

but have a bad effect on the Dominion at large. But I find I am getting on to debatable matter, so I will ask you to allow me to leave this Conference for a time in the hands of the Inspector-General, who has doubtless much to say on this and other matters.

On the motion of Mr. J. P. LUKE (Wellington), seconded by Mr. COOPER (Christchurch), a hearty vote of thanks to the Hon. the Minister for his attendance at the Conference and for his address was carried by acclamation.

DR. VALINTINE, Inspector-General, then took the chair, and delivered the following address:—

I join with the Minister for Hospitals in welcoming you to this Conference, but I must frankly admit I do so with somewhat mingled feelings, knowing that in some quarters there is a strong antagonism to the Bill which we have assembled to discuss. However, I extend a cordial welcome to those gentlemen who have come out into the open for a fair fight, and I am sure that the majority have come here with open minds determined to obtain not necessarily this Bill, nor any other Bill, but the best Bill for the people of the Dominion. Many of you have for a number of years taken a great interest and made a special study of the local administration of our hospitals, and the still more complex problem of charitable relief, and your presence therefore at this Conference will not only be of great value to the Department, but also to the Dominion at large; and, though I know that many delegates do not approve of some, if any, of the principles of the Bill, yet I feel sure that they will allow there is need for reform in the present law governing our hospital and charitable-aid system. To their criticisms and suggestions every respect will be given, and to such gentlemen I extend the heartiest of welcomes.

But before proceeding to discuss the principles of the Bill, allow me to tell you a little of its history. When in January of last year I was intrusted with the control of the Department I found that a Hospitals Bill had been introduced the previous session which practically embodied the opinions of my predecessor, the late Dr. MacGregor. That is the Bill before you. It was proposed to reintroduce the Bill last session, but, being newly appointed, I asked the Minister to defer bringing it down until I had had an opportunity of making myself better acquainted with the various problems of my office, some of which were quite new to me. For the last eighteen months, therefore, I have been inquiring into the local working of the Acts governing our institutions and outdoor relief, and during that time I have visited almost every institution in the Dominion, and have had, moreover, opportunities of discussing the local administration thereof with many of those present, and am consequently in a better position to face the big fence than I was a year ago.

That, therefore, is the history of the Bill before you. Generally speaking, with its principles I agree, but it is in no sense of the word a Bill which the Minister wishes to thrust on you; on the contrary, the Bill has been circulated and this Conference called with the expressed view of bringing together all those who are interested in the working of our hospitals and charitable-aid system. It is to be hoped, therefore, that as an outcome of this Conference an amended Bill may be brought down that will be in the best interests of the people of these Islands, and that you will do your best to assist in bringing about such a desirable end.

Before discussing the Bill it might be as well to consider what we are aiming at, and, if you will permit me, I will outline what—to borrow from Rudyard Kipling—might be termed a hospital district “of a dream.” You will then know what ideals we are striving for, and therefore be in a better position to criticize those ideals, and to assist as far as you conscientiously can towards their ultimate realisation. What we want is a hospital and charitable-aid system that will make itself felt in all parts of these Islands—not only, as is the case at present, in the districts immediately surrounding the towns, but also in the far remote country districts—the backblocks—and I believe that to a certain extent this end can gradually be attained, provided the bed-plates of each district are carefully laid.

Many of you will agree with me that each district ought to be self-contained, and provide accommodation for the (1) acutely sick, (2) the chronic and incurable, (3) the consumptive, (4) the aged and infirm; and, further, that such a district should have the means of providing for the indigent poor by means of (5) a carefully watched system of outdoor relief, which might be extended as the occasions—industrial and otherwise—demand. In each district, therefore, there should be, —(1) the base hospital, (2) subsidiary or cottage hospitals, (3) infectious-diseases wards, (4) the consumptive annexe, (5) the old people’s home, (6) chronic and incurable wards, (7) a system of poor-law relief co-operating with private charity (Elberfeld system), (8) a system of district nursing.

Now, that may seem a somewhat formidable list of institutions for one district, but for the sake of clearness I will deal with each of those essentials in turn:—

(1.) The base hospital should be large enough for the requirements of the district, and should be staffed and equipped as thoroughly as modern science can devise. It should be reserved solely for the acutely sick, and should be the only hospital in the district recognised as a training-school for probationers.

(2.) Subsidiary or cottage hospitals, as the case may be, should necessarily vary in size and equipment, according to the district surrounding them. In many instances they would have to be well staffed and equipped, but not to the same extent as the base hospital. In others they should merely be a cottage with a nurse in charge, where first aid could be administered until the patient could be moved with safety to the base hospital. No attempt at training probationers should be made in these hospitals, which should be staffed by registered nurses.

(3.) An infectious-disease or isolation ward is a necessary adjunct to every hospital, so that cases of infectious disease can be isolated promptly. The size of the ward should naturally be in proportion to the hospital to which it is attached.