

Full instructions having been given as to the compilation of the returns, a reduction in "Other expenses" has been brought about. There is no doubt that much of the £6,258 shown last year under this item should have come under some of the other headings.

Included in "Indoor relief" is £747, representing either refund of deposits or money paid to other Boards for persons receiving relief; and, as the cost of such relief appears also in the returns of such Boards, this amount can be deducted from the total, making the net amount expended on charitable aid for the Dominion £112,071.

It is hardly necessary to state that these figures refer only to the receipts and expenditure of Charitable Aid Boards and "separate" institutions administered under the Act, and do not represent expenditure by private charities, or by organizations such as the Salvation Army, which receive Government grants.

Tables VII and VIII give information regarding the various institutions under the control of Charitable Aid Boards or "separate" institutions, on the same lines as set forth in Tables I and III regarding hospitals. As the returns of the last two years were not quite complete, and as the institutions vary so in nature, it would be only misleading to give totals; but as compared with last year the tables show that in the nineteen Old People's Homes there is an increase in the daily average of the inmates receiving relief of about seventy-five; the average number of old people in the Homes being between 1,200 and 1,300. The average cost per diem was 1s. 8d. There is some argument, therefore, for moving chronic cases from the wards of the public hospitals to chronic wards at the Homes.

For the £13,172 "Capital expenditure" may be shown substantial additions to the Hawke's Bay Home (£2,448); the chronic wards in course of erection at Christchurch and Ashburton (£4,574); and £3,107 expended by the Nelson Board towards the erection of a new "Home."

From the widespread accounts of unemployment, a larger increase than £3,540 in expenditure on outdoor relief (£37,538) was anticipated. I had hoped to devote more time to the study of this, one of the most important of our social problems; but the multifarious duties of office have only allowed me to make spasmodic inquiries. Early in the year, however, I directed Miss Bagley to make inquiries as to the distribution of outdoor relief during her visits of inspection under the Midwives Act. While nothing very glaring as regards the abuse of charity was discovered, her reports are interesting, and show how little the recipients of relief are kept under supervision. This is especially noticeable in some districts, where a chance visit may bring to light those instances of abuse which at times electrify the ratepayers.

Of the many reforms needed in our charitable-aid system, two of the chief are,—

(a.) Co-operation between public and private charitable organizations;

(b.) The appointment of trained nurses as Matron-Superintendents of our Old People's Homes.

(a.) The remarks—especially those of Sister Edith—at the recent Conference of charitable organizations at Christchurch clearly show the need of some co-operation between public and private organization to prevent the overlapping that now takes place in the distribution of relief. Last June a circular was issued to District Health Officers, asking them to ascertain the number and all available particulars of the various private charity organizations in their respective districts. With the data that should be shortly to hand it might be possible to show in next year's report what is spent in private as well as in public charity. In the meantime the Department will do all that can be done to bring about that co-operation between charitable organizations so righteously urged at the Christchurch Conference.

(b.) During the past year I have advised more than one Board to appoint a trained nurse as Matron-Superintendent of an Old People's Home. Many of the inmates, from their very age, require those little attentions that an unskilled person can hardly give; and when, as is often the case, they become acutely ill, a trained nurse is all the more indispensable. To those charitable institutions where a chronic ward has been attached the appointment of a trained nurse should need no argument. Some Boards make the mistake of appointing trained nurses as subordinates to the untrained Master and Matron; this, I need hardly add, is bound to cause trouble.

To the uninitiated this may seem a somewhat extraordinary proposal: "A woman to control these old men!" But, nevertheless, if those critics could but visit the West Coast hospitals, which for the most part are only Old Men's Homes, they would be surprised to see how easily the aged inmates are managed by a good, tactful woman. There are no resident medical officers at these hospitals. The Matron is in charge, and one seldom, if ever, hears complaints as to the management, which is by no means the case where the institutions are controlled by a Master, and his wife as Matron. The reason for this, however, is not far to seek. A nurse has been trained in the management of the sick, which is of undoubted assistance to her in the management of the comparatively healthy; whereas the married couple usually to be found in charge of these institutions have had little or no training in the work intrusted to them. Moreover, the attitude that the untrained Master adopts to the inmates is rather that of the policeman, which very often goads the inmates to defiance. But if by any chance a good Master is obtained, does it follow that his wife will make a good Matron, or *vice versa*? Let me quote an apt extract from the recently issued minority report of the Royal Commission on the English Poor-laws:—

"To begin with, the mixture in a single institution of both men and women . . . has for obvious reasons involved placing the management in the hands of husband and wife. This leads constantly to an inferior or even an unfit Master being appointed or retained because of the qualities of the Matron, his wife, or an inferior or even unfit Matron being put up with because of the excellence of her husband, the Master."

To how many of our charitable institutions does this not apply! However, a good deal has been done during the last two years. Trained nurses have been appointed to the chronic wards of some of our larger Homes, and lately a woman with considerable experience in asylum nursing has been appointed in sole charge of a charitable institution, with apparently every satisfaction to the inmates and to the Boards. This, at any rate, is a move in the right direction.

I cannot conclude this report without thanking the officers, one and all, for their loyal assistance.

T. H. A. VALINTINE,  
Inspector-General of Hospitals for the Dominion.