

Valuation Problems.

The struggle around valuation problems was the most general and prolonged. Even as late as 1917 the Commissioner was complaining that some landholders were not making returns or were not supplying information asked for by the department. When returns were received the Commissioner decided in most cases that the values stated therein could not be accepted without check. The value returned might be based either on the owner's estimate of the unimproved value of his estate, or on the value fixed by local or State authorities. Both were questioned; the owner's estimate was naturally suspected of being far too low, and the local government valuations might be rejected because "the landowning class is often directly represented on shire councils, and there is a tendency on the part of bodies so constituted to limit the values and the consequent tax for local government purposes." The State valuations were not acceptable without question, since the whole basis of valuation differed from State to State, and the definition of unimproved value was different from that of the Commonwealth in every instance.

Valuing a Continent.

The Federal Commissioner therefore had to set out to value a continent. In nine years nearly 600,000,000 acres were subjected to departmental check valuation, at a cost of about £100,000, which seems a small amount for such a big task, and prompts one to ask how thoroughly or accurately the work was done. In determining the unimproved value of an estate the guiding principle was that "land must be valued with a view to the best purpose for which it can be used. Where a landowner is using land for pastoral purposes which is suitable by its soil and situation for agricultural uses, it is its value for the latter purpose which must dominate the assessment."

This principle was quite in keeping with the legislature's desire to compel land to be used to the best advantage, but it ignores the fact that capital, labour, transport facilities, and markets are necessary as well as suitable land, and these may not be forthcoming, especially in a new country. But the rule was a powerful weapon in the hands of the department, and hence there were frequent disputes as to the best possible use of an estate. Was a grazing holding fit for dairy work and mixed farming? Could not a patch of land be used best for lucerne? Was land near a town to be regarded as a future residential area? Was a certain grazing farm in the tick-infested area? Did tick injure the value of dairy land? Could a sheep run be cut up into wheat fields? What was the maximum carrying capacity of a run—one sheep to the acre or four sheep to five acres? On these and similar points long lawsuits were fought, with learned judges groping through wildly conflicting estimates of carrying capacity and market value. Two of the most interesting, from the point of view of the elaborate evidence and the carefully reasoned judgment, occurred in South Australia—in the one case with Sir James Duncan as appellant, and in the other the Canowie Pastoral Company.

An Incessant Struggle.

Apart from the more spectacular disputes about fundamental principles, the struggle about valuation figures was incessant. For the lands inspected by the departmental valuers up to 1919 the unimproved value returned by the owners was £237,000,000; the valuers said it was £320,000,000. It was not uncommon, especially in the early days, for the departmental valuation to be 50 per cent. greater than that of the owner, and in the case on which the Canowie Pastoral Company appealed, Mr. Rymill's figure was £5,213, the department's £26,000. During the first five years of Federal land taxation about 6,400 appeals or objections were lodged, and although most of these were settled in conference with the departmental officers, some went to Court. While admitting that the landowners did often underestimate value, the control by the Commissioner of both valuation and tax assessment is dangerous and unfair, and the need for (1) an independent valuing staff; and (2) cheaper and quicker facilities for dealing with objections and appeals, is now generally admitted. As a royal commission put it in 1919, "the collection of taxes and the valuation of land are incongruous functions, and it is undesirable that they should be reposed in one individual."

MENTAL HYGIENE.

CARE OF THE FEEBLE-MINDED.

A PSYCHOLOGICAL CLINIC WANTED.

An interesting discussion on mental hygiene, and particularly on mentally defective children, took place at the annual meeting of the Public Health Association, held at the Lister Hall on Thursday evening, when the president (Dr. F. S. Hone) occupied the chair. The subject was "Classification of mental cases," and Dr. H. M. Downey (superintendent of the Parkside Mental Hospital) and Dr. Helen Mayo dealt with the classification of adults and children respectively.

