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of this nature should have to show them under their maintenance expenditure in competition with other hospitals of a similar size free from such burdens. With the exception of Wellington Hospital, however, the items are not large enough to call for comment.

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The item "Sundries" represents such payments as refunds of contractors' deposits, payments for patients in other hospitals (the cost of which appears in the latter's maintenance, and is therefore duplicated) and suchlike, which can legitimately be deducted from the total to show the net expenditure on hospitals during the year. To show the actual cost to the taxpayer (represented by the Government and contributing local authorities) the following deductions must be made from the total expenditure:—

•				£	£
Expenditure		 	 		236,813
Patients' payments		 	 	31,087	·
37 1		 	 	17,110	
Rents, &c		 	 	6,482	
Receipts from other sources.		 	 19,139		
Less contractors' deposit	s, &c.	 	 4,666		
1	•			14,473	
					69,152
Burden on tax- and rate	-payer	 • •	 		£166,661

In connection with these accounts, I take the opportunity to thank those secretaries who have so kindly assisted the Department. I am aware that many of the secretaries have a great deal on their hands, and that they are weefully underpaid, consequently the persistent inquiries of the Department as to this or that item of expenditure must have been annoying in the extreme. But, once started, these forms will not be difficult to fill in, and for comparative purposes they should prove of great value.

A few secretaries resented the suggestions of the Department. Some of the objectors were men who had been appointed to their positions rather for philanthropic reasons than for their business acumen. The intrusion of the Department into what they had hitherto regarded as a sinecure was naturally an occasion for loud public lamentation.

In the tables attached hereto the maternity hospitals and the Otaki Sanatorium are shown for the first time, in order that they may be subject to the same comparisons as the general hospitals. The figures relative to these institutions, however, have not been included in the above comparisons with the previous year's totals. The order in which the general hospitals have been arranged has been governed by the average number of patients per diem. This order does not, however, necessarily show the hospitals' relative importance, as some of those on the West Coast which are little more than old men's homes have a high daily average of inmates, but, as far as patients are concerned, would be much lower on the list.

Management.—Some of our hospitals are well, and others indifferently or badly managed; but, generally speaking, mismanagement is not due to want of effort on the part of the controlling authorities. On the contrary, it is well-intentioned but misdirected effort that is responsible for so much.

Nevertheless, mismanaged as some undoubtedly are, it would be a bad day for the hospitals of the Dominion if anything were done that would be likely to minimise the extraordinary interest vouchsafed to them by the general public.

Hospital authorities might bear in mind the following points :-

- (1.) When you have good officers, leave them alone: if you trust them, they will confide in you.
- (2.) An ill-paid secretary is the worst form of hospital economy.
- (3.) Only consider complaints submitted in writing: deal with them promptly. Never consider a patient's complaint unless it is made within one month of his leaving the hospital.
- (4.) See that the by-laws clearly define the duties of the executive officers: you can thus sheet responsibility home. See that the by-laws are rigidly enforced.
- (5.) Well-kept books, particularly case and operation books, have nipped in the bud many a promising hospital scandal.
- (6.) Trust the Matron to watch the back door and the Doctor the front. More goes out by the back door than you think, and less comes in by that door than you reckon, or pay for.
 - (7.) Justice is a blind goddess, so is a Matron without scales.
 - To the trustees of (very) small separate institutions:—
- (8.) Do not ask the cook what she thinks of the Matron: 'twere better far to ask the Matron what she thinks of the cook.

Speaking generally, the professional work in our hospitals is of a high order, and the medical and nursing staff have thoroughly at heart the general interests of their institutions.

If this were better recognised, and the above rules observed, we should not hear so many complaints which from time to time disturb the harmony of our hospitals, and engender suspicions as to their management in the minds of a sensitive public.

The District Nurse.—One of the disadvantages of our present hospital system is that its benefits are unequally distributed throughout the various hospital districts. This, of course, is unavoidable.

A hospital system is wanted that can make itself felt throughout the length and breadth of the Dominion, and by means of a system of district nursing this object can in some measure be attained. It is proposed that these nurses be appointed by the Hospital Boards, backed up by the moral and pecuniary support of the settlers. The Boards and the public are in favour of the scheme, but the former are inclined to hesitate on account of the expense. We must therefore move carefully, and only ask Boards to appoint district nurses in the more remote country districts. But if the scheme is well supported by the settlers, there should be no part of a hospital district without its district nurse.