

Compare this proportion with four London hospitals of similar size :—

Hospital.	Daily Average of Occupied Beds.	Nursing Staff.	Average Number of Occupied Beds to each Member of Day or Night Staff.
King's College Hospital ...	185	81	2·2
University College Hospital ...	166	75	2·2
Charing Cross Hospital ...	150	73	2·03
Royal Free Hospital ...	124	51	2·4

The proportion of nurses to patients in the United Kingdom naturally varies in different hospitals. It is generally conceded, however, that there should be one nurse for every three patients. The highest is in the London Hospital, where the proportion is one nurse to every 1·7 patients; at St. Bartholomew's there is one nurse to every 2·2 patients.

The total number of beds available in our hospitals is 2,347, of which 1,395 are for males and 873 for females (the remainder being isolation beds available for either sex or children's cots). This, roughly, is at the rate of one bed for every 394 of the mean population at the 31st March, 1908, or about 2½ beds per 1,000 of the population; but this proportion varies in the various provincial districts considerably as the following table will show :—

Provincial District.	Population in Round Numbers according to 1906 Census.	Number of Beds.	Number of Beds per 1000 of the Population.
Auckland ...	211,000	518	2·45, or, roughly, 2½
Taranaki ...	43,000	125	2·90, „ „ 3
Hawke's Bay ...	42,000	132	3·14, „ „ 3
Wellington ...	180,000	503	2·79, „ „ 2½
Marlborough ...	14,000	75	5·35, „ „ 5½
Nelson ...	43,000	203	4·72, „ „ 4½
Westland ...	15,000	97	6·46, „ „ 6½
Canterbury ...	159,000	268	1·68, „ „ 1¾
Otago ...	128,000	294	2·29, „ „ 2¼
Southland ...	53,000	132	2·49, „ „ 2½

There were 19,160 patients under treatment in the hospitals during the year, an increase of 1,639 over the previous year, or about 2 per cent. of the population. The daily average number of patients was 1,403. As usual, the proportion of male to female admissions was two to one.

There were 1,521 deaths, the average death-rate of the fifty-three hospitals being 7·9 per cent.

I had hoped by means of a card system to show the various diseases from which such patients suffered, and the number of operations performed, with the attendant mortality. Unfortunately, however, I am unable to give the details for the whole year. It will be a matter of surprise to those interested to hear that these details, so essential towards furnishing an estimate of the work done in our hospitals, have not been regarded as of importance by some Boards who have been asked to supply them. Indeed, some opposition has been shown towards giving the desired information. That much of this has emanated from hospital secretaries I have no doubt—it must increase their work and many are but poorly paid, but nevertheless a report such as this is incomplete without such a summary. When once the card system is established it will entail little work, and I take this opportunity of thanking the majority of secretaries, medical men, and Matrons, who have cheerfully given the information required.

The average days' stay in hospital was 33·57, as against 34·71 of the previous year. This should go to show that not so many chronic cases were retained in hospital. A glance at this column of Table I will show where the chronic cases predominate.

In my last year's report I commented strongly on the fact that so many chronic cases were being treated in our hospitals, and deplored the absence of institutions for the reception and treatment of chronic and incurable cases which occupy our hospital beds to the exclusion of the acutely ill.

The worst offenders in this respect are our larger hospitals and those of the West Coast; but now that an excellent chronic-ward has been provided at the Costley Home, Auckland, and the Ashburton and North Canterbury Charitable Aid Board are about to build incurable-wards in connection with their institutions at Linwood and Ashburton, it is to be hoped that Auckland and Christchurch respectively will be able to free their hospitals of chronics and incurables. Through the generosity of the Wellington people that hospital has an excellent ward for such unfortunates.

It is to be hoped that the Caversham Benevolent Trustees will continue to relieve the Dunedin Hospital in the same direction: the former institution has four suitable wards, capable of accommodating sixty patients. Oamaru and Invercargill have excellent wards attached to their Old Men's Homes. Consequently, with the exception of the West Coast, there is no real need for an additional chronic-ward in the South Island.

In the North Island, beside the Costley Home, Auckland, and the Victoria Ward, Wellington, Napier is about to be provided with a chronic-ward, which is urgently needed. Though there is much to be said in favour of treating chronic and incurable cases in a special ward in the hospital grounds, I am personally against such a scheme, and much prefer such wards being established in connection with Old Men's Homes, where there are many inmates, slightly paralysed, who badly need the ministrations of a female nurse, rather than the rough but well-meant assistance of their co-inmates. No charitable institution should be without a trained female nurse.

Moreover, if the chronic cases be treated in wards connected with a charitable institution it would prevent a great deal of hospital abuse. Many people have no scruples in allowing their relatives to remain in the hospital from year's end to year's end without paying the hospital fees,