Dr. Downey explained that he was not present to criticise, but to speak about ideals. Insanity was once regarded as a disgrace and a crime, and unfortunate mental defectives were placed in what was commonly known as a madhouse and flogged with the idea of driving out evil spirits. With the decline of superstition and the advance of medical science, insanity gradually became recognised as a disease curable, like other diseases, and differing only from them in the organ affected. One effect of this was the hospitalisation of mental asylums, where afflicted people might receive proper treatment as other sick persons did. In order to carry out the classification of adult cases there must be—(1) a properly constructed hospital, consisting of a collection of blocks, of up-to-date wards and airing courts; (2) a differentiation of the various types of insanity; and (3) an adequate nursing staff. As a general rule, the older the buildings were, the more impossible it was for the superintendent to adopt an ideal classification of the patients. The differentiation of types depended upon correct diagnosis, and a knowledge of the various modes of conduct usually associated with those types, but the mere grouping would be fruitless without a numerically strong nursing staff. Conduct formed the real basis of classification. One frequently heard the criticism that the classification adopted in public mental hospitals was wrong in that it inflicted hardship upon the patient who had come from a home surrounded by all the evidences of refinement and culture. That was only partly true, but conduct must be the guiding basis of classification. The main guiding principles in the construction of a mental hospital should be to make it a healthy residence, to provide for the complete and continuous supervision of its inmates, to facilitate treatment in all its branches, to allow of the separation of the patients into small groups, to exclude opportunities for self-injury and violence, to remove as far as possible sources of danger, to make it cheerful and comfortable, and to attain those objects with due regard to reasonable economy. A mental hospital should not domicile more than 1,000 patients. The majority of mental hospitals in Australia held not more than 300 each. He outlined a scheme under which proper classification and treatment might be carried out.

Dr. Helen Mayo said it was impossible for anyone dealing with mental deficiency in children not to realise what a dreadful malady it was. In regard to mental deficiency prevention was of the most importance; amelioration and classification secondary to prevention. Mental defectives might be classified according to type:—Cases of amentia (absence of mind); mongols, forming about 5 per cent. of the mental defectives, whose trouble was brought about during their pre-natal existence; cretins, who did not grow like the normal child, and epileptics. From the legal point of view, and according to the English Mental Deficiency Act of 1913, mental defectives were classified as follows:—Idiots, imbeciles, feeble-minded persons, and moral imbeciles. The causes of mental defect might be classed as hereditary, pre-natal, natal, and post-natal. One of the most important requirements in regard to the matter was the prevention of mentally deficient women—often the unmarried—from bearing children, who would be a continual trouble to the State. Hereditary causes were extraordinarily important and needed much thought and possibly legislation. It was quite probable that the mentality of children could be improved if better conditions of health for the mothers were afforded. After describing the various classes of mental defectives, Dr. Mayo asked, "Do we know how many mentally defective children there are in South Australia?" They did not, but they knew there were a great many, and they knew also that those children were not receiving proper treatment, except at Minda, which could not attempt to do all that should be done. What they wanted in Adelaide was a psychological clinic for the classification of mentally defective children, especially those who came before the Children's Court. Such a clinic would mean the recognition of bodily diseases and the beginning of mental disorders, the recognition of mental defectives, and the

arrangement of a modified curriculum to their capacities, the recognition of the superior child, and adequate provision for the development of his special abilities, the recognition of special vocational aptitudes, and advice concerning their utilisation, the guidance of play to inculcate the qualities of fairness and sociability, the study of children showing delinquent tendencies and other disorders, and the study of problems due to adolescent transitions, and advice concerning those difficulties and much more.

Dr. J. B. Dawson said it was estimated that about 10 per cent. of the sub-normal children of the State were at Minda, which meant that the other 90 per cent. were scattered and unprotected. Minda was an ideal institution for feeble-minded children, but it was not able to go far enough. He was a strong believer in the education of sub-normal children in boarding schools. The Government had made little provision for the education of such children: it was chiefly left to charity. Minda had almost reached the limit of its capacity, even though aided by a Government grant. If the State demanded that the children should be educated the Government should provide the necessary machinery.

Dr. Gertrude Halley (Medical Inspector of Schools) referred to her experience in the schools, and said many children were found to be of below-normal mentality. They were only wasting their time, and the time of the teachers, by being taught with the other children. They should be placed in classes by themselves. She was in favor of the establishment of a psychological clinic and somewhere to which the sub-normal children could be sent for proper treatment and education.

A general discussion followed, and the President remarked that there was a crying necessity for the enlargement of the institutions dealing with the problems of mental deficiency. The establishment of a farm for epileptics would probably relieve the Parkside Mental Hospital and Minda, and would carry them a stage farther in the matter of the classification of mental defectives.

MENTAL DEFECTIVES.

Combating the Problem.

HEALTH ASSOCIATION ADDRESSES.

"Mental Hygiene" was the subject of interesting addresses delivered at the annual meeting of the Public Health Association, at Lister Hall, Adelaide, on Thursday evening. The discussion was divided into two sections; the Superintendent of the Parkside Mental Hospital (Dr. H. M. Downey) introduced the first part in relation to the classification of adult mental cases, and Dr. Helen Mayo the second part, with regard to children. The President (Dr. F. S. Hone) was in the chair.

Adoption of Classification.

