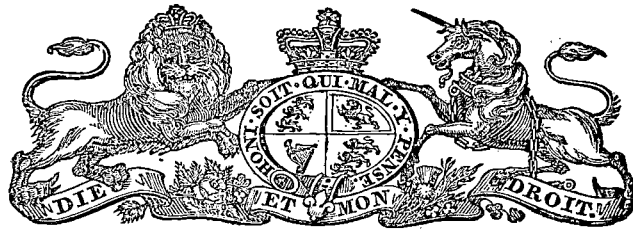


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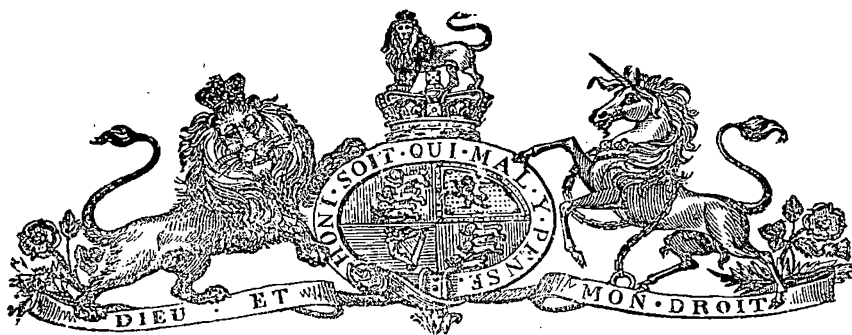
LUNATIC ASYLUMS IN TASMANIA :

REPORT OF COMMISSIONERS.

Laid upon the Table by the Premier, and ordered by the House to be printed,
July 24, 1883.

ROYAL COMMISSION
ON THE STATE OF THE
LUNATIC ASYLUMS IN TASMANIA.

REPORT
OF
THE COMMISSIONERS,
WITH
THE EVIDENCE TAKEN, AND OTHER DOCUMENTS.



Tasmania:
WILLIAM THOMAS STRUTT, GOVERNMENT PRINTER, HOBART.
1883.

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Chief Secretary's Office, Hobart, 31st January, 1883.

SIR,

I HAVE the honor to forward herewith a Royal Commission, issued by His Excellency the Governor, to enquire into the present condition of the Asylums for Insane in Tasmania, especially as to the character of the buildings and surrounding grounds, the classification of Patients, and the mode of treatment adopted; also to enquire into the means in use, and the methods pursued, for ensuring the safe keeping and successful treatment of the Insane in Great Britain, Europe, and the neighbouring Colonies; and appointing yourself, and Messrs. Bolton Stafford Bird, M.H.A., and Francis William Mitchell, as Members.

I have to request that you will be good enough to convene a meeting of the Commission at as early a date as may be convenient to the Members.

I have the honor to be,

Sir,

Your obedient Servant,

WILLIAM MOORE.

*The Honorable THOMAS D. CHAPMAN, M.L.C.,
Sunnyside, New Town.*

VICTORIA, by the Grace of God of the United Kingdom of Great Britain and Ireland Queen, Defender of the Faith.

(Seal of the Colony.)

To Our trusty and well-beloved BOLTON STAFFORD BIRD, Esquire, Member of the House of Assembly; the Honorable THOMAS DANIEL CHAPMAN, Member of the Legislative Council; and FRANCIS WILLIAM MITCHELL, Esquire.

GREETING:

WHEREAS We have thought it expedient to enquire into the present condition of the Asylums for the Insane in Tasmania, and especially as to the character of the buildings and surrounding grounds, the classification of patients, and the mode of treatment adopted, also to enquire into the means in use and the methods pursued for ensuring the safe keeping and successful treatment of the Insane in Great Britain, Europe, and the neighbouring Colonies: KNOW YE that We, reposing great trust and confidence in your fidelity, discretion, and integrity, have authorised and appointed, and by these presents do authorise and appoint you the said Bolton Stafford Bird, the Honorable Thomas Daniel Chapman, and Francis William Mitchell, to make diligent enquiry into the present condition of the said Asylums for Insane in Tasmania, especially as to the character of the buildings and surrounding grounds, the classification of patients, and the mode of treatment adopted, also to enquire into the means in use and the methods pursued for ensuring the safe keeping and successful treatment of the Insane in Great Britain, Europe, and the neighbouring Colonies: AND for the better discovery of the truth in the premises WE do by these presents give and grant unto you, or any one or more of you, full power and authority to call before you all such persons as you shall judge necessary by whom you may obtain information in the premises: AND Our further will and pleasure is that you, or any one or more of you, shall reduce into writing under your hands what you shall discover in the premises, and do and shall, on or before the first day of June next, certify unto Us in Our Executive Council in Tasmania, in writing under your hands respectively, your several proceedings by force of these presents, together with what you shall find touching or concerning the premises upon such enquiry as aforesaid: AND We further will and command and by these premises ordain that this Our Commission shall continue in full force and virtue, and that you Our said Commissioners, or any one or more of you, shall and may from time to time proceed in the execution hereof and of any matter or thing herein contained, although the same be not continued from time to time by adjournment: AND We do hereby command all and singular Our loving subjects whomsoever within Our said Colony of Tasmania that they be assistant to you in the execution of these presents. IN TESTIMONY whereof We have caused these Our Letters to be made Patent, and the Public Seal of Our Colony of Tasmania and its Dependencies to be hereunto affixed.

WITNESS Our trusty and well-beloved SIR GEORGE CUMINE STRAHAN, Knight Commander of the Most Distinguished Order of Saint Michael and Saint George, Governor and Commander-in-Chief in and over the Colony of Tasmania and its Dependencies, at Hobart, in Our said Colony, this thirtieth day of January, in the forty-sixth year of Our Reign.

GEO. C. STRAHAN.

By His Excellency's Command,

WM. MOORE, *Chief Secretary.*

(Seal of the Colony.)

WE will and command that the within written Commission shall continue in full force and virtue until the eighteenth day of June next, anything in the said Commission contained to the contrary notwithstanding. IN TESTIMONY whereof I have caused the Public Seal of the Colony of Tasmania and its Dependencies to be hereunto affixed.

Dated the twenty-eighth day of May, one thousand eight hundred and eighty-three.

GEO. C. STRAHAN.

By His Excellency's Command,

WM. MOORE, *Chief Secretary.*

Parliamentary Buildings, Hobart, Tasmania, June 16th, 1883.

SIR,

ON behalf of the Commissioners appointed by His Excellency the Governor to make enquiry into the present condition of the Asylums for the Insane in Tasmania, especially as to the character of the buildings, the classification of patients, and the mode of treatment adopted, and the means in use, and the methods pursued for ensuring the safe keeping and successful treatment of the Insane in Great Britain, Europe, and the neighbouring Colonies, I have the honor to transmit herewith their Report, together with the Minutes of their Proceedings, Evidence, and also Returns, &c. relating thereto.

I have the honor to be,

Sir,

Your obedient Servant,

THOS. D. CHAPMAN,

Chairman of the Royal Commission on Asylums for the Insane.

*The Hon. the Chief Secretary,
Tasmania.*

R E P O R T.

To His Excellency SIR GEORGE CUMINE STRAHAN, Knight Commander of the Most Distinguished Order of Saint Michael and Saint George, Governor and Commander-in-Chief in and over the Colony of Tasmania and its Dependencies.

MAY IT PLEASE YOUR EXCELLENCY.

WE, the Commissioners appointed to make enquiry into the present condition of the Asylums for the Insane in Tasmania, especially as to the character of the buildings and surrounding grounds, the classification of patients, and the mode of treatment adopted, and the means in use and the methods pursued for ensuring the safe keeping and successful treatment of the Insane in Great Britain, Europe, and the neighbouring Colonies, have the honor to present our Report.

Upon entering on our duties it was suggested that possibly it might have been advantageous if one or more medical practitioners had been associated with us. With a view, therefore, of adjusting as far as possible the weight our opinions and recommendations as laymen are entitled to without the association of medical commissioners, we have examined nineteen gentlemen holding diplomas, all of whom readily attended and gave evidence. From a perusal thereof it will be seen that, with one or two exceptions, these gentlemen do not appear to have made psychology a specialty: the assumption, therefore, that a medical commissioner was an absolute necessity is not fully borne out, however much it might have been desirable that we should have had the benefit of professional skill associated with us. We also invited the attendance of the Mover of the Address to Your Excellency for the appointment of this Commission, and another medical gentleman, who declined to attend; and further, we requested the attendance of two of the medical profession who were absent.

As regards the means in use and the methods pursued for ensuring the safe keeping and successful treatment of the Insane in Great Britain, Europe, and the adjacent Colonies, our Report and recommendations must of necessity be based upon the information obtained by reading the various reports from those places. We avail ourselves largely of the valuable Report on Lunatic Asylums made by Dr. Fred. Norton Manning, Inspector-General of the Insane, to the Government of New South Wales in 1868.

This Report contains the information which that devoted psychologist obtained in the course of his official visits to the Asylums for the Insane in England, Scotland, the United States of America, France, Germany, Belgium, and Holland.

The Report of the tour of inspection in search of information for the Government of Tasmania, which was recently made by the Medical Superintendent of the Hospital for the Insane at New Norfolk, (see Appendix B.), together with the various Reports furnished to us, afford all the information we have been able to obtain as regards the neighbouring Colonies.

The medical witnesses examined were unable to afford us very much information as to the system upon which the Insane are treated either in Great Britain, Europe, or the Colonies. The information and suggestions we, however, received from them, coupled with the opinions and recommendations of Dr. Manning as regards the treatment of the Insane, and the most desirable buildings, &c. for them,—together with the evidence of the various other witnesses we have examined,—the returns we have found it necessary to obtain,—and a thorough examination of the two Hospitals,—form the basis upon which our recommendations are made.

There are two Asylums for the Insane in the Colony,—viz., one at New Norfolk, twenty-two miles from the metropolis; and one at the Cascades, in close proximity to Hobart; both of which are under Government control. That at New Norfolk is devoted to Insane patients generally, and that at the Cascades is given up to lunatics who were removed from Port Arthur on the Prison Establishments there being disbanded in 1877.

At the end of last year there were 147 male and 147 female patients at the New Norfolk Asylum, of whom 15 males and 11 females contributed either wholly or in part towards the cost of their maintenance, the remainder being provided for by the Government. The total cost of this establishment during 1882 was £7726 6s., which, less the amount received from paying patients,—viz., £1288 6s.,—leaves £6438 defrayed by the Government. (See reply to Question No. 42, which gives the average cost for the last 10 years.)

Sixty-three inmates remained at the Cascades at the end of 1882, of the average age of $61\frac{1}{4}$, the eldest being 86 and the youngest 37 years of age. The total cost of this establishment, as shown by the annual Report, for that year, was £2201 18s. 5d., of which £1877 6s. 8d. was contributed by the Imperial Government, the remainder—viz., £324 11s. 9d.—being defrayed by the Government of this Colony.

Both these Institutions are conducted under the Act 22 Victoria, No. 23, intituled "An Act for Regulation of the Care and Treatment of the Insane, and for the Appointment, Maintenance, and Regulation of Hospitals for the Insane." In each case they are, so far as the medical and moral treatment of the patients and the general arrangement and control of them are concerned, under the management of Medical Superintendents, and they are inspected monthly by Commissioners appointed by the Governor in Council under the said Act.

There is no Private Lunatic Asylum in the Colony.

The site of the New Norfolk Asylum appears to be, in many respects, admirably suitable. It is healthy; it has an excellent water supply; the drainage is good; the surrounding scenery is cheerful. But the Asylum enclosure itself is neither so attractive and pleasing in appearance as it should be, nor is it so extensive as it requires to be to afford scope for those amusements, recreations, and occupations which the medical faculty regard as desirable, if not necessary, for the mental improvement and recovery of the Insane. Much more might have been done to render the grounds ornamental by the planting of shrubs and flowers, but no doubt the difficulty of finding the means for making these improvements has been the hindrance. The recreation ground attached to the Ladies' Cottage particularly requires both improvement and extension. The refractory yard for females is needlessly uninviting in appearance, and is surrounded by a high boarded fence in which it is evident that external appearance has been more studied than the safe keeping of the inmates, one of whom, if not more, has accomplished the not at all difficult feat of climbing up by the hand and foot-holds which posts and rails on the inside afford, and dropping over the outside, which offers from top to bottom neither hand nor foot-hold. Perhaps the dreariest portion of the grounds is the yard in the back division, which is surrounded by buildings far more suggestive of a prison than a hospital. Enclosed within such cheerless walls, which almost shut out the view of the surrounding hills, and without a vestige of cultivation to vary the monotonous aspect of the much-trodden grassless ground, it presents certainly one of the most painful features among the many sad sights which the Asylum affords.

The grounds at present belonging to the Hospital consist of about 48 acres in all,—viz., $10\frac{1}{2}$ acres of land on which the buildings stand, $5\frac{1}{2}$ acres for recreation grounds, and the remainder, about $31\frac{1}{2}$ acres, are devoted to farm and grazing ground, or in proportion of less than one-sixth of an acre per patient.

A Cottage, in which 9 male Idiots are cared for, stands on the farm, as it is considered desirable, and indeed it appears to be the general practice, to place these unfortunate persons in an establishment quite distinct from the Insane, though sufficiently near the Asylum for the services of the Medical Superintendent to be available.

The farm, on which various kinds of produce are raised, affords occupation for some few of the willing patients who work thereon daily. It has an abundant supply of excellent water, and there are great facilities for perfect drainage.

The buildings at New Norfolk, with some exceptions, are of a very unsatisfactory character, being in many respects ill-adapted for the purposes for which they are used. This, however, is no matter for surprise, considering that they were erected many years ago for quite a different purpose, and that so far back as the year 1859, when they contained only 205 inmates, they were, so to speak, condemned in the "Report of the Joint Committee of both Houses of Parliament on the Accommodation and Site of the Hospital for the Insane, New Norfolk," as not affording sufficient accommodation for either health, classification, occupation, recreation, or other purposes necessary to the well-being of the patients. This state of things is now intensified with nearly 300 patients occupying the Asylum, notwithstanding the various but comparatively insufficient additions, alterations, and repairs which have been from time to time effected during the last 24 years.

The two Cottages in which the paying male and female patients are located are very creditable buildings, and, beyond requiring to be rendered a little more homely by additional internal furnishing, may be regarded as being adapted to the wants of the inmates.

The refractory division for females is, on the whole, fairly suited to the condition and requirements of those who occupy it, though it is capable of improvement by better lighting and other alterations and repairs.

The main building, also for females, is one which, though by no means all that could be

desired, yet contains very good dayrooms and associated and single dormitories, and is one which, with some alterations and much needed repairs and paint, would permanently serve a useful purpose for chronic cases.

On the male side the corridor and single rooms may be regarded as affording fair accommodation, which, however, could be much improved by an extension and elevation of the corridor. All the rest of the accommodation for males is so inferior and unsuitable in character as to compel the assertion that the sooner the inmates are provided with other accommodation the better.

We could not fail to observe that several of the dormitories, particularly those on the male side, were both over-crowded and ill-ventilated, indicating the pressing necessity for increased and better accommodation.

In the bath rooms we notice that an improvement has been effected during the course of our enquiry, but, both in these and in kitchen and laundry arrangements, many alterations and improvements are needed yet.

The deficiency of proper store accommodation has, it appears, been repeatedly commented on by the Commissioners of the Asylum, and in our opinion very properly so, but without any improvement having been made. It is utterly inadequate; and being comprised in six apartments inconveniently separated from each other, entails loss of time in passing from room to room, neither of which is fitted for the reception and preservation of the goods placed in them; there are no windows in some of them, and in all there is a great deficiency of light, it therefore becomes difficult, if not impossible, to keep their contents properly assorted or protected from either dust or vermin. These rooms are not capable of improvement for this purpose, and therefore better store accommodation should be provided without loss of time. The present store-rooms might, in that case, be utilised for other Hospital purposes.

The absence of waiting and reception rooms, such as are usually provided in Asylums for the Insane, has been referred to by some of the witnesses examined. This is a defect which, in our opinion, ought to be remedied, so that when the inmates are visited by their friends they may see them in a suitable room, and not, as at present, in the verandah or in the open grounds.

The Matron's Cottage appears to us to be inconveniently situated, and in future re-arrangements might be utilised for a few of the patients, or removed to make room for an extension of the refractory ward; while other and more cheerful quarters should be found for the Matron.

The buildings further appear defective in that no provision exists in them for the residence of a Medical Officer. It is eminently desirable that a Medical Officer should reside in the Asylum. The Superintendent's residence is beyond the walls of the Asylum, while the Assistant Medical Officer resides still farther away. In our opinion, both quarters and board should be provided for the Assistant Medical Officer on the premises, so that he would always be at call when any emergency arises.

The buildings at the Cascades are ill-adapted for the purposes of a Hospital for the Insane, though the accommodation they afford closely assimilates to that which most, if not all, their inmates, who were brought from Port Arthur, have been habituated to for very long periods.

It is certainly not, either as to its buildings or its site, such an Asylum as should be selected for the treatment and cure of the insane. Dr. Turnley speaks very strongly in relation to it, under question 374. His words are: "For the treatment of the insane it would be difficult to select a place more unfitted. Situated in a hole, which in winter becomes a swamp, it is cold, damp, and gloomy. Shut in by hills in the immediate vicinity, there is no cheerful scenery upon which the eye may rest, look in whatever direction you may. The yards are surrounded by walls so high that during the whole of the winter time the sun is excluded, except when at its greatest altitude, for about two hours during the day. The whole place and its surroundings have a depressing influence, and instead of being a fit place for the cure of mental disease, it is rather calculated to produce melancholy madness in the sane." On the other hand, Dr. Coverdale, the Medical Superintendent of the Establishment, considers (see question 284) that the Asylum is suitable for the class of criminal lunatics detained therein; although he adds that this opinion does not imply that a more suitable Asylum could not be established.

A necessity appears to exist, though difference of opinion among medical men prevails with regard to it, for one or more padded rooms. Where doctors disagree laymen may well be slow to advise, yet as the absence of such rooms is regarded by many as a defect, we here make note of it, and have no hesitation in recommending that at least two padded rooms in each division at New Norfolk should be provided.

Finally, as regards the buildings both at the Cascades and at New Norfolk, but particularly in regard to those at New Norfolk, we must express our strong conviction that the efficiency and

success of the treatment adopted is very much hindered and lessened by the impossibility of properly classifying the patients. It is vain to hope for either the necessary amount of comfort, or the speedy cure of the Insane unless the buildings are so arranged that the different forms and stages of insanity, and to some extent also the different classes of patients, can be separately treated. Until such provision for classification is made, our Asylums cannot be regarded as affording a satisfactory refuge for their afflicted inmates.

We consider that the Asylums are conducted with great economy, the gross cost per diem for each patient during the year 1882 at the New Norfolk Asylum being 1s. 6½d., and that of each patient at the Cascades being 1s. 11d.; while the net cost at New Norfolk is 1s. 2½d., and that at the Cascades 1s. 9½d.

The dietary scale (see pages 4 and 20) appears to be sufficient; the provisions we have found to be wholesome, although a little more variety might be introduced with advantage without very materially increasing the cost.

The general treatment of the patients is in our judgment satisfactory. The Medical Officers appear to be regarded as friends by the patients, and the mechanical restraint and the seclusion of the violent which were so prevalent in former times in most Asylums for the Insane, are here never resorted to except when absolutely necessary for the safety of the patient or of others.

Occasional instances of needless harshness on the part of attendants have occurred, as they will in any asylum where a number of attendants who are frequently coming and going are employed; but we have not found that any case of harshness calling for rebuke has been unpunished, or that any attendant whose offence was great has been retained in the service. Very careful enquiry has satisfied us that our Asylums are as free from abuses of this kind as it is well possible for such institutions to be.

Great difficulty exists in procuring well qualified nurses and attendants, and this militates much against the well-being of the patients. It may be doubted whether the offer of higher wages would procure a better class; although, if higher wages would induce them to remain longer in the service, as probably they would, they would become more efficient. But the suggestion has been offered by one medical witness, and supported by several others, that it would be desirable to bring a few from Europe of a better class of well-trained attendants than can be obtained here. In this suggestion we concur, for under the teaching of these the other attendants would speedily become more efficient.

The difficulty of distinguishing attendants from patients, and the inconvenience which often arises therefrom, has led us to the opinion that the nurses, warders, and attendants should be provided with a uniform; the objections thereto on the part of some being of little weight, whilst the smart appearance of these officers in uniform, the thereby increased care with which their dress is regulated, and their immediate recognition by official and other visitors, are strong recommendations in its favour. A pattern for both men and women, neither suggestive of asylum, prison, or police, and yet becoming, could easily be devised.

We consider that it would be well for the Commissioners, who now pay their visits regularly on a certain fixed day of each month, to make their visits of inspection at uncertain intervals, and on days and at times of which no previous intimation should be given to any person attached to the Asylums.

Having heard that Dr. Tucker, proprietor of the "Licensed House" for the Insane at Cook's River, New South Wales, on a recent visit to Tasmania, had expressed an opinion very unfavourable to the appointment of a medical officer as Superintendent of any Asylum for the Insane, and learning that his opinion was regarded by some as being of very great weight, we have canvassed the views of many competent witnesses on this point, with the result of finding that no one agrees with him. An extract which we append from a recent Sydney medical journal will indicate the worth attached to his views by the medical profession there.—(See Appendix D.)

It appears also to us that the printed Rules and Regulations for the observance and guidance of the whole of the officers and attendants at both the Hospitals for the Insane should be remodelled and reprinted, those at present in force being susceptible of much improvement.

We have had, also, incontrovertible evidence placed before us that it is really impossible for the duty of the combined offices of Clerk and Storekeeper to be efficiently performed by one person, and that the appointment of a competent youth as Assistant Clerk and Storekeeper is at once absolutely necessary.

We find that Parliament votes sums annually for Chaplains of the Churches of England and Rome for attendance on prisoners and insane, and whilst the Chaplain of the Church of England receives a salary of £25 a year from Synod, presumably out of the fund into which the sum voted by Parliament is paid, it appears from the evidence of the Chaplain of the Church of Rome (page 13) that he performs clerical duty at the New Norfolk Hospital for Insane gratuitously.

At the Cascades Asylum great difficulty is experienced in persuading the inmates either to amuse or employ themselves, or even to go into the recreation ground provided for them. Their long prison career seems to have deprived most of them of all desire for any pleasure or change other than they find within the Asylum walls, and pacing the yards in which they are confined.

While some provision is made at New Norfolk for the amusement of the patients by means of concerts, balls, games, theatricals, &c., very much more might be provided in some directions with advantage. Further efforts also should be made to find employment for the patients in gardening, farming, and other occupations,—all authorities concurring in the opinion that the more the Insane are employed, and particularly in the cultivation of the soil, the better. We quote from a Report to the Secretary of State for the Colonies on Colonial Hospitals and Lunatic Asylums, dated 1863, the following words:—

“The most important means for the proper employment and amusement for the insane is a sufficiency of land for exercise and for cultivation. The Chief of the Toronto Asylum, which is the best in Canada, says that ‘No curative means had recourse to in the treatment of insanity can be compared to that of moderate field or garden labour.’ The Canadian Inspector-General of Asylums, Prisons, &c., perpetually urge the necessity for additional land. ‘The cultivation of the soil,’ they say ‘is not only the most pleasing operation for the insane, and that in which they are apt to take most interest, but it is also the one most conducive to their bodily and mental health, and bears most directly upon the diminution of expense to the Government in their support.’ And again: ‘It is held by all writers on insanity that employment in the fields has not only a most beneficial tendency as a curative process in the treatment of the patients, but that it is at the same time a kind of employment in which patients can be induced to engage when they will refuse to do anything else. It is also a work in which many of them, though unwilling at first, come to take an interest, keeping alive the faculties of the mind, while it administers to a healthy exercise of the body.’”

Among other recreations provided for some of the patients, an occasional drive would be advantageous. Where this has been done even to a limited extent it has been known to assist recovery; and we feel that some additional expense should not be grudged when it is likely to hasten the cure of the unfortunate sufferers.

In the course of our enquiries we ascertained that there are at New Norfolk a number of criminal lunatics; and also some who are confined there during Her Majesty's pleasure. We regard it as very improper that this class of insane persons should be associated with the free patients. We entirely concur in the opinion expressed by Dr. Coutie in his evidence (question 89)—“It is not proper that the criminal insane, whose previous lives have in most cases been of the lowest and most degraded type, should associate with, and so in many ways contaminate patients of a better class. Altogether the habits, manners, language, and general mode of living of these patients are as a rule of such a debasing character as to render their admission here in every way inadvisable.” With this opinion both Dr. Macfarlane and Dr. Huston agree, the former of whom says, “I think it inadvisable that they should be mixed with the free patients;” the latter speaking most decidedly against such a practice. The fitting place for the detention of this class of lunatics appears to be with the same class as are confined at the Cascades, where without difficulty accommodation can be found for all of this class who are now at New Norfolk.

The measures adopted with the Insane prior to their admission to New Norfolk are in many cases very unsatisfactory. At Hobart they have often been temporarily detained and observed in the General Hospital, where very insufficient and unsuitable accommodation is provided.—(See questions 314, 393, 394.) Under question 317 is also a Return showing the number of patients sent to New Norfolk from the Hobart General Hospital. At Launceston the arrangements for the temporary observation and treatment of the Insane have been still more defective. The evidence given by Dr. Thompson, of the Launceston General Hospital, is that these patients “are lodged in the Municipal Gaol and treated simply as criminals by detention in gaol, which is simply barbarous.” “Until recently,” he also says, “we had no provision [in the Hospital] for them, but now we have three cells, but they are inadequate for the purpose intended, and I considered it cruelty to shut up the patients in them.” In addition to this medical testimony, the evidence given by the Superintendents of the Gaol and the Police in Launceston (see questions 606, 610, 611) show clearly the necessity for the establishment, in both Launceston and Hobart, of Reception-houses in which acute cases of insanity can be properly observed and treated. Under proper temporary treatment many of the cases committed to the New Norfolk Asylum might we think be speedily cured, while the unhappy patients and their friends would be spared the pain which the very thought of commitment to New Norfolk awakens, and much of the expense now incurred in conveying patients so far as New Norfolk would be saved. The recommendations of Drs. Holden, Bright, and Thompson, made under questions 318, 396, 502, and also the closing portion of Dr. Thompson's letter, page 34, regarding the erection of Reception Cottages on the grounds of the General Hospitals, met with our entire approval. We strongly express our opinion that the absence of such Reception-houses is a serious defect in the provision for the treatment of the Insane, and one which cannot be too speedily remedied. (See Appendices E. to H.)

The question of retaining the present site at New Norfolk for the Asylum for the Insane has received our very serious and full consideration. Some difference of opinion exists among the witnesses examined as to whether this should be retained, or a site nearer Hobart secured. Many allege that the distance to New Norfolk from Hobart is too great, involving needless inconvenience and expense in many ways, and in view also of the fact that many of the Asylum buildings at New Norfolk are unfit for the uses to which they are applied, the best course is to choose a site nearer the Capital, and then erect entirely new buildings on approved modern plans. On the other hand, some of those who should be best able to judge the question are of opinion that it would be a mistake to abandon the present site. The objection as to distance is not very weighty in view of the easy means of communication which exist, and with the probability of railway extension to New Norfolk in the near future. Having carefully weighed all the arguments advanced for and against the retention of the present site, it appears to us on the whole most desirable to retain it, provided the area of land attached to it be considerably increased.

The following is quoted from the Report on Colonial Hospitals and Asylums, 1863 :—"In the United States, it is asserted in the Report of the Toronto Asylum, no new public asylum is allowed to be established without at least 150 acres adjoining ; and the Commissioners in Lunacy of this country have laid it down that the land belonging to an Asylum should, when practicable, be in proportion of not less than one acre to four patients."

This decision of the United States Commissioners on Lunacy approves itself to us ; for it is considered by many psychological authorities, including Dr. Manning, that the land attached to an Asylum should be in proportion of not less than one acre to four patients, so as to afford ample means for agricultural employment, exercise, and recreation ; and that the means should exist for extension in the future. Seventy-five acres would be sufficient according to present numbers at New Norfolk ; but in view of the probability that the numbers of Insane will, unhappily, increase with population and prosperity, we consider that not less than 100 acres in all should be provided for Asylum purposes.

An examination of the lands surrounding the present Asylum grounds has satisfied us that there is a sufficient acreage of suitable land in the neighbourhood which could be procured, by special Act of Parliament, under the provisions of the Lands Clauses Act. Subject to the acquirement of this increased area of land, which we fully describe in the second clause of our recommendations, we are of opinion that additional buildings to accommodate about 100 patients should speedily be erected, so as to afford the needed increased accommodation and the improved means of classification and treatment which the best plan of buildings can afford.

We are also strongly of opinion that in all new erections for Asylum purposes the Pavilion and the Cottage system should be combined, inasmuch as with such combination the best possible classification can be made, and the greatest amount of comfort for the patients secured. And though all testimony that we have obtained is to the effect that the Cottage system is the more expensive, yet, on the other hand, all admit that it tends to promote both the increased comfort and the speedier cure of the patients. Comfort and cure should be considered in such a matter before cost ; while it is to be remembered that by effecting speedier cures the more costly method may be cheaper in the end than the less costly and slower method. Humanity also urges that at any rate the best, even if more costly, method should be adopted for the cure of all those acute or peculiar cases which afford hope of yielding to treatment. With chronic cases, such as are referred to by Dr. Coverdale under question 272, in which little or no hope of recovery exists, the more special and costly provision for treatment may be regarded as less necessary ; but in the earlier stages of the disease, and in certain peculiar cases, it does seem essential that the very best method of treatment be employed, even though it be at some increase in the expenditure.

The Asylum at Callan Park, near to Sydney, is being built upon the Pavilion system, which, although not quite completed, is partially occupied by the Insane, and finds favour. It is possible, says Dr. Manning, to erect a building upon the Pavilion principle, with all the accessories for treating the Insane, at moderate cost.

The construction of Pavilions to accommodate about twenty patients each, having day-room on ground floor and dormitory above, with some cottages accommodating from six to twelve each, appears to us to be likely to afford such accommodation as is required. The details of the plan, and the best disposition of the new buildings in relation to the old ones, we must leave for professional decision ; but we are convinced that such accommodation for about 100 patients should be provided without delay, and that in the new buildings improved administrative apartments, as well as waiting rooms, should be provided, whilst the needful store accommodation may be found in some of the present buildings until a portion of the new building shall be completed.

Our enquiries as to the causes of insanity adduced evidence to the effect that to some extent it is traceable to hereditary taint, intemperance, and often to the drinking of vile liquors sold in licensed public-houses. We feel called upon to draw special attention to this, and to suggest measures in the use

of which such sources of insanity may be partly closed. Dr. Thompson, under question 506, relative to the cases of insanity that had come under his notice in Launceston, says:—"I believe the cause is spirit drinking, chiefly whisky,—that being the popular drink it is therefore more adulterated." And he adds, under question 507, "that persons became simply maniacal within 24 hours by drinking this adulterated drink." Dr. Maddox also, under question 578, says:—"Intemperance is the chief cause, as far as my experience goes: the bad quality of liquors on the one hand, and the excessive use on the other, are also causes of insanity." In 1871, the late Dr. Bayldon, of Victoria, stated "that 33 per cent. of males between 20 and 50 years of age in the Yarra Bend Lunatic Asylum owed lunacy to drink." To the same effect is the sad story told by the Return (see Appendix G.) of persons recently admitted to the Gaol at Launceston suffering from *delirium tremens*. No. 6 in that Return is "stated to have been hounded at a public-house at Scottsdale." No. 7 is "stated to have been hounded at a public-house at Beaconsfield." No. 9 "stated he had been hounded at a low public-house at Launceston." This last case became quite insane and was removed to New Norfolk. Such terrible revelations as these show the necessity for a system of public-house inspection and analysis of the liquors sold, in order to punish those who ruin men's brains with adulterated liquors. And the admitted fact that intemperance, even in the use of unadulterated liquors, is a large factor in the production of insanity, points to the necessity for the establishment of an Inebriate Asylum, in which, it may fairly be hoped, many inebriates will be restored to habits of sobriety and saved from becoming a curse to themselves, and through insanity a burden to the community. Dr. Perkins, under question 419, has called special attention to this matter. His evidence is so important that we quote it here at length.

"All medical men are frequently brought into contact with cases of dipsomania and habitual drunkenness amounting to disease. This class of case indicates loss of control, and if allowed to proceed unrestrained leads to the most wasteful prodigality, the dissipation of property, and the ruin of many homes even in so small a community as our own. Victims of this malady, often highly respectable, become too violent and wasteful for their own homes, and either become insane or drift at last into the Hospital (General), where their presence is a scandal, and where they remain only a few days or weeks until recruited for a fresh outbreak. The State makes no special provision for this class, who are more difficult to deal with than many cases of insanity, but relegates it to private enterprise. I desire therefore to recommend that in the vicinity of an Asylum for the Insane, but not within sight or hearing of the same, there should be a Retreat for the cure of inebriates or habitual drunkards; the Retreat to be under the same medical supervision, and the inmates, when able, paying fees according to a fixed scale. "The Inebriates Act," 1873, 37 Vict. No. 16, affords all necessary powers, and recent regulations by the Governor in Council further define these. I may be permitted to point out that in 1873, in Canada, the Governor was authorised to purchase land, erect buildings, and appoint and pay all officers of the Asylum. In New York State there are three Inebriate Asylums—one for the City of New York, supported by Government; one at King's County, which gets 12 per cent. of the excise moneys and all the fines for violation of excise law in the County, besides £50,000 to start the Asylum; and a third at Binghamton, receiving 10 per cent. of all the excise of the 58 Counties of the State. The State of Texas has granted £20,000 to its Inebriate Asylum, and the State of Indiana has established a sanitarium for the treatment of inebriates. In England, more recently, the necessity of treating chronic drunkards in like manner has approved itself to the Legislature. It may be asked, are the people so restrained eventually cured of their disease? A fair per-centage are cured, but the benefit derived is not to be estimated by the number of cures, but rather by the comfort and security afforded the relatives of inebriates and the property often left available for their subsistence after the inebriate has been deprived of the power of wasting it. A further benefit is afforded the community by the removal from its midst of those who certainly are not under proper care and control, though sadly requiring it. Lastly, both the Governments of Victoria and South Australia have recognized the wisdom of maintaining an institution of this kind. The large proportion of insane derived from the class of habitual drunkards is a fact which goes far to demonstrate the necessity of a special establishment and its fitness in the vicinity of a Lunatic Asylum."

On the same important subject we further quote from Dr. Manning's Report, p. 224:—"The necessity for some provision for persons of intemperate habits seems, by the recent Act for Scotland, and by the action taken by the English Commissioners in Lunacy in obtaining the opinion of counsel upon the legality of allowing such patients to be received as boarders in Lunatic Asylums, to be fully recognized in Great Britain; but, so far as experience at present goes, the plan of admitting such patients into ordinary asylums is very far from being a satisfactory one. The class of patients is objected to by almost all Asylum Superintendents, and a consideration of their peculiarities will suffice to convince anyone that ordinary Asylums are not fit residences for them, and that their association with the Insane is not at all desirable. The American plan, of separate institutions for this class, is far preferable in many respects, and such institutions may be expected to render useful service to the community at large."

Since the "Inebriates Act" was passed, in 1873, very little has been done under its provisions to meet the requirements of the community. The only attempt to establish an Inebriate Asylum was made in 1882 by Dr. Perkins. He provided an asylum, a proprietor was licensed, and Dr. Perkins himself was appointed Medical Superintendent. In this Asylum several cases were treated with some good results. But the difficulty of maintaining such an establishment with all necessary appliances for the comfort and safe-keeping of the inmates, unaided by Government, proved so great that the Asylum has recently been closed. Other difficulties also arose which indicated that a private institution of this character was not likely to be very successful. The legal and other costs which necessarily under the Act had to be incurred in order to procure the admission of an inebriate into the Asylum were very great, amounting to £15 or £20, so that at the outset there existed a serious obstacle to the admission of the poorer class of inebriates. In our opinion the Act should be so amended that admission to an Inebriate Asylum may be made much less costly. This might be accomplished by giving to two magistrates the power which a Judge in Chambers now has, to

issue orders for the admission of inebriates to the Asylum when two medical men have certified to the necessity for such an order and no cause to the contrary is shown, still providing a right of appeal to a Judge in Chambers. There appears to us no reason why the admission of inebriates to an Inebriate Asylum should be more difficult and costly of accomplishment than the admission of lunatics to an Asylum for the Insane.

The necessity for the establishment of an Inebriate Asylum has been clearly demonstrated by the number of inmates treated by Dr. Perkins during the few months his Asylum was open, as also by the fact that he had other applications for admission which, from various causes, he was unable to accept. With the experience of Dr. Perkins before us, it may be feared that we will have long to wait before private enterprise alone will undertake and carry out this much needed work. Whilst private enterprise lingers the evil grows, and intemperance unchecked is causing insanity, wrecking precious lives, and adding inmates to our Lunatic Asylums. The instincts of humanity and the principles of political economy alike urge the establishment of Inebriate Asylums at the expense and under the control of the State. In America and Canada the Government subsidise these institutions with large amounts, and the principal institutions are under Government management after having passed through their periods of experiment. The erection of a cottage in connection with each of the Charitable Institutions at New Town and Glen Dhu (the proposed site of a new Charitable Institution near Launceston), to be supplied with attendants under the control of the Superintendents of these institutions, and visited by non-resident medical officers, would, in our judgment, serve the ends desired, and would be preferable, we think, to the establishment of an Inebriate Asylum either at or near New Norfolk. The cost of maintaining such an institution would always be largely, if not wholly defrayed by the fees paid by the inmates; while, with ample provision made for amusements and occupation in gardening, &c., on grounds surrounding the Asylums, many cures would be effected, and the more terrible evils and burdens which drink-caused insanity inflicts on the community would probably thereby be averted.

We cannot conclude our Report without calling attention to the evidence of Dr. Macfarlane (see Question 25), from which it appears that the recommendations of the Commissioners of the Asylum have not always received from the Executive that prompt attention which their importance demands.

It only remains now for us to summarise the recommendations which we offer, as indicated by the foregoing statement of the results of our enquiry.

Our recommendations are :—

1. That the site of the Hospital for the Insane at New Norfolk be retained for the purposes to which it is now applied.
2. That about 62 acres of land adjacent to the present Hospital grounds be procured; and we recommend that the authority of Parliament be sought for closing up Burnett-street between George and Grey streets; for closing that portion of Grey-street as far as Humphrey-street, and for closing the whole of Charlotte-street; and also for the purchase of the following blocks of land, coloured red on the plan annexed, and numbered A. to H.:—A., 15a. 3r. 14p.; B., 2a. 0r. 20p.; C., 5a. 1r. 14p.; D., 2a. 2r. 10p.; E., 5a. 2r. 6p.; F., 2a. 3r.; G., 18a. 1r. 24p.; H., 9a. 2r. 33p.; total, 62a. 1r. 1p.
3. That the erection of new buildings to accommodate 100 patients be undertaken, in proximity to the present buildings at New Norfolk, without delay. In such new buildings the Pavilion and Cottage Systems to be combined, and to be so disposed, and of such a size and character, as to afford every provision for the classification and the comfort of the patients, for the reception of visitors, and the general administration of the Institution. Each Pavilion should provide accommodation for about 20 patients, and each Cottage accommodation for from 6 to 12 patients.
4. That the grounds generally be rendered more attractive by planting ornamental trees, shrubs, and flowers.
5. That the refractory yard for females be extended and improved in appearance, and that it be more securely and neatly fenced.
6. That in the back male division the yard be extended, and otherwise improved by planting trees, &c.
7. That the refractory wards for females be immediately improved by better lighting and necessary repairs.
8. That the main building for females be placed at once in thorough repair and better adapted to the requirements of the patients.
9. That the corridor in the male division be extended, and its roof elevated, to afford better day accommodation.

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10. That all other wards in the back division should cease to be used for the accommodation of patients as soon as better quarters can be provided for them, and that some portion of these buildings should be entirely removed to afford the needful space for the extension of the recreation ground in that division.
11. That improved bath-rooms and better kitchen and laundry arrangements and appliances should be provided for, partly perhaps in some of the present buildings, but chiefly in the new buildings which we recommend should be erected.
12. That temporary improved store accommodation be provided at once, which may be done most inexpensively by transferring the criminal lunatics at New Norfolk to the Cascades, thus relieving the pressure on space in the wards, a portion of which could, in that case, be utilised for store purposes pending the completion of the new buildings, when more permanent store arrangements could be effected.
13. That more comfortably situated quarters be provided for the Matron of the Hospital.
14. That provision be made for the residence and board of the Assistant Medical Officer within the Institution.
15. That some additional buildings at the Cascades be devoted to the purposes of the Asylum for the Insane, so that proper provision may be made there immediately for the reception of the criminal and Queen's-pleasure patients now at New Norfolk.
16. That two padded cells for males and two for females be constructed at New Norfolk.
17. That greater variety be introduced in the dietary scale at New Norfolk.
18. That immediate steps be taken to procure from Europe a few well trained attendants and nurses for the New Norfolk Hospital.
19. That uniforms be provided for both male and female attendants.
20. That the Commissioners of Asylums for the Insane pay frequent unannounced visits of inspection in addition to their ordinary monthly visits.
21. That the present system of appointing a Medical Officer as Superintendent of each Hospital for the Insane be adhered to.
22. That the printed Rules and Regulations of both the New Norfolk and Cascades Hospitals be remodelled.
23. That a competent youth be appointed at the New Norfolk Hospital as Assistant Clerk and Storekeeper.
24. That further provision be made for the amusement and recreation of the patients at New Norfolk by more frequent entertainments, and occasional drives for such as might safely be taken out; and that every possible and practicable effort should be used to induce a larger number of patients at both Asylums to employ themselves in gardening or other pursuits.
25. That all the criminal and Queen's-pleasure patients at New Norfolk be removed to the Cascades Asylum as soon as arrangements can be made for their reception there.
26. That Reception-houses, to accommodate six patients each—one at Hobart and one at Launceston—be erected, adjoining the General Hospitals, for the temporary observation and treatment of the Insane prior to their being sent to New Norfolk or discharged.
27. That Inebriate Asylums, each to accommodate ten persons, be erected,—one in proximity to the Queen's Asylum, New Town, and one in proximity to the proposed Charitable Institution at Glen Dhu, near Launceston,—for the treatment and cure of inebriates in danger of becoming victims of insanity.

Of these recommendations we specially note Nos. 5, 7, 8, 9, 12, 15, 17, 18, 19, 20, 22, 23, 24, 25 as requiring immediate attention, there being no necessity to defer dealing with them until the new buildings shall have been erected.

As to the remainder of our recommendations, we consider that they should be adopted and acted on with the least possible delay.

Given under our hands this sixteenth day of June, 1883.

