two wards on each side; but the buildings should be so planned that additions could be made from time to time, say, by two convalescent cottages each to contain 15 to 20 patients; but such additions will be determined by the volume of work which the hospital attracts and as population increases. Such an institution should be reserved for recent and recoverable cases only, and the medical profession should be inhibited from sending unsuitable cases there, as is too often the case in Victoria. The institution is not meant to be a sorting house for all varieties of mental disorder. Such cases as senile dement, well-marked congenital defectives, obviously chronic insanity, general paralysis and epilepsy, should not be admitted. Above all, it must be well staffed and equipped; the keynote must be medical treatment, and the wards and surroundings must be as homely and comfortable as it is possible to make them.

In a building of this character no dormitory should contain more than 10 beds: indeed, a maximum of six would be preferable. A large proportion of single rooms will be necessary and they should be reasonably large and well ventilated.

The patients under treatment in this hospital should not be transferred to any institution for the insane, or certified as insane whilst there is any reasonable probability of early recovery.

If there had been such a hospital in this State, taking the number of recoveries last year (namely, 86), there would probably have been over 30 of this number discharged without having been declared insane. The conditions which now prevail at Claremont cannot conduce to the best interests of the patients towards recovery—its large barrack rooms, barely and badly furnished, its prison-like conditions under continually locked doors, is in great contrast with institutions in other States of the Commonwealth, and one cannot be surprised at the statement of the Inspector General in evidence that "we have practically had no new furniture for 14 years. I am ashamed to take people through my wards. The furniture is dwindling away; once it is smashed it is not replaced." These conditions should be altered as early as possible.

NEW HOSPITAL PLANS.

Following on a visit to the hospitals in the Eastern States, sketch plans for a new hospital have been prepared by the Principal Architect and the Inspector General. These plans exhibit a wide departure from the design of the Claremont Hospital, and are much more suitable for a warm climate such as that of Western Australia. The lay-out of the various blocks and pavilions is the first and most notable divergence, each building being widely separated from the others; it is possible that this has been carried to a rather greater extent than convenience and economy would suggest. The lay-out, however, is tentative and can easily be re-arranged. The male and female reception blocks need not be together, and the same remark applies to the male and female convalescent blocks. The most striking feature is that of the provision of excellent verandahs, which will surely prove ideal here and will be of special utility in the sick wards. The plans exhibit the correct method of devising these verandahs, permitting excellent cross-ventilation of the dormitories, which are well designed, narrow and long, preventing the intrusion of a third row of beds in the centre—an objectionable procedure wherever sufficient room is available. Spacious dining rooms attached to each ward are provided for, with the accompanying sculleries and sergeries. A great advance is contemplated in the chronic blocks, where on the first floor are found a dormitory and enclosed verandahs so constructed as to permit of wall sashes on one side being dropped down in order to give greater air space and ventilation on hot nights by access to enclosed verandahs. In some wards there seems to be unnecessary duplication of bath-rooms and other duty rooms. Another objection is the arrangement designed in some of the wards whereby two rows of single rooms will be found opening off a comparatively narrow corridor. Many of the single rooms suggested are narrow and long, but they provide for an air space most desirable in this climate. The plans for the children's block are attractive, and the administrative offices, the laundry and kitchen, are well thought out, and appear to embody all the requirements for obtaining efficiency and economy. So far as one can see from the plans, an attempt is to be made to dispense with formal airing court walls and ha-ha's, and it is believed that light wire fencing will be sufficient to restrict any tendency to wander on the part of the patients.

Well thought out as are these plans, we would suggest a modification in the direction of the "cottage" system, whereby some four houses or cottages one

storey in height, and each containing 20-40 patients, would be grouped around a central garden with a conjoint dining hall. Such a plan will prove to be most economical for patients of the quiet and working class, and will provide a classification within a classification. Such buildings as these will prove somewhat costly at the present time, but they will probably be inexpensive so far as upkeep is concerned, and the great advantage of the scheme is that portion of the institution can be erected from time to time as occasion demands and funds are available; but it is to be hoped that, before these buildings are commenced, some arrangement will be come to whereby the need for attendants or nurses sleeping in the wards will be entirely done away with. We deprecate any elaborate provision for infectious or tubercular cases; it invariably means that the accommodation so provided is put to other uses. In no case should sleeping rooms for the staff be arranged for in such a block.

ADMINISTRATION.

The administration of the Lunacy Department in Western Australia differs somewhat from that in other States of the Commonwealth, this being due, no doubt, to the fact that elsewhere several institutions are established in each State.

In New South Wales the general administration is carried out by the Inspector General, the control of the various institutions there being in the hands of the superintendent, who is the official head of the institution; but he is assisted by a manager, who is responsible for administration outside the medical section. This system works satisfactorily and has proved of great advantage, inasmuch as it enables the superintendent and his medical staff to devote considerably more time to the patients.

In Victoria somewhat similar conditions obtain, with the exception that the secretary takes the place of the manager as in New South Wales. Both superintendent and manager or secretary deal direct with the Inspector General.

In South Australia there is a different form of administration. At Parkside Hospital the superintendent is in control and is assisted by an official known as the steward, who has charge of outside work somewhat similarly to the manager in New South Wales and the secretary in Victoria. The general supervision is under the Inspector General, who is chairman of the Mental Defectives' Board. South Australia is the only State that has a Board of Control, which gives the Minister full reports on all matters of administration. The Board consists of three members. South Australia has but one institution and is in that respect similar to Western Australia. It should be noted that the Inspector General does not reside within the grounds of the institution. The same remarks apply to certain other States. The Inspector General is actually the inspector and administrator and does not manage the institution which he inspects. In Western Australia the Inspector General takes part with the superintendent in the administration and management of the Claremont institution.

The recent amendment of the Western Australian Lunacy Act provides for the appointment of a Board of Visitors whose duties of inspection are defined, but regulations have not yet been formulated giving them power of direction so far as management is concerned, as contemplated in the Act. This will constitute a second managerial authority, the Inspector General

for the Insane being the other, and it is obvious that such duplication will prove undesirable.

