

SESSION II.
1906.
NEW ZEALAND.

HOSPITALS AND CHARITABLE INSTITUTIONS OF THE COLONY

(REPORT ON THE), BY THE INSPECTOR OF HOSPITALS.

Presented to both Houses of the General Assembly by Command of His Excellency.

The INSPECTOR OF HOSPITALS AND CHARITABLE INSTITUTIONS to the Hon. the PREMIER.

SIR,—

HOSPITALS.

30th July, 1906.

The chief difficulty that has arisen in connection with the hospitals of the colony is the deliberate and determined attempt which has been made by the trustees of the Northern Wairoa Hospital to evade the law by abusing the ticket system. This I long ago failed to check, notably in the old Province of Westland. In the above district this has been pushed to the length of absurdity. Any person who pays £1 6s. is there entitled to the benefit of free medicines and attendance at his own house by the doctor for himself and his wife and children. If this benefit contributor, or any of his family, become an inmate of the Hospital, he receives all the benefits thereof for 15s. a week. This means that the Hospital is turned illegitimately into a benefit club for the neighbourhood—quite an intolerable state of things, demanding clear legislation on this and other points set forth in last year's Hospitals Bill. In other places this evil example is finding some imitators, and it must be checked.

I have drawn attention again and again to the multiplication of fully equipped hospitals in districts that require no more than a small cottage as the centre of activity for a trained nurse. The tendency is increasingly evident, and in spite of my remonstrances local ambition or jealousy has nearly always triumphed over respect for the taxpayer. Had we elected Boards to administer all hospitals within larger areas than at present exist, their knowledge of local conditions and requirements would enable them to treat the district as a whole, and would or should find expression in the survival of a complete central hospital with sufficient cottage hospitals in the subdistricts. To such a body would properly belong the control of "separate institutions" unable to maintain themselves on only voluntary contributions and the Government subsidy thereon. When a so-called "separate institution" has to be assisted out of rates the procedure is as follows: The District Board who collect the money and are responsible to the ratepayers have to hand it over to the Hospital Trustees, who are not responsible to the ratepayers, to distribute. Only separate institutions started and maintained by the benevolence of subscribers should be administered by trustees not responsible to the Board. But how many such institutions are there? Experience teaches that at first there is some enthusiasm and contributions come in, that later interest stales, and the fountain of charity tends to become dry when it is realised that it can be replenished from the apparently inexhaustible reservoir of the local taxpayer and the General Government. Last year there were only two of the twenty-five separate hospitals that were self-supporting—that at Oamaru, which has considerable endowments, and that at Mercury Bay. The latter is a subsidised benefit club, on the lines commented upon above with regard to Aratapu, but it happens to be in a very isolated district.

The comparatively small part played by voluntary contributions in the finances of these separate institutions is confirmed by the following percentages compiled from the returns of the twenty-five such hospitals in New Zealand:—

	Per Cent.
Government	51.0
Rates	33.1
Voluntary contributions	14.5
Bequests	1.4

Is not this also an eloquent argument for larger State control?