

Ratios of Total Insane and Admissions to Population in Australia.

Through the courtesy of the departmental chiefs I am able to give the information below. When going to press the returns had not been completed in the States omitted; and the figures for Queensland are an approximation, being calculated on the population returns for September.

		New South Wales.	Queensland.	Western Australia.	Tas- mania.
Ratio insane to population, 1 in ..	Male	..	242	258	..
	Female	..	341	510	..
	Totals	..	279	329	..
Insane to 10,000 of population ..	Male	42·3	41·0	38·7	26·2
	Female	31·8	29·2	19·6	26·5
	Totals	37·2	35·8	30·3	26·4
Population contributing one admission	Male	1,101	1,142	1,094	2,856
	Female	1,648	1,599	1,827	3,155
	Totals	1,310	1,314	1,327	2,962
Admissions from 10,000 of population	Male	9·08	8·75	9·14	3·57
	Female	6·07	6·25	5·47	3·16
	Totals	7·83	7·60	7·50	3·37

Discharges and Deaths.

Omitting transfers, where discharge from one institution is coincident with admission into another, the number of cases discharged from the mental hospitals was 440 (m., 240; f., 200), and the deaths numbered 281 (m., 193; f., 88). The total number under care during the year, deducting transfers, was 4,832 (m., 2,841; f., 1,991). The corresponding figures for the previous year were 426, 307, and 4,697 respectively.

Of the patients discharged, 369 (m., 207; f., 162) were classed as recovered. In 1913 the number discharged as recovered was 337 (m., 175; f., 162). The percentage of recoveries calculated upon admissions was 42·51 (m., 40·67; f., 45·12), as against 42·98 (m., 37·55; f., 50·94) in the previous year. In the summary of total admissions since 1876 the percentage of recovery works out at 39·93 (m., 37·48; f., 43·61).

In England and Wales (exclusive of idiot establishments) the rate for 1913 was 32·71, and in Scotland 35·4 per cent.

The percentage of deaths calculated on the average number resident was 7·11 (m., 8·36; f., 5·36), as against 7·98 (m., 8·70; f., 6·96) in 1913. Calculated on the total number under care (less transfers) the proportion per cent. in 1914 was 5·82 (m., 6·79; f., 4·42), as against 6·53 (m., 7·17; f., 5·67) in the previous year.

In England and Wales the percentage in 1913, calculated on the daily average number resident, was 9·33 (m., 10·18; f., 8·58).

A Coroner's inquest is held in every case of death in an institution, irrespective of the cause. Analysing Tables VI and XII in the appendix one finds that above 46 per cent. of those who died were over sixty years of age, and in over 23 per cent. uncomplicated senile decay was the cause of death. General paralysis contributed nearly 19 per cent. of the male and 13 per cent. of the total deaths. Consumption and other forms of tuberculosis also contributed 13 per cent. There was 1 death from enteric fever. Two patients committed suicide; for these regrettable events blame did not attach to the staff. There were no fatal accidents.

In England and Wales during 1913 the percentage of deaths due to tuberculosis was over 15, and to general paralysis of the insane was over 25 for males.

Causes of Insanity.

Table XIII has been remodelled to show combinations of causes. A stress seldom operates singly, and the cause assigned by relatives is generally the last straw, if not the first symptom. Hitherto the principal cause assigned was all that appeared, and this will explain the few associated factors disclosed by the table. The first column deals exclusively with cases alleged to be due to a single cause; the last column shows the total incidence (either alone or in association) of any cause; and the figures in the intermediate columns deal entirely with associated causes or factors.

It will be seen that heredity is acknowledged to contribute a fair proportion (about 19 per cent. of the known causes), though an absurdly low estimate; and the total incidence assigned to the toxic effect of alcohol and venereal disease is 21·7 and 9·6 per cent. respectively among males, after deducting cases in which there was no known cause. With respect to heredity, we may try to practise self-deceit and lull the conscience by laying the blame on the past generation, but what is to be said of alcoholism and venereal disease! Now as perhaps never before these social questions, always deserving serious consideration, become clamant for action. We are plunged in a dysgenic war; the gaps in our voluntary army are being filled by the best of our sons, and it behoves us who are left behind to do what we can to make the nation of the future worthy of the sacrifice.

Voluntary Boarders.

Persons labouring under mental defect, but capable of understanding the meaning of the procedure, may seek admission to a mental hospital as voluntary boarders. At the beginning of 1914 there were 21 (m., 6; f., 15) boarders in residence, and during the year 47 (m., 17; f., 30) were admitted. If a voluntary boarder should after admission show mental defect sufficiently pronounced and sustained to render it improper to classify him any longer as such, application for a reception order has to be made to a Magistrate. During the year 14 (m., 7; f., 7) were transferred from the voluntary to the ordinary register, and 2 died, while 31 (m., 9; f., 22) were discharged, leaving the total at the end of the year the same as at the beginning. The increasing number taking advantage of this provision of the Act, and the numerous expressions of gratitude on the part of voluntary boarders for the benefits received, is most encouraging.