It is necessary that the Board and the Inspector General should co-operate in every particular, and therefore the Inspector General should be appointed either as a member of the Board or as their Chief Executive Officer. The precedent of South Australia which works satisfactorily, should be followed, inasmuch as the conditions in that State more closely approximate those in Western Australia.

Resulting from this, other questions follow, and, as in the immediate future the work of the Inspector General is likely to increase outside Claremont, your Commissioners think it will no longer be necessary or desirable that this official should be resident in the institution, but as the establishment of a new acute Mental Hospital will bring him additional work, and there is every good reason why he should pay weekly visits to the outside institutions at Greenplace, Stromness, and Whitby, and twice a week visits to the Perth Hospital Mental Ward, it is thought advisable to recommend that the chief medical officer residing in Claremont should be the Medical superintendent, and that the Inspector General's duties, so far as that institution is concerned, should be chiefly inspectorial. He should make independent weekly visits and should always be present when the Board of Visitors are making their chief monthly inspection.

It is appropriate here to state the opinion of this Commission that each member of the Board of Visitors should make a definite number of independent visits monthly, which visit or visits should be unannounced and should occur at any hour in the day.

On the question of visits to the wards by the Inspector General and the Superintendent, it appears to the Commission that not enough time is spent on such visits and that the number of such is inadequate. Particularly is this the case with night rounds of the dormitories. By this means the medical officers will arrive at a more intimate knowledge of each patient, which can only be achieved by knowing how they sleep or behave during the night hours. The attendance of a Medical Officer in the dining hall or in the dining rooms of the various wards is essential, and should not be limited to a visit to the dining hall on Sundays, or an occasional visit to the dining rooms in the various wards. Visits whilst the patients are at breakfast or tea are almost as essential, but such visits should be infrequent and thorough rather than routine and perfunctory.

Though hardly appropriate in this connection, your Commissioners would state that the clinical recording system on the cards at present in use is not in accordance with Section 37, Subsection 2 of the Act, but case books are now obsolete and a clinical record of the loose leaf pattern is in every way more preferable, especially if it is well designed, well kept and illustrated by photographs, charts and other clinical records setting forth the progress of the case. When more institutions exist this method will prove to be one which will save considerable labour and time, and will simplify the present system of keeping records.

Treatment of Patients.

Certain individual cases have been brought very prominently under public notice, and such cases as have not already been made the subject of Royal or other Commissions of inquiry were investigated.

The first to be mentioned is that of Mr. W. E. Courthope, who claims that he was improperly ar-

rested and detained in the Perth Hospital Mental Ward and that he had been wrongfully committed to Claremont Hospital for the Insane as the result of a "frame up" or conspiracy between several members of the medical profession.

Considerable time was given to this case, and Mr. Courthope's statements were closely examined, and your Commissioners are of opinion:—

- (a) That Mr. Courthope's behaviour and conduct were so erratic in character as to justify his committal for observation to the mental ward of the Perth Hospital.
- (b) That whilst in the Perth Hospital mental ward his conduct and conversation were sufficiently disordered as to justify his subsequent certification and committal to Claremont.
- (c) That his admission to Claremont was apparently in order and that if there had been any irregularity it could have been properly tested in a Court of Law.
- (d) That whilst he was a patient in Claremont he was undoubtedly insane. His conduct was extravagant and his behaviour provocative. There is evidence to show that he considered he was divinely inspired to reform hospitals for the insane, and this frame of mind resulted from his perusal of literature of the "Hard Cash" type.
- (e) That his mind was so obsessed with this idea that he magnified and distorted the events which occurred about him and he was prompted to lay untruthful or extravagant charges against doctors and attendants and all those who were in authority over him.

The second case which demanded careful inquiry is that of F. W. Cunningham, a patient at present in Claremont. Whilst he was undergoing imprisonment in the prison at Fremantle, he was certified as insane and committed, in accordance with the law dealing with the criminally insane, to the hospital at Claremont. His original offence was writing threatening letters to the head of his department declaring that he would seek vengeance for his dismissal, which followed on the discovery of the fact that he had been writing letters of an improper character. This man's mind has become enmeshed in a web of delusion of conspiracy, although there is little or no intellectual failure. The Commissioners do not consider that it is any part of their duties to recommend in this or any such case interference with the powers of the Board of Visitors, or of the privilege that the patient has under Section 107 of the Lunacy Act.

In the Mable case, into which another Royal Commission made inquiry, it was brought to the notice of your Commissioners that insufficient care or protection had been afforded to the property of the patient whilst he was detained in Claremont as being of unsound mind. The evidence given by the Official Trustee before this Commission goes to show that every reasonable attempt was made to safeguard the interests of the patient with regard to his property, and that failure arose chiefly as the result of the attention paid to the expressed wishes of the patient, viz., that the property should not be sold or leased for any term longer than one year.

A long examination was made of F. Tyler, at present a patient in the Hospital. The Commission decided that his case had already received a great deal of attention at the hands of the Board of Visitors,

and a similar report may be made in the cases of R. Telfer, J. G. Cracknell, R. Hein, T. H. Sampson, and others.

This Commission is of opinion that every opportunity of laying their cases before the Board of Visitors and the medical staff has been afforded the patients, and it is not thought necessary or desirable that this Commission should make any special recommendation with regard to any one of these cases.

Some of the most important matters for the consideration of your Commissioners were the allegations of ill-treatment of patients by members of the staff. Some witnesses insinuated that such alleged ill-treatment is brutal and systematic. It may be said at once that your Commissioners are satisfied that there is no foundation in fact for any such insinuation.

The results of investigations of the allegations of ill-treatment may be summarised as follows:—

- (a) the evidence of patients was found generally to be most unsatisfactory.
- (b) The evidence of ex-patients was in many cases shown to be based on hearsay, was often a gross distortion of facts, and only in a few instances (and these spread over a period of years) was worth serious consideration.
- (c) The evidence did not in any case establish any serious charge of misconduct.
- (d) Upon the whole the behaviour of the staff towards the patients has been most humane and considerate.