Dr. Downey said he was not there to criticise, but to speak about ideals. In an interesting discourse he said that it was once regarded as a disgrace or practically a crime to be insane, and the unfortunate defective was placed in a packed community of fellow-sufferers—the mad house. The defective was even chained up and flogged with the object of driving out the evil spirits. With the spread of enlightenment, the decline of superstition, the earnest observation of thoughtful physicians, and above all, the flood of light shed upon medical science by the students of psychology, physiology, and pathology, insanity gradually came to be recognised as a disease, with physical signs and clinical manifestations, curable like other diseases. One of the results of that change was the creation of the hospital-asylum, where the insane were treated as sick persons, and where, among other factors in treatment, classification was adopted.

Construction of a Hospital.

In order to carry out that classification, added Dr. Downey, there must be (1) a properly constructed hospital consisting of a collection of blocks of up-to-date wards and airing courts; (2) a differentiation of the various types of insanity; and (3) an adequate nursing staff. The differentiation of types depended upon correct diagnosis, and the knowledge of the various modes of conduct usually associated with those types; but the mere grouping would be fruitless without a numerically strong nursing staff. One frequently heard the criticism that the classification adopted in public mental hospitals was wrong, because it inflicted hardship upon the patient who had come from a home surrounded

by refinement and culture. That was only partly true. Conduct must be the basis of classification. The main guiding principles in the construction of a mental hospital should be: (1) to make it a healthy residence; (2) to provide for the complete and continuous supervision of its inmates; (3) to facilitate treatment in all its branches; (4) to allow of the separation of patients into small groups; (5) to exclude opportunities for self-injury and violence; (6) to remove, as far as possible, sources of danger; (7) to make it bright, cheerful, and comfortable; and (8) to attain those objects with reasonable economy. In conclusion the speaker said a mental hospital should not domicile more than 1,000 patients. The majority of those in Australia held not more than 300.

Types of Defectives.

Dr. Mayo said that education of the mental defectives, classification and so on were secondary to the principle of prevention, but, unfortunately that step could not always be taken. The causes of mental defectiveness, and what form they took, were hard to classify. She referred to the types of mental defectives, and said that from the one known as amentia a large number of criminals came. The mongols were easily recognised by their peculiarity of appearance. The defect in this connection was not due to hereditary causes; what the condition was they did not know. In some instances the children developed heart troubles, and died before reaching the school-going age. They did not become criminals, and, generally, were not difficult to deal with. The cretins were an extraordinarily interesting class. They did not grow, and their characteristics were extremely curious. The fourth type was the epileptic. From the legal point of view the English Mental Deficiency Act defined people, who were absolutely unfit to take care of themselves in any way, or save themselves from physical danger, as idiots. It classified them as follows—idiots, imbeciles, feeble-minded persons, and moral imbeciles. The causes of mental defectiveness were classed—hereditary, pre-natal, natal, and post-natal. In regard to pre-natal causes the speaker said it was quite probable that if they could increase the health of mothers during the time they were bearing their children it would be a distinct help towards lessening the number of defectives of that type. With the natal class children often suffered from damage to the head. In many cases hemorrhage developed. That led to defects in movement, and children frequently found great difficulty in walking and using their hands. Their faces looked stiff, but sometimes their weaknesses were not so bad as the appearances indicated. Dealing with the post-natal type, Dr. Mayo said that many children were born healthy, and with a parent normal mentality, but illness, during the first year of life, sometimes affected the brain. Those who became dull and backward through sickness could be cured by physical means. They did not know how many mentally defective children there were in South Australia. If that could be ascertained they would know exactly the problem with which they were faced. In conclusion, Dr. Mayo urged the establishment of a psychological clinic.

Work at Minda.

Dr. J. B. Dawson referred to the work at the Minda Home. He said they were hampered at that place, because there were so few homes in the State. The machinery there was ideal for the training of mentally defective children, but his thoughts turned to the establishment of a boarding school. He thought the State should control the homes.

Dr. G. Halley said that some children now taught in the schools were wasting their time, as well as that of the teachers. She favoured the establishment of a psychological clinic, and a place where the children referred to could be sent for training and education.

The election of officers will take place at the next meeting of the association.

LONDON UNIVERSITY.

SOON THE BIGGEST IN THE WORLD

LONDON, May 3.

Over twelve hundred men and women received degrees at the London University on presentation day at the Albert Hall.

The Vice-Chancellor said, in point of numbers, London would soon be the world's largest University. The report showed that the University in 1922 examined 20,820 candidates, of whom 9,878 were successful.

Advertiser 5-5-23