1911.

NEW ZEALAND.

PUBLIC HEALTH

AND

HOSPITALS AND CHARITABLE AID:

REPORT THEREON BY THE INSPECTOR-GENERAL OF HOSPITALS AND CHARITABLE INSTITUTIONS AND CHIEF HEALTH OFFICER.

Presented in pursuance of Section 76 of the Hospitals and Charitable Institutions Act, 1909.

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REPORT.

The Inspector-General of Hospitals and Chief Health Officer to the Hon. the Minister of Public Health.

I have the honour to lay before you the following report on public health, hospitals, and charitable aid for the year ending the 31st March, 1911.

According to the Act, the report on the hospitals and charitable institutions should have been presented in July, but owing to the difficulty in getting some Hospital Secretaries to furnish their returns—in fact, many returns did not come to hand until September—it was practically impossible to present it. You may consider it desirable to amend the Act, making it incumbent on Hospital Secretaries to furnish their returns by a specified date.

Public Health.

Hitherto the Public Health reports have been issued at the end of each financial year, but it was considered better that this report should be in conformity with the statistics issued by the Registrar-General which are attached as an appendix hereto, and therefore the Public Health portion of this report is for the year ended 31st December, 1910.

Birth-rate.

From these returns it will be seen that the birth-rate of the Dominion was 26·17, as against 27·29 last year, the actual number of births (25,984) being less than in 1909, when 26,524 were registered.

Victoria, where the birth-rate is 24·55, and South Australia, with a birth-rate of 25·08, excepted, New Zealand has the lowest birth-rate in Australasia.

Death-rate.

The death-rate was 9·71—slightly higher than the previous year, when it was 9·22.

The average age at death of persons of either sex was—males, 44·47; females, 42·25; in both instances being the highest since 1906.

The infantile-mortality rate per 1,000 births was 67·7, against 61·6 the previous year, the increase in this rate being due to the higher mortality rates in infantile diarrhœa and premature births.

Notification of Infectious Disease.

There was an appreciable increase in the number of cases of infectious diseases notified, viz.:—

	1909.	1910.	Increase.	Decrease.
Scarlet fever	1,266	1,922	656	...
Diphtheria	578	838	260	...
Enteric fever	635	630	...	5
Plague	0	3	3	...

Deaths from the Principal Zymotic Diseases.

Typhoid Fever.—There were 62 deaths, against 55 in the previous year, the average for five years being 61.

Diphtheria.—The number of deaths from this cause for 1910 was 75, as against 64 in 1909, the average for the past five years being 53.

Measles.—There was an outbreak of this disease in 1907, causing 101 deaths; last year only 1 death was recorded.

Scarlet Fever.—There were 13 recorded deaths, the average annual mortality from this disease for the past five years being 28.

Whooping-cough.—There were 148 deaths in 1910, 41 deaths in 1909, 42 in 1908, 307 in 1907, and 26 in 1906.

Plague.

As regards the general public health, the most serious matter during the year was the occurrence of three cases of plague in Auckland (since the period covered by this report, however, five other cases developed, one case proving fatal).

I would particularly draw attention to what Dr. Makgill mentions in his interesting report on this subject—especially with regard to the need for persistent effort on the part of the Auckland local authorities if they wish to keep their city free of plague. Spasmodic effort is of little or no avail in fighting this, one of the most insidious of all diseases, nor is spasmodic effort likely to keep the rat from the haunts of man.

Tubercular Diseases.

The death-rate from tubercular diseases (7·36 per 10,000) is the lowest hitherto recorded in the Dominion, last year the death-rate from these diseases being 8·23, the actual number of deaths being 731, against 800 in 1909. Of these 731 deaths, 550 were from phthisis, against 588 the previous year, the death-rate from this disease being 5·54 per 10,000, which is also the lowest death-rate from this disease recorded in the Dominion.

There is every reason to hope that the steady decrease in the death-rate from these diseases will at least be maintained.

At the recent Hospitals Conference, representatives of Hospital Boards unanimously agreed to carry on the campaign against these diseases, as outlined in this report last year. A full account of the discussion on this important subject is attached as an appendix to this report; and

in connection with the latter I would especially like to thank Drs. Blackmore, Hardwick-Smith, and Falconer, Medical Superintendents of our three principal sanatoria, for their assistance and loyal co-operation.

Inspection of School-children.

It is hoped that during the coming year a scheme for the medical inspection of school-children will be put into operation. Delegates to the Hospital Conference unanimously agreed as to the necessity for some scheme for detecting defects or disease in their early stages, and were quite sympathetic as regards the details of the scheme submitted them—which details appear in the report of the Hospitals Conference, attached as an appendix to this report.

Vaccination.

The arrival on the 30th December of the s.s. "Knight of the Garter" at Lyttelton with a case of small-pox on board occasioned some anxiety to the Department, and that will ever be the case while our population is practically unprotected against small-pox. In last year's report I mentioned that of some 20,000 infants born every year in the Dominion only 5 per cent. are vaccinated.

I do not advise a repeal of the present law; but if it be decided that the law is not to be more vigorously administered than heretofore it would be better to repeal it, and, in the event of an outbreak of small-pox, provide, by Order in Council, that all persons within a certain area be vaccinated unless they can show satisfactory evidence of recent vaccination.

Reorganization.

By the amendment in the Hospitals Act whereby Hospital Boards are responsible for the control of infectious diseases it has been possible to organize on a better system. Almost without exception Hospital Boards have appointed the necessary officers to give effect to the change in the law, and uniformity in action is now possible.

These officers, though appointed by the Boards, are gazetted Sanitary Inspectors under the Public Health Act: they keep in touch with the Department on all matters relating to the public health, including the administration of the Sale of Food and Drugs Act, an Act which, for the want of sufficient local officers, has not hitherto been administered with sufficient vigour. Details as to the work of these Sanitary Inspectors are set forth in the schedule.

It is especially interesting to notice that some of the Boards acknowledge the value of these officers' reports in considering the claims of applicants for charitable relief. Much saving to the rates and Consolidated Fund has already been effected thereby.

Laboratory Reports.

The increase of the work in the laboratories can be gauged by a perusal of the reports of Dr. Makgill, Dr. Champtaloup, and Mr. Hurley.

Despite the fact that Dr. Champtaloup has relieved the Wellington laboratory of the majority of specimens from the South Island, there has been a very marked increase in the number of specimens forwarded to headquarters for examination, and there is every reason for believing that there will be a great increase in the work of this branch of the Department: in fact, it is to be hoped that during the coming year Bacteriologists will be appointed at the Wellington, Christchurch, and Auckland Hospitals, who will perform the bulk of the bacteriological work of those respective districts. The excellent work done by Dr. Champtaloup at the Dunedin Hospital should convince Boards of the necessity for making such appointments.

It is to be hoped that by this means it will shortly be possible to manufacture in the Dominion those vaccines in common use, and thereby effect a considerable saving in expenditure under this item, to say nothing of the convenience of the public and the medical profession.

Native Medical Service.

By Cabinet minute of the 7th April, 1911, the Native medical service was retransferred to this Department. This step was very necessary in the interests of the public health, and it will shortly be possible to place this branch of the Department on a better footing. Indeed, something has been done already. Having held for some years that the gospel of sanitation among the Natives would be best carried out by trained nurses under medical supervision, no time was lost in appointing nurses to visit the Native settlements and rendering aid where their services were required.

The reports of Dr. Monk and Miss Bagley on the outbreak of typhoid at Ahipara speak much for the value of the scheme, and show what a devoted nurse can do. To those districts where there is a considerable proportion of Natives special District Nurses will be appointed. Already some of these appointments have been made, and the nurses' work is giving general satisfaction.

It is not contemplated that by this means it will be possible to dispense with medical assistance—far from it. The nurse, as may be seen from the rules guiding her work, is specially directed to call in medical assistance when she may consider such necessary, and to faithfully follow out the instructions of the medical man who is summoned.

Further details of this scheme may be gathered from the Hospital section of this report.

In connection with this branch of the Department, I regret to report that Dr. Pomare has resigned his position as Health Officer to the Natives, with a vew of entering a wider arena. During the ten years that Dr. Pomare has been an officer of this Department he has been most zealous in his efforts for the benefit of the Native race, and I feel certain that his voice will ever be found urging, *inter alia*, the registration of Native births and deaths. Improvement in the health of the Maoris will begin when such registration becomes law, but not till then.

Hospitals and Charitable Aid.

In the previous reports of the Department the tables were confined to the receipts and expenditure of institutions under the control of Boards. In this report the expenditure on all institutions is shown—including those institutions under the entire control of the Department, such as the maternity hospitals and the Cambridge Sanatorium. By this means the total expenditure of the Dominion in relieving sickness and distress is better shown.

Receipts.

Though the receipts, as shown by Table I, subjoined, have increased by some £50,000, the levies on local authorities have only increased by £2,513. This should be satisfactory to the ratepayers, especially when the enlargement of our hospital machine is taken into consideration, particularly with regard to public health, district nursing, &c., and the increase by some £20,000 in expenditure on new buildings. One-third of the increase of, roughly, £15,000 in subsidies from the Consolidated Fund is accounted for by the increase of £4,372 in voluntary contributions, which last year amounted to £35,433. The increase of £5,174 in payments by persons relieved is satisfactory. From this source is now derived one-sixth of our total hospital expenditure.

Expenditure.

For the increase of £7,058 in maintenance expenditure of general hospitals can be shown that there were 130 more patients daily under treatment than was the case last year, the average number of patients occupying beds in the general hospitals in 1910 being 1,839, against 1,709 in 1909–10.

The increase by £7,068 in hospital maintenance is practically accounted for by the 130 additional patients under daily treatment. In connection with this increased expenditure it is satisfactory to note that the cost of maintenance—exclusive of administration—per occupied bed (£96 19s.) is lower than the previous year (£100 7s.).

The following table shows the cost per occupied bed during the last four years, which has been on a steadily decreasing scale :—

	Maintenance. £ s. d.
1907–8	128 18 0
1908–9	107 6 0
1909–10	100 7 0
1910–11	96 19 0

The above reduction in cost has been principally effected by the relatively smaller expenditure under the items "provisions" and "surgery and dispensary," concerning which I have so strongly commented in previous reports. The actual expenditure on the last-mentioned item during 1910–11 was less by £800 than during the previous year.

There is no doubt that many hospital authorities are making dogged efforts to prevent unnecessary expenditure or waste in the management of their institutions, and they have been very much stimulated by the adoption throughout the Dominion of the model system of hospital accounts, whereby hospital authorities are the better able to compare their expenditure under the various items.

An indication of the reduction in expenditure per bed of the general hospitals is shown in the accompanying tables, but further details can be gathered from Table IV in Appendix II :—

COST PER OCCUPIED BED.

	1910–11. £ s. d.	1909–10. £ s. d.
Provisions	22 15 1	23 14 7
Surgery and dispensary	8 14 1	9 16 8
Domestic and establiishment	26 14 1	25 17 10
Salaries and wages	38 15 9	40 17 11

The increase under the item "domestic and establishment" is largely due to renewal of equipment in the wards—especially new beds and ward lockers.

That there would be a decrease in the cost per bed in "salaries and wages" was quite unexpected. As compared to hospitals in other districts, including hospitals in the Commonwealth, the relative cost per bed under this item is very large.

The number of employees considered necessary not only increases the cost per bed, but naturally increases the cost in buildings for their accommodation.

Capital Expenditure.

The increase by £11,601 in hospital capital expenditure is largely due to expenditure on new wards at the Christchurch and Wellington Hospitals, and the enlargement of the Nurses' Homes at Christchurch and Auckland.

On taking into consideration the condition of many of our country hospitals, we can look for no reduction in "capital expenditure" for many years to come; on the contrary, we should hope for an increase.

Administration.

The increase by £3,152 in hospital and charitable administration was only to be expected—in fact, it was feared that the expenditure under this head would be even larger.

Many of the Boards now recognize that they are composed of too many members, and this fact not only militates against effective work, but increases the travelling-expenses, which in some

districts amount to no mean sum. One is particularly reluctant to comment on the travelling-expenses of ratepayers who give their time to public work, nevertheless there should be a limit. In very few districts, I am glad to say, do the members vote themselves £2 a day at the public expense when attending meetings of the Board. These are scarcely "reasonable expenses" according to the statute. But against this I would like to record what the Dominion owes to the majority of Board members who do give their time at "reasonable expenses" for the public weal, but to the detriment, I fear, in many cases of their own interests. To these men all honour.

The cost under this item, however, will not diminish. The additional responsibilities devolving on Boards—public health, district nursing, &c.—necessitate a larger executive staff, or an increase in pay to those officers who have had to assume additional responsibilities. Speaking generally, our Hospital Secretaries are not paid in proportion to their responsibilities—a fact which I have referred to in previous reports as one of the worst forms of hospital economy.

So far, there is every reason to believe that the new Act is working well and meeting the difficulties that brought it into being; and it was gratifying to notice in the remits that were forwarded to, and in the discussion that took place at, the Hospitals Conference last June there were no serious alterations of the law suggested.

The troubles that have arisen have been largely administrative. That the Boards are too large is generally admitted; but, nevertheless, the Boards have not taken sufficient advantage of their powers to form committees, and when they have done so trouble has occasionally arisen between the Chairman of the Board and the chairmen of the principal committees, and in some instances an antagonism has sprung up between the committees and the Board, which has brought about that very state of affairs that it was hoped would be obviated by the new Act.

When once a Board has elected a committee—presumably of competent men—to conduct the affairs of an institution, or to adminster charitable aid or public health, considerable latitude should be allowed the committee by the central Board. It is irritating to the members of a committee, who have spent perhaps hours in discussing a subject, to find their recommendations animadverted upon by members of the Board, who have not given the time to the subject that the members of the committee have been able to give. In nine cases out of ten the committee is right. The Department naturally does not wish to see any committee dominating the Board, which is the body directly responsible to the ratepayers; but a great deal of time, irritation, and expense would be saved, and the work better done, if the reports of the committee were adopted after the chairman of the committee presenting the report had answered a few questions pertinent thereto when brought up at the Board for confirmation.

It is undoubtedly the duty of the Chairman of the Board to keep in touch with the various committees, and to have a seat on them, and generally to know what is going on; but he should interfere as little as possible with the chairman of the committee, and not go behind the latter in little details of administration, which are essentially the work of the chairman of the special committee. It is the personal question over again—Boards and committees change, but human nature never.

Charitable Aid.

	1909–10.	1910–11.
	£	£
Charitable aid—indoor	64,336*	62,848
,, outdoor	38,988	33,051

A further reduction in the cost of outdoor relief may be confidently looked for now that the Boards have provided officers for inquiring into the circumstances of those applying for or in receipt of charitable aid. For the most part these reports are furnished by the Board's Sanitary Inspectors, who, in addition to their public-health duties, undertake those of relieving officers. In one district the report of the Sanitary Inspector resulted in the Board cutting down outside relief at the rate of £50 per month without in any way inflicting hardship on the deserving, or, for that matter, the undeserving, poor. On similar experience other Hospital Boards have reported the value of the work done by these officers.

In connection with the cost of indoor relief I may point out that about one-fourth of the total expenditure thereon is met by contributions from charitable-aid recipients, chiefly old-age pensioners resident in our old people's homes.

Subsidies.

The total estimated expenditure of Hospital and Charitable Aid Boards for 1911–12 amounts to £336,553, or 6s. 7¼d. per head of the population; the net estimated expenditure (*i.e.*, after balances in hand, estimated patients' payments, &c., have been deducted) amounts to £233,821, or 4s. 7d. per head of the population. The amount of this to be raised by levy on contributory local authorities is £116,901, or 2s. 3d. per head of the population. The rateable capital value of the Dominion is £255 per head of the population. Reference to the table in the Fourth Schedule of the Act, from which the rate of subsidy is arrived, shows that the rateable capital value per head of the population is "Under £300 but not under £250," and the rate of levy "Under 2s. 6d. but not under 2s." The average rate of subsidy therefore works out for the whole Dominion at £1 for £1 on the amount levied, as against £1 0s. 5d. for 1910–11, the slight decrease in subsidy being due to the fact that the estimated expenditure of Boards in 1911–12 is £15,115 more than in 1910–11, and the population and rateable capital value have not altered in the same proportion.

That the rate of subsidy for the whole Dominion remains at about £1 shows that the new system of apportioning the subsidy under the Act of 1909 is a satisfactory and reliable one. Table XI shows the details for the various Boards, the subsidy ranging from 12s. 3d. for Waiapu to £1 4s. 3d. for Bay of Islands. The low rate of subsidy for Waiapu is no great hardship on

* Including £10,506 capital expenditure.

that Board when it is noted that the amount of hospital rate will only be about $\frac{1}{15}$d. in the pound. The Waiapu Hospital is, moreover, a somewhat expensive luxury for the district, costing no less than £704 per occupied bed. The Bay of Islands, on the other hand, is a poor and scattered district which has to maintain two hospitals, and the amount of hospital rate to be levied will come to about $\frac{1}{3}$d. in the pound. The average cost of the Rawene and Mongonui Hospitals combined is only £198 per bed, and therefore it is only fair that this district should receive greater assistance on account of its greater economy and the lower rateable value of its land.

As regards capital expenditure, the estimated expenditure for 1911–12 of Hospital Boards is £123,594, and the net estimated expenditure £75,479, of which half is raised by levy and the other half by the fixed Government subsidy of £1 for £1.

Appended is an interesting report by the Assistant Inspector on the administration of the Nurses' Registration and the Midwives Acts.

That many of the Boards have adopted the Department's suggestions with regard to the classification of their institutions, and the training of the nurses, and the staffing of their hospitals, is eminently satisfactory. Using the base hospital as the training-centre, and supplying nurses from the base for staffing the outlying institutions under the control of the Board is, for the reasons Miss Maclean gives, likely to benefit the patients, the nurses, the Boards, and all concerned. To bring about these changes without friction will require a good deal of tact on the part of the Matron of the base hospital, but when once the scheme is established it will be found to work well.

In previous reports I have referred to the shortage of trained nurses and midwives. As regards the former, I obtained the permission of your predecessor to offer, through the Colonial Nursing Association, assured positions to a limited number of nurses who might care to try their fortunes in the Dominion. On arrival these nurses will be drafted to vacancies on the permanent staff of the general hospital, or take (as per agreement) any duties assigned them.

During the past year the exigencies of the Department have shown the need for increasing the headquarter's nursing staff, nurses in the permanent employment of the Department being necessary for relieving-work of varying kinds, and especially for emergency work in the event of epidemics among the Natives. The excellent work done by Miss Bagley, Assistant Inspector, during an outbreak of typhoid among the Natives at Ahipara clearly showed what could be done by a capable and devoted nurse at the scene of an epidemic, with the occasional advice and assistance of a medical man.

Since the Department took over the Native medical service in March last I have arranged for the appointment of nurses for special work amongst the Maoris. These nurses, though paid by the Department, will be under the control of Boards, and will be stationed in those parts of each district which the Board may consider most central for their work. Copies of their reports to the Board will be forwarded the District Health Officer. By this means co-operation between the officers of the Department and the Board should be assured.

It is not claimed that the appointment of nurses will do away with the need for medical assistance—far from it; but it will ensure that cases of early illness, whether typhoid, consumption, &c., are sought for, and medical assistance obtained as soon as possible, and when once obtained that the directions of the medical man are carried out by the nurses on the spot.

Midwives.

Mention has been made in previous reports that Inspectors under the Midwives Act have been visiting various parts of the Dominion to inquire into the working of the Act of 1904, and particularly as to the work of the midwives and the number available in each district.

A report from one of our Inspectors who had been visiting the far north only too clearly showed that settlers' wives in that part of the Dominion were most unhappily circumstanced not only as regards skilled assistance, but any assistance whatever, in their time of need. I therefore determined, after visiting the district, and finding only one patient respectively in the Mongonui and Rawene Hospitals, to sanction these institutions receiving maternity patients. My suggestion met with the cordial approval of the Board, and these hospitals are being used accordingly.

The erection of a special maternity hospital at Kawakawa is also contemplated by the Bay of Islands Board. By these means it will not only be possible to obviate one of the drawbacks of life to settlers in the far north, but there will be three additional training-schools for midwives.

Hospitals Conference.

In June last there was held in Wellington a Hospitals Conference. This Conference, which was the second of its kind held in the Dominion, was attended by some sixty delegates from all parts of the country It was opened by His Excellency, who gave an introductory address, and who attended some of the subsequent meetings, which were spread over four days. Mr. J. G. Wilson, Chairman of the Palmerston Hospital Board, was elected Chairman.

The Conference was called largely at the instance of certain Boards, which shared with the Department the anxiety to obtain more uniform methods of local administration in matters relating to the control of institutions and charitable aid. Many delegates were also anxious to hear the views of the Department with regard to the local administration of the Public Health Act, certain duties under this Act having recently devolved on Hospital Boards by section V of the Hospitals Amendment Act of last year.

In connection with these new responsibilities, it was very gratifying to learn from the discussion that followed the paper read by Mr. Walker, Chairman of the Otago Hospital Board, that delegates fully recognized the principle that the prevention as well as the treatment of disease, and the relief of the indigent, should be in the hands of one authority, and that much overlapping and expense would be obviated thereby. On the shoulders of Boards must ultimately fall wider responsibilities with regard to the public health, and though, for the present at any rate, it may

be wiser to leave certain public-health matters in the hands of the larger municipalities, the smaller local authorities might with advantage waive all their responsibilities under the Public Health Act to the Boards of their respective districts.

Without statutory powers, a Hospital Board, comprised as it is of representatives of all the local authorities of its district, can do more towards influencing public opinion in the right direction as regards public health than a small local authority armed with all the powers of the Public Health Act. There is much work for the Boards in the fields of prevention, and their efforts, if rightly directed, should lessen the demands on their hospital beds, which are now largely occupied by patients with ailments or diseases which may rightly be regarded as preventible.

Take, for example, tubercular diseases: The most important resolutions carried at the Conference were those relating to the measures that should be taken to prevent the spread of tubercular diseases in the Dominion. Dr. Blackmore's excellent address on the subject, subsequent to some introductory remarks by Mr. Horrell, Chairman of the North Canterbury Board, stimulated the delegates to a sense of their responsibilities with regard to this scourge of mankind, and impressed them with the need for immediate and concerted action. The campaign, therefore, will be conducted on the lines suggested in the Public Health Report of last year, which were unanimously adopted by the Conference.

The medical inspection of school-children: Here, again, the Conference was in the field of preventive medicine. It is a matter for regret that the discussion of a subject of such importance to the Dominion was postponed to the latter hours of the meeting. Delegates had forgotten some of the details outlined in the paper on the subject, read two days before the discussion took place. Nevertheless, it was discussed sufficiently to show that the meeting was unanimously of opinion that the medical inspection of school-children was necessary, and that a scheme such as outlined should be put into operation.

The health of the Native race was introduced by Mr. Powell, of the Waiapu Hospital Board, who advocated the employment of nurses for work among the Maoris, based on his actual experiences of the work of such nurses during an outbreak of typhoid fever in his district. The meeting unanimously approved the proposals of the Department with regard to special nurses for work among the Maoris.

Finally, as regards the public-health section of the Conference, it is to be hoped that during the ensuing year the Christchurch, Auckland, and Wellington Boards will appoint Bacteriologists to their respective hospitals, such officers to be whole-time officers of the Board.

In considering the resolutions of the Conference with regard to the administration of hospitals, it will be noted that uniformity was the dominant note of the discussions that followed the addresses. I would particularly direct attention to the papers read by Mr. Shrimpton, Chairman of the Napier Board, and Mr. Nolan, Chairman of the Hawera Board, on nursing questions. The returns of the Hospital Boards who are to be circularized with regard to the efficiency of the eight-hours system for nurses will be awaited with interest.

Two excellent papers on hospital economics and finance were read respectively by Mr. Kirk, Chairman of the Wellington Hospital Committee, and Mr. Mackay, Chairman of the Auckland Board. As an outcome of the latter paper, the Conference decided to adopt regulations with regard to the keeping of accounts and statistics recommended by the Department. This system was devised by Mr. Killick, Chief Clerk of the Department, after consulting the Secretaries of our leading hospitals, and with some modifications was finally adopted by the Conference on the recommendation of the special committee set up to report thereon. The adoption by the Conference of these regulations was a great step in the direction of uniformity.

Interesting discussions followed the addresses of Mr. Bellringer, Chairman of the Taranaki Board, on the district nursing scheme, and Mr. Stewart, Chairman of the Bay of Islands Board, on the need for maternity wards in our country hospitals. The success of the district nurse in this country is assured—especially where the medical men of the district are in sympathy with the movement, which is sure to be the case, provided the district nurse adheres to the rules laid down, and does not attempt to usurp the functions of the medical practitioner. That several country hospitals will erect small maternity wards during the next few years is practically certain. These will not only be for the benefit of the patients, but will also facilitate the training of midwives.

The paper read by the Chairman of the Conference, Mr. J. G. Wilson, who is also Chairman of the Palmerston Hospital Board—which resulted in the Conference passing a resolution to the effect that only one radium institute is necessary for the purposes of the Dominion—was an important one. It is of little use providing each hospital with radium unless there is a skilled radiologist available for its use—in fact, in the hands of an inexperienced practitioner this treatment may be of great danger to the patient. Moreover, no one Hospital Board could well afford the expense of purchasing sufficient radium for any practical use.

On social questions I would refer to the interesting discussions following the addresses of Mrs. Fell, a member of the Nelson Board, and Mrs. Wilson, a member of the North Canterbury Board. Though there were many present who had expressed themselves against women having seats on our Boards, I cannot but think they must have modified their views after hearing the remarks of those ladies. We want more such members as Mrs. Fell and Mrs. Wilson on our Boards.

It was satisfactory to note from the discussions that so far the Act of 1909 was regarded by delegates as working well, and in the interests of the Dominion. Very few amendments of a serious nature were mooted. The resolutions in the direction of uniformity and economy will, no doubt, be carefully considered when the next Hospitals Amendment Bill is brought down, and also those resolutions of a social nature.

It is a pity that the final stages of this Conference were somewhat rushed. Nevertheless, many of the delegates returned to their homes impressed with the magnitude of their responsibilities, and zealous to get the many resolutions carried put into operation by their Boards. Time

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.

	1910–11.	1909–10.
General hospitals—		
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. 7¾d.	5s. 9¾d.
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. 7¾d.	1s. 7¼d.

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.

T. H. A. VALINTINE,
Inspector-General of Hospitals and Chief Health Officer.

APPENDICES.

APPENDIX I.—PUBLIC HEALTH.

General Statistics for the Year 1910.

PART I.—VITAL STATISTICS.

A. GENERAL.

For the following statistics relating to birth, death-rates, infant mortality, and causes of death the Department is indebted to the returns of the Registrar-General. They relate to the year 1910.

Births.

The number of births registered during 1910 was 25,984, or 26·17 in every 1,000 persons living. The number is 540 less than that for the year 1909, a decrease of 2·04 per cent., and the rate lower by 1·12 per thousand. From 1882 until the year 1899 there was a regular fall in the rate. The births registered in the year numbered 19,846 in 1884, and, after falling to 17,876 in 1892, have risen to the number first stated above.

The number of male children born during 1910 was 13,442, and of female children 12,542.

The following table shows the number registered, the birth-rate calculated on the total population, and comparison with the average rate for 1882–86 taken as 100. Indications of a gradual increase are apparent, the improvement since 1899 being 4·18 per cent. on the rate per 1,000 in that year.

Births, Number and Rate.

Year	Total Number of Births registered.	Birth-rate.		Year.	Total Number of Births registered.	Birth-rate.	
		Per 1,000 of Population.	Compared with Rate in 1882–86 taken as 100.			Per 1,000 of Population.	Compared with Rate in 1882–86 taken as 100.
1882–86	19,410	35·40	100	1898	18,955	25·74	73
				1899	18,835	25·12	71
1887	19,135	32·09	91	1900	19,546	25·60	72
1888	18,902	31·22	88	1901	20,491	26·34	74
1889	18,457	30·07	85	1902	20,655	25·89	73
1890	18,278	29·44	83	1903	21,829	26·61	75
1891	18,273	29·01	82	1904	22,766	26·94	76
1892	17,876	27·83	79	1905	23,682	27·22	77
1893	18,187	27·50	78	1906	24,252	27·08	76
1894	18,528	27·28	77	1907	25,094	27·30	77
1895	18,546	26·78	76	1908	25,940	27·45	77
1896	18,612	26·33	74	1909	26,524	27·29	77
1897	18,737	25·96	73	1910	25,984	26·17	74

The average number of children to a marriage may be ascertained by comparing the number of legitimate births for a series of years with the marriages, but commencing with the marriages in the year preceding that for which the first number of births is taken. Calculating in this way the figures for the twenty-year period 1891–1910 show a decline from 4·64 to 3·09 as below :—

Year.	Marriages.	Legitimate Births.	Proportion of Births to every Marriage solemnized in the Preceding Year.
1890	3,797	...	...
1891	3,805	17,635	4·64
1892	4,002	17,283	4·54
1893	4,115	17,514	4·37
1894	4,178	17,824	4·33
1895	4,110	17,711	4·24
1896	4,843	17,778	4·32
1897	4,928	17,911	3·70
1898	5,091	18,154	3·68
1899	5,461	18,066	3·54
1900	...	18,640	3·41
1900	5,860	...	...
1901	6,095	19,554	3·34
1902	6,394	19,734	3·23
1903	6,748	20,835	3·26

Year.	Marriages.	Legitimate Births.	Proportion of Births to every Marriage solemnized in the Preceding Year.
1904	6,983	21,737	3·22
1905	7,200	22,600	3·24
1906	7,592	23,120	3·21
1907	8,192	23,937	3·15
1908	8,339	24,835	3·03
1909	8,094	25,301	3·03
1910	...	24,822	3·07

If the average result be taken out for the ten years 1891–1900, it will be found to represent 4·08 births to a marriage. Dealing similarly with the figures for 1901–10, the result is an average of 3·18, so that regarded annually or decennially there is a decided fall to be observed.