Occasional acts of ill-treatment, in circumstances where there would be small chance of obtaining proof of it, may occur in any institution of similar character, and may have occurred at Claremont. It is not practically possible entirely to prevent them, but much may be done towards this end by the superintendent and other medical officers making frequent surprise visits to the various wards and by the individual members of the Board of Visitors paying similar visits. It must be remembered that mere suspicion of a member of the staff does not justify his or her dismissal. Dismissal for misconduct can only take place where a charge is laid and proved. When charges of ill-treatment of patients have been made, inquiries have always been held and the offender dismissed when the charge has been proved. Great precaution is therefore necessary to see that only suitable persons are appointed to the staff. In this connection the period of six months' probation, during which an officer may be discharged as unsuitable, should be extended to at least twelve months in order to give the authorities a more extended opportunity of gauging the officer's fitness for the work, which necessarily calls for more than the average patience and tactfulness.

The greatest number of charges was laid by witness Courthope, and he himself states in evidence that most of the attendants were decent humane men—"Some of the finest, most humane, patient and considerate men one would wish to meet. There were only a few attendants in the asylum who were guilty of brutality."

It is worthy of note that the majority of the charges were exceedingly stale and did not refer to happenings within the last two or three years, and that serious charges referred almost exclusively to cases of epileptics when in a fit of maniacal fury, when the efforts of perhaps several attendants would be re-

quired to prevent the patient doing injury to himself or others.

It should be unnecessary to point out that an unbalanced mind would easily put an erroneous construction on the actions of attendants on such occasions, and exaggerate the force actually and necessarily used. In these cases there was no evidence that attendants used more force than was actually necessary for the restraint of a patient or in their own protection.

Following are summaries of the most serious charges which were made against attendants and the results of investigation by the Commission:—

- (a) Case of patient Osborne. This patient was alleged by patient Telfer to have been thrown against a bench by attendant Hoddy, and to have been kicked in the ribs by attendant Lofthouse. He was in hospital with a broken rib. An inquiry was held at the time and as a result it was found that the rib was broken in a struggle with attendant Hughes. Telfer thought the fracture might have been due either to the struggle with Hoddy or the kick from Lofthouse. Telfer was evidently wrong in describing the struggle as having taken place with Hoddy, as the evidence taken at the time would be more reliable, and it shows that Osborne attacked attendant Hughes and that in the struggle which ensued they fell against a seat and Osborne's rib was thus fractured. Telfer was also wrong in stating that Lofthouse kicked Osborne in the ribs. The records show that Lofthouse was not on duty in the ward at the time. Osborne, it may be noted, was an epileptic and at times very difficult to manage. Attendant Hughes is now in America and his evidence unobtainable. Other witnesses made this allegation but it turned out upon inquiry that they had received their information either from patient Telfer or some other source.
- (b) Case of patient Latimer. It was alleged by ex-patient Bernier (question 1008) that an attendant, name unknown, wearing blucher boots, "dragged Latimer about the floor and jumped on his chest in a most atrocious manner. On the following day Latimer started to vomit blood and on the next succeeding day he died." The medical journal shows that Latimer died on 21st June, 1909, and that he was put to bed in the hospital on the 19th and a catheter used on him that night. Your Commissioners think Bernier's statement incredible. He did not report the matter to anyone. The alleged incident occurred over 12 years ago, and it was found impossible at this date to get any corroborative evidence.
- (c) The same ex-patient (Bernier) stated (question 1013) that patient Joe Grimm was so terribly ill-treated that "he was crippled for life." Six or eight attendants are said to have taken part in the alleged ill-treatment, but witness could not give the names of any of them. This incident also is said to have occurred about twelve years ago. Your Commissioners cannot accept

the witness's statement, which, if it has any basis in fact, must be a gross exaggeration. Grimm was a powerful man, a prize-fighter, and was a most difficult patient to manage. He certainly was not "crippled for life," as he fought several prize fights after leaving the institution.

- (d) Sergeant Boles. Serious allegations were made by Mr. Courthope (question 881 *et seq.*) with regard to ill-treatment of patient Boles by various attendants. Your Commissioners consider that Mr. Courthope's evidence cannot be relied upon. With regard to some of the incidents he mentioned, no evidence was available beyond his own word. All attendants who were examined denied his statements. He alleged that on one occasion attendants Curtis and Prior placed Boles in a single room, that Curtis stood outside the door looking away from the room whilst Prior went inside and kicked Boles "several times violently in the stomach," and that he heard Boles yell in pain. Questioned more closely, he said "I heard the yell and could see Prior's feet in the action of kicking." Your Commissioners are satisfied that the alleged kicking is a figment of Mr. Courthope's imagination. From the position in which he stood it was impossible for him to have seen into the single room.

Two incidents related by witness Courthope with regard to his own treatment may be stated to show that his statements cannot be accepted unreservedly. He says that on one occasion when in the bathroom he stubbed his toe, that it was sprained and swollen and painful and that he did not receive any medical attention. Entries in the medical journal made at the time show that he received attention and that the toe was painted with iodine for several days. On another occasion he said an attendant caught him by the throat and bent his head back until he felt his Adam's apple crack. It was painful to swallow for a week afterwards. The evidence of the attendant was to the effect that Courthope was wearing three suits of underclothing which were very dirty and orders were given that they should be sent to the laundry. Courthope refused to take his clothes off. He had a knife and fork secreted in them. He had two heavy delf mugs attached to straps and commenced to swing these about, at the same time shouting out. After patients and attendants had dodged the mugs for about ten minutes Courthope was secured after a violent struggle, four or five men being required to control him. The statement that his head was pulled back until his throat was injured was flatly denied.

