

At the recent Hospital Conference I referred to the lavish manner in which charitable aid is dispensed by some Boards or local bodies. There is no need to reiterate that here, but during the coming year I hope to be able to devote a considerable portion of my time to further inquiries into this branch of my work, and I may yet be able to convince the people of the Dominion that an indiscriminate doling-out of charitable aid must in the long run have a bad effect on the country at large.

It is the duty of those responsible to call attention to this, and to try and convince the controlling authorities that no recipient of charitable aid should be better placed as regards the necessities and comforts of life than the struggling working-man, who manages with difficulty to maintain himself and those dependent upon him, though he has to contribute directly or indirectly to the support of his less self-reliant neighbour.

Authorities on the subject agree that the only way to prevent abuse in the administration of outdoor relief is to throw the whole cost on the local rates, and with that end in view the Government subsidy for outdoor relief should be withdrawn.

If this were done, it might be advisable for the State to take over the children now receiving aid from the Boards. It is only right and fair to give children the best start in life possible; they are recipients of charity through no fault of their own, and why should they start life handicapped by contact with pauperism that is known to be infectious. The sooner they are withdrawn from a bad environment the better citizens are they likely to become.

The children's portion of the expenditure on charitable aid for the past year was £18,394, and the cost of outdoor relief was £38,998, so that if the State took over the care of the children from the Charitable Aid Boards the stoppage of the Government subsidy of £19,499 on the £38,998 spent in outdoor relief would mean a loss of subsidy to the Charitable Aid Boards of only 5 or 6 per cent.; but in return for this the responsibility of the children would be taken over by a Department whose special function is the rearing and educating of children amidst the best environments, and the strongest lever would have been used in the direction of persuading Charitable Aid Boards to exercise a close supervision over the distribution of outdoor relief, by making them spend their own money instead of that of other people—a state of affairs that has the most surprising influence upon the aspect in which most people view charitable aid.

I would point out that this loss of revenue to the Charitable Aid Boards by the loss of subsidy on outdoor relief of 5 or 6 per cent. should, by an economical administration on the part of the Boards themselves, be more than recovered—in fact, it may safely be said that the Boards themselves, as well as the Dominion as a whole, would be the gainers by the scheme.

I am endeavouring to establish a uniform system of accounts for our hospitals and charitable institutions, as suggested by Sir Henry Burdett; because in compiling returns furnished by the different secretaries it is found that a great deal of the information is of a contradictory nature. Many secretaries are most painstaking in furnishing their returns; others, again, after considerable delay, give their information in such a careless and perfunctory manner that their figures could scarcely be designated “roughly approximate.” Such carelessness not only delays the compilation of the annual report and entails considerable work in this office, but also to a great extent nullifies the value of the compilation towards which other secretaries have devoted their earnest attention. Owing to the lack of uniformity in the returns supplied, I have been obliged for the present to defer the publication of a bulletin dealing with charitable relief.

However, I hope to see become law the recommendation so strongly supported by the recent Conference, providing for one Board of Control alone in each district; and then probably, with the better standing and increased responsibility on the part of the secretaries, combined with detailed explanations on the part of the Department regarding the information to be supplied, I may yet have the pleasure of seeing correct and creditable returns furnished from each district.

My opinions on the present system of administering our hospitals and charitable aid, and as to the direction in which reform is needed, are given fully in my speech to the delegates from the recent Conference of Hospital and Charitable Aid Boards and separate institutions, which is published in Parliamentary Paper H.—22A, 1908, page 15.

St. Helens Hospitals, &c.

Attached is a report by Miss Maclean, Assistant Inspector of the St. Helens Hospitals under the Midwives, Nurses Regulations, and Private Hospitals Acts.

There were 662 patients admitted to the four St. Helens Hospitals during the year, and 667 infants born therein. There were four maternal deaths and four deaths of infants during the year. This is a satisfactory record, especially when it is remembered that cases have sometimes been sent to the St. Helens Hospitals when complications have set in and special treatment has been considered necessary.

In addition to these indoor cases, 160 outdoor cases were attended by nurses from the St. Helens Hospitals. Of the 160 infants born, six died. There were no maternal deaths.

It will be noticed that of the infants born in the St. Helens Hospital, Wellington, during the year no less than 97½ per cent. were nursed by their mothers. This should go to show that the cry so often raised as to the inability of the modern mother to nurse her child is—at any rate as far as New Zealand is concerned—greatly exaggerated.

The total cost of maintenance of the four St. Helens Hospitals was £3,667, of which £2850 was recouped in the shape of patients' payments and probationers' fees. The total cost to the Dominion of the four St. Helens institutions, exclusive of capital expenditure and expenses of Departmental administration, was therefore £817, or £1 a head for each child born. Initial expenses are always heavier than recurring expenses, and now that the patients are more numerous and the four Hospitals are in full swing it is hoped that they will become practically self-supporting. It must also be remembered that the St. Helens Hospitals act as training-schools for midwives, about thirty-five of whom complete their training annually.