THOS. D. CHAPMAN.
B. STAFFORD BIRD.
F. W. MITCHELL.

ROYAL COMMISSION ON ASYLUMS FOR THE INSANE.

PROCEEDINGS OF THE COMMISSION.

THURSDAY, FEBRUARY 15, 1883.

THE Commission met in the Parliamentary Library at half-past Eleven o'clock.

All the Members were present.

The Hon. T. D. Chapman lays upon the Table the Commission, together with the following letters from the Chief Secretary to himself :—

1. Dated 6th December, 1882.—Enquiring whether it would be agreeable to him to serve on the Commission.
2. Dated 31st January, 1883.—Forwarding the Commission.
3. Dated 5th February, 1883.—Notifying appointment of Mr. Nowell as Secretary, and Mr. Collier as Clerical Assistant.

Letters and Commission read.

The Hon. T. D. Chapman is appointed Chairman.

The Chairman lays upon the table the Report of the Royal Commission on Charitable Institutions of 1871. (Legislative Council Paper, No. 47, 1871.)

Mr. Bird laid upon the table correspondence and other papers relating to the appointment of the Commission ; part of which was read.

The following Resolutions were agreed to :—

1. That application be made through the Hon. the Chief Secretary to the Government of New South Wales for twelve copies of Dr. Manning's Report on Asylums for the Insane in England and on the Continent, together with any other papers likely to assist the Commission in the enquiries which may have been issued by that Government.
2. That the Government of this Colony be requested to make arrangements for meeting such expenses as may be necessarily incurred in pursuing its enquiries; and also to authorise the Members of the Commission to send telegraphic messages on the business of the Commission free, and to frank letters and packets, if they are not already empowered to do so.

The Commission resolved to visit the Asylum at New Norfolk to-morrow.

Adjourned at five minutes past one o'clock P.M.

FRIDAY, FEBRUARY 16, 1883.

All the Members present.

The Commission proceeded to the Asylum at New Norfolk, and made a careful inspection of the buildings and grounds.

After which the Commissioners met in the Surgeon-Superintendent's Office, when the Minutes of the last meeting were read and confirmed.

It was resolved that the next meeting be held on Wednesday, the 28th February instant, at 11 A.M., in the Parliamentary Library, and that Dr. Macfarlane be requested to attend to give evidence.

Adjourned at 3 o'clock.

WEDNESDAY, FEBRUARY 28, 1883.

The Commission met in the Parliamentary Library at a quarter past Eleven o'clock.

Present.—Mr. Chapman (Chairman), Mr. Mitchell, and Mr. Bird.

Dr. Macfarlane examined.

The Chairman lays upon the table a letter from the Chief Secretary, dated 19th February, 1883, informing him that the approval of the Governor in Council would be sought for the placing of £100 upon a Supplementary Estimate to meet incidental expenses; also that the Hon. the Treasurer had been requested to arrange for the use

of the Telegraph Lines, free of charge, by the Members of the Commission, and for such printing as may be required, at the Government Printing Office.

Letter read.

The Minutes of the last meeting were read and confirmed.

The following Resolutions were agreed to :—

1. That application be made through the Hon. the Chief Secretary to the Government of South Australia for plans and description of the Hospital for the Insane, Parkside, Adelaide, with a request that they may be furnished as early as practicable.
2. That the Commission be printed and forwarded to the Members of the Commission.
3. That application be made for the Reports on the Lunatic Asylums in New South Wales, Victoria, and South Australia for the last four years.
4. That the Commission visit the Asylum at the Cascades this afternoon.
5. That Dr. Coutie be requested to attend at the Parliamentary Library on Friday, 2nd March, to give evidence.

The Committee adjourned at 1 p.m.

The Commission proceeded to the Cascades Asylum and made a careful inspection of the buildings.

The Commission were informed by the Surgeon-Superintendent that twenty-five more lunatics could be accommodated; and that then an average of 1000 cubic feet of space would be available for each patient.

Adjourned *sine die*.

FRIDAY, MARCH 2, 1883.

The Commission met in the Parliamentary Library at forty minutes after Eleven o'clock.

Present.—Mr. Chapman (Chairman), Mr. Bird, and Mr. Mitchell.

Dr. Coutie examined.

The Chairman lays upon the table a letter from the Chief Secretary, dated 27th February, 1883, informing him that the Governor in Council had been pleased to approve of the sum of £100 being placed on a Supplementary Estimate to defray all expenses incurred by the Commission; and also that the Hon. the Treasurer had been requested to arrange for the use of the Telegraph Lines free of charge by the Members of the Commission, and to authorise the franking by them of all letters and packets.

Letter read.

The Minutes of the last meeting were read and confirmed.

Adjourned until 3.30 p.m.

The Commission met at forty minutes past Three o'clock.

Dr. Coutie again examined.

Dr. Coutie was requested by the Members of the Commission to give his independent replies and opinion, and not to confer with Dr. Macfarlane as to them.

Adjourned *sine die*.

THURSDAY, MARCH 29, 1883.

The Commission met in the Parliamentary Library at a quarter past Eleven o'clock.

Present.—Mr. Chapman (Chairman), Mr. Bird, and Mr. Mitchell.

The Minutes of the last meeting were read and confirmed.

The Chairman lays upon the table the following papers forwarded by the Hon. the Chief Secretary in compliance with the request of the Commission :—

Reports of the Inspectors of Lunatic Asylums in Victoria and South Australia for the last four years.

The following Resolutions were agreed to :—

1. That the Commissioners visit New Norfolk on Wednesday next, the 4th April.
2. That the Reverend W. W. Murray be requested to attend at the Hospital for Insane, New Norfolk, on Wednesday, the 4th April, at 2.30 p.m.; also the Reverend John Leslie at 3 p.m.; and the Reverend B. J. Murphy at 3.30 p.m.
3. That a letter be sent to the Chairman of the Board of Management, General Hospital, Hobart, requesting that Mrs. Bland may be permitted to attend at the Parliamentary Library at 3 p.m. to-morrow (Friday).
4. That Mr. C. R. Smales be requested to attend at 3.30 p.m.

Adjourned until to-morrow at 3 p.m.

FRIDAY, MARCH 30, 1883.

The Commission met in the Parliamentary Library at a quarter past Three o'clock.

Present.—Mr. Chapman (Chairman), Mr. Bird, and Mr. Mitchell.

Mrs. Bland and Mr. C. R. Smales examined.

Adjourned till Wednesday, 4th April, at 11 a.m.

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WEDNESDAY, APRIL 4, 1883.

The Commission met in the Office of the Superintendent of the Hospital for Insane, New Norfolk, at 11 A.M.

Present.—Mr. Chapman (Chairman), Mr. Bird, and Mr. Mitchell.

After inspecting part of the grounds, adjourned till 2.30 P.M.

The Commission met at 2.30 P.M.

All the Members present.

The Reverends W. W. F. Murray, John Leslie, B. J. Murphy, Dr. Huston, and Miss Laland were examined.

Adjourned at 6 P.M.

THURSDAY, APRIL 5, 1883.

The Commission inspected the Cottage of Idiots and the adjacent lands, afterwards meeting in the Superintendent's Office.

Present.—Mr. Chapman (Chairman), Mr. Bird, and Mr. Mitchell.

The following Resolution was passed :—

That all printed papers and forms be added as Appendices.

Adjourned till Friday at 2.30 P.M.

FRIDAY, APRIL 6, 1883.

The Commission met at the Cascades Hospital for the Insane at 3 P.M., and after a careful inspection of the buildings and grounds, met in the Superintendent's Office at 4 P.M.

Present.—All the Members.

Dr. Coverdale and Mr. Muirhead examined.

The Chairman lays upon the table the following papers forwarded by the Hon. Chief Secretary in compliance with the request of the Commission :—

1. Copies of "The Lunacy Act, 1878," New South Wales.
2. Reports of the Inspector-General of Insane, New South Wales, 1881.
3. Copies of "Report on Lunatic Asylums," by F. N. Manning, Esq., M.D.

Adjourned *sine die*.

WEDNESDAY, APRIL 18, 1883.

The Commission met in the Parliamentary Library at 12.30 P.M.

All the Members present.

The Minutes of the Meetings of March 29, 30, April 4, 5, and 6, were read and confirmed.

Adjourned till to-morrow at 11 A.M.

THURSDAY, APRIL 19, 1883.

The Commission met in the Parliamentary Library at 11.30 A.M.

Present.—Mr. Chapman (Chairman), Mr. Bird, and Mr. Mitchell.

Letter written to the Hon. W. L. Crowther requesting his attendance at the Parliamentary Library on Monday next, 23rd instant, at 3 P.M.

Adjourned till to-morrow at 11.30 A.M.

MONDAY, APRIL 23, 1883.

The Commission met in the Parliamentary Library at 3 P.M.

Present.—Mr. Chapman (Chairman), Mr. Bird, and Mr. Mitchell.

The Chairman lays upon the table a letter received from the Hon. W. L. Crowther, M.L.C., in answer to that forwarded to him by the Commission.

It was resolved—

That a letter be sent to the Government Printer, asking him to supply, as soon as possible, six copies of "The Lunacy Act," (22 Vict. No. 23), for the use of the Commission, and if no copies are in print, to have them reprinted.

That Dr. Holden be requested to attend at the Parliamentary Library at 11 A.M. on Wednesday, 25th instant; also Dr. Graham at noon, Dr. Turnley at 2.30 P.M. and Dr. Giblin at 3.30 P.M.

Adjourned till Wednesday at 11 A.M.

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WEDNESDAY, APRIL 25, 1883.

The Commission met in the Parliamentary Library at 11 A.M.

Present.—Mr. Chapman (Chairman), Mr. Mitchell, and Mr. Bird.

Drs. Holden and Graham examined.

The Commission met at 2:30 P.M.

Drs. Giblin and Turnley examined.

That Dr. R. S. Bright and Dr. H. A. Perkins be requested to attend at the Parliamentary Library on Tuesday, 1st May, at 3:30 P.M. and 4 P.M. respectively.

That Dr. Macfarlane be written to for certain Returns.

Adjourned till Tuesday next at 3:30 P.M.

TUESDAY, MAY 1, 1883.

The Commission met in the Parliamentary Library at 3:30 P.M.

Present.—Mr. Chapman (Chairman), Mr. Mitchell, and Mr. Bird.

Drs. Bright and Perkins examined.

That Dr. G. Butler and Dr. E. L. Crowther be summoned for to-morrow, Wednesday, at 3 P.M. and 3:45 P.M. respectively.

Adjourned till to-morrow at 3 P.M.

WEDNESDAY, MAY 2, 1883.

The Commission met in the Parliamentary Library at 3 P.M.

Present.—Mr. Chapman (Chairman), and Mr. Mitchell.

Dr. Gamaliel Butler examined.

Dr. E. L. Crowther had been requested to attend at 3:45 P.M., but not having, at 4:30 P.M., attended at the Parliamentary Library, the Commission adjourned.

That Dr. E. J. Crouch and Dr. H. Benjafield be requested to attend, at 2:30 P.M. and 3 P.M. respectively, on Friday, 4th instant.

FRIDAY, MAY 4, 1883.

The Commission met at the Parliamentary Library at 2:30 P.M.

Present.—Mr. Chapman (Chairman), and Mr. Mitchell.

The Minutes of the Meetings of April 18, 19, 23, 25, and May 1 and 2, were read and confirmed.

Dr. Benjafield examined.

Dr. Crouch having been duly requested to attend, and not having done so, the Commission adjourned.

The Commission resolved to visit Launceston on Monday next, the 7th instant.

That Dr. Hardy and Dr. Murphy be requested to attend at the Ministerial Office, Launceston, on Monday, the 7th instant, at 3:30 P.M. and 4:30 P.M. respectively.

That Dr. Thompson be also asked to attend at 11 A.M. on Tuesday, the 8th instant, and Dr. Maddox and Dr. Caffyn at 3 P.M. and at 4 P.M. respectively.

MONDAY, MAY 7, 1883.

The Commission met in the General Hospital, Launceston, at 3:30 P.M.

Present.—Mr. Chapman (Chairman), and Mr. Mitchell.

Letter laid on the table by the Acting Secretary, received by him from Dr. E. L. Crowther, on behalf of himself and Dr. Crouch, assigning a reason for their non-attendance before the Commission in Hobart.

Drs. Hardy and Thompson examined.

Dr. Murphy was unable to attend, being absent in Melbourne.

It was resolved, That Drs. Higgins and Stewart be requested to attend to-morrow, at 11 A.M. and noon respectively.

Adjourned till to-morrow at 11 A.M.

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TUESDAY, MAY 8, 1883.

The Commission met at the General Hospital, Launceston, at 11 A.M.

Present.—Mr. Chapman (Chairman), Mr. Mitchell, and Mr. Bird.

Dr. Thompson re-called and further examined.

Drs. Higgins and Stewart examined.

Adjourned till 3 P.M.

The Commission met at 3 P.M.

Drs. Maddox and Caffyn examined.

Resolved, That Mr. Jones and Mr. James Coulter be summoned for to-morrow, at 11 A.M. and noon respectively.

Adjourned till to-morrow at 11 A.M.

WEDNESDAY, MAY 9, 1883.

The Commission met at the Gaol, Launceston, at 11 A.M.

Present.—Mr. Chapman (Chairman), and Mr. Mitchell.

Mr. Alfred Jones examined.

The Commission again met at the *Club Hotel*, Launceston, at noon.

Mr. James Coulter examined.

Adjourned *sine die*.

TUESDAY, MAY 15, 1883.

The Commission met in the Parliamentary Library at 5 P.M.

Present.—Mr. Chapman (Chairman), Mr. Bird, and Mr. Mitchell.

Resolved, That the Hon. Dr. Butler be requested to attend at the Parliamentary Library on Thursday, 17th inst., at 4 P.M.

That a letter be written to Dr. E. L. Crowther in answer to his communication dated May 4th, requesting his attendance at the Parliamentary Library on Thursday, 17th inst., at 3 P.M.

Adjourned till Thursday at 3 P.M.

THURSDAY, MAY 17, 1883.

The Commission met in the Parliamentary Library at 3 P.M.

Present.—Mr. Chapman (Chairman), Mr. Mitchell, and Mr. Bird.

The Minutes of the Meetings, May 4, 7, 8, 9, and 15, were read and confirmed.

The Chairman lays upon the table a letter received by him from Dr. E. L. Crowther, stating that in the absence of his partner, Dr. Crouch, he would be unable to attend at the time named.

The Hon. Dr. Butler examined.

Adjourned *sine die*.

TUESDAY, MAY 22, 1883.

The Commission met in the Parliamentary Library at 3 P.M.

Present.—Mr. Chapman (Chairman), and Mr. Mitchell.

It was resolved to ask that the time for sending in the Report should be extended to the 18th June next.

Adjourned *sine die*.

TUESDAY, MAY 29, 1883.

The Commission met in the Parliamentary Library at 3 P.M.

Present.—Mr. Chapman (Chairman), and Mr. Mitchell.

It was resolved that Mr. F. Pedder and Mr. R. A. Atkins be written to for certain Returns.

Adjourned *sine die*.

WEDNESDAY, JUNE 6, 1883.

The Commission met in the Parliamentary Library at 11:30 A.M.

Present.—Mr. Chapman (Chairman), Mr. Bird, and Mr. Mitchell.

The Minutes of the Meetings, May 17th, 22nd, and 29th, were read and confirmed.

The Chairman laid upon the table a letter received by him from the Chief Secretary approving of the extension of time for bringing up the Report to the 18th June. Letter read.

Resolved, That Mr. F. Pedder and Mr. R. A. Atkins be summoned for to-morrow, (June 7th,) at 11 and 11:30 A.M. respectively, to produce certain Returns asked for on May 29th ultimo.

Resolved, That the Commission visit the Invalid Depôt at New Town this afternoon.

Adjourned till to-morrow at 11 A.M.

THURSDAY, JUNE 7, 1883.

The Commission met in the Parliamentary Library at 11 A.M.

Present.—Mr. Chapman (Chairman), Mr. Mitchell, and Mr. Bird.

The Minutes of the last meeting were read and confirmed.

The Commission proceed to consider their Report.

Mr. F. Pedder and Mr. R. A. Atkins attended and produced certain Returns.

The following Resolutions were agreed to :

1. That Mr. G. Kemp, Acting Police Magistrate, Hobart, be written to for certain Returns. *Vide Appendix J.*
2. That the Commission visit the Hospital for Insane, New Norfolk, to-morrow.

Adjourned till to-morrow at 12.

FRIDAY, JUNE 8, 1883.

The Commission met at the Hospital for Insane, New Norfolk, at 12.15 P.M.

Present.—Mr. Chapman (Chairman), Mr. Bird, and Mr. Mitchell.

The Acting Secretary reported receipt of a reply from Mr. G. Kemp, Acting Police Magistrate, Hobart, stating that he was unable to furnish the Returns referred to in the Resolution of yesterday.

The Commission inspected some of the buildings and surrounding grounds.

Adjourned till to-morrow at 11.30 A.M.

SATURDAY, JUNE 9, 1883.

The Commission met in the Parliamentary Library at 11.30 A.M.

Present.—Mr. Chapman (Chairman), Mr. Bird, and Mr. Mitchell.

The Minutes of the Meetings, June 7th and 8th, were read and confirmed.

The preparation of the Report was proceeded with.

Adjourned till Monday at 11.30 A.M.

MONDAY, JUNE 11, 1883.

The Commission met in the Parliamentary Library at 11.30 A.M.

Present.—Mr. Chapman (Chairman), Mr. Bird, and Mr. Mitchell.

The Minutes of the last meeting were read and confirmed.

Resolved, That a letter be written to the Hon. the Chief Secretary asking for a Report, if any, of Dr. Tucker, Superintendent of Cook's River Private Asylum, near Sydney, on the Asylums for Insane in Tasmania.

That Dr. Perkins be requested to attend at 12 o'clock on Wednesday next, the 13th instant.

The preparation of the Report was proceeded with.

Adjourned *sine die*.

WEDNESDAY, JUNE 13, 1883.

The Commission met in the Parliamentary Library at 12 o'clock.

Present.—Mr. Chapman (Chairman), Mr. Mitchell, and Mr. Bird.

The Minutes of the last meeting were read and confirmed.

The Chairman laid upon the table a letter from the Chief Secretary stating, in answer to a letter from the Commission dated 11th June last, "That he was not aware of any Report having been made by Dr. Tucker on Asylums for the Insane in this Colony."

Dr. Perkins recalled and re-examined.

The preparation of the Report was concluded.

Adjourned till June 16th at 4 P.M.

SATURDAY, JUNE 16, 1883.

The Commission met in the Parliamentary Library at 4 P.M.

Present.—Mr. Chapman (Chairman), Mr. Mitchell, and Mr. Bird.

The Minutes of the last meeting were read and confirmed.

Sundry accounts were laid before the Commission and passed.

The Report was finally read, adopted, and signed by the Members.

EVIDENCE.

WEDNESDAY, FEBRUARY 28, 1883.

W. H. MACFARLANE, *Esq., M.B., Ch. B., Superintendent and Medical Officer, Hospital for Insane, New Norfolk, called in and examined.*

1. What office do you hold? I am Superintendent and Medical Officer of the Hospital for the Insane, New Norfolk.

2. How long have you held that appointment? Since October 1st, 1880. I was Assistant Medical Officer from December, 1878, to September 30th, 1880.

3. How many Medical Officers are there attached to the New Norfolk Hospital for the Insane? There are two Medical Officers—the Superintendent and Medical Officer, and the Assistant Medical Officer.

4. Are two Medical Officers sufficient for the duties? Yes.

5. State the number of warders, and their pay. There are 25 male attendants at £46 per annum each. In addition to these, there is a shoemaker, a tailor, and a carpenter, whose wages are the same as the male attendants.

6. State the number of female nurses (exclusive of the matron), and their salaries. There is a head nurse at £45 per annum; and there are twenty nurses at £40 per annum each. Both male and female attendants are provided with food and lodging.

7. What is the salary of the matron? £150 per annum, with furnished apartments, fuel, light, water, and a ration.

8. What is the proportion of attendants to patients? The number of male attendants is 25. The number of female attendants is 18. Two extra nurses are provided for in the estimates should they be required. One male and one female attendant are in charge of the Idiots' Cottage, containing nine patients, so that excluding these the numbers are 24 male attendants and 17 nurses. Of the male attendants, 15 are engaged as follows; viz.—gardener, 1; farmer, 1; barber, 1; wood-yard man, 1; milkman, 1; night attendants, 2; cooks, 2; in male laundry, 1; in recreation ground, 1; plumbers, bricklayers, 2; messenger, 1; lamp cleaner, 1: 32 patients are engaged with these during the day, leaving 9 wardsmen to 109 patients, or 1 to 12. Of the female attendants, 6 are thus employed; viz.—1 portress, 1 in charge of work-room, 2 in the laundry, 1 as night nurse, 1 as cook: and these have 34 patients under their charge during the day, thus leaving 11 attendants to 113 patients, or 1 to 10:

9. Are the attendants sufficient in number? Yes.

10. And can you fill vacancies readily at the present scale of pay? The present rate of pay for attendants has only existed since the beginning of this year. Vacancies for nurses are not readily filled.

11. Do the attendants wear a uniform, or do you deem it advisable that they should do so? The attendants do not wear a uniform. I think it advisable that both male and female attendants should wear a uniform.

12. State the number of patients at present in the hospital, separating male from female, and the number of paupers from paying patients, and also those paying fees separately. There are 150 male patients and 147 female patients in this Asylum at present. Of these, 128 males and 105 females are pauper patients supported by colonial funds. 5 males and 13 females are supported by imperial funds. There are 17 male patients and 29 female patients paying fees.

13. What additional number of patients will the building accommodate? There is room for 5 males and for 6 females, but this will cause overcrowding in the dormitories.

14. What number of cubic feet of space is provided for each person in the dormitories, and what in the hospital wards? Cubic feet per patient, dormitories, 500; hospital wards about 700.

15. What means have you for classifying the patients as to acute and chronic cases? There are no complete means for this classification. On the male side the acute cases are located in the back division, and sleep in the corridor rooms. On the female side of the institution there are no means of classifying the cases, though the more violent patients are located in the refractory division.

16. Are the present buildings conveniently arranged, or would the pavilion system be preferable? The present buildings are not conveniently arranged, and the pavilion system would be far preferable.

17. Would the addition of several cottages, to accommodate small numbers of patients, be advantageous in connection with the pavilion system?—and would residence in such cottages promote the comfort and facilitate the cure of patients? I think the addition of several cottages in connection with the pavilion system would be advantageous. The sick and infirm could be accommodated in them, as well as some of the paying patients, and, I believe, by these means their comfort would be promoted, and, in some instances, their recoveries.

18. Would the cost of maintenance of patients in cottages be greater than in the block or pavilion system? The cost of maintenance of patients in cottages would be greater than it would be in the block or pavilion system, as more attendants would be required.

19. What number of patients have you at present who might be accommodated in cottages with advantage? About 40 males and about 30 females.

20. Would it be desirable to have a receiving-house for patients, where they could be treated and classified before being sent to the Asylum; and, if so, where should it be situated? As there is only one Asylum in this Colony (the Hospital for the Insane at the Cascades being virtually a closed one), I do not think a reception-house, similar to the one at Darlinghurst, in Sydney, is necessary.

21. Would it be well to have a convalescent home away from the Asylum? There is no doubt that a convalescent home away from the Asylum would be an advantage; but it would be costly, and difficulties might be experienced in managing it.

22. What portion of the present building could be permanently used for asylum purposes in the event of the present site being retained and additional buildings erected? The ladies' and gentlemen's cottages could be utilised. The former requires to be thoroughly renovated, and the latter requires some alterations, &c. With considerable alterations and repairs the following buildings could also be retained, viz.—the corridor and single rooms on the male side, and the refractory division on the female side.

23. How often do the Commissioners meet and inspect the Hospital? Once every month.

24. How is the correspondence with the Government carried on, i.e., by and between whom? Sometimes between the Commissioners and the Chief Secretary, and sometimes between the Superintendent and Medical Officer and the Chief Secretary.

25. Are there any communications from the Hospital to the Government remaining unanswered during the last two years? Yes; I append copies of the Commissioners' recommendations which remain unanswered.

COPIES of the Commissioners' recommendations which were forwarded to the Government and to which no reply has been received.

February 1st, 1881.—The Committee's report on His Excellency's memorandum read and adopted, and the report was ordered to be transmitted to His Excellency the Governor.

Report.

A Committee meeting of the Commissioners was held on the 11th January, 1881, to consider an extract from a memorandum addressed to Ministers by His Excellency the Administrator of the Government having reference to the Hospital for the Insane, New Norfolk.

Present.—The Hon. F. M. Innes (Chairman), R. C. Read, Esq., W. A. B. Jamieson, Esq., A. Riddoch, Esq.

The Committee, having taken the evidence of Dr. Macfarlane, the Surgeon Superintendent, unanimously concur in the opinion of His Excellency the Administrator that the dietary in the non-paying division of the Hospital should be modified; and they suggest the following details, to be regulated according to the convenience of the Establishment by Dr. Macfarlane; viz.—That rice, barley, jam, currants, and raisins be added to the scale of diets. The present scale of diets is as follows:—

<i>Patients.</i>			
No. 1. <i>Half.</i>	No. 2. <i>Spoon.</i>	No. 3. <i>Attendants.</i>	No. 4. <i>Wardswomen.</i>
Bread 1 lb.	Bread ½ lb.	Bread 1½ lbs.	Bread 1 lb.
Meat ½ lb.	Tea ¼ oz.	Meat 1½ lbs.	Meat 1 lb.
Potatoes ½ lb.	Sugar 1½ ozs.	Potatoes 1½ lbs.	Potatoes 1½ lbs.
Tea ¼ oz.	Milk ¼ pint	Tea 7/8 oz.	Butter 1½ ozs.
Sugar 1½ ozs.		Sugar 3½ ozs.	Tea 7/8 oz.
Salt ½ oz.		Salt ½ oz.	Sugar 3½ ozs.
Milk ¼ pint		Rice ¾ oz.	Salt ½ oz.
		Milk ½ pint.	Rice ¾ oz.
			Milk ½ pint

The addition of rice, barley, jam, currants, and raisins to the diets will make an increase in the expenditure of £143 per annum. The detailed account of this will be shown below:—

	£	s.	d.
Rice	23	16	8
Barley	19	10	0
Raisins	30	6	8
Currants	26	0	0
Jam	43	6	8

TOTAL £143 0 0

Carriage and Horses.—The Committee fully appreciate the salutary effects likely to be promoted by His Excellency's suggestion; but, finding that the object contemplated can be more conveniently, as well as economically attained by hiring a conveyance from time to time, recommend the adoption of that course.

The cost entailed is estimated not to exceed £78 per annum.

July 7th, 1882.—A dietary scale for the Hospital was submitted to the Commissioner in accordance with their request.

The Commissioners recommend that this dietary scale be adopted.

October 7th, 1882.—The Commissioners requested the President to forward to the Government the following extract from the Inspecting Commissioners' report; viz.—“*Repairs to the Hospital.*—We have noticed that a considerable amount of repairs to various parts of the Hospital are urgently required, and suggest that this matter may be brought more prominently under the notice of the Public Works Department;” and, at the same time, they requested the President to remind the Government that the sum of £1344 estimated by the Inspector of Works for repairs to the buildings and fences of this Institution, has not appeared on the estimates for 1883; and further, that the Superintendent and Medical Officer's estimate of £500 for repairs to buildings, &c. for 1883 has been reduced to £250. (See Appendix A.)

December 5th, 1882.—Letter from Miss Laland, the Matron, suggesting that arrangements be made for taking patients for carriage drives, read; and the Commissioners quite approve, on the sanction of the Government being obtained for the additional expense, which would amount from £50 to £60 per annum; and it being also understood that the selection of patients and the general arrangements be left to the Medical Officer.

January 2nd, 1883.—The Commissioners recommend that a letter be addressed to the Chief Secretary requesting that before any tender is accepted for the conveyance of the Commissioners between Bridgewater and New Norfolk they may have a voice in the matter, as the service has been unsatisfactorily performed hitherto.

26. Are the recommendations of the Commissioners as to improvements always carried out? No, not always.

27. Will you state fully the character and description of the present buildings? This asylum is situated on an eminence. It is almost entirely surrounded by a brick wall, the exception being an airing court in the refractory division on the female side, which is partly surrounded by wooden walls. The buildings are brick, and the Asylum is on the Block system, having detached cottages for lady and gentlemen patients. The roofs are all shingled, except that of the main building on the female side, which is slated. The sleeping accommodation consists of associated dormitories and single rooms. There are day rooms in both the male and female divisions of the Hospital. In the male division there is a tailor's shop, a shoemaker's shop, a painter's shop, a blacksmith's shop, and a carpenter's shop. On the female side there is a large workroom which is also used as a dormitory. All the buildings require a considerable amount of repairs, and I have drawn attention to this fact in my Annual Reports for both 1881 and 1882.

28. The Annual Reports show that the store accommodation is insufficient, and that the store-rooms are inconveniently situated; how do you advise that they should be improved? I think that it is impossible to improve the present store-rooms,—a new store is imperatively necessary. It should have compartments for soft goods, hardware, for bread and flour, for groceries, and a larder should be attached to it. It would be an advantage if it had cellars under it for potatoes, oil, and spirits.

29. Is it possible for the duties of Clerk and Storekeeper to be efficiently performed by one individual? I do not think it is possible for one person to perform the duties of Clerk and Storekeeper efficiently, unaided, especially considering how inconveniently the present stores are situated.

30. If one convenient store were built, would one person be sufficient to perform the duties of Clerk and Storekeeper? I do not think the duties of Clerk and Storekeeper can be performed efficiently by one person under any circumstances.

31. What is the mode of treatment employed? Moral and medicinal. Moral treatment, including work, recreation, restraint, and discipline. Medicinal treatment, embracing the use of sedatives, alteratives, narcotics, tonics, and stimulants.

32. What means are adopted for restraint and seclusion at New Norfolk? The means of restraint adopted here are by camisoles, sleeves, or canvas mittens. Seclusion in single rooms or single airing courts can also be adopted. There are no padded cells in this Hospital. It would be well to have one in each division.

33. What is the average of cures during the last ten years? 37.5. This is a very fair average, considering that idiots and criminal lunatics are included in the calculation. The proportion of recoveries of these classes of patients is always very small.

34. What is the extent of the grounds surrounding the Hospital? About 48 acres. The Hospital grounds are 10½ acres in extent, including the portions occupied by buildings. The recreation grounds contain 5½ acres. The farm and garden contain 18 acres, and the grazing grounds about 13½ acres.

35. What is the proportion of land per patient? About ⅓th of an acre to each patient.

36. Are you aware of the methods pursued for ensuring the safe keeping and the treatment of the insane in Great Britain and Europe? In Europe the insane are treated in a similar manner to that employed in the colonies. There are both public and private asylums. In some instances the more quiet patients are located in the cottages of the artisans employed at the asylum; in other cases the insane are boarded out. In Great Britain there are separate asylums of idiots and criminal lunatics. At Gheel, in Belgium, the insane are boarded out with the sane inhabitants of the town. I believe the attendants in Europe are of a better class than can be obtained in this Colony. The treatment is divided into hygienic, moral, and medicinal. From what I have read I am inclined to think that in Europe the expense of an asylum is less considered than the comfort and happiness of the insane.

37. And also as to the neighbouring Colonies? I am conversant with the methods used for ensuring the safe keeping and the treatment of the insane in the Colonies of Victoria, New South Wales, and South Australia. I believe the Royal Commissioners have copies of my report on the various Asylums in the Colonies above mentioned. (See Appendix B.)

38. Having recently visited the Hospitals for the Insane in the adjacent Colonies, can you make any suggestions for the improvement of the same Institution in this Colony? The present buildings have nearly as many patients as they can contain, and additional accommodation will soon be necessary. Should new buildings be decided upon, I think the Pavilion system would be the best form to adopt. I here take the liberty of describing the Pavilion system, and of making some suggestions in reference to an Asylum of this kind. There should be a central or administrative block, consisting on the ground floor of the Superintendent's Office, Assistant Medical Officer's Office, the Storekeeper's Office, the Dispensary, a small room for the messenger, and two waiting rooms for male and female visitors respectively. The rooms above these can be used for quarters for the Assistant Medical Officer. Behind these offices, and on either side, but attached to them, are two long buildings, one could be used as a workroom for females, and the other would be used for a store, with cellars underneath it for oil, potatoes, &c. These with the offices form the three sides of a quadrangle. The buildings forming the fourth side might consist of a central hall to be used as a recreation room, with two dining rooms, one on

either side of it, for male and female patients respectively. The quadrangle thus formed could have a fountain in it, and could be laid out as a flower garden. The kitchen should be situated at the back of the dining halls, and should be supplied with the most modern steam cooking apparatus; it should also have a good scullery and two brick ovens for baking bread. The patients are accommodated in pavilion buildings connected with one another by verandahs, each building having good bath accommodation, and a good lavatory, &c.; the buildings for male patients being on one side of the administrative block, and those for the female patients being on the other side of it. Each block should be so arranged that the large room on the ground floor should be the day-room, and the dormitory should be over it, and, if possible, each block should have its own airing court. The sick can be accommodated either in cottages, as at Parkside, or a block on either side could be set apart for that purpose. If possible there should be a small contagious ward in both the male and female divisions, lined with glazed bricks, and the water closets and urinals should also be lined with these bricks. These bricks are easily cleaned, and do not absorb or harbour the germs of disease. Each ward should have a hose and stand-pipe. The Asylum should be either stone or brick; it should be fire-proof, and the roof should be slate. The laundry should consist of a foul laundry, a washing room, drying room, ironing room, and an issuing room. It should be provided with the most modern steam laundry apparatus, similar to that at the Parramatta Asylum in New South Wales. The workshops for the shoemaker, carpenter, &c. could be removed to the farm. The idiots' cottage at the farm should be enlarged and thoroughly renovated. The airing courts should be planted with flowers and ornamental trees and shrubs, and should be provided with seats and sun-shades to protect the patients from the sun and rain.

39. In the event of it being found advisable to do away with the present buildings, could the Pavilion system be advantageously adopted on the present site? Yes, I think it could.

40. Do you, after having seen Dr. Manning's Reports on the Lunatic Asylums in the United Kingdom and on the Continent, and after your recent interview with that gentleman, and having seen the buildings and investigated the system in vogue at Callan Park, consider the Pavilion system best,—and if so, on what ground? Yes, I think it is the best. Should the Pavilion system be adopted here, whilst one block is being built the patients could still be accommodated in the present buildings. When the new block is ready for occupation a number of the patients could be removed into it, and the old portion of the building thus vacated could be pulled down and the second block built. The Pavilion system admits of the classification of patients, and is at the same time economical, as a block can easily be added, if required, without marring the architectural effect of an asylum or injuring the plan of the institution.

41. What is the average cost per patient per diem, for the last three years? In 1880 the gross cost per diem of each patient was nearly 1s. 6d.; but taking into consideration the receipts, the cost was reduced to nearly 1s. 1½d. per diem for each patient. In 1881 the gross cost per diem of each patient was 1s. 6½d.; but taking into consideration the receipts, the cost was reduced to 1s. 2½d. per diem. In 1882 the gross cost per diem of each patient was 1s. 6¼d.; but taking into consideration the receipts, the cost was reduced to 1s. 2¼d.

42. What is the average total cost of maintenance of the hospital during the last ten years, exclusive of buildings and repairs, which give in a separate return?

RETURN of the Cost of the Hospital for the Insane, New Norfolk, from 1st January, 1873, to 31st December, 1882.

1873, £7050 14s. 8d.; 1874, £7431 15s.; 1875, £7301 13s. 8d.; 1876, £7039 7s. 3d.; 1877, £7560 8s. 9d.; 1878, £7750; 1879, £7600; 1880, £7400; 1881, £7950; 1882, £7926 6s. Total, £75,010 4s. 8d. The average cost per year was £7501 0s. 5½d.

43. How much of this has been refunded by paying patients each year?

RETURN of Fees paid by Patients in the Hospital for the Insane, New Norfolk, from 1st January, 1873, to 31st December, 1882.

1873, £1193 4s. 4d.; 1874, £1236 13s.; 1875, £1255 9s. 11d.; 1876, £1352 12s. 9d.; 1877, £1560 15s. 5d.; 1878, £1745 3s. 3d.; 1879, £1495 3s. 4d.; 1880, £1617 1s. 8d.; 1881, £1722 17s. 3d.; 1882, £1731 11s. 4d. Total, £14,910 12s. 3d. Average amount of Fees per year, £1491 1s. 2½d.

44. Can you furnish us with the dietary table of the ordinary patients and of the paying patients respectively?

SCALE of Diets for Patients and Attendants in the Hospital for the Insane, New Norfolk.

Half.	Spoon.	Attendants.	Wardswomen.
Bread	Bread	Bread	Bread
Meat	Tea	Meat	Meat
Potatoes	Sugar	Potatoes	Potatoes
Tea	Rice Pudding	Tea	Butter
Sugar	Beef Tea	Sugar	Tea
Salt	Sago	Salt	Sugar
Rice	Arrowroot	Rice	Salt
Milk	Rice	Milk	Rice
	Eggs		Milk
	Milk		

Working patients have ½ lb. to 1 lb. extra bread. Soup every day for the whole of the establishment. Meat pies once a week for male and female patients; stew, the same. Fruit pies, green peas, cabbage, and lettuce frequently. During the winter months, pea soup once a week. Butter or jam daily to most of the patients.

Paying Patients have extra bread, ½ oz. coffee, 2 ozs. sugar daily. Currants, rice, butter, jam, &c., soup, and pastry every day. Vegetables of several kinds. Eggs every day. Poultry, ham, and bacon occasionally.

45. Are the patients employed in any useful labour, and what? The male patients are employed in the garden, on the farm, in the carpenter's shop, in the blacksmith's shop, and in the tailor's and shoemaker's shops. Some also work in the wood-yard, and some assist in the cooking, in cleaning the wards, in painting.

and in washing the foul linen. The female patients assist in the laundry and in the work of the wards. They also make the females' dresses and underclothing, and the men's underclothing, and they do nearly all the mending.

46. What do you estimate its value at per annum? The work performed by both male and female patients here I value at at least £1000 per annum.

47. Is the present asylum well situated, or would it, in your opinion, be advisable to remove it nearer to the metropolis? The asylum is well situated, and I do not think it would be advisable to remove it nearer to the metropolis.

48. For what reasons do you consider it should be away from the bustle of a town? Being situated away from a large town, the constant intrusion of the public is avoided.

49. Are the patients allowed recreations by games, and what games, and under what supervision? The patients are under the supervision of the attendants, who frequently join them in their amusements. The patients are provided with the following amusements; viz.—cricket, croquet, lawn tennis, draughts, dominoes, cards, bagatelle, chess; occasional dances and theatrical performances, concerts, and walking parties. Books are also provided. A library would be an advantage. It would be beneficial if means were provided for giving the patients an occasional drive.

50. What precautions are taken against fire? There is a fire engine, with hose and fire-plugs conveniently situated in different parts of the building. The fire brigade is composed of wardsmen and male patients, and a supply of fire buckets is always available. Greater safety would be ensured by water being laid on to and a hose provided for each ward. The hose should be kept in a glass case, and if the key were mislaid the glass case could be broken and the hose would be available at once.

51. Is the bath accommodation sufficient? The bath accommodation is not sufficient. It would be better if there was a bath attached to each large dormitory. There should be a good supply of both hot and cold water, and the baths should be so arranged that the attendants could pass on either side of them.

52. What system prevails with regard to the closets? Wooden tubs are used, and these are emptied every morning.

53. Is the drainage ample? The drainage is very good. It is on the deep sewerage system, the drains being almost entirely brick, and the larger ones being barrel drains.

54. Is the water supply sufficient? The water supply is excellent,—equal, if not superior, to that of any other similar institution in the Colonies.

55. Have you any criminal or Queen's pleasure insane patients at New Norfolk? Yes; both.

56. Is it advisable that they should be mixed with free patients? I think it inadvisable that they should be mixed with the free patients.

57. How many idiots are there under your control, and where are they housed and cared for? There are 14 male idiots and six female idiots. Nine male idiots are located in a cottage at the farm; the other male idiots are accommodated in the front division of the male department. The female idiots are distributed throughout the wards on the female side. Those who are subject to epileptic fits sleep in the epileptic dormitory.

58. Can you give us the proportion of insane to population in this Colony at the taking of the last and previous censuses? The proportion of the insane, including idiots, to every 10,000 living in 1881, was 29.90.

59. In your opinion is insanity increasing, and if so, from what cause do you attribute the increase? There is no doubt insanity is on the increase. Its causes are numerous,—as intemperance, losses in mining speculations, or failure in business, &c. Marriage in which there is an hereditary predisposition to insanity on either the husband or wife's side. Esquirol observes that "of all diseases insanity is the most hereditary." Drs. Tuke and Bricknill, speaking of the prevention of mental diseases, state:—"Of marriage it may be said that the celibacy of the insane is the prophylaxis of insanity in the race, and, although a well-chosen mate and a happy marriage may sometimes postpone or even prevent the development of insanity in the individual, still no medical man, having regard to the health of the community, or even to that of the family, can possibly feel himself justified in recommending the marriage of any person of either sex in whom the insane diathesis is well marked. The lottery of marriage is so great, and the chances of happiness in it so uncertain, that for any one so threatened with insanity to embark in it must ever be a most perilous enterprise, even for the individual; but to the children and grand-children and the race the results are not *uncertain*; they are sure to be calamitous. It is thus that the seeds of mental disease and of moral evil are sown broadcast through the land, and other nerve defects and diseases are multiplied and varied with imbecilities and idiocies, and suicidal and other propensities and dispositions leading to all manner of vice and crime. The marriage of hereditary lunatics is a veritable Pandora's box of physical and moral evil."

60. Are there any, and what, religious services? Episcopalian and Roman Catholic services are held in the Asylum on Sunday, and also during the week. Church of England prayers are read by the Senior Underkeeper every morning in the front division of the male side, and also on the female side by the Matron on every morning except Friday, when the chaplain attends.

61. Have you any printed rules for the observance and guidance of those under you? There are printed rules for the officers and attendants, but these rules might be added to and improved upon: (See Appendix C.)

FRIDAY, MARCH 2, 1883.

W. H. COUTIE, *Esq., M.B., Ch. B., Assistant Medical Officer, Hospital for Insane, New Norfolk, called in and examined.*

62. What office do you hold? I am Assistant Medical Officer at the Hospital for Insane, New Norfolk.

63. How long have you filled it? Since November, 1881.

64. Have you held any appointment or have you had any practice or experience in Hospitals for the Insane, previous to your present appointment? I have not held any appointment in any other Hospital for the Insane, but I have visited other institutions both previous to and since receiving my present appointment.

65. In your opinion are the present buildings at New Norfolk sufficient, and are they in a condition suitable to the purposes required of them? The present buildings were not originally intended for an Asylum, and do not afford proper facilities for the efficient care and treatment of the Insane.