To show the unreliable nature of the evidence tendered in support of charges of ill-treatment of patients and of misconduct of officials, and the triviality of such charges, reference may be made to the evidence of attendant Milsted. This attendant kept a diary in which he jotted down from day to day any dereliction of duty by any official and other matters of importance occurring in the ward in which he was on duty. He kept this, he says, "for his own protection." He selected from the diary the three most serious happenings which had occurred during the last two years or thereabouts. They were (quoting the actual entries in the diary):—

- (a) 19th January, 1921.—“Whilst visiting airing court Bentley stopped to speak to patient Mort for breaking up some property. After arguing for a few minutes Bentley became threatening and told Mort that he would have him put in a straight jacket. Was sent to No. 5.”

This was put forward as a matter of importance. Comment is needless.

- (b) 21st September, 1921.—“O’Shea violent and troublesome, fighting with patients. Lip stitched. Was sent back to No. 5—placed in seclusion. Was not visited by Medical Officer on 22nd, 23rd respectively. Visited on 24th, missed 25th and 26th.”

This was introduced by the witness as “another charge of cruelty against Dr. Bentley.” Asked how he knew that O’Shea was not visited by the doctor, he said “By my own observation” (question 4658). In reply to question 4662 he said that he was outside the room at the time. He was then asked why he was so positive, seeing he was outside, that the doctor did not visit O’Shea; he said “The attendant on duty at the time told me.” The statement thus turns out to be mere hearsay. Records show that the patient was put in seclusion for two days only. Dr. Bentley admits that on one of these days he did not see the patient.

- (c) 15th February, 1921.—“Zerk’s temperature 102 degrees at different periods. Was not reported on 15/2/21. (Signed by Bogan).”

The fact is that the patient’s temperature appears in the records every day whilst in the hospital ward, including 15th February, and the suggestion that attendant Bogan failed in his duty is not correct.

As an example of reckless statements, of which many witnesses were guilty, the following may be quoted from attendant Milsted’s evidence:—

Question 4673.—I have a suggestion to make now with regard to the saving of money. In the No. 5 ward we have four patients who tear up clothes. On an average they destroy two suits each daily. I put the value of these suits down at £2 each. That is a low estimate. The value then comes to £8 daily or £2,920 yearly. If you could devise other means of clothing these people you would save that much money. They should be provided with some untearable clothing, something with a double edge. It is a sin to see the clothes torn in this way. If you peruse the condemned sheet record for the last five years you will get some idea of what I am driving at.

It will be observed that the witness’s calculation of £2,920 per annum is for one ward only. It is worth while giving the facts. According to a statement supplied by the Inspector General, the total value of male clothing condemned in the male ward 5 was:—

In 1918	£396 5s.
1919	£648 6s.
1920	£539

The increased value in 1919 and 1920 was due to the increased cost of material.

A. F. G. Abbott, formerly an attendant at Claremont, stated that if he gave evidence he might be sent to gaol for conspiracy and therefore he would not give evidence as to cruelty to patients, but he states that he saw a patient punched in the stomach and an attendant put his knee into a patient’s chest (but he could not give the names of the attendants concerned) and another attendant kick a patient.

Ex-patient J. E. Turner made several allegations of ill-treatment of patients whom he named. One such proved to be a difficult and dangerous epileptic patient. The witness said he was himself kicked by an attendant, who was called and denied on oath that he had ever had a struggle with Turner; the latter gave a garbled and incorrect account of a struggle between two patients, one of whom, he alleged, was thrown down the stairs by an attendant named. The patient in the case was called and denied that he was so dealt with. This ex-patient’s evidence was mostly based on hearsay and it was fairly apparent that he had talked the matter over with other patients given to making incorrect statements. This man stated “If epileptics are troublesome they are always winded by being struck in the stomach.” This, if true, would prove to be a very severe indictment of the attendants, but it is hardly possible to believe that such systematic treatment would not be revealed by the detection of bruises on the patients when being bathed.

Your Commissioners consider it unnecessary in this report to deal in detail with every allegation of ill-treatment which was made in the course of evidence. It is sufficient to say that every case was investigated as fully and as closely as possible, and that in the great majority of instances the results did not justify the time spent in inquiry. We have before mentioned the staleness of many of the charges and the difficulty (and in some cases impossibility) of obtaining evidence with regard to offences alleged to have been committed many years ago. There were also difficulties in the way of investigation arising from a disinclination of witnesses to come forward. For example, Mr. Courthope expressed a wish that certain witnesses should be subpoenaed. Your Commissioners did not feel justified in issuing subpoenas to ex-patients, many of whom object to having their cases brought forward. They were, however, communicated with and invited to give evidence. Several replied asking that they be not called; one on behalf of his son replied stating that neither he nor his son wished to give evidence, and refuting the suggestion that his son had been ill-treated as alleged by Mr. Courthope. Others were given appointments, but failed to attend.

Dietary Scale.

Your Commissioners were struck by the lack of variety of food provided for the patients. There is very little room for complaint as to the quantity allowed under the scale, which is practically the same as in other lunacy departments. Institutional cooking can hardly be expected to reach a high standard, and serving food rapidly and to large numbers of persons is always difficult.

It is understood that the Board of Visitors are interesting themselves in this matter and it is hoped that the food supplies, of which the quality is reasonably good, may be made more attractive to the patients by greater variety and in the manner of cooking. An insufficient equipment for roasting or baking necessitates the too frequent issue of boiled or steamed meat—an additional reason for the instalment of larger bakers’ ovens. Margarine is substituted for butter and is not well liked. The jam supplied at tea time becomes distasteful. The evening meal could be varied without a very great increase in cost by the provision of plain cake, fruit or salads. Puddings at dinner time should alternate with soup as an additional

course, and coffee or cocoa could be issued instead of tea if desired. It is an anomaly that this institution which supplies so much milk for other institutions should find itself short in this respect. Dried milk appears to have been used very frequently for making the tea for patients. Your Commissioners are of opinion that this should cease, that the use of margarine should be discontinued and butter issued in place of it, and that more fruit should be supplied for the patients.

