

There is a great variation in the amount of certain standard articles of food. For example, though 12 oz. of butter is an ample average weekly allowance for each inmate, in one hospital the average weekly consumption per inmate was  $1\frac{1}{2}$  lb.

In many hospitals there is no scale of dietary, so the orders are not issued on any definite basis. The diet-scales, again, when in use, vary considerably. For example, in some hospitals the allowance of meat for patients on "ordinary diet" is  $\frac{3}{4}$  lb., and in others 6 oz. There is a similar disproportion in other articles of diet.

A uniform dietary scale is needed for the hospitals of the Dominion. If this were the case, comparisons as to the amount spent on rations would be of more value, and a general saving might be brought about.

In some hospitals patients are placed upon special diet—*e.g.*, fowls, eggs, cream, &c.; but the diet-sheets are not initialled by the medical officers once or twice a week, as they should be, consequently a patient may be on "special" diet the whole time he is in hospital. Generally speaking, "special" is twice the cost of "ordinary" diet. A patient does not appreciate chicken if it is brought up to him every day for a month, as is sometimes the case. Nor does the patient on "ordinary" diet in the next bed see why he should not have a similar luxury occasionally, which he often attributes to favouritism on the part of the sister. This is a common source of hospital complaints.

As compared with hospital patients in other countries, our patients fare very well indeed, especially as to the amount of food provided. If there is any defect, it is due to the want of variety; but, curiously enough, this is rarely complained of.

Many complaints arise from misunderstandings on the part of patients. They do not realise that the dietary must vary according to the complaint, nor do they recognise that to compare the dietary with that of a first-class hotel is scarcely reasonable.

It may be taken almost as axiomatic that the better the fare the patient is accustomed to the less likely is he to make complaints as to the food served in hospital.

By all means let us feed our patients well; but let us see that they get what we pay for, and that there is no waste.

*Drugs and dressings*, £15,973—an increase of £542. This is an item in which considerable saving may be looked for. In the purchase of drugs and dressings little economy is exercised, and less is displayed in their use. It is true that a few Boards buy at reasonable rates when they have the advantage of skilled advice; but such is not often the case. Some hospitals buy their thermometers at 5s. 6d. each, others at 12s. the dozen. The price paid for wood-wool varies from  $11\frac{1}{2}$ d. to 4s. 6d. per pound; absorbent wool from 9 $\frac{3}{4}$ d. to 2s. 6d. per pound; gauze from  $1\frac{1}{2}$ d. to 5d. per yard, &c.; nor is it always a question of the quality or quantity supplied.

It is quite right and proper that the Boards should buy locally if the charges be reasonable, but there is a limit.

The members of Boards are not to blame in the matter, as it is very rare to find a member who has any knowledge of the current price of drugs or dressings. It is hoped by means of circulars to supply Boards with this knowledge.

It is said that there is not much competition in some places for the supply of drugs to the hospitals, and that at times an unchallenged tender will be put in by a local chemist, which the Boards have perforce to accept. I know not whether there is any truth in this, but it is a matter that the Boards ought to bear well in mind, especially if they notice that a different firm puts in an unchallenged tender the following year. At first sight some hospital tenders appear quite reasonable, until the prices paid for goods not quoted in the schedule are considered.

It is also rumoured that some local chemists have put it abroad that they will not deal with those wholesale houses who compete for the hospital tender. I do not know if such be the case; but it would be a great pity if it were necessary to recommend that a central bureau be established for the importation of drugs, dressings, instruments, and other medical and surgical necessities.

Much saving would be brought about by careful use not only in the dispensary, but in the wards. In the large hospitals it would be as well for the honorary staff to draw up a hospital pharmacopoeia. Waste of drugs and dressings could well be saved in the wards by returns showing the quantities used in a given period.

The Medical Officer and Matron should be made aware of the prices paid by the Board. I know of one instance where prices were carefully kept from the knowledge of these responsible officers.

*Salaries*: Total, £71,924; increase, £8,753. This seems somewhat large. It is true that there are three new hospitals, and that the actual beds of the Dominion have increased by 155; but on referring to Table I, where the hospitals are classified according to the average number of patients under treatment, it will be seen that the difference in the size of the staffs employed is very noticeable, especially with regard to the domestic staff. Naturally some of this disproportion can be accounted for by the character and class of the buildings. In a hospital where the buildings are spread out, or where there are a number of small wards, a larger staff is needed than in a compact modern hospital, where facilities for an economical administration have been carefully thought out. Of the former, Blenheim and Timaru furnish good examples, and of the latter we may take the more modern hospitals at Wanganui and Hamilton.

But, besides this, the exigencies of the eight-hours system for nurses must be borne in mind, and also the fact that, owing to the difficulty of getting staff nurses for our public institutions, it has been necessary to raise their salaries. In connection with this might be mentioned the disproportion between the salary of a staff nurse and the Matron of a large hospital. The average salary of a staff nurse is £65, whereas the average salary paid Matrons at our hospitals is only £115. Considering that the Matron is the keystone of the hospital, the disparity is very apparent. If we wish to retain