

will show the results. The need for uniformity in action was again clearly demonstrated, and some of the difficulties of the Department better appreciated. In fact, conferences such as this bring the Department into better touch with the Boards—a fact which, in the end, must tend to the common weal, and this may be said of the Hospitals Conference of 1911.

Administration.

A considerable amount of time was devoted during the year to interviewing Hospital Boards, particularly with regard to their taking over the responsibilities of a local authority within the meaning of the Public Health Act, especially with regard to the control of infectious diseases. The time, however, was not wasted, for any objections which members have had to these new responsibilities being thrust upon them would be answered forthwith, and by this means a great deal of time and friction were saved. Without exception, the Boards recognized the principle that the Board which is responsible for the treatment of disease should also be responsible for its prevention, and it will be interesting to note the development of the Boards' work in the preventive field, in which indeed there is ample scope for their energies, especially as regards the control of tubercular diseases.

There are, however, many who consider that the Boards have already too much to do without embarking on new responsibilities. The Boards have undoubtedly a great deal to do, but they can deal with their chief responsibilities—hospital-administration, charitable aid, and public health—by a judicious apportionment of the work to the committees that they are entitled to set up, with possibly the assistance of persons (not members of the Board) with whom they are empowered to co-operate.

During the past year my enforced absence from headquarters, attending the various Board meetings and inspecting institutions, rendered it necessary for me to suggest changes concerning the reorganization of the Department. Consequently Dr. Frengley was appointed Medical Secretary, and Dr. Chesson appointed temporarily to relieve the former, to some extent, of his district work. To Dr. Finch's duties were also added those of inspecting hospitals in the South Island.

The new system is working well. By this means all correspondence coming to the Department is dealt with at once, or held up until I can be communicated with—a very much better system than forwarding files to those parts of the Island which I happen to be visiting.

Owing to the outbreak of plague in Auckland it was necessary to appoint Dr. Monk—late Medical Officer for Leicester—Assistant District Health Officer.

In conclusion, I wish to thank the medical officers of my Department for the loyal assistance they have given me; and to Miss Maclean, Assistant Inspector, and to Mr. Killick, Chief Clerk, I am also extremely indebted.

Summary.

General hospitals—	1910-11.	1909-10.
Number of beds...	2,859	2,689
Number of patients treated	23,574	21,108
Average number of patients per diem	1,839	1,709
Average mortality per cent. of patients treated	7.2	7.7
Average days' stay (including hospitals used also as old men's homes)	28	35
Average cost of maintenance and administration for each patient per diem	5s. 7½d.	5s. 9½d.
Number of nurses per occupied bed	2.3	2.6
Number of trained nurses	233	210
Number of probationers	503	452
Number of nurses on the register	1,020	882
Number of nurses registered during year, trained in Dominion	111	89
Number of nurses registered during year on oversea certificates	27	23
Number of trained midwives on register	346	283
Number of untrained midwives on register	678	745
Number of midwives registered during year, trained in Dominion	45	52
Number of midwives registered during year on oversea certificates	5	22
St. Helens Hospitals—		
Number of patients treated	871	883
Deaths	2	4
Number of babies born alive	827	829
Number of babies stillborn	16	13
Number of babies died	7	4
Number of out-patients treated	363	353
Deaths	2	1
Number of babies born alive	334	339
Number of babies stillborn	15	13
Number of babies died	6	4
Old people's homes under control of Hospital and Charitable Aid Boards—		
Number of beds	1,588	1,619
Average number of inmates daily	1,186	1,169
Number of inmates during year	2,243	1,813
Average daily cost of maintenance and administration	1s. 7½d.	1s. 7½d.

Of the maintenance expenditure of general hospitals over one-fifth is recovered from patients' payments.

Though there has been an increase in the total hospital expenditure, there has been a decrease in the cost of maintenance per occupied bed.

There has been a decrease in outdoor charitable relief given.

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