PRECAUTION AGAINST FIRE.

The Claremont Hospital buildings are of solid construction and may almost be said to be fire-proof. Alternative methods of egress already exist in most of the wards, and only in two places has it been found necessary to arrange escape stairs. A fire alarm system, fire hydrants and fire hose have been installed, but no organised drill is undertaken and it is fairly obvious that should a fire occur confusion would arise on this account. Practice fire alarms are never attempted, and there is no routine examination and inspection by an official from the W.A. Fire Brigades Board, although, from a report which has been produced before the Commission, it appears that certain recommendations were made in this respect but they have not been given effect to. The most likely places in which a fire could break out are the laundry, bake-house and kitchen. If a fire did arise in quarters occupied by patients it is not likely to be more than a fire connected with the bedding and clothing of patients, and such would easily be controlled by the use of chemical extinguishers, of which one at least should be provided on each floor of the various buildings. These should be periodically inspected by the Engineer, who should also instruct attendants and nurses in their use. It is only necessary here to draw attention once more to the report of the Chief Officer of the Fire Brigades Board, and to recommend that effect should be given to the suggestions therein set forth.

PATHOLOGIST AND POST MORTEM WORK.

Numerous witnesses have testified to the value and necessity of the making of post mortem examinations on the bodies of all patients dying in the hospitals for the insane. There can be no question of the importance of such a step, although it must be admitted that sentimental objections may be raised in a few cases. The allegation that patients have met their death in asylums can only be proved or refuted by such a routine and, in order that the greatest value may be obtained from this work, it is desirable that it should be undertaken by a specially appointed officer and one skilled in such scientific work.

In New South Wales and Victoria special appointments exist, and there is ample work to keep an official constantly at work. In Western Australia this would not be the case, and the question arises whether the work should be undertaken by a medical officer on the staff of the institution or by a medical specialist giving part of his time to other work allied to this.

Possibly the public mind would be better satisfied if a medical practitioner not on the staff of the hospital were appointed for this work, but whoever is responsible for it should be sworn to report fully to the Coroner any trace of injury. On receiving such information the Coroner should proceed at once to a full inquiry as to the cause of death and its relation to the injuries revealed.

FINANCIAL.

Maintenance Costs.

It is difficult to ascertain the per capita maintenance cost at the Claremont Hospital for the Insane as the published figures embrace the institutions at Whitby Falls and Greenplace, the supervision of "Stromness" Military Hospital, and the payment of the attendants and nurses at the Observation Wards of the Perth Hospital. It would be preferable in future that expenditure in connection with auxiliary institutions be recorded separately, as is done in other States of the Commonwealth.

After deducting revenue the total cost per head locally is £71 14s. 7d. per annum, or £1 7s. 6d. per week, including all charges.

In comparing the rate per head with other States of the Commonwealth the cost in Western Australia appears to be high, but there is only one institution with which comparison can fairly be made, viz., Parkside, South Australia. At Parkside for the year ended December 31st, 1920, the daily average number of patients was 1,187, while Claremont had a daily average of 1,147. The annual cost per head (after deducting revenue) at Parkside for the year was £44 10s., or 17s. 2½d. per week, to which must be added administrative charges (Inspector General's Office).

New South Wales and Victoria have a much better system than has Western Australia in dealing with mental disorder by providing reception houses and special hospitals to deal with early and acute cases, including voluntary patients. The cost in each of these States is higher than in South Australia but lower than in this State. In New South Wales the annual cost per head (after deducting revenue) for year ended June 30th, 1921, was £68 11s. 6¼d., or £1 6s. 4½d. per week, while in Victoria the annual cost (after deducting revenue) for year ended December 31st, 1920, was £65 6s. 6d., or £1 5s. 1½d. per week, including all charges.

The following return shows maintenance costs in the respective States:—

Year.	State.	Annual Cost per head.	Weekly Cost per head.
30-6-21	Western Australia	£ 71 14 7	£ 1 7 6
30-6-21	New South Wales	68 11 6¼	1 6 4¼
31-12-20	Victoria	65 6 6	1 5 1½
31-12-20	South Australia	44 10 10	0 17 2½

Note.—The Special Mental Hospitals and Receiving Houses in New South Wales and Victoria increase the cost for maintenance in those States. The Observation Wards at the Perth Hospital reduce the cost to the Lunacy Department in Western Australia.

The South Australian figures apply to Parkside Hospital only. There has just been erected a new Mental Hospital and Reception House at Enfield, Adelaide, similar to the institutions in New South Wales and Victoria.

Salaries and Allowances.

As conditions vary in the different States, comparison is difficult. In New South Wales there is a classification of institutions and at some of the hospitals the expenditure in salaries, etc., is very low compared with others. Callan Park, Gladesville and Parramatta have in conjunction with the main institution small hospitals for recent and acute cases, while in Victoria at Royal Park a reception house is asso-

ciated with a small acute mental hospital. At Kew there are cottages for imbecile children. In South Australia the conditions are nearer to those prevailing in this State but the costs published do not include administrative costs of the Inspector General's Office.

The following table sets out the cost in some of the institutions for salaries, etc., per patient:—

Year.	No. of Patients.	Institution.	Cost per Patient.
			£ s. d.
31-12-20	1,187	Parkside	22 13 7½
31-12-20	1,200	Kew... ..	31 4 0
30-6-21	1,284	Parramatta	39 7 2½
30-6-21	1,216	Gladesville	41 8 2½
30-6-21	1,194	Callan Park	47 9 9
30-6-21	1,147	Claremont, etc.	44 15 9½

The average annual cost for salaries, etc., per patient in the respective States is shown hereunder:—

South Australia (approx.)	£22 14 1¼
Victoria (actual)	35 0 3
New South Wales (approx.)	40 2 9
Western Australia (actual)	44 15 9¾

Maintenance Fees.

