

*Dunedin.*

The Home here was visited in December. Everything was in very good order; the babies are kept outside a great deal, and are well cared for. The improvement in the dormitories and the better ventilation seen on my last visit still exists.

There are usually ten or twelve girls in this Home. There were seven at the time of my visit, and eleven babies.

*Auckland.*

This Home was visited in July. It was proposed by the Army authorities to purchase a more suitable house next door, and to add largely to the accommodation. This place was inspected by Miss Bicknell, and found very suitable for the work, and it will be much more so when additional rooms are built for the special maternity-work which is at present carried on under difficulties.

## “THE PRIVATE HOSPITALS ACT, 1908.”

During the year since the 1st April, 1908, a systematic inspection of private hospitals has been carried out. In the larger private hospitals, which are conducted by qualified nurses and midwives, this inspection has been an easy matter. The licensees are, as a rule, ready to fall in with any suggestions for improvement made by the Department. The greatest difficulty has been with regard to providing proper fire-escapes, the iron ladder, or even rope or canvas chute, which is usually provided in private houses, being sometimes considered suitable. By degrees, however, all the licensed private hospitals have been fitted up with something now adequate for the escape of sick and perhaps disabled people, and in all new licenses this provision has been insisted upon.

The keeping of the register required under the regulations has also been a difficulty. Some doctors have refused to sign the record of their operations upon principle (these, however, have been very much in the minority). Others have been dilatory in doing so, and the Matrons of the hospitals have found it difficult to keep their records quite up to date; but it has generally been found that in the best hospitals and those where most surgical work is done the registers also have been best kept. In some hospitals each surgeon has his own books; these are kept locked up, and produced only for the Government Inspector to see. It is now proposed by the Inspector-General to issue small registers from the Department, a sufficient number for each hospital, and one has specially been compiled for the midwifery-work.

At the beginning of the year there were 191 licensed private hospitals and maternity homes. At the end of the year there were 205. The increase in number was not great, but many changed hands, some were given up, and some were new licenses. Of these private hospitals, fifty-eight only are for general medical and surgical cases, and, except for two or three places in the country established by medical men, are owned and conducted by well-qualified nurses. The remainder, with the exception of eleven which have been established by fully trained and qualified midwives in different parts of the Dominion, are small places accommodating at most three or four maternity cases, and owned by the midwives registered when the Midwives Act first passed. This seems to show that there is a large field before the trained midwives, or, rather, as they really are, the midwifery nurses, trained and now being trained in the State maternity hospitals of the Dominion.

The large cities are well supplied with accommodation in private hospitals for medical and surgical cases, and in Dunedin, Auckland, and Wellington, besides some of the smaller towns, as New Plymouth, Masterton, Hamilton, Invercargill, and Palmerston North, there are private hospitals for maternity cases owned by fully trained and qualified midwives. In some few places, especially in country districts where there would not be enough of one class of case to pay expenses, licenses have been issued for both maternity and general patients, but as a rule this is not advisable, and is only approved when special rooms can be set apart for the different kinds of work.

The private sanatorium at Rock and Pillar is now, though still owned by an untrained woman, partly under the control of the Dunedin Hospital Board, and a trained nurse from the Dunedin Hospital is in charge. Dr. Rosa Collier, at Middlemarch, has also been made Medical Superintendent, and visits regularly. This rather mixed arrangement is only a temporary expedient until a proper sanatorium is built for Otago and Southland.

Dr. Stevenson has sold his private sanatorium at Flagstaff, and it now belongs to Dr. Hastings, and is under the charge of a nurse with some training in consumptive nursing, though not registered. It was found impossible to get a trained nurse for this out-of-the-way place, so the best arrangement possible was made.

The chief additions to private hospitals during the year were in Wellington—Misses Neale, a maternity hospital. At Feilding a hospital for medical, surgical, and midwifery cases, was established by Misses Webber and Sexton. At Palmerston North the Misses Linton, who formerly had a private hospital at Napier, have established one for surgical cases mainly. At Napier the Misses Babington and Wood have started a hospital for medical, surgical, and midwifery cases. In Dunedin Mrs. Brew, a pupil trained at St. Helens, has started a maternity hospital. In Timaru Misses King and White, also St. Helens trained, are opening a hospital for maternity cases. Miss Lever, trained in general work, is conducting one for medical and surgical patients.

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