New Zealand had in 1880 the highest birth-rate in Australasia (40·78); in 1900 the case was reversed; but in 1910 the New Zealand rate was higher than that of Victoria and South Australia.

The movement over ten years is calculated as under :—

Birth-rates per 1,000 of Population.

Country.	1901.	1902.	1903.	1904.	1905.	1906.	1907.	1908.	1909.	1910.
Queensland	28·53	27·89	24·62	27·13	25·92	26·31	26·98	26·99	27·52	27·58
New South Wales ...	27·78	27·20	25·41	26·81	26·79	27·12	27·22	26·86	27·26	27·56
Victoria	25·77	25·23	24·46	24·65	24·83	25·14	25·16	24·71	24·55	24·12
South Australia ...	25·39	24·85	23·43	24·70	23·82	23·54	23·82	24·59	24·57	25·08
Western Australia ...	30·34	30·27	30·26	30·33	30·29	30·01	29·40	29·25	28·06	27·17
Tasmania	28·60	29·23	28·62	29·60	29·33	29·82	29·50	30·90	29·86	30·26
New Zealand	26·34	25·89	26·61	26·94	27·22	27·08	27·30	27·45	27·29	26·17

Sexes of Children born.

The figures show that during each year there has been a preponderance of births of male children. It would appear, however, that this excess of male births is not sufficient to compensate for the heavier mortality which occurs among that sex. Of the total population in 1871 there were 70·52 females to every 100 males, but in 1910 the proportion of the females to 100 males had risen to 89·21.

Year.	Number of Births of		Proportion of Births of Males to every 100 Females.
	Males.	Females.	
1888	9,641	9,261	104·1
1889	9,514	8,943	106·4
1890	9,293	8,985	103·4
1891	9,377	8,896	105·4
1892	9,101	8,775	103·7
1893	9,310	8,877	104·9
1894	9,472	9,056	104·6
1895	9,493	9,053	104·9
1896	9,511	9,101	104·5
1897	9,600	9,137	105·1
1898	9,615	9,340	102·9
1899	9,724	9,111	106·7
1900	10,107	9,439	107·1
1901	10,471	10,020	104·5
1902	10,653	10,002	106·5
1903	11,217	10,612	105·7
1904	11,762	11,004	106·9
1905	12,109	11,573	104·6
1906	12,397	11,855	104·6
1907	12,835	12,259	104·7
1908	13,369	12,571	106·3
1909	13,502	13,022	103·7
1910	13,442	12,542	107·2

Twin Births.

There were 288 cases of twin births (576 children) and 2 cases of triplets registered in 1910. The number of children born was 25,984; the number of mothers was 25,692: thus, on an average, one mother in every 98 gave birth to twins, against 99 in 1909, 90 in 1908, 102 in 1907, 114 in 1906.

The proportion of plural births per 1,000 of all births during the past five years was :—

Year.	All Births.	Plural Births.	Plural Births per 1,000 of all Births.
1906	24,252	215	8·87
1907	25,094	244	9·72
1908	25,940	286	11·03
1909	26,524	266	10·03
1910	25,984	290	11·16

Illegitimacy.

The births of 1,162 children were illegitimate : thus 45 in every 1,000 children born were born out of wedlock, against 46 in 1909.

Proportion of Illegitimate Births in every 100 Births.

Year.	Queensland.	New South Wales.	Victoria.	South Australia.	Western Australia.	Tasmania.	New Zealand.
1900	6·40	7·01	5·91	4·24	4·82	5·43	4·63
1901	5·93	7·16	5·58	3·98	3·88	5·94	4·57
1902	6·04	6·60	5·51	4·36	3·96	5·36	4·46
1903	6·76	6·71	5·73	4·18	4·69	5·61	4·55
1904	6·89	7·12	5·74	4·01	4·36	5·82	4·52
1905	7·00	7·37	5·61	4·37	4·19	5·52	4·57
1906	7·68	7·04	5·58	4·00	4·78	5·78	4·67
1907	7·31	7·04	5·62	4·10	3·89	5·86	4·61
1908	7·45	6·89	5·76	4·33	4·35	4·97	4·26
1909	6·99	6·58	5·92	4·18	4·55	5·10	4·61

These figures show the proportion of illegitimate births to every 100 births for New Zealand to be fairly steady during the period 1899–1908.

Births and Birth-rates in the Four Chief Cities and their Suburbs.

The total number of births registered as occurring in the four chief centres and suburbs in 1910 was 7,221, as against 7,463 for the previous year.

The birth-rates for last year were,—

	Birth-rates per 1,000 of Mean Population.	
Auckland City	27·75	
" and seven suburban boroughs		26·01
Wellington City	24·13	
" and three suburban boroughs		24·19
Christchurch City	27·10	
" and three suburban boroughs		25·83
Dunedin City	27·22	
" and five suburban boroughs		25·29

By the inclusion of the suburbs the rate is lowered at Auckland, Christchurch, and Dunedin, but raised at Wellington. Excluding the suburbs, it will be observed that Auckland has the highest rate, Dunedin next highest, Christchurch and Wellington following. The birth-rate for the Dominion last year was 26·21 per thousand. Auckland, Christchurch, and Dunedin are thus over the average, and Wellington below it.

The birth-rates for the four central boroughs last year show a fall when compared with 1909. In Auckland the rate fell from 29·73 to 27·75; in Wellington from 26·62 to 24·13; in Christchurch from 28·55 to 27·10; in Dunedin from 28·34 to 27·72. The rates for five years, 1906 to 1910, are,—

	Births per 1,000 of Population.				
	1906.	1907.	1908.	1909.	1910.
Auckland (without suburbs) ...	29·96	29·63	30·56	29·73	27·75
Wellington " ...	27·85	27·53	27·60	26·62	24·13
Christchurch " ...	28·19	30·47	28·43	28·55	27·10
Dunedin " ...	28·96	25·69	25·48	28·34	27·22

MARRIAGES.

The marriages for 1910 show an increase on the number for the previous year. The number was 8,236, or 142 more than in 1909. The rate per 1,000 of the population was 8·30, as against

8·33 in 1909. It is shown by the table following that there has been considerable increase in the marriage-rate, which has been above the standard during each of the last fifteen years:—

Marriages, Number and Rate.

Year.	Total Number of Marriages registered.	Marriage-rate. Per 1,000 of Population.	Marriage-rate. Compared with Rate in 1882–86 taken as 100.	Year.	Total Number of Marriages registered.	Marriage-rate. Per 1,000 of Population.	Marriage-rate. Compared with Rate in 1882–86 taken as 100.
1882–86	3,663	6·68	100	1898	5,091	6·91	103
				1899	5,461	7·28	109
1887	3,563	5·97	89	1900	5,860	7·67	115
1888	3,617	5·97	89	1901	6,095	7·83	117
1889	3,632	5·93	89	1902	6,394	8·01	120
1890	3,797	6·12	92	1903	6,748	8·23	123
1891	3,805	6·04	90	1904	6,983	8·26	124
1892	4,002	6·23	93	1905	7,200	8·28	124
1893	4,115	6·22	93	1906	7,592	8·48	127
1894	4,178	6·15	92	1907	8,192	8·91	133
1895	4,110	5·94	89	1908	8,339	8·82	132
1896	4,843	6·85	103	1909	8,094	8·33	125
1897	4,928	6·83	102	1910	8·236	8·30	124

The marriage rate, measured by the total population, does not show the true position when, as in the case of New Zealand, the age-constitution of the people fluctuates considerably. A more satisfactory standard is found in the number of persons of marriageable age, defined as meaning the unmarried and widowed of males aged 20 years and upwards and of females aged 15 years and upwards. The rates are given for four census years:—

Year of Census.	Proportion of Unmarried per 1,000 of Total.		Proportion of Marriages per 1,000 of the			
	Males.	Females.	Marriageable Men.	Marriageable Women.	Marriageable Persons.	Total Population.
1891	246·2	267·8	46·22	48·10	47·14	6·04
1896	264·2	308·3	49·11	47·09	48·08	6·85
1901	278·3	330·6	53·56	49·96	51·69	7·83
1906	295·8	326·9	54·09	55·15	54·62	8·48

The total number of marriages solemnized does not include marriages where both parties are of the aboriginal Native race, such persons being exempted from the necessity of complying with the provisions of the Marriage Act, although at liberty to take advantage thereof. One hundred and sixty-nine marriages in which both parties were Maoris were contracted in 1910 in terms of the Act: 25 by Registrars, 78 by clergymen of the Church of England, 4 by a Presbyterian minister, 34 by Roman Catholic ministers, 10 by ministers of the Church of the Latter-day Saints, 16 by Methodist ministers, and 2 by Salvation Army.

Ages of Persons Married.

Of the persons married in 1910, 161 bridegrooms and 1,293 brides were under 21 years of age. Of the bridegrooms, two were between 17 and 18, and five between 18 and 19. Of the brides, seven were between 15 and 16, and thirty-four were between 16 and 17 years of age. The porportion of men married is greatest at the ages of 25 to 30, and of women at from 21 to 25 years.

Deaths.

The deaths in 1910 numbered 9,639, a rate of 9·71 in every 1,000 persons living, as against 9·22 in 1909. This is below the average of the previous ten years, 9·90 per 1,000.

The following table shows the number of deaths, and the death-rate per 1,000 of the living population; also a comparison with the average rate for 1882–86 :—

Year.	Total Number of Deaths.	Death-rate.		Year.	Total Number of Deaths.	Death-rate.	
		Per 1,000 of Population.	Compared with Rate in 1882–86 taken as 100.			Per 1,000 of Population.	Compared with rate in 1882–86 taken as 100.
1882–86	5,944	10·84	100	1898	7,244	9·84	91
				1899	7,680	10·24	94
1887	6,137	10·29	95	1900	7,200	9·43	87
1888	5,708	9·43	87	1901	7,634	9·81	90
1889	5,772	9·44	87	1902	8,375	10·50	97
1890	5,994	9·66	89	1903	8,528	10·40	96
1891	6,518	10·35	95	1904	8,087	9·57	88
1892	6,459	10·06	93	1905	8,061	9·27	86
1893	6,767	10·23	94	1906	8,339	9·31	86
1894	6,918	10·19	94	1907	10,066	10·95	101
1895	6,863	9·91	91	1908	9,043	9·57	88
1896	6,432	9·10	84	1909	8,959	9·22	85
1897	6,595	9·14	84	1910	9·639	9·71	89

The death-rates of males and females for the last ten years are shown separately in the next table, and also the number of male deaths to every 100 female deaths :—

Year.	Deaths per 1,000 of the Total Population.			Deaths of Males to every 100 Females.
	Males.	Females.	Total.	
1900	10·33	8·43	9·43	123
1901	10·80	8·71	9·81	124
1902	11·64	9·23	10·50	126
1903	11·43	9·24	10·40	124
1904	10·64	8·37	9·57	127
1905	10·18	8·24	9·27	124
1906	10·40	8·08	9·31	129
1907	11·81	9·98	10·95	118
1908	10·62	8·38	9·57	127
1909	10·18	8·14	9·22	125
1910	10·67	8·63	9·71	124

Males of tender years are more delicate than females, and, later in life, more liable to accident. These disadvantages are partly compensated by the preponderance of male births, but the tendency of the natural increase is towards an equalization in the numbers of the sexes.

For the purpose of considering the mortality in New Zealand more closely than can be done by means of crude death-rates, it is desirable to ascertain the rates at different age-periods of the population. The abnormally high rate in 1907, due to prevalence of epidemic diseases, is strikingly illustrated by comparison with the average for the previous five years.

Death-rates per 1,000 living at Various Age-periods.

Ages.	Average, 1902–6.	1908.	1909.	1910.	Decrease per Cent. in 1910, compared with 1902–6.
Under 5 years	21·75	20·38	18·77	19·48	10·44
5 years and under 10 years ..	2·07	1·76	1·96	1·85	10·63
10 ,, 15 ,, ..	1·64	1·64	1·35	1·21	26·22
15 ,, 20 ,, ..	2·64	2·03	2·23	2·06	21·97
20 ,, 25 ,, ..	3·69	3·42	3·08	2·82	23·58
25 ,, 35 ,, ..	4·55	4·37	4·43	4·54	0·22
35 ,, 45 ,, ..	6·30	6·24	6·71	6·06	3·81
45 ,, 55 ,, ..	10·35	10·47	9·73	9·54	7·83
55 ,, 65 ,, ..	20·26	18·06	17·97	19·53	3·60
65 ,, 75 ,, ..	47·06	44·75	42·62	45·60	3·10
75 and upwards	124·65	132·36	125·91	162·03	+ 29·91
All ages	9·81	9·57	9·22	9.71	1·02

Besides advantages of climate, New Zealand possesses a population younger in age-constitution than that of most other countries—conditions favourable to a low rate of mortality. Another table is given comparing death-rates at twelve age-periods for 1908 with those of England and Wales. Here the extremely low rate of mortality among children under five years of age is remarkable, and the difference at some of the groups at the more advanced ages is considerable. The New Zealand rate for males is higher than that for females at all groups excepting 10–15, 25–35, and 85 and upwards, while for England and Wales the female rate equals that for males at 5–10 and 10–15 years, and is lower in every other instance.

Death-rate per 1,000 Persons living, according to Sex, for the Year 1909, compared with England and Wales.

Ages.	Deaths per 1,000 Persons living.			
	New Zealand.		England and Wales.	
	Males.	Females.	Males.	Females.
Under 5 years	20·7	16·7	40·3	33·2
5 years and under 10 years	1·9	2·02	3·2	3·3
10 „ 15 „	1·3	1·4	1·9	2·0
15 „ 20 „	2·6	1·8	2·8	2·6
20 „ 25 „	3·2	2·9	3·7	3·1
25 „ 35 „	4·4	4·4	5·3	4·4
35 „ 45 „	6·6	6·9	9·1	7·4
45 „ 55 „	10·3	8·9	16·4	13·0
55 „ 65 „	19·5	15·9	32·8	25·7
65 „ 75 „	43·2	41·7	73·5	61·4
75 „ 85 „	127·2	92·2	141·8	129·9
85 and upwards	236·2	202·5	321·4	300·0
All ages	10·2	8·1	15·4	13·7

Index of Mortality in New Zealand for 1910.

Ages.	Estimated Mean Population, 1910.	Number of Deaths, 1910.	Death-rate per 1,000, 1901.	Percentage of Population of Sweden, 1890 (Standard).	Index of Mortality in NewZealand per 1,000.
Under 1 year	24,919	1,760	70·63	2·55	1·80
1 and under 20 years	365,153	983	2·69	39·80	1·07
20 and under 40 years ...	375,378	1,675	4·46	26·96	1·20
40 and under 60 years ...	157,260	1,389	8·83	19·23	1·70
60 years and upwards... ...	70,092	3,832	54·67	11·46	6·27
Totals	992,802	9,639	9·71	100·00	12·04

A similar calculation for the States of the Australian Commonwealth has been made for 1908. The results when compared with the actual rates, exhibit to what degree the age-constitution of the population affects the death-rate. The figures for New Zealand are also given.

	Year 1909.	
	Index.	Actual.
New South Wales	13·44	9·85
Victoria	13·74	11·24
Queensland...	13·80	9·79
South Australia	12·57	9·37
Western Australia	15·07	9·98
Tasmania	13·14	10·00
New Zealand	11·30	9·22

Comparative Death-rate for the Period 1900 to 1910.

Country.	1900.	1901.	1902.	1903.	1904.	1905.	1906.	1907.	1908.	1909.	1910.
New Zealand ...	9·43	9·81	10·50	10·40	9·57	9·27	9·31	10·95	9·57	9.22	9·71
Queensland ..	11·73	11·88	12·08	12·38	10·11	10·47	9·56	10·35	10·34	9·79	9·80
New South Wales	11·16	11·75	11·97	11·65	10·65	10·16	9·92	10·58	10·16	9·84	9·80
Victoria ...	12·75	13·22	13·40	12·90	11·92	12·10	12·42	11·66	12·53	11·24	11·30
South Australia*	10·64	11·11	11·79	10·71	10·22	10·14	10·34	9·72	9·84	9·37	9·71
Western Australia	12·92	13·36	13·63	12·60	11·91	10·83	11·87	11·17	10·86	9·98	9·81
Tasmania ...	11·05	10·52	11·00	11·92	11·04	10·29	11·24	11·14	11·71	10·00	11·49
England and Wales	18·2	16·9	16·2	15·4	16·2	15·2	15·4	15·0	14·7	14·5	...
Scotland ...	18·5	17·9	17·2	16·6	16·9	15·9	16·0	16·2	16·1	15·3	...
Ireland ...	19·6	17·8	17·5	17·5	18·1	17·1	17·0	17·7	17·6	17·2	...
Denmark ...	16·8	15·8	14·6	14·7	14·1	15·0	13·5	14·2	14·5	13·1	...
Norway ...	15·8	14·9	13·8	14·8	14·3	14·8	13 7	14·2	14·3	13·5	...
Sweden ...	16·8	16·1	15·4	15·1	15·3	15·6	14·4	14·6	14·9	13·7	...
Austria ...	25·3	24·0	24·7	23·8	23·7	25·0	22·4	22·6	22·3	...	...
Hungary ...	26·9	25·4	27·0	26·1	24·8	27·8	24·8	25·2	24·8	25·1	...
Switzerland ...	19·3	18·0	17·2	17·6	17·8	17·9	17·0	16·8	16·2	...	...
German Empire ...	22·1	20·7	19·5	20·0	19·6	19·8	18·2	18·0	18·1	...	...
Netherlands ...	17·8	17·2	16·3	15·6	15·9	15·3	14·8	14·6	15·0	13·7	...
France ...	21·9	20·1	19·5	19·2	19·4	19·6	19·9	20·2	19·0	19·3	...
Italy	23·8	22·0	22·2	22·4	21·1	21·9	20·8	20·8	22·6	21·4	...

* Excluding the Northern Territory.

Considering the range of this statement New Zealand is conspicuous as showing the lowest death-rate. The rates for the principal Australian States are a little higher, but, generally speaking, far below those for the United Kingdom or the European Continental States mentioned in the table.

Ages at Death.

The deaths occurring during 1910 are tabulated below in single years up to five years, and from thence in groups, showing males and females separately :—

Ages.	Males.	Females.	Total.
Under 1 month	459	327	786
1 month and under 3 months	177	121	298
3 months „ 6 „	165	168	333
6 „ „ 12 „	191	152	343
Total under 1 year	992	768	1,760
1 year	134	119	252
2 years	50	45	95
3 „	48	28	76
4 „	27	27	54
Total under 5 years	1,251	987	2,238
5 years and under 10 years	106	81	187
10 „ 15 „	73	44	117
15 „ 20 „	100	101	201
20 „ 25 „	162	136	298
25 „ 30 „	197	183	380
30 „ 35 „	218	208	426
35 „ 40 „	197	178	375
40 „ 45 „	196	144	340
45 „ 50 „	220	135	355
50 „ 55 „	230	165	395
55 „ 60 „	314	181	495
60 „ 65 „	314	215	529
65 „ 70 „	417	282	699
70 „ 75 „	583	316	899
75 „ 80 „	533	322	855
80 „ 85 „	312	222	534
85 „ 90 „	132	90	222
90 „ 95 „	36	40	76
95 „ 100 „	11	5	16
100 years	1	..	1
102 „	1	..	1
Totals	5,604	4,035	9,639

The average age at death of persons of either sex, in each of the ten years 1901-10, was as follows:—

	Males.	Females.		Males.	Females.
1901 ...	41·64 years	37·68 years.	1906 ...	44·39 years	39·35 years.
1902 ...	41·07 "	34·88 "	1907 ...	40·43 "	36·66 "
1903 ...	39·56 "	35·43 "	1908 ...	42·50 "	39·14 "
1904 ...	41·47 "	38·44 "	1909 ...	42·76 "	38·78 "
1905 ...	43·03 "	39·13 "	1910 ...	44·47 "	42·25 "

Deaths and Death-rates in the Four Chief Cities and their Suburbs.

The total number of deaths registered for the four centres in 1910 was 2,791—viz., 2,284 in the cities, and 507 in the suburbs.

By including the suburbs the death-rate for last year is lowered at all of the four centres. The rates for the year are:—

	Death-rates per 1,000 of Mean Population.	
Auckland City	11·88	
" and seven suburban boroughs		9·73
Wellington City	9·31	
" and three suburban boroughs		8·95
Christchurch City	10·54	
" and three suburban boroughs		10·41
Dunedin City	10·99	
" and five suburban boroughs		10·24

The death-rates for the cities, including suburban boroughs, for five years are as below:—

	Deaths per 1,000 of Population.				
	1906.	1907.	1908.	1909.	1910.
Auckland (including suburbs)	9·90	11·43	10·41	9·30	9·73
Wellington "	9·19	11·28	9·10	9·11	8.95
Christchurch "	11·25	14·37	9·52	9·33	10·41
Dunedin "	11·35	12·02	10·50	9·95	10·24

If the number of deaths of infants under one year be excluded, the mortality among the rest of the population is found to have been for 1909 and 1910 in the following ratio to the 1,000 living:—

	1909.	1910.
Auckland (including suburbs)	7·60	7·67
Wellington "	6·89	6·91
Christchurch "	7·60	8·62
Dunedin "	8·67	8·24

INFANTILE MORTALITY.

Subjoined is a classified statement of the deaths of infants under one year during 1910, with the ratio of the deaths in each class to the 1,000 births during the year:—

Year.	Sex.	Under 1 Month.	1 and under 3 Months.	3 and under 6 Months.	6 and under 12 Months.	Total under 12 Months.
		Number of Deaths.				
1910 ...	Male	459	177	165	191	992
	Female	327	121	168	152	768
		Deaths to the 1,000 Births.				
1910 ...	Male	34·15	13·17	12·27	14·21	73·80
	Female	26·07	9·65	13·39	12·12	61·23

Seventy-three out of every thousand of male children born, and sixty-one of every thousand females, are found to have died before attaining the age of one year. The mortality was thus one in fourteen of male children and one in sixteen of females in New Zealand, where conditions are far more favourable to infant life than in Australia, at least as far as relates to the cities.

It will also be seen from the figures that the chances of living during the first year of age are greater for female than for male infants. Thus, during the year 1910 there were—

100 deaths of males to 76 deaths of females under 1 month of age;
100 ,, 73 ,, from 1 to 3 months of age;
100 ,, 109 ,, from 3 to 6 months of age;
100 ,, 85 ,, from 6 to 12 months of age;
100 ,, 83 ,, under 12 months of age.

Dealing with the result for ten years, the deaths of infants under one year are in the large proportion of three-fourths of the total deaths under five, as might be expected, the first year being the tenderest period. (See notes to tables.)

Deaths of Infants under One Year, and Proportion to Births.

Year.	Deaths of Infants under 1 Year of Age. (Totals for each Year, and Means of 10 Years.)					Total Births registered in each Year, and Mean of 10 Years.	Proportion of Deaths of Infants under 1 Year to every 1,000 Births.
	Under 1 Month.	1 Month and under 3 Months.	3 Months and under 6 Months.	6 Months and under 12 Months.	Total under 12 Months.		
1901	610	272	292	289	1,463	20,491	71·4
1902	665	344	313	390	1,712	20,655	82·9
1903	692	346	367	365	1,770	21,829	81·1
1904	669	260	356	331	1,616	22,766	71·0
1905	714	285	290	310	1,599	23,682	67·5
1906	717	247	244	298	1,506	24,252	62·1
1907	763	446	500	519	2,228	25,094	88·8
1908	810	242	347	362	1,761	25,940	67·9
1909	794	285	258	297	1,634	26,524	61·6
1910	786	298	333	343	1,760	25,984	67·7
Means of ten years ...	722	303	330	350	1,705	23,722	71·9

NOTE.—The total number of deaths of infants for the period included in the table is 17,049.

Deaths of Children under One Year to 1,000 Births.

Country.	Deaths per 1,000 Births.	Country.	Deaths per 1,000 Births.
Chili (1908)	320	Scotland (1908)	121
Hungary (1909)	212	Denmark (1908)	123
Ceylon (1909)	202	Ireland (1909)	92
Jamaica (1909)	174	Victoria (1909)	71
Prussia (1909)	164	Western Australia (1909)	78
Servia (1908)	158	Sweden (1908)	85
Italy (1908)	153	New South Wales (1909)	74
Japan (1908)	157	Tasmania (1909)	65
Belgium (1908)	147	Queensland (1909)	72
Netherlands (1909)	99	South Australia (1909)	61
Switzerland (1908)	108	New Zealand (1909)	62
England and Wales (1909) ..	109	Norway (1908)	76
Finland (1909)	111		

Here, of European countries, Prussia, which has a birth-rate of 31·8 per 1,000 of population, shows an infantile mortality of 164 per 1,000 births; while New Zealand, with a birth-rate of 27 per 1,000 of population, loses only 62 infants per 1,000 births. So that, whatever may be the faults of ignorance or wilfulness in this country, from a statistical point of view it would appear that far better conditions obtain than elsewhere.

The principal causes of mortality in children under one year for New Zealand are given, with the numbers of deaths for five years from such causes. Premature birth stands first in order of importance, diarrhœa and enteritis next, followed by marasmus or debility. Here it is seen how much mortality is attributed to these causes according to the medical certificates.

Causes of Deaths of Children under One Year.—1906–10.

Causes.	Number of Deaths from each Cause.					Percentage of Total.				
	1906.	1907.	1908.	1909.	1910.	1906.	1907.	1908.	1909.	1910.
Whooping-cough ..	17	207	31	28	101	1·13	9·29	1·76	1·71	5·74
Convulsions	90	84	76	107	80	5·98	3·77	4·32	6·55	4·54
Bronchitis and pneumonia	170	269	148	168	157	11·29	12·08	8·40	10·28	8·92
Diarrhœa and enteritis	232	557	418	249	343	15·40	25·00	23·74	15·24	19·49
Premature birth ..	337	359	388	347	407	22·38	16·11	22·03	21·24	23·12
Marasmus, &c. ..	267	303	264	256	281	17·73	13·60	14·99	15·67	15·97
Other causes ..	393	449	436	479	391	26·09	20·15	24·76	29·31	22·22
Totals	1,506	2,228	1,761	1,634	1·760	100·00	100·00	100·00	100·00	100·00

The proportions of deaths of children under one year of age to every 100 births for 1909 and 1910 at the chief centres are,—

	1909.	1910.
Auckland (including suburbs)	6·18	7·90
Wellington "	8·42	8·45
Christchurch "	6·28	6·94
Dunedin "	4·86	7·91

The percentage of deaths of children under 5 to the total number of deaths is—in Dunedin, 22·61; in Christchurch, 20·66; in Auckland, 27·40; in Wellington, 27·02.

Causes of Death.

A comparison of the causes of deaths in 1910 and 1909 arranged according to an abridged classification, the percentage of each group to the total deaths, and the proportion per 10,000 persons living, is given in the following table:—

Class.	Number of Deaths.		Proportion to Total Deaths.		Proportion per 10,000 living.	
	1910.	1909.	1910.	1909.	1910.	1909.
	Total.	Total.	Per Cent.	Per Cent.		
I. General diseases	2,393	2,187	24·83	24·41	24·10	22·50
II. Diseases of the nervous system and of the organs of special sense	1,008	920	10·46	10·27	10·15	9·47
III. Diseases of the circulatory system ..	1,412	1,369	14·65	15·28	14·22	14·09
IV. Diseases of the respiratory system ..	911	784	9·45	8·75	9·18	8·07
V. Diseases of the digestive system ..	1,026	843	10·64	9·41	10·34	8·67
VI. Diseases of the genito-urinary system and adnexa	436	407	4·52	4·54	4·39	4·19
VII. Puerperal condition	117	135	1·21	1·51	1·18	1·39
VIII. Diseases of the skin and of the cellular tissue	33	50	0·34	0·56	0·33	0·51
IX. Diseases of the organs of locomotion ..	18	25	0·19	0·28	0·18	0·26
X. Malformations	65	64	0·67	0·71	0·65	0·66
XI. Infancy	719	676	7·46	7·55	7·24	6·96
XII. Old-age	660	556	6·85	6·21	6·66	5·72
XIII. Violence	667	778	6·92	8·68	6·72	8·00
XIV. Ill-defined causes	174	165	1·81	1·84	1·75	1·70
Totals	9,639	8,959	100·00	100·00	97·09	92·19

The next table shows the number of deaths from each principal cause for the five years 1906–10, and the proportion per 10,000 of the population.