The total amount of fees collected for maintenance of patients for year ended June 30th, 1921, was £8,637 8s. 6d. Bearing in mind the large proportion of insane patients without relatives in Western Australia local collections compare favourably with those of other States, as the following table shows:—

Year.	State.	Amount collected per Patient in Hospital.
		£ s. d.
31-12-20	South Australia	13 6 2½
30-6-21	New South Wales	8 9 11½
30-6-21	Western Australia	7 10 7½
31-12-20	Victoria... ..	6 4 6½

Note.—There are several private licensed houses in Victoria in which paying patients are put for treatment.

It should also be borne in mind that the staff wages and working conditions in this State are fixed by an independent tribunal, consequently the administrators of the Lunacy Department have not complete control over such expenditure. It would appear that the only method of bringing the cost of upkeep in this State more into line with the costs of similar institutions in the other States would be to make the institution more self-supporting. In Western Australia about 33 per cent. only of the inmates are employed in useful work, while in similar institutions in the Eastern States over 50 per cent. are so employed. Not only does such employment greatly reduce the maintenance costs but it has a beneficial effect on the health of the patients.

Your Commissioners consider that the opportunities for effecting economies are few and almost insignificant, but the following suggestions are put forward:—

1. Increased collections for patients' upkeep. It is conceivable that the Public Trustee may be able, by close investigation of the property of ex-patients and the means of their close relatives, to secure a more equitable repayment in some cases.
2. Increased opportunities should be given to permit patients to use their own clothing rather than that supplied by the Govern-

3. Increased fruit and vegetable production, which should obviate the necessity for the purchase of vegetables by contract and at the same time produce a better variety in the patients' food. This could easily be done if it were possible to employ more fully the healthier male patients.
4. Manufacture of soap.—Fat could be collected from various Government institutions and converted into soap by the installation of a very simple factory at Claremont.
5. Manufacture of clothing.—It would appear that it is definitely an economy to employ a qualified tailor who would supervise the making of garments by seamstresses and patients.
6. X Block kitchen.—It will be found economical to supply food from the main kitchen to X block, thereby dispensing with the paid hands employed in the second kitchen.
7. Electric supply.—It is intended to obtain power from the Government power house and to dispense with the existing plant at Claremont. This should effect a considerable saving. Your Commissioners understand that the work is already in hand.

RESTRAINT AND SECLUSION.

Statements made by patients and ex-patients appear to suggest that both restraint and seclusion are too frequently used in Claremont. Returns have been furnished showing in tabulated form to what extent this is the case:—

Restraint.	No. of Patients restrained.	No. of occasions used.	Total No. of hours in restraint.
1920 ... Males	4	194	2,757
... Females	18	141	1,771
1921 to Dec. 12 Males	4	27	398
... Females	11	314	6,668
Seclusion.			
1920 ... Females	19	19	1,866
1921 to Dec. 12 Males	3	21	184
... Females	14	245	2,795

The Inspector General explains that much of this restraint is necessary for medical and surgical reasons, to prevent self-mutilation, and in one case in particular, for extremely destructive habits and self-mutilation. This explanation in all probability does not give the whole reason for such a large amount of restraint which has been used and which is especially the case with the female patients.

This may be accounted for by the fact that the majority of the female staff have not had sufficient length of service to give them that experience which would enable them to avoid the necessity for its use. In this connection it may be as well to point out that the provision of a nurses' home, giving improved accommodation for the female staff, would tend to greater length of service and efficiency. There is, however, no reason to believe that restraint and seclusion have been used by the nursing staff without the authority of the medical officers. Still it should be pointed out that too many patients are put to bed in single rooms with shut doors during the day time, and which is not recorded as seclusion as it should be. The Commission suggests in this matter the use of half-doors, the lower portion of which could be kept closed whilst the upper portion remains open. Such

type of door should always be provided wherever a padded room is in use.

Additional Professional Staff.

Your Commissioners were impressed with the necessity of appointment of additional medical staff and the urgent need for a dentist. They have not dealt in detail with this matter as it is understood provision is made on the current Estimates for such appointments.

Discharge of Patients to Benevolent Institutions.

It appears that in the Claremont Hospital for the Insane there are at least a dozen cases which the Inspector General considers could with safety be released, but such a course is prevented by reason of the fact that there is nobody prepared to take charge of such patients, nor any institution of the benevolent type available to accommodate them. Your Commissioners' recommendation is an economic measure as well as in the interests of the patients themselves, that room be made available in some suitable institution for the reception of these cases.

LEGISLATION.

Amendments of the Law.

Mental hospitals are for the treatment of mental diseases. Under the safeguards which exist with regard to the admission of patients it would be very difficult indeed for a sane person to be committed to such an institution. Your Commissioners have not met with any such case. The recovery of patients is sometimes rapid, sometimes protracted. Some may never recover. Approximately 40 per cent. of admissions recover within 12 months or less. The statistics of Claremont Hospital show this percentage of discharges in proportion to admissions, and compare favourably with other similar institutions in Australia. Zealous reformers who have appeared before this Commission are inclined to overlook the above matters and to view mental hospitals as prisons from which release is difficult to obtain.

It is of the highest importance that the question of discharge of every patient should be a matter of grave care; that facilities to apply for discharge should be given to patients themselves and to their friends and relatives on their behalf; but no less important is the question of the safety of the public and the future well-being of the race.

A perusal of the Western Australian statute shows that a patient may be discharged at any time by—

- (a) the Inspector General;
- (b) the Medical Superintendent;
- (c) a majority of the Board of Visitors, provided such majority includes one medical practitioner;
- (d) a Judge of the Supreme Court with or without a jury.

The above powers to discharge are contained in sections 104 and 105 of the Lunacy Act.

The Superintendent visits every ward daily, the Inspector General at least once a week, and the Board of Visitors once a month. There would seem, therefore to be ample opportunity afforded patients to apply for their discharge. Consideration of such cases is the chief duty of the Board of Visitors. Many patients have applied to the Board for release and

every case has been given full and earnest consideration.

Beyond the extension of section 107 in the manner hereinafter suggested, no further broadening of the rights of patients with regard to discharge appears to be necessary.

