Christchurch Mental Hospital.

31st July, 1906.—I visited this Mental Hospital on the evening of the 29th, and on the 30th, and to-day. The statistical returns hereafter will refer to to-day's date. There are 499 patients resident (255 men, 244 women), and 23 (20 men, 3 women) absent on probation. Among the latter is a working party of 12, who went to "The Camp" on the 27th instant. There are 13 patients (1 man, 12 women) confined to bed for medical reasons, all receiving proper care and attention. There are no bed-sores. Classified as possible wet and dirty patients, requiring special attention therefor, are 22 men and 55 women. The measure and quality of the supervision exercised can be gauged by the fact that only 1 per cent. of the total inmates (no men and 5 women) are entered in to-day's report as wet. Other cases requiring the exercise of special vigilance include 22 (9 men and 13 women) who are liable to choke and have to be spoon-fed; 34 epileptics (16 men, 18 women); and 21 patients (12 men, 9 women) who have suicidal tendencies more or less pronounced—one man is very actively suicidal, and is never out of direct observation. Since the last inspection there has been one serious accident; it involved fracture of the neck of the thigh-bone. The circumstances were reported at the time. During this winter there have been many bronchial and pulmonary cases, especially among the aged, and the mortality has been high. Since the date of my last report (23rd May) there have been 29 deaths (15 men, 14 women). During the same period 14 men and 13 women have been discharged, 19 men and 11 women have left on probation, and the admissions have numbered 46 (29 men, 17 women). I am pleased to note that it has not been necessary to resort to mechanical restraint; it is now a considerable time since an entry was made in the register of restraint, in fact, somewhat over a year. The staff is working harmoniously. One attendant has resigned, and two have been appointed, and the places have been filled of five nurses who left in the ordinary course. There has been no dismissal, but a nurse probationer deemed unsuitable was not placed on the staff. Some of the desiderata in the matter of works previously commented upon have been satisfied, notably the ventilation on the women's side, where the improvement is very remarkable. The sick-pavilions have not been built; but the bay at the end of the ground-floor corridor on the women's side has been screened off for a temporary infirmary. The room thus formed is brightly and suitably furnished, and is bathed in sunshine. On the men's side there is no such place immediately to hand, and I would advise that the first of the infirmary pavilions should be placed here. The dilapidated cottage is still at the gate, but as plans have been approved for a new gardener's cottage I trust that I have seen the old one for the last time. On accurately measuring the covered way, I find it hardly wide enough to convert into a central bath-room and at the same time leave a sufficiently wide passage. The passage left—namely, 6 ft.—would be enough for ordinary purposes, but would tend to lead to a congestion at the ends when the patients are passing to and from meals in the dining-hall. All the patients in this hospital are bathed each in a fresh supply of water, but on the male side, owing to insufficient baths and divided bath-rooms, the arrangement is found to be very inconvenient. With Dr. Gow and the Matron I went into the question of a Nurses' Home in the attics, as suggested in my last report. We found that staff rooms occupied by 17 could be safely and advantageously vacated by their present occupants, and that these rooms had cubic space sufficient for 34 patients. The dormitory in the attics is at present occupied by 32 patients, and the transfer would therefore be a gain of two beds, or, in other words, practically the cost of alterations. The scheme, however, involves the addition of a bedroom for the Matron adjoining her present dining-room. The Matron is convinced that the change would be much appreciated by the nurses. Owing to the difficulties of supervision I can sympathize with the disinclination to use the visitor's room in the front, and because the full passage is required the stone corridor cannot be permanently furnished or rendered attractive. The remarks made regarding the narrowing of the covered way equally apply here. An economical and attractive compromise could be effected by glass-roofing the space between the attendants' mess-room and the dormitory, using the three walls as they stand, and raising a 7 ft. concrete wall across the open end and glazing above this to the roof. A fair space enclosed thus could be treated effectively as a winter garden, and would be a pleasant place for the male patients to see their frends in. I attach some importance to this, because so much depends upon the first impression received by visitors in allaying unnecessary but natural anxieties regarding the treatment of their relatives, and in moulding the attitude of the public towards our mental hospitals. Therefore, though we know that the hospitals are a credit to the colony, it behoves us to have parts open to the public at least as beautiful and comfortable as those occupied by the patients. The main visiting is done at present in a concrete-floored corridor, which is also a common right-of-way, and which does not admit of better furnishing than the absolutely necessary chairs. This must convey a false impression. At the pavilion end, in a corner of the cricket-field, a large bowling-green is being carefully laid out, and a croquet-lawn is projected in the opposite corner. These will be welcome additions, and when they are in use it is proposed to have occasional tea-parties in the neutral territory where judiciously selected men from the bowling-green will meet the women croquet-players. These occasions will tend, no doubt, to soften the institutional feeling—inevitable, alas, when so many are brought together in a community of misfortune. The store-book had just been balanced for the month. I checked as correct some items called for at random. The statutory books were up to date, and are neatly and correctly kept. The institution was clean: Its defects are structural. Good meals were served during the visit; the patients looked well, and were suitably clad. I did not have time to visit the North House and auxiliary. The general impression of the visit was most pleasing.

16th February, 1907.—I visited this Mental Hospital on the 29th and 30th January, and completed the inspection on the 14th, 15th, and 16th February. The undernoted statistics refer to the 14th February. My last visit of inspection was on the 31st July, 1906, and therefore in this report the work of six months is revised. The intermediate visit was paid by the Deputy Inspector. The following table gives the changes in the population :—