Cause.	Number of Deaths.					Proportion of 10,000 of Mean Population.				
	1906.	1907.	1908.	1909.	1910.	1906.	1907.	1908.	1909.	1910.
Typhoid fever	48	53	90	55	62	0·54	0·58	0·95	0·57	0·62
Measles	12	101	19	26	1	0·13	1·10	0·20	0·27	0·01
Scarlet fever	18	25	60	26	13	0·20	0·27	0·63	0·27	0·13
Whooping-cough	26	307	42	41	148	0·29	3·34	0·44	0·42	1·49
Influenza	132	223	64	47	141	1·47	2·43	0·68	0·48	1·42
Tuberculosis of the lungs ..	556	612	607	588	550	6·21	6·66	6·42	6·05	5·54
Other forms of tuberculosis	164	244	232	212	181	1·83	2·65	2·45	2·18	1·82
Cancer	623	674	657	711	742	6·96	7·33	6·95	7·32	7·47
Diabetes	104	87	100	104	123	1·16	0·95	1·06	1·07	1·24
Simple meningitis ..	138	130	136	131	142	1·54	1·41	1·44	1·35	1·43
Convulsions of children under 5 years of age	106	104	96	131	107	1·18	1·13	1·02	1·35	1·08
Apoplexy	272	330	341	316	389	3·04	3·59	3·61	3·25	3·92
Pneumonia	444	572	453	458	448	4·96	6·22	4·80	4·71	4·51
Gastritis and enteritis ..	335	518	478	362	457	3·74	5·64	5·06	3·73	4·60
Diarrhœal diseases ..	97	314	198	102	164	1·08	3·42	2·20	1·05	1·65
Cirrhosis of liver	44	42	52	47	38	0·49	0·46	0·55	0·48	0·38
Appendicitis	69	86	81	66	98	0·77	0·93	0·86	0·68	0·99
Bright's disease and acute nephritis	241	268	263	261	256	2·69	2·92	2·78	2·69	2·58
Violence, suicide	83	102	103	118	100	0·93	1·11	1·09	1·21	1·01
" accident ..	575	611	570	660	567	6·42	6·65	6·03	6·79	5·71
Other causes	4,252	4,663	4,401	4,497	4,912	..	..	..	..	..
Totals	8,339	10,066	9,043	8,959	9,639	93·11	109·52	95·69	92·19	97·09

TYPHOID FEVER.

Deaths from this cause numbered 62 in 1910, against 55 in the previous year, the average for five years being 61.

MEASLES.

There was an outbreak of this complaint in 1907, causing 101 deaths. In 1910 only 1 death was recorded.

SCARLET FEVER.

The number of deaths from scarlet fever in 1910 was 13. The average annual mortality for the five years was 28.

WHOOPING-COUGH.

There were 148 deaths in 1910, 41 in 1909, 42 in 1908, 307 in 1907, and 26 in 1906.

INFLUENZA.

This was more prevalent in 1910 than in 1909, 141 deaths being recorded.

TUBERCULOSIS.

Deaths from phthisis numbered 550 or 5·54 per 10,000 of the population, against 588 or 6·05 in 1909, and 607 deaths or 6·42 per 10,000 in 1908. The average for the past ten years was 579 or 6·6 per 10,000.

Year.	Deaths from Phthisis.	Rate per 10,000.	Year.	Deaths from Phthisis.	Rate per 10,000.
1901	596	7·76	1906	556	6·21
1902	617	7·73	1907	612	6·66
1903	570	6·95	1908	607	6·42
1904	598	7·08	1909	588	6·05
1905	496	5·70	1910	550	5·54

Reference to the following table will show that 325 persons known to have been born in the Dominion died during 1910 from phthisis, a proportion of 4·80 per 10,000 of the estimated native-born white population, and 147 persons resident for fifteen years or over succumbed to the disease.

Deaths from Phthisis, 1910.

Length of Residence in New Zealand.	Age at Death.										
	Under 5 Years.	5 to 10.	10 to 15.	15 to 25.	25 to 35.	35 to 45.	45 to 55.	55 to 65.	65 to 75.	75 and upwards.	Total.
Males.											
Under 1 month	...	...	...	...	...	...	...	...	...	...	...
1 to 6 months	...	...	...	...	...	...	...	...	...	...	...
6 to 12 months	...	...	...	...	1	1	1	...	...	...	3
1 to 2 years	...	...	...	1	3	3	1	...	...	...	8
2 to 3 years	...	...	...	1	3	1	...	...	...	1	6
3 to 4 years	...	...	...	...	5	1	2	...	...	...	8
4 to 5 years	...	...	...	...	3	...	...	...	...	...	3
5 to 10 years	...	...	...	...	8	4	2	...	...	...	14
10 to 15 years	...	...	...	...	5	4	4	1	...	...	14
15 to 20 years	...	...	...	...	1	1	4	2	...	...	8
20 to 25 years	...	...	...	...	1	2	2	...	...	...	5
25 years and upwards	...	...	...	...	4	4	15	21	9	6	59
Not known	...	...	...	...	9	6	9	13	4	...	31
Born in Dominion	2	3	4	39	67	23	10	4	1	...	153
Totals	2	3	4	41	110	50	50	31	14	7	312
Females.											
Under 1 month	...	...	...	...	...	1	...	...	...	...	1
1 to 6 months	...	...	...	...	...	...	...	...	...	...	...
6 to 12 months	...	...	...	1	1	...	...	...	...	...	2
1 to 2 years	...	...	...	1	2	1	...	...	...	...	4
2 to 3 years	...	...	...	1	3	...	...	...	...	...	4
3 to 4 years	...	...	...	...	...	2	1	...	...	...	3
4 to 5 years	...	...	...	...	2	1	..	...	...	...	3
5 to 10 years	...	...	...	2	2	...	...	...	...	...	4
10 to 15 years	...	...	...	1	...	...	...	...	...	...	1
15 to 20 years	...	...	...	...	1	1	1	...	...	...	3
20 to 25 years	...	...	...	1	1	1	1	...	...	...	4
25 years and upwards	...	...	...	...	3	5	6	8	8	...	30
Not known	...	...	...	1	...	4	1	...	1	...	7
Born in Dominion	1	...	1	57	85	18	7	2	1	...	172
Totals	1	...	1	65	100	34	17	10	10	...	238
Totals of both sexes	3	3	5	106	210	84	67	41	24	7	550

The mortality from all forms of tuberculosis for the past ten years has ranged from 7·36 to 10·05 per 10,000 of the population, and the percentage of total deaths from all causes has fluctuated during the same period between 7·58 and 10·15.

Deaths and Death-rates from Tuberculosis, and Percentage of Total Deaths, 1901–10.

Year.	Mean Population.	Number of Deaths from Tubercular Diseases.	Rate per 10,000	Percentage of Total Deaths from all Causes.
1901	777,968	775	9·96	10·15
1902	797,793	802	10·05	9·58
1903	820,217	769	9·38	9·02
1904	845,022	799	9·46	9·88
1905	870,000	678	7·79	8·41
1906	895,594	720	8·04	8·63
1907	919,105	856	9·31	8·50
1908	945,063	839	8·87	9·28
1909	971,784	800	8·23	8·93
1910	992,802	731	7·36	7·58

Ages of Persons who died from Tubercular Diseases, 1910.

Ages.	Males.	Females.	Total.	Ages.	Males.	Females.	Total.
Under 5 years	35	30	65	50 years and under 55	29	9	38
5 years and under 10 ..	12	12	24	55 ,, 60	23	6	29
10 ,, 15 ..	5	4	9	60 ,, 65	10	5	15
15 ,, 20 ..	10	28	38	65 ,, 70	6	7	13
20 ,, 25 ..	43	53	96	70 ,, 75	8	5	13
25 ,, 30 ..	66	67	133	75 ,, 80	5	..	5
30 ,, 35 ..	57	57	114	80 upwards ..	2	..	2
35 ,, 40 ..	27	32	59				
40 ,, 45 ..	32	8	40	Total deaths ..	397	334	731
45 ,, 50 ..	27	11	38				

In comparison with England and Wales and the States of the Australian Commonwealth the deaths from tuberculosis per 1,000 of the population was lower in Queensland and New South Wales than in New Zealand.

Death-rates from Tuberculosis, and Percentage of Total Deaths, 1909.

	Death-rates (per 1,000) from Tuberculosis.	Percentage of Total Deaths.
England and Wales	1·52	10·50
New South Wales	0·77	7·86
Victoria	1·02	9·09
Queensland	0·67	6·91
South Australia	0·96	10·26
Western Australia	0·85	8·58
Tasmania	0·85	8·58
New Zealand	0·82	8·93

CANCER.

There were 742 deaths assigned to this cause in 1910, a proportion of 7·47 per 10,000 persons, the average number and rate for the five years 1906–10 being 681 and 7·21 respectively. Deaths of males numbered 399, and of females 343. The death-rate from cancer is not so great as that from tubercular diseases, but its increasing tendency is a matter of grave concern.

Number of Persons who died from Cancer, the Proportion per 10,000 Persons living, and the Percentage of all Deaths.

Year.	Deaths from Cancer.	Total Deaths, all Causes.	Deaths from Cancer per 10,000 of Living Persons.	Percentage of Total Deaths due to Cancer.
1901	515	7,634	6·62	6·75
1902	536	8,375	6·72	6·40
1903	582	8,528	7·10	6·82
1904	571	8,087	6·76	7·06
1905	566	8,061	6·51	7·02
1906	623	8,339	6·96	7·47
1907	674	10,066	7·33	6·70
1098	657	9,043	6·95	7·27
1909	711	8,959	7·32	7·94
1910	742	9,639	7·47	7·70

The part of the body mostly affected among males is the stomach, and among females the generative and mammary organs.

Cancer: Seat of Disease.

Seat of Disease.	Males.	Females.	Total.
Mouth, lip, tongue, throat, neck	93	17	110
Stomach	98	63	161
Intestines, rectum	72	65	137
Kidneys, bladder, urethra, &c.	24	11	35
Liver	53	36	89
Female genital organs	...	71	71
Breast	...	40	40
Other organs	59	40	99
	399	343	742

Ninety-five per cent. of the deaths were at the ages 35 years and upwards, and 57 per cent. at the ages 60 years and upwards.

Ages of Persons who died from Cancer, 1909.

Ages.	Males.	Females.	Total.	Ages.	Males.	Females.	Total.
Under 5 years	4	5	9	45 years and under 50	20	28	48
5 years and under 10 ..	..	..	..	50 „ 55	28	39	67
10 „ 15 ..	..	1	1	55 „ 60	45	42	87
15 „ 20 ..	..	..	..	60 „ 65	64	49	113
20 „ 25 ..	1	1	2	65 „ 70	62	41	103
25 „ 30 ..	..	1	1	70 „ 75	77	36	113
30 „ 35 ..	5	5	10	75 „ 80	45	37	82
35 „ 40 ..	9	9	18	80 years and upwards	29	20	49
40 „ 45 ..	10	29	39	Totals ..	399	343	742

The proportion of deaths from cancer to the 1,000 persons living in some of the principal European countries as shown below leads to the conclusion that there is a general tendency to increase.

Cancer Death-rates per 1,000 living in some Principal European Countries.

Country.	Average 1901–5.	Years			
		1906.	1907.	1908.	1909.
Switzerland	1·10	1·12	1·06	1·11	..
The Netherlands	0·85	0·88	0·89	0·90	0·90
England and Wales	0·86	0·92	0·91	0.92	0·95
Scotland	0·83	0·94	0·94	0·94	..
Austria	0·69	0·73	0·72	0·72	..
Victoria	0·76	0·77	0·82	0·81	0·82
Ireland	0·56	0·64	0·62	0·62	0·65
New Zealand	0·75	0·79	1·82	0·79	0·82
South Australia	0·76	0·84	0·80	0·77	0·86
Prussia	0·64	0·69	0·72	0·73	0·74
New South Wales	0·80	0·85	0·87	0·84	0·90
Belgium	0·49	0·49	0·51	0·54	..
Queensland	0·79	0·76	0·90	0·71	0·83
Tasmania	0·68	0·63	0·77	0·82	0·82
Italy	0·45	0·51	0·50	0·53	0·53
Western Australia	0·74	0·98	0·83	0·86	1·09
Spain	0·38	0·41	0·41	0·44	0·44
Hungary	0·38	0·39	0·41	0·42	0·43

DIABETES.

There were 123 deaths in 1910, a rate of 1·24 per 10,000, the average for the five years being 104 and 1·10 respectively.

SIMPLE MENINGITIS.

This disease caused 142 deaths in 1910, the average of the past five years being 135.

CONVULSIONS OF CHILDREN.

It would appear that the mortality from this cause shows a decreasing tendency, although the rate, measured by the total population, was exceptionally high in 1909. The proportion of deaths per 10,000 children living under 5 years of age was 11·52 in 1905, 11·65 in 1909, and 9·32 in 1910.

APOPLEXY.

The average number of deaths from this cause during the past five years was 329, and the rate per 1,000, 3·48. Last year the number of deaths was 389, and the rate 3·92 per 10,000.

PNEUMONIA.

There were 448 deaths in 1910, against 458 in 1909. Excepting occasional fluctuations due to exceptional climatic conditions, the rate per 10,000 remains fairly constant at about 4·9.

GASTRITIS AND ENTERITIS AND DIARRHŒAL DISEASES.

Although shown separately in the table, it may be advisable to consider these causes together. The number of deaths recorded in 1910 was 621, a rate of 6·25 per 10,000, as compared with an average of 605 and 6·43 respectively for the past five years.

CIRRHOSIS OF LIVER.

There were 38 deaths in 1910, as compared with an average of 45 for the five years 1906–10.

APPENDICITIS.

There were 98 deaths ascribed to this cause in 1910, the average number for five years being 80.

BRIGHT'S DISEASE AND NEPHRITIS.

Of the 256 deaths last year 206 were certified as Bright's disease and 50 as acute nephritis. The rate per 10,000 living for 1910 was 2·58, against an average of 2·73 for the last five years.

PUERPERAL DISEASES.

In 1910 the deaths certified to these causes number 117. Included in the number were: Accidents of pregnancy, 35; puerperal septicæmia, 35; other accidents of childbirth, 47. The number of deaths to every 1,000 confinements for each of ten years is shown.

Year.	Deaths of Mothers to every 1,000 Confinements.	Year.	Deaths of Mothers to every 1,000 Confinements.
1900	3·84	1906	3·91
1901	4·39	1907	4·62
1902	5·33	1908	4·64
1903	5·86	1909	5·14
1904	4·66	1910	4·55
1905	4·22		

VIOLENCE.

The deaths from external violence, apart from suicide, numbered 567 in 1910—males 466, females 101. The rate per 10,000 living was 6·42 in 1906, 6·65 in 1907, 6·03 in 1908, 6·79 in 1909, and 5·71 in 1910. Drowning caused 28 per cent. of the total, and 29 per cent. of the male deaths by accident. The various forms of accidental deaths in 1910 are shown in the following table:—

Accidental Deaths, 1910.

Cause of Death.	Males.	Females.	Total.
Fractures	33	9	42
Shooting	14	1	15
Other accidental injuries	167	10	177
Burns, scalds	23	27	50
Insolation	2	..	2
Electric shock	1	1	2
Accidental drowning	135	25	160
Inhalation of noxious gases	10	4	14
Other accidental poisoning	12	5	17
Other external violence	69	19	88
Total deaths	466	101	567

SUICIDE.

The suicidal deaths in 1910 were 100—males 86, and females 14. The rate per 10,000 living was 1·01 in 1910, against an average of 1·07 for the past five years.

B. LOCAL VITAL STATISTICS.

(From the Reports of District Health Officers.)

Auckland District.

In accordance with the decision of the Department, to facilitate comparison with other countries, and that our figures may synchronize with those of the Registrar-General, the vital statistics for the first time cover the period January to December inclusive. They deal only with the population of the City of Auckland and the boroughs of Birkenhead, Devonport, Grey Lynn, Mount Eden, Newmarket, Northcote, and Parnell. The alteration involves the overlapping of the first three months of 1910, which were included in 1910 report. This fact must be noted when dealing later on with any term of years.

Population.

The mean population for the year 1910 in the above-mentioned boroughs upon which the statistics are based is,—

Auckland City	43,683
Suburban boroughs	36,586
	80,269

In the population of Greater Auckland the Registrar-General includes the road districts Arch Hill, Eden Terrace, Epsom, Mount Albert, Mount Roskill, One Tree Hill, Point Chevalier, Remuera, and Parnell Riding (including the Domain and Hospital reserves), 19,756. Onehunga Borough adds a further 3,693 (1906 census), making a total of 103,718. The following statistics, however, deal with the population of the boroughs, 80,269 :—

Birth-rate.

	Per 1,000 of Mean Population.
1910—Auckland	27·75
Auckland and suburban boroughs	26·01

The average birth-rates for the previous ten years are :—

Auckland City	30·28
Auckland and suburban boroughs	28·28

Death-rate.

	Per 1,000 of Mean Population.
1910—Auckland City	11·88
Auckland and suburban boroughs	9·73

The average death-rates for the previous ten years (1900–9) are—

Auckland City	12·97
Auckland and suburban boroughs	11·28

There is, therefore, a decrease from the average, although slightly above the rate for previous year, when it was 9·30 for city and suburbs.

Natural Increase of Population.

	Births.	Deaths.	Natural Increase.	Increase per 1,000 of Mean Population.
Auckland and suburban boroughs	2,088	781	1,307	16·28

The births show a continued fall, and the deaths, both in the city and suburbs, are in excess of the previous year, resulting in a considerable reduction in the natural increase of population as compared with the previous year, when it was 18·28. The birth-rate is the lowest recorded for a number of years, being 2·25 less in the city than in 1901.

Infant Mortality.

In Auckland and suburban boroughs,—

Deaths of infants under 1 year were	165
Deaths of infants between 1 and 5 years	49
	214

Deaths of children under 1 year per 100 births,—	Auckland City.	Auckland and Suburban Boroughs.
For 1910	9·57	7·90
Mean for previous five years	9·34	8·37
Mean for previous ten years	10·71	9·77

Mean for the whole Dominion for ten years—7·19.

This table exhibits a satisfactory decrease in infant mortality over the decennary period, though necessarily not so marked as the improvement is maintained. Last year infant mortality was considerably greater than in the previous year, and the improvement over the ten years is only maintained by the lower record of the years immediately preceding.

Causes of Deaths.

Zymotic Diseases.

Deaths in Auckland and suburban boroughs for the last five years:—

1906	42	1909	74
1907	103	1910	125
1908	139		

The 125 deaths were from—

Diarrhœal diseases	92
Influenza	10
Scarlet fever	1
Diphtheria	6
Enteric fever	10
Whooping-cough	1
Other zymotic diseases	5
	125

Cancer.

Deaths in Auckland and suburban boroughs for the last five years,—

1906	49	1909	76
1907	50	1910	59
1908	55		

The remarkable increase in the number of deaths from cancer for 1909 is, fortunately, not maintained, and the rate of increase in the district is commensurate with average increases throughout the Dominion, taking into consideration the increase in population in the Auckland District.

Phthisis and other Tubercular Diseases.

Deaths in Auckland and suburban boroughs for the last five years,—

1906	52	1909	58
1907	66	1910	44
1908	52		

The decrease in deaths from this cause appears to be maintained, while the notifications of the occurrence of the disease are 137, a number which does not seem to call for any special comment.

WELLINGTON DISTRICT.

The statistics of births and deaths are taken from the records of the Registrar-General, and deal only with the population of Wellington and the boroughs of Karori, Onslow, and Miramar.

Population.

The mean population for the year 1909 in the before-named boroughs, comprising Greater Wellington, was,—

Wellington City	72,272
Karori Borough	1,431
Onslow Borough	1,839
Miramar Borough	1,774
	77,316

Birth-rate.

1910—Wellington City	24·13
Wellington and suburban boroughs	24·19

The average birth-rates per 1,000 of the population for previous ten years are,—

Wellington City	27·27
Wellington and suburban boroughs	27·15

Death-rate.

The average death-rates per 1,000 of the population for previous ten years are,—

Wellington City	10·44
Wellington and suburban boroughs	10·16

Infant Mortality.

In Wellington and suburban boroughs,—

Deaths of infants under 1 year in 1910 were	158
Between 1 and 5 years	29
	187

Deaths of children under 1 year per 100 births,—	Wellington City.	Wellington and Suburbs.
For 1910	8·89	8·45
Mean for previous five years	9·14	9·03

Natural Increase of Population.

	Births.	Deaths.	Natural Increase.	Increase per 1,000 of Population.
Wellington and suburban boroughs	1,870	692	1,078	13·9

The birth-rate is lower by 2·49 per 1,000 than in 1909, and the death-rate is 0·16 lower.

Causes of Death.

Zymotic Diseases.

Deaths in Wellington and suburban boroughs for the last five years,—

1906	55	1909	78
1907	164	1910	74
1908	124		

These 74 deaths were from,—

Diarrhœal diseases	42
Influenza	5
Typhoid fever	2
Scarlet fever	1
Diphtheria	12
Whooping-cough	6
Other zymotic diseases	6
	74

Cancer.

Deaths in Wellington and suburban boroughs for the last five years,—

1906	53	1909	59
1907	50	1910	71
1908	48		

Phthisis and other Tubercular Diseases.

Deaths in Wellington and suburban boroughs for the last five years,—

1906	60	1909	81
1907	68	1910	87
1908	73		

Christchurch District.

The statistics of births and deaths are taken from the returns of the Registrar-General, and deal only with the population of Christchurch and the boroughs of Woolston, New Brighton, and Sumner.

Population.

Christchurch City	57,205
Woolston Borough	3,540
New Brighton Borough	1,675
Sumner	1,725
	64,145

Birth-rate.

1910—Christchurch City	27·10
Christchurch and suburban boroughs	28·83

The average birth-rates for previous ten years (1900–9) are,—

Christchurch City	27·09
Christchurch and suburban boroughs	27·40

Death-rate.

1910—Christchurch City	10·54
Christchurch and suburban boroughs	10·41

The average death-rates for previous ten years (1900–9) are,—

Christchurch City	11·36
Christchurch and suburban boroughs	11·28

Infant Mortality.

In Christchurch and suburban boroughs,—

Deaths of infants under 1 year in 1910 were...	115
Between 1 year and 5 years	23
	138

Deaths of children under 1 year per 100 births,—	Christchurch and Suburban Boroughs.
Mean for 1910	6·94
,, for previous five years (1905–9)	8·30
,, for previous ten years	9·90

Natural Increase of Population.

	Births.	Deaths.	Natural Increase.	Increase per 1,000 of Population.
Christchurch and suburban boroughs	1,657	688	989	15·4

Causes of Deaths.

Zymotic Diseases.

Deaths in Christchurch and suburban boroughs for the last five years,—

1906	47	1909	35
1907	155	1910	47
1908	52		

These 47 deaths were from,—

Diarrhœal diseases	17
Influenza	6
Typhoid fever	4
Scarlet fever	1
Diphtheria	8
Whooping-cough	5
Other zymotic diseases	6

Cancer.

Deaths in Christchurch and suburban boroughs for last five years,—

1906	60	1909	51
1907	76	1910	63
1908	42		

Phthisis and other Tubercular Diseases.

Deaths in Christchurch and suburban boroughs for the last five years,—

1906	41	1909	46
1907	73	1910	50
1908	66		

DUNEDIN DISTRICT.

The statistics of births and deaths are taken from the returns of the Registrar-General, and deal only with the population of Dunedin and the boroughs of Maori Hill, Mornington, Roslyn, St. Kilda, and West Harbour.

Population.

Dunedin City	44,483
Suburban boroughs	19,009
	63,492

Birth-rate.

1910—Dunedin City	27·22
Dunedin and suburban boroughs	25·29

The average birth-rates for previous ten years (1900–9) are,—

Dunedin City	23·83
Dunedin and suburban boroughs	24·33

Death-rate.

1910—Dunedin City	10·99
Dunedin and suburban boroughs	10·24

The average death-rates for previous ten years (1900–9) are,—

Dunedin City	10·44
Dunedin and suburban boroughs	10·16

Infant Mortality.

In Dunedin and suburban boroughs,—

Deaths of infants under 1 year in 1910 were	127
Between 1 and 5 years	20
	147

Deaths of children under 1 year per 100 births,—	Dunedin and Suburban Boroughs.
Mean for 1910	7·91
,, for previous five years (1905–9)	7·36
,, for previous ten years	7·88

Natural Increase of Population.

	Births.	Deaths.	Natural Increase.	Increase per 1,000 of Population.
Dunedin and suburban boroughs ...	1,606	650	956	15·0

Causes of Death.

Zymotic Diseases.

Deaths in Dunedin and suburban boroughs for the last five years,—

1906	26	1909	33
1907	101	1910	71
1908	62		

These 71 deaths were from,—

Diarrhœal diseases	40
Influenza	7
Typhoid fever	1
Scarlet fever	0
Diphtheria	2
Whooping-cough	20
Other zymotic diseases	1
	71

Cancer.

Deaths in Dunedin and suburban boroughs for the last five years,—

1906	55	1909	62
1907	59	1910	60
1908	53		

Phthisis and other Tubercular Diseases.

Deaths in Dunedin and suburban boroughs for the last five years,—

1906	78	1909	47
1907	77	1910	52
1908	69		

PART II.—NOTIFICATION OF INFECTIOUS DISEASE.

General.

The following table shows the number of cases notified of infectious diseases for the whole Dominion :—

Nature of Disease.	Health District.					Total.
	Auckland.	Wellington, Hawke's Bay, and Marlborough.	Westland.	Canterbury.	Otago.	
Scarlet fever	994	443	10	221	254	1,922
Diphtheria	257	341	2	154	84	838
Enteric fever	197	233	1	115	84	630
Tuberculosis	137	199	16	123	138	613
Blood-poisoning	51	35	..	39	9	134
Hydatids	1	3	..	9	..	13
Plague	3	..	..	..	..	3
Totals	1,640	1,254	29	661	569	4,153

Auckland District.

Cases of Infectious Disease notified.

The cases of infectious disease occurring in the Public Health District during the year exhibit the very large increase of 909 cases. The scarlet fever increase of 805 cases and the diphtheria increase of 104 cases account for the whole of this—the increases in tuberculosis and plague and the decreases in enteric and blood-poisoning balancing. The total number of notifications is 1,640.

For five years,—

1906–7	642	1909–10	731
1907–8	1,071	1910	1,640
1908–9	737		

Comparing last year's notifications with those of the previous year we find,—

Scarlet fever	Increase	805
Diphtheria	,,	104
Enteric fever	Decrease	29
Tuberculosis	Increase	30
Blood-poisoning	Decrease	4
Plague	Increase	3
Net increase		909

The altogether abnormal increases in scarlet fever and diphtheria are dealt with under their proper heads later on.

The following table exhibits the distribution of the cases :—

Summary of Notifications of Infectious Diseases, 1st January to 31st December, 1910.