Your Commissioners consider that some alteration of section 107 is necessary. The section reads as follows:—

If a Judge receives information upon oath, or has reason to suspect that any person of sound mind is confined in any hospital for the insane, reception house or licensed house, the Judge may order the superintendent of such hospital, reception house or licensed house to bring the confined person before him for examination at a time to be specified in the order.

If upon the examination of the confined person and of the superintendent and of any medical or other witnesses it is made to appear to the satisfaction of the Judge that the confined person is of sound mind the Judge may direct that the confined person be immediately discharged from the custody of the superintendent of such hospital, reception house or licensed house unless he is detained therein for some other cause by the process of law.

Except where a person has been declared of unsound mind under Part X. and the question was determined by a jury, the Judge may, if he thinks fit, on the application of the person so brought before him, order that the question whether such person is of unsound mind be determined by a jury, and in such case the provisions of section 115 shall apply.

The weakness of the first part of this section lies in the fact that a Judge has power to act only when he is informed on oath or has reason to suspect that a person of sound mind is confined. In the case of a person not of sound mind, but whose defection from the normal may not be sufficient to justify his detention, a Judge would have no authority to act.

An amendment should be made, therefore, to include cases which although not actually sane are not so mentally deranged as to render their detention in hospital necessary either in the interest of the patient or of the public.

The Judge should have power to release any such patient either with or without conditions, and whether discharged with or without the finding of a jury.

Consequential amendments would be necessitated in the succeeding paragraphs of the section.

The words "except where a person has been declared of unsound mind under Part X. and the question was determined by a jury" should be deleted from the third paragraph of section 107. They were doubtless inserted to provide against proceedings which would virtually amount to an appeal from one jury to another. The granting of a jury being in the discretion of a Judge there is no need to fear such abuse.

Correspondence of Patients.

Section 185 provides that any letter written by a patient addressed to the Inspector General or a Visitor (*i.e.*, a member of the Board of Visitors) shall be forwarded unopened. This provision, in the opinion of your Commissioners, should be extended to include letters addressed to the Governor or any responsible officer of the Crown or Judge of the Supreme Court.

Notices.

In order that patients and their friends may be made fully aware of the provisions of the Act with regard to discharge, your Commissioners recommend that the Act should provide that a printed summary of such provisions, together with the provisions relating to the correspondence of patients, should be affixed in some conspicuous position in every day-room in the hospital, and in every room used by visiting friends of patients.

Charges and Inquiries.

Whenever any charge is made by a patient or any other person against an attendant or other member of the disciplinary staff, the particulars thereof and the finding thereon should be recorded on that attendant's personal file. This matter may be dealt with by regulation.

Surprise Visits.

Elsewhere in the report your Commissioners have recommended surprise visits by the Inspector General, the Superintendent and the members of the Board of Visitors, collectively and individually. With regard to the Board it was given in evidence that the members of the Board construed the Act to mean that they could only visit as a Board and not individually. If that be the true construction of the Act it should be amended. It should be made obligatory on each of the Visitors to pay surprise visits to the institution, some of which should be at night time.

Reception House or Acute Mental Hospital.

If this building is erected in accordance with your Commissioners' recommendation it will necessarily involve certain alterations of the Act, especially with regard to the admission of voluntary and doubtfully insane patients.

Committal Orders.

It appears from a perusal of the committal papers in certain cases that officials at the Perth Public Hospital sometimes sign such orders in their capacity of Justices of the Peace. This procedure is undesirable and should be obviated by arranging for the Police Magistrate to visit the Perth Mental Ward once a week for the purpose of signing any necessary orders.

SUMMARY OF RECOMMENDATIONS.

The following is a statement of the principal recommendations made in the foregoing report:—

Accommodation:

- (1) Establish a reception house or acute mental hospital.
- (2) Additions and alterations to Claremont Hospital for the Insane to cope with overcrowding by:—
 - (a) Erection of nurses' home.
 - (b) Conversion of existing nurses' quarters into new female ward.
 - (c) Conversion of workshops into male ward.
 - (d) Remodelling kitchen block.
 - (e) Conversion of isolation block into wards for imbecile children and provision of additional pavilions.
 - (f) Creation of new reception wards.
 - (g) Erection of verandahs.
 - (h) Providing accommodation for phthisical patients.

- (l) Converting existing engine room into workshops and sewing room.
- (m) Extension of buildings and increasing size of airing courts at X block.
- (n) Erection of pavilions on cricket ground.
- (o) Conversion of sculleries into lavatories in hospital dormitories.
- (p) Alteration of doors to single rooms.
- (q) Removal of divisional walls in airing courts.
- (3) Extended use of Whitby Falls and Green-place.

Administration:

- (4) Reconstruction of administrative system on the lines of South Australian legislation.
- (5) Appointment of additional medical officer and dentist (as provided on Estimates) and of a pathologist.
- (6) Improved dietary scale.
- (7) Discharge of patients to benevolent institutions.

Legislation:

- (8) Extension of Section 107.
- (9) Inspections by Board of Visitors.
- (10) Provision for admission of voluntary patients to proposed reception house and acute mental hospital.

As indicated in the report a second large hospital for the insane will be necessary when Claremont has reached its maximum number. It is advisable that land be reserved and plans prepared for an institution to be built in instalments as required.

CONCLUSION.

In conclusion, your Commissioners deem it advisable to express the opinion that the Lunacy Department of Western Australia has reflected in some way the disturbed condition resulting from the war. An emotionalism which has effected the judgment of many persons of ill-balanced mentality has resulted in the publication in the Press of incredible or distorted tales reflecting on the character of an institution and staff whose service presents difficulties wholly unintelligible to the average individual. The management, harassed by the inability to obtain supplies and effect repairs, often short-handed and fettered by demands for economy, has found its task one of extreme difficulty, and has not always succeeded in putting forth its best efforts, but no sense of dishonour attaches to it, and your Commissioners believe that if the majority of the suggestions which they submit for your approval are adopted, the difficulties of the management will practically disappear and the Department will take a deservedly high place in the estimation of the people of this State.