66. What is their present condition and character? The buildings are for the most part in a great want of repair. The Ladies and Gentlemen's Cottages, which are separated from the rest of the buildings, provide excellent accommodation for the better class of patients. These buildings are built of brick with shingle roofs. A good verandah surrounds the three sides of each cottage. In these buildings the rooms open off a wide passage or hall on each side, and are large, lofty, well lighted, and ventilated. The bedrooms contain from one to four beds. The two front rooms in each cottage are used one as a dining-room, the other as a sitting-room. There is also a bath-room, a store-room, and a kitchen, in which all the cooking is done, connected with each building. Most of the rooms have open fire-places. There is a garden at each cottage, the one at the Gentlemen's side being the better of the two. The buildings for the other male patients are known as the Front and Back Divisions. These are of one story, on the block principle, and are built of brick, with shingle roofs. The Front Division, irrespective of offices and stores, &c., contains seven dormitories, a day or dining-room, a bath-room, and a boiler-room. The general kitchen is also situated here. The closets and urinals are placed to the south apart from the main buildings. The dormitories are of a convenient size, containing about ten patients each, well lighted and fairly ventilated. The windows open only a fixed distance; opposite to them on the outside there is a lamp, which is kept burning during the night, thus lighting up the wards. Each ward has an open fire-place. The bath-room is about to be put in proper order. The stores are very bad; they are most inconveniently situated, and not in any way adapted for the purposes for which they are used; the light is bad, the space limited, and the want of proper conveniences is very much felt. The kitchen is badly in want of repairs, and is poorly furnished with cooking appliances. The offices are inconvenient and badly furnished, and there are no waiting or reception rooms. In the Back Division the sleeping accommodation consists of dormitories and single rooms. The dormitories are of a moderate size, containing on an average nine patients each. They are neither in such good repair, nor are they so well adapted for the purpose as those in the Front Division. They are lighted at night by lamps burning from the outside. The single rooms in the corridor are large and well lighted, and are ventilated each by a window and Tobin's ventilators. The corridor is used as a dining-room, and is well supplied with guarded fire-places. Each ward is supplied with an open fire-place. The closets and urinals are greatly in need of repair. These buildings, with the back of the front dormitories form a square enclosing the airing court of the Back Division. The workshops are the following:—The tailors', shoemakers', carpenters', blacksmiths', the painters', plumbers', and glaziers'; all of these are small. The Idiots' cottage at the farm, accommodating nine (9) male patients, contains five (5) rooms and a kitchen, in which all the cooking is done. Four (4) of the rooms are for the use of the patients, viz.—three (3) sleeping-rooms and one (1) day-room. On the Female Division the main building is two-storied, built of brick, with a slate roof. The upper flat contains dormitories of various sizes, a large one being also used as a needle-room. On the ground floor there are dormitories and single rooms, and a large day-room, which is used as a dining and recreation hall and chapel. A stage can be fitted up in this hall for theatrical performances, &c. All these rooms are lofty and fairly ventilated. The portion of the building allotted to the more refractory female patients is of one story, and consists of a large dormitory and single rooms, and a day or dining-room. The day-rooms and the dormitories have open fire-places and most of them iron guards. The buildings are so arranged that a proper classification is impossible throughout the building. There are not proper conveniences connected with each ward, such as lavatories, closets, compartments for clothing, stores, &c., and the bath-rooms are neither sufficient nor complete. The storage accommodation is very bad and altogether unsuitable. The laundries are also very deficient, there being a great want of suitable rooms and modern machinery, as well as proper drying-rooms and grounds. The general kitchen is not supplied with proper cooking appliances. The sick wards, both on the male and female sides, are contiguous to the dormitories, whilst on the female side a dormitory is used as a work-room, neither of which is to be commended.

67. Describe the surrounding grounds? The ground held by the Hospital is about 48 acres, distributed thus,—I. Hospital Grounds proper.—1st. That occupied by buildings, &c.; 2nd. Airing Courts, &c. II. Recreation Ground. III. Farm and Garden. IV. Grazing Grounds.

I. *Hospital Grounds*, containing about 10½ acres.

(1). *Male Division*.—Here there are two airing courts. That in the back division is bounded on each side by the buildings. It is of fair extent, and supplied with seats and sunshade. That in the front division includes the rest of the grounds not occupied by buildings, and the gentlemen's grounds. It is of large extent, and contains several large trees. The greater portion is laid down in English grass, and is kept well irrigated, the grass being cut for the cows. The grounds around the gentlemen's cottage are laid out as a garden, a portion in front of the building being formed into a lawn.

(2). On the Female side there are also two airing-courts. One of these is very large, and is laid down in English grass, and has a number of large trees growing in it. Part of this court is at present used as a croquet and tennis ground. The other court is much smaller, and is supplied with seats and a sunshade on

a raised mound, thus commanding a view of the surrounding country. The ground around the ladies' cottage is laid out as a garden. There are two swings in the female division for the use of the patients. These grounds, with the exception of the small airing court on the female side, which is enclosed by a fence, are bounded by a good brick wall. This in the front and on the north side is surmounted by an iron railing, and whilst being sufficiently high to prevent the escape of the patients, yet allows a good view of the country around.

II. Recreation Ground.

This is situated to the north of the Hospital, and contains about $5\frac{1}{2}$ acres. It is bounded on three sides by a shingle fence and a hawthorn hedge. It is being prepared for a recreation ground.

III. The Farm and Garden.

These, as well as the grazing grounds, are situated on the opposite side of the Lachlan Rivulet, and contain about 18 acres. Here are situated the idiots' and the underkeepers' cottages.

IV. The Grazing Grounds are about $13\frac{1}{2}$ acres in extent.

68. Does the Asylum admit of the proper classification of patients? No, it does not.

69. What is the mode of treatment adopted? The treatment adopted is medicinal and moral. The medicinal treatment includes curative, palliative, and tentative means. The moral, such means as tend to divert the attention of the patients from their morbid inclinations and direct it in a more healthy and normal channel. Work and amusements take a large share in the treatment of the insane.

70. Do you know what means are in use and what methods are pursued for ensuring the comfort and successful treatment of the insane in Great Britain and Europe? There are various methods adopted in the housing and treatment of the insane. These consist of Private Asylums, Government and other large institutions; the boarding-out of patients; the collection of the insane in colonies, as at Gheel; Farm Asylums and the special institutions for idiots and criminal lunatics. In Private Asylums such accommodation and attendance is given as can be paid for. These are visited by official visitors. The greater number of the insane are cared for in institutions conducted on a plan similar to the Hospital at New Norfolk. In England idiots are placed in an institution specially set apart for them; in these the inmates are educated to a slight degree, but at great expense, requiring the services of specially trained teachers. The criminal lunatics are placed in buildings devoted solely to them, *e. g.*, Broadmoor in England, and Perth in Scotland. At Gheel the insane are grouped into a Colony, but this method has its disadvantages. The boarding-out system is adopted in some cases, but it appears to be more successful in England than it would be in this Colony. In many Asylums the close system is adopted, but of late years the open-door system has come into more general use, especially in Scotland. At New Norfolk perfect liberty is allowed as far as is compatible with the safe keeping of the patients. In some Asylums seclusion and restraint is adopted to a large extent; and in the last *Journal of Medical Science* a Medical Superintendent advocates the use of punishment as a part of the treatment of the insane,—a suggestion that is not likely to be generally received with favour. It is never made use of at New Norfolk, and seclusion and restraint as seldom as is possible.

71. And also as to the neighbouring Colonies? I have only visited Victorian Institutions; but the treatment there is almost the same as in the other Colonies.

72. Is the staff of Officers, Warders, Nurses, and Clerk and Storekeeper sufficient for the efficient performance of the duties required? Yes, with the exception of the Clerk and Storekeeper, who requires assistance in his work.

73. How do you account for the per-centage of recovered cases in Tasmania being so much less than it appears to be in the neighbouring Colonies? The per-centage of cases recovered at the New Norfolk Hospital last year was 38.4 on the admissions; and the average for the last 10 years is 37.42 on the admissions, which is a very favourable result. The average in the New South Wales Asylums for 10 years ending 1879 was 38.84. The recoveries in England in the year 1879 gave a per-centage of 40.50 on admissions, and an average of 39.26 per cent. for the 10 years ending 1879, but in both of these calculations idiots, the most incurable class, are excluded. In the per-centages for New Norfolk both idiots and criminal lunatics are included. It is to be further remarked that many patients at New Norfolk were convicts, and many others descended from that class—which is not the case to the same extent in any of the other colonies. In the results obtained in the South Australian Asylums the following are to be noted; viz.—During the year 1881, 34.1 per cent. of cases admitted were re-admissions, and of these 12 per cent. were re-admitted within 12 months of their discharge. A table gives the per-centage of patients discharged on the admissions, but it is seen that out of 129 discharged only 83 had recovered, bringing the per-centage down to 41.7 on admissions. In New Norfolk there were only 4 re-admissions last year, or a per-centage of 7.6 on the total number admitted, and of these 5.3 per cent. were within 12 months of their discharge. All the cases discharged had recovered, the per-centage being 38.4 on the admissions. It is further to be noted that 16 cases discharged from the South Australian Asylums are put down as “alcoholismus”—the average duration of their residence being 3 weeks and 5 days, several of the cases remaining in the hospital only 7 days. These cases generally soon recover, but very few of them are received at New Norfolk.

74. What amusements are permitted to the patients? The amusements are—1st. *Out-door*.—Cricket, croquet, lawn tennis, rounders, and walking parties. 2nd. *In-door*.—Dances, theatrical performances, bagatelle, chess, cards, draughts, dominoes, music, and reading. Croquet is played nearly every afternoon and evening when the weather is suitable; tennis less frequently. The gentlemen patients are out walking several days a week when the weather is fine. The female patients once a week, and the ladies about the same. Last year there were 6 patients' dances and 4 theatrical performances given in the large day-room. On these occasions the patients are supplied with wine-negus, and cake.

75. Is there any night-watch? Yes, on the male side there are two night-watchmen, and one night attendant on the female side. When a case requires special attention an attendant is appointed to do duty during the night.

76. How often do you see the patients? Always twice a day; and in addition I generally go round the male division during dinner-time. Acute cases, or cases of sickness, are visited more frequently, when it is considered necessary.

77. What is the proportion of attendants to patients, separating the male and female? The staff of attendants has been increased this year, both in the male and female divisions. There are 25 male attendants. There are 18 female attendants, though provision is made on the estimates for two more should they be required. One male and one female attendant are employed exclusively at the idiot's cottage, where there are 9 patients, so that these need not be further considered. Of the remaining 24 attendants, 15 are employed as follows:—gardener, 1; farmer, 1; milkman, 1; cooks, 2; laundry, 1; barber, 1; employed in recreation ground, 1; plumber, painter, glazier, &c., 2; night-watchmen, 2; messenger, 1; woodyard-man, 1; lamp cleaner, &c., 1. These have 32 patients in their charge during the day, so that the remaining 9 wardsmen have the care of 109 patients,—9 to 109, or 1 to 12½. There are 18 female attendants, 7 of whom are thus employed,—at idiot's cottage, 1; portress, 1; night nurse, 1; cook, 1; laundry, 2; in charge of work-room, 1. These, excluding the one at the idiots' cottage, have 34 patients in their charge during the day, leaving 11 attendants to 113 patients,—or 1 to 10⅓.

78. Are you aware of any objections to the attendants wearing a uniform? One objection is that attendants in uniform are too much in appearance like gaolers, and thus engender a feeling in the patients that cannot be too strongly discouraged. Again, so many changes take place in the staff, that attendants themselves would object to purchase uniforms unless some guarantee could be given them as to the permanency of their position. If they are allowed a time of probation before being required to wear one, part of the attendants appear in uniform and part not, and thus a want of uniformity is established. Whilst, on the other hand, if the government provide the uniforms, it would entail considerable expense, and at the same time a loss to procure a proper outfit for each new attendant,—as suits previously worn would, even if suitable, be objected to. A badge worn round the arm would suffice to distinguish the attendants from the patients.

79. Have you visited, and what, Hospitals for the Insane in either of the adjacent Colonies? Kew and Yarra Bend, in Victoria.

80. As the results of such visit, can you give us any useful hints for the improvement of the system of housing or treating the insane in this Colony? I would make the following suggestions, not, however, altogether resulting from such visits; viz.—That new fire-proof buildings be erected on the pavilion system, having proper offices, waiting-rooms, stores, &c. in the administrative block. The hospital blocks to be each complete in itself, and possessing all conveniences such as bath-rooms, lavatories, store-rooms, closets, &c., all appropriately fitted up. The sick wards to be detached cottages, with single rooms for noisy patients, so arranged that they would not disturb the other patients. There should be a central kitchen, so situated that the food could be passed out almost if not directly into the male and female dining-rooms. The kitchen to be furnished with modern appliances, and to have sculleries, &c. off it. A work-room supplied with all necessary machinery, *e.g.*, sewing (one being in use at the present time) and knitting machines, should be provided on the female side. The laundry should have proper apartments, modern machinery, drying-room, and grounds. The wards could be better furnished than they are at present, especially the rooms in the ladies and gentlemen's cottages. Curtains in the windows, pictures for the walls, and all the ordinary house furniture would make the cottages more homely, and tend much to the comfort of the patients. It is intended to introduce asylum knives and forks, as well as crockery throughout in place of the tinware now in use for the general patients. Attention has been called to the want of a proper library, as well as to the advantages that would result if carriages were kept or hired for the use of the patients. It would be a great advantage if a choir could be established for the church services. This would require the aid of an attendant capable of teaching music. A proper *post mortem* room is necessary, with a suitable table and floor, having water laid on. Provision should be made for discharged patients in poor circumstances.

81. Is the present diet of the patients, warders, and nurses suitable and sufficient? The diet is about the same as in other asylums, but it is the intention of the Superintendent to improve it by making greater changes in the scale.

82. Do you consider the Pavilion system advantageous, and if so, state your grounds? The Pavilion system is the best that can be adopted for hospital purposes, much more so than the barrack-like house plan. It admits of a better classification of the patients, and is at the same time much more homely, and the buildings are easily extended. Ventilation can be made so much more perfect, as each block is exposed on all sides both to the air and sunlight. A further advantage is that in the case of a fire occurring it would necessarily be confined to a small area.

83. Would you be in favour of the erection of cottages, in connection with the pavilion system, for the accommodation of small numbers of patients? Yes; but the cottages to be used only for sick patients.

84. Do you know whether the cottage system adopted at Yarra Bend, Victoria, is approved? Yes; but it is an expensive system.

85. Do you think that the residence and treatment of patients in cottages is likely to facilitate their comfort and cure more than when massed in large numbers? Yes.

86. Would the cost of maintenance of patients in cottages be in excess of the cost incurred under block or pavilion system? Yes, the cost would be greater.

87. In your opinion would it (in the event of a new Hospital for the Insane being built), be desirable that it should be in the vicinity of the City of Hobart? No; the hospital should be some distance from the metropolis. The nearness to a city makes an Asylum a place of resort to the curious, and numerous visitors are objectionable to private patients and their friends, as well as disturbing the work of the institution. It is very doubtful if such a site as the present one could be obtained near Hobart. It is an exceedingly healthy one, and there is an ample supply of good water.

88. Do you consider the present site desirable? The present site is in every respect an admirable one. The Asylum is prettily situated, and commands a good view of the surrounding country. The situation is exceedingly healthy, and there is a most abundant supply of good water, and the ground area could be increased by taking in the recreation grounds, which could be provided by the purchase of more land in the vicinity. The Hospital is easily reached from Hobart, and yet is a sufficient distance to prevent that constant influx of visitors that is so objectionable, especially to the better class of patients and their friends. It is moreover very doubtful if any place could be found near Hobart possessing all the advantages and free open space and country that the present site does.

89. Do you consider that criminal and Queen's pleasure patients should be kept at New Norfolk? No. At the New Norfolk Hospital private as well as ordinary patients are admitted. It is not proper that the criminal insane, whose previous lives have in most cases been of the lowest and most degraded types, should associate with and so in many ways contaminate patients of a better class. Altogether the habits, manners, language, and general mode of living of these patients are as a rule of such a debasing character as to render their admission here in every way inadvisable.

90. What number of male patients of these classes have you at New Norfolk? Twenty-seven.

91. Are you familiar with the most modern and best approved systems of accommodating and treating the Insane? Yes.

92. Are there any asylums to which you refer as being best adapted for the treatment for the Insane? I cannot specially refer to any.

93. Is there anything in the defective arrangements or treatment of the patients at New Norfolk which militates against their recovery? The want of proper means for classifying the patients.

94. Could a better classification of patients be made in the Asylum? Not as at present constructed.

95. Is the present accommodation at New Norfolk too limited for the numbers at present in the Asylum? The Hospital will contain about 10 to 12 patients more with overcrowding.

96. What additions, alterations, and improvements would you suggest in the buildings at New Norfolk? New buildings are required.

97. Do you consider that there is sufficient space on New Norfolk site for the required buildings? Yes; if the recreation ground be included, and this could be provided for by the purchase of ground elsewhere.

98. Are any complaints made by patients of severe or cruel treatment on the part of attendants? Complaints are sometimes made by patients, but are seldom found to have any foundation. Complaints are immediately investigated by the Superintendent, and "The Lunacy Act" provides for the punishment of those ill-treating the insane.

99. Do you remember any injuries being received by patients from ill-treatment by attendants? In one case only were there bruises on the patient's body. The attendant in this case was dismissed. Further action could not be taken owing to the want of proper evidence.

100. Do many patients attempt to escape? Four patients escaped last year. They were all soon recaptured, except one who was convalescent at the time. He went home, and remained there for three months under the observation of the police, and as he was then quite well, he was discharged by the Commissioners from the books of the institution.

101. Do attempts to escape arise from any sense of neglect or ill-treatment on the part of the patients? No.

102. Do any patients injure themselves through any inattention or neglect of attendants? Not so far as I know.

103. Do you make use of appliances for refractory patients? and what appliances? Yes, the camisole, sleeves, and mittens.

104. You know that the use of these appliances is being discontinued in many of the English Asylums: could it not be discontinued here to a great extent? When used, for what length of time? The amount of restraint and seclusion is here reduced to a minimum, as the following will show:—One male patient is restrained daily by sleeves to prevent him severely injuring himself or others. Since the beginning of October, 1882, a period of five months, only two other male patients have been restrained, one for eight hours, the other by sleeves, at night only, for surgical purposes. This patient, who is an epileptic, and subject to attacks of mania, is suffering from a fractured thigh, and is restrained to prevent him tearing off his bandages and so injuring himself during the night. During the month of February one female patient has been daily restrained by camisole, owing to her very destructive habits, and one by sleeves at night owing to her suicidal tendencies. Restraint in both these cases was discontinued on the 25th of the month. Two other female patients were restrained during the month, one for two hours, and one for eight hours respectively. Three male patients were secluded during the month, two for two hours, and one for one hour only. Four female patients were secluded during the month, two for one hour, one for two hours, and one for five hours, eight hours, and one hour, on different days.

105. Do you adopt seclusion of violent patients to any great extent? No, as the answer to the preceding question will show.

106. Do you occupy the patients in healthful employment? Yes, every patient that can and will work is employed.

107. Have you had any experience of the boarding-out system? No.

108. Could it be adopted with any number of the patients? and would it be difficult to adopt it in such a Colony as this? The number of patients would be limited; for only the more quiet ones and those that would conform to ordinary household ways could be trusted. The class of people with whom these could be boarded, and who would be willing to undertake the care of them, is very limited. The

patients would require to be so placed as to be visited by official visitors. At the same time it must be borne in mind that the removal of a number of working patients would be seriously felt in the Hospital itself.

109. Do you think that the boarding-out system would be less, or more costly? It would be more costly.

110. Would you be disposed to favour or discourage the establishment of private Asylums for the better class of paying patients? There can be no objection to the establishment of private Asylums, provided they are in the charge of a medical man, and are visited at frequent and uncertain times by official visitors appointed by Government.

111. Do the criminal lunatics give you more trouble at the New Norfolk Asylum than the other patients? Yes. Extra precautions are necessary to prevent their escape, and the habits of many of them are such as to require special attention and vigilance on the part of the attendants.

FRIDAY, MARCH 30, 1883.

MRS. BLAND, *Lady Superintendent General Hospital, Hobart, called in and examined.*

112. What office do you hold, and how long have you held it? Lady Superintendent; and I have held it for a year and nine months.

113. I believe you were for many years employed as Matron at the Gladesville Asylum? Yes, for seven years and a half.

114. Have you been through the Hospital for Insane at New Norfolk? I have been partly over it,—the female portion.

115. Can you give us any useful hints or information resulting from your experience at Gladesville which might be adopted in this Colony to improve the means of care and comfort here? In the first place, there should be a building with all the modern improvements suitable for the cure of the insane, plenty of room, as overcrowding is very inconvenient; also the class of attendants should be the best that can be procured, as a great deal depends upon this. Having been over a portion of the New Norfolk Asylum, I was impressed with the age and unsuitableness of the building, which appeared very old.

116. Will you specify the modern improvements which you deem essential to the comfort and cure of the insane? I refer particularly to the necessity for classification of patients, and the importance of avoiding overcrowding, as I think the massing together of large numbers of the insane highly prejudicial to the successful treatment of patients.

117. Do you think that under the cottage system, where only four or five patients are left together, a larger number of cures may be expected than where large numbers are kept together? I think so, certainly.

118. Do you think that it is desirable for an Asylum for the Insane to be in or near the metropolis? No; I am of opinion that ten miles from town is a suitable distance.

119. Do you think that the Hospital for Insane, New Norfolk, is too far from town? No, I do not think so, as it is moderately easy of access.

120. Do you think the present buildings suitable for the purpose required? No, not from what I saw of them.

121. Is the diet similar to that at Gladesville insufficient at New Norfolk? I am unable to answer that question.

122. Should the attendants wear a uniform as they do at Gladesville? I think so, for this reason, that it is conducive to neatness. Uniforms at Gladesville were provided at the cost of the Government. A little over £3 was the cost per annum for each nurse.

123. Do you see any objection to the wearing of a uniform? I do not see any objection,—on the contrary, I strongly recommend its use.

124. Are you acquainted with the pavilion system? Yes; I am.

125. Which is the better system, the pavilion or block, for the accommodation and treatment of the insane? The pavilion system, certainly.

126. Would the cottage system entail much additional expense? It must entail a certain amount of expense, because of the necessity of more attendance, though I think the comfort and care of the patients is the first consideration.

127. Do you think the boarding-out system could be adopted in Tasmania to any extent with advantage? I do not fancy that it could.

128. From your observation at New Norfolk, did the patients appear contented and well treated? Yes, certainly they did.

C. R. SMALES, *Esq., called in and examined.*

129. You have recently retired on a pension from the appointment of Clerk and Storekeeper at the Hospital for the Insane, New Norfolk, I believe? I have.

130. How long did you hold that office? Twenty-seven years.

131. Have the duties of these combined offices been performed by you alone? Yes, until the last year of my service, when, through failing health, I was compelled to offer to the Government, through the Commissioners, the gratuitous services of my son in order to help me to carry out the duties with satisfaction to myself.

132. What are the ordinary working hours? The ordinary hours of attendance were from 6.30 A.M. to 6.30 P.M., but, as a rule, I was at work until eight and nine o'clock every night, and often, when pressed for returns, I was obliged to sit up writing at home several hours later.

133. Will you describe the various store rooms and how they are situated, and state what alterations are necessary for the efficient discharge of the duties connected therewith? There are six store rooms in different parts of the building. The principal store, situated in the main building, is a damp, badly ventilated room, with no window, but a perforated zinc fanlight over the door. In this store the meat, potatoes, groceries, porter, wine, and brandy are kept for daily issue. Another store, situated above this one, reached by a ladder, contains ironmongery, hardware of all descriptions, leather, lamps, and glasses, and various other articles. Above the office of the Superintendent and Medical Officer, reached by a stairs, is situated the store for soft goods, stationery, crockery, and cutlery. The next store is near the bakery of the institution, and in it is kept the flour and bread. A room above contains the bales of woollen materials, blankets, clothing, boots and shoes. The last store is situated in the female division, and serves for oil, paints, and earthenware drain pipes, &c. In my opinion a new store with separate divisions for keeping each description of stock in its own department, is quite necessary for the convenience of the Storekeeper.

134. Is it in your opinion possible for *one* person to perform the duties of Clerk and Storekeeper? I cannot but acknowledge that it is possible for one person to perform the combined duties of clerk and storekeeper, having done so myself unassisted for a period of 26 years,—still I must say the duties are very laborious, entail a great amount of responsibility, and require the constant application of the mind.

135. Describe those duties? First, I shall try and give you a summary of the clerical work. A monthly sheet is kept enumerating daily the number of patients and attendants, the admissions, discharges, and deaths; diet tables and extra sheets, showing the daily issue of provisions and medical comforts; these sheets are made up monthly and forwarded to the Colonial Storekeeper as a check upon the accounts. A regular account book for entry of the receipts and issues of provisions; cash book and accounts of fees; checking the contractors' monthly accounts and comparing with the quantities received; monthly numerical return of patients on Imperial and Colonial funds, of those on fees, and of the attendants, with their several diets; a statement of the provisions issued for the month, according to the different scales of rations, is included in this return; monthly return of fuel and light, showing the receipts and issues according to the fixed scales; monthly accounts current with the Government relating to the whole of the provisions, fuel, and light; monthly statements to the Colonial Treasurer of money paid for fees and labour; salary abstracts; monthly revenue return to the Colonial Auditor of fees showing the whole amount due to the end of each month, and the amount paid into the Treasury for the month; monthly return of particulars respecting the money received for declaration before a Justice of the Peace; washing and labour accounts; pauper returns; statistical returns; estimates for Parliament of the probable yearly expenditure in detail; Commissioners' book of proceedings, &c.; Commissioners' circulars; notices of deaths and funerals; monthly bills of fees; telegrams and correspondence relating to supplies of stores, and incidental returns. As Storekeeper, the principal duty consists in regulating, subject to the Superintendent and Medical Officer, for the constant supplies of provisions, fuel, and light, and all the necessary stores of the establishment. To issue daily the provisions and medical comforts to the patients, and ration the officers and attendants according to a scale; when requisite, issue bedding, wearing apparel, materials for clothing, utensils for domestic purposes, gardening and farming implements, tools of various descriptions, &c.; and keeping entries of the articles issued.

136. Have you ever in your 27 years of experience at the Hospital for the Insane heard of any of the patients being ill-treated? I have never witnessed any ill-treatment to patients, but occasionally there have been cases brought under my notice of attendants being summarily dismissed by the Medical Officer for ill-treatment of patients, and I have known others to be prosecuted at the Police Court for similar misdemeanors.

WEDNESDAY, APRIL 4, 1883.

THE REV. W. W. F. MURRAY, M.A., *called in and examined.*

137. Your name is William Wallace Fullerton Murray? Yes.

138. You are a clergyman of the Church of England? I am.

139. Have you been a frequent visitor at the Asylum? A regular visitor every week. On Sunday I hold Divine Service, and twice during the week,—once at the male side and once on the female side. On Sunday all are assembled in one room for the service.

140. For how many years have you thus been visiting and conducting the services at the Asylum? Twenty-eight years. Within the last two or three years, however, a lay reader occasionally takes my place on a Sunday by a licence from the Bishop.

141. Is there any salary attached to your office as clergyman officiating at the Asylum? Yes. The Church of England Synod pays £25 a year. On my first appointment the Imperial Government, and afterwards the Colonial Government, paid a salary of £50 a year. Since the commutation of State aid, an annuity of £13 a year is paid to me as a retiring allowance.

142. Can any other Protestant clergyman who desires to do so conduct religious services? I am not in a position to answer that question.

143. Is there no other Protestant religious service conducted? Not that I am aware of.

144. Are you regarded, then, as the chaplain of the Asylum for the Protestant section of the patients? I am so regarded.

145. Do you frequently converse with the patients? Yes; always when I visit the Asylum on a week-day, and on Sunday if any express a desire to speak to me, particularly in the sick wards.

146. Do any of them complain to you of harsh or unkind treatment? I have had such complaints made sometimes, though rarely, and I always consider whether the statements made to me by the patients I am conversing with are likely to be worthy of credence.

147. Do you think there has been any reasonable ground of complaint of such unkind treatment? Yes, I do.

148. Do you know of any recent cases of such unkind treatment—say within the last three years? Within the last three years there have been cases. The reason I give is that I have known of instances where an attendant has been discharged for harsh treatment.

149. Are you aware whether any special case of unkind treatment has been allowed to pass without enquiry? I am not aware of any.

150. Have you heard any complaints outside the Asylum regarding the treatment of the patients? Yes, I have heard such opinions expressed, but I do not attach much importance to them.

151. Do you often see patients under mechanical restraint, or know that they are in seclusion? Very seldom of late years. The only cases that I am aware of that have been committed to cells are those that I am of opinion were deserved, or absolutely necessary for individual safety and that of fellow patients.

152. Have you any knowledge of other Asylums for the Insane? Yes; formerly in England, and more recently in Victoria. In Victoria I was at the Yarra Bend some four years since.

153. Comparing the general treatment that you see adopted here with what you have seen elsewhere, do you think that the treatment at this Asylum is satisfactory? Yes, I do, with the exception of the department for idiots.

154. Do you consider the accommodation and appliances afforded here are equal to the asylums with which you are familiar elsewhere? No, I do not think they have as many appliances here as in the large asylums I have seen, and the accommodation, except in the ladies' and gentlemen's cottages, is not so good. In reference to the idiot department, I am bound to say that the accommodation and appliances are lamentably deficient, and the treatment altogether behind the age for that particular kind of mental affliction. As, however, patients of that class are too few in number to make it worth while to maintain a suitable establishment for them, I think it would be desirable to send such patients to a separate asylum for idiots (conducted on modern improved principles), such as is probably maintained in one or other of the larger colonies of Australia.

155. Have you heard any complaints from friends of patients regarding the association of criminal or Queen's pleasure patients with other patients? No, I cannot say that I have.

156. Has it been remarked as a cause of complaint that the convalescent and quiet patients are associated so frequently with the noisy, refractory, and incurable ones? In some cases quiet patients on the female side have complained about the noise and rudeness of the other patients on the verandah, and, I think, not without reason; but I do not see how it can be avoided with the present amount of accommodation. I have heard it remarked that the number of attendants is too small for the preservation of order among the patients as well as for their safe custody.

157. You would regard it as a great advantage to have additional accommodation for the sake, *inter alia*, of affording better means of classification of patients? Yes, that is what I mean. When a boisterous young female patient is allowed to strike or assault an infirm or elderly one, it seems a great hardship, though I do not attach blame on this account to the officers of the establishment.

158. Do you think it is desirable to have an Asylum for the Insane so far from the city as New Norfolk? I give it as a result of my observation that after receiving visits from relatives, friends, or acquaintances, and the general public, I have found the patients more excited; consequently, it would not be an advantage to have the Hospital nearer the town, if the result would be to increase the number of visitors.

159. Are the asylums you are acquainted with in England near the cities? Yes; Lincoln and Northampton are both within a mile of the city.

160. Did you observe the evil effects arising from the frequent visits of friends in those Asylums? I was not sufficiently acquainted with them to notice it.

161. On what extent of land does the church and parsonage stand? The church has about three acres round it, and the parsonage about 16 acres. It has all been made over to the Church of England Synod.

162. Is it sufficient, and is it likely to be so for some years to come? Yes, regarding it as an addition to the present "State aid;" but it will not be so as an endowment for the parish after the cessation of that source of income.

163. Is there any unoccupied reserve land set apart for church purposes? No.

164. Does the church land bring in any revenue just now, and how much? I do not feel justified in giving a statement on that question without the knowledge or consent of the trustees of church property.

165. How much of the land might it be convenient to part with? Having only a temporary and official interest in the land referred to, I cannot, on consideration, do more than repeat the answer given to the last question. It would, however, be most inconvenient to the inmates of the parsonage house to have the boundary line of the Asylum grounds brought any closer to their residence than is now the case.

166. There is a proper school-house and premises, sufficient for the district, I believe? There is.

167. And also a cemetery? There will be, as soon as the new one is opened.

THE REV. JOHN LESLIE *called in and examined.*

168. Your name is John Leslie? Yes.
169. You are a clergyman of the Wesleyan Church? Yes, I am.
170. How long have you been resident here? One year exactly.
171. Do you occasionally visit the Asylum? Yes, I frequently visit it, on an average once in three weeks.
172. Do you conduct religious services at the Asylum? None whatever. Other Sabbath duties render it impossible for me to give them, and as I also understand they are to be conducted by another clergyman.
173. Do you visit the whole of the wards, or are your visits confined to certain persons particularly? Certain persons principally, though I have come in contact with nearly all the inmates.
174. In your conversations with the patients, have you heard any complaints about their ill-treatment which you considered were worthy of credence? No, I have not. Had anything serious come to my knowledge I should certainly have informed the proper authorities. On the contrary, I have heard expressions from patients of the kind treatment they receive.
175. Have you heard any complaints outside the Asylum regarding the ill-treatment of patients? No, I have not heard anything worthy of much notice.
176. Have you observed patients under mechanical restraint or in seclusion during your visits? On one occasion only I saw one confined in a cell. He had been violent before I entered the building.
177. Have you any acquaintance with Asylums for the Insane elsewhere than at New Norfolk? None whatever.
178. Have you heard friends of patients complain of the association of criminal, refractory, and violent with the other patients? No, I have not.
179. Can you speak favourably of the general conduct and cleanliness of the Asylum? Yes, I have noticed general cleanliness and order in my visits there, though different friends who came in with me have referred to the gaol-like appearance of a portion of the premises.

THE REV. B. J. MURPHY *called in and examined.*

180. Your name is Berul James Murphy, and you are a Priest of the Catholic Church? Yes.
181. How long have you resided here? Fourteen months.
182. Do you regularly visit the Asylum? My rule is to visit twice a week.
183. Do you conduct religious services at the Asylum? Yes, every other Sunday.
184. Is this clerical duty performed gratuitously? Yes; and this is a matter that should have the attention of the Commission.
185. Do you visit the Protestant portion of the patients, or the Roman Catholic only? The Roman Catholic only.
186. Do you find the patients generally satisfied with the treatment they receive? Yes. They frequently express their satisfaction, and speak of the Superintendent as a father and a friend.
187. Have you heard any complaints from the patients, or from others outside the Asylum, of ill-treatment? I have heard reports outside of ill-treatment, but I could place no reliance on them, and I have heard nothing of the kind inside the Asylum. I should hesitate to credit the sworn testimony of the authors of the reports which I have heard outside.
188. Have you ever seen patients under mechanical restraint or in seclusion? No. They are generally permitted to go about freely through the portion of the building set apart for them.
189. Have you heard any complaints about patients being associated with the criminal lunatics? No, I have not. As far as I know there are no grounds for such complaints.
190. Have you ever heard dissatisfaction expressed that the quiet and inoffensive patients are mixed with the noisy and refractory class? I have not. The separation of class from class is as complete as the class arrangements of the building will permit.
191. Have you noticed any evil effect on the patients—such as unusual excitement—following the visit of friends of patients? No; I do not think it had any such effect; at the time they seemed pleased. Of the after effects I am not able to say, because I had no opportunity of witnessing them.
192. Do you know anything of the general feeling with regard to the situation of the Asylum, as to whether it should be nearer the city? The general feeling here is in favour of the present situation. The public feeling or public opinion, as expressed in the public press, is that it should be nearer to the seat of Government.

GEORGE FRANCIS HUSTON *called in and examined.*

193. Your name is George Francis Huston? Yes.
194. You were until 1880 Medical Superintendent at the Hospital for Insane, New Norfolk, I believe, when you retired on a pension? I was; I did.
195. How long did you hold that appointment? Twenty-five years.

196. Had you any Medical Assistants during that time? I had two; the first from 1866 to 1871; the second, Dr. Macfarlane, came in November, 1878, and remained until I left.

197. Were you permitted private practice? Yes, within a radius of a mile from the Asylum.

198. You are now one of the Commissioners appointed by the Governor in Council under the Act for the regulation of the care and treatment of the Insane, and for the appointment, maintenance, and regulation of Hospitals for the Insane, 22 Vict. No. 23, I believe? I am.

199. How long have you held that appointment? Two years.

200. How many Commissioners are there? Ten.

201. How often do they visit the Asylum? Once every calendar month. Besides this, two Commissioners visit quarterly to make a general and more minute inspection of the inmates.

202. Will you give a report of the present condition of the New Norfolk Hospital, especially as to the character of the buildings and surrounding grounds, the classification of the patients, and the mode of treatment adopted? The present condition of the New Norfolk Hospital is far from satisfactory, especially as regards the buildings as adapted for the treatment of the Insane. They are defective in many respects as to convenience and accommodation, and a considerable portion is badly ventilated and uncheerful,—notably the back division on the male side, and the refractory wards and cells on the female side. The exceptions to this condition are the wards in the front division (males) and the large buildings on the female side, both of which have more cheerful aspects, and are very fairly ventilated. In my opinion, however, all the wards are too crowded, and more sleeping rooms are urgently required. On the male side day and recreation rooms are almost altogether wanting. The bathing accommodation and arrangements—a most essential item in the treatment of the insane,—are also very defective in the general establishment. The exceptions to the above state of things are in the cottages appropriated to the better class of patients, which are so constructed and arranged as to fairly meet the requirements of that class. There are no reception rooms for patients or visitors, and much inconvenience is felt thereby. This accommodation was provided in all the Asylums I visited when in England, and was considered a necessity. Here the friends of patients generally see them in the verandah or grounds. The store accommodation is about the worst feature in the Establishment, and is really a disgrace to such an institution, being bad in every respect. The grounds within the walls, including about five acres adjoining on the north side, are, in my opinion, far too confined and limited in space for the proper recreation and exercise of the number of patients under treatment. The classification of patients is unavoidably, with the present accommodation and arrangements, very defective, and is mainly carried out with reference to the violent and noisy being separated from the quieter and more manageable patients. Idiots are, also, as far as circumstances will permit, located in a separate cottage; but epileptics, for want of special means of arrangement, have to mix with the general body of patients. The treatment of the insane may be defined as moral, physical, medical, and coercive. The latter is the least resorted to, and is in a very small proportion to the others, though in some cases absolutely necessary. Medical treatment is, of course, varied, and adopted with reference to special symptoms and phases of the case. The moral and physical treatment consists principally of domestic discipline and order being kept up, and employment, as much as possible, in various directions both in and out of doors. Recreations of various kinds, such as dramatic performances, music, dancing, walks in the country, games of croquet, tennis, &c. are also included; and, as a general rule, all soothing treatment is enforced.

203. I believe that within the last few years you have visited the lunatic asylums in England and other places: will you give us the results of the experience of your visits to these places, so far as it relates to the improvement in our own buildings and the treatment of patients? It is now over 15 years since I was in England, and I can scarcely charge my memory with what I observed, except that in all the asylums I visited the accommodation and appliances seemed to be on a much larger scale, and provided more liberally for the physical comforts of the inmates. The general treatment adopted, from what I could learn, was very similar to our own.

204. State also the means in use and the methods pursued for ensuring the safe keeping and successful treatment of the insane in Great Britain? So far as I can recollect, the staff of attendants in the various institutions were the chief means relied on, and I may be allowed here to mention that the class of people employed were very far superior to any that can be obtained here.

205. The same, as regards the neighbouring Colonies? I think the above answer will apply to this question so far as I know or have observed.

206. In the event of it being found necessary to build an Asylum for the Insane, is the present site eligible, or would it in your opinion be desirable to remove it nearer to the metropolis? and on what principle should the new building be erected—the pavilion? Although the question is not put to me, I must state that I cannot admit the necessity of another Asylum being built. Improvements, alterations, and additions to the present buildings, effected according to modern plans would, I think, answer every purpose. I am of opinion that the present site is a perfectly eligible one, and it would be undesirable to remove it nearer to Hobart. I am not acquainted with the pavilion principle of Asylums, but should a new Asylum become necessary I think a portion of it formed on the cottage system would be desirable.

207. What are the objections to the Asylum being near town? Because it would become a show place, and I think a good deal of the liberty and enjoyments of the inmates would be restricted, especially with regard to country walks and excursions, and the friends and relations of patients have a natural dread and objection to their being exposed to public gaze.

208. Are there any, and if any, what advantages in having the Asylum near town? I really do not know of any that this locality does not possess, it being easy of access, and there being great facility of communication with Hobart.

209. Are you aware of any drawback to the present site? No; I think it is an admirable site.

210. Should the criminal and Queen's pleasure patients congregate with the free ones? Most decidedly not, simply on moral grounds, and also the feelings of relatives and friends would be outraged by it.

211. Would it be advisable to send such patients to the Cascades, where nearly all the men are from Port Arthur? Only in the event of there being means of separation from the present inmates for such patients who by former position and education would be morally wronged by such association.

212. Is the bath ever given as a punishment to refractory patients? Not that I am aware of.

213. Have you ever known of any instances of ill-treatment of patients by Warders, Nurses, or other officers of the Hospital? I have certainly, and have had them punished with dismissal where the cases have been proved.

214. In your opinion is insanity increasing, and if so, from what cause do you attribute the increase? That it is there is no doubt; the cause of it I cannot say.

215. As the result of the experience of your lengthened service, is it possible for the combined offices of Clerk and Storekeeper to be efficiently performed by one person? I think not now. The work has increased so much that I think it scarcely fair to put so much on one person.

216. Have you any knowledge of the pavilion system? I have not.

217. Are padded rooms in existence in New Norfolk? They are not, and never were required.

218. Do you think them desirable or necessary? I do not.

219. What are the means employed to restrain violent patients,—seclusion, or what? Seclusion during paroxysms of violence is the principal course adopted, and generally with good results. The camisole is, however, occasionally used to restrain patients who are persistently violent or destructive, in order that they may have the benefit of air and exercise.

220. If the present site be retained, what portion of the present buildings could be permanently utilized? The two cottages, the whole of the wards, &c. in the Female Division, with some alterations and improvements; the front wards in the Male Division and the corridors, and its rooms in the back yard (all with improvements); the whole of the other buildings at the back should be swept away and new ones erected.

221. Would it be desirable in erecting new buildings to build some cottages for the accommodation of small numbers with a view to their increased comfort and cure? I think some cottages, to contain about ten patients, would be a very desirable addition, and I believe good results would follow their establishment in the improvement of those located in them.

222. Would the cost of maintenance of patients in small numbers in cottages be greater than under the present system? I think it would be somewhat greater, but not materially so; it would be chiefly in the extra attendants necessary.