Locality.	Scarlet Fever.												Diphtheria.												Enteric Fever.												Tuberculosis.												Blood-poisoning.												Plague.	
	Jan.	Feb.	Mar.	April.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	April.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	April.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	April.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	April.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.	May.	June.
Auckland City ..	..	2	11	53	55	38	24	23	14	6	7	..	4	5	13	..	7	1	3	2	5	1	2	6	7	12	5	5	4	..	1	3	2	4	10	2	3	2	2	1	2	6	3	4	2	6	7	1	1	..	..	1	5	..	1	..	3	1	..	..	1
Birkenhead Borough ..	..	..	..	10	2	1	..	1	..	..	..	..	..	..	..	2	..	1	1	1	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..	..	..
Devonport Borough ..	..	..	2	17	17	8	2	5	..	..	..	..	1	2	..	..	4	2	..	..	..	..	1	2	..	2	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Grey Lynn Borough ..	..	..	1	5	11	16	11	2	3	1	..	2	..	..	2	2	3	..	2	..	1	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..	1	..	..	..	..	..	..	..	..	1	..	..
Mount Eden Borough ..	..	1	3	6	18	10	3	1	1	1	..	1	..	..	..	1	1	1	..	..	1	1	..	..	1	..	..	..	..	..	..	..	..	..	..	..	2	..	..	..	1	..	1	1	1	..	2	..	..	..	1	..	..	1	..	..	1	..	..	1	..
Newmarket Borough ..	..	1	1	1	3	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Northcote Borough ..	..	..	..	5	3	4	2	..	2	1	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Onehunga Borough ..	..	1	7	11	8	4	1	2	..	1	..	..	2	..	1	3	1	4	4	..	4	1	..	..	..	3	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..	..	..	..	..	..	1	..	..
Parnell Borough ..	3	1	3	2	5	1	..	2	..	..	1	..	1	1	..	2	1	..	..	2	..	1	..	..	..	1	..	..	1	..	..	..	..	..	..	..	1	..	..	..	1	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Arch Hill Road District ..	1	..	3	2	2	6	..	1	..	1	1	..	..	1	1	3	1	..	..	..	..	..	..	..	..	..	..	1	..	..	1	..	..	..	..	1	..	..	1	1	..	1	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..
Avondale Road District ..	..	..	..	4	..	3	..	1	..	..	..	..	..	1	..	..	..	1	..	..	1	..	..	..	3	1	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..
Ellerslie Town District ..	..	..	..	..	1	..	1	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..
Eden Terrace Road District	1	..	..	6	4	3	3	2	3	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	2	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..
Epsom Road District ..	..	..	1	4	3	2	1	..	..	2	..	1	1	..	..	1	..	4	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	1	..	..	..	..
Manukau County ..	1	..	3	4	10	9	1	6	1	3	..	..	..	..	..	3	2	2	..	..	..	..	..	..	2	2	..	..	..	..	..	1	..	..	1	..	1	..	..	1	..	1	..	..	1	..	..	..	4	..	..	..	..	1	..	..	..	..	1	..
Mangonui County ..	..	..	2	..	1	1	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Mount Albert Road District ..	..	..	..	2	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Mount Roskill District ..	..	..	1	..	1	..	..	1	..	..	..	..	1	..	..	..	1	..	..	..	..	..	..	2	..	..	..	1	1	..	..	..	..	..	..	..	1	1	1	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Mount Wellington District ..	..	..	..	2	1	..	..	1	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
One-tree Hill	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	2	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Otahuhu District ..	..	..	2	..	4	..	..	..	..	1	..	..	1	..	1	..	2	..	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..	1	1	..	..	..	..	..	..	2	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..
Point Chevalier District ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Remuera District ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..
Tamaki West District ..	..	..	..	..	..	..	10	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	1	..	..	..	..	..	..	..	3	..	..	1	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..
..	..	..	2	9	..	1	2	..	1	..	..	..	..	..	3	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Bay of Islands County ..	..	..	..	3	1	8	4	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..	..	..	..
Coromandel County ..	..	..	..	..	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	1	1	..	..	1	..	..	..	..
Hobson County ..	..	1	4	7	7	5	2	7	2	2	3	..	..	1	14	14	1	..	1	1	1	1	1	2	..	..	..	..	..	..	..	..	1	..	..	..	..	1	2	..	1	..	..	..	..	3	..	..	..	1	1	..	..	..	1	1	..	..	..
Hokianga County ..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..
Opotiki County ..	..	..	..	..	1	1	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Ohinemuri County ..	..	..	1	1	1	4	5	1	2	1	2	..	1	..	..	..	1	..	..	1	..	..	..	..	..	..	1	..	..	..	..	..	1	2	2	4	..	..	..	..	..	..	..	..	..	..	1	1	..	..	1	..	..	..	..	..	..	..	..
Otamatea County ..	..	..	..	..	..	..	..	2	..	1	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..
Piako County	..	..	1	..	8	2	6	1	1	..	..	..	..	..	..	1	..	..	1	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	1	..	..	..	1	1	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..
Rodney County ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Rotorua County ..	..	..	..	1	4	2	1	..	..	..	..	..	..	..	1	2	..	..	..	..	..	..	..	..	1	2	..	2	1	..	..	..	..	2	1	..	..	..	..	..	..	4	1	..	..	1	..	..	..	..	..	2	..	..	..	..	..	..	..
Raglan County ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Taupo County ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Tauranga County ..	..	..	..	..	..	..	..	3	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	3	..	1	..	..	..	..	..	..	2	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Thames County ..	..	..	..	..	3	14	7	3	4	..	..	3	..	3	1	1	..	2	..	..	..	1	..	..	..	3	1	..	..	..	..	1	1	2	..	..	..	..	..	..	..	1	..	..	2	..	..	..	..	..	..	..	..	1	..	..	..	..	..

| | | |

Table showing the Incidence and Mortality for the Principal Infectious Diseases in the Centres of Population, Auckland District, 1st January to 31st December, 1910.

Health District.	City or Borough.	Population.	Scarlet Fever or Scarlatina.			Diphtheria.			Enteric or Typhoid Fever.			Tuberculosis.			Blood-poisoning and Plague.		
			Cases.	Deaths.	Removed to Hospital.	Cases.	Deaths.	Removed to Hospital.	Cases.	Deaths.	Removed to Hospital.	Cases.	Deaths.	Removed to Hospital.	Cases.	Deaths.	Removed to Hospital.
Auckland ..	Auckland ..	43,683	233			43			54			40			14		
Auckland and Northern	Birkenhead Devonport.. Grey Lynn Mount Eden Newmarket Northcote .. Onehunga .. Parnell ..	41,181	238		1	61		6	14		11	15		30	12		5
					135			61			58			1			9
	Dargaville ..	..	3	..	..	..	1	..	..	..	..	..	..	..	..	1	..
	Wangarei ..	2,500	..	..	..	7	..	..	2	..	..	..	..	..	1	..	..
Waikato ..	Cambridge..	1,300	14	..	1	..	..	..	..	..	..	..	..	..	..	..	..
	Hamilton ..	2,500	12	..	3	..	..	..	7	..	6	1	1	..	..	..	..
	Taumarunui	1,000	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Te Kuiti ..	1,000	4	..	1	1	..	..	1	..	1	..	..	..	..	..	..
Thames ..	Thames ..	..	32	..	22	12	1	5	6	..	5	2	2	..	..	..	..
	Te Aroha ..	..	17	..	9	..	..	..	..	..	..	3	..	1	..	..	..
	Waihi ..	..	14	..	10	16	..	15	9	..	4	1	1	1	2	..	1

Summary of Cases as to Locality.

	Scarlet Fever.	Diphtheria.	Enteric Fever.	Tuberculosis.	Blood-poisoning.	Plague.	Total.
City of Auckland ..	233	43	59	40	13	1	389
Suburban boroughs ..	238	61	14	15	11	1	340
Suburban road districts ..	129	34	27	22	9	1	222
Country districts ..	394	119	92	60	19	..	684
Auckland Hospital ..	..	..	..	..	..	..	..
Mental Hospital	..	..	5	..	..	..	5
Shipping	..	..	..	..	..	..	..
Totals ..	994	257	197	137	52	3	1,640

The following cases were sent to the General Hospital at Auckland by order of the Department:—

Scarlet fever	135
Diphtheria	61
Enteric fever	58
Tuberculosis	1
Blood-poisoning	6
Plague	3
	264

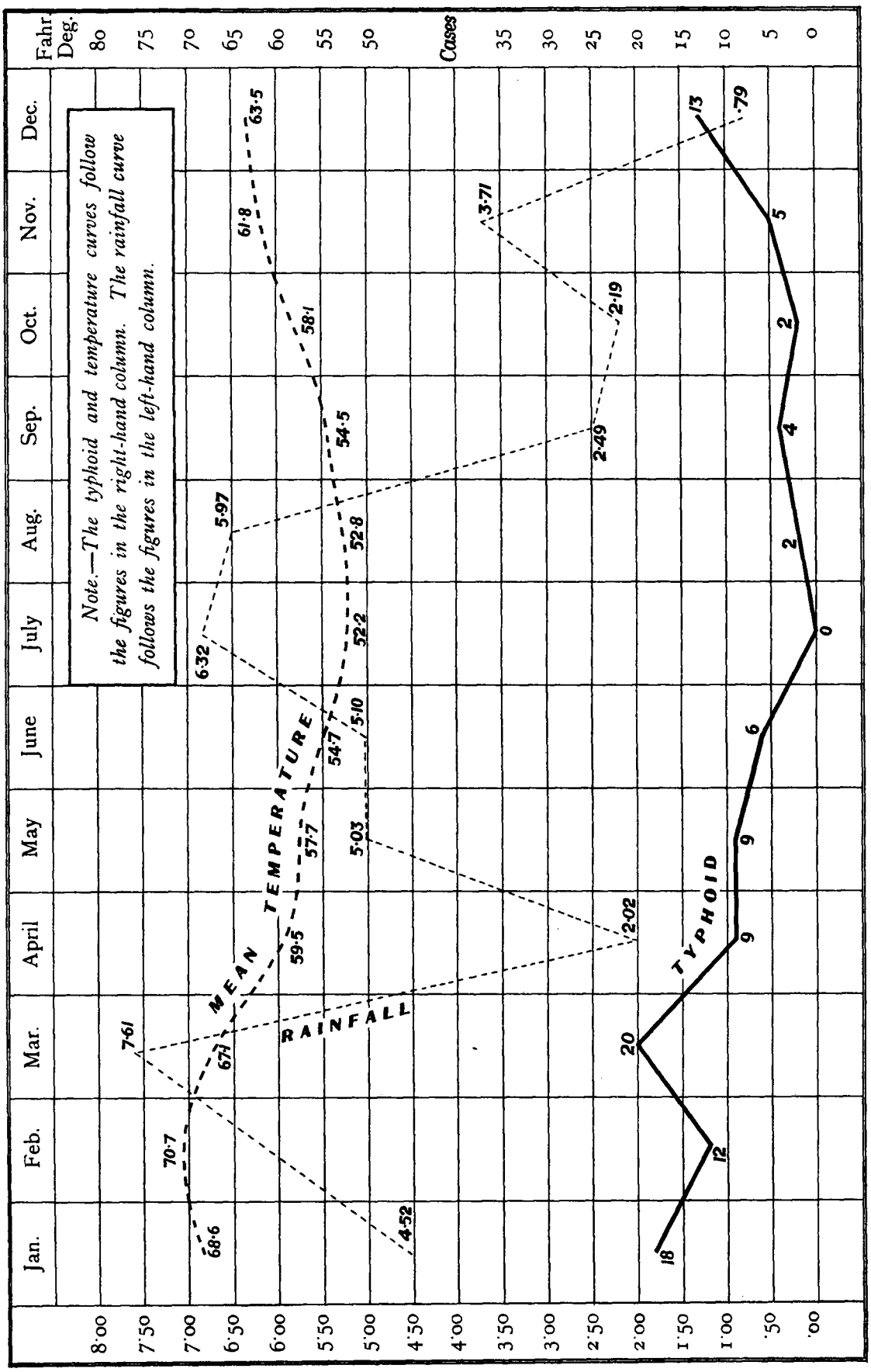
Rainfall and Temperature, 1910—Auckland Museum Observation.

	Rainfall.		Temperature.	
	1910.	Average Previous 44 Years.	1910.	Average Previous 44 Years.
1909.	In.	In.	Deg.	Deg.
January	4·52	2·65	68·6	67·1
February	6·05	3·66	70·7	67·4
March	7·61	2·42	67·1	64·3
April	2·02	3·05	59·5	61·7
May	5·03	4·50	57·7	57·2
June	5·10	4·53	54·7	53·8
July	6·32	4·95	52·2	52·3
August	5·97	4·19	52·8	52·4
September	2·49	3·42	54·5	54·8
October	2·19	3·42	58·1	57·5
November	3·71	3·09	61·8	57·6
December	0·79	2·61	63·5	65·4
Totals and means ..	51·80	42·49	60·1	59·3

TYPHOID FEVER.

Auckland and Suburban Boroughs and Road Districts, 1910.

Typhoid, Temperature, and Rainfall Curves.



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Scarlet Fever.

The cases notified from the health district during the last five years are,—

1906–7	268	1909–10	189
1907–8	277	1910	994
1908–9	142		

In the annual report for 1909–10 reference was made to the very generally distributed outbreak of scarlet fever which arose in the last month (March) of the then departmental year. The figures above presented for the whole year (1910) show that that outbreak was experienced throughout the district, and was unprecedented in its extent and the numbers of persons attacked. Auckland and suburbs, with exception generally of those on the south and south-east beyond Mount Eden and Epsom, the North Shore boroughs, and the Counties of Waitemata, Manukau, Waikato, Thames, and Whangarei, &c., all suffered. No doubt the notifications did not fully represent the extent of the outbreak, which, happily, was of a mild type, there being but one death in Auckland and suburban boroughs out of 471 cases. The months of March, April, May, June, and July show the heaviest incidence, dropping rapidly as the spring months came on. The outbreak appears to have started in the Auckland suburbs and in Waihi, and later it reached the country districts.

Diphtheria.

The cases of diphtheria recorded throughout the health district for the last five years are,—

1906–7	103	1909–10	153
1907–8	165	1910	257
1908–9	101		

The increase in 1910 is very considerable, Auckland City, the suburban boroughs and road districts, with exception of Ellerslie, Mount Roskill, Mount Wellington, Otahuhu, and Point Chevalier, contributing 138 cases. Except in Manukau County and Thames and Waihi, the counties did not contribute largely. There were only 6 deaths in Auckland and suburban boroughs —a low case-rate. The monthly incidence table shows that the epidemic was at its height in April —possibly a result of the very wet warm weather experienced in March.

A severe outbreak in Manukau County at Awhitu was traced to a resident who had paid a visit to Auckland and carried back the infection to her home.

Enteric Fever.

The cases of enteric fever recorded throughout the health district for the past five years are,—

1906–7	153	1909–10	226
1907–8	353	1910	197
1908–9	241		

The heavy rainfall, in spite of the higher temperature of the first three months of the year, was accompanied by a fall below the average incidence of enteric. The dry months—April, September, and October—do not, however, appear to have affected the typhoid incidence, but the temperature was somewhat low. December, however, was an exceptionally dry month, and, though lower in temperature than the average, was followed in January of the present year by an increase of typhoid, in the country districts especially.

A large number of the country cases were among Maoris. A severe outbreak had been in progress for some weeks near Te Puke before the Department became aware of it. A similar outbreak occurred in the lower Waikato district, to which our attention was only drawn by the infection being spread to a camp of Europeans working in the bush, of whom 5 were attacked. The infection probably was carried by a foul sluggish stream from a Native kainga—in which three unnotified cases of typhoid had occurred—situated further up the stream, the water of which served the bushfelling camp as a water-supply.

Tuberculosis.

The cases notified from the health district in the last five years are,—

1906–7	96	1909–10	107
1907–8	198	1910	137
1908–9	176		

Blood-poisoning.

The cases notified during the last five years are,—

1906–7	19	1909–10	56
1907–8	76	1910	51
1908–9	77		

These 51 cases were—Puerperal septicæmia, 17; erysipelas, 13; tetanus, 3; unclassified, 18. One case of hydatids was notified.

Cerebro-spinal Meningitis.

Two cases of this nature were admitted to hospital, and submitted to bacteriological investigation by Dr. Frost, who found that they were not due to the meningococcus.

Leprosy.

A Chinaman, working in a laundry in Auckland, was reported to be suffering from leprosy, but a careful inspection failed to reveal any trace of the disease.

Plague.

After an apparent absence for two years, plague in the bubonic form reappeared in Auckland in 1910, making the sixth year since 1900 in which Auckland has been attacked.

The last case in human beings had been notified in May, 1907, and in the same year during August a plague-infected rat was found in Customs Street East. During 1908 and 1909 no human cases were notified, and no plague-infected rats detected. It must be admitted, however, that the number of rats examined during these years was insufficient to warrant the assertion that no plague epizootic was present. Thus, during 1909 the total number examined was 165. It is, however, improbable that we should have escaped for two years had there been any extensive spread of infection among rodents, and some colour is lent to the theory that the reappearance in 1910 was due to reintroduction of infection from abroad by the fact that in April a few plague-infected rats were found near the wharves in Sydney, while the first case in Auckland was notified on the 9th May, the patient being employed in a laundry on the harbour-front in which the soiled linen from the Sydney boats was washed.

The outbreak was confined to three cases, all of whom worked in the low-lying area between Shortland Street and the harbour-front to the eastern side of Lower Queen Street, within a short distance of each other. Their residences, on the other hand, were widely scattered, and had obviously no connection with the conveyance of infection—one being in the city, another in Mount Eden, and the other in Kingsland.

The sanitary conditions of the premises in which they worked were not bad—indeed, in the first case they were exceptionally good, the building being very clean and free from rat-infestation, and so constructed as to offer no harbourage for rats, although rats could and did gain access thereto, since it was ascertained that a few days prior to his illness the patient found and removed two dead rats from below his work-bench. Doubtless they were infected, but as they were destroyed at once we had no opportunity of examining them. In the other two cases there was also a history of dead rats being found and handled by the patients, but though other corpses of rats were found during cleansing operations they were too far advanced in decomposition to enable a bacteriological examination to be made.

Subsequent to the discovery of the first case some 450 rats were collected from various parts of the city, more especially the harbour-front, but in none of these were there any evidence of infection. The epizootic must, therefore, have been very limited in extent—possibly confined to certain sewers to the east of Queen Street, from which the infected rats, driven out by floods or by the self-protective instincts of other rats, sought refuge in any quiet spot offering them shelter.

The total cases notified in Auckland since 1900 are now twelve, all of whom worked in Queen Street or its immediate neighbourhood, and all within a radius of a quarter of a mile.

General Precautionary Measures.—In addition to the ordinary measures of cleansing and disinfection at the workplaces and homes of the patients, the City Council temporarily engaged two extra inspectors to supervise the cleansing from refuse of premises in the infected area, and began the free distribution of poison. It is to be regretted that they did not see their way to place such work on a more permanent basis, as an examination of some of the business premises in and about Queen Street showed that constant supervision and enforcement of by-laws as to removal of refuse was needed. There is no doubt that there has been a relapse since beneficial results of the cleansing operations following the outbreak of 1907, and the old evils of rubbish-accumulated cellars and defective refuse-removal have once more appeared. It must be noted with regret that the majority of owners of business premises are very indifferent in the matter of sanitation. The Harbour Board have for some time employed a man specially for rat-trapping and poisoning among the wharves, and this work has been continued with renewed vigour. At the suggestion of the Department a circular was issued to shipowners as to disinfection and the poisoning of rats on coastal boats, a measure the need for which was apparent in 1907, when infected rats were found on a small steamer trading on the Manukau Harbour.

The Northern Steamship Company, who own a large fleet of coastal boats, have systematically disinfected their boats whenever they could be laid up for the purpose, and have adopted the suggestion of the Department as to the use of disinfectants of good insecticidal power.

The substitution of solid ferro-concrete wharves and built stone facings for the old rat-infested wooden structures is going on steadily, and will prove when complete one of the most valuable sanitary assets of the city.

The need for a more thorough examination of rats by the Health Department has been in some measure met by the appointment of a special officer to collect and prepare rats for examination.

During the autumnal months when plague was present all Government Departments were circularized as to the necessity for destroying rats and removing garbage.

The staff of the Department was increased temporarily by the presence of Chief Inspector Schauer, who conducted some special investigations.

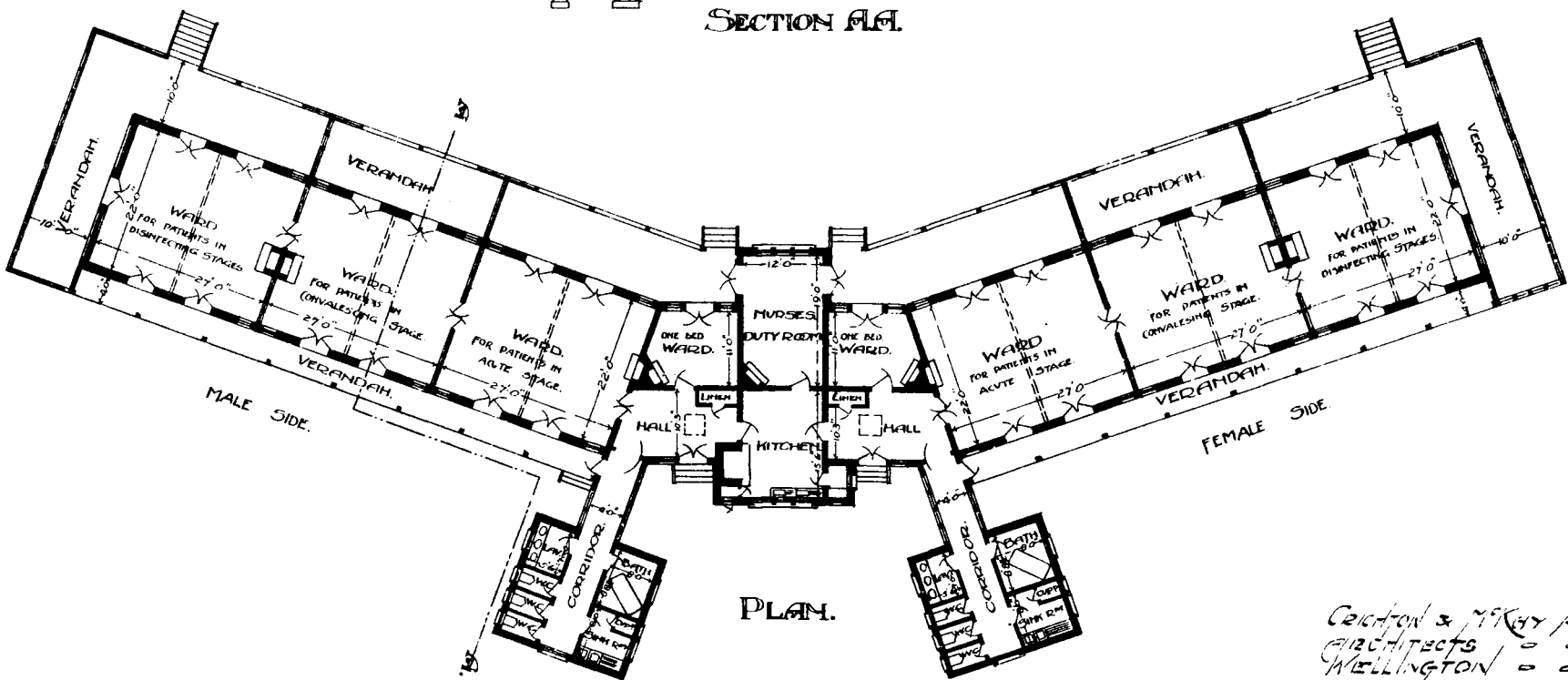
The following is a brief report on the three cases of plague:—

Case I.—H.H.E., male, æt. 40. Engineer in the New Zealand Laundry, Quay Street. Case notified on 9th May, that being the fourth day of his illness. In company with Dr. Bull I visited this man at his home in Mount Eden. Found him suffering from bubo in right groin and high temperature, and ordered his removal to the observation ward at the district hospital, accompanying him there in the ambulance. Sanitary condition of house good. Disinfection done immediately on removal by local authority. Other occupants kept under surveillance for five days.

HOSPITAL FOR INFECTIOUS DISEASES
WELLINGTON.

SECTION A.A.

SCALE OF FEET
10 5 0 10 20 30 40 50



PLAN.

CRICHTON & McKAY F.P.R.I.B.A.
ARCHITECTS
WELLINGTON

H.—31.

History.—A day or two before illness began had found two dead rats below his work-bench. These were decomposed, and he attributed illness to the smell. Sanitary condition of workshop good; no rat-infestation. Disinfected by City Inspector night following diagnosis of the case.

Bacteriological Examination.—Bubo incised at Hospital and bacteriological examination of scrapings conducted by Dr. Frost, Hon. Pathologist to the institution. *B. pestis* found in smears. Guinea-pig inoculated died in five days. *B. pestis* was present in glands near seat of inoculation and in spleen, which was of typical mottled appearance. Typical cultures on agar and in broth were obtained from bubo of patient. Inoculated into a second guinea-pig, which died on sixth day with typical symptoms of plague.

Course of Illness.—Patient improved on seventh day of illness, and made a rapid and uninterrupted recovery without suppuration of bubos, and was discharged on 1st June.

Case II.—E. B., male, æt. 19. Packer in Electrical Supply Company, Fort Street. Case notified 18th May. Visited him in company with Dr. Purchase at his home in Kingsland. Found him in bed with large bubo in right groin and high temperature and history of epistaxis. Had been ill three days. Ordered his removal to observation ward, and accompanied him there in the ambulance. Sanitary condition of house fair; no rat-infestation. Disinfection of premises begun immediately on removal of patient by Mr. Roget; completed next day by Inspector Grieve. Occupants of house kept under supervision for five days.

History.—A few days before illness began patient on opening the premises in the morning found a dead rat on the staircase. Condition of premises not satisfactory—a cellar below building was littered with paper, straw, and other packing-material, which, owing to leakage from defects in a neighbouring drain, was foul and damp. Two dead rats were found in this cellar much decomposed. Disinfection of premises conducted by City Council immediately on notification of case.

Bacteriological Examination.—Bubo incised and portion removed for diagnostic purposes. Examination conducted by Dr. Frost. *B. pestis* present in smears. Typical culture obtained on agar and in broth. Guinea-pig inoculated; died in four days. *Post mortem* showed typical evidence of *pestis* infection. *B. pestis* was found in glands near seat of inoculation and in spleen, liver, and heart blood.

Course of Illness.—Illness was exceptionally severe. High temperature continued for three weeks. About the sixth day cervical glands became infected, and two days later the submaxillary ones. An old scar on leg then sloughed, forming a carbuncle. Submaxillary glands broke down and streptococcus was found in the discharge—probably had gained access from defective teeth. Subsequently the cervical glands suppurated and the inguinal bubo sloughed. During the third week bacteriological examination of the discharges showed a pure culture of streptococcus which had thus replaced the *B. pestis*. Patient subsequently sank into a very low weak state, and died on 22nd July—ten weeks after his admission.

Case III.—S. W., male, æt. 17. Kitchenman at the Auckland Club. Case notified 8th June, 7 p.m. Visited him in company with Dr. Milsom. Found him suffering from small right inguinal bubo and high temperature. Had been ill two days. Ordered his removal to isolation ward at Hospital. Disinfection of premises began same night by City Council staff, and carried out most thoroughly with the ready co-operation of the committee during the ensuing two days, the club being closed for the purpose.

History.—Shortly before illness had seen dead rat near back entrance to club from Shortland Street. This entrance was just across the road from the place where case II had worked. Decomposed rat found in basement during cleansing operations.

Bacteriological Examination.—Bubo not incised. Blood removed from bubo by puncture failed to give any evidence of *B. pestis* by culture, inoculation of guinea-pig, or by direct examination. The confirmation of the diagnosis thus failed, but clinically the case was typical enough. No other cause for bubo or temperature could be found.

Course of Illness.—The disease ran a mild course. Temperature rose to 104° on the fourth day, but improvement began on the seventh day, and the patient made a rapid convalescence, and was discharged on 5th July—four weeks after admission.

Wellington, Hawke's Bay, and Marlborough Districts.

Provision for Infectious Diseases.

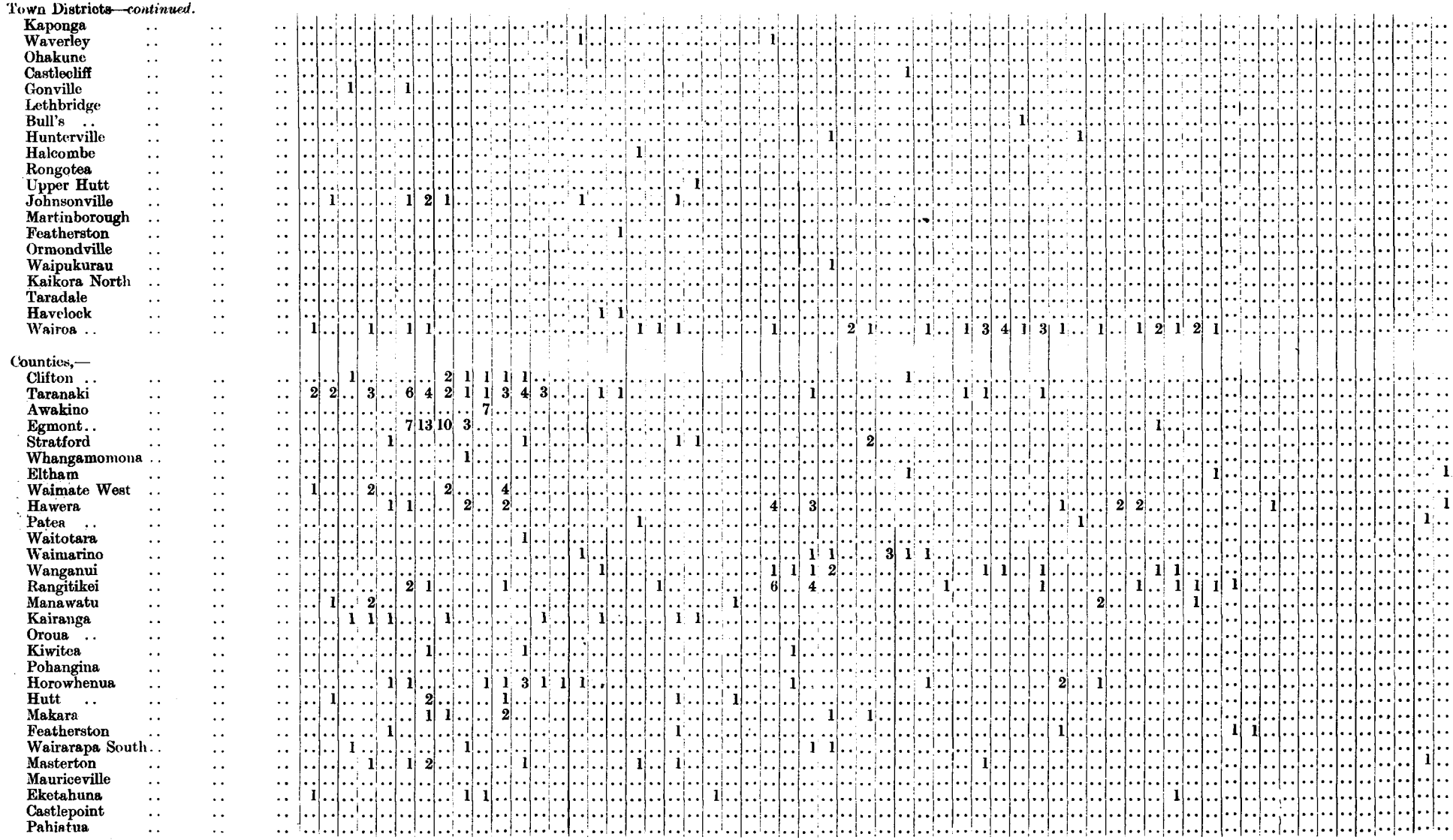
Wellington.—The plan of the new hospital for scarlet-fever cases, erected on an area off Coromandel Street, Wellington, which had been acquired by the Wellington Hospital Trustees, is inserted in this report. With a view to overcoming the contention that isolation hospitals are a source of "return cases" where the patients are discharged direct to their homes from infected wards, the general male and female wards, each accommodating eighteen patients, have been divided up by glazed partitions into three separate divisions respectively, the acute, convalescing, and disinfecting. "Open-air" lines are the distinguishing features in the construction throughout. It will be noted that the cases in the acute stage are placed nearest to the nurses' duty-room, kitchen, and sanitary annexes. Two one-bed wards are also provided; these are found to be of great value. Anticipations that the accommodation provided was excessive have been amply disproved since the building was opened.

