

CHRISTCHURCH MENTAL HOSPITAL.

6th March, 1906.—I visited this Hospital on the 2nd, 3rd, 4th, and 5th, and went a night-round this evening. The general statistics hereafter will refer to yesterday's date. There were on the register 521 patients (men, 268; women, 253); all of whom were seen and many of whom were conversed with at length. Though one received the usual petitions for liberty, which too obviously could not be granted, there was no rational complaint against the management or the treatment. Fourteen patients (men, 2; women, 12) were confined to bed. Their cases were particularly inquired into, and I was satisfied that they were receiving every care and attention. In this connection I ought to state that the absence of a proper infirmary ward in each division is conspicuous. Those so called at present have a southern aspect, are sunless, and tend to be damp, and are altogether unfitted for the sick. Two pavilions running northward from the main corridor could be simply constructed and conveniently worked; and, while themselves getting adequate light and air, would not appreciably obstruct other parts of the building. The general health of the patients is good; they were well and suitably clad. Five patients (or 0·96 per cent. of the total) are reported to be wet or dirty—on the male side 2, or 0·74 per cent., and on the female 3, or 1·18 per cent. These percentages are considerably below the average, and, because they imply, as a rule, vigilance on the part of the nursing staff, are highly creditable. I was also pleased to note the general activity of the patients in useful directions, only 28 men and 68 women being idle, while the rest were, according to their capacity, doing good work, mostly in the open air. This cannot fail to contribute to the cure of the curable and the contentment of those whose disabilities have removed them from their home surroundings. Three excited women were temporarily secluded, but no patient was under restraint. There has not been an entry in the Register of Restraint since June of last year.* Dr. Gow takes a personal interest in the amusements of the inmates, and the different events are looked forward to. First in favour at this season is cricket, and 123 men and 30 women patients were appreciative spectators at the last match played by the Hospital eleven. About an equal number of each sex (altogether about two hundred patients, more or less) attends divine service. The patients are reported as conducting themselves with becoming propriety. I would like in this connection to record my appreciation of the kindly interest Mr. Smaill, the missionary, takes in the patients at this Hospital. He gives up Friday afternoons and evenings to meeting them socially, and, from what I gathered, the welcome he receives must in a measure repay the sacrifice of time. I am inclined to believe that he is pre-eminently the man to initiate an After-care Association on the lines suggested in the last report, and I hope to learn that Dr. Gow has persuaded him thereto. The meals seen during the visits were abundant, of good quality, and were expeditiously served. On the male side, the bathing accommodation is not as yet conveniently placed, but plans are being prepared for a centrally placed bath-house. The bad ventilation of parts of this Hospital has often been commented upon, and on the 3rd I had the advantage of going into the matter on the spot with Dr. Gow and Mr. Campbell, the Chief Architect of the Public Works Department. As a result, a scheme of natural ventilation was arrived at which should overcome many difficulties at a comparatively small cost. It is not possible to overcome all, because the influence of sunlight is shut out of many rooms. Mr. Campbell will doubtless report comprehensively on the whole question, and I need, therefore, merely state that the scheme entails the sacrifice of some single rooms. *A propos* of this, I may here note that the bedrooms occupied by the staff are scattered more or less indiscriminately over the building, and that the majority of these may be given over to the patients if the staff were properly provided for elsewhere. In the first place, no more would be needed to sleep in the wards to assist the night staff, or in case of fire, than would be the case where a separate Nurses' Home is provided. An approximation to such a Home could be made by dividing part of the attics into cubicles for sleeping accommodation, and using the unoccupied "dressing-room" for a sitting-room, to which it can be picturesquely adapted. The whole cost would be very little. In this institution the attics are a decided menace in case of fire, and any scheme which reduces the number of patients therein and provides for them elsewhere should be considered from that standpoint alone. But I think the change will be greatly appreciated by the staff, who would find themselves grouped in the quietest part of the house. As this is the part where fire would most rapidly spread, it would be an advantage to have the staff grouped where they could immediately attend to the patients in the attic dormitories. Both in respect of the question of getting patients quickly out of single rooms, and to silence the entry of the night attendant on the usual rounds, the doors should be made to lock and open on the turning of a handle instead of the application of a key. The Matron's quarters are in the wards. I am confident that one does not get the freshest, and therefore the best, work from officials who have little leisure, and who cannot in their hours of rest be disassociated from their office. Though the Matron's rooms should be where she is within easy call, they should not be placed in the midst of a ward full of patients. Her present sitting-room would make a good-sized dormitory, while a smaller room better placed would be more comfortable in every way. The lighting, ventilation, and cooking arrangements of the kitchen have been improved, and it was being painted. A considerable amount of outside painting (gutters, &c.) has become necessary. I think it is a pity that anything more than a servery kitchen was built at the annexe. No more is necessary for the population likely to be accommodated there for a number of years. In properly constructed jacketed carriers, food can be taken expeditiously and be served without inconvenience at considerably greater distances. This effects a decided saving in initial cost, and a more decided economy in upkeep. I carefully inspected the drainage and general sanitary plumbing, and, as may have been expected in a comparatively old system which has undergone alterations as circumstances compelled, much of the work is hopelessly out of date. The tile drain, which used to get choked with willow-roots, has been replaced by cast-iron piping, and thus the chief extraneous source of mischief is removed. Minor inevitable repairs must go on, but before much is done the question should be considered as a whole. The plumber attendant, who has a working knowledge of the defects, should report individually on the traps, tanks,