223. Do you think all the attendants should wear a uniform? Most decidedly I do.

224. Are the necessary temporary improvements and appliances, &c. which are recommended by the Commissioners generally carried out by the Government, and what reasons are assigned when such recommendations are not carried out? They are not, nor have they ever been always carried out. Upwards of 20 years ago a comprehensive scheme of improvement in the buildings was recommended, and since then, on several occasions, many suggestions and improved alterations have been advised, some of which have never been gone on with, some have been attended to, but frequently after the lapse of considerable period of time. I know of no reason being assigned for the non-approval of such alterations or additions, except on one or two occasions, so far as I can remember. Want of funds was stated. The Government do not invariably give their reasons for not approving of the suggestions of the Commissioners.

MISS LALAND, *Matron Hospital for Insane, New Norfolk, called in and examined.*

225. Your name is Martha Maria Laland? Yes.

226. What office do you hold? Matron at the Hospital for Insane, New Norfolk.

227. How long have you held it? Since February, 1880,—a little more than three years.

228. Have you had any experience in an Hospital or Lunatic Asylum before your appointment to New Norfolk? Yes. First, in the Borough Asylum at Newcastle-on-Tyne. Second, in the Sedgefield County Asylum, Durham. Third, in the Barmham Heath Asylum, County Kent. Fourth, in the Haydock Lodge Retreat, Newton-le-Willows, Lancashire. Fifth, in the Colney Hatch, near London. In the Colonies: At the Sandhurst General Hospital, Victoria; Melbourne Benevolent Asylum, Victoria.

229. What are your duties? I have the direction of the whole of the domestic economy of the Female Division (the dressing of food and catering for provisions excepted). The whole of the clothing, bedding, &c. for Male and Female Divisions inclusive (male patients' outer-clothing excepted) is made and repaired by the female patients under my immediate supervision, with the assistance of a nurse. I draw from the stores of the Institution all drapery, furniture, utensils, &c. necessary for use of the Female Division, for which I am held immediately responsible, and am required to produce corresponding articles to those issued for condemnation. I keep a record of, and check upon, all stock issued to female attendants for use of their respective patients and wards, any deficiency of which attendants are required to replace at their own cost. Almost the whole of the washing and laundry work for the Institution is performed by the female patients under the direction of myself and two nurses, the latter having in addition to do ward duty when necessary. The cleaning, &c. of the Female Establishment is also effected by the female patients under the supervision of myself and the nurses. I am held responsible for the personal cleanliness, &c. of the female patients, and to this end have the directing of the female officers and attendants placed under me. I have, with the

assistance of three nurses, the charge of the "Ladies' Cottage" (where there are at present fifteen paying patients) with the care of their wardrobe, for which I make application to their friends when necessary. [Note.—I would here mention that the dietary scale for this class of patients is satisfactory, having recently undergone considerable improvement. Amusements have recently been inaugurated for them in the form of lawn tennis, croquet, billiards, draughts, &c.] It is part of my duty to report to the Medical Superintendent twice daily in a journal kept for the purpose, the condition of each female patient (paying or public), with a statement of any casualties or fits which may have occurred, or restraints, &c. administered, together with an account of any special medical treatment ordered; also to describe the regularity or otherwise of the general routine of the Female Establishment, to state any misconduct on the part of subordinate officers, ill-treatment of the patients, or other irregularities which may come under my observation,—for which purpose it is my duty to visit the whole of the Female Establishment as frequently as practicable in the course of the day. I also furnish to the Medical Superintendent a weekly record of all female patients under medical treatment, a statement of all cases of seclusion or restraint, with a list of casualties (if any) occurring. I record all admissions, discharges, and deaths of female patients, together with the amount of needle and other work performed by them. I keep a separate account of all clothing, &c. received or belonging to paying patients. [Note.—In connection with the stock-keeping of the establishment, I think it would be most advantageous to have a complete system of branding all articles before issue with divisional marks, including representative figures for date of issue. This would only be fair to the attendants, who hitherto have had to employ their own mode of branding their stock. Articles having once received the impression of stamps, such as I some time ago suggested to the Medical Superintendent and subsequently to the Government Storekeeper, no imitation of same could be invented without procuring the stamps themselves. Attendants would thus be prevented from defrauding each other. A special design wrought in the texture of drapery by the manufacturers, as in England, where each Asylum has its individual representative design or figure, would be a sure preventative against articles being carried out of the Institution. All cutlery, hardware, &c. should before issue be crested or stamped by a steel punch. I have taken the liberty of making the above suggestions, knowing from experience what saving can be effected in a large institution by a proper method of supervising and checking the stock.]

230. Under the direction of the Medical Superintendent have you the control of the whole of the nurses and the female patients? I have the entire control of the female patients, but only a limited control of the nurses. I have no voice in either the selection or dismissal of nurses. [Note.—The Medical Superintendent has in some instances discharged nurses at my suggestion, but this action has been purely optional on his part.]

231. What number of patients are now in your charge, distinguishing paying patients from others? There are one hundred and thirty-three public and fifteen paying patients in my charge at present.

232. What is the number of nurses? The number of nurses at present engaged in the service of this Asylum is fifteen. There are two short, the full staff being seventeen, including one lodge keeper and one night nurse. The latter has nightly charge of the sick and epileptic wards. [Note.—Which arrangement has recently been instituted with a view to securing proper attention for this class of patients, there being previously no night nurse, and no classification of epileptic from other patients.]

233. Are they sufficient in number, and qualified? The nurses at present are sufficient in number, but not qualified, except in some five instances, where they have been in the service of this Institution for periods ranging from three to seven and a half years.

234. What is the proportion of nurses to patients? The proportion of nurses to patients in this Establishment is on an average one nurse to ten patients.

235. Is the dietary scale for patients satisfactory,—i.e., in quantity and quality of food, and is it changed sufficiently often? The dietary scale for patients is satisfactory as to quantity. Respecting quality, I consider the tea and sugar might be better. All other provisions are now good. The patients but seldom partake of vegetables, except what is served in the soup. I consider there is not sufficient change in the diet, which at present consists of baked meat, pies, and Irish stew,—each once in the week; on all other days roast or boiled meat, with potatoes, is served, and a thin kind of soup. [Note.—A daily change could be effected in the diets with a small increase of the material at present used, and the addition of occasionally a pudding. I consider it essential that the patients be served more frequently with vegetables than heretofore. Instead of the tea being made in coppers, as at present, suitable urns might be used for infusing and serving, which would enhance the flavour of the tea and be more convenient than serving out of cans as at present. Cocoa might occasionally be given for breakfast. With reference to table furniture, I think it would be an advantage to substitute the tinware at present in use for a less rigid article,—viz., stoneware, a substantial kind of delf generally used in Asylums in England, which, if necessary, could be obtained from there marked with the Asylum crest. There is also a special make of knives and forks for use of the insane, which might with advantage be introduced here, instead of the patients eating with their fingers as at present.]

236. The same, as regards the nurses? The nurses' diets at present are unsatisfactory. An additional allowance and better quality of tea and sugar are desirable, with the adjunct of a pudding occasionally for dinner.

237. Have any instances of ill-treatment of the patients by nurses occurred during your term of service? There have been no flagrant cases of ill-treatment of patients by nurses during my term of service in this Institution. In some instances nurses have administered a slap or slight blow to a patient, for which they have invariably been reported to the Medical Superintendent, who has promptly awarded such punishment as he deemed necessary.

238. Is the accommodation sufficient, or would you suggest any improvement or extension to the present buildings in view of the increasing number of patients? The present building is not adapted to the proper treatment of the insane. The accommodation is insufficient. Patients occupy the same rooms in the day-time as at night. There are no lavatories,—patients perform their ablutions by means of hand-basins in the

wards, which is highly inconvenient, and does not effect the personal cleanliness so desirable. There is not sufficient or suitable bath-room accommodation. Instead of suitable wardrobes for the arrangement of patients' clothing upon their retiring to bed, such articles are located in the rooms where patients sleep, which is not in keeping with neatness, regularity, or health. There is an absence of out-office accommodation,—for night, open tubs are made to serve this purpose, which arrangement, it need scarce be argued, must be most detrimental in a sanitary point of view. Instead of fuel being carted to the back premises, and there coated in proper receptacles, all firewood is deposited indiscriminately in front of the building, from whence it is conveyed to the several wards by nurses and patients, and has often been made use of by the latter as a dangerous weapon. According to the present construction of the building this defect could not be remedied. There is no proper work-room or needle-room; a patients' dormitory is made to serve this purpose, the disadvantages of which are—*i.e.*, instead of all patients, with their respective nurses or attendants (the infirmary, refractory, and wash-house patients and their nurses excepted) being assembled and advantageously employed during certain hours of the day, they are disseminated throughout the building, much to the detriment (in many respects) of the well-being of the Establishment. There is no waiting or porter's room; patients visited by their friends must, for the time being, sit in the open paddock. Nurses literally eat, sleep, and live with the patients night and day, instead of having specified hours of relief from duty, and separate sleeping rooms, whose windows should overlook the dormitories wherein their patients are located at night. They ought also to have a dining-room instead of using that of the patients, as at present. We could not accommodate more patients than at present without over-crowding. In view of increasing numbers of patients, I would consider the extension or improvement of the present building a decided mistake, but would rather suggest, if possible, that it be converted into some other public use, and a new building erected with such modifications and appliances as would facilitate the carrying out of the modern system of treatment of the insane.

239. Is the bath used as a punishment? Warm and hot baths are administered as treatment. The shower-bath used formerly, I believe, to be administered daily, both for the treatment of hysteria and as a deterrent, but has been employed on three occasions only during my term of service as a deterrent, by order of the Medical Superintendent.

240. What employment are the patients put to? The female patients are employed at needlework, washing and laundry work, and miscellaneous housework.

241. What do you estimate the value of their labour at during the last three years? There are some one hundred patients miscellaneously employed in the Female Division, whose labour I would estimate as being worth at least 6*d.* per diem per head.

242. What amusements are the patients afforded? Patients' recreation or amusement consists of an occasional dance, concert, or theatrical performance. They take out-door exercise beyond the Asylum grounds in charge of an officer and attendants occasionally. Some of the public patients have recently been taught to play croquet. I have frequently driven out some of the lady patients, who in some instances have attributed their recovery to the carriage exercise thus afforded more than to any other treatment.

243. Is the building large enough to afford proper classification of patients as to acute or chronic cases? The present building is totally inadequate to the proper classification of patients. For acute cases there is an absence of padded cells, padded clothing, and restraint chairs (when the process of feeding by stomach-pump is necessary, or the performance of other operations.) [*Note.*—Chronic cases will be dealt with in connection with Question 28.]

244. Do you make suggestions and requests to the Medical Superintendent, and are they promptly attended to? As far as practicable I believe that suggestions and requests made by myself to the Medical Superintendent have been carried out and attended to.

245. What means are employed for the restraint and seclusion of violent patients, and by whose authority are these ordered? Violent patients are restrained by being placed in a single room, or their hands confined by a mild form of restraint—jackets or sleeves—which are continued only so long as the patient is maniacal and by other means unmanageable. I have the ordering of all restraints, &c. of the female patients, which are afterwards duly recorded in my daily journal for the information of the Medical Superintendent.

246. Are the grounds surrounding the Asylum sufficiently extensive? I consider the grounds surrounding the Asylum vastly too small. Extensive grounds would be to the patients and to the Institution generally a great advantage.

247. Do you consider the site an eligible one? Locally I do not consider the present site an eligible one; I think it would be better nearer Hobart.

248. How often do you see each patient? I see, as a rule, each patient not less than three times a day. The majority of the patients I have hourly intercourse with in promoting their several employments and amusements.

249. Do you consider the nurses should wear a uniform? I consider it most desirable that the nurses should wear a uniform, both as a matter of discipline and an adjunct giving tone to the institution.

250. Is it, in your opinion, advisable that the Hospital for the Insane should be nearer the metropolis than the present building? Were the Hospital for the Insane nearer the metropolis many advantages might be gained: *i.e.*—The patients could have more entertainments, which are desirable. Where their case would admit they could have more intercourse with their friends and visitors,—too great isolation from the outer world is not calculated to improve the condition of the mentally afflicted; judicious intercourse with fellow beings, on the contrary, tends to raise their minds. In Asylums with which I have been connected in England many of the patients, in charge of attendants, used regularly to attend the parish church. They were frequently taken to concerts, lectures, &c.; and during the summer months they would be taken in parties or batches to the seaside, there to spend the day in "picnicing," for which special railway carriages were engaged. The several institutions I have mentioned in England were near their respective towns, which enabled the staff to secure a change more frequently than they have the opportunity of doing here, there being no

railway within a considerable number of miles of this Institution. On the whole, I think it would be most advantageous for the Institution to be nearer the metropolis.

251. Have you seen or read of the pavilion system, and do you consider it an advantageous one? I have only read of the pavilion system; but, from what I can understand, I consider the block system preferable. In the former, patients are located day and night in a one-storied building, and classification thereby is not so complete as in the latter, where the building is two-storied, the upper portion of which is devoted to dormitories and single sleeping-rooms, thus affording a separate stratum of atmosphere for night (patients not being allowed to enter these apartments during the day); and in connection with which there are ample lavatories, with hot and cold water bath-rooms, &c. for the completion of patients' toilet for the day; provision being made in proximity with the day or sitting rooms for other incidentals. All windows, doors, &c. of the day-rooms being left open throughout the night secures proper ventilation for daily habitation. Spacious airing courts attached to each section or division, with raised or mounded lawns, afford the patients an unlimited view of the surrounding landscape without their being able to scale the barriers or walls. Beyond these airing courts (as in England) the grounds of the Asylum should be extensive generally. In the block system the infirmary, refractory, and convalescent patients can be severally so isolated, and yet concentrated, as to render the whole classification both harmonious and economical in their working.

252. Would it be well, in connection with the block system, to have a few cottages for the accommodation of small numbers of patients? I am in favour, in connection with the block system, of a separate building for the drafting off of chronic or imbecile cases and epileptics, who ought to be classed together, for whom the proportion of attendants required would be one to twenty. I would also recommend a cottage or probationary ward for such patients as are in a state of recovery, which would require comparatively light supervision. In England this system has been found to work most satisfactorily.

[*Note*.—I would strenuously recommend the introduction of machinery for the performance of the washing, cooking, &c. of the Institution by steam, the most modern of which is that known as the Nottingham system, by Manlon, Alliott & Co., Nottingham. The class of patients now engaged in the wash-house and laundry work are principally of the penal class, whose places as they die out cannot be filled. The patients now being admitted are of a class who, instead of being able to serve the Institution, require special treatment and attendance. The introduction of two or three knitting machines (of which that called the "crane knitter" is the most modern) would be a great saving in supplying hosiery of a substantial character instead of the inferior article at present supplied. A great want is felt in the absence of printed forms,—*i.e.*, stock lists, gate passes, requisition forms, &c., which are at present written by hand, and entail considerable labour and loss of time.]

FRIDAY, APRIL 6, 1883.

JOHN COVERDALE, *Esq., M.D., called in and examined.*

253. Your name, and what office do you hold? John Coverdale, and I am Surgeon-Superintendent of the Hospital for the Insane, Cascades.

254. How long have you held that office? Since January, 1878.

255. Were you previously employed at Port Arthur,—in what capacity, and for how long? Yes, I was, as Civil Commandant and Medical Officer, for four years previously to my appointment to this Institution.

256. Is there any other medical officer at the Cascades Establishment besides yourself? No.

257. How often do the Commissioners visit and hold Board meetings? Monthly.

258. Are your duties confined to the insane, and have you had any previous experience in Asylums for the Insane? No; I have also had charge of the Contagious Diseases Hospital since its first establishment in September, 1879; and during the greater portion of 1881 and 1882 I had the supervision of a number of female pauper invalids. And again, I had the superintendence of male invalids from January, 1878, until their removal to the New Town Institution in July, 1879. Whilst at Port Arthur the care and control of the insane formed a special part of my duties, and to that extent therefore my experience of Asylums has gone.

259. Are all the inmates under sentence either Imperial or Colonial, and were they all transferred from Port Arthur? Yes; the majority of sentenced men are chargeable to Imperial funds, and eight only to Colonial; besides which there is one free Imperial patient. With one exception, they were all transferred from the Asylum at Port Arthur, the exception being a man who, although frequently confined there, was not actually so when the removal took place.

260. How many criminal lunatics are at present under your charge? Sixty-one.

261. What is the average of their ages? $62\frac{2}{3}$ years.

262. Are there any Queen's pleasure men at the Cascades? Yes; four.

263. State the number of warders and other officers under your charge,—their duties, and if they are sufficient in number, and the proportion of warders to attendants, and their salaries? The staff consists of one Head-keeper, two Under-keepers, and nine Attendants. The duties of the latter are a constant association with and protection to the patients at all times, day and night, under directions from the Head-keeper. Whilst the Under-keepers, besides constant attendance in their respective yards, have immediate charge over and apportioning the meals of the inmates. The Head-keeper is responsible for the proper carrying out of all the duties inside the establishment. The number of officials is in excess of the proportion generally considered necessary in Lunatic Asylums, but from the character of the buildings at the Cascades, namely, the space intervening between the yards, it would not be practicable to make a reduction without

incurring some risk. The salaries are,—Head-keeper, £150 per annum, with quarters, fuel, light, and rations. One Under-keeper, £70; one ditto, £57 9s. 9d.—this amount is owing to present recipient drawing a pension, the salary, however, being calculated at £70, with quarters, fuel, light, and rations in both cases. Attendants, 2s. per diem, with maintenance within the establishment.

264. Will you furnish a copy of the Rules for the guidance of those under you? Yes; I hand in this copy, December, 1877. The Regulations were framed previous to my taking charge of the Institution.

265. What has been the death-rate amongst the lunatics since their removal from Port Arthur to the Cascades? The average has been 3 per annum, the greatest number of deaths in one year being 5, the lowest 1, or about $2\frac{1}{2}$ and a fraction per cent. per annum.

266. Can you accommodate any and what number of additional inmates? Yes; 28 more patients could be accommodated, the space then for each being over 725 cubic feet.

267. Are there any means of classifying the patients as to chronic or acute cases? Yes, to a certain extent.

268. How is the correspondence with the Government carried on, *i.e.*, by and between whom? Myself and the Chief Secretary,—generally under instructions of the Commissioners.

269. Are there any communications unanswered during the last two years—if so, state them? None at present in respect to repairs to buildings. The difficulty, however, of having any required work done, during the past two years especially, and the prospect annually at the assembling of Parliament of the contemplated breaking up of the Establishment, have together influenced my not having brought under notice of the Commissioners at an earlier period those repairs that are now about to be effected.

270. What is the mode of treatment employed? Palliative measures only,—all the cases being chronic, and not amenable to any particular treatment.

271. What mode of restraint and seclusion are employed? Simply confinement in a secure room,—no other means of restraint having been found necessary to adopt for a long time.

272. Have any cures been effected since the inmates under your charge were removed from Port Arthur? None; the cases being all of long standing, little hope of recovery in them is to be expected. At an average of over 25 years ago, 21 of the patients were received from the New Norfolk Institution, and the remainder from the Port Arthur Asylum, upwards of 20 years.

273. Are you aware of the methods pursued for ensuring the safe keeping and treatment of the Insane in Great Britain and Europe, or in the other Colonies? Only from what I have read, and my own experience. I have no difficulty in applying my professional judgment to a full understanding of the methods pursued in the countries named as to the treatment and safe keeping of the Insane.

274. What is the total annual cost of maintenance of the Establishment under your control for each year since its inauguration? The annual expenditure as shown in Returns has been, in—

	£	s.	d.
1877	2574	0	8
1878	2427	15	1
1879	2266	3	4
1880	2128	15	9
1881	2133	1	3
1882	2123	17	5

275. What proportion of the cost of maintenance of the Inmates of the Cascades is defrayed by the Imperial Government, and how long does the contribution continue, and what is the annual cost to the Colonial Government? The proportion has been as follows:—

	£		£	s.	d.
1877—Imperial cost	2208	Colonial	336	0	0
1878— Ditto	2160	Ditto	237	15	1
1879— Ditto	2144	Ditto	122	3	4
1880— Ditto	2048	Ditto	80	15	9
1881— Ditto	1984	Ditto	149	1	3
1882— Ditto	1840	Ditto	283	17	5

The contribution from the Home Government continues during the life time of the patients.

276. Are the inmates employed in any, and what useful labour? Yes; those able and willing to work are employed at gardening and other out-door operations, whilst others are engaged daily in cleaning dormitories, mess-rooms, &c. inside the buildings.

277. Are they allowed any recreations by way of games,—if so, describe them? Yes, but draughts and dominoes are the only games they care to play. When placed in the recreation ground they make no attempt whatever at amusements of any kind, but sit or lie about in the same manner as when in the yards. Their antecedents, condition, and age will account for the apathy displayed as to the capability of enjoyment, and therefore their removal to the ground has been less frequent than, under other circumstances, it would have been.

278. Is the bath accommodation sufficient? Yes.

279. Is the bath ever given as a punishment for breaches of discipline? No, never.

280. What religious services are performed? Occasionally clergy of the Anglican and of the Roman Catholic church attend.

281. Furnish the dietary scale for the Inmates and Officers of the Cascades?

DAILY Scale of Rations for Officers and Attendants and Patients at the Hospital for Insane, Cascades, 1883.

OFFICERS AND ATTENDANTS.

Meat	1½ lbs.	Sugar	3½ ozs.
Bread, 30 per cent.....	1½ lbs.	Barley	¾ oz.
Vegetables	1½ lbs.	Salt.....	½ oz.
Tea.....	½ oz.	Milk.....	½ pt.

LUNATICS, FULL DIET.

Meat.....	1 lb.	Salt.....	½ oz.
Bread, 30 per cent.....	1½ lbs.	Soap	½ oz.
Vegetables.....	1½ lbs.	Tobacco	¼ oz.
Tea	6 drms.	Pepper	100 oz.
Sugar	2 ozs.	Milk	½ pt.
Barley	½ oz.		

LUNATICS, SPOON DIET.

Bread, 30 per cent.....	1 lb.	Milk.....	½ pt.
Tea	6 drms.	Salt	½ oz.
Sugar	2 ozs.	Soap.....	½ oz.

EQUIVALENTS.

Turnips	3 lbs. for 1 lb. of Potatoes.	Leeks, green	12 ozs. for 1 lb. of Potatoes.
Cabbage.....	2 lbs. ditto.	Onions, green	8 ozs. ditto.
Carrots.....	1½ lbs. ditto.	Onions, dry.....	6 ozs. ditto.
Parsnips	1 lb. ditto.	Flour.....	8 ozs. ditto.

EXTRAS ALLOWED ON QUEEN'S BIRTHDAY, CHRISTMAS, GOOD FRIDAY, AND PRINCE OF WALES' BIRTHDAY.

Flour, 30 per cent.....	8 ozs.	Sugar	1½ ozs.
Suet.....	2 ozs.	Milk.....	½ pt.
Currants or Raisins.....	2 ozs.	Ale	½ pt.
Sugar.....	1 oz.	Spice	4 ozs. for 100 patients.
Tea.....	½ oz.		

Medical comforts and extras are issued when prescribed by the Medical Officer.

282. In your opinion, is insanity increasing,—and if so, to what cause do you attribute the increase? From reports in the public prints, and from other sources of information, it is increasing, and I attribute it, firstly, to increase of population of a certain character; secondly—to the excitement of the present mining operations; thirdly—to intemperance; and fourthly—to hereditary tendency. During the 9 years of my Medical Superintendency of the Queen's Asylum, I had opportunities of noticing children who strongly inherited their parents' infirmities. In one family, in particular, there were 4 of them (all girls) more or less perfect imbeciles; whilst in others there were symptoms indicating insanity in some form at a future period of their existence.

283. Is there any objection to Colonial criminal lunatics being associated with the Imperial prisoners? None whatever, as I cannot believe it possible for one criminal lunatic to corrupt another where proper separation and supervision is maintained.

284. Do you consider the Cascades Asylum for the Insane suitable for the class of criminal lunatics that are detained therein? Yes, fairly so, the inmates having been for so long a period accustomed to the four walls of a prison, do not seem to notice the seclusion.

[N.B.—This answer by no means implies that a more suitable Asylum could not be established.]

285. Are any alterations and improvements or repairs to the building necessary? Yes, there are some in addition to those now being made.

286. Will you specify fully what repairs are required? Reshingling roof of stone buildings between the upper and lower yard, and as regards alterations, it would be desirable to have the boundaries of the establishment redefined in order to afford space for some outbuildings of a minor nature.

287. Have any alterations and repairs been asked for which have not been effected? Only the reshingling just named and the work now in hand. The correspondence in the latter case is confined to the application made—the reply being by a survey, and in the former by a *viva voce* conversation on the subject.

MR. MUIRHEAD called in and examined.

288. Your name is Alexander Muirhead? Yes.

289. You were Head-keeper at Port Arthur for some time? Yes; and have held the same office here since April, 1877. I was originally appointed Under-keeper at Port Arthur in August, 1869, and Head-keeper in January, 1872.

290. Do you think the arrangements existing here equal to those at Port Arthur? I think not; there are not the same appliances for comfort and safety. Provision should be made for storing away the working utensils, &c. connected with the Asylum. The Sleeping Wards, Dining and Smoking Rooms are satisfactory, and also the yards to a certain extent. There is accommodation inside and outside the walls for alterations which I consider necessary.

291. Have you a recreation ground? Yes; but have doubts if it has been proclaimed.

292. Have you used this recreation ground during the last six months? Certainly within the last six months and later. But I cannot from memory state how often previously.

293. Will you explain the reason why the men have not been exercised there? Because the few that are able to go there do so reluctantly, and the others are engaged at out and indoor work. The fact of being short-handed in attendants lately has been the reason that the patients have not been sent so often, as has been the usual custom when the weather permitted.

294. How many are usually engaged in gardening? On an average, 24.

295. Do you regard the building and treatment as being on the whole suited to the class of inmates that are in this Institution? I do; the buildings being satisfactory, and the comfort and treatment of the inmates everything that could be desired.

296. Do you think there would be any objection to the association of Colonial criminal lunatics with the majority of those at the Cascades? Positively none whatever.

WEDNESDAY, APRIL 25, 1883.

L. A. HOLDEN, *Esq., M.R.C.S., House Surgeon, General Hospital, Hobart, called in and examined.*

297. Your name is Lonsdale Andrew Holden, and you are House Surgeon at the General Hospital, Hobart? Yes.

298. Have you had any experience in the treatment of the Insane? if so, will you be good enough to say if it has been in Public Asylums, private establishments, or in your private practice? I have had experience in the General Hospital, Hobart, and in the Asylum for the Insane, New Norfolk, for two or three days at a time at different periods while I have had charge of the Asylum.

299. From whence did you receive your diploma? M.R.C.S. Eng., 1873.

300. Have you visited the Hospital for Insane, Cascades? Yes; but my visit was brief, and not undertaken critically. I offer no opinion on the accommodation it affords.

301. Will you state your impressions of the treatment employed, and of the buildings and surrounding grounds, the classification of patients, and the methods pursued for ensuring their safe custody at New Norfolk? It seems to me that this Asylum is capable of being greatly improved. The existing plan of concentrating the cases in large bare dormitories and day-wards is not, in my opinion, conducive to their cure. I think it desirable that the surroundings of an insane person should be, as far as possible, not dissimilar from those of every day life: his room should look like an ordinary room, his companions like ordinary people. The means adopted for separating the curable from the incurable are inadequate. I do not say, however, that the present buildings afford any greater possibilities in this direction. The area on which the Asylum stands is I think sufficient, but not more than sufficient. Some of the warders have seemed to me scarcely suitable persons. Probably the scale of wages is insufficient to attract a class of men who are able to recognise that the moral influence of the attendant is one of the chief agents in the treatment of an insane person. I have thought that some servants I have seen there regarded the patients merely as dirty animals to be kept up to a certain standard of appearance (not a very high one) for the visits of the Medical Officer. Nor has the Asylum itself always been remarkable for cleanliness. More might be done in the way of providing amusement and rational employment for the patients, and personal supervision should have a larger share in the control of unruly and violent cases than is obtained, as at present, from confinement in cells and separate apartments. I think that an endeavour should be made to provide separate accommodation, and of a better class, for those cases in which there is a reasonable prospect of cure, and to keep by themselves the large number the Asylum contains who are old, hopelessly insane, and have belonged to the very lowest class of the community.

302. The same as regards the neighbouring Colonies, Great Britain, and Europe? I have had no experience in the asylums either of Great Britain, Europe, or the neighbouring Colonies.

303. Do you consider the present site at New Norfolk an eligible one? I do.

304. In your opinion, is it advisable, and would there be any advantage, in having the Hospital for Insane nearer the metropolis than New Norfolk? There would be none, in my opinion. It is a suitable site, and I think it an advantage to have it at the distance it is.

305. Have you read of the Pavilion system, or of the Cottage system, and do you consider either of these preferable to the House system? I have not read much about it. I should, however, advocate the erection of more cottages similar to those now existing at New Norfolk.

306. Which character of Institution do you consider most curative in its effect,—viz., the General Institution under the care and control of the Government, or the separation of the patients in small numbers in private establishments? The small private asylums are more likely to effect cures, I should say, if properly managed.

307. Will you give your reasons that induce you to prefer that line of treatment? More individual attention can be paid to the cases.

308. Have you formed any definite opinion as to the question of classification of the inmates of an Asylum for the Insane? Only so far as to separate hopeless cases from those that may possibly get well, and the pauper patient from one who has been accustomed to any degree of refinement and comfort. In addition, an amount of division of the different forms of insanity is easily possible, and very desirable.

309. To what extent is inspection required when the Institution is under the immediate charge of officers responsible to the Government? I consider the visits of the Commissioners at present frequent enough certainly, but they should not be made at stated times and when the officers expect them.

310. What alteration or addition would be required in this respect if the system permitted in England and some of the adjacent Colonies, of placing insane persons in private asylums, was adopted? There should certainly be an inspection of each building equally often and equally unexpectedly; if anything, the inspection would have to be more frequent and more searching.

311. In Switzerland, idiots, and in Belgium, lunatics, as you are doubtless aware, are boarded out amongst the inhabitants of the country districts: would it, in your opinion, be expedient to try such an experiment here with either idiots or lunatics? I do not think so; possibly the lower orders in those countries lead a different kind of home life from that to be found in the poorer dwellings of this Colony. Besides, the attitude of the Swiss and of some other Continental nations towards people afflicted mentally is very different from that of the English.

312. You are also doubtless aware that cottages for Male and Female Lunatics, ensuring more comfort and luxury than the ordinary wards, are provided at New Norfolk for paying patients: is it your opinion that Government should provide for this class, or that it should be entirely remitted to private enterprise? I am inclined to think that in this Colony it is better for the Government to do so, on the ground that it is not so easy to maintain a private asylum in a small community like this as in an older country.

313. Have you any arrangements at the Hospital, Hobart, for temporarily treating cases of insanity? Yes, there are arrangements used for these cases, for delirium tremens, and for any other violent patients.

314. And are those arrangements of a satisfactory character? No, they are not. They consist of cells—three for males and two for females. The male division has a very small exercise yard attached. Those for females are merely two wooden erections in an ordinary room. As cells they are not unsuitable, and are fairly well provided with warmth, light, ventilation, and security. One of the male cells has padded walls, but they are suitable only for cases where violence is to be feared, and even of these many would be better treated by constant personal attention, such as the limited staff of a Hospital cannot give.

315. Are improved arrangements contemplated in the new building? None that I know of.

316. What do you consider the best method for restraining violent and refractory patients? Drugs, and restraint in a padded room where they cannot hurt themselves. Padded rooms are absolutely necessary in many cases that come to the Hospital for treatment.

317. Can you give the maximum period that any patient has been confined in these padded rooms? No. I append a return of all cases of mental disease treated at the Hospital during the last five years. Some of these were treated entirely in the general wards; some partly there and partly in the cells (padded and other); but the majority entirely in the cells. The longest period any such case was detained in the Hospital was for 181 days, the next longest 147 days.

RETURN of Cases of Mental Disease treated in the Hobart General Hospital for the last Five Years.

<i>Year.</i>	<i>Number of Cases treated.</i>	<i>Number sent to New Norfolk from the Hospital.</i>	<i>Average Number of Days each was detained under observation in the Hobart Hospital.</i>
1878	34	6	17·2
1879	41	16	11·7
1880	25	7	28·7
1881	31	9	22·7
1882	31	9	24·3

318. Do you consider that the arrangements for keeping lunatics under observation are satisfactory at the General Hospital, or could you suggest improvements? It is certainly not desirable to have cases of mental disease in the general wards of the Hospital. The effect on them and on the ordinary patients is likely to be equally bad, yet the only alternative in Hobart is close confinement in a cell. Seeing that this Hospital is the only place where such observation can be obtained, and that a large number are so observed every year, and that they stay on an average more than three weeks there, I think that better accommodation ought certainly to be provided.

319. Do you deem it desirable that attendants should wear uniforms? Yes, I think it very desirable.

ALBERT GRAHAM, *Esq.*, Assistant House Surgeon, General Hospital, Hobart, called in and examined.

320. Your name is Albert Graham, and you are Assistant House Surgeon at the General Hospital, Hobart? Yes.

321. From whence did you receive your diploma, and what date does it bear? From the Apothecaries Hall, London, and it bears the date 1879.

322. Have you had any experience in the treatment of the Insane? if so will you be good enough to say whether it has been in public asylums, private establishments, or in private practice? I have visited as a student the Bethlehem Hospital, London, for a period of three or four months. I had a moderate experience in private practice in South Australia, and I come in contact with all cases admitted to the General Hospital, Hobart.

323. Have you visited the Hospital for Insane at New Norfolk or the Cascades? I have not.

324. Have you visited any Asylums either in Great Britain, Europe, or the neighbouring Colonies, and if so, will you be good enough to state your impressions of the treatment employed, and of the buildings and surrounding grounds, the classification of patients, and the methods pursued for ensuring their safe custody? Only the Bethlehem Hospital, London, and the Female side of the Government Asylum at Adelaide, South Australia.

325. Do you consider the present site of the Asylum at New Norfolk an eligible one? I consider that it should be far more central, near a railway station, and within 5 or 6 miles of the metropolis.

326. In your opinion would there be any disadvantage in having the Hospital for Insane, New Norfolk, nearer the metropolis? None; the too frequent visitations of friends to patients could be easily controlled by a proper set of rules, such as are in use at the General Hospital, which work fairly well.

327. Have you read of the Pavilion system, or the Cottage system, and do you consider either of these preferable to the House system? Yes; but I do not agree with the Cottage system.

328. Will you state your reasons for entertaining this opinion? I think the more the patients mix together (separating, however, the refined from the vulgar) the more cheerful they are. Classifying the patients according to their varieties of insanity, and placing all members of the same class apart together, has a bad depressing effect individually on the members of each class, and tends to make their mental state worse than it is already. We must remember that, as a rule, patients are insane on only one or very few points, and also, as a rule, they have their intervals of perfect sanity. This being so, when the patients all freely mix together, a patient in a sane interval may be so struck with the ludicrous aspect of a fellow patient's insanity that he at times sees the ludicrousness of his own hallucinations, and from that date a cure will commence, and does very frequently commence.

329. Which character of Institution do you consider the most curative in its effect,—viz., the General Institution under the care and control of the Government, or the separation of the patients in small numbers in private establishments? I consider General Institutions properly managed far more curative in their effects.

330. But will not the association of the worst with the mildest cases in large numbers, and of the respectable and genteel class with the lower and pauper class, be prejudicial to the comfort and improvement of many? Certainly. I would have a separate establishment for the refined and vulgar class.

331. To what extent is inspection required when the Institution is under the immediate charge of Officers responsible to the Government? The same as at present.

332. What alteration or addition in this respect would be required if the system in England and in some of the adjacent Colonies, of placing insane persons in private establishments, was adopted? Much more frequent visitation would be required,—at least once a week, and without the foreknowledge of the proprietor.

333. In Switzerland, idiots, and in Belgium, lunatics, as you are doubtless aware, are boarded out amongst the inhabitants of the country districts: would it, in your opinion, be expedient to try such an experiment here with either idiots or lunatics? No; they would be far better cared for in a Public Institution.

334. You are also doubtless aware that cottages for Male and Female Lunatics, ensuring more comfort and luxury than the ordinary wards, are provided at New Norfolk for paying patients: is it, in your opinion, advisable that Government should provide for this class, or that it should be entirely remitted to private enterprise? I think there should be a pauper establishment supported by the Government, and a self-supporting establishment for people of a better class, both being under the control of Commissioners appointed by Government.

335. What do you consider the best methods of restraining the violent and refractory insane? Moral restraint. I disapprove entirely of mechanical restraint, except in very special cases. During my twelve months' residence at the Hospital, only in two cases has mechanical restraint been required.

336. Do you approve of the use of padded rooms for the seclusion of violent patients? Yes, decidedly.

337. Do you consider the provision made at the General Hospital for the temporary treatment of the insane sufficient and satisfactory? I do not.

338. Can you offer suggestions for the improvement in the provision for the treatment and observation of the insane? Yes. I would build a series of wards, with a padded room attached, all being well warmed, well lighted, and well ventilated.

339. Do you think that uniforms should be worn by all attendants in Asylums for the Insane? While approving of uniforms for the nurses of Hospitals, I disapprove of attendants on the insane wearing a distinctive uniform, and for these reasons—(1) the patients would feel themselves more under restraint, and the attendants should have sufficient moral influence on their patients without being helped by the authority an uniform conveys. (2) Visitors on entering an Insane ward and seeing a person in uniform or distinctive badge would immediately make for such person and address their questions to him or her; the patients on seeing this would feel themselves slighted and that they could not be trusted. This result would have a decidedly depressing effect on them, especially on those on a way to recovery.

E. O. GIBLIN, *Esq., M.D., called in and examined.*

340. Your name is Edward Owen Giblin? Yes.

341. What appointments do you hold? Those of Health Officer for New Town, Sandy Bay, and Wellington Hamlets, and also Health Officer for the City of Hobart.

342. Have you had any experience in the treatment of the insane? if so, will you be good enough to say whether it has been in public asylums, private establishments, or in your private practice? Only in private practice.

343. From whence did you receive your diploma, and what date does it bear? My first, M.R.C.S. Eng., 1874; M.B. 1876; M.D. 1878.

344. Have you visited the Hospital for Insane at New Norfolk or the Cascades? Yes, at New Norfolk, not the Cascades.

345. Will you state your impressions of the treatment employed, and of the buildings and surrounding grounds, the classification of patients, and the methods pursued for ensuring their safe custody, at New Norfolk? My visit there was by no means a professional one, merely on invitation, and with the Commissioners, and of short duration; therefore I had no means of forming an opinion on either of the four subjects mentioned in your question.

346. The same as regards the neighbouring Colonies, Great Britain, and Europe? I have never visited Asylums in the neighbouring Colonies. In England, I visited Colney Hatch, Camberwell (private), Caterham, in Kent, and the Aberdeen Lunatic Asylum. I have not paid enough attention to psychological subjects to make my evidence of much value.

347. Do you consider the present site at New Norfolk an eligible one? Yes.

348. In your opinion is it advisable, and would there be any advantage in having the Hospital for Insane nearer the metropolis than New Norfolk? No, certainly not. I think New Norfolk distinctly preferable for chronic cases, but I should advocate the employment of part of the General Hospital, or some other building in town, for the observation and treatment of all recent cases previous to their being drafted to New Norfolk, it being a generally accepted fact that all cases of insanity are more amenable to treatment in their earlier stages than subsequently.

349. Have you read of the Pavilion system, or the Cottage system, and do you consider either of these preferable to the House system? Not in connection with the treatment of the insane, but I prefer the Pavilion to the House system on hygienic grounds, the former, in addition, giving greater facilities for the classification of patients.

350. Which character of Institution do you consider most curative in its effects,—viz., the General Institution, under the care and control of the Government, or the separation of the patients in small numbers in private establishments? This is a question which I cannot answer satisfactorily, not having any practical acquaintance with either public or private establishments; but, viewing it generally, I am inclined to believe that that Institution would be most curative whose officers were desirous of curing for the sake of showing good returns and lessening the cost to the country than another such as a private establishment, where, by curing their patient, they lose him.

351. Have you formed any definite opinion as to the question of classification of the inmates of an Asylum for the Insane? No very definite opinion, but, for successful treatment, I believe that minute classification and separation are essential.

352. To what extent is inspection required when the Institution is under the immediate charge of officers responsible to the Government? I am not sufficiently acquainted with the supervision at present. I cannot, therefore, answer this question.

353. What alteration or addition would be required in this respect if the system permitted in England and some of the adjacent Colonies, of placing insane persons in private establishments, was adopted? A similar supervision for each Institution, though I think inspection cannot be too frequent.

354. In Switzerland, idiots, and in Belgium, lunatics, as you are doubtless aware, are boarded amongst the inhabitants of the country districts: would it, in your opinion, be expedient to try such an experiment here with either idiots or lunatics? No, certainly not; and in cases of female idiots, most decidedly not.

355. You are also doubtless aware that cottages for Male and Female Lunatics, ensuring more comfort and luxury than the ordinary wards, are provided at New Norfolk for paying patients: is it your opinion the Government should provide for this class, or that it should be entirely remitted to private enterprise? Hitherto the Government have provided for paying patients, and I have not heard that the plan at present in vogue is unsatisfactory. I should certainly recommend its continuance, as I know of no private enterprise in Tasmania competent to supply the want.

G. W. TURNLEY, *Esq.*, *M.R.C.S.*, *Medical Officer for Gaols, &c.*, called in and examined.

356. What is your name? George Washington Turnley.

357. What appointments do you hold? I am Medical Officer for the Port of Hobart, Invalid Depôts, House of Correction, Medical Officer for the Poor at their own houses, and for the Boys' Home; and I have also occupied the position of Surgeon Superintendent at the General Hospitals, Hobart and Launceston, for a period of eighteen years; also being for twelve months in charge of the lunatics at the Cascades Hospital after their coming from Port Arthur.

358. From whence did you receive your diploma, and what date does it bear? *M.R.C.S. Eng.*, and bears the date 1858.

359. Have you had any experience in the treatment of the insane? if so, will you be good enough to say if it has been in public asylums, private establishments, or in your private practice? I have had very little to do with the insane; the only cases that have come under my notice have been those admitted to General Hospitals with a view of their being sent to New Norfolk if proved insane after observation, and of lunatics at the Cascades.

360. Have you visited the Hospital for Insane at New Norfolk? if so, will you state your impressions of the treatment employed, and of the buildings and surrounding grounds, the classification of patients, and the methods pursued for ensuring their safe custody? I have only been round the Asylum as a visitor, and therefore did not take sufficient notice to form an opinion, being in entire ignorance of the treatment adopted.

361. Have you visited any of the Asylums for the Insane either in Great Britain, Europe, or the neighbouring Colonies? I have not.

362. Do you think the present site of the New Norfolk Asylum an eligible one? Yes, I should think it was. I see no objection to it from a sanitary point of view.