We would record our appreciation of the facilities granted to the Commission by the Governments of New South Wales, Victoria and South Australia, for inspecting institutions in those States. Our thanks are also expressed to the various Government officials and others in this State who have facilitated our investigations as well as to the *Hansard* staff for reports of evidence. The work of the Commission has been expedited by the skilful and enthusiastic assistance which has been rendered it by the Secretary, Mr. Geo. Dibdin, to whom our best thanks are due.

We have, etc.,

(Sgd.) W. ERNEST JONES,

Chairman.

H. B. JACKSON,

W. C. ANGIN,

CLAREMONT HOSPITAL FOR INSANE.

TABLE A.—STATEMENT SHOWING EXTENT OF OVERCROWDING.

Ward.	No. of Beds built for.	No. of Beds in use on 31-12-20.		Cubic capacity of Wards.	Normal cubic feet per bed.	Actual cubic feet per bed.	No. of beds under Eng- lish allow- ance of cubic feet per bed, 650.	No. of beds under Com- missioner's allowance of cubic feet per bed, 700
		S.R.	Dormitories.					
MALE SIDE:								
Ward I.—								
Ground Floor—1	12	...	20	11,520	960	576	17.7	16.5
2	19	...	28	15,360	808.42	548.57	23.6	21.9
3	12	...	21	11,520	960	548.57	17.7	16.5
First Floor—1	16	...	30	11,952	747	398.4	18.3	17
2	19	...	27	15,936	838.72	590.22	24.5	22.7
3	16	12	30	11,952	747	398.4	18.3	17
			156					
Ward II.—								
Observation	38	...	58	35,469	933.39	611.53	54.5	50.06
Semi-Observation	12	...	15	9,506	792.16	633.73	14.6	13.5
Do.	12	...	14	9,506	792.16	679	14.6	13.5
Day Room	...	...	13	...	...	...	...	...
Do.	...	8	14	...	...	...	...	...
			114					
Ward III.—								
Hospital	33	...	42	25,188	763.27	599.71	31.4	25.1
Observation	23	...	32	16,608	722.08	515.87	20.7	16.6*
Day Room	...	...	22	...	...	...	...	...
Do.	...	8	...	...	...	...	...	...
			96					
Ward IV.—								
Observation	47	...	61	34,200	727.65	560.65	52.6	48.8
Day Room	...	...	10	...	...	...	...	...
Do.	...	6	...	...	...	...	...	...
			71					
Ward V.—1	26	...	45	24,840	955.38	552	38.2	35.4
2	...	...	9	...	...	...	...	...
Day Room	...	25	6	...	...	...	...	...
			60					
			497					
FEMALE SIDE:								
Ward I.—1	12	...	27	11,420	951.66	422.96	17.5	16.3
2	19	...	34	15,360	808.42	451.76	23.6	21.9
3	12	12	27	11,420	951.66	422.96	17.5	16.3
			88					
Ward II.—1	12	...	15	9,506	792.16	633.73	14.6	13.5
2	12	...	15	9,506	792.16	663.73	14.6	15.3
Observation	38	...	50	35,469	933.39	709.38	54.5	50.6
Day Room	...	8	15	...	...	...	...	...
			95					
Ward III.—								
Hospital—1	33	...	38	25,188	763.27	662.83	31.4	25.1*
2	23	...	25	16,608	722.08	664.32	20.7	16.6*
Day Room	...	4	20	...	...	...	...	...
			83					
Ward IV.—1	47	8	57	34,824	745.19	538.83	53.5	49.7
			57					
			325					
X BLOCK:								
X I.—1	19	...	24	14,322	753.78	596.75	22	20.4
2	19	...	23	14,322	753.78	622	22	20.4
Day Room	...	...	22	...	...	...	...	...
			69					
X II.—1	19	...	26	14,322	753.78	550.84	22	20.4
2	19	...	26	14,322	753.78	550.84	22	20.4
			52					
X III.—1	19	...	25	14,322	753.78	572.88	22	20.4
2	19	...	25	14,322	753.78	572.88	22	20.4
			50					
X IV.—1	19	91	29	14,322	753.78	493.86	22	20.4

STATE DAIRY FARM—(CLAREMONT HOSPITAL FOR INSANE).

TABLE B.—FINANCIAL STATEMENT.

EXPENDITURE.								REVENUE.			
Year.	Expenditure.		Total Expendi- ture.	Interest.	Sinking Fund.	Total.	Grand Total.	Revenue.		Total Revenue earned.	Excess Revenue over Ex- penditure.
	Salaries.	Contin- gencies.						Cash Receipts.	Supplies to Institu- tion.		
	£	£	£	£	£	£	£	£	£	£	£
1912-13 ...	522	1,906	2,428	151	...	151	2,579	2,803	1,293	4,096	1,517
1913-14 ...	680	2,333	3,013	195	40	235	3,248	3,400	1,206	4,606	1,358
1914-15 ...	773	2,776	3,549	199	40	239	3,788	3,106	1,068	4,174	386
1915-16 ...	780	2,372	3,152	202	40	242	3,394	2,670	1,678	4,348	954
1916-17 ...	772	2,369	3,141	202	40	242	3,383	2,924	1,657	4,581	1,198
1917-18 ...	772	2,004	2,776	202	40	242	3,018	2,575	1,359	3,934	916
1918-19 ...	751	2,315	3,066	202	40	242	3,308	3,502	1,388	4,890	1,582
1919-20 ...	856	3,808	4,664	202	40	242	4,906	2,845	1,759	4,604	302*
1920-21 ...	1,095	3,243	4,338	202	40	242	4,580	3,250	1,706	4,956	(Loss) 376
	7,001	23,126	30,127	1,757	320	2,077	32,204	27,075	13,114	40,189	8,287 302*
											£7,985

* 1919-20 additional stock purchased from Revenue cost £650.