Wanganui.—In consequence of the burning-down of the Infectious Diseases Hospital here, it was decided to alter and add to a smaller existing building which previously had been used for diphtheria cases.

Picton.—The Picton Hospital and Charitable Aid Board decided to erect a small isolation hospital on the existing Hospital grounds. Plans were prepared and approved.

Infectious Diseases.—Returns per Month for Year 1st January to 31st December, 1910.

Locality.	Scarlet Fever or Scarlatina.												Diphtheria.												Enteric or Typhoid Fever.												Tuberculosis.												Puerperal Fevers.											
	Jan.	Feb.	Mar.	April.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	April.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	April.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	April.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	April.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.
Boroughs.—																																																										
New Plymouth				1	1	2	3	5	4		1	1				2										1	2										1	1		1	1	3				1														
Inglewood					1		1															1	1															1																						
Waitara							3	5																																		1																	
Stratford						1		1							1					2										2					1																									1		1
Hawera						1				1		1							1	1									1			1				1			1			1	4	1			1		1			1						
Eltham		1	2			1																											1					1																			
Patea					1																						2	1																															
Wanganui			3	1						1								1				1			2	3	1	1			2	1			1		2		1		1	1	1			1	3										
Wanganui East						1								1													1									1								2														
Marton	1																																																									
Taihape										1	1							1																															1										
Feilding			2	2	1																				1														1						1												
Foxton		1													1	5	1																											1														
Palmerston North				1				1			1	1				1	1		4		1		1						1							1		1		1		1	1				2	1									1	
Levin		2								2								1					1				1	4	2				1									1															
Wellington	4	3	4	10	13	6	9	15	11	12	12	15	2	10	8	9	6	8	21	13	11	16	4	4	4		10	5		2		1	2		7	1	5	5	9	6	4	1	5	4	7	7	2	3	1			1					2	
Onslow				3					1																												1					1			1		1										
Karori									1									1				1																																						
Petone			1	1	1				1							2	1	1	2		1						3											1	1		1	1				1												
Lower Hutt															1		1	1								1																					2												
Miramar				1							2					4	1	1		1		1		1																																				
Eastbourne																																																											
Pahiatua	1																																																										
Eketahuna																																																											
Masterton			2	2	2	1	2		1			1				3	4	2		1			1				1												1	1			1	1		1												
Carterton									2											1			1						1																						1								
Greytown																				1			1	2																																						
Waipawa																1	1																																											
Dannevirke				4						1							1																																										
Woodville																2	2																																											
Hastings					1														1								1	2	2			1																											
Gisborne	1		1	2			2						1						1	1	4	2	1	1	1	2	1	4	1	1	4	8	1		1		1						1						1									
Blenheim				1	1		1		1		3		3	4	5	5		3	2																																1		1			1				
Picton		1	1	1	1	1						2	1	2	1	2		3	1	2	1																															2									
Nelson	4	1		5	1		2	1		1										1					1						1																											
Motueka		2					1		1									1				1	1																																					
Town Districts,—																																																											
Fitzroy																											1				1																1												
Opunake							3	7																																																			
Normanby																																																											
Manaia										1	1	1																																																



Infectious Diseases.—Return per Month for Year 1st January to 31st December, 1910—continued.

Locality.	Scarlet Fever or Scarlatina.												Diphtheria.												Enteric or Typhoid Fever.												Tuberculosis.												Puerperal Fevers.											
	Jan.	Feb.	Mar.	April.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	April.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	April.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	April.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	April.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.
Counties—*continued.*																																																										
Akitio																																																										
Woodville											1																																																
Weber																																																										
Dannevirke																																																										
Patangata												1															1							1																										
Waipukurau																											1																																
Waipawa																					1																																						
Wairoa							1																1												1	1		1	2	2	3	2				2	2				1					1							
Hawke's Bay						1											1									3																																
Cook																											1	4				1	2		3																							
Waiapu															1											2		1	1	2																													
Waikohu																										2		2	1					1	1																							
Sounds					1		1				2					1																																												
Marlborough			5	1		1		1				2	1	5	7	19	18	2	1	2	1	1																																							
Waimea		1			1	1		2			2																																															
Collingwood						1	2																																																		
Takaka			1	1			2																																																	
Buller									1		1		3	1	1																																												
Totals	16	17	25	50	31	38	60	58	33	31	42	38	16	26	34	54	41	31	35	32	20	22	15	9	25	13	34	33	14	11	7	13	10	8	17	20	16	14	21	20	13	12	13	17	18	21	12	20	7	5	2	2	..	2	3	..	1	1	5	3
Summary of Cases as to Locality.																																																											
Counties	4	5	9	14	7	22	30	22	10	12	20	16	9	7	11	23	19	5	2	7	4	2	3	..	11	7	14	11	6	5	3	3	3	6	3	7	2	2	6	7	3	3	2	4	4	7	2	2	2	2	1	..	..	..	..	1	..	..	..	2	2
Town Districts	1	1	..	1	..	2	6	8	..	1	1	1	..	..	3	1	2	3	1	2	1	..	..	..	2	..	..	3	2	1	..	2	1	..	1	3	4	2	3	1	1	1	1	2	1	2	1	2	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Boroughs	11	11	16	35	24	14	24	28	23	18	21	21	7	19	20	30	20	23	32	23	15	20	12	9	12	6	20	19	6	5	4	8	6	2	13	10	10	10	12	12	9	8	10	12	12	13	8	17	5	3	1	2	..	2	2	..	1	1	3	1
Totals	16	17	25	50	31	38	60	58	33	31	42	38	16	26	34	54	41	31	35	32	20	22	15	9	25	13	34	33	14	11	7	13	10	8	17	20	16	14	21	20	13	12	13	17	18	21	12	20	7	5	2	2	..	2	3	..	1	1	5	3
							439												335												205												197												31											
Napier Borough							4												6												28												2												4											
Totals							443												341												233												199												35											

Table showing Incidence and Mortality of the Principal Infectious Diseases in the Centres of Population, Wellington, Hawke's Bay, Marlborough, and Nelson Districts, 1st January to 31st December, 1910.

City or Borough.	Scarlet Fever or Scarlatina.			Diphtheria.			Enteric or Typhoid Fever.			Tuberculosis.		
	Cases.	Deaths.	Removed to Hospital.	Cases.	Deaths.	Removed to Hospital.	Cases.	Deaths.	Removed to Hospital.	Cases.	Deaths.	Removed to Hospital.
New Plymouth	18	..	6	2	..	2	3	..	2	8	7	3
Inglewood	2	..	..	2	..	..	..	..	..	1	1	1
Waitara	8	..	2	..	..	..	..	..	..	1	..	..
Stratford..	2	..	..	3	..	2	3	..	1	..	..	..
Hawera	3	..	2	2	..	1	2	1	1	8	4	2
Eltham	4	..	3	..	..	..	1	..	1	1	1	..
Patea	1	..	1	..	..	..	3	..	2	..	..	..
Wanganui	5	..	5	2	1	2	11	..	9	10	7	1
Wanganui East	1	..	1	1	..	1	1	1	1	3	1	..
Marton	1	..	..	..	..	..	..	..	..	1	..	1
Taihape	2	..	..	1	..	..	..	..	..	..	..	..
Feilding	5	..	5	..	..	..	1	..	1	2	..	..
Foxton	1	..	..	7	3	..	7	..	..	1	1	..
Palmerston North	4	..	4	8	..	7	2	..	2	6	3	6
Levin	4	..	..	2	..	..	8	..	..	1	1	..
Wellington	114	..	73	112	7	64	32	5	20	58	23	21
Onslow	4	..	3	..	..	..	..	..	..	4	1	..
Karori	1	..	..	2	..	1	..	..	..	..	..	..
Petone	4	..	..	7	..	1	3	..	2	5	2	..
Lower Hutt	..	..	..	3	..	1	1	..	1	2	2	1
Miramar	3	..	2	9	1	4	..	..	..	1	..	..
Pahiatua	1	..	..	..	..	..	..	..	..	3	..	..
Masterton	11	..	..	10	..	..	1	..	..	5	..	..
Carterton	2	..	1	2	..	1	1	..	1	1	1	..
Greytown	..	..	..	4	2	1	..	..	..	..	..	..
Waipawa	..	..	..	2	..	..	..	..	..	2	..	..
Dannevirke	5	..	..	1	..	..	..	..	..	4	..	..
Woodville	..	..	..	4	..	..	..	..	..	..	..	..
Hastings	1	..	..	1	..	..	6	..	..	..	..	..
Napier	4	..	..	6	..	..	28	..	..	2	..	..
Gisborne	6	..	..	3	..	..	30	..	..	3	..	..
Blenheim..	7	..	4	22	1	19	..	..	..	2	1	..
Picton	7	..	..	13	..	11	..	..	..	..	..	..
Nelson	15	..	..	2	..	..	2	..	..	..	..	..
Motueka	4	..	..	3	..	..	..	..	..	..	..	..
Totals	250	..	112	236	15	118	146	7	44	135	56	36

Canterbury and Westland Districts.

Infectious Disease.

The returns for infectious disease being now made up for the year from the 1st January to 31st December, include the returns of January, February, and March which have already been included in the annual report for 1909–10. The returns therefore are not exactly comparable with previous returns.

Dangerous Infectious Diseases.

Leprosy.—One leper was admitted to Quail Island from the North Island in August. The disease was probably contracted in Australia.

Small-pox.—The s.s. "Knight of the Garter" arrived in Lyttelton on the 30th December with a case of small-pox on board. The patient was the second officer, and infection was probably contracted in Shanghai. As soon as the disease was recognized, on the 22nd December, the patient was isolated in the forecastle, and was attended to only by the captain. He was removed to Quail Island on the 31st December. A nurse was obtained to look after him, and he made a good recovery. The usual precautions with regard to vaccination, quarantine, and disinfection were carried out, and no other cases developed.

Infectious Diseases.—Returns per Month for Year 1st January to 31st December, 1910.

Canterbury District.

Local Authority's District.	Scarlet Fever or Scarlatina.												Diphtheria.												Enteric or Typhoid Fever.												Tuberculosis.												Puerperal Fevers.											
	Jan.	Feb.	Mar.	April.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	April.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	April.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	April.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	April.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.
Boroughs—																																																										
Christchurch City	..	1	8	11	5	4	11	6	7	14	1	1	..	1	2	5	12	7	5	5	12	4	1	4	1	..	10	9	2	4	2	5	1	..	1	..	1	1	8	7	3	6	3	7	9	2	8	..	..	..	..	..	1	1	..	..	..	2	2
Woolston	..	1	..	1	1	1	..	1	..	3	..	4	..	..	..	..	1	4	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Sumner	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	1	1	1	..	..	..	..	..	1	1	..	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Lyttelton	1	2	1	..	..	..	..	..	1	..	..	..	2	..	2	2	1	1	..	2	..	..	1	..	..	..	..	..	..	..	1	..	..	..	..	..	1	..	1	1	1	..	1	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..
Rangiora	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	2	3	1	2	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Kaiapoi	..	..	1	..	..	..	..	..	1	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..	..	..	1	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..
New Brighton	..	..	1	..	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Ashburton	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..	2	1	..	1	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..
Temuka	..	..	3	..	..	..	..	3	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Timaru	..	..	..	1	3	3	5	3	2	..	..	..	..	1	1	..	1	..	..	..	2	..	..	..	2	6	2	..	1	1	..	..	..	..	..	..	..	..	1	1	..	..	2	2	..	..	..	1	..	..	1	..	..	..	..	..	..	..
Waimate	..	..	5	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Oamaru	..	..	..	2	..	2	..	..	2	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	4	..	..	..	..	..	..	..	..	1	..	..	1	1	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..
Hampden	..	..	..	..	..	..	..	..	5	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Totals	1	4	19	16	9	13	16	13	19	20	2	6	2	2	6	8	17	15	7	10	13	7	2	4	1	3	21	13	4	6	3	6	1	..	3	1	4	2	5	13	9	4	10	6	8	12	2	9	..	..	1	..	..	..	1	1	..	..	2	2
Counties—																																																												
Selwyn	..	2	..	..	1	4	1	2	..	..	2	1	4	..	1	..	6	1	..	..	1	..	..	..	..	..	1	2	1	2	..	..	1	..	1	..	2	..	1	1	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..
Waimairi	..	..	..	1	3	1	..	1	..	2	..	..	..	1	..	3	1	1	..	1	3	..	1	1	1	..	2	2	4	1	..	..	..	..	3	..	..	1	..	..	1	..	1	2	..	..	1	2	..	..	..	..	..	..	..	..	..	..
Ashley	..	1	..	..	..	..	1	..	..	1	..	..	3	..	..	2	3	3	1	2	3	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	1	..	..	..	..	..	..	..	..	..	..	..
Amuri	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Cheviot	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Kaikoura	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	2	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Waiwera	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Ashburton	1	..	..	3	4	..	..	..	..	..	..	..	2	..	..	..	1	..	..	..	..	2	..	2	2	..	..	..	1	1	..	..	..	..	1	2	..	..	..	1	2	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..
Akaroa	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..
Levels	..	1	5	1	1	..	..	3	..	..	5	1	..	..	..	2	..	..	..	..	..	..	..	5	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Waimate	2	1	1	2	1	2	2	2	..	2	..	..	3	1	1	1	5	2	..	..	..	..	..	1	..	..	..	1	1	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..
Waitaki	2	..	1	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	3	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	2	..	..	..	..	..	..	..	..	..	..	..	..
Totals	7	4	7	8	13	4	5	6	..	7	6	6	8	3	1	14	11	6	2	4	6	2	1	8	3	2	6	6	6	9	2	1	1	..	5	1	4	2	1	2	2	2	1	2	3	2	5	3	1	..	..	..	..	..	..	..	..	..
Road Boards—																																																											
Spreydon	..	..	..	1	..	1	..	1	1	..	2	..	..	..	..	..	1	1	..	1	..	1	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..
Heathcote	..	..	..	..	..	..	..	..	1	..	..	2	..	..	..	1	..	1	1	..	..	..	1	..	..	..	1	6	..	..	..	..	..	..	..	..	..	1	1	..	..	..	1	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..
Temuka	..	..	..	..	..	..	..	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Geraldine	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Town Boards—																																																											
Tinwald	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..
Hampstead	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Amberley	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..
Pleasant Point	..	..	..	4	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Totals	..	..	..	5	1	1	..	1	4	1	2	2	..	..	..	1	1	2	1	1	..	2	..	1	..	..	1	7	..	..	..	..	1	2	..	..	..	..	..	1	2	..	..	..	1	2	3	1	..	..	..	..	..	..	..	..	..

Westland District.

| | | | | | | | | | | | | | | | | | | |

Table showing the Incidence and Mortality for the Principal Infectious Diseases in the Centres of Population, Canterbury District, 1st January to 31st December, 1910.

City or Borough.	Scarlet Fever or Scarlatina.			Diphtheria.			Enteric or Typhoid Fever.			Tuberculosis.		
	Cases.	Deaths.	Removed to Hospital.	Cases.	Deaths.	Removed to Hospital.	Cases.	Deaths.	Removed to Hospital.	Cases.	Deaths.	Removed to Hospital.
Christchurch ..	69	2	33	58	6	37	35	2	26	55	37	34
Woolston ..	12	..	2	6	1	1	..	..	..	1	7	1
Sumner ..	1	..	1	3	..	1	4	1	..	..	1	..
Lyttelton ..	5	..	2	11	..	..	1	..	1	6	1	2
Rangiora ..	..	..	..	10	..	..	1	..	..	1	..	1
Kaiapoi ..	3	..	..	..	..	..	2	..	..	2	3	..
New Brighton	3	..	2	..	..	..	..	..	..	..	..	..
Ashburton ..	1	..	1	..	..	..	..	..	..	8	6	..
Temuka ..	8	..	..	..	..	..	1	..	1	..	..	..
Timaru ..	17	..	7	5	..	1	12	1	10	7	5	6
Waimate ..	6	..	..	..	..	..	..	..	..	..	..	..
Oamaru ..	7	..	2	..	..	..	4	..	2	4	3	..
Hampden ..	6	1	..	..	..	..	..	..	..	..	..	..
Totals ..	138	3	50	93	7	40	60	4	40	84	63	44

Otago and Southland District.

Infectious Disease.

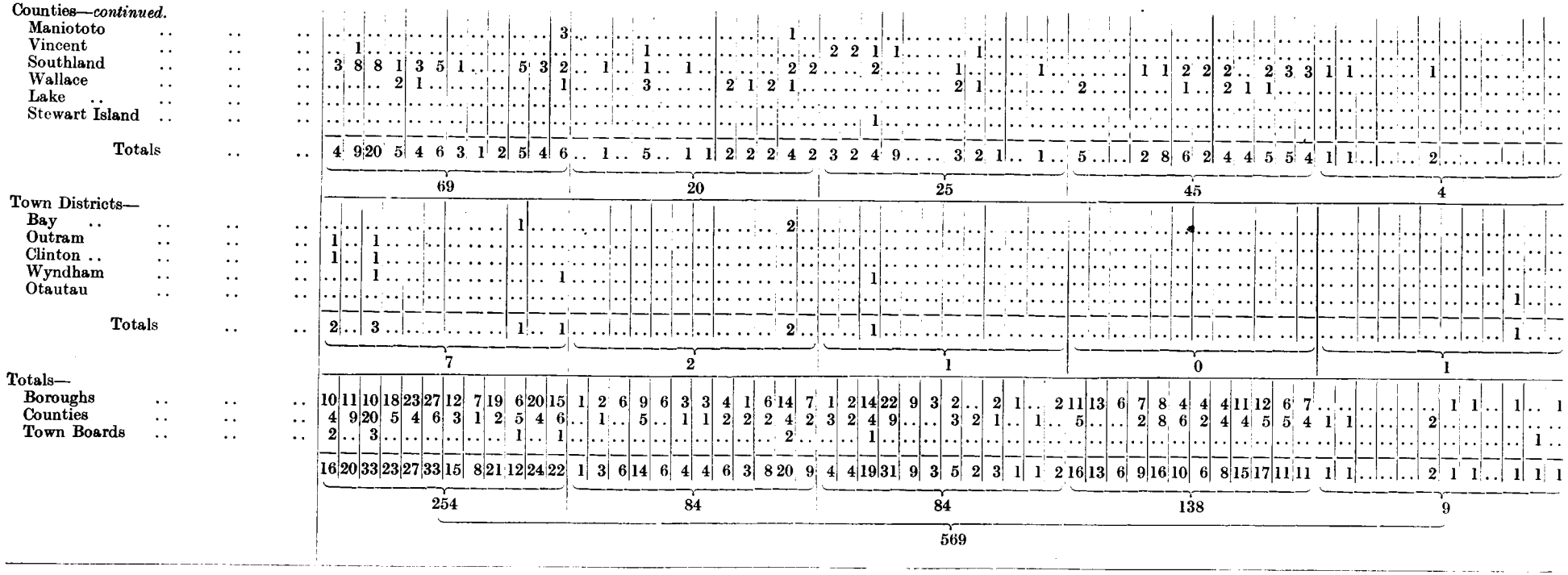
The tables on the following pages show the incidence of infectious disease. One of the larger outbreaks of the year was an epidemic of diphtheria at Gore in November and December, when 22 cases, including one death, occurred among the population of 3,500, the cause of the outbreak being undiagnosed mild cases in the main public school. I examined a considerable number of the school-children, and arranged with the medical men to send swabs to laboratory for report. The enforcing of precautions, together with the closing of the school soon after for the midsummer holidays, stopped the outbreak.

Seven cases of enteric, including three deaths, took place in March in the small inland township of Heriot, originating from one case in which no proper precautions were taken. Five cases of enteric also occurred in January in connection with a small sheep-station at the head of Lake Wanaka. Several cases occurred during the second quarter of the year in various parts of the district, some of which were traced to eating infected oysters, the outcome of which being an exhaustive report by Inspector Cameron on the oyster-storage platforms at the Bluff.

Infectious Diseases.—Returns per Month for Year 1st January to 31st December, 1910.

Local Authority's District.	Scarlet Fever or Scarlatina.												Diphtheria.											
	Jan.	Feb.	Mar.	April.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	April.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.
Boroughs—																								
Palmerston																								
Waikouaiti				1	1																	2		
Port Chalmers											1	4												
West Harbour		1									2							1						
Dunedin City	4	4	4	9	8	7	2	5	8	4	9	6	1		5	2	3		1	4	1	2	1	1
Maori Hill					1			1		1							1							
Roslyn		1	2	2	3	4	2		1		1							1						
Mornington		1		1	1	1			1															
St. Kilda	1		1	2	4	4	2		1										1					1
Green Island																								
Mosgiel																								
Milton									2			1												
Kaitangata															1	5								
Balclutha																1	1							
Lawrence																								
Cromwell																		1						
Roxburgh																								
Naseby																								
Tapanui											1													
Alexandra South																			1					
Gore		2	1		1			1			4			2								2	13	5
Mataura	1	1		2	1	2	1		3			1				1	1							
Invercargill	1		2	1	2	7	3		3	1	2	3				1	1							
South Invercargill	3				1																			
Campbelltown		1																						
Winton																								
Riverton						2	2																	
Queenstown																								
Arrowtown																								
Shipping Bluff																								
Totals	10	11	10	18	23	27	12	7	19	6	20	15	1	2	6	9	6	3	3	4	1	6	14	7
	178												62											
Counties—																								
Waihemo																								
Waikouaite							1																	
Peninsula							1	1			1							1						
Taieri			6	2		1			1															
Bruce									1												1			
Clutha	1		1																					
Tuapeka			5																					

Local Authority's District.	Enteric or Typhoid Fever.												Tuberculosis.												Puerperal Fevers.											
	Jan.	Feb.	Mar.	April.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	April.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	April.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.
Boroughs—																																				
Palmerston				1					1					2							1															
Waikouaiti													2				1																			
Port Chalmers														2	1		1		1																	
West Harbour				1	1									2							1		1	1												
Dunedin City	1			10	5	1			1			1	5	3	4	5	1	1	2	2	4	7	2	2										1		1
Maori Hill																																				
Roslyn				4									1																							
Mornington															1		1	1			2	1														
St. Kilda	1	1		5		1																	1									1				
Green Island																							1													
Mosgiel				1	3									1																						
Milton							1																													
Kaitangata																																				
Balclutha																					1		1													
Lawrence																																				
Cromwell				1																																
Roxburgh																																				
Naseby																																				
Tapanui																					1															
Alexandra South				1	2						1																									
Gore												2					1		1	1			1													
Mataura																	1	1			1	1														
Invercargill	1				1	1	1			1			2	2			3	2			1	2									1					
South Invercargill				2																																
Campbelltown				3										1									1													
Winton				3			1						1										1													
Riverton																							1													
Queenstown																																				
Arrowtown																							1													
Shipping Bluff	1																																			
Totals	2	1		14	22	9	3	2		2	1		11	13	6	7	8	4	4	4	11	12	6	7						1	1		1		1
	58*												93												4											
Counties—																																				
Waihemo																																				
Waikouaite																			1																	
Peninsula																					1															
Taieri				1									1			7						2	1													
Bruce													2				1																			
Clutha															1	2						2														
Tuapeka																																				



Totals for—Boroughs, 394; Counties, 163; Town Districts, 11.

* Includes 1 case at Bluff shipping.

Table showing the Incidence and Mortality (both actual and at per 1,000 living), and also the Case-fatality, for the Principal Infectious Diseases in the Centres of Population in the Otago and Southland Health District, 1st January to 31st December, 1910.

City or Borough.	Population.	Density of Population per Acre.	Scarlet Fever or Scarlatina.				Diphtheria.				Enteric or Typhoid Fever.				Tuberculosis.				Puerperal Fevers.			
			Cases.	Deaths.	Removed to Hospital.	Incidence Rate per 1,000 living.	Cases.	Deaths.	Removed to Hospital.	Incidence Rate per 1,000 living.	Cases.	Deaths.	Removed to Hospital.	Incidence Rate per 1,000 living.	Cases.	Deaths.	Removed to Hospital.	Incidence Rate per 1,000 living.	Cases.	Deaths.	Removed to Hospital.	Incidence Rate per 1,000 living.
Palmerston	800	1·000	..	..	..	..	..	..	..	..	2	..	2	2·5	3	..	..	3·75	..	..	..	..
Waikouaiti	700	3·875	2	..	..	2·85	2	..	..	2·85	..	..	..	..	3	1	..	4·30	..	..	..	..
Port Chalmers	2,140	6·388	5	..	..	2·30	..	..	..	..	..	..	..	..	5	1	1	2·30	..	..	..	..
West Harbour	1,740	1·043	3	..	..	1·70	1	..	..	0·60	2	..	1	1·1	5	1	2	2·30	..	..	..	..
Dunedin	44,157	6·072	70	..	26	1·60	21	1	9	0·50	18	1	14	0·4	38	41	15	0·90	2	1	1	0·04
Maori Hill	2,303	0·622	3	..	1	1·30	1	..	1	0·50	..	..	..	..	..	..	..	..	..	..	..	..
Roslyn	6,300	3·150	16	..	5	2·50	1	..	1	0·16	4	1	..	0·6	1	6	..	0·60	..	..	..	..
Mornington	4,683	7·160	5	..	..	1·07	..	..	..	..	..	..	..	..	6	2	2	1·30	..	..	..	..
St. Kilda	3,400	7·343	15	..	2	4·40	2	..	..	0·60	7	..	..	2·0	1	1	..	0·30	1	1	..	0·30
Green Island	1,500	1·000	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	0·60	..	..	..	..
Mosgiel	1,530	1·582	..	..	..	..	..	..	..	..	4	..	..	2·6	1	..	1	0·60	..	..	..	..
Milton	1,400	5·245	3	..	..	2·10	..	..	..	..	1	..	..	0·7	..	..	..	..	..	..	..	..
Kaitangata	1,682	1·452	..	..	..	..	6	..	..	3·50	..	..	..	..	..	1	..	..	1	1	..	..
Balclutha	1,300	2·288	..	..	..	..	2	..	..	1·50	..	..	..	..	2	..	..	1·50	1	1	..	..
Cromwell	680	1·062	..	..	..	..	1	..	..	1·50	1	..	..	1·5	..	1	..	..	..	..	..	..
Tapanui	500	3·086	1	..	..	0·50	..	..	..	..	..	..	..	..	1	..	..	0·50	..	..	..	..
Alexandra South	1,000	1·190	..	..	..	..	1	..	..	1·00	4	..	..	4·0	..	..	..	..	..	..	..	..
Lawrence	1,160	1·812	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Roxburgh	490	1·225	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Naseby	415	3·672	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Arrowtown	440	1·128	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	2·27	..	..	..	..
Queenstown	675	1·007	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Gore	3,500	2·345	9	..	..	2·60	22	1	4	6·30	..	..	..	..	4	2	1	1·10	..	..	..	..
Mataura	1,100	0·712	12	..	2	10·90	..	..	..	..	..	..	..	..	4	2	1	3·60	..	..	..	..
Winton	500	3·271	..	..	..	..	..	..	..	..	4	2	2	8·0	2	2	..	4·00	..	..	..	..
Invercargill	13,800	7·301	25	..	4	1·9	2	..	1	0·15	5	..	4	0·4	12	6	2	0·90	1	1	..	0·07
South Invercargill	1,100	0·475	4	..	1	3·90	..	..	..	..	2	..	1	1·8	..	..	..	..	..	..	..	..
Campbelltown	1,700	0·850	1	..	..	0·60	..	..	..	..	3	..	1	1·8	2	2	..	1·20	..	..	..	..
Riverton	1,000	1·392	4	..	4	4·00	..	..	..	..	..	..	..	..	1	..	..	1·00	..	..	..	..
Totals	101,690	2·703	178	..	45	1·762	62	2	16	0·613	57	4	25	0·564	93	72	25	9·208	6	5	1	0·04

Total cases for boroughs, 394.

Case-fatality per cent.—Scarlet fever .. 0·0. Diphtheria .. 3·22. Enteric fever .. 7·10. Tuberculosis .. 77·42. Blood-poisoning 83·33.

Mortality rate per 1,000 of population—Scarlet fever .. 0·0. Diphtheria .. 0·02. Enteric fever .. 0·04. Tuberculosis .. 0·71. Blood-poisoning 0·05.

The Prevalence of Sickness and Death from Infectious Diseases throughout the Otago-Southland District.—Returns for the Years subsequent to Compulsory Notification.