363. In your opinion would it be desirable, or would there be any advantage, in having the Hospital for the Insane nearer the metropolis than New Norfolk? As I have stated in the preceding answer, I see no objection to the present site from a sanitary point of view; but if it were in contemplation to erect new buildings, and a choice of sites were available, it would be desirable to choose one where the surroundings would be more favourable than are those near the present Asylum. Speaking from recollection of the grounds around the present buildings, there are few facilities for farming, gardening, &c., and the scenery in the immediate vicinity is not of the most cheerful description. The present system adopted in receiving patients for observation at the General Hospital is, I think, objectionable. The apartments (or I may rather call them, cells) in which they are placed are not at all adapted for the purpose. In cases of recent occurrence, and more particularly in those of an acute character, the exhibition of prompt treatment is of paramount importance. At the Hospital no systematic treatment is had recourse to; the patients are merely detained at the institution under observation until the medical man is thoroughly convinced that they are of unsound mind or otherwise, and if the former prove to be the case they are forwarded to New Norfolk, their detention at the Hospital often extending over a considerable period of time. I am of opinion that it is desirable to have an establishment in or near the capital where these patients could be received. It would not need to be of large dimensions, as there would never be any great number for whom to find accommodation at the same time.

364. Have you read of the Pavilion system, or the Cottage system, and do you consider either of these preferable to the House system? Yes, the pavilion system, from what I have read. My reason for preferring the pavilion system is not on account of its being superior to the cottage system in a curative point of view, but because the adoption of the latter would involve a most important increase in expenditure. I am of opinion that the fewer the number of patients congregated in wards together the better, and for this reason it would appear that the cottage system would be preferable; but, as I have before stated, the cost would be increased to so great an extent that I should choose the pavilion system as a mean between the cottage and house systems.

365. What kind of treatment do you think is most likely to result in the largest number of cures? Where the case is recent much may be done by the exhibition of drugs to quiet the nervous system and to restore and maintain the bodily functions; but where these are inefficient, and the affection becomes chronic, the moral treatment becomes the more important means of cure. The great principle on which this treatment is based is the distraction of the mind from morbid trains of thought and feeling, and its occupation in new and healthy channels. Useful and rational occupation in the open air is of great importance,—walking, gardening (more particularly in the cultivation of flowers), work on a farm, carpentering, fishing, open-air games, &c., according to the taste and disposition of the patient. An asylum, to be really efficient for the cure of mental diseases, should have abundant facilities for carrying out this treatment.

366. What character of institution do you consider most curative in its effect,—viz., the General Institution under the care and control of the Government, or the separation of patients in small numbers in private establishments? As a rule I should much rather have the patients in public institutions as the most curative.

367. Will you give the reasons that induce you to prefer that line of treatment? In my answer to question 10 I have enumerated the measures which should be adopted for the moral treatment of mental disease. I am of opinion that these measures can be best carried out in a well-managed asylum, where everything is properly organized, and superintended by an experienced physician. In the treatment of these diseases great skill and experience are requisite, which can only be acquired by long attendance at a large Lunatic Asylum. Independently, too, of his professional ability, he should possess other qualifications. In the event of private institutions being established it would be impossible to obtain superintendents properly qualified for their management; for, whilst admitting the ability of Tasmanian practitioners with regard to their general professional attainments, I do not believe that anyone could be found thoroughly competent to take the management of this special department of the healing art. For these reasons I think that it would be undesirable to form such establishments.

368. To what extent is inspection required when the institution is under the immediate charge of officers responsible to the Government? I do not know of any other system than that at present existing that would be more efficient.

369. What alteration or addition would be required in this respect if the system permitted in England and some of the adjacent Colonies, of placing insane persons in private establishments, was adopted? The present Commission would be sufficient, if they visited regularly, say once a month.

370. In Switzerland, idiots, and in Belgium, lunatics, as you are doubtless aware, are boarded out amongst the inhabitants of the country districts: would it, in your opinion, be expedient to try such an experiment here with either idiots or lunatics? Referring to my answer relative to the moral treatment of the insane, I think that it would be objectionable in the majority of cases to adopt a boarding-out system. There are some cases for which this plan might be advantageous; for instance, patients who were incurable, but harmless, would be more comfortable and happier perhaps when living amidst home influences. For male idiots also this system would be preferable, always supposing that the right kind of persons could be found with whom to place them.

371. You are doubtless aware that cottages for male and female lunatics, ensuring more comfort and luxury than the ordinary wards, are provided at New Norfolk for paying patients: is it your opinion that Government should provide for this class, or that it should be entirely remitted to private enterprise? I think it preferable to remain as it is at present, under the control of the Government.

372. Is a better class of warders desirable? Not only desirable, but absolutely necessary.

373. Do you think a better class of warders could be procured from Europe, and would you recommend that endeavours be made to bring such warders out occasionally. Yes; and I would strongly recommend it.

374. Will you state your opinion of the Cascades Lunatic Establishment as to its fitness for the custody and treatment of insane criminals, and point out any defects in the establishment that might be removed? For the treatment of the insane it would be difficult to select a place more unfitted. Situated in a hole, which in winter becomes a swamp, it is cold, damp, and gloomy. Shut in by hills in the immediate vicinity, there is no cheerful scenery upon which the eye may rest, look in whatever direction you may. The yards are surrounded by walls so high that during the whole of the winter time the sun is excluded, except when at its greatest altitude, for about two hours during the day. The whole place and its surroundings have a depressing influence, and instead of being a fit place for the cure of mental disease, it is rather calculated to produce melancholy madness in the sane.

TUESDAY, MAY 1, 1883.

R. S. BRIGHT, *Esq., M.R.C.S., &c., called in and examined.*

375. What is your name? Richard Stonehewer Bright.

376. What appointments do you hold? I am an Honorary Medical Officer of the General Hospital, Hobart.

377. From whence did you receive your diploma, and what date does it bear? I am a Member of the Royal College of Surgeons, England, for 1857; L.S.A. Lond., 1858; L.M. Eng., 1857.

378. Have you had any experience of the Insane? if so, will you be good enough to say if it has been in public asylums, private establishments, or in your private practice? I have not had any practice in the treatment of the insane, beyond treating an insane patient for a few days prior to being sent to the New Norfolk Asylum.

379. Have you visited the Hospital for Insane, New Norfolk? if so, will you state your impressions of the treatment employed, and of the surrounding grounds, the classification of patients, and the methods pursued for ensuring their safe custody? I have not made any formal visit to the Hospital for Insane, New Norfolk, but I have been shown over the Institution twice during the last few years,—once about three or four years ago, and once about seven or eight years. I could form no impression, as I only walked through the Asylum. The buildings, however, appear to be rather out of date, even compared with those of England that I saw five and twenty years ago. I have some recollections of St. Luke's which would compare very favourably. Of the surrounding grounds I do not think them sufficient, but would be better if larger and more wooded, &c. They gave me the impression of mere airing grounds, only not enough trees, &c. The classification of patients did not come under my notice, I am therefore unable to give an opinion as to the custody of the patients. They appeared to me safe as far as I could see.

380. Have you visited any of the Asylums for the Insane either in Great Britain, Europe, or the neighbouring Colonies? In England only, St. Luke's; at Kew, in Victoria, and at Gladesville, in Sydney, about three and half years ago.

381. Do you think that the present site at New Norfolk is an eligible one? Yes, eligible, but too circumscribed and too near the township of New Norfolk. It would appear better in a kind of park-like grounds, for instance, with plots of ground for gardening and farming for the benefit of the patients.

382. In your opinion would it be advisable, or would there be any advantage, in having the Hospital for Insane nearer the metropolis than New Norfolk? I am of opinion that it would be advisable to have it nearer the town, but the facilities for getting to New Norfolk are so good that 23 miles is not too far. At the same time, if a new Asylum is found to be necessary, I think it would be advisable to have it nearer to Hobart if an eligible site can be found.

383. Have you read of the Pavilion System or the Cottage System, and do you consider either of these preferable to the House System? I have had no experience with regard to the Pavilion System for Lunatic Asylums, but I have as regards Hospitals. I should say for the quiet or chronic cases the Pavilion System would be much better, but for the violent cases the Cottage System appears to me more advantageous. If a new Asylum was contemplated I am of opinion that the Pavilion and Cottage Systems should be combined.

384. What kind of treatment do you think is most likely to result in the largest number of cures? I think better results would arise from the Pavilion System than where large numbers of patients are grouped together in one building.

385. What character of Institution do you consider most curative in its effects, viz.—the general Institution under the care and control of the Government, or the separation of patients in small numbers in private establishments? Certainly under the care and control of the Government, partly because there is no one in this Colony who keeps a private establishment, and partly because those establishments are open to more abuses. I do not think the population of this Colony is large enough to support private Asylums.

386. To what extent is inspection required when the Institution is under the immediate charge of officers responsible to the Government? I do not think any other arrangement could be better than at present in existence.

387. What alterations or additions would be required in this respect, if the system permitted in England and some of the adjacent Colonies, of placing insane persons in private establishments, was adopted? I should imagine some sort of paid medical officer or inspector to visit the establishments unexpectedly, and certainly very frequently for private establishments.

388. In Switzerland, idiots, and in Belgium, lunatics, as you are doubtless aware, are boarded out amongst the inhabitants of the country districts: would it in your opinion be expedient to try such an experiment here with either lunatics or idiots, or both? I think it very doubtful whether such a system would apply in this Colony?

389. You are also doubtless aware that cottages for male and female lunatics, ensuring more comfort and luxury than the ordinary wards, are provided at New Norfolk for paying patients: is it your opinion that Government should provide for this class, or that it should be entirely remitted to private enterprise? I think it better in this Colony for it to remain in the hands of the Government, for the reason that the patients able to pay would be too limited in number for a private individual to take charge of such an Asylum.

390. Is a better class of warders desirable? I have have not sufficient information to answer this question.

391. Do you think that a better class of warders could be procured from Europe, and would you recommend that endeavours be made to bring such warders out occasionally? No doubt, for men might be obtained of more recent experience of the care of the insane.

392. Have you visited the Cascades Asylum for the Insane? No, I have not.

393. What provision is made in the Hobart Hospital for the temporary detention and observation of insane patients? The only provision consists of three cells; these cells also afford the only accommodation for cases of *delirium tremens* and violent cases.

394. Is that accommodation sufficient in extent and suitable in character for the temporary detention and observation of the insane? I consider it very insufficient for that and the other demands upon it.

395. Does the attention required from nurses and attendants for this class of patients interfere with the working of the Hospital? Yes, it has frequently been found to do so. The nurses are even exposed to danger, as they are suddenly called away from their proper duties to attend insane persons, who are at times very violent. I think it is wrong to compel Hospital nurses to attend upon lunatics; and it should be mentioned that such attendance has often to be undertaken by nurses already in charge of as many hospital patients as they can well wait upon.

396. What would you recommend as a better arrangement for temporarily observing and treating the insane previous to their being sent to the Asylum? If a new Asylum is contemplated, I should recommend that there should be a sort of probation building from which to draft to the Asylum, or a cottage might be used for this purpose near the present Asylum.

397. Do you think uniforms for the attendants desirable? Yes, I do.

H. A. PERKINS, *Esq., M.D., called in and examined.*

398. What is your name? Henry Alleine Perkins.

399. What appointment do you hold? Honorary Medical Officer to the General Hospital, Hobart.

400. From whence did you receive your diploma, and what date does it bear? M.B. and C.M., 1871, Edin., M.R.C.S. Eng., 1873, and M.D., 1874, Edin.

401. Have you had any experience in the treatment of the Insane, and if so, will you be good enough to say if it has been in public asylums, private establishments, or in private practice? I have had experience in all three. First, special instruction in mental diseases under Professor Laycock, at Musselburgh Asylum, four miles from Edinburgh. I have visited frequently a private asylum near Edinburgh, called Saughton Hall, where there were between 20 or 30 patients, some of whom I knew. And lastly, in private cases of lunacy in England and Tasmania, and in cases at the General Hospital, Hobart.

402. Have you visited the Hospital for Insane, New Norfolk, and if so, will you state your impressions of the treatment employed and of the surrounding grounds, the classification of patients, and the methods pursued for ensuring their safe custody? Yes, once about two years ago, and six years previously to that. As regards the medical treatment, in the hands of Dr. Macfarlane, as far as he is concerned, I do not think it could be improved with the present appliances. I think that the buildings are quite unfit for an Asylum, and I think they ought to be at once dispensed with; there does not appear to me to be suitable accommodation. There are ample grounds which could be improved by gardening, but about the Asylum itself they seem scarcely sufficient for recreation purposes. I also consider that the accommodation is totally insufficient for the purpose of classifying the patients. As far as my observation goes, there is every means taken for the safe custody of patients.

403. Have you visited any of the Asylums in Europe or the neighbouring Colonies? No, I have not.

404. Do you think the present site of the New Norfolk Asylum an eligible one? It is in a general way, but it is not the most eligible one.

405. In your opinion would it be advisable, or would there be any advantage in having the Hospital for Insane nearer the metropolis than New Norfolk? I think that there would be several advantages in having the Hospital for the Insane nearer the metropolis: and that it would be even more advantageous to have two such Hospitals, one for the South and one for the North, or one within ten miles of Hobart and another in the North at a convenient distance from the chief towns and within railway communication. The number of Insane is great enough to require two Hospitals of moderate dimensions, and which would be capable of future extension.

Advantages :—

1. Friends and relatives could visit an inmate in half a day, whereas it now requires a whole day. By friends I do not mean inquisitive visitors, but those admitted by direct permission of the Superintendent.
2. A more varied diet would, under proper regulations, be obtainable, as at the General Hospital, Hobart ; wholesome articles of food and even luxuries could be furnished by relatives (free of cost to the Government) several times in the week, were the Hospital within reasonable distance.
3. The public would take greater interest in the condition of the Insane, and the Institution be brought within the scope of active benevolence.
The distances to be travelled by the Insane before being lodged in the Hospital would be considerably diminished : this is an important consideration in inclement weather, as past experience abundantly shows. Expenses of transit would also be diminished.
Relatives in remote parts of Tasmania who have an interest in the condition of the Insane at New Norfolk will find the length of journey and time occupied great obstacles to visiting, and the facilities of adding to the comfort of the inmates diminished.
4. Opportunities for consultation with other medical men would be afforded the Medical Superintendent more easily than at the present distance.

406. Have you read of the Pavilion system or the Cottage system, and do you consider either of these preferable to the House system ? I am familiar with all these systems in Hospitals. In the case of the insane I do not deem the Cottage system applicable, as sufficient discipline and watchfulness cannot be maintained without a large staff of officials. I believe the best plan to be a combination of the House and Pavilion systems ; viz.—a number of detached buildings in blocks, each containing about fifteen or twenty patients. A number of cottages disposed in a circle, radiating from a house of supervision in the centre, I do not approve, as such a plan would give the Institution the aspect of a model prison.

407. What kind of treatment do you think most likely to result in the largest number of cures ? The present modern system of treating the insane I consider the best, that is, the abandonment of harsh and mechanical restraint for easier methods of control, and more soothing and palliative treatment. Discretion should be observed in providing amusement, many cases being aggravated by excitement. All insane capable of working at a trade or occupation, and all idiots capable of any instruction or education, should have every facility and encouragement.

408. What character of Institution do you think most curative in its effect,—viz., the general Institution under the care and control of the Government, or the separation of patients in small numbers in private establishments ? Also give reasons for your opinion. In Tasmania, I believe that a general Institution under the care and control of Government would be the most curative. Private Asylums would only meet the case of the wealthier class, are more liable to abuse, require stricter supervision, and always must be open to the inevitable tendency to a longer detention of patients.

409. To what extent is inspection required when the Institution is under the immediate charge of officers responsible to Government ? I think the present system quite sufficient.

410. What alterations or additions would be required in this respect if the system permitted in England and some of the adjacent Colonies, of placing insane persons in private establishments, was adopted ? Private establishments should be visited twice a month by Commissioners, and a monthly report furnished by the proprietor, and, in general, stricter supervision will be found necessary than in Government Asylums.

411. In Switzerland, idiots, and in Belgium, lunatics, as you are doubtless aware, are boarded out amongst the inhabitants of the country districts : would it in your opinion be expedient to try such an experiment here with either lunatics or idiots, or both ? No ; I should discourage it altogether.

412. You are also doubtless aware that cottages for male and female lunatics, ensuring more comfort and luxury than the ordinary wards, are provided at New Norfolk for paying patients : is it your opinion that Government should provide for this class, or that it should be entirely remitted to private enterprise ? In my opinion Government should make ample provision for this class, but at the same time private enterprise in this direction need not be discountenanced. If left entirely to private enterprise in Tasmania the maintenance of Asylums in fitting order and condition might become a matter of difficulty to the proprietor, and if no Government Institution were available there might be no choice between an inferior private establishment and a good Government one. I do not think the plan practicable on a large scale in Tasmania until population is much greater and wealth of community much increased.

413. Is a better class of warders desirable ? Yes, I think so.

414. Do you think a better class of warders could be procured from Europe, and would you recommend that endeavours be made to bring such warders out occasionally ? Yes.

415. Have you visited the Cascades Asylum for the Insane ? No.

416. What provision is made in the Hobart Hospital for the temporary detention and observation of the insane ? There are three wards or cells, available for men only. These during the last two years have been put in much better order, are well lit, and warmed with fires placed at a safe distance. Some of the cells at New Norfolk are inferior in every respect to these wards. There is a small airing-ground attached. These wards are used for cases of a violent nature, or for those requiring strict supervision. Mild cases of insanity can be temporarily observed and detained in the general wards, and here, in point of care and attention, nothing is left to be desired. The accommodation for women is limited to two wards or cells separated by a wooden partition. There is no airing-ground, and more suitable wards are required.

417. Does the attention required from nurses and attendants for this class of patients interfere with the working of the Hospital ? Decidedly not. I believe it to be part of the work of a General Hospital to observe temporary cases of lunacy with as much care as other forms of disease. If the nursing staff is insufficient to attend to such cases the fault lies, not with the cases of lunacy, but with the insufficient number

of nurses. Cases of lunacy afford most valuable instruction to ordinary medical practitioners and to medical students; their detention at the Hospital affords a convenient safeguard against a hasty committal to an asylum; and on these grounds there is no occasion to discourage their temporary lodgment at the Hospital, provided suitable nursing and accommodation are forthcoming.

418. What would you recommend as a better arrangement for temporarily observing and treating the insane previous to their being sent to New Norfolk? I would recommend more efficient arrangements in the Hospital. I see no objection to patients being received at the Hospital if the proper arrangements as to nurses, &c. could be made.

419. Please give any more suggestions you can? All medical men are frequently brought into contact with cases of dipsomania and habitual drunkenness amounting to disease. This class of case indicates loss of control, and if allowed to proceed unrestrained leads to the most wasteful prodigality, the dissipation of property, and the ruin of many homes even in so small a community as our own. Victims of this malady, often highly respectable, become too violent and wasteful for their own homes, and either become insane or drift at last into the Hospital (General), where their presence is a scandal, and where they remain only a few days or weeks until recruited for a fresh outbreak. The State makes no special provision for this class, who are more difficult to deal with than many cases of insanity, but relegates it to private enterprise. I desire therefore to recommend that in the vicinity of an Asylum for the Insane, but not within sight or hearing of the same, there should be a Retreat for the cure of inebriates or habitual drunkards; the Retreat to be under the same medical supervision, and the inmates, when able, paying fees according to a fixed scale. "The Inebriates Act," 1873, 37 Vict. No. 16, affords all necessary powers, and recent regulations by the Governor in Council further define these. I may be permitted to point out that in 1873, in Canada, the Governor was authorised to purchase land, erect buildings, and appoint and pay all officers of the Asylum. In New York State there are three Inebriate Asylums—one for the City of New York, supported by Government; one at King's County, which gets 12 per cent. of the excise moneys and all the fines for violation of excise law in the County, besides £50,000 to start the Asylum; and a third at Binghampton, receiving 10 per cent. of all the excise of the 58 Counties of the State. The State of Texas has granted £20,000 to its Inebriate Asylum, and the State of Indiana has established a sanitarium for the treatment of inebriates. In England, more recently, the necessity of treating chronic drunkards in like manner has approved itself to the Legislature. It may be asked, are the people so restrained eventually cured of their disease? A fair per-centage are cured, but the benefit derived is not to be estimated by the number of cures, but rather by the comfort and security afforded the relatives of inebriates and the property often left available for their subsistence after the inebriate has been deprived of the power of wasting it. A further benefit is afforded the community by the removal from its midst of those who certainly are not under proper care and control, though sadly requiring it. Lastly, both the Governments of Victoria and South Australia have recognized the wisdom of maintaining an institution of this kind. The large proportion of insane derived from the class of habitual drunkards is a fact which goes far to demonstrate the necessity of a special establishment and its fitness in the vicinity of a Lunatic Asylum.

WEDNESDAY, MAY 2, 1883.

G. H. BUTLER, *Esq., M.R.C.S., &c., called in and examined.*

420. What is your name? Gamaliel Henry Butler.

421. What appointments do you hold? None; I have only been practising in Hobart for the last two or three years.

422. From whence did you obtain your diploma, and what date does it bear? M.R.C.S. Eng., and L.R.C.P. London, 1879.

423. Have you had any experience in the treatment of the Insane, and, if so, will you be good enough to say if it has been in Public Asylums, private establishments, or in private practice? Only from observation in Public Asylums.

424. Have you visited the Hospital for Insane, New Norfolk, and, if so, will you state your impression of the treatment employed, and of the surrounding grounds, the classification of patients, and the methods pursued for ensuring their safe custody? Yes, I have once in the last two years. With the Ladies' and Gentlemen's Cottages the treatment was all that could be desired, and there seems plenty of room for them to move about, both in the house and grounds. But in some of the wards—the female ones especially—they seem very much huddled together, and crowded. Some of the dormitories also appear to have too many beds in them, and a fewer number would be desirable. The quieter class of patients, of course, do not require so much room as the more violent ones, but they want more room for the classification of the latter. The grounds on the whole appear ample enough, but there was nothing that I regarded as attractive in them. As regards classification, with the exception of a few cases shut up in cells, no other means appeared to be available; but certainly, as far as those means allowed, classification was carried out. Every means of safe custody was taken for the patients.

425. Have you visited any of the Asylums for the Insane either in Great Britain, Europe, or the neighbouring Colonies? Only in Great Britain, at Bedlam and Colney Hatch.

426. Do you think the present site of the New Norfolk Asylum an eligible one? I think the present a very eligible one.

427. In your opinion, would it be advisable, or would there be any advantage, in having the Hospital for the Insane nearer the metropolis than New Norfolk? No; I do not think it at all necessary. The natural consequences would be an undesirable stream of visitors, which would retard the recovery of the patients, and interfere greatly with the management of the establishment.

428. Have you read of the Pavilion or the Cottage system, and do you consider either of these preferable to the House system? I think the Cottage system preferable, but it is unworkable amongst the poorer classes.

429. What kind of treatment do you think most likely to result in the largest number of cures? Plenty of exercise and occupation, fresh air, and not too huddled together in dormitories, good recreation on wet days, when obliged to be kept in, such as games, workshops, &c.

430. What character of Institution do you consider most curative in its effect,—viz., the General Institution under the care and control of the Government, or the separation of patients in small numbers in private establishments? Any institution should be always under the control of the Government, on account of the liability to abuse in private establishments, and the desire of those among them to make money, in not keeping a sufficient staff. There are mild cases where they would be better amongst families, but only applicable to persons of means, and therefore, in many cases, impracticable on that account. These places also should be inspected by a Government officer.

431. To what extent is inspection required when the Institution is under the immediate charge of officers responsible to Government? The inspection provided by law at present is sufficient, with this addition, that, besides the stated visits, occasional visits at irregular periods should be made.

432. What additions or alterations would be required in this respect if the system permitted in England and some of the adjacent Colonies, of placing insane persons in private establishments, was adopted? Much more frequent visits by Commissioners; but I think, in that case, a paid Medical Officer under Government would be necessary.

433. In Switzerland, idiots, and in Belgium, lunatics, as you are doubtless aware, are boarded out amongst the inhabitants of the country districts: would it, in your opinion, be expedient to try such an experiment here with either lunatics or idiots, or both? No; not at all advisable.

434. You are also doubtless aware that cottages for Male and Female Lunatics, ensuring more comfort and luxury than the ordinary wards, are provided at New Norfolk for paying patients: is it your opinion that Government should provide for this class, or that it should be entirely remitted to private enterprise? I think the Government should do so, because the patients could not afford to pay the expenses incurred by any one carrying on a private establishment. I consider also that the patients are better cared for under the hands of the Government.

435. Is a better class of warders desirable? I am unable to express an opinion, as I did not take particular notice.

436. Do you think a better class of warders could be procured from Europe, and would you recommend that endeavours be made to bring such warders out occasionally? If some were imported to instruct the local warders in their duties it then would be unnecessary to continue doing so. I think, however, a sufficient number of good men could be obtained here if the pay were increased.

437. Have you visited the Cascades Asylum for the Insane? No, I have not.

438. What provision is made in the Hobart Hospital for the temporary detention and observation of the insane? Two cells, I believe, are provided.

439. Should it be decided to erect additional buildings for the insane at New Norfolk, would you consider it desirable to erect five or six cottages, similar to those in existence for paying patients, for the accommodation of patients on their first entering the Asylum, with the view of their being classified, and keeping promising cases in those cottages? Yes; I think it would be a great advantage to the patients generally, and especially to those of whom there is promise of recovery.

I have heard it has been suggested to move the criminal lunatics to New Norfolk: this, I consider, would be a great detriment to the quieter class; but I consider it necessary there should be a medical man at the head of all asylums.

FRIDAY, MAY 4, 1883.

HARRY BENJAFIELD, *Esq., M.B., &c.*, called in and examined.

440. What is your name? Harry Benjafield.

441. What appointments do you hold? None.

442. From whence did you receive your diploma, and what date does it bear? M.B., C.M., and L.M., Edinburgh, 1871.

443. Have you had any experience in the treatment of the insane? if so, will you be good enough to say if it has been in public asylums, private establishments, or in your private practice? Only in private practice.

444. Have you visited the Hospital for Insane, New Norfolk? if so, will you state your impressions of the treatment employed, and of the surrounding grounds, the classification of patients, and the methods pursued for ensuring their safe custody? I have never visited the New Norfolk Hospital.

445. Have you visited any of the asylums for the insane either in Great Britain, Europe, or the neighbouring colonies? No.

446. Do you think that the present site of the New Norfolk Asylum is an eligible one? Yes.

447. In your opinion would it be advisable or would there be any advantage in having the Hospital for Insane nearer the metropolis than New Norfolk? I think an isolated township like New Norfolk is far better adapted for that purpose than one nearer a large town. But one advantage in being near town would be better inspection and more society for the inmates.

448. Have you read of the pavilion system, or the cottage system, and do you consider either of these preferable to the house system? I think the cottage system infinitely preferable, having not more than a dozen patients in each cottage.

449. What kind of treatment do you think is likely to result in the largest number of cures? Dr. Rayner, Superintendent of Hanwell, lately wrote:—"The curability of insanity is in an almost direct ratio to the care bestowed on it." In this opinion I thoroughly concur, as I also do with Professor Maudsley, when he, writing of large asylums, says:—"To the medical officer they are not so many individuals having particular characters and particular bodily dispositions with which he is thoroughly acquainted, but they are apt to become so many lunatics whom he has to inspect as he goes his round of the establishment, and the only person, perhaps, really aware that each of them has an individual character is the attendant." Medically, then, I would have the greatest possible care bestowed on each patient. I believe, with Maudsley, that "steady employment will do more than anything else in promoting recovery;" and with him, again, I would "penetrate the individual character of every case, in order to influence it beneficially by moral means." I would not have them scolded, but treated with quiet firmness, tempered with kindness and gentleness, where possible placing good women nurses in charge of the men; and, certainly, all attendants should be of the best obtainable quality. I would treat them with hydropathy as well as medicines. I would have them very carefully classified into cottage residences.

450. What character of institution do you consider most curative in its effect, viz.—the general institution under the care and control of the Government, or the separation of patients in small numbers in private establishments? I should prefer a well managed establishment under Government control; but, perhaps, harmless idiots may be boarded out advantageously under Government inspection.

451. Will you give the reasons that induce you to prefer that line of treatment? That the patients would, in all probability, be cured and discharged sooner, and it would be less likely to suffer from abuses.

452. To what extent is inspection required when the institution is under the immediate charge of officers responsible to the Government? The amount of inspection needed entirely depends upon the character of the officer in charge. If he is what he should be, the inspection would be merely formal; if he is not, the more often the better; but, with an average medical officer, I think it should be once a month by both lay and medical Commissioners.

453. What alterations or additions would be required in this respect if the system permitted in England and some of the adjacent colonies, of placing insane persons in private establishments, was adopted? Visits should be paid once a fortnight at least,—twice as often as they are at present. From my experience in the Colony, I should strongly and emphatically object to the establishment of private asylums here.

454. In Switzerland, idiots, and in Belgium, lunatics, as you are doubtless aware, are boarded out amongst the inhabitants of the country districts: would it, in your opinion, be expedient to try such an experiment here with either idiots or lunatics, or both? No, most emphatically, except, as above stated, with harmless idiots.

455. You are also doubtless aware that cottages for male and female lunatics, ensuring greater comfort and luxury than the ordinary wards, are provided at New Norfolk for paying patients: is it your opinion that Government should provide for this class, or that it should be entirely remitted to private enterprise? Decidedly the Government.

456. Do you think a better class of warders could be procured from Europe, and would you recommend that endeavours be made to bring such warders out occasionally? Yes; I would get the best obtainable, and, I think, better can be procured in Europe than here.

457. Have you visited the Cascades Asylum for the Insane? No.

458. What would you recommend as a better arrangement for temporarily observing and treating the insane previous to their being sent to the Asylum? I should consider that a part of the Hospital, Hobart, ought to be opened for any medical man to send his patient there, and keep him under treatment for a short term before giving a certificate for New Norfolk.

459. In your opinion should a Hospital for Insane be under the control and superintendence of a medical officer, or would you suggest any other course? I would advise that the general treatment of the patients be left entirely to medical control, and that he should have nothing to do with provisioning, farming, &c.

MONDAY, MAY 7, 1883.

J. A. HARDY, *Esq., M.R.C.S., &c., called in and examined.*

460. What is your name? James Arthur Hardy.

461. What appointments do you hold? None now, but I was late House Surgeon St. George's, London, and since then for about six years Honorary Medical Officer, Launceston Hospital.

462. From whence did you receive your diploma, and what date does it bear? M.R.C.S. England, L.R.C.P. and L.M. Edin., 1874.

463. Have you had any experience in the treatment of the Insane? if so, will you be good enough to say if it has been in public asylums, private establishments, or in private practice? No greater experience than the ordinary work of a London Hospital, and private practice during the last nine years.

464. Have you visited the Hospital for Insane, New Norfolk? I have not been there.

465. Have you visited any of the Asylums, either in Great Britain, Europe, or the neighbouring Colonies? Only at Parkside, Adelaide, South Australia, several times.

466. In your opinion, would it be advisable, or would there be any advantage in having the Hospital for Insane nearer the metropolis than New Norfolk? I think it would be a decided advantage, for the reason that it would give greater facility for the Commissioners to visit, and also for medical men who might be authorised, and under sufficient regulations it should work well. I think that Parkside, or Kew, at Melbourne, are, as regards site, almost perfect.

467. Have you read of the Pavilion system or the Cottage system, and do you consider either of these preferable to the House system? I have read of them, and I consider the most preferable to be the Cottage system in all Hospitals.

468. What kind of treatment do you think is most likely to result in the greatest number of cures? Occupations of all kinds, and almost total abolition of all mechanical restraints, with amusements, such as musical and theatrical entertainments.

469. What character of institution do you consider most curative in its effect,—viz., the General Institution under the care and control of the Government, or the separation of patients in small numbers in private establishments? The abuses and objections to the Boarding-out system are so well known that I consider the Government Institution for insane persons most curative.

470. Will you give the reasons that induce you to prefer this line of treatment? The whole treatment of lunacy is one requiring special knowledge and experience both on the part of medical men and attendants. In the older countries many people might be found with some special knowledge of the subject, but here it would at present be almost impossible, and also periodical inspections by more or less skilled persons, although possible in one asylum near or in the metropolis, would become almost impossible if persons of unsound mind were scattered all over the Island.

471. To what extent is inspection required when the Institution is under the immediate charge of officers responsible to Government? I consider that the more frequently visits are made the better, say once a fortnight.

472. What alterations or additions would be required in this respect if the system permitted in England and some of the adjacent Colonies, of placing insane persons in private establishments, was adopted? Not more than in my previous answer.

473. In Switzerland, idiots, and in Belgium, lunatics, as you are doubtless aware, are boarded out amongst the inhabitants of the country districts: would it be expedient to try the experiment here with either lunatics or idiots, or both? No, decidedly not in Tasmania.

474. You are also doubtless aware that cottages for male or female lunatics, ensuring more comfort or luxury than the ordinary wards, are provided at New Norfolk for paying patients: is it your opinion that Government should provide for this class, or that it should be entirely remitted to private enterprise? The present system is quite satisfactory and calculated to do good.

475. Do you think a better class of warders could be procured from Europe, and would you recommend that endeavours be made to bring such warders out occasionally? Yes, certainly.

476. Have you visited the Cascades Asylum for the Insane? No, I have not.

477. What provision is made in the Launceston Hospital for the temporary detention and observation of Insane patients? There is provision of some kind, and in the new part recently built there is one padded room, but for many years it has been a standing disgrace for want of accommodation.

478. Is that accommodation sufficient in extent and suitable in character for the temporary detention and observation of the insane? In my opinion a small building adjacent to the Hospital would be advisable. A house of detention, where each medical man could place a doubtful case and watch it for a few days, would be of great advantage, and do away with the possibility of patients being sent to New Norfolk when suffering only from temporary mania, the result of drink or other causes; and, on the other hand, cases sometimes occur where the diagnosis of insanity is doubtful, and in consequence patients are left with their families or friends till the medical attendant is certain; during this time there is always a certain amount of danger to themselves or friends. Again, cases of puerperal mania occasionally occur which would soon recover if put under restraint, and which are unfit cases for a General Hospital, and in these cases the friends often object to the patient "going to the Asylum." I have no other suggestions to make except that I think it would be well to pay good salaries to the medical officers and attendants in order to induce a good and experienced class to apply and to remain.

479. Does the attention required from nurses and attendants for this class of patients interfere with the working of the Hospital? Decidedly; seriously so.

480. What would you recommend as a better arrangement for temporarily observing and treating the insane previous to their being sent to New Norfolk? A separate building, with power for a medical man to visit any patient under his charge.

481. In your opinion should the Hospital for Insane be under a medical man, or would you suggest any other course? Yes, it would be far better under the superintendence and control of a medical officer, if a suitable one could be obtained.

TUESDAY, MAY 8, 1883.

L. G. THOMPSON, *Esq.*, House Surgeon, General Hospital, Launceston, called in and examined.

482. What is your name? Lavington Grey Thompson.

483. What appointment do you hold? Surgeon Superintendent, General Hospital, Launceston, and Visiting Surgeon to the Gaol and Invalid Dépôt.

484. From whence did you obtain your diploma, and what date does it bear? M.B. and C.M., Aberdeen, 1879; L.R.C.P. Edin., 1879; L.R.C.S., 1879; and M.D., Aberdeen, 1882.

485. Have you had any experience in the treatment of the insane, and if so, will you be good enough to say if it has been in public asylums, private establishments, or in private practice? I have never been connected with a lunatic asylum,—only my general practice here and in Queensland.

486. Have you visited the Hospital for Insane, New Norfolk? No, I have not.

487. Have you visited any of the asylums for the insane either in Great Britain, Europe, or the neighbouring colonies? No.

488. In your opinion would it be advisable, or would there be any advantage in having the Hospital for Insane nearer the metropolis than New Norfolk? No, I think not; but, in my opinion, there should be a receiving-house both in connection with the Hobart and Launceston General Hospitals (and I think there is ample space here), on the same plan as in Queensland, for the detention of lunatics for one month or so.

489. Have you read of the Pavilion system or Cottage system, and do you consider either of these preferable to the House system? Yes, I have read of them, and I prefer the Cottage system; but it would entail a great increase in the cost of maintenance.

490. What kind of treatment do you think is most likely to result in the largest number of cures? Liberty; of course occupations, amusements, &c.; anything that would tend to divert the thoughts of patients from themselves.

491. What character of institution do you consider most curative in its effects,—viz., the general institution under the care and control of the Government, or the separation of patients in small numbers in private establishments? That under the care of Government.

492. Will you give the reasons that induce you to prefer this line of treatment? [*Vide* letter, next page.]

493. To what extent is inspection required when the institution is under the immediate charge of officers responsible to Government? I think the present inspection is sufficient, but the visits would be better if paid at irregular intervals.

494. What alterations or additions would be required in this respect if the system permitted in England and some of the adjacent colonies, of placing insane persons in private establishments, was adopted? The same would be sufficient, as in my previous answer.

495. In Switzerland, idiots, and in Belgium, lunatics, as you are doubtless aware, are boarded out amongst the inhabitants of the country districts: would it, in your opinion, be expedient to try such an experiment here with either lunatics or idiots, or both? No, certainly not.

496. You are also doubtless aware that cottages for male and female lunatics, ensuring more comfort and luxury than the ordinary wards, are provided at New Norfolk for paying patients: is it your opinion that Government should provide for this class, or that it should be entirely remitted to private enterprise? In the hands of the Government appears to me more preferable.

497. Do you think a better class of warders could be procured from Europe, and would you recommend that endeavours be made to bring such warders out occasionally? If there was any probability of their staying in your service I would argue in favour of it, but I am of opinion they would not remain.

498. Have you visited the Cascades Asylum for the Insane? No, I have not.

499. What provision is made in the Launceston Hospital for the temporary detention and observation of insane persons? Until recently we had no provision, but now we have three cells; but they are inadequate for the purpose intended, and I consider it cruelty to shut up patients in them.

500. Is that accommodation sufficient in extent and suitable in character? Not at all; there is no provision made for exercise; very defective ventilation—in fact the windows are not made to open.

501. Would the attention required from nurses and attendants for this class of patients interfere with the working of the hospital? No, I should think not; previous to the new building the arrangements were very defective; double the number of nurses were required to control the patients.

502. What would you recommend as a better arrangement for temporarily observing and treating the insane previous to their being sent to the Asylum? I would recommend a small cottage as a reception house, on these grounds, holding about six persons.

TUESDAY, MAY 8, 1883.

L. G. THOMPSON, *Esq., M.D., recalled and re-examined.*

503. Do you receive cases of lunacy for observation and temporary treatment at the Launceston Hospital? No, I do not. I would not, for my part, undertake the responsibility, as we cannot make provision for allowing such persons exercise.

504. How are lunatics dealt with prior to being sent to New Norfolk? They are lodged in the Municipal Gaol, and treated simply as criminals by detention in gaol, which is simply barbarous.

505. How many cases of *delirium tremens* have come under your notice during the year 1882? About $2\frac{1}{2}$ to 3 per cent. on the total number of persons treated during the year.

506. Have you been able to ascertain what, in most of the cases that have come under your notice, was the cause of insanity? I believe the cause is spirit drinking, chiefly whisky; that being the popular drink, it is therefore more adulterated.

507. Is the adulteration very injurious in its quality, and more likely to produce insanity than pure liquor? Certainly: I find that persons within 24 hours are simply maniacal.

508. Do you think insanity is increasing? I could not give an opinion.

509. Speaking generally, do you think that cases of hereditary insanity are more numerous than cases caused by intemperance and other excesses? I could not say positively; but I should imagine from intemperance.

510. Is it necessary to have a padded room for violent patients in an Insane Asylum? I consider it wise to have one.

Launceston, Tasmania, 18th May, 1883.

SIR,

I HAVE the honor of addressing you respecting certain evidence which I gave recently to the Commissioners.

Question seven (7) [488] of the series deals with the site of the permanent Asylum. It is as well perhaps for me to inform you how these matters are managed in Queensland. The principal hospital is at Goodna, about twenty (20) miles from Brisbane, and in it confirmed lunatics are treated. In Brisbane and in Rockhampton small locked hospitals, termed reception houses, are located. To these *interim* asylums persons suffering from any form of lunacy are committed by the order of a Magistrate. They are usually ordered to remain under treatment for one month; at the end of that period the patient, if eligible, is forwarded to the National Asylum. At these smaller institutions, persons suffering from alcoholism are confined and treated as being of unsound mind; but in this Colony we have no method of cutting short a debauch.

In regard to question ten (10), [491] it seems to me that if asylums are under Government control the citizens have a guarantee that the patients will be always cared for, and Superintendents are not likely to keep sane persons in bondage for mercenary reasons.

In dealing with question twelve (12) [493] I consider visitations by Boards to be farcical. I would like to see Government depute a professional man to visit all our charities at irregular intervals and audit the manner in which business is being done. There is such an officer in New Zealand, I think, who supervises the Lunatic Asylums.

Question twenty (20) [501] deals with our treatment of violent persons. Of late I have declined to admit such patients, as they at all times cause us anxiety; and when we wish to exercise them our servants neglect other work to attend to lunatics. We have no enclosure where we could allow an insane person liberty to walk about without being attended.

Question twenty-one (21), [502] as to the proposed reception house: if erected in the Hospital grounds here, it would never of necessity be unoccupied, but would at all times be an adjunct Cottage Hospital.

I have the honor to be,

Sir,

Your obedient servant,

L. G. THOMPSON, M.D.

The Honorable T. D. CHAPMAN,

President of Royal Commission on Asylums for the Insane.

E. T. HIGGINS, Esq., M.R.C.S., &c. called in and examined.

511. What is your name? Edmund Thomas Higgins.

512. What appointments do you hold? None.

513. From whence did you receive your diploma, and what date does it bear? M.R.C.S., 1839; Apothecaries Hall, 1852.

514. Have you had any experience in the treatment of the insane; if so, will you be good enough to say if it has been in public asylums, private establishments, or in your private practice? Only one or two cases in my private practice, but the greatest part of my experience has been gained in visits at public asylums,—viz., Morning Side, near Edinburgh, Leicester, and Derby,—frequent but unofficial visits.

515. Have you visited the Hospital for Insane at New Norfolk? No, I have not.

516. Have you visited any of the asylums for the insane either in Great Britain, Europe, or the neighbouring Colonies? In Great Britain, those that I have already mentioned, but none either in Europe or the neighbouring Colonies.

517. In your opinion, would it be advisable or would there be any advantage, in having the Hospital for Insane nearer the metropolis than New Norfolk? Certainly; in my opinion all lunatic asylums ought to be within a mile or two of the central towns, for the purpose of easily obtaining medical assistance if required. In England we always endeavour to have asylums near the town or a railway station.

518. Have you read of the Pavilion system or the Cottage system, and do you consider either of these preferable to the House system? No, I like the house system myself, for, as there is never any combination between lunatics, therefore there would be no disadvantage in having numbers of them together. It is also sometimes convenient to have numbers of patients placed together, as in cases where assistance is required the patients readily help the attendants. I do not, of course, include dangerous cases in this remark.

