

31 patients must not be accounted as coming from returned soldiers who have been incorporated in the population, but from soldiers abroad who are not included in the population. At the end of the year that body would number not less than 80,000, and an equal number of the left-behind population of the same age and sex contributed between 90 and 100 patients. The surmise of the greater liability to mental disorder among persons rejected for military service is strengthened by these figures, which indicate the relative immunity of the Expeditionary Force. It is surprising, therefore, that the ratio to the general population of males of military age admitted to mental hospitals in 1917 is so very little in excess of the pre-war figures.

When reviewing the higher ages in the tables it is to be remembered that population figures perceptibly diminish when higher ages are reached, and therefore the reduction or addition of a few patients accounts for a more marked divergence from the pre-war standard than with earlier ages. It is interesting to note that the proportion of adult females admitted was consistently lower in 1917, and to reflect that this group in the population includes the wives, mothers, sisters, and other kin of our soldiers. Speculating on the average age of the fathers, in the absence of accurate information, one would place it at between 50 and 60, and our figures show that 4·2 fewer per 10,000 of the male population at that age became mentally disordered in 1917 than in the pre-war period.

The parents and wives of our soldiers have been subjected to great and unusual mental stress, and there were in 1917 no material conditions to counterbalance the stress, which did not exist in 1911, yet the figures disclose that in the very age-groups which include the near and dear the ratio of mental disorder is reduced. The presumption which occurs naturally is that the fathers and mothers of our best are themselves of sterner stuff, and able to withstand anxieties and griefs. Doubtless this is true to a large extent; but the explanation is rather to be found in the nature of the stress and the altruism it has called into being. The determination to resist the barbaric assault on liberty and justice has developed and strengthened the higher emotions, and braced the individual as it has the nation. Next to ensuring that the ruthless ambition of a State or group of States shall be curbed for all time, the rulers of the civilized nations have placed upon them the responsibility to understand, and, understanding, to direct the higher social sense now pervading and uniting their communities, so that the unique opportunity may not be lost to the commonwealth.

Returning to the nature of the stress which has been placed upon the parents, wives, and other relatives, one realizes that it is something terribly real, leaving no room or occasion for morbid vanities or mischievous introspections. These people have met their troubles in the spirit in which the soldiers have met the enemy: they have never doubted the cause nor, even in the dark days, a victorious issue; they have known the worst that could befall them when they bade farewell, and came to look upon anything that was not death as something to be thankful for, while death itself, if it laid the soldier low, brought the bereaved into a morally exalted community of suffering. They have had no reproaches shadowing them, nor have they been weighted by petty vexations; and because they have had to do with great things and have done them greatly, their reason has been preserved.

An imbecile child or a senile parent or grandparent who could no longer be suitably sheltered at home has come under our care in a few instances, but such cases have not been prominent in the past year. The drop in the proportion of senile patients may in some measure be due to cases of some duration having been already parted with. We have again experienced admissions of senile mentally infirm persons from charitable-aid institutions, cases which for a small extra expenditure in dormitory classification and nursing could have been kept on in an Old People's Home. They would have been a little more troublesome and a little more expensive to keep than the other inmates, and their committal as patients to a mental hospital is a convenient shelving of responsibility. I dwell on this subject in my last report, and repeat now what I consider would prove a remedy—namely, that the Charitable Aid Board responsible should pay full maintenance for patients so transferred.

The maximum statutory charge for maintenance is £1 ls. per week. Many patients have neither estate nor relatives able to contribute anything for their support, for some it would be no hardship to pay more than the statutory maximum, and between these extremes are a number paying varying sums according to their means. Altogether £53,650 was received in 1917—a highly satisfactory amount—which, distributed over the daily average of patients and voluntary boarders, works out at £12 7s. 3½d. per head per annum. The total cost of collection (salaries, postages, stationery, &c.) was under 1 per cent., a result which is very creditable to the Receiver.

The total average annual cost per patient in 1917 was £50 17s. 7¾d., a computation which does not include anything for rent for the accommodation supplied. Allow for this, and it is clear that the cost exceeds the statutory maximum charge. Then again, the average cost refers to the average patient, whereas the maintenance of recent and acute patients costs considerably more than a guinea a week. The maintenance expenditure for food, clothing, &c., has risen with the general higher cost of living, and salaries and wages have gone up very materially. It is time, therefore, that the maximum charge was revised. The revision will make no difference to those whose means are inadequate, but we should be in a position to collect twice the present maximum from the well-to-do.

You, sir, have also raised the question of special institutions for those capable of paying a maintenance rate of four guineas and upwards, according to the needs of the particular case. Provision will need to be made to enable us to charge and collect sums in excess of one guinea.

Our receipts for maintenance and from the farms, &c., reduced the total cost quoted above to a net cost of £35 2s. 1¾d. per patient per annum—a very satisfactory figure under present circumstances.