Year.	Scarlet Fever or Scarlatina.		Diphtheria.		Enteric or Typhoid Fever.		Tuberculosis.		Puerperal Fevers.*		Totals for all Notifiable Infectious Diseases: Cases.
	Number of Cases notified.	Case-rate per 1,000 Population.	Number of Cases notified.	Case-rate per 1,000 Population.	Number of Cases notified.	Case-rate per 1,000 Population.	Number of Cases notified.	Case-rate per 1,000 Population.	Number of Cases notified.	Case-rate per 1,000 Population.	
1901–2 ..	10	0·063	32	0·20	7	0·02	149	0·90	..	..	198
1902–3 ..	843	5·25	36	0·226	24	0·05	160	1·006	13	0·08	1,076
1903–4 ..	510	3·21	12	0·08	42	0·26	65	0·409	3	0·019	632
1904–5 ..	126	0·80	29	0·12	43	0·26	86	0·541	11	0·07	295
1905–6 ..	136	0·85	25	0·16	28	0·18	102	0·642	10	0·063	301
1906–7 ..	180	1·13	23	0·15	23	0·15	95	0·60	10	0·063	331
1907–8 ..	246	1·50	58	0·35	36	0·217	152	0·90	33	0·14	525
1908–9 ..	606	3·65	84	0·50	25	0·15	170	1·02	49	0·30	934
1909–10 ..	367	2·04	95	0·53	71	0·402	134	0·75	14	0·08	681
1910 ..	254	1·42	84	0·47	84	0·47	138	0·778	9	0·05	569

* Puerperal fevers: The figures prior to 1910 include cases of general blood-poisoning as well as puerperal fevers. igures for 1910 are for puerperal fevers only.

The following table shows the sexes of cases notified, and the deaths from notifiable infectious diseases in the Otago-Southland District.

Notifiable Diseases.	At all ages.			
	Cases.		Deaths.	
	M.	F.	M.	F.
Scarlet fever	117	137	0	0
Diphtheria	41	43	3	2
Enteric or typhoid fever	57	27	2	4
Tuberculosis	61	77	47	60
Puerperal fevers	0	9	0	5
Totals	276	293	52	71
	569		123	

PART III.—METEOROLOGICAL REPORT.

New Zealand Temperature and Rainfall.

The following tables have been kindly supplied by the Government Meteorologist:—

Mean Annual Rainfall at Twelve Representative Stations.

Station.	Rainfall.	Period.	Station.	Rainfall.	Period.
North Island.	In.	Years.	*South Island.*	In.	Years.
Mangonui	53·63	20	Nelson	38·02	27
Auckland	43·09	57	Hokitika	116·09	31
Napier	37·09	15	Christchurch	25·24	21
New Plymouth	60·19	33	Dunedin	37·43	50
Wanganui	38·11	47	Invercargill	46·43	13
Wellington	49·88	46	Queenstown	29·36	19

Averages for a Period of Ten Years.

Observatory.	Days with Rain in Year.			Rainfall (Annual, in Inches).		
	Max.	Min.	Mean.	Max.	Min.	Mean.
Auckland	197	130	175	54·18	31·89	41·59
Napier	143	75	92	45·36	27·01	35·57
New Plymouth	251	191	228	82·93	52·04	64·79
Nelson	140	102	123	45·59	30·90	38·31
Hokitika	188	146	166	133·97	93·83	111·82
Christchurch	148	103	126	35·30	13·54	24·14
Dunedin	184	143	162	53·84	31·48	43·34
Wellington	201	141	167	60·40	34·93	45·70

Mean Temperatures (in Degrees Fahrenheit) for the Seasons for a Five-year Period.

Station.	Summer.	Autumn.	Winter.	Spring.	Annual.	Mean Difference: Coldest and Warmest Months.
Auckland	65·2	60·8	52·2	57·1	58·8	15·2
New Plymouth	63·4	60·1	53·1	56·7	58·3	12·6
Moumahaki	60·8	56·1	47·7	53·6	54·6	15·6
Meeanee (Napier)	62·6	56·9	47·7	54·8	55·5	17·0
Wellington	60·7	56·3	48·3	53·4	54·7	14·7
Nelson	62·5	55·8	46·4	54·4	54·8	18·4
Hokitika	60·7	55·7	46·9	53·6	54·2	16·8
Christchurch	59·7	53·1	43·1	51·7	51·9	19·3
Dunedin	57·2	51·0	43·0	50·1	50·3	17·7

PART IV.—REPORTS OF DISTRICT HEALTH OFFICERS ON THE SANITARY CONDITIONS AND WORK DONE IN THEIR DISTRICTS.

A.—AUCKLAND DISTRICT.

Sanitary Condition of Special Localities.

Auckland City and Suburbs.

The announcement of the presence of plague during the autumn was followed by a general effort at cleansing and reform as to removal of refuse. In the city extra Inspectors were temporarily appointed, and some good work done. The Council, however, did not see their way to permanent reforms, and the effort proved somewhat spasmodic.

Steady progress is being made by the Drainage Board in the work of providing the main sewers. The need for this scheme is greatly felt in the Lower Queen Street area, where no permanent work is possible at present towards removing the old broken rat-run branch sewers and drains, which doubtless are the chief source of the plague infection.

The Arch Hill Gully sewer was completed by the Board in August, and though it was thus possible for the various local bodies to make use of it for the slop-water drainage by the end of the year, not a single connection had been begun, and the watercourse continues to be the foul-disease-breeding, rat-run abomination which has been the disgrace of suburban Auckland for so long. No more telling evidence can be brought against the present grotesque system of local government by a number of small independent bodies than the history, past and present, of the Arch Hill Gully sewer. Petty jealousies, personal vainglory, and unworthy ambitions to economize or benefit at the cost of their neighbours form the basis of support for this form of administration, and all may be found when inquiring into the reasons for the delay in completing this sewer. There is need for Napoleonic action in the direction of abolishing this system, self-interest and prejudice being too strong to permit of the movement coming from the local authorities themselves.

Suburban Nightsoil Service.—The grievous inadequacy of the suburban nightsoil services has led to an effort being made to get co-operation among the suburban local authorities in the direction of securing a comprehensive and effective system of removal. A great obstacle presents itself in the difficulty of securing a suitable area for a depot within carting distance of Auckland. Any system of removal by rail or water involves an outlay which the suburban bodies are loth to undertake in view of the early provision of the sewerage system. Still, in the majority of cases three to ten years of the present system have to be faced, and the defects in the present services are too gross to be permitted to continue so long.

The Health Department have been making efforts to secure a depot, and found several areas suitable; but it is difficult to overcome the natural disinclination of owners to let their land for such purposes. A site on a Government reserve on the Manukau Harbour offers the best facilities, and was submitted with other more ambitious schemes to a meeting of local bodies. The usual opposition—the outcome of "parish pump" local government—was met, and the matter still remains *sub judice*.

Smoke nuisance was the cause of many complaints in the city, but under present legislation it is difficult to obtain a remedy. There is need for special legislation in the direction of limiting the time during which black smoke may be emitted.

Morgue.—A site at Freeman's Bay and plans for a morgue thereon have been approved, but there is reason to fear further delay over this long-standing grievance.

Offensive Trades.—Much trouble has been experienced in the Mount Wellington District over the carelessness in the management of offensive trades, more particularly boiling-down works. Special by-laws are being prepared.

Country Districts.

The rapid growth of many of the country towns has necessitated a vigorous policy in order that sanitation may keep pace with population.

Hamilton Borough is considering a scheme for refuse-removal, and its suburban neighbour, *Frankton*, is discussing a water-supply system. The general health in this district has been good.

Cambridge Borough escaped with only a few cases of scarlet fever, and kept up its reputation as regards freedom from typhoid and diphtheria.

Te Kuiti and *Taumarunui* have become boroughs, and announce a vigorous policy as regards municipal works, especially as regards water-supply. At Te Kuiti the scheme is now in the hands of the engineer, and a visit was paid to obtain samples for analysis, the results proving wholly satisfactory as regards quality and purity. A nightsoil depot has been selected, and a scheme for drainage planned. The sanitary by-laws for this vigorous borough deserve special commendation.

Te Aroha is enlarging the sewerage system to embrace the outlying parts, and is obtaining a loan for this purpose, for which the approval of the Department was obtained.

Pukekohe has a water-supply service under consideration.

At *Morrinsville* a nightsoil depot has been obtained, and a good closed-pan service instituted.

Waihi still lags behind in sanitary matters considering the size of the town. The need for a sewerage system is shown by the frequent cases of typhoid and diphtheria there.

Huntly is growing, and can no longer continue with the present primitive services. Water drawn from the sewage-polluted river constitutes a serious menace. Their need for a proper water-supply has been the subject of correspondence.

I attach brief reports from Inspectors Bennett and Franklin as to the progress made in the districts.

Ruinous Buildings.

The following notices for repairs or condemnation of buildings have been issued: For repair—Parnell, 11; Newmarket, 1; Mount Eden, 1: for condemnation—City, 6; Parnell, 3; Onehunga, 3; Devonport, 2; Otahuhu, 2; Te Aroha, 3; One Tree Hill, 1.

Building-areas.

During the year much attention has been drawn to the question of overcrowding of buildings on land, and the suburbs of Auckland have been the scene of a struggle between the land-speculating, jerry-building fraternity and those who are unwilling to see potential slums established in so young a country.

In Epsom and One Tree Hill strong efforts were made to reduce the building-areas from the quarter-acre limit established some years since by by-law. There was much dubiety as to soundness of the legislation on which such by-laws were framed, and the doubt became certainty when a speculating company obtained in the Supreme Court a decision upsetting the by-law of the Mount Roskill Road Board requiring a quarter of an acre.

Strong representations to Parliament were made by both sides, and ultimately an amendment to the Public Health Act was hurried through in the closing-hours of the session, establishing the right of any local body to fix a minimum area. It is greatly to be regretted that the amendment did not also fix a definite limit of a quarter-acre for certain classes of land, since often the evil is done and the overcrowding begun in the very earliest stages of a town's growth, long before there is a local body to make a by-law on the subject. A simple remedy, and one in no way hampering the rights of local self-government, would have been a clause fixing the minimum area at one-quarter of an acre in the absence of any special by-law on the subject.

Provision for Infectious Disease.

Auckland Infectious Diseases Hospital.—A very severe strain was thrown on the accommodation at the infectious-disease wards of the General Hospital owing to the widespread epidemic of scarlet fever, and it was only by the rigid exclusion of any but the most necessary cases that the Hospital authorities were able to prevent serious overcrowding.

On the appearance of plague the Board made preparation for the opening of the reserve wards at Point Chevalier, but, fortunately, they were able to accommodate the three cases in the isolation block in the General Hospital grounds, and so avoided this extra expense.

In a few years it will be necessary to transfer all the accommodation for infectious cases from the Hospital grounds to Point Chevalier, which is without doubt admirably situated for this purpose.

Provision for Consumptives.

As a result of a meeting of the Hospital Board, at which Dr. Valintine was present, it was resolved to make special provision for the reception and treatment of all classes of consumptives in the Auckland Hospital District. A committee of medical men has been formed to assist the Board as to the best methods.

Quarantine of Oversea Shipping.

The only matter of special note in regard to port health work was the arrival of the "Knight of the Garter" from Lyttelton, where a case of small-pox in one of the officers had occurred. As all precautions had been taken already at the southern port, it was only necessary to keep the crew under observation for a few days while completing the quarantine period.

Undesirable Immigrants Act.

Several cases were dealt with under the Act, chiefly in regard to tuberculosis. In one case the prohibited person was a youth in the earliest stages of the disease, who was willing and able to undergo treatment at the Sanatorium at his own cost, and in the event of failure was prepared to return to England. As he was a good type of settler the decision to exclude him seems unnecessarily harsh, as there was every safeguard against his becoming a danger or burden to the community.

Sanitary Inspection.

The subjoined tables, together with those under the Food and Drugs Act, summarize the principal work of the Inspectors for the Auckland District, Messrs. Grieve, Bennett, and Franklin. It says much for the energy of these officers that, in spite of the large area covered, the local authorities generally should have shown by their unwillingness to take advantage of section 83 of the Hospitals and Charitable Institutions Act, 1909, that they were satisfied with the existing system of contribution towards the salary of departmental Inspectors. The following bodies have joined this scheme during the year: Te Aroha, Te Kuiti, and Waihi Borough Councils, and Cambridge, Mount Wellington, and Tamaki West Road Boards. Remuera Road Board withdrew on finding that they were still legally responsible for the enforcement of the provisions of the Public Health Act.

We are now occupied in reorganizing the Inspector scheme, in consequence of the new provisions in section 5, Hospitals and Charitable Aid Amendment Act, 1910, whereby all work in connection with the investigation and prevention of infectious disease becomes the duty of the Hospital Boards. In this work we shall endeavour as far as possible to avoid disturbing the working of the former scheme of inspection in those districts where it has been established with satisfactory results.

Sanitary Inspections.—Return for Period 1st January to 31st December, 1910.

Town or District.	Food-sellers' Premises.								Factories.					General.							Nuisances.						Plumbing-inspections.				Drains tested.					
																											New Work.		Old Work.		New Work.			Old Work.		
	Butchers.	Milk-shops.	Dairies.	Fishmongers.	Fruiterers.	Food Auction Rooms.	Restaurants.	Ice-cream Hawkers.	Bakehouses.	Laundries.	Aerated-water Factories.	Bacon-curing Establishments.	Other Factories.	Dwellings.	Schools.	Hotels.	Boarding-houses.	Offensive Trades.	Septic Tanks.	Other Premises.	Overcrowding.	Keeping of Animals.	Offensive Accumulations.	Other Nuisances.	Inspected.	Abated.	Sound.	Defective.	Sound.	Defective.	Length in Feet.	Sound.	Defective.	Length in Feet.	Sound.	Defective.
Auckland and Northern District..	64	7	2	41	38	41	10	..	56	..	..	..	..	693	29	65	73	16	..	..	..	121	220	..	..	..	..	..	..	..	..	..	..	..	142
Thames and Waihi Districts ..	150	51	57	42	245	26	41	12	84	13	..	..	..	506	20	32	182	6	22	..	3	48	147	..	220	181	98	..	42	..	4,839	..	..	902	..	..
Waikato Districts	316	339	21	157	313	63	117	..	234	55	51	18	6	1,037	33	190	460	2	80	20	1	73	191	40	274	175	12	..	26	15	3,017	..	..	780	6	13
Total number inspected ..	530	397	80	240	596	130	168	12	374	68	51	18	6	2,286	82	287	715	24	102	20	4	242	558	40	494	356	110	..	68	15	7,856	..	..	1,682	6	155

Special Inspections.

The following special inspections were made by the District Health Officer and other officers:—

Te Kuiti: *Re* site proposed water-supply, drainage outfall, and sanitary scheme.
Frankton: In relation to piggery and boiling-down works.
Waihi: *Re* drainage-works.
Morrinsville: As to site for nightsoil depot.
Hokianga County, Rawene, Kohukohu, &c.: *Re* sanitary matters
Mount Eden Gaol: General sanitary condition.
Westfield: Boiling-down works.
Motuihi: Cadet camp (two visits).
Te Aroha: *Re* loan for extension of sewerage system.
Cambridge Sanatorium: Removal of shelters, &c. (several).
Karere Camp: One.
Point Chevalier: *Re* infectious-disease establishment with Hospital Board.
St. John's College: *Re* drainage.
Veterans' Home: *Re* ventilation.

Defence Department Work.—Inspection of cadet camps were made at the Domain during Lork Kitchener's visit, and at Motuihi twice. Inspection of Territorial camps were made at the Domain and at Papatoetoe as to water-supply.

Eleven trips were made to Wellington in connection with laboratory work, the preparation of regulations under the Food and Drugs Act, and the legislation required in regard to building-areas.

One trip was made to Wanganui to give expert evidence in an Arbitration Court case.

Sanitary Condition of the Native Race in the Auckland District.

A number of outbreaks of disease, principally typhoid, occurred among the Natives throughout the province. The following is a list of the principal ones of which we became aware:—

Ohinemuri County: Dysentery and other complaints at Rotokau, Komata, and Paeroa (28th February). Parakiwai—Eight cases of enteric; three deaths (1st June).

King-country: Typhoid at Arita Maori camp (17th May).

Pouto (Kaipara): A number of cases of scarlet fever (8th June).

Waharoa (Morrinsville): Scarlet fever (20th June).

Waikato: Matuhuru and Te Hoe—Typhoid (4th August). Doubtful as to number. Many deaths of Maoris were reported.

Bay of Plenty: Te Matai, Kahika, Waitangi (Maketu Riding)—Several cases of typhoid were attended by Nurse Akenehi Hei (4th October) reaching to Te Puke. It was learned that at least five deaths had previously occurred. Te Kapa—Typhoid (18th August).

Paeroa: Several cases of typhoid, traceable to the patients having attended a tangi at Ngahoitoitoi (27th October).

In addition to these a number of isolated cases were dealt with, and doubtless very many others of which we knew nothing.

The grossly insanitary condition of the Native race is a very serious matter, since it is a menace to the whole of the white population. The efforts of the past ten years to encourage the Maoris to adopt a system of local government as regards sanitary matters has proved a dismal failure. With the exception, perhaps, of the settlement at Ohinemutu no progress has been made, and the Natives, having lost most of the more wholesome habits of their race, retain all the more objectionable ones. So long as there is no compulsion to register births or deaths, or notify the occurrence of infectious disease, it is impossible for the Health Department to deal properly with the subject, as experience shows that widespread epidemics may be in progress among the Maoris without the departmental officers knowing anything about it. The Native Department disclaims any responsibility as to Native sanitation, being satisfied with a few subsidies to medical men for medical attendance on indigent cases. The remedy is to treat the Natives exactly on the same lines as Europeans, and teach them, by legal process if necessary, the necessity for observing the laws of health. To do this a special staff is required who can devote their whole time to the work, as the Native soon wearies of well-doing and needs the stimulus of constant supervision.

General Work of the Office.

Owing to the outbreak of plague and the various changes in methods of administration, the volume of clerical work during the year has been very heavy. Each successive year brings new responsibilities, and, consequently, an increase in the work falling on the office staff. Mr. Symons's return from Cambridge Sanatorium to resume his former position was therefore very welcome, and enabled Mr. Taylor to assume full charge of the now complicated accountancy work for the Health Department as well as for the St. Helens Hospital—a position he has filled with conspicuous success. Miss Leonard's duties as typist have so increased that the question of further assistance must be considered.

The summary of the work is as follows:—

Legal Proceedings by or at the Instance of the Department for Period ending 1st January to 31st December, 1910.

Initials of Defendant.	Offence.	Under what Act or By-laws.	Date of Hearing.	Name of Magistrate.	Results of Proceedings.	
					Fines.	Costs.
			1910.		£ s. d.	£ s. d.
J. S. ..	Depositing nightsoil in creek	Police Offences Act, 1908	May 11	Mr. Cutten, S.M. ..	3 0 0	1 5 0
R. W. F. ..	Sale of short-weight bread	Sale of Food and Drugs Act, 1908	Oct. 24	Mr. Loughnan, S.M.	1 0 0	0 7 0
H. E. S. ..	Ditto	Ditto	Nov. 1	,,	10 0 0	2 19 0
J. N. ..	,, ...	,, ...	,, 4	Mr. Cutten, S.M. ..	5 0 0	0 10 0
A. W. ..	,, ...	,, ...	,, 17	Mr. Loughnan, S.M.	1 0 0	0 7 0
T. H. ..	Failing to pull down or repair four houses	Public Health Act, 1908	,, 23	Mr. Cutten S.M. ..	Ordered by the Court to comply.	
K. Y. ..	Exposing for sale rotten fruit	Sale of Food and Drugs Act, 1908	,, 28	Mr. Loughnan, S.M.	2 0 0	0 9 0
J. B. ..	Sale of short-weight bread	Ditto	Dec. 12	,,	1 0 0	0 19 0
T. B. ..	Ditto	,, ...	,, 12	,,	1 0 0	1 5 0
W. B. S. ..	,, ...	,, ...	,, 12	,,	1 0 0	0 7 0

Medical Examinations.

The following physical examinations were made: Applicants for Sanatorium, 39; on behalf of other Government Departments—Police Department, 13; Customs Department, 1; Post and Telegraph Department, 2.

Midwives Act.

Six registered midwives have been suspended on account of the occurrence of puerperal septicæmia in patients attended by them, and one unregistered woman has been warned not to attend any case for the usual period of suspension.

Inspector Grieve has been given special charge of this work.

Laboratory.

The following is a summary of pathological specimens submitted to this office for examination:—

Sputums for examination for tubercule bacilli	124
Swabs for examination for diphtheria	16
Blood for examination for typhoid	21
Urine for examination for general	21
Smears for examination for gonococcus	4
Uterine discharge for examination for identification	1
Vaginal discharge for examination for identification	1
Abdominal fluid for examination for identification	1
Pus for examination for source	1
Mass ex stomach for examination for identification	1
Rabbit for examination for tape-worm	1
Rats for examination for *pestis*	482

A number of specimens were received and forwarded to the Bacteriologist, Wellington, for report.

By-laws.

By-laws were prepared or approved for — Hokianga (building); Onehunga (drainage); Birkenhead (drainage); Eden Terrace (building-sites amendment); Northcote (building); Remuera (sanitary and drainage); Avondale (sanitary and drainage); City of Auckland (attention drawn to defect whereby jerry-building is possible).

Special Reports.

Hamilton: Town-planning, especially as to building-areas; refuse-removal.

Takapuna: Proposed discharge of sewer over beach (for Marine Department).

Epsom: On the principles guiding a local authority in the limitation of building-areas.

Trustees, Veterans' Home: Ventilation of building.

Chief Health Officer: On need for further legislation dealing with offensive trades; on need for definite legislation as regards building-areas; on a scheme for medical inspection of schools; on tabulation of work of the districts for annual reports.

Disinfection of Oversea Goods.

Thirty-two packages of second-hand clothing were dealt with at the office. Six bales of mill-waste were examined and admitted after disinfection, while a number of others were admitted without such precautions being considered necessary.

Clerical.

Letters outward, 3,144; telegrams outward, 583; parcels outward, 79. Orders for admission to the Infectious Disease Hospital, 264. Tubes of vaccine lymph distributed to medical practitioners, 334. Accounts made out in favour of medical practitioners for notifying infectious diseases, 329.

A large number of charts showing method of restoring animation in the apparently drowned were distributed to Harbour Boards, post-offices, schools, and other bodies.

I have, &c.,
R. H. Makgill,
District Health Officer.

B.—WELLINGTON, HAWKE'S BAY, AND MARLBOROUGH DISTRICTS.

Sanitary Conditions.

Marton Borough.

For years past this borough has been under the stigma of inadequate sanitary provisions. A statutory meeting of ratepayers was held in August, 1910. The subsequent polling of ratepayers resulted in the carrying of a scheme by Mr. Laing-Meason for an extension of the water-supply and a separate sewerage system for the central portion of the borough.

Hastings Borough.

Detailed attention was given to the proposals regarding the completion of a sewerage system for this borough. A scheme under the direction of Mr. Climie, C.E., is now being proceeded with.

Waipawa Borough.

The sewerage system designed by Mr. Metcalfe is in course of construction.

Dannevirke Borough.

Proposals for the extension of the sewerage system were approved under the provisions of section 69 of the Public Health Act, 1910.

Woodville Borough.

For many years a sewerage system has been under consideration. In August, 1910, a statutory meeting of ratepayers was held, and subsequently a poll was taken and the scheme prepared by Mr. Metcalfe was carried by a considerable majority.

Sanitary Inspections.—Returns for Period 1st January to 31st December, 1910.

District.	Food-seller's Premises.										Factories.					General.							Nuisances.						Plumbing-inspections.				Drains tested.					
																													New Work.		Old Work.		New Work.			Old Work.		
	Butchers.	Milk-shops.	Dairies.	Fishmongers and Poulterers.	Fruiterers.	Food Auction Rooms.	Restaurants.	Ice-cream Hawkers.	Grocers.	Various.	Bakehouses.	Laundries.	Small-goods Producers.	Cordial and Vinegar Works.	Various.	Dwellings.	Schools.	Hotels.	Boarding-houses.	Offensive Trades.	Septic Tanks.	Various.	Overcrowding.	Keeping of Animals.	Offensive Accumulations.	Various.	Inspected.	Abated.	Sound.	Defective.	Sound.	Defective.	Length in Feet.	Sound.	Defective.	Length in Feet.	Sound.	Defective.
Wellington Health District.																																						
Total number inspected	6	2	4	4	..	189	6	..	..	..	7	..	..	2	9	12	..	41	..	4	15	1	..	5	2	..	1	..	6	11	..	2	..	1	2	..	..	10
Number in which defects existed ..	3	..	1	4	..	11	3	..	..	..	2	..	..	1	6	4	..	22	..	4	15	1	..	3	2	..	1	..	..	11	..	2	..	..	2	..	..	10
Number requiring requisitions under Public Health Act or local by-laws	3	..	1	3	..	11	3	..	..	..	2	..	..	1	6	4	..	22	..	4	15	1	..	3	2	..	1	..	..	11	..	1	..	..	2	..	..	10
Taranaki.																																						
Total number inspected	26	3	26	7	9	18	3	..	..	..	28	..	..	1	..	181	24	73	7	36	31	242	1	36	57	15	62	53	59	2	3	6	..	30	1	..	1	2
Number in which defects existed ..	8	..	9	..	..	..	..	..	..	..	10	..	..	..	..	60	..	13	2	3	5	39	1	23	52	12	60	43	..	2	..	6	..	..	1	..	..	2
Number requiring requisitions under Public Health Act or local by-laws	8	..	9	..	..	..	..	..	..	..	9	..	..	..	..	31	..	11	2	3	4	..	..	17	47	12	51	36	..	1	..	2	..	..	1	..	..	2
Wanganui.																																						
Total number inspected	97	22	51	37	132	46	17	13	59	..	45	7	38	10	4	1,814	45	84	35	9	13	331	5	327	195	..	388	162	258	41	205	226	..	126	17	..	14	85
Number in which defects existed ..	16	1	24	10	9	3	8	..	9	..	11	2	9	1	1	450	9	24	6	2	1	34	3	142	96	..	19	13	..	41	..	226	..	..	17	..	..	85
Number requiring requisitions under Public Health Act or local by-laws	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Rangitikei.																																						
Total number inspected	93	1	13	11	53	5	45	..	..	3	39	4	..	..	14	250	46	52	44	..	34	45	1	13	5	3	36	18	2	2	..	1	..	14	11	..	7	19
Number in which defects existed ..	13	..	2	4	2	5	4	..	..	1	5	..	..	..	3	99	3	1	14	..	9	10	1	2	3	..	11	2	..	2	..	1	..	..	11	..	..	19
Number requiring requisitions under Public Health Act or local by-laws	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Manawatu.																																						
Total number inspected	41	6	8	43	57	18	30	3	..	..	8	21	..	7	13	146	18	68	20	10	33	..	..	36	40	..	32	25	54	13	14	29	..	13	9	..	4	10
Number in which defects existed ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	13	..	29	..	..	9	..	..	10
Number requiring requisitions under Public Health Act or local by-laws	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	3	..	4	..	..	4	..	..	4

Sanitary Inspections.—Returns for Period 1st January to 31st December, 1910—continued.

District.	Food-seller's Premises.										Factories.					General.							Nuisances.						Plumbing-inspections.				Drains tested.					
	Butchers.	Milk-shops.	Dairies.	Fishmongers and Poulterers.	Fruiterers.	Food Auction Rooms.	Restaurants.	Ice-cream Hawkers.	Grocers.	Various.	Bakehouses.	Laundries.	Small-goods Producers.	Cordial and Vinegar Works.	Various.	Dwellings.	Schools.	Hotels.	Boarding-houses.	Offensive Trades.	Septic Tanks.	Various.	Overcrowding.	Keeping of Animals.	Offensive Accumulations.	Various.	Inspected.	Abated.	New Work.		Old Work.		New Work.			Old Work.		
																													Sound.	Defective.	Sound.	Defective.	Length in Feet.	Sound.	Defective.	Length in Feet.	Sound.	Defective.
South Wairarapa.																																						
Total number inspected	53	..	13	36	81	4	50	..	..	6	48	2	..	..	33	353	29	79	46	26	70	176	1	16	40	30	87	75	44	..	3	9	..	37	..	..	3	16
Number in which defects existed ..	4	..	..	4	14	1	7	..	..	2	5	..	..	..	11	55	1	13	14	3	5	59	1	15	40	29	40	15	..	..	..	..	..	..	..	..	..	16
Number requiring requisitions under Public Health Act or local by-laws	..	..	..	..	1	..	..	..	..	2	1	..	..	..	..	5	..	..	3	..	..	1	..	6	13	10	..	..	..	..	..	..	..	..	..	..	..	1
Wellington.																																						
Total number inspected	..	2	1	..	41	10	1	1	..	..	3	1	..	..	5	18	1	2	4	2	..	9	14	3	6	3	16	7	..	..	1	14	..	..	..	..	..	..
Number in which defects existed ..	..	1	1	..	..	1	..	..	..	..	3	..	..	..	3	14	1	2	2	2	..	7	7	2	5	2	5	2	..	..	..	14	..	..	..	..	..	..
Number requiring requisitions under Public Health Act or local by-laws	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	5	..	..	2	1	..	1	1	..	3	..	..	..	..	..	..	3	..	..	..	..	..	..
Marlborough.																																						
Total number inspected	75	..	3	22	82	44	22	..	..	..	85	18	..	..	..	393	20	128	40	1	23	..	..	173	2	..	155	146	110	..	10	..	..	10	..	..	..	..
Number in which defects existed ..	1	..	..	1	3	..	2	..	..	..	2	..	..	..	..	37	13	26	8	..	2	..	..	163	2	..	123	121	..	..	..	..	..	..	..	..	..	..
Number requiring requisitions under Public Health Act or local by-laws	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	4	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Buller.																																						
Total number inspected	1	..	..	..	9	..	..	..	14	..	..	..	..	..	..	9	1	33	..	4	2	5	..	..	2	..	2	2	1	..	..	..	..	2	4	..	..	..
Number in which defects existed ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	4	..	..	..
Number requiring requisitions under Public Health Act or local by laws	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total number inspected	392	36	119	160	464	334	174	17	73	9	263	53	38	20	78	3,176	184	560	236	92	220	809	20	607	349	51	779	490	534	69	236	287	..	233	44	..	29	142
Number in which defects existed ..	45	2	37	23	28	21	24	..	9	3	38	2	9	1	24	723	27	103	48	14	37	150	13	350	200	43	259	196	..	69	..	287	..	..	44	..	..	142
Number requiring requisitions under Public Health Act or local by-laws	11	..	10	3	1	11	3	..	..	2	12	..	..	1	7	49	..	33	7	8	19	3	1	26	65	22	52	36	..	15	..	10	..	..	7	..	..	17

C.—CANTERBURY AND WESTLAND DISTRICT.