519. What kind of treatment do you think most likely to result in the largest number of cures? Employing the patients' minds as far as possible, such as occupations, amusements, &c.; also the moderate use of tobacco, which was recently introduced in asylums at home for both males and females, has had a beneficial effect on the patients.

520. What character of institution do you consider most curative in its effects,—viz., the general institution under the care and control of the government, or the separation of patients in small numbers in private establishments? I prefer the Government control.

521. Will you give the reasons that induce you to prefer that line of treatment? Simply because they are more readily seen, and much more easily attended to, by the medical man.

522. To what extent is inspection required when the institution is under the immediate charge of officers responsible to Government? Not more than at present, but I should prefer visits at irregular periods.

523. What alterations or additions would be required in this respect if the system, permitted in England and some of the adjacent Colonies, of placing insane persons in private establishments, were adopted? All private establishments in England are visited by Commissioners in Lunacy whenever they think fit.

524. In Switzerland, idiots, and in Belgium, lunatics, as you are doubtless aware, are boarded out amongst the inhabitants of the country districts: would it, in your opinion, be expedient to try such an experiment here with either lunatics or idiots, or both? No, I do not approve of the system at all, because even tempered attendants cannot be ensured, and I think it highly desirable that all attendants, nurses, &c. should be educated and above suspicion of losing their tempers with the patients.

525. Do you think the attendants should wear a uniform? No, I do not, for if so they are looked upon as keepers or ones in authority; but they should, however, be respectably and cleanly dressed.

526. You are also doubtless aware that cottages for male and female lunatics, ensuring more comfort and luxury than the ordinary wards, are provided at New Norfolk for paying patients: is it your opinion that Government should provide for this class, or that it should be entirely remitted to private enterprise? No; I think they ought to be under the charge of the Government. In all our English asylums we have also private patients, but they are set apart in a different portion of the building, where they have every comfort.

527. Do you think a better class of warders could be procured from Europe, and would you recommend that endeavours be made to bring such warders out occasionally? Yes, certainly; at least two or three accomplished and trained warders and nurses ought to be in every asylum; they would also improve the others. I think the pay of warders in England was £1 10s. to £2 2s. per week, with rations and quarters, for the superior class; the inferior would receive about £1 1s. to £1 5s. per week.

528. Have you visited the Cascades Asylum for the Insane? No, I have not.

529. What would you recommend as a better arrangement for temporarily observing and treating the insane previous to their being sent to the asylum? I would recommend a reception house in connection with the Hospital, Launceston.

530. In your opinion should the Hospital for Insane be under the control and superintendence of a medical officer, or would you suggest any other arrangement? No, certainly under a medical officer, who should be prohibited from private practice, so that he might give all his attention to the patients.

531. Idiots should be separated as much as possible from lunatics, as their presence has at times a very depressing effect on convalescing patients and retards their recovery.

W. R. STEWART, *Esq., M.R.C.S., called in and examined.*

532. What is your name? William Robert Stewart.

533. What appointments do you hold? Honorary Surgeon to the General Hospital, Launceston.

534. From whence did you obtain your diploma, and what date does it bear? M.R.C.S. London, 1876.

535. Have you had any experience in the treatment of the Insane, and, if so, will you be good enough to say if it has been in Public Asylums, in private establishments, or in private practice? In private practice only, under my own treatment.

536. Have you visited the Hospital for Insane, New Norfolk? No.

537. Have you visited any of the Asylums for the Insane either in Great Britain, Europe, or the neighbouring Colonies? Only Kew, in Victoria.

538. In your opinion, would it be advisable, or would there be any advantage, in having the Hospital for Insane nearer the metropolis than New Norfolk? No, I think not.

539. Have you read of the Pavilion system, or the Cottage system, and do you consider either of these preferable to the House system? Yes; I consider the Cottage system far preferable, as classification is so much easier and more complete.

540. What kind of treatment do you think is most likely to result in the largest number of cures? Moral restraint, with amusements.

541. What character of Institution do you consider most curative in its effect,—viz., the General Institution under the care and control of the Government, or the separation of patients in small numbers in private establishments? Separation of patients in private establishments I consider preferable.

542. Will you give the reasons that induce you to prefer that line of treatment? Because I consider the patients would receive more attention to their bodily welfare in private establishments. There would also be more scope for giving patients amusements, &c.

543. To what extent is inspection required when the Institution is under the immediate charge of officers responsible to Government? I think a monthly inspection quite sufficient, but I consider them more desirable at uncertain periods.

544. What alterations or additions would be required in this respect if the system permitted in England and some of the adjacent Colonies, of placing insane persons in private establishments, was adopted? I think monthly inspection at uncertain periods quite sufficient.

545. In Switzerland, idiots, and in Belgium, lunatics, as you are doubtless aware, are boarded out amongst the inhabitants of the country districts: would it, in your opinion, be expedient to try such an experiment here with either lunatics or idiots, or both? I do not think it would answer here.

546. You are also doubtless aware that cottages for Male and Female Lunatics, ensuring more comfort and luxury than the ordinary wards, are provided at New Norfolk for paying patients: is it your opinion that Government should provide for this class, or that it should be entirely remitted to private enterprise? To private enterprise.

547. Do you think a better class of warders could be procured from Europe, and would you recommend that endeavours be made to bring such warders out occasionally? Yes.

548. Have you visited the Cascades Hospital for the Insane? No, I have not.

549. What provision is made in the Launceston Hospital for the temporary detention and observation of insane patients? Until recently there was no provision, and even the present is incomplete, that will be three cells—one is to be padded and especially prepared for violent cases. Patients have frequently been kept under inspection at the Gaol, as there is no room for them at the Hospital.

550. Does the attention required from nurses and attendants for this class of patients interfere with the working of the Hospital? Yes, inconveniently so.

551. What would you recommend as a better arrangement for the temporarily observing and treating insane persons before being sent to the Asylum? I should recommend a small reception house to be erected within the Hospital grounds, so that the staff could visit it, and nurses in attendance could be available.

552. In your opinion, should the Hospital for the Insane be under the control and superintendence of a Medical Officer, or could you suggest any other course? A medical man, most decidedly.

553. What are the advantages that render the Cottage system, in your opinion, preferable to the Pavilion or House system? I do not know any asylums built on that system familiarly, but I have read and heard of the system.

W. G. MADDUX, *Esq., M.R.C.S., &c., called in and examined.*

554. What is your name? William Gordon Maddux.

555. What appointment do you hold? Honorary Consulting Medical Officer, Launceston Hospital.

556. From whence did you obtain your diploma, and what date does it bear? M.R.C.S. Eng., 1867; L.R.C.P. London, 1868.

557. Have you had any experience in the treatment of the insane? if so, will you be good enough to say if it has been in public asylums, in private establishments, or in private practice? I was Assistant Medical Officer at the Government Criminal Lunatic Asylum, Broadmore, in Berkshire, for fifteen months; there were about 500 males and 100 to 150 female inmates when I was there. Occasionally in private practice.

558. Have you visited the Hospital for Insane, New Norfolk? No, I have not had an opportunity of doing so.

559. Have you visited any of the Asylums for the Insane, either in Great Britain, Europe, or the neighbouring Colonies? At Gladesville, in Sydney, and Callan Park, near Sydney, which was then in course of construction only.

560. Do you think the present site of the New Norfolk Asylum an eligible one? I can offer no opinion as to the present site of the New Norfolk Asylum?

561. In your opinion, would it be advisable, or would there be any advantage in having the Hospital for the Insane nearer the metropolis than New Norfolk? I should not think so. Of course you would not have the Asylum in the city, and therefore a journey would have to be made, and it might as well be made to New Norfolk as anywhere. I think a good healthy situation outside the town is far preferable to one inside.

562. Have you read of the Pavilion system or the Cottage system, and do you consider either of these preferable to the House system? I think the Cottage system would entail a larger amount of expense than both the House and Pavilion systems, by the cost of supervision and the wages of nurses in attendance. I should, however, prefer the House system if I had charge of an asylum myself, being more convenient for treatment; but I consider, for the classification of different kinds of cases, the Cottage system would be far preferable. Under this system acute cases would be hastened towards recovery, and it need not be applied solely, but combined systems of the Cottage and House might work very well together.

563. What kind of treatment do you think is most likely to result in the largest number of cures? The general medical treatment for health should be considered first, and then occupations and trades to which the patients have been accustomed, amusements, &c.

564. What character of institution do you consider most curative in its effect,—viz., the general institution under the care and control of the Government, or the separation of patients in small numbers in private establishments? Decidedly keep it under Government control.

565. Will you give the reasons that induce you to prefer this line of treatment? Simply that the Government have the whole control, and whatever takes place can be elicited, whereas in private asylums

matters might be suppressed which ought to be made known ; and in the case of Government establishments a desire would be to effect cures as rapidly as possible, whilst in private establishments the object would naturally be to retain patients who paid well as long as possible.

566. To what extent is inspection required when the institution is under the immediate charge of officers responsible to Government ? I think once a month quite sufficient for asylums to be visited, but other visits should be made at irregular periods.

567. What alterations or additions would be required in this respect, if the system permitted in England and some of the adjacent Colonies, of placing insane persons in private establishments, were adopted ? They should be visited even more frequently than the Government establishments.

568. In Switzerland, idiots, and in Belgium, lunatics, as you are doubtless aware, are boarded out among the inhabitants of the country districts : would it, in your opinion, be expedient to try such an experiment here with either idiots or lunatics, or both ? Decidedly not. It would be a dangerous experiment to try with any but almost imbecile lunatics.

569. You are doubtless aware that cottages for male and female lunatics, ensuring more comfort and luxury than ordinary, are provided at New Norfolk for paying patients : is it your opinion that Government should provide for this class, or that it should be entirely remitted to private enterprise ? I think the Government supervision is the best plan.

570. Have you visited the Cascades Asylum for the Insane ? No, I have not.

571. What provision is made in the Launceston Hospital for the temporary detention and observation of the insane ? Up to the present time none has been made, but arrangements are now progressing for more space ; but nothing has been contemplated for the observation of the insane as far as I know.

572. Is that accommodation sufficient in extent and suitable in character ? No, it is not.

573. Does the attendance required from nurses and attendants for this class of patients interfere with the working of the Hospital ? I should think so.

574. What would you recommend as a better arrangement for temporarily observing and treating the insane previous to their being sent to New Norfolk ? There is sufficient space on the grounds attached to the Hospital for the erection of cottages for the observation of the insane, either male or female ; and in the event of this being carried out the services of the medical officer, nurses, and attendants would be available. In these cottages *delirium tremens* cases could also be placed for treatment with great advantage.

575. In your opinion should the Hospital for the Insane be under the control and superintendence of a medical officer, or would you suggest any other course ? No, I should certainly have it under the control of the Chief Medical Officer, whose power in the establishment should be supreme.

576. How are lunatics dealt with prior to their being sent to New Norfolk ? Very few cases come in here ; many are detained in the gaol and sent from there to New Norfolk.

577. Would it not be preferable to have a house of reception at the Launceston Hospital for those cases which are brought up by the police, instead of confining them in the gaol ? Yes.

578. Have you been able to ascertain what, in most of the cases that have come before you, were the causes of insanity ? Intemperance is the chief cause, as far as my experience goes ; the bad quality of liquors on the one hand, and the excessive use on the other, are also causes of insanity.

579. Do you think insanity is increasing ? Two or three years ago I thought it was, but for the last 12 or 18 months I have not thought so, from my own experience.

580. Speaking generally, do you think the cases of hereditary insanity are more numerous than cases caused by intemperance or other excesses ? Excesses from primary causes rather than hereditary.

581. Is it necessary to have a padded room for violent patients in an Insane Asylum ? Yes.

582. How many padded rooms would be necessary in an asylum for 300 or 400 patients ? Three at least.

S. M. CAFFYN, Esq., M.R.C.S., &c., called in and examined.

583. What is your name ? Stephen Mannington Caffyn.

584. What appointment do you hold ? None here ; but in New South Wales I was Government Medical Officer.

585. From whence did you obtain your diploma, and what date does it bear ? M.R.C.S. London, 1876 ; L.R.C.P. Edin., 1880.

586. Have you had any experience in the treatment of the insane ? if so, will you be good enough to say if it has been in public asylums, private establishments, or in private practice ? I have had charge of lunatics in private practice for about 18 months, and for six months I was medical officer in charge of Hendon House Asylum for Ladies, which is one of the oldest private asylums in England. There were 45 patients, none of whom paid, I think, less than £1000 a year each. They had four or five attendants each. Ample grounds, which had formerly been in the possession of a nobleman. There were 15 acres of garden, walled in and quite hidden from external overlooking, and three carriages also were at the disposal of the patients. I have had no experience in public asylums.

587. Have you visited the Hospital for Insane, New Norfolk ? No, I have not.

588. Have you visited any of the Asylums for the Insane either in Great Britain, Europe, or the neighbouring colonies ? Yes, I have been to Hanwell, Colney Hatch, Hayward's Heath, in England only.

589. In your opinion would it be advisable, or would there be any advantage in having the Hospital for Insane nearer the metropolis than New Norfolk ? No, I do not think so. It appears to me that, with the increasing population, there should be two asylums,—one near Launceston and one near Hobart,—for the convenience of friends who might visit acute cases of insanity.

590. Have you read of the Pavilion system or the Cottage system, and do you consider either of these preferable to the House system? I have read of the Cottage system, but I am hardly well enough acquainted with the matter to give an opinion. I do not know of either the Pavilion or House systems.

591. What kind of treatment do you consider is most likely to result in the greatest number of cures? That which places acute cases (*i.e.*, curable cases) of lunacy altogether apart from other lunatics and under the direct care of a medical man. If, added to this, the society of sane persons can be daily and hourly secured, and all appearance of restraint avoided, in my opinion a much larger percentage of cases would be cured.

592. What character of institution do you consider most curative in its effect,—viz., the General Institution, under the care and control of the Government, or the separation of patients in small numbers in private establishments? The separation of patients in small numbers in private establishments, certainly.

593. Will you give the reasons that induce you to prefer that line of treatment? I think the principal reason for the separation of lunatics is the non-intercommunication of insane ideas,—such as talking among themselves,—and, also, a better opportunity is afforded a medical man for watching and treating a case on its own merits.

594. To what extent is inspection required when the institution is under the immediate charge of officers responsible to Government? I should consider once in two months would be abundantly sufficient.

595. What alterations or additions would be required in this respect if the system permitted in England and some of the adjacent colonies, of placing lunatics in private establishments, was adopted? I do not think it would require any additional inspection, with the exception of convalescent cases, which should be seen more frequently.

596. In Switzerland, idiots, and in Belgium, lunatics, as you are doubtless aware, are boarded out amongst the inhabitants of the country districts: would it, in your opinion, be expedient to try such an experiment here with either lunatics or idiots, or both? I think there might be cases among lunatics or idiots that would be better boarded out; but there are cases of acute lunacy that would not admit of such treatment.

597. You are also doubtless aware that cottages for male and female lunatics, ensuring more comfort and luxury than the ordinary wards, are provided at New Norfolk; is it your opinion that Government should provide for this class, or that it should be entirely remitted to private enterprise? I think it ought to be left entirely to private enterprise, for the reason that it interferes with private practice in many cases. For instance, medical men in England, anxious to add to their incomes, often take lunatics; but here they have to compete with the Government in so doing.

598. Do you think that a better class of warders could be procured from Europe, and would you recommend that endeavours be made to bring such warders out occasionally? Certainly, I think so; principally because I found considerable difficulty in obtaining respectable men to look after a patient of my own.

599. Have you visited the Cascades Hospital for the Insane? No, I have not.

600. What provision is made in the Launceston Hospital for the temporary detention and observation of insane persons? I am not personally acquainted with the provisions here.

601. What would you recommend as a better arrangement for temporarily observing and treating the insane previous to being sent to New Norfolk? I think it very advisable that some part of the new wing of the Hospital should be padded or made otherwise safe for violent lunatics and men suffering from *delirium tremens*, &c., and a competent man put in charge of them, so that they might be watched until the nature of their disease was thoroughly assured.

602. In your opinion should the Hospital for Insane be under the superintendence and control of a medical officer, or would you suggest any other course? A medical officer, certainly.

603. Could not all the advantages which you claim for private establishments be secured in public ones by a thorough system of classification and separation of patients by means of numerous wards or separate cottages? No system of classification, however perfect, could ensure the complete separation of lunatics if located in the same block of buildings; and, withal, the separation of patients is not the only advantage to be derived from the private treatment of lunatics: the constant society of the sane, and apparent freedom from supervision, before alluded to, are quite as important factors in their recovery. The immediate expense of this system would, of course, be greater; but if it resulted, as I believe it would, in a far greater percentage of recoveries, it would, in the end, be the better plan, both from an economical as well as from a humanitarian point of view. All the scientific investigation of late years into the pathology of mental diseases tends to prove the advantage of the kindest and most Christian treatment of the insane, and, I think, that all officers connected with lunatic establishments, both public and private, should be most carefully selected; and, moreover, I think it very desirable, from every point of view, that the patients should not only be placed amongst cheerful associates and surrounding, but afforded a variety of occupation and amusements.

WEDNESDAY, MAY 9, 1883.

MR. ALFRED JONES, *Superintendent of the Gaol, Launceston, called in and examined.*

604. Your name is Alfred Jones, and you are Superintendent of the Gaol, Penal Establishment, and Invalid Depot, Launceston? Yes.

605. How long have you held these offices? For nearly 12 years.

606. Could you inform the Commissioners the mode adopted with regard to persons who are considered of insane mind on this side of the Island? Prisoners are frequently sent in from the country districts under

sentences for vagrancy who, on admission here, are found of unsound mind, or suffering from delirium tremens. The charge of vagrancy is merely a pretext to get them admitted into the Gaol so that they may be dealt with as lunatics, and I have repeatedly protested against this course to the Police, and I have also made the Sheriff acquainted with these circumstances. If the prisoners' sentences are sufficiently long to enable the officers of the establishment, including myself and the Medical Officers, to judge of their state of mind, a Board is appointed by the Sheriff, and its decision, through the Sheriff, communicated to the Government, and the Governor's warrant is then obtained for their removal, when they are escorted to New Norfolk by a member of the Territorial Police. There are other cases where the sentences are not sufficiently long to admit of this course, and, in such event, I intimate to the Municipal Police of Launceston that I consider that the person whom I am about to discharge on a day named is of unsound mind. They are then brought before the Police Magistrates in Court by the police, charged with lunacy, and are then remanded to the watch-house until the prisoner is examined by one medical man and two magistrates, who give the necessary authority for the admission of the patient to New Norfolk. In dealing with such prisoners as I have mentioned in the earlier part of my statement, and who are removed to New Norfolk, the cost of the medical man and their removal to New Norfolk is about £6 for each case, and is charged to this establishment.

607. Could you suggest any remedy for this state of things? I should think there ought to be a reception house, under the control of the General Hospital authorities.

MR. JAMES COULTER, *Superintendent of Police, Launceston, called in and examined.*

608. Your name is James Coulter, and you are Superintendent of Police, Launceston? Yes.

609. How long have you held that office? For 17 years. Previously to that I was Bench. Clerk, and I am therefore thoroughly acquainted with the cases of lunacy coming before the magistrates.

610. Are you aware of the arrangements for the reception and committal of persons of unsound mind which now exist in Launceston? The arrangements are in fact only such as I am able to make in the watch-house, in which there is not a single apartment suitable for the reception of such cases. What is necessary can only be done by keeping a constable in constant attendance till a patient is transferred to the New Norfolk Asylum. There is an urgent want of a proper place of reception for such cases, either at the Gaol or General Hospital, Launceston. I may add that such cases are increasing; fully one-fourth of last year's patients came from a mining population.

611. Will you describe the course you pursue on receipt of persons under these circumstances? Persons brought from the country show well-marked symptoms of insanity. In such cases an unofficial medical man is called in at once, and, after observation, certifies to their insanity, after which they are brought before two Justices, who also make an examination, and, if satisfied of unsoundness of mind, make order for admission to the New Norfolk Asylum; they are then conveyed to New Norfolk by the Territorial Police, at the cost of the General Government, the average cost per head being £4. As regards town cases, they are generally longer under observation: some are vagrant cases, others of persons in poor circumstances unable to be sent down as paying patients. Vagrant cases are arrested; other cases are generally dealt with at their homes, when not so violent as to require restraint; in such cases they are removed to the watch-house. Most of these cases have been under medical observation for a considerable period, and are brought under the police notice by the medical man, or by their friends on instruction from a medical man. The medical man longest acquainted with the patient is called in by the Magistrates, and after examination by them (in the case of arrest, at the Police Office, in others, at their own residences), the usual order is made out in all necessary cases.

612. Can you suggest a remedy for the improvement of the present state of things? A place of suitable reception and treatment. Many cases, even violent ones, which come under my notice are only of a temporary character, and would yield to treatment in a week or two, and unnecessary expense is incurred by sending such cases to the New Norfolk Asylum.

THURSDAY, MAY 17, 1883.

The Hon. HENRY BUTLER, M.R.C.S., &c. called in and examined.

613. What is your name? Henry Butler.

614. From whence did you obtain your diploma, and what date does it bear? M.R.C.S. in 1843, F.R.C.S. Eng., by Exam., in 1849.

615. How long have you been in practice in Tasmania? Rather more than 30 years.

616. You are President of the Board of Commissioners of the Hospital for Insane, New Norfolk, and at the Cascades, appointed under Clause 3, 22 Vict. No. 23? Yes, I am.

617. How long have you held these appointments? That at New Norfolk since Sir Robert Officer's death, and the Cascades since its establishment.

618. You also occupy the high position as Speaker of the House of Assembly? I do.

619. Having regard thereto, and being enjoined by the Commission issued to us by the Governor, do you readily appear before us at our request to offer such information as we may desire to obtain from you on the matters we are commanded to enquire into? I do.

620. Do you hold any other appointments in connection with your profession? I am Honorary Consulting Surgeon to the General Hospital, Hobart, and also President of the Council of Education, as well as Chairman of the Board of Education, and one of the Commissioners on the Immigration of the Colony.

621. How often do the Commissioners visit the Hospitals for Insane, New Norfolk and the Cascades, respectively? Monthly.

622. Are the visits, in your opinion, sufficiently often? No, I think not.

623. Should such visits be continued at certain intervals, or would it be better if they were visits of surprise? I think that irrespective of the monthly visits, visits of inspection to the Institution and examination of patients should be made at irregular intervals, which is the case in most of the Colonies and also in Great Britain.

624. What other experience have you had in the treatment of the insane? I had experience in England as a student, having been selected to attend at the Hanwell Lunatic Asylum, and since then I have been in practice in this Colony and have had frequent opportunities at the General Hospital and in private practice of deciding whether individuals under my care were insane or otherwise.

625. In your opinion are the Medical Officers of each of the Hospitals named sufficient in number and of experience for the proper treatment of the insane? Yes, considering the character of the patients.

626. Are sufficient nurses, warders, and servants generally employed, and is the scale of wages sufficient to ensure suitable persons for such positions? There are not sufficient warders and servants in proportion to the patients at New Norfolk, which prevents that personal charge of the attendants being given to the patients which is desirable, and precludes a more improved system of classification. I think the scale of wages is not sufficient for those who have such unpleasant and onerous duties. At the time they were fixed the general rate of wages of the working class was considerably less than it now is, and it consequently renders it very difficult to get competent and intelligent officers for the Institutions even at the advanced rates recently authorised.

627. Do you approve of Hospitals for the Insane being exclusively under the control of the Government? Yes.

628. What are the objections to private asylums? The objections to private asylums are that they require a much greater extent of inspection in order to prevent abuses. The income of the proprietor of the Asylum depends on the retention of its inmates, and even in England it is found, with the large staff of Inspectors they employ, that the moment an inspector is known to be in the particular district or county the intelligence is conveyed to all those keeping such institutions in the neighbourhood; whereas in public institutions the superior officers gain credit and promotion for the successful treatment of their patients, and no benefit is derived from their undue detention.

629. What institution do you consider most curative in its effect,—i.e., Government or private establishments? As a rule the Government establishments, although they have usually more difficult cases to deal with.

630. Will you give your reasons for this opinion? The private asylums usually endeavour to obtain those who from idiocy are likely to be permanent patients and those giving little trouble, while it is frequently the case in Europe that violent and dangerous patients are handed in to Public Asylums and the same price paid for them as the inmates of County Lunatic Asylums.

631. Would the classification of patients be more complete in the Pavilion, the Cottage, or the House system? The classification could be made much more efficient in the Pavilion than the general House system. The Cottage system has been found very useful where there is a large number of inmates of the Institution, but it is more costly in its management.

632. Would it, in your opinion, be expedient to adopt the plan pursued in parts of Switzerland, in boarding out the insane or idiots amongst the inhabitants of country districts? That is only at Gheel, in Belgium, I believe, and there it is confined not to the general class of lunatics, but to those who are easily controlled and are not mischievous in their inclinations. In this country it would not be expedient to adopt this plan, as the boarding out of pauper patients in England by the different Poor Law Unions was ascertained to be very unsuccessful in its results, and very cruel to the patients.

633. Cottages for Male and Female Lunatics, affording more comfort and luxury than the ordinary wards, are provided at New Norfolk for paying patients: should this plan be continued by Government, or be left to private enterprise to provide for such patients? I think it should be continued by the Government, as the publicity afforded to visitors to the institution gives almost daily opportunities of detailing grievances, if any; while it has been found in institutions of the same character that patients are carefully excluded from contact with people outside, and, as it is not considered by the Government a source of revenue, those families who are distressed by their relatives being so afflicted are not also mulcted in the heavy costs of private asylums.

634. Is the present site of the Asylum at New Norfolk a good one? Yes, if it was more extended.

635. Is the water supply ample, and the drainage good? Yes, certainly. The water supply is secured by enactment.

636. Are the grounds surrounding the Asylum sufficiently extensive? No; it would be a very great advantage if more land could be acquired. I should think, for the present at any rate, 100 acres would be sufficient.

637. Would any advantage be gained by having the Hospital for Insane, New Norfolk, nearer the metropolis? I think not. It is an objection to an asylum being in too close vicinity to a town, as it affords many opportunities for the interruption of the treatment.

638. Was the present Hospital at New Norfolk built for an Asylum?—state its age?—whether you would advise its demolition and the erection of new buildings in keeping with the improvements adapted to modern science? I would advocate its gradual demolition, and also the gradual erection of new buildings which would give a better means of classification and treatment.

639. Do you consider insanity on the increase? No.

640. Is the present law (22 Vict. No. 23) all that is required, or would you recommend or suggest any improvement in it? The present law comprehends all requirements.

641. In your opinion should the Hospitals for the Insane be under the control and superintendence of a Medical Officer, or would you suggest any other course? Yes, decidedly, as he alone can combine management and treatment of the inmates, and divided authority has been found detrimental.

642. Is it possible for the combined offices of Clerk and Storekeeper at the Hospital for Insane, New Norfolk, to be efficiently performed by one individual? I think not at the present time. Circumstances have altered very much since that system was adopted. The country then had a Commissariat Department, and the different requirements for the Institution were issued in small parcels at short periods.

643. Would you advise that any portion of the General Hospital at Hobart and Launceston, or one or two cottages in the surrounding grounds, should be set apart for the observation of persons with symptoms of incipient insanity prior to their being sent to the Asylum or discharged? Yes, I think it would answer well.

644. There are, I believe, no padded cells at New Norfolk: do you consider such cells or wards a necessity? I do consider them a necessity.

645. Would it be desirable to make any permanent alterations to the buildings at the Cascades? No, I think not. The buildings now are more than adequate for the number confined,—there would even be room for 26 more male patients; but I am of opinion that all Queen's pleasure patients charged with crime, those at New Norfolk, and all convicted persons who are troublesome, should be remitted to the Cascades.

646. By whom is the correspondence with the Government carried on, and are any recommendations of the Commissioners in abeyance? Recommendations for adequate buildings for the stores, and for the improvement of the buildings, have been years before the Government and entered on their Estimates, but as a rule have not been entertained.

647. Are the visits of Commissioners for the purpose of inspecting Asylums in England and the Colonies more frequent than once a month? Yes.

648. If the attendants were more numerous at New Norfolk could a better classification of patients be effected in the present buildings? Yes.

649. While the Cottage system may be more costly in its management than the House system, do you think it would be likely to contribute to the greater comfort and speedier cure of some of the patients? It certainly would.

650. Do you think that the accommodation afforded and treatment adopted at the Cascades are sufficient and satisfactory for the criminal class of patients detained there? Yes.

651. In view of the present crowded condition of the New Norfolk Asylum, would it be desirable to remove any of the criminal and Queen's pleasure patients that are there to the Cascades, and, if so, how many? There is good accommodation for 26 patients, of a better character and more comfortable than at New Norfolk.

WEDNESDAY, JUNE 13, 1883.

H. A. PERKINS, *Esq., M.D., recalled and re-examined.*

652. You undertook the establishment of an Inebriate Asylum near Hobart, in 1882? Yes, I did.

653. Were you the Proprietor? No, I was Medical Superintendent, appointed by the Governor in Council. The Proprietor was licensed by the Governor in Council.

654. Is it still in existence? No.

655. What led to the closing of the Asylum? Difficulties in the management, of obtaining a suitable person as licensee who should be a married man and together with his wife reside on the premises, and whose presence would exercise a good and cheerful influence on the Inmates. There was also the difficulty in obtaining funds to put the Institution on a good footing so as to provide it with every comfort and accessory. It was also not open to the visits of the medical men generally, which I consider it should be in order to obtain the cordial support of the profession. I may mention that one patient declined to enter unless she were under the sole supervision of her own medical attendant.

656. Did you find the legal costs incurred in procuring admission to the Asylum any obstacle? Yes, a great one, the amount being from £15 to £20 in each case.

657. Do you think admission to an Inebriate Asylum should be made less costly than it is under the present Inebriates Act? Yes, I do, by some method approved by the Attorney-General, and known as less costly by the legal profession.

658. What would you suggest as a less costly method of procuring admission to an Inebriate Asylum? A similar method to that in the case of lunatics, which is, that application be made on the certificate of one or two medical men before two Magistrates. To prevent collusion or mistakes, appeal could be recommended to a Judge in Chambers.

659. In your previous evidence you suggested that an Inebriate Asylum should be established near the Hospital for the Insane, New Norfolk: do you think that such an Institution would be better nearer Hobart, say on the grounds adjoining the Queen's Asylum, New Town? and do you think that it would also be desirable to have another similar Institution near Launceston? Yes, provided it were equally convenient to the Government, I think that one near the Queen's Asylum, New Town, would be far preferable to one at New Norfolk. I consider that one might be established in the North with advantage.

660. Had you many cases under treatment while the asylum you had charge of was open? I had four or five under treatment, and I had others who applied; some applications have even come in since the establishment was closed. One application fell through owing to the death of the licensee and the necessary delay in procuring a fresh proprietor. More applications would have been made if the Institution had been widely advertised, as many people were unaware of its existence. On several occasions I have seen such cases treated in the General Hospital as would have been more fitly lodged in a Retreat.

661. Did any good results follow the treatment you adopted? Good results followed as long as they remained there, but they did not do so long enough. Some cases were only there two months, when they should have been there at least twelve months; the necessity of their still remaining in the Institution was seen in the fact that they speedily succumbed to temptations,—the certificate of their discharge being accompanied with a note that they were not fit to leave the Institution. In some cases a conditional discharge is desirable, the individual subject to successive attacks being placed again under treatment as soon as he loses self-control,—the same order for committal sufficing.

662. Would the cost to the Government of maintaining such an Institution be very great, or would the fees which patients should pay go far to cover the expenditure? Yes, they would, particularly if the Institution did not attempt things on too large a scale at first. Fees ranging from £2 2s. to £5 5s. per week would help to maintain the poorer inmates who could afford to pay less. The chief items of maintenance would be the payment of a resident Superintendent, the attendants, who would vary with the number of inmates, and the cost of provisions. At the outset would be the cost of furniture and accessories.

663. Do you think that many cures are likely to be effected in such asylums? Perhaps about 20 per cent. I do not, however, regard the cures alone as the chief end, but the advantage would be seen in providing a place of treatment suitable to the station in life of the patients and the nature of their disease, and also in saving funds otherwise available for the maintenance of their families. If not absolutely cured, at least life would be considerably prolonged. In many cases a place of refuge is inquired for by dipsomaniacs until the period of craving is over.

664. Do you think that insanity is traceable chiefly to the consumption of bad and adulterated liquors, or to the intemperate use of unadulterated liquors? Yes, to a considerable extent, over indulgence even in the best of liquors is an important cause of insanity.

665. Do you think that all liquors imported, manufactured, and sold by wine and spirit merchants, brewers, and all licensed vendors, should be subjected to frequent analysis? Yes, certainly I do. All spirits and liquors arriving in the Colony, including those imported to order by the Government, should be frequently analysed during the course of a year. It is well known that liquors may be adulterated before arriving in the Colony.

APPENDICES.

A.

APPROXIMATE Cost for carrying out the Repairs, &c. at the Hospital for Insane, New Norfolk.

	£	s.	d.
Painting the whole of woodwork, colouring walls, &c., Gentlemen's Cottage	60	0	0
Repairing stonework, plastering, &c., to the outer boundary wall; mason and labourer, 4 weeks each, £18; material, £4	22	0	0
200 9-inch drain pipes, 2s. 6d.	25	0	0
400 6-inch ditto, 1s. 6d.	30	0	0
500 4-inch ditto, 1s.	25	0	0
Extra for bends, junctions, &c.	15	0	0
180 feet flagging laid in passages, 1s. 6d.	13	10	0
Erecting a store, 40 feet by 25 feet, 14-inch brick walls, roof covered with iron, fittings, shelving, &c.	350	0	0
300 feet flagging, male wash-house, 1s. 6d.	22	10	0
Two washing coppers, set in brickwork, 90s.	9	0	0
Six washing troughs, fixed with piping, taps, &c. complete, 50s.	15	0	0
Whitewashing walls, &c.	2	0	0
Providing and fixing 102 Tobin's ventilators in all cells, dormitories, &c., 30s.	153	0	0
Re-shingling roof of Matron's quarters, stores, &c. at the rear, and ridging, 40 squares, 24s. .	48	0	0
Erecting verandah, 50 feet by 10 feet, against brick wall.	15	0	0
Laying on water to Matron's quarters	5	0	0
Papering walls, colouring, &c., ditto	8	10	0
Erecting small waiting-room	40	0	0
Supplying 12 portable earth-closets, 60s.	36	0	0
Supplying (pine) 12 presses, 6 feet 6 inches by 6 feet by 2 feet, 80s.	48	0	0
Papering walls, &c., Ladies' Cottage	30	0	0
Ditto, offices.	10	0	0
Two painters engaged, say, 12 months painting, &c., 7s. 6d.	234	0	0
One labourer, ditto, 5s.	78	0	0
Material, lime, oils, &c.	50	0	0
<i>Total</i>	£1344	0	0

JOHN G. SHIELD.

ASYLUMS FOR INSANE.

EXTRACT from the Proceedings of a Meeting of the Commissioners held at the Hospital for the Insane at New Norfolk, on the 2nd day of January, 1883.

The Superintendent and Medical Officer's Report on the various Asylums in the neighbouring Colonies was read.

Resolved—"That this Report be received, and that it be forwarded to the Government to be printed; and that the Commissioners desire to record their satisfaction at the exhaustive nature of the Report, especially considering the circumscribed period in which the duty has been performed, and to express their appreciation of its great value."

Hospital for the Insane, New Norfolk, 2nd January, 1883.

SIR,

IN accordance with the Resolution of the Commissioners, which was approved of by the Honorable the Chief Secretary, I visited and inspected the following Asylums; viz.—

In South Australia—Adelaide Hospital for the Insane, Parkside.

In New South Wales—Gladesville, Parramatta, Newcastle, Callan Park, Darlinghurst Reception House, Private Asylum at Cook's River.

In Victoria—Kew, Yarra Bend, Ararat, Beechworth, Sunbury, Cremorne (Private Asylum).

Situation.—The majority of Asylums visited are situated near towns, some within the town boundary, as Parramatta, whilst the Adelaide Asylum is within the city.

Form of Building.—In this considerable variety exists. Parkside, in Adelaide, Callan Park, and the new buildings at Gladesville and Parramatta in New South Wales, are built on the pavilion system, as are also Beechworth and Ararat Asylums. At Yarra Bend the cottage system prevails.

Material.—Nearly all the Asylums in the various Colonies are built of either stone or brick, except the new buildings at Parramatta, which are weatherboard; and the majority are two-storied.

Kind of Enclosure.—Some are enclosed with sunken walls, and these allow the patients a good view of the surrounding scenery. Others have only the airing courts enclosed with walls. In two instances, owing to the pleasure and recreation grounds not being enclosed with a wall or suitable fence, the majority of the patients cannot have access to them, and to this disadvantage is added the constant intrusion of the public.

Government.—All the public Asylums visited are under the Chief or Colonial Secretary's Department of the respective Colonies, and all have a Board of Visitors.

In Victoria there is an Inspector of Hospitals for the Insane, and in New South Wales an Inspector-General of the Insane. These gentlemen belong to the Medical Profession. Almost every Asylum has a Medical Superintendent and a Deputy Medical Superintendent or an Assistant Medical Officer. There are Lay Superintendents, with visiting Medical Officers, at the Hospital for Imbeciles at Newcastle and the Temporary Asylum at Cooma, in New South Wales.

Waiting Rooms.—Nearly all have waiting rooms for visitors and friends of patients. Some have two waiting rooms, one for each sex. The one at Gladesville is very large, and is handsomely furnished.

Classification of Patients.—At Adelaide the patients are classified thus: Acute, Intermediate, Convalescent, Sick, Chronic. Special provision is made for the sick of both sexes. The Hospital wards at Parkside are detached cottages, and to each cottage are attached rooms for dirty and noisy patients, and these rooms are so constructed as to be perfectly free to the atmosphere. In the majority of Asylums the following classification is adopted; viz.—Acute, Convalescent, Sick and Infirm, Violent and Excited.

Criminal Lunatics.—In South Australia and New South Wales special provision is made for Criminal Lunatics.

There is no special provision made for Epileptic patients in any of the Asylums visited: in some they are classed with Hospital patients, and in others they are distributed throughout the general wards.

Asylum for Idiots.—New South Wales is the only Colony which has a special Asylum for Idiots. It is situated at Newcastle, and is reached by steamer from Sydney.

There is no attempt to teach the patients to read and write, but they are instructed in household work, drilling, and singing, and are taught habits of cleanliness. Some assist in the kitchen, laundry, blacksmith's shop, and garden.

Accommodation for Paying Patients.—Except at the Private Asylums, and at a cottage at Yarra Bend, there is no special accommodation for paying patients. When Callan Park is completed there will be separate cottages for this class.

In the other Colonies the fees for paying patients in the Public Asylums are collected, as a rule, by the Master in Lunacy of each respective Colony, and not by the Asylum authorities.

Sleeping Accommodation.—In all cases the sleeping accommodation consists of associated dormitories and single rooms. The ventilation is by doors, windows, and fireplaces, and in some instances by Tobin's ventilators. Most of the Victorian Asylums are so constructed as to allow 500 cubic feet of air for each patient in the dormitories, and at Ararat the single rooms allow each patient 1000 cubic feet of air.

At Gladesville each patient has from 700 to 1200 cubic feet of air in the dormitories, and 1200 cubic feet of air in the single rooms.

Baths and Lavatories.—In all Asylums the bath and lavatory accommodation is ample, and in many very complete. In most there is a bath and lavatory to each ward, and in the New South Wales Asylums there are footbaths in the bath-rooms. At Parkside and Adelaide the baths are made of slate, and these are highly spoken of for both cleanliness and durability.

In New South Wales most of the baths are made of brick, and are cemented; the footbaths are made in a similar way.

In the Victorian Asylums the baths are wood, lined with zinc or lead. In many cases the baths are so constructed as to allow an attendant to pass on either side of each bath.

The lavatories, urinals, and contagious wards at Callan Park are lined with glazed bricks. These are exceedingly durable, and are easily cleaned.

In some Asylums the lavatory basins are delf set in wood, in others, iron enamelled basins set in wood; some of the wards in Adelaide have ordinary washing-stands with delf jugs and basins.

In some of the lavatories there are shelves for brushes and combs, and looking-glasses secured to the wall by frames.

In New South Wales, in some instances, closets with separate compartments and wire doors are used to keep the patients' clothes in. In other instances each patient is provided with a cedar varnished chest, having a drawer at the bottom and opening by a lid at the top. At Callan Park each dormitory has a small room off it for the patients' clothes at night.

Bedsteads and Bedding.—At Parkside and Adelaide the bedsteads are iron, with wooden cribs for epileptics. The mattresses and pillows are horse-hair, but wire spring mattresses are also used. In New South Wales Allen's bedsteads are extensively used, and in some instances wire spring mattresses. These spring mattresses are also supplied to the various Victorian Asylums. In all Asylums the beds are provided with sheets of either calico or linen.

At Parkside and Adelaide all the beds have white counterpanes, and these give the dormitories an elegant and, at the same time, a homely appearance. Hair mattresses are mostly used, but in the case of dirty patients straw is substituted, except at Parkside and Adelaide, where all the mattresses are hair. At Parkside some of the bedsteads have strips of carpet alongside them; and at the Private Asylum at Cook's River some of the rooms are nicely carpeted. In most Institutions long strips of coir matting are laid down the centre of the dormitories. At Parkside and Adelaide the dirty patients sleep in single rooms; the floors of these rooms are caulked like the deck of a ship, the surfaces being painted, and the skirtings and walls cemented.

Padded Cells.—There are no padded cells in the South Australian Asylums, nor are there any at Gladesville, Parramatta, or Newcastle. At Parramatta pads can be fitted to a cell if necessary. There are two padded cells at the Darlinghurst Reception House.

There are no padded cells at Ararat or Sunbury, but there are six at Yarra Bend, two at Kew on the Male side, and there is a padded room at Beechworth. Leather is used to cover the padded cells at Darlinghurst; at Kew the padded cells are covered with canvas, painted. In the New South Wales Asylums each ward is provided with a small porcelain water barrel and mug for the use of the patients at night.

Dining Rooms.—In nearly all Asylums the day-rooms are used as dining-rooms. At Ararat there is a dining-room for Males separate from the day-rooms. When Callan Park is completed there will be two large dining halls, one for males and one for females, and these are situated on either side of a splendid recreation room. They will be separated from it by reversible shutters, and when these are thrown open a magnificent hall will be formed.

At Adelaide and Parkside the dining-rooms are detached, and are situated in the airing courts, and this arrangement has the advantage of excluding the smell of cookery from the dormitories. In no instance is there one common dining-room for males and females.

