

Under the present circumstances a reduction in this expenditure cannot be looked for. Considering the larger number of patients treated in hospitals during the year the increase in expenditure on rations is only what might be expected, but if the hospitals of similar sizes are compared in Table III, it will be seen that there is a vast difference in expenditure under this heading—a difference that requires considerable explanation.

A similar comparison will show the difference under the expenditure on fuel and light. Many Superintendents are aware that there is a great waste in this, and find it very difficult to check, especially the waste in gas. Very few nurses know the cost per 1,000 ft. of the local gas-supply, nor do they know the cost of many articles which are in daily use, such as absorbent wool, gauze, antiseptics, &c., and in view of the fact that nurses when they become matrons are responsible for those articles, and in many instances have to order them, it would perhaps be as well to include a question on hospital economics in the final State examination.

It might be mentioned here that it has been considered advisable to somewhat alter the original form of this report, and classify the hospitals according to the number of patients accommodated during the year, instead of placing them as heretofore in alphabetical order; consequently it is hoped that readers will be the better able to compare the cost, &c., of those hospitals in which they are interested with institutions of similar size.

Some of the tables appended to the report have also been extended, and some new tables of interesting statistics have been added.

Table I shows particulars relating to the fifty-three hospitals in the Dominion. There are sixty-eight paid surgeons in the public-hospital service, and 593 nurses; of the latter, 188 are certificated. Therefore there is one trained nurse to every 2·1 untrained, or, in other words, 31 per cent. are trained nurses. The proportion, however, does not apply to all our larger hospitals, viz.:—

	Trained.	Untrained.	Proportion of Trained to Untrained.
Wellington ...	18	68	1 to 3·7—20 per cent. trained.
Auckland ...	33	46	1 to 1·4—46 „
Christchurch ...	9	34	1 to 3·7—20 „
Dunedin ...	13	50	1 to 3·8—20 „
Total ...	73	198	1 to 2·7

This proportion should not go below one trained to every three untrained. It is only reasonable to expect that with a large proportion of trained to untrained nurses the efficiency of the hospital should be increased, or at any rate maintained. But, as a matter of fact, in every hospital the proportion of trained to untrained nurses should largely depend upon the number of the latter. If there happens to be a large number of probationers in their first year of training there should naturally be a larger proportion of trained nurses to supervise their work, and, conversely, with a large proportion of probationers in their third year, so large a proportion of trained nurses would not be required. The proportion also depends upon the hospital buildings: with a number of small, scattered wards extra trained nurses are required, as wards, however small, cannot be left in charge of the untrained.

Hospital authorities in the United Kingdom (where it must be remembered the eight-hours system is not wholly in force) state that the proportion of trained to untrained nurses should be as follows:—

	Per Cent.
Superintendents, Matrons, sisters, and fully trained nurses ...	25
Third-year probationers ...	25
Second-year probationers ...	25
First-year probationers ...	25

Considering therefore the eight-hours system, it would appear that as a whole the proportion of trained to untrained nurses in the hospitals of the Dominion is not an excessive one.

It would be as well for hospital authorities in this country to keep this proportion in mind, so as to avoid as far as possible an undue proportion of probationers in their first year, during which period they hardly give a value equivalent to what they actually cost.

As regards the large proportion of trained nurses in the Auckland Hospital, it must be remembered that a very great number of typhoid cases were admitted during the year, and of all diseases typhoid requires the most careful nursing.

Statistics show that there is one nurse for every 3·9 beds in the Dominion, but, as the beds of some of our hospitals are never fully occupied, deductions drawn from these data would be misleading. A better idea can be gained by considering the proportion of nurses to the daily average of occupied beds, which for the Dominion amounts to one nurse for every 2·3 beds occupied.

In our four large hospitals the average is a little below this.

Hospital.	Daily Average of Occupied Beds.	Nursing Staff.	Average Number of Occupied Beds to each Member of Day or Night Staff.
Wellington ...	176	86	2
Auckland ...	194	79	2·4
Christchurch ...	111	43	2·5
Dunedin ...	120	63	1·9