General Sanitation of the District.

Christchurch.

Water-supply.—The riticulation of the high-pressure water-supply has now been completed. There were 6,772 new connections during the year, making a total of 7,616 houses connected with the water-supply.

Drainage.—Twenty-five miles of sewers were laid during the year, the total mileage now being 109 miles. There are now 9,502 houses connected, containing 10,183 water-closets. During the year 1,797 houses were connected with the sewer, and 3,032 water-closets were fixed in 2,771 houses. Nearly double the number of water-closets were installed this year as compared with last.

Ashburton.

The high-pressure water-supply is being proceeded with, and will shortly be completed.

Timaru.

Good progress is being made with the installation of the septic tank and main sewers in the central and southern portions of the town.

Insanitary Buildings.

In Christchurch seven buildings were condemned, and three certificates were issued to make repairs.

In both Woolston and Timaru there was one building condemned.

General Administration and Sanitary Inspection of the District.

Canterbury District.

A special report was made on the medical inspection of school-children. Other work has been chiefly of a routine nature, comprising investigation into offensive trades, advising local bodies with reference to improvements in regard to provision of new drainage schemes and the improvement of old ones.

Inspector Kershaw has been stationed in Christchurch, and has been acting as inspector for some of the Christchurch suburban local bodies.

Inspector Paull, in Timaru, has been mainly occupied with plumbing inspections for the Timaru Borough Council, and has also been acting as Inspector for the Levels County.

Inspector McKenzie, in Oamaru, has continued to act as Inspector to the Oamaru and Waimate Borough Councils and the Waimate County Council.

Westland.

Inspector Middleton, in Greymouth, has been endeavouring to get improvements carried out in the various towns, but so far there is little improvement in the sanitary administration of this district.

Southland and Central Otago.

I took over the administration of this district from Dr. Ogston in May, at the same time Dr. Champtaloup was appointed District Health Officer in Dunedin. Most of the routine administration of this district was carried out by Dr. Champtaloup from the Dunedin office, and Inspector Cameron's report for the Southland district has been included in his annual report. Matters that required the personal attention of the District Health Officer and the interviewing of local bodies were carried out by myself. A special report was made on the storage of oysters at the Bluff.

As the district was new to me, some time was spent in becoming acquainted with the district. In all the districts a good deal of time was occupied in personally putting before local bodies and Hospital Boards the provisions of section 83 of the Hospital and Charitable Institutions Act, which enables Hospital Boards to assume certain powers of local bodies under the Health Act. The Hospital Boards and most local bodies were favourably impressed with the advantages of the proposed new scheme for carrying out sanitary inspection.

Appended are the returns of the Sanitary Inspectors for the sanitary inspection of their respective districts.

Sanitary Inspections.—Returns for Period 1st January to 31st December, 1910.

Town or District.	Food-sellers' Premises.									Factories.					General.							Nuisances.					Plumbing-inspections.				Drains tested.					
																											New Work.		Old Work.		New Work.			Old Work.		
	Butchers.	Milk-shops.	Dairies.	Fishmongers.	Fruiterers.	Food Auction Rooms.	Restaurants.	Ice-cream Hawkers.	Confectionary.	Bakehouses.	Laundries.	Confectionary.	Aerated-water.	Jam.	Dwellings.	Schools.	Hotels.	Boarding-houses.	Offensive Trades.	Septic Tanks.	Privies.	Overcrowding.	Keeping of Animals.	Offensive Accumulations.	Inspected.	Abated.	Sound.	Defective.	Sound.	Defective.	Length in Feet.	Sound.	Defective.	Length in Feet.	Sound.	Defective.
Christchurch City	..	14	..	..	..	2	..	..	1	..	..	1	1	..	1	..	..	..	..	..	..	1	1	2	4	4	..	..	..	..	..	39	..	..	..	..
Sumner Borough	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	8	8	3	46	..	..	..	..	..	..	..	..	..
Heathcote Road Board	..	4	1	..	..	..	..	..	..	..	..	..	..	1	5	1	..	..	4	1	2	..	2	5	7	4	17	..	..	1	..	19	..	..	..	..
Spreydon Road Board	..	2	3	..	..	..	..	..	..	..	..	..	..	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Woolston Borough	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Lyttelton Borough	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Waimairi County	..	..	..	..	..	..	..	..	..	..	..	..	..	..	4	..	..	..	1	..	..	2	5	5	12	4	..	..	..	2	..	..	..	..	..	..
Templeton Road Board	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	4	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Mount Herbert County	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Amuri County	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	1	..	..	2	..	2	1	..	..	..	..	..	..	..	..	..	..
Total number inspected	..	20	4	..	..	2	..	..	1	..	..	1	1	1	16	1	4	2	9	3	2	3	15	28	46	21	63	..	..	3	..	58	..	..	..	..
Number in which defects existed ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	12	..	..	..	..	..	1	1	5	7	..	..	..	..	..	..	..	..	..	..	..	..
Number requiring requisitions under Public Health Act or local by-laws	..	..	..	..	..	..	..	..	..	..	..	..	..	..	8	..	..	..	..	..	1	1	3	3	..	..	..	..	..	..	..	..	..	..	..	..

NOTE.—A number of complaints *re* street-channels have been grouped under heading "offensive accumulations." These in most cases are temporarily abated, but likely to recur until channeling is laid—hence have not been entered under "abated."

Town or District.	Food-sellers' Premises.										Factories.					General.							Nuisances.							Plumbing-inspection.				Drains tested.					
																												New Work.		Old Work.		New Work.			Old Work.		
	Butchers.	Milk-shops.	Dairies.	Fishmongers.	Fruiterers.	Food Auction Rooms.	Restaurants.	Ice-cream Hawkers.	Goods-sheds.	Grocers.	Bakehouses.	Laundries.	Shops.	Abattoirs.	Dilapidations.	Dwellings.	Schools.	Hotels.	Boarding-houses.	Offensive Trades.	Septic Tanks.	Stables.	Overcrowding.	Keeping of Animals.	Offensive Accumulations.	Lime-kiln.	Rubbish-tip.	Inspected.	Abated.	Sound.	Defective.	Sound.	Defective.	Length in Feet.	Sound.	Defective.	Length in Feet.	Sound.	Defective.
Greymouth Borough	..	..	..	..	27	..	..	..	1	21	..	..	6	1	9	7	..	1	..	1	..	3	..	..	..	1	1	1	..	2	1	..	..	400	400	..	500	..	500
Hokitika Borough	..	..	..	..	..	..	..	..	..	9	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Reefton	..	4	..	..	..	..	1	..	..	..	..	..	..	..	2	5	..	2	..	..	..	4	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..
Ross Borough	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Kumara Borough	..	3	..	..	1	..	..	..	..	4	2	..	..	..	..	..	..	..	..	..	..	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Grey County	..	13	..	..	..	..	..	..	..	19	2	..	..	..	..	29	..	9	..	..	..	2	2	3	2	..	..	5	2	..	..	..	..	..	..	..	..	..
Westland County	..	2	..	..	..	..	..	..	..	1	..	..	..	..	..	2	1	1	..	2	..	3	..	2	1	..	..	2	2	..	..	..	..	..	..	..	..	..
Total number inspected	..	22	..	..	..	28	..	1	..	1	54	4	..	6	1	11	44	1	14	..	3	..	15	2	5	3	1	1	8	4	2	1	..	1	400	400	..	500	..	500
Number in which defects existed ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	11	12	..	..	..	1	..	2	..	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..
Number requiring requisitions under Public Health Act or local by-laws	..	..	..	..	..	..	..	..	..	..	..	..	..	..	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..

Remarks.—Insanitary buildings pulled down—One in Greymouth. Special drainage inspections—Old portion of Greymouth Hospital, new portion of Westland Hospital.

Sanitary Inspections.—Returns for Period 1st January to 31st December, 1910—continued.

Town or District.	Food-sellers' Premises.									Factories.			General.							Nuisances.						Plumbing-inspections.				Drains tested.					
																										New Work.		Old Work.		New Work.			Old Work.		
	Butchers.	Milk-shops.	Dairies.	Fishmongers.	Fruiterers.	Food Auction Rooms.	Restaurants.	Ice-cream Hawkers.	Bacon-curer.	Bakehouses.	Laundries.	Clothing.	Dwellings.	Schools.	Hotels.	Boarding-houses.	Offensive Trades.	Septic Tanks.	Stables.	Overcrowding.	Keeping of Animals.	Office Accumulations.	Privies.	Inspected.	Abated.	Sound.	Defective.	Sound.	Defective.	Length in Feet.	Sound.	Defective.	Length in Feet.	Sound.	Defective.
Oamaru Borough	28	5	37	23	14	1	3	..	1	23	10	..	463	8	..	36	5	25	3	1	19	16	3	45	45	75	4	31	10	..	78	..	..	15	41
Waimate Borough	29	..	10	12	10	..	2	..	1	21	5	3	262	4	22	19	..	..	2	..	21	8	4	34	26	23	..	15	4	..	14	..	..	..	9
Waimate County	13	..	7	..	..	..	..	..	..	13	..	..	124	14	6	2	2	9	..	..	12	4	1	5	10	11	..	4	4	..	2	..	..	3	3
Hampden Borough	2	..	..	..	..	..	..	..	..	4	..	..	3	1	..	2	..	..	..	2	..	3	..	5	3	..	..	..	..	..	..	..	..	..	2
Waitaki County	..	..	..	..	..	..	..	..	..	..	..	..	5	..	..	1	2	1	..	..	1	..	..	..	1	..	..	..	..	..	..	..	..	..	..
Timaru Borough	7	..	..	4	5	13	1	..	..	3	..	..	511	..	5	9	..	..	..	..	1	..	..	..	..	1,832	..	..	2	1,050	1,050	..	..	..	..
Levels County	..	..	..	..	..	..	..	..	..	..	..	..	29	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Temuka Borough	..	..	..	..	..	..	..	..	..	..	..	..	4	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Mackenzie County	..	..	..	..	..	..	..	..	..	..	..	..	50	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total number inspected	79	5	54	39	29	14	6	..	2	64	15	3	1151	27	33	69	9	35	5	3	54	31	8	89	85	1,941	4	50	20	1,050	1,144	..	..	18	55

The passing of 500 plumbing connections as correct involved 1,832 inspections.

Legal Proceedings for Period 1st January to 31st December, 1910.

Initials and Address of Defendant.	Offence.	Under what Act or By-laws.	Date of Hearing.	Name of Magistrate.	Result of Proceedings.						Remarks.
					Fines.			Costs.			
					£	s.	d.	£	s.	d.	
J. C., Oamaru	Insanitary water-closet ..	Oamaru Borough by-laws ..	31/1/10	T. Hutchison ..	0	1	0	..			Appealed against.
B. P., Christchurch ..	,, ..	,, ..	31/1/10	,, ..	0	1	0	..			Appealed against. Appeals heard in Dunedin. Magistrate's decision upheld.
F. G., Oamaru	Selling adulterated milk ..	Sale of Food and Drugs Act	2/5/10	,, ..	..			..			Conviction—no penalty.
J. H., Oamaru	,, ..	,,	22/8/10	,, ..	..			..			,,
F. G., Oamaru	,, ..	,,	22/8/10	,, ..	..			..			Convicted. Second offence.
J. M., Timaru	,, ..	,,	1/12/10	G. V. Day ..	..			0	7	0	Convicted.
H. M., Fairview, Timaru ..	,, ..	,,	1/12/10	,, ..	..			0	7	0	,,
Milk Company, Timaru ..	,, ..	,,	22/12/10	,, ..	..			0	7	0	,,
M. F. C. S., Timaru ..	,, ..	,,	22/12/10	,, ..	..			0	7	0	,,
B., Christchurch	Non-completion of drains ..	Sumner Borough by-laws ..	21/6/10	H. W. Bishop ..	..			..			Defendant completed work in fourteen days' grace given.
L., Redcliffs	Discharging water into street	,, ..	..	,, ..	..			0	7	0	
J. B., Christchurch ..	Selling adulterated milk ..	Sale of Food and Drugs Act	22/11/10	,, ..	2	0	0	2	0	6	
Per Inspector of Weights and Measures, Christchurch.											
A. J., Sefton	Selling light-weight bread ..	Sale of Food and Drugs Act	5/4/10	T. A. B. Bailey ..	2	0	0	0	7	0	
F. W. C., Christchurch ..	,, ..	,,	19/4/10	H. W. Bishop ..	2	0	0	0	7	0	
A. H., Christchurch ..	,, ..	,,	19/4/10	,, ..	2	0	0	0	7	0	
C. W. N., Christchurch ..	,, ..	,,	19/4/10	,, ..	4	0	0	0	7	0	Previously fined.
M. H., Christchurch ..	Selling adulterated milk ..	,,	20/9/10	,, ..	5	0	0	3	19	0	Defendant was ordered to pay Court costs 9s. and analyst £1 11s. 6d. and fined £5 on first information, and Court costs 7s. and analyst £1 11s. 6d. on second information.

Sale of Food and Drugs Act.

Appended are the returns showing the number and nature of samples taken, also legal proceedings taken under this and the Public Health Act. The penalty inflicted in many cases, more particularly in Oamaru, can hardly be said to fit the crime.

I have, &c.,
H. E. Finch,
District Health Officer.

D.—OTAGO AND SOUTHLAND DISTRICT.

Statistics.

Population, 171,000 (census 1906); area, 19,977 square miles, exclusive of the mountainous and sparsely populated County of Fiord; number of local authorities under Public Health Act, 48; number of Hospital Boards, 5. The figures for the Provincial District of Otago would be larger than the foregoing were it not that the County of Waitaki and the large Borough of Oamaru, although part of the Otago Province, are worked as part of the Health District of Canterbury.

Accommodation for Consumptives.

In August of this year the new Sanatorium was opened at Palmerston South. Upwards of thirty beds are available, and these are being added to as occasion requires. Arrangements have been made whereby this Sanatorium receives patients from practically the whole of South Canterbury, Otago, and Southland, and each Hospital Board has its own medical adviser, who examines the recommended patients before admission. Gardening, wood-carving, and poultry-rearing are provided for those patients who are able to work. It is hoped shortly to institute tuberculin treatment for certain selected cases.

Medical Inspection of School-children.

In June and July some 2,300 children attending the public elementary schools were medically examined. The examination was not carried further till the new scheme for medical inspection of school-children is adopted and put into action. On the whole the children show a lower percentage of defects than do school-children at Home, but the percentage of defective teeth and tonsils are quite as high—in some cases more so.

Appended is a table of percentage defects.

Percentage Defects in 2,300 Children of Four Large Primary Schools in Dunedin.

—	George Street.	Normal and Union Street.	Caversham.	Forbury.
Children in attendance	..	..	..	660
1. Total percentage of children with defects ..	9½	19	26	18½
2. Percentage of defective children with defective teeth	50	40	38	45
3. Percentage of all children in attendance with defective teeth	6	8	10	8
4. Percentage of defective children with considerably enlarged tonsils or suspected adenoids	39½	47	62¼	50½
5. Percentage of all children in attendance with defective tonsils and adenoids	4	9	16	9
6. Percentage of all children with defective eyesight	Not examined	4¼	3½	4
7. Serious defects..	..	1 case early phthisis	..	1 case marked mitral stenosis (heart-disease).

General Sanitary Improvements.

A considerable number of Borough Councils have shown great activity during the year in sanitary matters, chiefly in the direction of securing first-class water-supplies. Following is a note of the principal improvements effected or well under way:—

Balclutha.

The ratepayers have sanctioned the raising of a loan of £7,500 for a water-supply. The supply will be pumped from a well near the banks of the Molyneux River to a tower in the highest part of the borough, thence reticulated to the consumers. An analysis which I made of water from a private well close to the proposed borough well, after personal inspection, showed the water to be of fairly good quality both chemically and bacteriologically. The site of the proposed well being within the town boundary, I advised the Council how best to guard against possible pollution in future years. When the service is under way frequent analysis will be made to test the continued purity of the supply.

Mataura.

A poll was carried some time ago to borrow £7,000 for water and sewerage. Plans are now being prepared by Mr. B. B. Couston, C.E., Dunedin.

West Harbour.

Dunedin City having offered to supply water at 6d. per thousand gallons at the nearest suburban boundary, the West Harbour ratepayers are to be asked to vote for a loan of £5,000 for reticulating the more thickly populated portions of the borough.

North-east Valley.

Soon after the Borough of North-east Valley amalgamated with Dunedin City the combined ratepayers sanctioned a loan of £17,000 to extend the water-supply to the newly amalgamated area.

Green Island.

A water-supply to cost £6,500 is now well under way. The supply is being obtained from Silverstream, which has also been one of the sources of the supply of Dunedin City for many years.

St. Kilda.

A satisfactory offer having been received from Dunedin City to supply water at 6d. per thousand gallons, a loan of £4,350 was approved for reticulations, and the work is proceeding apace.

Roxburgh.

A loan of £600 has been granted by the Government Advances Department for a water-supply for this small town in Central Otago. The source is to be the high hills behind the town.

OTHER SIMILAR IMPROVEMENTS.

Satisfactory improvements, chiefly drainage, though on a somewhat minor scale, have also been carried out at Waikaia and Waikaka by the Southland County Council. The Tuapeka County Council also is now facing the question of the drainage of Kelso, and the Taieri Council that of Middlemarch.

BY-LAWS.

Inspector Cameron has almost completed the drafting of a comprehensive set of by-laws for several of the local authorities in Southland. The code is being made to suit in nearly every respect the whole of the Councils concerned, minor alterations being made to suit individual cases.

INVERCARGILL SEWERAGE.

Matters in this connection have made haste slowly since last annual report. Mr. J. Sturrock, Town Engineer, left for Napier in July last, when in the middle of preparing sewerage scheme for Invercargill and suburbs. However, he sent his completed scheme on to the Council in September. The total scheme, to cost £106,000, provides for a "partially separate system"—the existing rough-and-ready sewers to carry away all storm-water off the streets into the Estuary, as now, and the new sewers to take all sewage, together with the storm-water from roofs and yards only. The sewers would gravitate chiefly from east to west into a main outfall running from north to south along the foreshore of the Estuary. A pumping-station at Kew, some two miles south of the General Post-office, would deliver the sewage into septic tanks, used for disintegrating purposes only. No filter-beds would be installed meanwhile, the effluent from the tanks being discharged straight into the Estuary.

The Council eventually decided to get Mr. R. L. Mestayer, of Wellington, to report, the result ultimately being that Mr. Mestayer advocated the "entirely separate" Shone system, to cost £87,000. The Council is still undecided between the rival schemes. Dr. Valintine has suggested to refer the matter to a commission of Government experts for decision.

DUNEDIN DRAINAGE SYSTEM.

The Dunedin Drainage and Sewerage Board has now constructed fifty-four miles of new sewers, part of them under the "separate" system and part under the "combined." The Board, in addition, took over at the start twenty-six miles of "combined" sewers from the city. Ultimately these will be superseded by new "separate" sewers. The works at present in progress are the reticulation of North-east Valley, the harbour-frontage, and the Bay View Road area. The completion of St. Clair, Mornington, and Caversham is to be proceeded with next. During last year 767 premises were connected to the sewerage system.

THE NEW PUBLIC-HEALTH DUTIES OF HOSPITAL BOARDS.

All the Hospital Boards in this Otago-Southland District are cheerfully facing the new duties and responsibilities which now devolve upon the Hospital Boards throughout the Dominion on account of the recent amendment in the law governing the enforcing of precautions to prevent the spread of infectious disease, and providing for the efficient carrying-out of general sanitary inspections. The Otago Hospital Board has already appointed one Inspector for Dunedin and the surrounding districts, and another, to be stationed at Balclutha, will commence work on 1st April next. All the suburbs of Dunedin are availing themselves of the services of the Board's Inspectors to carry out the general inspection of their respective areas, and have each agreed to pay the Board for these services a special annual contribution in addition to the usual levy for general purposes. So far only comparatively few of the country boroughs have handed over their general inspection-powers to the Board, but most probably a large proportion will do so once the proposals are more fully laid before the various Councils by personal interviews.

The two Central Otago Boards of Vincent and Maniototo are also making arrangements for the proper carrying-out of their public-health work.

The Southland Hospital Board's Inspector also takes up his duties on 1st April. Several of the local authorities have already agreed to hand their general inspection-powers over to the Board, and Inspector Cameron has almost completed negotiations with a number of others as well. Dr. Finch, of Christchurch, has also laid the matter before several of the Mayors or Town Clerks. The Wallace Hospital Board, having jurisdiction over only a comparatively small district, has agreed with the Southland Board for the services of the latter's Inspectors.

Sanitary Inspections for Period 1st January to 31st December, 1910.

	Food-sellers' Premises.										Factories.					General.								Nuisances.						Plumbing-inspections.				Drains inspected.					
																													New Work.		Old Work.		New Work.			Old Work.			
	Butchers.	Milk-shops.	Dairies.	Fishmongers.	Fruiterers.	Food Auction Rooms.	Restaurants.	Ice-cream Hawkers.	Biscuit-works.	Bacon-works.	Bakehouses.	Laundries.	Provision-shops.	Fishing-vessels.	Aerated-water Factories	Dwellings.	Schools.	Hotels.	Boarding-houses.	Offensive Trades.	Septic Tanks.	Private Wells, Tanks, &c.	Overcrowding.	Keeping of Animals.	Offensive Accumulations.	Smoke Nuisances.	Inspected.	Abated.	Sound.	Defective.	Sound.	Defective.	Length in Feet.	Sound.	Defective.	Length in Feet.	Sound.	Defective.
Total number inspected	147	86	20	85	57	49	72	..	8	17	84	55	62	13	18	250	34	63	74	37	15	114	10	122	96	11	229	93	37	11	103	63	..	44	32	..	74	218
Number in which defects existed	41	12	8	22	16	27	10	..	2	4	17	8	11	2	3	52	12	22	18	14	2	42	2	43	32	..	77	53	..	11	..	63	..	..	32	..	..	218
Number requiring requisitions under Public Health Act or local by-laws	16	4	2	6	4	8	2	..	..	1	3	2	3	..	..	31	4	11	7	8	..	18	1	16	11	..	28	23	..	6	..	42	..	..	12	..	..	102

Insanitary buildings pulled down, 13; insanitary buildings repaired, 23.

Cotton-waste.

Some friction has arisen during the year over the Department's action in refusing to admit without disinfection several bales of cotton-waste, which is prohibited by *Gazette* order unless a pure mill-waste. Some of the samples submitted were extremely dirty, and consisted of dirty shredded rags. A satisfactory standard has now been adopted, and doubtful cases submitted to an expert.

Special Inspections and Special Reports.

1. *Dunedin Water-supply.*—As a result of several analyses made at my laboratories, this supply falls far short of a satisfactory standard. The reservoirs are exposed to far too much risk of pollution, which risks I have pointed out to the Council's Water Committee. Picnic parties are allowed to frequent the banks of the reservoirs and to use the gathering-grounds in the immediate vicinity, with the result that in one sample examined after a rainfall *B. Coli* was present in 1/10 c.c.

2. *Dunedin Laboratories.*—By a special arrangement with the Department, University, and Hospital Board, rooms were secured at the Hospital for this purpose. These include a bacteriological laboratory, water-analysis room, and large workroom in the basement. The rooms have been well fitted for teaching purposes, for research work, as well as the ordinary routine work of the Department. The Public Health bacteriological work for the South Island is conducted here, the Hospital bacteriology and the material for the University and other classes prepared. In December complete sets of bacteriological outfits in which to take and forward specimens were issued to the medical men of the South Island, and much use is already being made of them.

3. *Dunedin Milk-supply.*—Owing to reports in the newspapers as to the presence of tubercule in milk, I was approached by the Dairy Association and asked to report on the milk-supply of Dunedin. Three hundred farms supply Dunedin with milk, and arrangements have been made with the Stock Department whereby the two Departments will work together. The work is delayed meantime pending the arrival of a large electrical centrifuge, but it is hoped to commence what will be an extensive investigation in June of 1911.

4. In May of 1910 Dr. Ogston resigned his position as District Health Officer, after nine years of faithful service, and I had the honour of being appointed to succeed him. Much of the pioneer work has been his, and I am deeply indebted to him for the help he has placed at my disposal at all times.

5. In December, 1910, Mr. Andrew Logan, from the Usher Institute of Public Health, Edinburgh, was appointed jointly by the Government, Hospital Board, and University as assistant to the Laboratory.

6. I have also to record the help which the Department has received from Inspector Donaldson, the City Council Sanitary Inspector, who is also an Inspector under the Sale of Food and Drugs Act, who has been instrumental in securing large quantities of foods under the Act.

Sydney T. Champtaloup, M.B., B.Sc. (P.H.),
District Health Officer.

PART V.—MISCELLANEOUS.

Report on Nastin Treatment of Leprosy.

Sir,— Lyttelton, 9th January, 1911.

I have the honour to report on the various treatments of leprosy that I have tried at Quail Island.

Altogether four cases of leprosy have been under treatment—viz., two Maoris with old anæsthetic leprosy; two Europeans with mixed leprosy—one case (W.V.) of seven years' standing, the second case (A.L.) of recent date.

The Maori (G.W.) had the usual mutilations, and was treated with Chaulmoogra oil. After a year's treatment, as he gave no manifestation of active leprosy, and the baccilus *leprœ* was absent from the nasal mucus (after iodism had been induced), he was discharged.

The other Maori (J.W.) had been much neglected at home: feet and hands were reduced to stumps, and there was so much neuritis present that his only means of progression was by shuffling on the floor in a squatting attitude. He took Chaulmoogra oil, but it soon developed such dyspepsia that it had to be omitted.

In May, 1908, I started treatment with Nastin on W.V., and on 28th November on J.W. I have found this treatment fulfil the claims of Deycke Pasha. At first I ventured to use Nastin B_2 on W.V. when I ran short of Nastin B_1. Far from being inert, the reaction that ensued gave me a week's anxiety. I administered Ketyn with benefit. In September, 1908, W.V. developed a leproma at the edge of the cornea—first in the right eye and later in the left. All the skin lepromata had vanished, but I had to stop the Nastin, as Deycke Pasha states that this affection of the eye is a contra-indication. During the administration I had frequently to omit the Nastin treatment on account of joint-pains, and once for an abdominal disturbance resembling appendicitis. W.V. is the subject of syphilis, to which his joint-pains may be attributable; but I am convinced that during the treatment with Nastin lepromata on the face and hands vanished, and on its omission gradually reappeared. Personally I attributed the frequent joint-pains to reaction to Nastin.

In the case of J.W., treatment had been so successful (whether due to Nastin or to generally improved conditions) that he has recovered the use of his legs, and can walk without a limp and can climb hills. He can close his eyes and mouth, which previously remained open from facial paralysis, and has such command over his tumeated fingers that he can attend to W.V.'s diseased eye and write his own letters.

A.L. has been under treatment since the end of August of last year (1910). He is a robust Australian, and can take Chaulmoogra oil without nausea — three fluid drachms a day. He receives an injection of Nastin B_1 every week, and lives an active healthy life. He is most anxious to get well and free. He gets not bad reactive effects from Nastin B_1. Within five months he has manifestly improved. The lepromata on his face have flattened, the scaliness over the right brow has disappeared, the large anæsthetic coppery patches on the inner flexor aspects of both arms have diminished in area, prominence, and discoloration.

It is very disappointing that the worst of all leprous lesions—viz., the leproma of the conjunctiva, that invades and destroys the cornea and eyeball—should develop during Nastin treatment; but I am convinced that in many cases Nastin treatment is effectual on the ordinary crusting nodules of the skin. During its administration the efflorescences becomes less frequent, and abort finally, until the rash temporarily disappears. In the case of W.V., in forced discontinuance of the Nastin, the lepromata have reappeared on the nose, and caused great disfigurement.

I have given W.V. a course of Soamin without apparent benefit to the leprosy.

The Chief Health Officer. Charles Hazlett Upham.

Table showing Number of Vessels inspected by the various Port Health Officers.

Kawaka	1	New Plymouth	3	Timaru	8
Helensville	4	Wanganui	12	Oamaru	1
Dargaville	13	Wellington	135	Lyttelton	28
Hokianga	11	Napier	3	Port Chalmers	16
Auckland	278	Picton	2	Dunedin	11
Thames	2	Nelson	..	Bluff	44
Whitianga	1	Westport	15		
Gisborne	10	Greymouth	1	Total	599

PART VI.—SALE OF FOOD AND DRUGS ACT.