Day Rooms.—At Gladesville some of the day-rooms are handsomely stencilled, and at Newcastle the walls of some of these rooms are enlivened with pictures. At Parkside the windows of some of the day-rooms are hung with white lace curtains, and these add to the beauty of the rooms. At Callan Park each day-room has a large bow window, and this recess will be fitted as a seat. This Asylum is so constructed that the day-rooms are on the ground floor and the dormitories are upstairs. Each day-room has its dormitory over it. In some cases the patients dine at long tables; in others, as at Callan Park, the tables are arranged on either side of a centre aisle, and accommodate about 10 persons each. The seats in the dining-rooms are polished, and have reversible backs. At Beechworth the epileptics dine at tables attached to the wall by hinges, and when not in use these tables fold back to the wall. The system at Callan Park seems an admirable one, as it admits of a refractory patient being removed without disturbing all the others, and also facilitates counting the patients and the knives and forks after dinner. Knives and forks are universally used, except in some instances in the case of suicidal patients. The knives are of the ordinary Asylum pattern, and the forks are ordinary table forks, blunted at the prongs.

At Gladesville crockery is used, and the mugs have no handles, but are shaped somewhat like a dice-box. Tinware is used in some Asylums, and iron enamel plates and mugs in others. Crockery is preferable, and the cost is not much more than tin, whilst the breakage is at the same time small. At one Asylum the forms in the dining-room in the criminal department were chained to the floor.

Amusement Rooms.—At Parkside and Gladesville the recreation halls are very handsome, but the one now being completed at Callan Park will be perhaps the most superb of its kind in the Colonies.

At Gladesville the walls of the recreation hall are being stencilled, and the seats are polished.

There is an excellent amusement-room at Newcastle, fitted with polished seats having reversible backs.

Chapel.—The recreation hall in all Asylums visited is used as a Chapel. At Ararat an harmonium is used during the service, and there is an excellent choir; and at Newcastle the singing during service is aided by an American organ. When Callan Park is completed the splendid recreation hall will be used as a Chapel, and will be appropriately furnished. The large bow window of this hall will be stained glass.

Kitchens.—The cooking in nearly all Asylums is done in one kitchen, and generally by steam. The roasting, of course, is done either in brick ovens or in an ordinary large cooking-range, or by both, as at Ararat. The method of cooking by steam is an excellent one, and is at the same time economical and expeditious. At Parkside the machinery for making tea by steam is specially good. At the new buildings at Parramatta the kitchen is supplied with the most elaborate cooking apparatus.

All the kitchens have good sculleries attached to them; and in New South Wales each Asylum has a large brick cemented sink for washing vegetables in.

The bread at all the Asylums is supplied by contract, and is never made on the premises.

Laundry.—The washing in most instances is done partly by hand and partly by steam machinery.

At Parkside the washing is done solely by hand, but at the new buildings at Parramatta the laundry machinery is of the most elaborate description, with the most modern improvements.

In some of the New South Wales Asylums there is a laundry for foul clothes. In this there is a tank containing the suds, which are drained into it from the general laundry. The foul clothes

are placed in this tank and are stirred about until they are sufficiently clean to be sent on to the general laundry, where they are washed in the usual way. Many of the laundries have drying rooms attached to them. The one at Yarra Bend answers the purpose very thoroughly. In some instances the washing troughs have steam laid on to them, and this very speedily heats the water and expedites the washing. In New South Wales some of the laundries consist of a room for foul clothes, a receiving room, a washing room, an ironing room, and an issuing room, as well as a drying room.

In all the Asylums the female patients assist in the laundry work. At Newcastle there are three laundresses, whose wages vary from £46 to £50 per annum, and, in addition to these, 15 patients assist in the washing. At Sunbury there is a detached laundry, with sleeping accommodation for the patients who assist in the washing. Here the work is mostly done by hand, and about 30 patients assist.

Work-rooms.—In some instances the day rooms are used as work-rooms for the female patients, but in others there are separate work-rooms, as at Kew.

Work-shops.—At Adelaide and Parkside there is a tailor's shop only attached to each institution. At Ararat there is a carpenter's, shoemaker's, and a blacksmith's shop, but there is no tailor's shop. The carpenter is almost entirely employed at his trade; the shoemaker and blacksmith work at their trades when not employed as attendants. At Parramatta there is a tailor's, carpenter's, and a painter's shop, but no shoemaker's shop. At Gladesville there is a carpenter's, tailor's, and a blacksmith's shop, and one is about to be established for a shoemaker. At Newcastle there is a carpenter's, tailor's, and blacksmith's shop. The number of idiot patients employed is as follows:—Two as tailors, one in the carpenter's, and one in the blacksmith's shop. Yarra Bend, Kew, Beechworth, and Sunbury have each a tailor's, carpenter's, shoemaker's, and a blacksmith's shop. There is an engineer's shop at both Kew and Yarra Bend, and at the latter there is a brewery. At Gladesville there is printing press worked by a patient, and some of the ordinary forms are printed by it, as are also the programmes for concerts, &c.

School.—There is no school at any of the Asylums, nor is any attempt made to teach idiots, except at Newcastle, and reference to this institution has already been made.

Library.—Books are provided for the use of patients at Adelaide and Parkside, but there is no established library. There is an excellent library at Gladesville, with a printed catalogue, and most of the other Asylums have good libraries for the use of the patients.

Out-door Amusements.—The out-door amusements at most Asylums consist of cricket, football, quoits, rounders, bowls, lawn tennis, croquet, and fives. The patients also go out for drives and walks. Kew, Gladesville, Yarra Bend, Sunbury, Parramatta, and Callan Park have good cricket grounds. The one at Sunbury is two acres in area. The grounds about many of the Asylums are nicely planted and laid out, as at Gladesville, Parkside, Adelaide, Yarra Bend, Beechworth, Ararat, and Newcastle. Adelaide and Gladesville have excellent greenhouses, and at the latter place the flower gardens are elegantly laid out, and the green lawns beautifully kept. At Ararat there is a pretty conservatory. At Kew there is a good lawn-tennis court well laid out. At Parkside and Adelaide an omnibus is hired to drive the patients out. Most Asylums keep either a waggonette or van and horses to take the patients out for drives. At Kew the patients are frequently driven to the Zoological Gardens, and derive much pleasure from the visit there.

In-door Amusements.—The in-door amusements in nearly all Asylums consist of dances, sometimes weekly, or fortnightly or monthly, draughts, chess, cards, bagatelle, dominoes, billiards, music, concerts, theatrical performances, and magic lanterns. There are two billiard tables at Yarra Bend, and there are billiard tables at Gladesville, Parramatta, Beechworth, Kew, and Ararat. At Newcastle there is a good skittle alley, and this game affords the patients much pleasure. In New South Wales a very liberal sum of money is allowed by the Government to provide amusements for the patients. Gladesville and Parramatta are allowed £250 per annum each; Cooma, containing only 50 patients, is allowed £50 per annum; Newcastle is allowed £100 per annum; and Callan Park, with only 150 patients, is allowed £150 a year. These sums are at the absolute disposal of the respective Superintendents. Some of the Asylums possess a band, the musicians being attendants and patients.

Airing Courts.—Some of the airing courts at Parkside are surrounded by sunken walls, and this is also the case at Kew. By this means the patients are able to get a good view of the surrounding country, and are at the same time prevented from making their escape. Most of the airing courts are nicely planted with trees and flowers, and at Parkside and Gladesville there are pet birds and animals in them. With few exceptions, the majority of the airing courts in most Asylums are small. At Gladesville some of the window sills of the wards facing the airing courts have cork flower-stands with flowers in them. Many of the airing courts are provided with sunshades, and these protect the patients from the sun and rain.

Means of Restraint.—The means of restraint in most Asylums consist of camisoles, locked canvas dresses, seclusion in single rooms or in padded cells. Leather gloves that lock, and muffs that fasten at the back with a belt, are used in some cases. When patients will not keep their boots on, shoes that lock are sometimes used.

Clothing.—The male underclothing, and the female clothing, are generally made on the premises. In all instances the boots are supplied by contract. At Asylums where shoemakers are employed, only repairs are done and special boots made, as for club feet. At Adelaide and Parkside the repairs are done by contract. At Yarra Bend and Sunbury most of the male clothing, and at Sunbury the boots for both sexes, are supplied from the gaol at Pentridge.

Lighting.—Adelaide, Parkside, Kew, Parramatta, and Newcastle are lighted with gas. The other Asylums are lighted with either kerosene or colza oil. At Parramatta the gas burners are protected, but at Adelaide and Parkside they are not, and no accident has occurred. The windows generally open above and below for about 6 inches, and are either chocked or locked.

Protection against Fire.—Some Asylums have a fire engine and fire brigade on the premises. At Gladesville there is a hose and stand-pipe in every ward. Each hose is kept in a glass case, and should the key of the case be mislaid the glass can be broken and the hose rendered available immediately. In most of the Victorian Asylums there are hoses in every ward or corridor, and this arrangement also prevails in Adelaide. In some of the Victorian Asylums there are tanks over the towers and ceilings of the wards. Most of the Asylums are fireproof, as Adelaide, Parkside, Gladesville, Kew, Ararat, and Callan Park.

Water Supply.—As a rule, the water supply is ample. Water is laid on at Adelaide, Parkside, Kew, and Beechworth.

Drainage.—The drainage is generally on the deep sewerage system, with smaller surface drains emptying into the deeper ones. In some cases the drains empty on to the gardens. Earthenware pipes are principally used for drainage purposes. Earth closets are almost universal. In many of the Asylums there is one in each dormitory, and this is emptied every morning.

Occupation.—Occupation is an essential in the treatment of mental diseases, and this being recognised, patients in nearly all the Institutions visited are induced as much as possible to work. The male patients assist in the gardens, on the farms, and in the various workshops, and also in the domestic work, as cleaning the wards and cooking. The female patients assist in the ward work, and in the washing and sewing.

Gardens and Farms.—At Adelaide there is a good vegetable and fruit garden, with an excellent orangery. At Parkside there is a farm, and a good vegetable and fruit garden. Fruit is grown in abundance at Gladesville and Parramatta, and vegetables at Gladesville, Parramatta, and Newcastle. At Gladesville there is a large vineyard which produces an excellent supply of grapes. All the Victorian Asylums have good vegetable gardens, especially Ararat and Beechworth. At Ararat the garden is watered by a large dam, made chiefly by patients' labour. At Parramatta 30 acres are used for the farm and garden, and 22 patients are employed in attending to the two. At Ararat 300 acres are devoted to a farm, garden, and recreation ground, and to tree planting. Another 300 acres, 3 miles from the Asylum, are used as pasturage for the cows. All the Victorian Asylums have farms, and these supply milk, eggs, and butter, and, in some instances, poultry, pork, and veal. In South Australia and New South Wales milk is supplied by contract. In all Asylums visited, patients' labour is extensively used in the gardens and on the farms.

Attendants.—There are day and night attendants in all the Public Asylums visited. At Gladesville the proportion of attendants to patients is 1 to 12, and at Parramatta 1 to 14 for males, and 1 to 12 for females. At Adelaide the male attendants enter at 4s. 6d. per diem, with room, ration, fuel, and light, and the pay increases to 5s. per diem after one year's service. The female attendants enter at 2s. per diem, with room, fuel, light, &c.; their pay increases to 3s. per diem. The male and female attendants who have been long in the service receive from 6s. to 8s. per diem. At Gladesville the rate of pay for male attendants varies from £72 to £106 per annum, with two suits of uniform and a ration. The pay for the female attendants varies from £40 to £60 per annum, with a ration and two uniforms. At Parramatta the male attendants enter at £72 per annum, with ration and uniform. The senior attendants get £96 per annum by promotion. The head attendant receives £150 per annum, with an allowance of £18 a year for provisions and fuel; light being allowed. At Newcastle there are two senior attendants at £96 per annum, and another senior attendant at £84 per annum. The pay of the nurses varies from £46 to £60 a year. The cook receives £84, the gardener £72, and the gatekeeper £60 per annum respectively. The tailor gets 6s. 6d. per diem, and the carpenter 7s. 6d. per diem. In the Victorian Asylums the male attendants enter at £52 per annum, with a ration and a room. In all the Public Asylums visited, none of the attendants slept in the wards with the patients.

In most the attendant has a room off the ward with a window looking into it, and if anything unusual takes place in the ward it can be seen to. In some instances artizan attendants are employed, and these, when not engaged at their trades, do duty as ordinary attendants.

In all asylums day and night reports are made to the superintendents, medical or lay, as the case may be; but in none are journals kept like those used for the male and female divisions at New Norfolk.

Provision for Destitute Patients leaving an Asylum.—When destitute patients are leaving some of the asylums in the other Colonies a sum of money is generally given to them.

In South Australia a small sum is given, and a free railway pass obtained if necessary.

In New South Wales a sum not exceeding £5 may be paid to a destitute patient on discharge.

In Victoria if a discharged patient has no clothing he is supplied with it, and a sum, varying from 10s. to £1, is sometimes given; also a free railway pass if necessary. Blankets are occasionally given to working men.

Store Accommodation.—The store accommodation in all the asylums visited is good and ample.

At Parkside the stores are elaborately fitted up, and there are underground cellars.

At Gladesville there are stores for bread, hardware, and soft goods; and there is also a beer cellar.

At Ararat there are stores for groceries, bread, clothing, and hardware, and there is an underground store for potatoes, wines, vegetables, and oil.

At Kew, in addition to good store accommodation, there are cellars for wines and spirits, and there is a lift in connection with the stores.

New Norfolk Asylum being well enclosed, the patients have more freedom in the grounds than at any other asylum visited. This is the only public asylum, too, except Callan Park and, I believe, Woogaroo, in Queensland, which has special accommodation for lady and gentlemen patients. There is a cottage for idiots at Yarra Bend, and, with this exception, no other asylum but New Norfolk has a cottage for this class of patients. The water supply of the New Norfolk Hospital for the Insane is equal, if not superior, to that of any other similar institution visited; and the annual cost of this institution is below any other similar institution in the neighbouring Colonies, as the table annexed to this report will show.

Medical Treatment.—The medical treatment of the insane here is similar to that adopted at the various asylums visited.

Dietary Scales.—I append the dietary scale used at New Norfolk, together with those used in the New South Wales and Victorian asylums.

Owing to the limited time allowed, viz., 34 days, to visit and inspect the various asylums in South Australia, New South Wales, and Victoria, this Report is not so complete as I would wish.

In conclusion, I beg to acknowledge the valuable assistance I received from the Honorable the Chief Secretaries of Victoria and South Australia, and the Honorable the Colonial Secretary of New South Wales. I desire also to acknowledge the great kindness and courtesy I received from Dr. Paterson, Colonial Surgeon of South Australia; from Dr. Paley, Inspector of Hospitals for the Insane in Victoria, and from Dr. F. N. Manning, Inspector-General of the Insane in New South Wales, from the arrangement of whose valuable Report on the various asylums in Europe and America I gained much that was of assistance to me in my tour of inspection. The Superintendents, both medical and lay, of the various institutions visited willingly afforded me all the information in their power.

I have the honor to be,

Sir,

Your obedient Servant,

The Honorable DR. BUTLER,
President of the Commissioners.

W. H. MACFARLANE, M.B., Ch. B.

COST OF MAINTENANCE.

TABLE showing the Annual Cost per Patient in the various Hospitals for the Insane for the Year 1881, in the Colonies of South Australia, New South Wales, and Victoria, as compared with the Annual Cost per Patient in the Hospital for the Insane, New Norfolk.

Cost of each Patient for the Year 1881.	New Norfolk.	Adelaide & Parkside.	Gladesville.	Parra-matta.	Callan Park.	Newcastle.	Cooma.	Victorian Asylums.
	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
On Gross expenditure.	28 7 4½	33 3 1	31 15 8	28 2 3½	35 13 5½	30 8 3½	48 11 6½	31 2 7½
On Nett expenditure...	22 2 11½	30 4 6½	26 7 2½	26 12 0	33 9 9½	28 0 5	47 18 3½	

DIETARY SCALE, HOSPITAL FOR THE INSANE, NEW NORFOLK.

No. 1.	No. 2.	No. 3.	No. 4.
HALF.	SPOON.	ATTENDANTS.	WARDSWOMEN.
Bread, 1 lb.	Bread, ½ lb.	Bread, 1½ lbs.	Bread, 1 lb.
Meat, ½ lb.	Tea, ¼ oz.	Meat, 1½ lb.	Meat, 1 lb.
Potatoes, ½ lb.	Sugar, 1½ ozs.	Potatoes, 1½ lbs.	Potatoes, 1½ lbs.
Tea, ¼ oz.	Milk, ¼ pint.	Tea, ⅞ oz.	Butter, 1½ oz.
Sugar, 1½ oz.		Sugar, 3½ ozs.	Tea, ⅞ oz.
Salt, ½ oz.		Salt, ½ oz.	Sugar, 3½ ozs.
Milk, ½ pint.		Rice, ¾ oz.	Salt, ½ oz.
		Milk, ½ pint.	Rice, ¾ oz.
			Milk, ½ pint.

DIETARY SCALE.—N. S. WALES.

HOSPITAL for the Insane, Gladesville (including Branch Establishment at Callan Park); Asylum for Imbeciles, &c., Newcastle; Lunatic Reception House, Sydney; and Temporary Lunatic Asylum, Cooma.

PATIENTS.

	Bread.	Meat, un-cooked, with bone.	Vegetables.	Sugar.	Milk.	Tea.	Butter.	Treacle.	Rice, Barley, or Pease Meal.	Flour.	Oatmeal.
	Daily.	Daily.	Daily.	Daily.	Daily.	Daily.	5 days per week.	2 days per week.	3 days per week.	1 day per week.	3 days per week.
Males	16	14	12	1½	1	¼	1	2	1	4	...
Females	14	14	12	1½	1	¼	1	2	1	4	...
Children under 14 years of age.....	On 4 days per week.						Daily.	Daily.	or Sago.		
	14	10	10	1	3	⅛	oz. ½	1	3	4	4
	On 3 days per week.						...	...	...	...	...
	9	4	...	...	...	...	...	...	...	...	...

1 oz. Pepper and 20 ozs. Salt for every 100 full daily rations.

½ lb. Flour, ¼ lb. Raisins, 1 oz. Suet, 1 oz. Sugar on Queen's Birthday and Christmas Day, in addition to the authorised scale.

Patients actively employed allowed 1 pint of Ale, 1 oz. Cheese, and 4 ozs. Bread, in addition to the authorised scale.

The following substitutions may be made once a week at the option of the Superintendents, viz.:— ½ oz. Coffee for ¼ oz. Tea, 2 ozs. Cheese for 1 oz. Butter, 4 ozs. Maize Meal for 4 ozs. Oatmeal, and salt for fresh Beef in equal quantities.

The Superintendents may issue fresh Vegetables for Soup, &c., as may be necessary.

The Medical Officers may order any extra articles of diet they may deem necessary, and may place on diet for children any patient over the age of 14 years to whom it may be specially applicable.

ATTENDANTS.

	Beef.	Bread.	Vege- tables.	Milk.	Tea.	Sugar.	Butter (fresh).	Cheese.	Flour.
	Daily.	Daily.	Daily.	Daily.	Weekly.	Weekly.	Weekly.	Weekly.	Weekly.
Attendants and Nurses.....	lbs. 1½	lb. 1	lb.* 1	gill. 1	ozs. 4	lbs. 1½	ozs. 8	ozs. 8	ozs. 4

1 oz. Pepper, 20 ozs. Salt, for every 100 full daily rations.
 ½ lb. Flour, ¼ lb. Raisins, 1 oz. Suet, 1 oz. Sugar on Queen's Birthday and Christmas Day, in addition to the authorised scale.

DIETARY SCALE.—VICTORIA.

HOSPITALS FOR THE INSANE.—DIET SCALE, 1ST MARCH, 1870.

Daily Allowances for Patients and Attendants.

	PATIENTS.												ATTENDANTS.											
	ORDINARY DIET.									EXTRAS.			BREAKFAST AND SUPPER —BOTH MEALS.						DINNER.					
	Breakfast and Supper— both Meals.					Dinner.				Working Patients.		Pay Patients.												
	Bread.	Butter.	Tea.	Sugar.	Milk.	Meat, uncooked.	Potatoes.	Rice.*		Bread.	Cheese.	Butter.	Coffee.	Bread.	Butter.	Tea.	Sugar.	Milk.	Meat, uncooked, with bone.	Vegetables.	Cheese.	Rice.	Coffee.	Flour.
Males.....	oz. 16	oz. 1	oz. ½	oz. 1½	gill. 1	oz. 12	oz. 16	oz. 1	oz. 6	oz. ½	oz. 1	oz. ½	oz. 1	oz. 16	oz. 2	oz. ½	oz. 4	gill. 2	oz. 16	oz. 16	oz. 1	oz. 1	oz. 1	oz. 2
Females.....	oz. 14	oz. 1	oz. ½	oz. 1½	gill. 1	oz. 12	oz. 12	oz. 1	oz. 2	oz. ½	oz. 1	oz. ½	oz. 1	oz. 16	oz. 2	oz. ½	oz. 4	gill. 2	oz. 16	oz. 16	oz. 1	oz. 1	oz. 1	oz. 2

* Monday, Thursday, Saturday.

One ounce of Pepper and twenty-five ounces of Salt to be drawn daily for every hundred full rations.
 The following allowances to be issued to Patients on Christmas Day and the Queen's Birthday, viz. :—
 Flour, ½ lb. ; Raisins, ¼ lb. ; Suet, 1 oz. ; Sugar, ¼ oz.

NOTE.—Medical Superintendents to issue fresh Vegetables or any other extra articles of diet they may deem necessary.

C.

REGULATIONS FOR THE HOSPITAL FOR THE INSANE, NEW NORFOLK.

GENERAL RULES.

1. All Patients shall be assembled in their proper places when the bell is rung for meals: the Wardsman in charge of the yard shall not allow any of the Patients to be absent on these occasions. Every Patient must sit orderly in his place at the table, after being washed, and with his dress neatly arranged.
2. No Patient shall retain any portion of his food after meals, except in a case of sickness.
3. In the event of a Patient becoming violent, a number of Wardsmen sufficient to overpower all resistance shall be called upon immediately to place him in a cell: this must always be done calmly and with decision.
4. No Patient shall be permitted to have money in his possession; no trafficking shall be allowed amongst the Patients, nor between Wardsmen and Patients.
5. The bedding shall be changed once a fortnight, and oftener if necessary; the shirts of the Patients shall be changed twice a week: their hair combed every morning, and cut when required: they shall be shaved three times, and bathed twice a week at least.
6. No intoxicating liquors shall be allowed within the walls of the Asylum, nor weapons of any description. Knives and anything capable of being converted into an offensive weapon must be kept under lock and key.
7. The bedding, clothing, and all other articles in use shall be kept in good repair. All articles to be washed at the washhouse shall be sent there on Mondays and Thursdays, and returned as soon as thoroughly dry.
8. Visitors admitted to view the Asylum shall be kept out of the way of dangerous Patients.
9. The doors of the dormitories shall be locked at 7 P.M. in summer, and at 6 or before dusk in winter.
10. All dangerous Patients shall be confined to their respective cells while the Attendants are at their meals, so as to enable the greater number to take their meals together.
11. No private work of any description shall be permitted in the Asylum, except under special regulations; nor shall Patients be allowed to work in Officers' quarters under any pretence whatever.
12. The produce of the garden and fields shall be devoted exclusively to the use of the Patients.
13. Attendants returning from leave shall be admitted at the front gate only,—in the case of males by the Under Keeper on duty, and of females by the Sub-Matron, who will be held responsible that no improper article is introduced into the Asylum by the person admitted.

14. Patients on admission shall be immediately bathed, thoroughly washed, and carefully examined by the Head Keeper or Matron, according to their sex.

15. All keys of the Building shall at 9 o'clock P.M. be delivered to the Under Keeper on duty, and kept by him in their proper places on a rack in the Under Keeper's room, so that they can be immediately found if required during the night; and the Night Officer shall not let the keys out of his possession, nor allow any of the gates, wards, or cells to be unlocked unless he is present.

THE SURGEON-SUPERINTENDENT.

1. He shall have the management and superintendence of the whole Establishment under the control of the Commissioners, to whom he shall make reference and reports at their monthly and other meetings.

2. He shall be responsible for the proper discipline, economy, and correspondence in every branch of it, and for the regular and orderly conduct of the Officers and Attendants.

3. Besides his regular daily visit of inspection, which as a general rule shall not be later than 10 o'clock in the morning, he shall frequently visit the yards, airing grounds, garden, cook-house, mess-rooms, dormitories, and other parts of the Establishment, and the Patients at their different employments.

4. He shall likewise frequently visit the Patients while at their meals, and occasionally after they have retired to bed.

5. He shall enter in a Register a full history of the case of every Patient as far as it can be obtained, together with his own observations thereon. In acute cases he shall make frequent entries detailing the symptoms, progress, and treatment, and shall at least once in every month remark on the state of every Patient in the Asylum. He shall record all acts of violence committed by, or accidents which may have occurred to the Patients, with any peculiar refractoriness rendering restraint necessary. In all fatal cases he shall make a *post-mortem* examination of the body of the deceased, and note the morbid appearances, especially of the brain,—the result of which he shall in all cases subjoin to the previous history of the Patient.

NOTE.—As a general Rule, mild and palliative treatment is most advisable to be adopted in the management of the Insane, and the Surgeon-Superintendent will be expected to conform to that system.

THE HEAD KEEPER.

1. The Head Keeper shall exercise a general supervision over the Male Establishment; and, being the second Officer in the Asylum, shall assist the Surgeon in the moral treatment of the Insane, observing them as much as he can, and reporting the result of his observations and experience. For this purpose he shall accompany the Surgeon-Superintendent in his visits.

2. He shall have the entire charge of the Male Division in the absence of the Surgeon-Superintendent.

3. Orders given by the Head Keeper shall be obeyed by all persons connected with the Asylum for Males.

4. The Head Keeper shall be responsible to the Surgeon-Superintendent for the discipline and cleanliness of the whole Male Establishment, and shall see that the Officers and Attendants carefully perform their duties.

5. He shall daily inspect every part of the Male Asylum.

6. He shall be present daily at all the meals of the Patients.

7. He shall, every night after the Patients have retired to bed, visit all the dormitories, and ascertain whether the Attendants have properly performed the duties allotted to them.

8. He shall frequently, and at uncertain times, visit the Night Watchman, and see that they are alert in the performance of their duties.

9. He shall have charge of all instruments of restraint, and shall not allow their use under any pretence whatever unless authorised by the Surgeon-Superintendent.

10. He shall keep a Diary, in which he shall enter any accident or other special occurrence that may have taken place amongst the Patients or Attendants, to be submitted to the Surgeon-Superintendent's inspection at his morning visit.

11. He shall keep a Work-book, in which shall be shown the daily occupation of each male Patient.

12. He shall have charge of the dairy, and issue the milk and butter in accordance with the directions he may from time to time receive from the Surgeon-Superintendent.

13. He shall read prayers on Sundays and such other days as may be appointed, except when a Minister attends.

14. He shall, at least once in every three months, muster all bedding, clothing, utensils, and other articles in charge of the Under Keepers.

NOTE.—The whole of the Head Keeper's duty cannot easily be defined; but he will be expected to carry out the general discipline of the Establishment with zeal and energy; and his bearing towards those under him should be firm but conciliatory, not harsh or dictatorial.

NOTE 2.—The Head Keeper shall have special charge of the Fire Engine, and will be held responsible that it is kept in efficient working condition, and available at a moment's notice.

THE UNDER KEEPERS.

1. They shall rise at 5½ A.M. in summer, and at 6 in winter.

2. Their first duty shall be to ascertain from the Night Watchmen whether all the Patients are present in their several wards and cells. They shall then place the Wardsmen in their stations for the day,—see that they pay every possible attention to induce such Patients as are able to make up their beds, and that the helpless are treated by them with gentleness and patience. They shall report to the Head Keeper any illness or accident that may have occurred during the night that he may not previously have been made acquainted with.

3. They shall report immediately to the Head Keeper (and to the Surgeon-Superintendent at his first visit) any special occurrence that may have taken place among the Patients under their charge, however trifling or unimportant it may appear; and in the event of a Patient becoming violent, but under no other circumstances, the Under Keeper in charge shall place him in a cell, and at once report the occurrence to the Head Keeper.

4. They shall have charge of all medicines and extras ordered for Insane Patients in their respective Divisions, and administer them according to instructions.

5. They shall not employ any Insane Patient in their own room without the sanction of the Surgeon-Superintendent.

6. They shall have charge of the keys of the wards and cells in their several Divisions, and under no circumstances entrust them to the Wardsmen or the Night Watchmen.

7. They shall keep the quarters allotted to them clean, and open for the inspection of the Surgeon-Superintendent.

8. They shall issue the rations for the Insane under their charge according to the prescribed scale of diet, and see that each Patient receives his just allowance. The spoons, knives, and forks shall be kept in the possession of the Under Keepers, to be counted out to the Wardsmen at meal times, and counted in after meals; and shall on no account be kept in a ward or cell.

9. They shall have charge of all bedding, clothing, and utensils in their respective divisions. They shall be accountable for all such articles as may be missing when called for. Any article destroyed by Insane Patients, or lost, shall be noted and reported immediately to the Head Keeper.

10. Any of the Under Keepers requiring temporary leave of absence shall communicate their wish to the Head Keeper; in the absence of the Head Keeper the senior Under Keeper shall act in his place.

11. All razors belonging to Attendants shall be retained in the custody of the Under Keepers, except when required for actual use. The Under Keepers shall also cause those of the Attendants who have pocket-knives to place them in their keeping before retiring to their sleeping wards at night,—to be returned in the morning.

12. The Under Keepers shall cause Patients of dirty habits to be carefully washed in warm water as often as may be necessary, and shall see that every possible precaution is taken to prevent their catching cold. They shall not permit such Patients to be washed with cold water unless specially ordered by the Surgeon-Superintendent.

13. The Under Keeper on night duty shall not admit any Wardsman who has been out on pass returning after 9 o'clock P.M.

14. They shall read prayers in the day-rooms immediately after breakfast, and have the Patients assembled for the Surgeon-Superintendent's inspection at his morning visit.

THE WARDSMEN.

1. Must be obedient to their superiors, and cleanly in their persons. Gambling, trafficking with Patients, smoking in the day-rooms or sleeping-wards, or among the Patients while on duty, are strictly prohibited.

2. Wardsmen sleeping in wards shall be held accountable for all Patients in their charge at night. The Wardsman shall direct the Night Watchman to report immediately to the Under Keeper on duty any misconduct or case of sickness occurring amongst the Patients.

3. When Wardsmen have money in their possession, they shall carefully conceal it from the Patients.

4. No Wardsman shall remain in bed after the first morning bell.

5. The Wardsmen shall every morning, with the assistance of such Patients as are able to work, neatly fold up the bedding and place it at the head of each bedstead, remove the dirty bedding, and have the wards, cells, passages, day-room, furniture, and utensils clean and ready for inspection by 9½ o'clock A.M.

6. They shall see that the Patients have their hair combed and faces washed before breakfast.

7. They shall issue the food to the Patients at meal-times, as directed by the Under Keeper; attend to the sick and helpless; and wash and make up their beds before 9 in the morning.

8. The Wardsmen in charge of yards shall carefully guard the Patients from injurious exposure to sun or rain. They shall use every endeavour to prevent quarrelling or fighting, and report to the Under Keeper the slightest special occurrence, however unimportant it may appear to them.

9. They shall be present at the Surgeon-Superintendent's visit, at prayers, and any other time when the Patients are required in the day-room. They shall not allow any Patient to be absent from the mess-room at meal-times, except in cases of sickness, &c.

10. They shall assist in the general management of the Establishment, obey all verbal orders, and not leave their posts until regularly relieved.

11. Leave of absence shall be granted to Attendants on Tuesdays, Thursdays, and Saturdays only; and no Attendant shall leave the premises without a pass signed by the Surgeon-Superintendent, or, in his absence, by the Head Keeper. Attendants on pass shall invariably return to the Establishment before 9 P.M.

12. Wardsmen shall not retain razors in their possession, except during the time of actual use, nor pocket-knives at night; but shall deliver them into the custody of the Under Keeper of the Division to which they belong as prescribed by Rule 11, under the head of "Under Keepers."

13. The doors of the dormitories shall be locked from without at 9 P.M.

14. The Wardsmen shall yield implicit obedience to the Under Keepers, who shall report any misconduct on the part of the Wardsmen to the Head Keeper.

THE UNDER KEEPER IN CHARGE OF THE FRONT DIVISION.

1. Will have the general charge of the Cook-house.

2. He shall issue the bread to the several Divisions as shown by the Cook's book at 7 o'clock every morning; receive the meat; see that it is carefully weighed out in messes, and that each mess has got a tally; pay frequent visits to the Cook-house, and satisfy himself that the cooking of the food is properly attended to, and that it is issued correctly to each Division.

3. He shall see the tea and sugar weighed, and put into the copper for breakfast, at 25 minutes past 7 in the morning, and for supper at the appointed hour, so as to allow twenty minutes for the infusion of the tea.

4. He shall count the loaves of bread before they are placed in the oven, and when they are taken out.

5. He will be held responsible for the cleanliness of the Cook-house, &c. as mentioned in the regulations for the Cook.

6. He shall keep the razors and scissors, delivering them to the Barber every morning, and receiving them from him every evening.

THE UNDER KEEPER IN CHARGE OF THE WORKING PARTY.

1. He shall see that the Patients employed in the wood-yard, or at other work, are so placed as to avoid accidents; and on no account allow any Patient to pick up wood near the axe of the wood-cutter. He shall not leave, nor allow a Wardsman to leave, the party under his charge upon any pretence whatever.

2. He shall see that Patients employed at any work are treated with gentleness and patience, using persuasive means alone to induce them to work.

3. The Under Keeper shall immediately send any Patient becoming troublesome or violent to the back yard in charge of a Wardsman, with a report of his conduct. His removal must be effected by the gentlest possible means.

4. He shall not take any Patient outside of the walls, except by authority of the Head Keeper; and shall enter the names of the party under his charge in a book, showing the work performed.

5. He will be held accountable for all agricultural and other tools taken out by him, and shall muster them every evening. Any tool missing shall be searched for immediately, and if not found reported to the Head Keeper.

6. He shall be present at meal-times in the day-room, No. 1 Yard, Back Division.

WARDSMEN EMPLOYED AS NIGHT WATCHMEN.

FRONT DIVISION.

1. He shall, on being posted, lock the gate and wicket, and satisfy himself that no person can pass either in or out of the building unless through the wicket opened by himself.

2. He shall lock the gate of the Female Division, and attend to open it when the bell rings; but on no account shall he allow any Wardswoman or Patient to pass out unless accompanied by a Sub-Matron; or a Wardsman to pass in unless accompanied by the Under Keeper on duty. He shall unlock the gate in the morning as soon as the first bell rings.

3. He shall not allow any Attendant to leave the building without a pass signed by the Surgeon-Superintendent, or in urgent cases, by the Head Keeper.

4. He shall visit every half hour the whole of his rounds, which extend from the front gate to the gate of the Female Division, and from thence round to the wood-yard.

5. He shall receive from the Under Keeper on duty any instructions that may be given him for his guidance as to the attention required for the watching of any particular Patient in the wards. Any complaint of sickness or unusual noise which he may hear he shall immediately report to the Night Officer.

6. He shall not admit within the gate any person in a state of intoxication. In the case of a Wardsman returning from being out on leave, he shall call the Under Keeper on duty; and if a Wardswoman, the Sub-Matron, who shall see that they are sober, and have no intoxicating liquor in their possession, before they are admitted.

7. The Messenger, when sent from the Building, shall state to the Night Watchman the duty on which he is sent, and the probable time of his absence.

8. The Night Watchman shall enter (or cause to be entered) in a book, kept for that purpose, the name of every person who passes through the gate, stating the hour.

9. He will obey all lawful verbal orders, and not leave his post until regularly relieved.

BACK DIVISION.

1. The Night Watchman, on being posted, shall visit with the Under Keeper all the wards and cells, and count the number of Patients.

2. He shall follow any instructions that may be given him by the Under Keeper on duty as to the watching of any particular Patient in cells or wards. Any case of sickness or unusual noise he shall immediately report to the Night Officer.

3. He shall visit every half hour the whole of his rounds, which extend from No. 1 and 2 yards into the back paddock.

4. He shall obey all lawful verbal orders, and not leave his post until regularly relieved.

WARDSMEN EMPLOYED AT A GATE.

1. They shall take charge of the keys from the Under Keeper at 6 A.M.

2. They shall prevent Patients from passing out of the yard to which they belong, unless accompanied by a Wardsman or Officer of the Establishment. This order shall not apply to Patients having the indulgence of walking in the front or paddock unaccompanied by a Wardsman, of whom the Gatekeeper shall be furnished with a List.

3. They shall search all Patients passing in or out, and shall seize any article of clothing, bedding, or anything capable of being used as an offensive weapon, such as hoop-iron, glass, nails, &c., which he may find in their possession.

4. They shall write on a slate the name of every Patient who passes out of the yard, and erase it when he returns.

5. They shall not admit strangers unless accompanied by an Officer.

6. They shall not allow more than one Wardsman to be absent from the yard to which he belongs at the same time; so that one Wardsman at least may always be present in each yard.

7. They shall assist in the cleaning and general management of the Building as may be required, obey all lawful verbal orders, and not leave their post until regularly relieved.

THE WARDSMAN EMPLOYED IN THE PADDOCK.

1. He shall be at his post in the paddock when the doors of the sleeping-wards and cells are opened in the morning, and shall not leave it until the Patients have retired to rest for the night, when he shall give over his charge to the Night Watchman.

2. He shall vigilantly watch those Patients who are allowed to be in the paddock, and shall use every endeavour to prevent quarrelling, fighting, interfering with the clothes put out to dry, or any attempt to scale the walls, and all other irregularities.

3. He shall not allow Patients to go into or about the cow-house or yard unaccompanied by a Wardsman, but shall confine them to the south end of the paddock, in order that they may all be under his eye at the same time.

4. He shall keep the keys of the workshops and garden during the day, and upon no account allow any Patient to enter any of those places unaccompanied by a Wardsman, except such as have special permission.

5. He shall, with the assistance of such Patients as may be in the paddock, keep it in good order.

6. He shall obey all lawful verbal orders, and shall not leave his post until regularly relieved.

THE WARDSMAN IN CHARGE OF THE COWS.

1. He shall be in the cow-house at 5 A.M. in summer and 6 in winter.

2. He shall carefully wash each cow's udder with a sponge and cold water before milking. He shall keep his hands and arms clean, and milk each cow thoroughly dry morning and evening. When they have all been thus milked, they are then to be "stripped" in their proper rotation.

NOTE.—A frequent cause of cows failing in their milk is the neglect in not milking them dry.

3. He must not allow any other person to milk a cow, and shall permit no gossiping in the cow-house.

4. He shall give an exact account of the quantity of milk each cow has given morning and evening.

5. He shall see the cows driven to grass, the cow-house and yard cleaned and ready for inspection by 10 o'clock every morning, when he shall be prepared to do any other duty required of him during the day.

6. He shall obey all verbal orders.

THE BARBER.

1. He shall have charge of the day-room, utensils, and furniture appropriated to the use of the Attendants. He shall not allow any Patient (except one authorised by the Surgeon-Superintendent) to be in the Attendants' room, nor permit any person to have access to the press besides himself and the Wardsmen.

2. He shall shave the Patients belonging to the Front Division in the forenoon of every Monday, Wednesday, and Saturday; those in the Back Division on every Tuesday, Thursday, and Saturday.

3. He shall shave and cut the hair of all Patients on admission when instructed to do so.

4. He shall receive from the Under Keeper of the Front Division such razors and scissors as he may require every morning, and shall return them every evening.

5. He shall shave the Attendants and cut their hair when necessary.

6. He shall perform any other duty required of him in the after part of the day, and shall obey all lawful verbal orders.

THE COOK.

1. He shall have the coppers boiling, the tea and sugar put into them at twenty-five minutes past 7 in the morning, so as to allow twenty minutes for the infusion of the tea.

2. He shall divide the meat as directed by the Under Keeper in charge. He shall put it into the copper with cold water, let it boil as long as may be necessary for making the soup, and so that it shall be properly cooked by a quarter to 1 o'clock, and then issued hot.

3. He shall put the extras that are cooked into plates, and place these in trays for each Division separately, by a quarter to 1 o'clock.

4. The dinners for the Attendants shall be boiled four times and baked three times in the week.

5. The supper shall be prepared in the same manner as the breakfast.

6. The coppers used for soup and vegetables shall be scoured with sand in the afternoon of every Monday, Wednesday, and Friday; and those used for tea in the forenoon of every Tuesday, Thursday, and Saturday. Dishes, saucepans, and all utensils shall be cleaned daily.

7. The Cook-house shall be cleaned and ready for inspection at 10 o'clock A.M. every day.

8. He shall assist the Baker when necessary.

9. He shall obey all lawful verbal orders.

THE BAKER.

1. He shall inspect the flour and yeast when received, and report them to the Storekeeper when of an inferior quality.

2. He shall bake the bread every day, and bake dinners for the Attendants three times in the week.

3. He shall have the bread-trough scoured and placed on the green in front of the bakehouse every Monday. Baking utensils shall be cleaned daily.

4. He shall assist the Cook when necessary.

5. He shall obey all lawful verbal orders.

THE FRONT GATE-KEEPER.

1. He shall go on duty at 6 o'clock in the morning, and remain at his post until relieved by the Night Watchman at 6 in the evening.
 2. He shall give notice of the ringing of the bell as directed.
 3. He shall not admit any person in a state of intoxication, nor allow any disorderly person to loiter about the gate.
 4. He shall vigilantly prevent the unauthorised introduction of intoxicating drinks or any other prohibited article.
 5. He shall prevent the Patients from crossing the road in front of the gate, or passing beyond the stone-work of the arch.
 6. He shall not allow any of the Patients to go outside of the Building unaccompanied by a Wardsman or any of the Attendants without a pass signed by the Surgeon-Superintendent, or in his absence by the Head Keeper.
 7. He shall admit no visitors without proper authority.
 8. He shall weigh and keep an account of wood received from the Contractor in a book, to be delivered to the Clerk every evening.
 9. He shall obey all lawful verbal orders, and not leave his post until regularly relieved.
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THE CLERK AND STOREKEEPER.

1. He shall have the charge of the Provision Stores, and shall receive the Provisions, and issue them to the Cook and other Servants of the Institution in accordance with the prescribed scale.
 2. He shall also have charge of the Stores containing Clothing for the Patients ; and the cleaning, cooking, gardening, and other utensils required for the use of the Establishment.
 3. He shall, once in every week, issue to the Head-Keeper and Matron such Clothing as may be required, taking receipts for it ; and shall also issue to the Attendants such rations as they may be entitled to.
 4. He shall keep the Accounts, Returns, and Books connected with the expenditure of the Establishment ; take charge of all the Books and Correspondence, and copy and prepare the necessary Returns under the direction of the Surgeon-Superintendent. In these duties he will be assisted by the Surgery-man.
 5. He is responsible that no article of provision is received except of good quality : when inferior articles are sent he shall report them without delay to the Surgeon-Superintendent.
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FEMALE DIVISION.

THE MATRON.

1. She shall have charge of the Female Division, under the control of the Surgeon-Superintendent.
 2. She shall visit the Patients as much as possible, especially during meals and while they are at work, encouraging them by every means to industry and usefulness at needle or other work, according to their several capacities.
 3. She shall keep a Book showing the amount of work performed by each Patient.
 4. She shall exercise a strict surveillance over the Sub-Matrons and Attendants, taking care that their several duties are performed in a proper manner ; and shall report to the Surgeon-Superintendent without delay any irregularity that may come to her knowledge.
 5. She shall be especially careful that the Patients are not harshly treated ; but shall see that, while sufficient firmness of demeanour is displayed towards them, they are at the same time encouraged by gentleness, persuasion, and example.
 6. She shall see that, in the case of a violent Patient, sufficient strength is present to overpower her without the slightest ill-usage. In no case shall she order a Patient to be confined without reporting the circumstance to the Surgeon-Superintendent at the first opportunity.
 7. She shall visit the Patients frequently after they are in bed, and see that their comfort is properly attended to.
 8. She shall see that all orders given by the Surgeon-Superintendent are properly obeyed, and that all extras are duly administered as prescribed.
 9. She shall read the appointed prayers to the Patients every morning, except when a Minister attends.
 10. She shall have charge of all articles of Clothing, Materials for Work, and other articles, when issued from the Stores ; and shall superintend the cutting out and preparing of work for the Patients.
 11. She shall have charge of all books issued for the use of the Insane, and see, as far as possible, that they are not injured or destroyed.
 12. She shall keep a Book showing the private work performed by Female Patients, and forward it every month to the Office, in order that the accounts may be made out from it.
-

FIRST SUB-MATRON.

1. She shall have charge of the Female Establishment during the absence of the Matron, and shall assist the latter in her several duties, exercising an immediate supervision over the Wardswomen and Patients.

2. She shall receive daily from the Stores such medicines and extras as may be ordered for the Patients, and administer them as prescribed.

SECOND SUB-MATRON.

1. She shall have immediate charge of the Cells and Day-room. She shall obey all orders given by the Matron, or, in her absence, by the First Sub-Matron. In conjunction with the latter, she shall be responsible that the Wardswomen, assisted by Patients who are able to work, clean daily every portion of the Establishment; that the Patients are properly attended to in every respect; that the helpless and idiotic are assisted in their dressing and ablutions; that the whole are kept clean and neat; and that all who are able to do so assemble in the day-room for their meals.

THE WARDSWOMEN.

1. They shall render implicit obedience to the Matron and Sub-Matrons.

2. They shall keep their respective Wards clean, with the assistance of those Patients who are able to work, and in their general duties be guided by the rules laid down for the Wardsmen.

3. The Wardswoman on duty at the Gate shall not allow any Patient to pass out without authority, and shall be responsible for the safety and good conduct of those Patients allowed to be in the Paddock. She shall not admit a male Patient unless accompanied by an Attendant, and shall allow no communication between the male and female Patients.

4. Leave to visit the Township shall be granted only on Mondays, Wednesdays, and Fridays; and no Attendant shall leave the Building without a pass signed by the Surgeon-Superintendent, or, in his absence, by the Matron. Attendants on pass shall invariably return to the Establishment before 9 P.M.

D.

(*EXTRACT from the "Australian Medical Gazette," No. 20; Vol. II., No. 8: Sydney, May 15, 1883.*)

A NEW SOUTH WELSHMAN IN AMERICA.

To the Editor of the "Australian Medical Gazette."

MY DEAR DOCTOR,

Dr. Tucker, of New South Wales, has been visiting the Asylums in the Western States, and also those in this Dominion.

He is Superintendent of a "Licensed House" for the Insane, near Sydney, and has under his charge six (6) men, and one hundred and twenty-nine (129) women.

It has been his habit, so far, to visit Asylums, then have a press reporter interview him, and his views ventilated in the localities where the Asylums are situated. He has almost uniformly spoken disparagingly of the Asylums visited, and has done his utmost to bring them into local disrepute.

I thought it my duty to warn my professional brethren of his method, so that they may be on their guard against a person who has no standing as a specialist, and seems not to possess professional courtesies nor gentlemanly instincts.

Yours, &c.

(Signed) DANIEL CLARK, *Medical Superintendent of the Asylum for Insane, Toronto, Canada.*

[We publish the above letter at the request of several gentlemen to whom it was sent at the same time as one to ourselves. We may also state that Dr. Tucker is not a legally qualified practitioner, though the Proprietor and late Superintendent of the Cook's River Private Asylum,—his title of Doctor being derived, we believe, from a Degree of Philosophy.—ED. A.M.G.]

E.

RETURN of Persons of Unsound Mind, and Persons suffering from Delirium Tremens, who came under notice of the Police in Launceston, and were dealt with, during the years 1880, 1881, and 1882

1880.

Distinguishing Number.	Sex.		Date in Watch-house		Medical Practitioner who examined.	How dealt with.	Justices by whom dealt with.	Remarks.
	M.	F.	Of Receipt.	Of Discharge or Removal.				
1	1	...	...	14 January	Charles A. Stewart	Sent to Hospital for Insane,	Chas. Meredith & John Drysdale	Sent from Invalid Depôt.
2	...	1	7 April	12 April	Robert Wm. Murphy	Ditto [New Norfolk	Henry Douglas & Jas. Aikenhead	
3	...	1	...	30 June	James Arthur Hardy	Ditto	H. T. A. Murray & Alfred Harrap	Sent from General Hospital; received
4	...	1	...	8 July	Robert Wm. Murphy	Ditto	Ditto & Henry Edgell	From her home. [there from Waratah.
5	...	1	...	25 September	Ditto	Ditto	Ditto & Wm. Turner	Ditto.
6	...	1	...	27 September	Ditto	Ditto	Ditto, ditto	Ditto.
7	...	1	...	19 November	Ditto	Ditto	Ditto & Henry Edgell.	Ditto.
	1	6						
8	1	...	15 June	18 June	...	[covered Discharged apparently re-	H. T. A. Murray	
9	1	...	8 December	11 December	...	Ditto	Ditto	
	2	...						

1881.

1	...	1	1 March	2 March	Wm. Robert Stewart	Sent to Hospital for Insane,	H. T. A. Murray & F. W. Stieglitz	Patient came from Beaconsfield.
2	1	...	21 March	26 March	William Mason	Ditto [New Norfolk	H. T. A. Murray & James Scott	
3	...	1	21 June	22 June	James Arthur Hardy	Ditto	Ditto and B. P. Farrelly	
4	1	...	24 June	6 July	Ditto	Ditto	Ditto and George Gilmore	
5	1	...	11 September	13 September	William Robert Stewart	Ditto	Ditto and J. J. Hudson	Miner brought from East Coast.
6	1	...	19 September	20 September	William Mason	Ditto	Ditto and Wm. Aikenhead	
7	...	1	1 October	10 October	Charles A. Stewart	Ditto	Ditto and E. L. Ditcham	
8	1	...	...	16 November	Ditto	Ditto	Ditto and Henry Edgell	Sent from General Hospital, Launceston
9	1	...	...	7 December	Robert William Murphy	Ditto	Ditto and B. P. Farrelly	Sent from his home.
10	...	1	...	7 December	James Arthur Hardy	Ditto	Ditto, ditto	From Invalid Ward, House of Correction.
11	...	1	...	7 December	Robert William Murphy	Ditto	Ditto and Landon Fairthorne	Sent from her home.
12	1	...	...	19 December	Charles A. Stewart	Ditto	J. J. Hudson & F. W. Stieglitz	Sent from Invalid Depôt.
	7	5						
13	1	...	17 January	22 January	...	Discharged cured	H. T. A. Murray	Bad case delirium tremens.
14	1	...	14 April	19 April	...	Discharged to care of his brother [sister and wife	Ditto	
15	1	...	4 March	5 March	...	Discharged to care of his	Ditto	
16	1	...	30 July	1 August	...	Discharged	Ditto	
17	...	1	19 November	21 November	...	Discharged on entering into sureties of the peace	Ditto	Attempted suicide through excessive drinking.
18	...	1	12 December	13 December	...	Sureties ordered; sent to gaol in default	Ditto	Ditto
	4	2						

RETURN of Persons of Unsound Mind, and Persons suffering from Delirium Tremens, who came under notice of the Police in Launceston, and were dealt with, during the years 1880, 1881, and 1882—continued.

1882.

Distinguishing Number.	Sex.		Date in Watch-house.		Medical Practitioner who examined.	How dealt with.	Justices by whom dealt with.	Remarks.
	M.	F.	Of Receipt.	Of Discharge or Removal.				
1	1	...	...	20 February	Wm. G. Maddox	To Hospital for Insane, New Norfolk	H. T. A. Murray & Jas. Aikenhead	Examined at lodging.
2	1	...	18 April	21 April	James Arthur Hardy	Ditto	Ditto and Wm. Aikenhead	Sent from Invalid Depôt.
3	1	...	...	20 May	Lavington G. Thompson	Ditto	Ditto and H. Dowling	
4	1	...	28 June	30 June	Robert Wm. Murphy	Ditto	Ditto and Henry Edgell	Sent from her home. Sent from lodging; came here from George Town district.
5	...	1	...	10 August	Ditto	Ditto	Ditto and Robert Carter	
6	1	...	...	20 August	Ditto	Ditto	Ditto and J. J. Hudson	
7	1	...	6 September	8 September	James Arthur Hardy	Ditto	Ditto, ditto	
8	1	...	11 September	20 September	William Robert Stewart	Ditto	Ditto, ditto	
	7	1						
9	1	...	7 January	11 January	...	Discharged	H. T. A. Murray	Health improved; delusion disappeared; subsequently dealt with in April.
10	1	...	2 February	2 February	..	Sureties; ordered to gaol in default	Ditto	Case of D.T. and attempted suicide.
11	1	...	22 April	24 April	...	Discharged; health improved, delusions seemed gone	Ditto	Delusions returned; sent to Asylum in June.
12	...	1	28 April	29 April	...	Sureties of the peace; sent to gaol in default	Ditto	Attempted suicide; maddened by drink; a prostitute.
13	...	1	7 June	8 June	...	Ditto	Ditto	Ditto
14	1	...	2 September	4 September	...	Discharged to mother; appeared free from delusion existing at time of arrest	Ditto	Had soon after to be arrested and dealt with.
	4	2						

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Launceston, 12th May, 1883.

JAMES COULTER, Superintendent of Police.

F.

RETURN showing the number of Lunatics or persons suffering from Delirium Tremens received into the Gaol, Launceston, during the Years 1880, 1881, and 1882.

No.	Sex.	Date of Receipt.	By whom examined.	Date of Removal.	Where sent.	By whose Authority.	Remarks.
1	Male	6 Dec. '79	The Deputy-Sheriff, Drs. Charles & W. Stewart	9 Jan. '80	To New Norfolk Asylum	The Governor's Warrant: vide 22 Vict. No. 23, Sec. 19	This man was admitted on the 6th December, under a sentence of 6 months in default of sureties, for attempting to strangle his wife and assaulting his children. After admission he became morose, refused his food; subsequently became violent and assaulted the officers. Had to feed him with beef tea by force. He died at Hospital for Insane on 19th March, 1880.
2	ditto	13 Dec. '79	Two Justices of the Peace and a medical man	14 Jan. '80	ditto	Magistrate's Order	This man was received from Longford under a sentence of 1 month for vagrancy. After admission showed signs of insanity, but not being violent was retained in gaol until his sentence expired on 12th January, 1880. Was then admitted to the Invalid Depôt to save expense of a second medical man, and forwarded to New Norfolk on 14th January, 1880.
3	ditto	28 Dec. '80	The Deputy-Sheriff, Drs. Mason and Stewart	12 Jan. '81	ditto	The Governor's Warrant	Received from Police Office, Launceston, under sentence of 6 months for larceny. He was suffering from acute mania, the symptoms being of a most violent kind.
4	ditto	8 Feb. '81	The Deputy-Sheriff, Drs. Thompson & Higgins	30 Mar. '82	ditto	ditto	Received from Police Office, Launceston, under sentence of 3 months for vagrancy. On admission he showed signs of insanity, became filthy in his habits; at times violent though not dangerous to others.
5	ditto	28 Nov. '82	The Deputy-Sheriff, Drs. Thompson & Murphy	29 Dec. '82	ditto	ditto	Admitted from Police Office, Launceston, under sentence for destroying property. Showed signs of insanity on admission.

12th May, 1883.

A. JONES, Superintendent.

G.

LIST of Persons who have recently been admitted to the Gaol at Launceston suffering from Delirium Tremens.

<i>Distinguishing Number.</i>	<i>Date received.</i>	<i>Remarks.</i>
1	15 July, 1881	Charged with breaking windows—really suffering from <i>delirium tremens</i> . Sentenced to 7 days imprisonment.
2	10 Dec. 1881	Charged with vagrancy—really suffering from <i>delirium tremens</i> . Discharged.
3	8 Dec. 1882	Charged with being of unsound mind—really suffering from <i>delirium tremens</i> . Remanded for three days, then discharged.
4	8 Jan. 1883	Charged with vagrancy. Sentenced to 1 month's imprisonment. The sentence being so short I was unable to take the necessary steps for holding a Board of Enquiry. On his discharge I got the police to bring him before the Bench. He was subsequently removed to New Norfolk.
5	6 Feb. 1883	Charged with drunkenness—really suffering from <i>delirium tremens</i> . Sentenced to 24 hours imprisonment.
6	9 April, 1883	Charged with assault—really suffering from <i>delirium tremens</i> . Sentenced to 1 month's imprisonment. Stated to have been hounded at a public-house at Scottsdale.
7	28 April, 1883	Charged with disturbing the peace—really suffering from <i>delirium tremens</i> . Sentenced to 7 days imprisonment. Stated to have been hounded at a public-house at Beaconsfield.
8	From 14 Feb. 1882, to 14 Feb. 1883	This man has been remanded no less than nine times during the 12 months stated, invariably charged with breach of "The Master and Servant Act," but virtually to enable him to recover from the effects of drink.
9	—	This man was admitted to Invalid Depôt; stated he had been hounded at a low public-house in Launceston; became quite insane, and was removed to New Norfolk Asylum in January last by magisterial order.

12th May, 1883.

A. JONES, *Superintendent.*

H.

RETURN of Prisoners transferred from the Penal Establishment, Launceston, to the Hospital for Insane, New Norfolk, during the Years 1871-1879, inclusive.

<i>Distinguishing Number.</i>	<i>Sex.</i>	<i>By whose Authority.</i>	<i>Remarks.</i>
1	Male	The Governor's Warrant	Most of these cases were received from country districts under short sentences for trivial offences, who on admission showed signs of insanity or imbecility. During the period referred to in this Return other persons of this class were received, but their sentences being of short duration would not permit of the steps being taken for holding a Board of Enquiry as directed by 22 Vict. No. 23, Section 19; consequently they were discharged, and, in some cases, were arrested by the local police by arrangement, brought before the bench, medical and other evidence taken, and subsequently sent to New Norfolk. In some cases they have been admitted to the Invalid Depôt, and forwarded thence after due enquiry in each case.
2	ditto	ditto	
3	ditto	ditto	
4	ditto	ditto	
5	ditto	ditto	
6	ditto	ditto	
7	ditto	ditto	
8	ditto	ditto	
9	ditto	ditto	
10	ditto	ditto	
11	ditto	ditto	
12	ditto	ditto	
13	ditto	ditto	
14	ditto	ditto	
15	ditto	ditto	
16	ditto	ditto	
17	ditto	ditto	
18	ditto	ditto	
19	ditto	ditto	
20	ditto	ditto	
21	ditto	ditto	
22	Female	ditto	
23	ditto	ditto	
24	ditto	ditto	
25	ditto	ditto	
26	ditto	ditto	

12th May, 1883.

A. JONES, *Superintendent.*

I.

RETURN showing the Number of Lunatics or Persons suffering from Delirium Tremens received into the Gaol, Hobart, giving name, sex, date of receipt, by whom examined, where sent, by whose authority, and remarks, for the Years 1880, 1881, and 1882.

Distinguishing Number.	Sex.	Date of Receipt.	By whom examined.	Date of Removal.	Where sent.	By whose authority.	Remarks.
1	Male	25. 3. 80.	{ Dr. Turnley Dr. Giblin Mr. Rothwell	17. 4. 80.	Hospital for Insane, New Norfolk	The Governor	Became insane while undergoing sentence.
2	Ditto	16. 1. 80.	Ditto	21. 2. 81.	Ditto	Ditto	Ditto.
3	Ditto	25. 4. 81.	Ditto	9. 5. 81.	Ditto	Ditto	Ditto.
4	Ditto	7. 5. 82.	Dr. Turnley	8. 6. 82.	Ditto	Ditto	—
5	Ditto	8. 11. 82.	Ditto	2. 12. 82.	To Police	—	Received for observation from Police Office.

R. A. ATKINS, *Superintendent.*

Gaol Office, June 7th.

J.

RETURN of Persons of Unsound Mind, and Persons suffering from Delirium Tremens, who came under the notice of Police in Hobart, giving the names, sex, date of receipt in and of discharge or removal from Watch-house, Medical Practitioner who examined, how dealt with, Justices by whom dealt with, and remarks, during the Years 1880, 1881, and 1882.

I am not in a position to furnish any information upon the questions above set forth of an authentic character, no cases having been brought under the notice of the Police requiring investigation beyond the ordinary examination by a medical officer of persons suffering temporarily from excessive drinking.

F. PEDDER, *Superintendent of Police.*

June 7, 1883.

K.

TABLE showing the Ages of Patients in the Hospital for Insane, New Norfolk, on Admission, on Discharge, and at Death, during the Years 1880, 1881, and 1882.

1880.

AGES.	ADMISSIONS.			DISCHARGES.						DEATHS.			
				<i>Recovered.</i>			<i>Removed, Relieved, or otherwise.</i>						
	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	
From 5 to 10 years	..	..	..	..	..	..	..	..	..	..	..	..	..
From 10 to 15 years	1	..	1	..	..	..	..	..	..	..	1	..	1
From 15 to 20 years	1	3	4	1	1	2	..	..	..	..	..	..	..
From 20 to 30 years	4	4	8	1	4	5	..	..	..	2	..	..	2
From 30 to 40 years	3	3	6	3	1	4	..	..	..	1	3	..	4
From 40 to 50 years	3	3	6	..	2	2	..	..	..	3	2	..	5
From 50 to 60 years	1	1	2	1	1	2	..	..	..	1	..	..	1
From 60 to 70 years	6	1	7	1	..	1	..	..	..	4	..	..	4
From 70 to 80 years	..	1	1	..	..	..	..	..	..	1	1	..	2
From 80 to 90 years	1	..	1	..	..	..	..	..	..	..	..	..	..
From 90 and upwards	..	..	..	..	..	..	..	..	..	..	..	..	..
Unknown .....	..	..	..	..	..	..	..	..	..	..	..	..	..
TOTALS....	20	16	36	7	9	16	..	..	..	12	7	..	19

1881.

From 5 to 10 years	..	..	..	..	..	..	..	..	..	..	..	..
From 10 to 15 years	1	..	1	..	..	..	..	..	..	..	..	..
From 15 to 20 years	2	2	4	..	..	..	..	..	..	1	..	1
From 20 to 30 years	4	6	10	1	..	1	1	..	1	..	1	1
From 30 to 40 years	4	2	6	..	1	1	..	..	..	1	..	1
From 40 to 50 years	4	4	8	2	..	2	..	1	1	1	1	2
From 50 to 60 years	1	3	4	..	..	..	..	..	..	1	1	2
From 60 to 70 years	9	2	11	1	..	1	..	..	..	7	..	7
From 70 to 80 years	2	1	3	..	..	..	..	..	..	5	2	7
From 80 to 90 years	1	..	1	..	..	..	..	..	..	1	..	1
From 90 and upwards	..	..	..	..	..	..	..	..	..	..	..	..
Unknown .....	..	..	..	..	..	..	..	..	..	..	..	..
TOTALS.....	28	20	48	4	1	5	1	1	2	17	5	22

1882.

From 5 to 10 years	2	..	2	..	..	..	..	..	..	..	..	..
From 10 to 15 years	..	..	..	..	..	..	..	..	..	..	..	..
From 15 to 20 years	2	1	3	1	1	2	..	..	..	..	..	..
From 20 to 30 years	7	7	14	2	5	7	..	..	..	1	1	2
From 30 to 40 years	5	4	9	1	2	3	..	..	..	6	..	6
From 40 to 50 years	8	3	11	2	1	3	..	..	..	2	1	3
From 50 to 60 years	4	2	6	1	2	3	..	..	..	4	1	5
From 60 to 70 years	4	2	6	2	..	2	..	..	..	3	2	5
From 70 to 80 years	..	1	1	..	..	..	..	..	..	4	1	5
From 80 to 90 years	..	..	..	..	..	..	..	..	..	1	..	1
From 90 and upwards	..	..	..	..	..	..	..	..	..	..	..	..
Unknown .....	..	..	..	..	..	..	..	..	..	..	..	..
TOTALS.....	32	20	52	9	11	20	..	..	..	21	6	27

AVERAGE AGE OF PATIENTS.

Year.	On admission.	On discharge.	At death.
1880.....	40.0	34.2	42.1
1881.....	44.6	38.7	59.7
1882.....	38.3	36.1	53.2

W. H. MACFARLANE, M.B., Superintendent and Medical Officer.

L.

RETURN showing Per-centage of Cures at the New Norfolk Hospital for Insane in the Years 1880, 1881, and 1882.

YEARS.	GENERAL WARDS.		LADIES' AND GENTLEMEN'S COTTAGES.	
	Males.	Females.	Males.	Females.
1880.....	1.96	1.31	.32	1.64
1881.....	1.25	.31	.31	.31
1882.....	2.64	1.17	Nil.	2.05

M.

RETURN of Patients chargeable to Imperial Funds at the Hospital for the Insane, New Norfolk, on 31st December, 1882.

Distinguishing Number.	Date of Admission.	Age.	Remarks.	Distinguishing Number.	Date of Admission.	Age.	Remarks.
MALES.							
1.....	9. 12. 46.	62	Quiet, hardworking.	10.....	12. 7. 49.	54	Works.
2.....	9. 1. 49.	58	Suffering from paralysis.	11.....	10. 3. 49.	55	Works.
3.....	29. 6. 52.	55	Quiet, hardworking.	12.....	13. 8. 53.	52	Feeble health.
4.....	13. 5. 59.	55	Blind.	13.....	22. 8. 53.	62	Will not work.
5.....	27. 8. 69.	59	In very feeble health.	14.....	20. 12. 51.	59	Works fairly.
				15.....	19. 7. 57.	47	Works at times, but liable to excitement.
FEMALES.							
6.....	14. 5. 42.	64	Feeble in health.	16.....	24. 3. 58.	53	Epileptic.
7.....	26. 12. 44.	55	Hardworking.	17.....	13. 1. 59.	54	Infirm.
8.....	10. 10. 46.	54	Very feeble health.	18.....	16. 2. 57.	64	Feeble health.
9.....	17. 11. 48.	54	Works well.				

W. H. MACFARLANE, M.B., Superintendent and Medical Officer.

N.

RETURN of Patients paying Fees at the Hospital for Insane, New Norfolk, on 31st December, 1882.

MALES.

Distinguishing Number.	Age.	Date of Admission.	Rate.	Distinguishing Number.	Age.	Date of Admission.	Rate.
1	48	14. 1. 74.	1s. 6d. per diem.	11	60	27. 1. 82.	5s. per diem.
2	49	13. 5. 74.	5s. ditto.	12	29	25. 4. 80.	£30 per annum.
3	28	15. 7. 79.	2s. 6d. ditto.	13	33	3. 2. 76.	5s. per diem.
4	32	25. 11. 77.	1s. ditto.	14	40	20. 2. 68.	ditto.
5	17	30. 6. 81.	£4 per annum.	15	35	1. 5. 71.	£24 per annum.
6	53	12. 3. 56.	2s. 6d. per diem.	16	35	30. 11. 77.	5s. per diem.
7	23	1. 9. 81.	ditto.	17	30	2. 3. 77.	1s. per diem.
8	35	29. 9. 77.	£25 per annum.	18	26	8. 9. 82.	15s. per week.
9	28	23. 10. 72.	1s. per diem.	19	51	3. 5. 56.	5s. per diem.
10	9	28. 12. 82.	7s. per week.	20	—	—	2s. ditto.

FEMALES.

1	63	24. 9. 63.	2s. 6d. per diem.	17	54	16. 12. 64.	£12 per annum.
2	71	7. 12. 76.	5s. per week.	18	23	17. 11. 82.	5s. per week.
3	45	16. 5. 73.	2s. 6d. per diem.	19	56	13. 8. 81.	15s. ditto.
4	49	14. 2. 80.	10s. per week.	20	43	6. 12. 82.	5s. per diem.
5	41	9. 10. 67.	1s. per diem.	21	41	16. 10. 75.	10s. per week.
6	46	21. 6. 82.	10s. per week.	22	26	2. 1. 81.	1s. per diem.
7	49	14. 2. 81.	5s. ditto.	23	62	12. 12. 67.	3s. ditto.
8	38	25. 9. 0.	2s. 6d. per diem.	24	30	10. 10. 81.	10s. per week.
9	22	7. 10. 82.	£6 per annum.	25	41	25. 8. 74.	6d. per diem.
10	74	25. 12. 82.	10s. per week.	26	53	28. 2. 56.	2s. 6d. ditto.
11	26	27. 10. 82.	2s. 6d. per diem.	27	71	10. 11. 60.	£30 per annum.
12	28	18. 11. 62.	£10 per annum.	28	61	4. 1. 72.	2s. 6d. per diem.
13	23	27. 12. 81.	10s. 6d. per week.	29	41	17. 12. 77.	5s. ditto.
14	43	26. 9. 79.	2s. 6d. ditto.	30	53	27. 9. 82.	10s. per week.
15	61	19. 11. 80.	5s. ditto.	31	41	5. 1. 80.	£29 8s. 6d. per annum.
16	67	19. 7. 82.	5s. per diem.				

O.

RETURN of Male Pauper Patients at the Hospital for the Insane, New Norfolk, on 31st December, 1882, chargeable on Colonial Funds.

<i>Distinguishing Number.</i>	<i>Age.</i>	<i>Date of Admission.</i>	<i>Distinguishing Number.</i>	<i>Age.</i>	<i>Date of Admission.</i>	<i>Distinguishing Number.</i>	<i>Age.</i>	<i>Date of Admission.</i>
1	34	7. 10. 75.	42	81	6. 2. 60.	83	25	27. 5. 80.
2	26	20. 5. 82.	43	70	7. 1. 62.	84	24	30. 6. 82.
3	59	14. 6. 64.	44	65	21. 4. 62.	85	31	2. 7. 79.
4	48	24. 1. 79.	45	57	2. 3. 58.	86	43	30. 10. 80.
5	81	27. 2. 79.	46	41	18. 1. 57.	87	48	27. 3. 82.
6	74	16. 3. 64.	47	59	31. 7. 77.	88	43	4. 5. 82.
7	55	22. 5. 71.	48	36	5. 8. 79.	89	30	24. 11. 82.
8	54	11. 3. 79.	49	32	20. 9. 81.	90	77	16. 10. 68.
9	63	6. 7. 81.	50	37	30. 3. 82.	91	54	14. 10. 69.
10	12	7. 12. 81.	51	52	4. 12. 79.	92	24	20. 6. 72.
11	51	12. 1. 67.	52	42	4. 7. 76.	93	13	3. 6. 78.
12	30	8. 12. 67.	53	35	17. 7. 77.	94	28	7. 11. 82.
13	41	15. 12. 76.	54	47	9. 7. 78.	95	66	26. 3. 57.
14	22	19. 10. 82.	55	39	19. 1. 78.	96	24	12. 7. 76.
15	63	18. 6. 81.	56	30	22. 3. 78.	97	67	12. 5. 77.
16	49	4. 12. 63.	57	24	18. 4. 76.	98	20	10. 2. 74.
17	56	1. 5. 56.	58	67	16. 7. 56.	99	15	1. 2. 80.
18	47	2. 7. 70.	59	43	26. 10. 68.	100	52	21. 1. 65.
19	39	2. 3. 78.	60	19	29. 9. 73.	101	72	6. 1. 69.
20	42	14. 7. 61.	61	59	19. 7. 82.	102	40	22. 1. 65.
21	65	12. 1. 81.	62	45	30. 9. 59.	103	32	1. 5. 76.
22	41	10. 12. 81.	63	42	28. 7. 65.	104	25	21. 6. 75.
23	47	15. 12. 79.	64	62	16. 11. 81.	105	67	24. 10. 82.
24	37	29. 5. 66.	65	61	20. 10. 82.	106	43	28. 10. 82.
25	59	21. 7. 77.	66	50	29. 11. 82.	107	59	26. 6. 61.
26	21	22. 2. 78.	67	59	10. 9. 69.	108	59	23. 1. 66.
27	40	8. 12. 81.	68	72	19. 12. 81.	109	30	12. 7. 77.
28	61	14. 3. 42.	69	42	27. 7. 63.	110	50	17. 4. 80.
29	17	25. 7. 74.	70	76	20. 6. 77.	111	34	2. 2. 63.
30	75	3. 2. 77.	71	42	17. 4. 82.	112	8	10. 8. 82.
31	23	8. 6. 82.	72	53	7. 8. 55.	113	63	2. 12. 59.
32	52	20. 9. 82.	73	45	13. 9. 72.	114	48	17. 7. 56.
33	61	27. 11. 67.	74	50	21. 6. 70.	115	67	11. 9. 49.
34	34	3. 9. 68.	75	36	10. 4. 69.	116	61	25. 6. 68.
35	40	17. 5. 56.	76	25	8. 12. 82.	117	44	21. 1. 73.
36	51	21. 2. 52.	77	27	9. 5. 81.	118	21	30. 4. 74.
37	55	15. 9. 57.	78	50	2. 8. 82.	119	61	5. 2. 80.
38	68	22. 2. 65.	79	34	23. 1. 67.	120	35	26. 8. 80.
39	62	18. 3. 47.	80	17	21. 2. 78.	121	49	6. 9. 82.
40	52	10. 10. 59.	81	57	24. 9. 60.	122	18	10. 11. 82.
41	25	11. 12. 74.	82	53	21. 12. 57.			

P.

RETURN of Female Pauper Patients at the Hospital for Insane, New Norfolk, on 31st December, 1882, chargeable on Colonial Funds.

<i>Distinguishing Number.</i>	<i>Age.</i>	<i>Date of Admission.</i>	<i>Distinguishing Number.</i>	<i>Age.</i>	<i>Date of Admission.</i>	<i>Distinguishing Number.</i>	<i>Age.</i>	<i>Date of Admission.</i>
1	34	6. 12. 82.	36	50	13. 4. 80.	71	33	31. 8. 74.
2	61	2. 6. 81.	37	21	5. 7. 80.	72	31	18. 8. 79.
3	50	23. 4. 62.	38	65	10. 3. 82.	73	10	17. 9. 79.
4	49	27. 7. 66.	39	53	28. 7. 68.	74	57	12. 9. 60.
5	51	8. 9. 71.	40	51	27. 12. 81.	75	43	8. 11. 64.
6	21	15. 11. 75.	41	44	5. 6. 78.	76	44	28. 8. 62.
7	34	31. 5. 76.	42	50	15. 2. 70.	77	41	6. 6. 63.
8	52	9. 4. 78.	43	24	31. 3. 75.	78	49	20. 11. 71.
9	47	29. 10. 69.	44	49	7. 7. 68.	79	75	24. 1. 46.
10	43	3. 6. 69.	45	49	20. 7. 77.	80	59	27. 5. 56.
11	64	4. 11. 69.	46	66	14. 8. 76.	81	24	14. 8. 76.
12	66	31. 10. 60.	47	66	11. 10. 69.	82	52	16. 12. 76.
13	44	17. 8. 76.	48	64	16. 11. 69.	83	43	21. 4. 77.
14	19	11. 10. 81.	49	20	25. 9. 80.	84	18	23. 8. 80.
15	39	31. 7. 74.	50	74	7. 9. 62.	85	18	22. 6. 81.
16	53	21. 1. 65.	51	37	15. 11. 64.	86	24	15. 5. 65.
17	36	22. 6. 82.	52	51	16. 6. 71.	87	55	9. 9. 74.
18	39	21. 2. 67.	53	35	2. 11. 74.	88	28	2. 11. 74.
19	50	19. 11. 75.	54	42	19. 1. 75.	89	61	28. 10. 79.
20	48	6. 12. 82.	55	57	10. 9. 75.	90	18	18. 10. 76.
21	53	20. 2. 74.	56	53	20. 2. 78.	91	44	26. 8. 56.
22	66	5. 7. 54.	57	48	15. 5. 76.	92	29	2. 3. 61.
23	30	10. 11. 73.	58	48	19. 9. 79.	93	56	22. 7. 65.
24	47	15. 3. 61.	59	55	17. 2. 61.	94	62	16. 6. 71.
25	72	1. 3. 80.	60	50	8. 3. 64.	95	76	7. 12. 81.
26	26	27. 1. 81.	61	52	23. 4. 73.	96	37	1. 11. 71.
27	72	27. 3. 46.	62	59	5. 12. 50.	97	20	7. 8. 79.
28	37	26. 2. 64.	63	63	15. 12. 65.	98	57	30. 5. 56.
29	51	3. 10. 71.	64	59	19. 5. 82.	99	61	22. 9. 59.
30	40	27. 11. 67.	65	32	11. 8. 82.	00	27	3. 7. 72.
31	20	30. 6. 80.	66	73	20. 9. 57.	101	38	10. 2. 63.
32	19	7. 3. 70.	67	58	4. 3. 58.	102	32	20. 2. 75.
33	48	19. 10. 74.	68	37	29. 10. 70.	103	18	18. 10. 76.
34	45	7. 3. 78.	69	20	7. 1. 76.	104	27	24. 12. 79.
35	56	11. 10. 47.	70	26	4. 3. 79.			

Q.

RETURN showing the date of Admission and Discharge of Cured Patients in the General Wards and in the Ladies' and Gentlemen's Cottages respectively, at the New Norfolk Hospital for Insane, in the Years 1880, 1881, and 1882; also stage of Disease, whether recent or chronic, at date of admission.

Distinguishing Number.	Year.	Ladies and Gentlemen's Cottages.		General Wards.		Stage of Disease on Admission.
		Date of Admission.	Date of Discharge.	Date of Admission.	Date of Discharge.	
1	1880.	25. 10. 79.	12. 1. 80.	—	—	Acute.
2		5. 12. 79.	21. 4. 80.	—	—	Chronic.
3		22. 7. 80.	27. 8. 80.	—	—	Acute.
4		5. 2. 80.	24. 11. 80.	—	—	Ditto.
5		16. 9. 75.	2. 12. 80.	—	—	Chronic.
6		17. 3. 79.	18. 12. 80.	—	—	Acute.
7		—	—	6. 12. 79.	7. 2. 80.	Ditto.
8		—	—	5. 2. 79.	26. 2. 80.	Ditto.
9		—	—	15. 3. 79.	20. 3. 80.	Ditto.
10		—	—	14. 8. 79.	6. 4. 80.	Ditto.
11		—	—	3. 3. 80.	7. 7. 80.	Ditto.
12		—	—	5. 2. 80.	7. 7. 80.	Chronic.
13		—	—	3. 7. 72.	23. 2. 80.	Ditto.
14		—	—	1. 4. 76.	2. 3. 80.	Acute.
15		—	—	7. 1. 80.	10. 6. 80.	Ditto.
16		—	—	1. 3. 79.	7. 7. 80.	Ditto.
17	1881.	4. 4. 81.	18. 7. 81.	—	—	Ditto.
18		17. 12. 78.	30. 8. 81.	—	—	Chronic.
19		—	—	2. 1. 81.	6. 7. 81.	Ditto.
20		—	—	24. 8. 77.	11. 7. 81.	Acute.
21		—	—	12. 2. 81.	4. 11. 81.	Chronic.
22		—	—	17. 6. 81.	5. 11. 81.	Ditto.
23		—	—	28. 6. 81.	11. 11. 81.	Ditto.
24		11. 5. 80.	14. 2. 82.	—	—	Acute.
25		28. 10. 80.	8. 3. 82.	—	—	Chronic.
26		26. 8. 81.	25. 3. 82.	—	—	Ditto.
27	1882.	12. 4. 82.	14. 9. 82.	—	—	Acute.
28		10. 8. 82.	19. 9. 82.	—	—	Ditto.
29		24. 3. 82.	21. 10. 82.	—	—	Ditto.
30		12. 9. 82.	22. 12. 82.	—	—	Chronic.
31		—	—	25. 11. 81.	14. 2. 82.	Ditto.
32		—	—	9. 4. 81.	17. 2. 82.	Acute.
33		—	—	13. 2. 82.	5. 4. 82.	Chronic.
34		—	—	21. 2. 81.	2. 5. 82.	Acute.
35		—	—	13. 9. 81.	3. 5. 82.	Ditto.
36		—	—	20. 3. 82.	3. 5. 82.	Ditto.
37		—	—	21. 4. 82.	6. 7. 82.	Ditto.
38		—	—	19. 8. 82.	23. 12. 82.	Ditto.
39		—	—	28. 2. 82.	7. 10. 82.	Ditto.
40		—	—	5. 10. 81.	21. 5. 82.	Ditto.
41		—	—	21. 8. 81.	6. 6. 82.	Ditto.
42		—	—	31. 7. 82.	23. 10. 82.	Ditto.
43		—	—	18. 8. 82.	23. 12. 82.	Ditto.

W. H. MACFARLANE, *Superintendent and Medical Officer.*

R.

RETURN of Male Patients at the Hospital for Insane, New Norfolk, on the 31st December, 1882, who were lodged in Gentlemen's Cottage.

Number of Patients..... 15

RETURN of Female Patients at the Hospital for Insane, New Norfolk, on the 31st December, 1882, who were lodged in Ladies' Cottage.

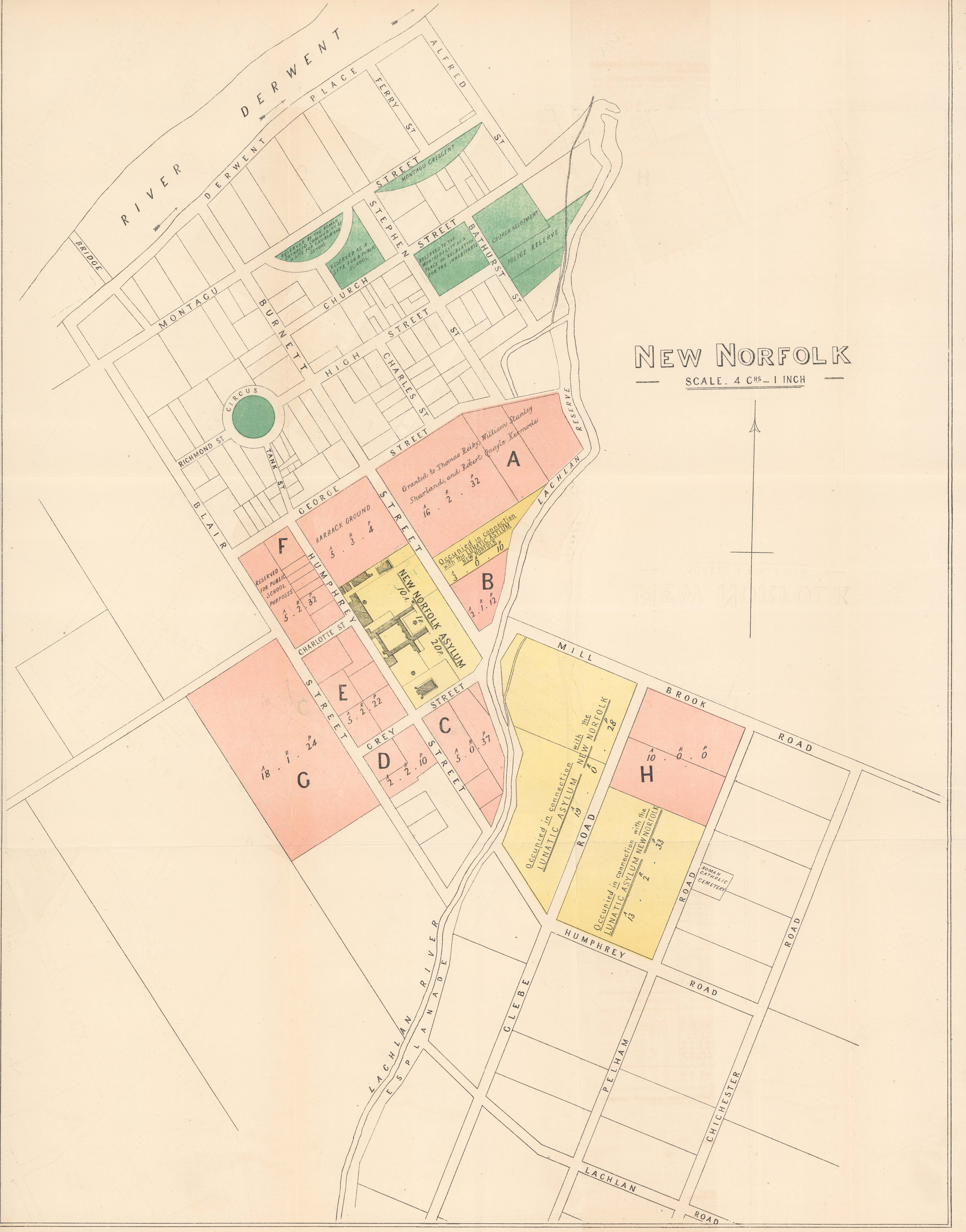
Number of Patients..... 11

RETURN of Idiots in Boys' Cottage, 1st March, 1883.

<i>Distinguishing Number.</i>	<i>Date of Admission.</i>	<i>Age in 1882.</i>	<i>Remarks.</i>
1	December 7, 1881	13	Epileptic.
2	December 11, 1874	26	Epileptic.
3	December 28, 1882	10	Epileptic.
4	June 20, 1872	25	Epileptic.
5	June 3, 1878	14	
6	February 10, 1874	21	
7	February 2, 1860	35	
8	August 18, 1882	9	Epileptic.
9	April 30, 1874	22	Epileptic.

W. H. MACFARLANE, *M.B.*, *Superintendent and Medical Officer.*

[NOTE.—The “distinguishing numbers” in several of the foregoing Returns have been substituted in printing for the names of persons, as furnished to the Commissioners in the original Returns.]



NEW NORFOLK

SCALE. 4 CHS. 1 INCH