Auckland District.

Comparatively little work has so far been done in regard to the systematic supervision of the purity of foodstuffs and the conditions of their preparation and sale. The need for special regulations under that Act is very evident, and for officers whose time can be largely devoted to the work. Possibly the new scheme of inspection by Hospital Boards will supply the latter want.

In Auckland we have been especially handicapped by the absence of a local Analyst. Our efforts to submit samples of perishable goods—such as milk—to Wellington have met with failure. Negotiations are in progress to secure the services of a local expert for this work for the Police and Health Departments.

A considerable amount of attention has been given throughout the province to the question of selling underweight bread. A large number of samples were taken, and several prosecutions followed. In one case a prosecution failed apparently owing to a misinterpretation of the word "sale" under the Act.

The following tables summarize the work :—

Returns for Period 1st January to 31st December, 1910.

SAMPLES TAKEN FOR EXAMINATION.

Initials of Seller.	Sample purchased.	Where.	Date and Time.	Result of Analysis or Weighing.
G.	Baking-powder	Auckland	Feb. 22	Slightly under standard.
H.	Milk	Avondale	July 5	
C.R.	Bread	Cambridge	Aug. 2	Full weight.
A.C.B.	,,	,,	,, 2	,,
M.	,,	,,	,, 2	,,
R. G.	,,	Taupiri	,, 3	,,
J. M.	,,	Te Awamutu	,, 10	,,
J. B.	,,	Hamilton	,, 13	,,
W. B. S.	,,	,,	,, 13	,,
R. J. G.	,,	Frankton	,, 13	,,
R. W. F.	,,	Hamilton	,, 13	Short weight.
E. T. L.	,,	Te Kuiti	,, 18	Full weight.
G. & C.	,,	,,	,, 18	,,
R. W.	,,	Ngaruawahia	,, 20	Short weight.
H. & C	Milk	Frankton	,, 22	Sent for examination.
R. C.	Bread	Taumarunui	,, 26	Full weight.
S. & S.	,,	,,	,, 26	Short weight.
T. B.	,,	Hamilton	,, 24	Full weight.
R. A. G.	,,	,,	,, 24	,,
J. N.	,,	,,	Sept. 9	Short weight.
S. F.	,,	,,	,, 9	,,
W. R.	,,	Rotorua	,, 22	,,
A. G. C.	,,	,,	,, 22	,,
H. & C.	Milk	Hamilton	,, 12	
N.	Bread	Auckland	Oct. 14	Short weight.
A.	,,	,,	,, 14	Full weight.
N.	,,	,,	,, 14	,,
M. D.	Jam	,,	,, 17	Pending.
G.	Bread	Huntly	,, 18	Full weight.
M.	,,	,,	,, 18	,,
C.	,,	,,	,, 18	,,
S.	,,	Helensville	,, 20	,,
H.	,,	,,	,, 20	,,
C.	,,	Dargaville	,, 21	,,
S. G.	,,	,,	,, 21	,,
J.	,,	Parnell	,, 27	,,
M. G. M.	,,	,,	,, 27	,,
S.	,,	Auckland	Nov. 1	,,
T. H.	Jam	,,	,, 4	Pending.
R.	,,	,,	,, 10	,,
J. B.	Bread	Hamilton	,, 8	Short weight.
S.	,,	Auckland	,, 12	Full weight.
T. B.	,,	Hamilton	,, 8	Short weight.
W. B. S.	,,	,,	,, 8	,,
K.	,,	Newmarket	,, 16	Full weight.
S.	,,	,,	,, 16	,,
A.	Milk	Parnell	Dec. 15	Standard.
D.	Whisky	Whatawhata	,, 16	

INSPECTIONS.

Food or Drugs inspected.	Where.	Date and Time.	Action taken—if "marked," "sealed," or "destroyed." Remarks.
Fruitaline	Auckland ..	Jan. 14 ..	To Wellington for analysis.
2,000 crates cheese	,, ..	,, 22 ..	Marked by order of D.H.O.
Fruit	Thames	,, 13 ..	Seized and destroyed.
2 pork pies	Newmarket ..	,, 24 ..	Destroyed as unfit for food.
½ case mixed fruit	Thames	,, 31 ..	Seized and destroyed.
1 case mixed fruit	,, ...	Feb. 5 ..	No action.
½ case pears	,, ...	,, 16 ..	Seized and destroyed.
½ case mixed fruit	Paeroa	,, 18 ..	,,
386 cases oranges	Auckland ..	Mar. 29 ..	,,
9 kegs meat	,, ..	,, 29 ..	,,
1 case mixed fruit	Paeroa	,, 29 ..	,,
1 case oranges	,, ...	,, 29 ..	,,
2 cwt. potatoes	Waihi	April 18 ..	Seized—removed for pig-food.
½ case mixed fruit	,, ...	,, 28 ..	Seized and destroyed.
½ case apples	Thames	May 12 ..	..
1 case apples	Paeroa	,, 28 ..	..
1 ham	Te Aroha ..	July 4 ..	Seized and destroyed.
1 side bacon	,, ..	,, 4 ..	,,
1 case bananas	Hamilton ..	,, 2 ..	,,
Beef and mutton	,, ..	,, 2 ..	Passed as sound.
,, ...	,, ..	,, 16 ..	,,
,, ...	,, ..	,, 30 ..	,,
,, ...	,, ..	Aug. 6 ..	,,
,, ...	,, ..	,, 13 ..	,,
,, ...	,, ..	,, 20 ..	,,
,, ...	,, ..	,, 27 ..	,,
,, ...	,, ..	Sept. 3 ..	,,
3 tins jam	Auckland ..	,, 8 ..	..
Bread	Waihi	,, 9 ..	Sealed for action.
,, ...	,, ...	,, 9 ..	,,
Beef and mutton	Hamilton ..	,, 24 ..	Passed as sound.
Butter	Auckland ..	,, 29 ..	Certified as sound.
Bread	Rotorua	,, 22 ..	Sealed for action.
,, ...	,, ..	,, 22 ..	,,
Apples	,, ...	,, 22 ..	Seized and destroyed.
Beef, mutton, and veal ..	Hamilton ..	Nov. 5 ..	Passed as sound.
,, ,, ,, ..	,, ..	,, 19 ..	,,
1 case fish..	Auckland ..	,, 12 ..	Seized and destroyed.
Beef, mutton, and veal ..	Hamilton ..	,, 26 ..	Passed as sound.
1 case oranges	,, ..	,, 28 ..	Prosecution and fined.
Beef, mutton, and veal ..	,, ..	Dec. 3 ..	Passed as sound.
,, ,, ,, ..	,, ..	,, 10 ..	,,
2 sides and 2 rolls bacon ..	Auckland ..	,, 14 ..	Seized and destroyed.
1 case plums	Thames	,, 29 ..	,,

Several cases of alleged breach of the regulation as to labelling were inquired into, notably as to the newly issued regulations as to jam. In the majority of cases it was found that the labels complained of were the remains of old stock in retail shops. In one case a misleading statement on a label in regard to the substance known as "egg-powder" was dealt with, and the manufacturer warned.

WELLINGTON - HAWKE'S BAY DISTRICT.

Particulars of Samples of Foodstuffs collected by Inspectors in Wellington District.

Where Purchased.	Samples.		Results of Analysis or Weighing.			
	Number.	Nature.	Complying.	Non-complying and Warnings given.	Non-complying and Prosecution advised.	Rendered defective in Transit.
By Chief Inspector Schauer—						
Wellington (in and around) ..	70	Milk	37	24	8	1
Napier	6	,, ...	1	2	..	3
Hastings	2	,, ...	..	..	..	2
Blenheim	2	,, ...	2	..	..	..
Picton	1	,, ...	1	..	..	..
Wellington (in and around) ..	38	Bread	20	14	4	..
Hastings	7	,, ...	3	2	2	..
Blenheim	5	,, ...	2	3	..	..
Picton	3	,, ...	1	2	..	..
Wellington (in and around) ..	7	Baking-powder ..	5	1	1	..
Napier	1	,, ..	1	..	..	..
Blenheim	1	,, ..	1	..	..	..
Wellington (in and around) ..	4	Pepper	..	..	4	..
Blenheim	3	,, ...	3	..	..	..
Napier	2	,, ...	..	..	2	..
Hastings	2	,, ...	1	..	1	..
Gisborne	1	,, ...	..	..	1	..
Picton	1	,, ...	1	..	..	..
Gisborne	5	Coffee	..	4	..	1
Hastings	1	,, ...	..	1	..	..
Wellington	3	Spirits	3	..	..	..
,, ...	1	Lung-balsam ..	1	..	..	..
By Inspector Sargeant—						
Wanganui and district ..	6	Milk	3	2	..	1
,, ..	6	Bread	..	6	..	..
,, ..	6	Spirits	6	..	..	..
,, ..	2	Unfermented wine ..	2	..	..	..
,, ..	1	Baking-powder ..	1	..	..	..
,, ..	1	Jam	..	1	..	..
By Inspector Gardiner—						
Taranaki District	18	Milk	16	2	..	..
,, ...	8	Bread	3	5	..	..
,, ...	2	Lung-balsam ..	2	..	..	..
,, ...	1	Tea	1	..	..	..
,, ...	1	Egg-substitute ..	1	..	..	..
,, ...	1	Potted meat	..	1	..	..
By Inspector O'Brien—						
Manawatu District	13	Milk	9	1	2	1
By Inspector Miller—						
South Wairarapa District ..	6	,, ...	4	1	..	1
By Inspector Wilson—						
Rangitikei District	5	,, ...	2	..	3	..
By Inspector Gray—						
Wellington (in and around) ..	22	,, ...	19	3	..	..
By Inspector Johnston—						
Marlborough District ..	9	,, ...	6	..	..	3
,, ..	6	Bread	6	..	..	..
Totals	280	..	164	75	28	13

The following shows the quantity of foodstuffs inspected during the year :—

Place.	Food and Drugs inspected.	Action taken; Remarks.
Wellington ..	49 head of ducks	Kerosened and destroyed.
	1 case of tomatoes	No action taken.
	Fish (small quantity)	,,
	4 carcases of wild pork	,,
	2 rolls of bacon	,,
	4 sides of bacon	Kerosened and destroyed.
	7 carcases pork	,,
	4 cases eggs	3 cases destroyed : 1 case sound.
	8 hams	Kerosened and destroyed.
	13 dozen bundles rock-cod	Destroyed at request of consignee.
	2 dozen bundles fish	,,
	8 cases flounders	Destroyed.
	1 sack potatoes	80 lb. destroyed.
	6 sacks of pigs' tongues	Destroyed.
South Wairarapa..	Vegetables and fruit..	,,
Feilding ..	1 kerosene-tin of whitebait	Destroyed (not exposed for sale).
	Fruit (small quantity)	,, ,,
	Fish (small quantity)	,,
Wanganui ..	5 rolls bacon	,,
	2 cases and 20 lb. bananas	,,
	24 baskets strawberries	,,
	1 case tomatoes	,,
	15 bags figs	,,
	1 box sultanas	,,
	8 lb. beef ham	,,
	8 cases jam	6 cases destroyed.
	1 pig's head	Destroyed.
	11 barrels pickled herrings (33 cwt.) ..	,,
	26 sacks of potatoes	7 sacks destroyed.
	Butter (small quantity)	No action taken.
	Cheese	3 cheeses destroyed.
	Baker's cakes (small quantity) ..	Destroyed.
	Peaches (small quantity)	,,
Taranaki ..	Ice-cream and machines	2 machines condemned.
	10 lb. brawn	Destroyed.
	8 lb. black-puddings	,,
	6 lb. figs	,,
	Vegetables (small quantity)	,,
	15 cases bananas	,,
	6 lb. butter	,,
Marton	1 piece of bacon	,,
	1 piece of pork	,,

Legal Proceedings under the Sale of Food and Drugs Act, 1908.

Offence.	Date of Hearing.	Results of Proceedings. Fines. £ s. d.	Costs. £ s. d.	Remarks.
Bread—4 oz. short weight in 4 lb. loaf	21/2/10	1 0 0	0 9 0	
,, 1½ oz. ,, 2 lb. ,, ...	7/3/10	1 0 0	0 9 0	
,, 3 oz. ,, 4 lb. ,, ...	14/3/10	1 0 0	0 7 0	
Pepper adulterated with 25 per cent. starch ..	18/3/10	0 10 0	0 7 0	
Bread—2½ oz. short weight in 2 lb. loaf	21/3/10	0 10 0	0 7 0	
,, 3 oz. ,, 4 lb. ,, ...	4/4/10	0 10 0	0 7 0	
Pepper adulterated with 25 per cent. starch ..	29/4/10	2 0 0	0 12 0	
Milk adulterated with 13·8 per cent. water ..	29/4/10	1 0 0	0 12 0	
Pepper adulterated with 25 per cent. starch ..	18/5/10	0 10 0	0 12 0	
,, ,, ..	18/5/10	0 10 0	0 12 0	
Bread—short weight	19/5/10	1 0 0	0 7 0	Three charges—one dismissed.
,, ,, ...	19/5/10	0 10 0	0 12 0	
,, ,, ...	19/5/10	1 0 0	0 7 0	Two charges.
Milk adulterated with 9 per cent. water	27/5/10	0 10 0	0 12 0	
Pepper adulterated with 30 per cent. starch ..	27/5/10	0 10 0	0 12 0	
,, 25 per cent. ,, ..	22/6/10	0 10 0	0 7 0	
,, starch..	22/6/10	0 10 0	0 7 0	
Milk adulterated with 10 per cent. water ..	27/6/10	2 0 0	0 12 0	
,, 9 per cent. ,, ..	27/6/10	1 0 0	0 12 0	
,, 13·9 per cent. ,, ..	6/7/10	Dismissed		Agency not proved.
Pepper adulterated with 25 per cent. starch ..	11/7/10	2 0 0	2 15 0	Two charges. Fined in one and convicted and discharged in the other.
,, 30 per cent. starch ..	11/7/10	2 0 0	2 15 0	Ditto.
Milk adulterated with 10·35 per cent. water ..	25/7/10	1 0 0	1 18 6	
Milk deficient in fatty solids and solids not fat ..	1/9/10	1 0 0	0 7 0	
Milk adulterated with 9·56 per cent. water ..	6/10/10	2 0 0	0 9 0	
,, 31·41 per cent. ,, ..	6/10/10	2 0 0	0 9 0	
Milk deficient in fat	6/10/10	Convicted	0 9 0	
,, ...	6/10/10	,,	0 9 0	
,, ...	6/10/10	,,	..	
Milk adulterated with 24·36 per cent. water ..	19/10/10	2 0 0	0 14 0	
Milk adulterated with water	27/10/10	1 0 0	..	
,, ...	5/12/10	1 0 0	0 17 6	

CANTERBURY DISTRICT.

Returns for Period 1st January to 31st December, 1910.

	Samples taken. Number.	Nature.	Cost. s. d.	Results. Number complying with Regulations.	Number non-complying with Regulations.	Number in which Warning given.	Number in which Prosecutions authorized.
Oamaru	23	Milk ..	4 1	15	8	3	3
Timaru	16	Milk ..	2 8	12	4	..	4
Christchurch ..	91	Milk ..	12 9½	66	25	16	9
Inspector of Weights and Measures, Christchurch	76	Bread ..	8 4	56	20	..	10
	loaves 2	Milk ..	0 4	1	1	..	1

OTAGO-SOUTHLAND DISTRICT.

Returns for Period 1st January to 31st December, 1910.

Samples taken.			Results.			
Number.	Nature.	Cost.	Number complying with Regulations.	Number non-complying but no Action possible.	Number in which Warnings given.	Number in which Prosecutions authorized.
		s. d.				
2	Salmon-paste	1 6	2	..	..	..
1	Cayenne pepper ..	1 0	..	1	1	..
1	Brewster's sarsaparilla ..	..	..	1	1	..

FOODSTUFFS CONDEMNED AND DESTROYED.

Fresh peas, 394 lb.; oranges, 11,606 lb.; bananas, 10,520 lb.; cherries, 340 lb.; apples, 1,600 lb.; grapes, 180 lb.; dried figs, 2,600 lb.; dried dates, 3,600 lb.; pigs' heads, 372 lb.; tinned sheep-tongues, 14,460 lb.; corned beef, 4,648 lb.; fresh pork, 1,847 lb.; hams and bacon, 633 lb.; fresh and frozen fish, 1,314 lb.; smoked fish, 27,000 lb.; bread, 220 lb.: total, 81,334 lb.

PART VII.—LABORATORY REPORTS.

PART A.

1. LABORATORY OF MEDICAL PATHOLOGY, WELLINGTON.

SIR,—

I have the honour to forward the accompanying report by Mr. Hurley, Bacteriologist, upon the work of the Pathological Laboratory during the year ending 31st March, 1911.

In spite of the fact that Dr. Champtaloup has relieved the Wellington Laboratory of the majority of the specimens coming from the South Island, there has been a very marked increase in the number of specimens submitted in nearly every class, the total being 1,769, as against 1,332 for the previous year. There has been a heavy strain on Mr. Hurley and his staff, and the question of extra assistance must be considered during the present year.

I have, &c.,

Dr. Valintine, Chief Health Officer. R. H. MAKGILL, Pathologist

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SIR,— Laboratory of Medical Pathology, Wellington, 6th September, 1911.

I have the honour to transmit herewith a classified report of the specimens examined in the Laboratory during the year 1910–11.

There has been an increase of 35 per cent. on the total number of specimens examined during the year 1909–10. The number, however, does not sufficiently represent the increased amount of work done, for the increases in the various classes have been mainly in those in which more elaborate examinations have now to be made.

During the year much overtime has been worked by the staff. Much of this has been due to the demands on the Laboratory staff for the increased amount of calf-lymph required in the vaccine station, and a total of £750 worth of calf-lymph was produced. There has also been a large increase in the amount of vaccines and sera stocked and distributed on behalf of the Department of Public Health.

It has been a very busy year, and I have pleasure in acknowledging the conscientious and exact work of Mr. P. L. Hickes. Without his enthusiastic assistance and overtime, it would often have been impossible to keep pace with the incoming specimens.

I have, &c.,

Dr. R. H. Makgill, Pathologist. J. A. HURLEY, Bacteriologist.

Table showing Results of Examination of Pathological Specimens from 1st April, 1910, to 31st March, 1911.

Material.	Object of Examination.	Result.		Total.
		Positive.	Negative.	
Sputum	Tubercle bacillus	109	312	421
	Other conditions	57	21	78
	Bacterioscopical examinations	...	...	17
	Specimens spoiled when received	...	...	4
				520
	Total for 1910	...	...	*374*
Purulent discharges	Microscopical—			
	For gonococcus	13	28	41
	„ tubercle bacillus	3	4	7
	„ other pathogenic organisms	49	9	58
	„ other conditions	5	1	6
	Bacterioscopical examinations	50	8	58
				170
	Total for 1910	...	...	*65*
Pleuritic fluid	Microscopical—			
	For tubercle bacillus	...	5	5
	„ other conditions	6	2	8
	Bacterioscopical examinations	9	1	10
				23
	Total for 1910	...	...	*8*
Cerebro-spinal fluid	Microscopical	12	2	14
	Bacterioscopical	8	1	9
				23
	Total for 1910	...	...	*18*
Other discharges	Microscopical	9	6	15
	Bacterioscopical	5	2	7
				22
	Total for 1910	...	...	*15*
Urine	Chemical	...	...	121
	Bacterioscopical	57	41	65
	Microscopical	71	26	111
	Spoiled in transit	...	...	3
				300
	Total for 1910	...	...	*151*
Fæces	Chemical	2	...	2
	Microscopical	5	6	11
				13
	Total for 1910	...	...	*8*
Vomit	Chemical	4	...	4
	Microscopical	4	...	4
				8
	Total for 1910	...	...	*3*
Blood	Widals	63	89	152
	Differential counts	...	...	8
	Other conditions—			
	Microscopical	6	3	9
	Bacterioscopical	1	5	6
	Opsonic indices	...	...	4
	Wassermann reaction	...	...	9
				188
	Total for 1910	...	...	*130*

Table showing Results of Examination of Pathological Specimens—continued.

Material.	Object of Examination.	Result.		Total.
		Positive.	Negative.	
Swabs	For diphtheria	33	80	113
	„ other conditions	28	5	33
				146
	Total for 1910 ...	...	...	*132*
Parasites	For hydatids—			
	Sputa	4	11	15
	Other specimens	1	5	6
	For other parasites	3	...	3
				24
Animals examined	Guinea-pigs	5	9	14
	Rats	...	12	12
	Cat	1	...	1
	Fowls	...	2	2
	Rabbits	2	...	2
				31
	Total for 1910 ...	...	...	*51*
Foodstuffs	Milk	...	...	4
	Fish	...	...	1
	Biscuits	...	...	1
				6
	Total for 1910 ...	...	...	*33*
Water	...	...	...	28
	Total for 1910 ...	...	...	*38*
Other examinations—				
Clothing	Identification of stains ...	8	6	14
Disinfectants	...	...	...	14
Skin	For leprosy organisms ...	5	...	5
Catgut	„ ...	...	6	6
Unclassified	...	...	...	8
				47
	Total for 1910 ...	...	...	*37*
Solid tissues requiring section ...	...	...	...	179
	Total for 1910 ...	...	...	*184*
Vaccines	(Autogenous, prepared) ...	...	...	14
	Total for 1910 ...	...	...	*3*
Examinations of calf-lymph ...	...	...	...	36
	Total for 1910 ...	...	...	*56*
	Total number of specimens examined		...	1,769
	Specimens received without name of sender		...	4
	Total number of specimens received		...	1,782

Details of Urinary Examinations.

Method.	What sought.	Result.		Total.
		Positive.	Negative.	
Chemical analyses—				
Quantitative	Estimation of urea	...	...	23
	,, sugar	...	...	25
	,, albumen ...	...	...	10
	,, other substances	...	...	9
				67
Qualitative	For albumen	12	3	15
	,, sugar	13	7	20
	,, other substances ...	10	9	19
				54
Bacterioscopical	For b. coli	25	8	33
	,, gonococcus	2	5	7
	,, b. typhosus	...	4	4
	,, other organisms... ...	16	5	21
				65
Microscopical	For tubercle bacillus... ...	14	19	33
	,, casts, pus, epithelium, &c.	71	7	78
				111
Spoiled in transit	...	...	...	3
Total	...	...	...	300

Results of Examination of Tissues.

Conditions.	Reproductive System.				Digestive System.		Respiratory System.		Locomotive System.	Nervous System.	Integumentary System.	Urinary System.		Lymphatic System.	Total.
	Uterus.	Breast.	Ovary.	Testicle.	Tongue, Mouth, Lips, &c.	Stomach, &c.	Pleura, Lungs, &c.	Larynx, &c.	Bones, Muscles, &c.	Special-sense Organs.	Skin.	Kidney.	Bladder.	Glands.	
Carcinoma	9	9	2	1	4	11	..	..	2	..	..	1	..	6	45
Sarcoma	1	6	2	..	1	4	..	..	23	2	..	..	..	3	42
Simple tumours ..	14	11	4	..	4	4	..	..	5	2	3	..	1	4	52
Inflammatory.	10	3	1	..	2	1	..	..	..	..	1	1	..	2	21
Normal	1	..	..	..	..	1	..	..	..	..	..	..	..	..	2
Others	..	..	..	2	..	1	..	..	1	1	..	..	..	1	6
Spoiled	..	..	..	..	..	..	..	..	..	..	..	..	..	..	5
Bacterial—															
For tubercle bacillus ..	..	..	..	..	..	1	..	..	2	..	..	..	..	2	5
For others	..	..	..	..	..	1	..	..	..	..	..	..	..	..	1
Total	..	..	..	..	..	..	..	..	..	..	..	..	..	..	179

Summary of Work performed at Vaccine Station, 1st April, 1910, to 31st March 1911.

Calves inoculated, 17; *post-mortem* examinations of calves, 17; bacterioscopical examinations of lymph, 36; tubes of lymph prepared, 13,550.

Return showing Results of Vaccine Lymph for Year 1910–11.

Series.	Number of Tubes issued.	Number of Scarifications to which Lymph was applied.	Number of Vesicles obtained.	Remarks.			Percentage
				Percentage.	Cases done.	Cases successful.	
73	108	204	132	64·71	61	56	91·65
74	248	194	126	64·89	55	43	78·18
76	754	246	171	69·51	95	90	94·73
77	228	56	25	44·64	25	25	100·00
78	1,964	1,180	1,082	91·52	392	386	98·50
79	516	260	108	41·53	86	75	87·21
80	601	564	442	78·36	188	172	91·48
81	288	356	249	69·94	136	114	83·82
82	581	280	199	71·07	112	95	84·82
83	650	166	34	20·48	53	19	35·85
84	468	259	35	13·51	92	22	23·91
87	516	300	42	14.00	105	21	20·00
89	320	214	60	28·03	56	28	42·42
Totals	7,242	4,279	2,705	51·70	1,466	1,146	71·74

Return of Vaccines and Sera purchased and sold at the Vaccine Station, also Stock on Hand, for Year ended 31st December, 1910.

	Purchased.				Sold.				Stock on Hand as on the 31st December, 1910.
	Quantity.	Value.			Quantity.	Value.			
	Flasks.	£	s.	d.	Flasks.	£	s.	d.	
Acne Bacillus Mixed, 10 mills.	24	2	0	0	19	1	18	0	5
,, Vaccine, 10 mills.	18	1	10	0	8	0	16	0	10
Coley's Fluid	..	..			2	0	12	0	2
Coli Bacillus Vaccine, 50 mills.	12	1	4	0	..	..			12
,, 10 mills.	29	2	15	0	9	1	2	6	20
Combined Vaccines for Colds, 75 mills.	6	1	4	0	..	..			6
,, 125 mills.	6	1	10	0	..	..			6
,, 250 mills.	6	2	5	0	..	..			6
M. Catarrhalis Vaccines (W.I.), 75 mills.	6	0	15	0	..	..			6
,, ,, 125 mills.	6	0	18	0	..	..			6
,, ,, 250 mills	6	1	7	0	..	..			6
Diphth. A. Sera, 4,000 units	276	50	12	0	158	34	2	0	118
,, 2,000 units	1,144	115	4	0	1,033	110	2	0	111
Friedlander B. Vaccine (W.I.), 75 mills.	6	0	15	0	..	..			6
,, ,, 250 mills.	6	1	10	0	..	..			6
Gonococcus Vaccine, 20 mills.	60	4	12	0	28	3	10	8	32
,, 1,000 mills	3	0	12	0	..	..			3
Influenza B. Vaccine (W.I.), 10 mills.	6	0	12	0	..	..			6
,, ,, 50 mills.	6	1	4	0	..	..			6
,, ,, 250 mills.	6	2	5	0	..	..			6
Meningococcus Vaccine 25 c.c.	6	1	6	0	..	..			6
Plague (Haffkine's Prophylactic)	12	4	1	0	..	..			12
Pituary Extract (Vaporole)	4	0	12	10	4	0	12	10	..
Pneumococcus Vaccine (B. & W.), 10 mills.	18	2	2	0	6	0	18	0	12
,, (W.I.), 10 mills.	12	0	18	0	3	0	4	6	9
,, ,, 25 mills.	12	1	4	0	..	..			12
,, ,, 50 mills.	12	1	10	0	..	..			12
,, ,, 100 mills.	12	2	2	0	..	..			12
Staphylococcus Vaccine (Mixed), 200 mills.	66	2	12	6	32	2	0	3	34
,, (Aureus), 200 mills.	48	1	16	0	27	1	15	9	36
,, ,, 1,000 mills.	12	1	4	0	7	0	14	0	13
Staphylococcus Serum (Polyvalent), 25 c.c.	48	10	8	0	26	7	0	0	22
Streptococcus Vaccine, 10 mills.	54	2	17	0	18	1	3	9	48
,, 50 mills.	60	5	0	0	15	1	10	0	57
Streptococcus Sera, 10 c.c.	273	25	14	0	135	18	14	6	184
,, (Puerperal Fever), 25 c.c.	44	9	19	4	18	9	15	0	26
,, (Pyogenes), 25 c.c.	4	1	0	8	..	..			4
,, (Rheumatic Fever), 25 c.c.	4	1	0	8	6	1	16	0	4
Serum, Normal	..	..			..	..			..
Tuberculin (New), T.R. (B. & W.), 0·0001 mgm.	24	1	4	0	24	1	4	0	..
,, ,, ,, 0·001 mgm.	..	..			6	0	6	0	..
,, ,, ,, 0·01 mgm.	12	0	18	0	3	0	3	0	6
,, ,, Azoules, 1/250 mgm.	..	..			12	0	15	0	..
,, ,, ,, 1/500 mgm.	36	1	7	0	12	0	15	0	35
,, ,, ,, 1/800 mgm.	36	1	7	0	4	0	5	0	43
,, ,, ,, 1/1000 mgm.	36	1	7	0	34	2	10	0	14
,, ,, ,, 1/1500 mgm.	12	0	9	0	1	0	1	6	11
,, ,, ,, 1/2000 mgm.	42	1	11	6	66	4	18	0	..
,, ,, ,, 1/3000 mgm.	24	0	18	0	24	1	16	0	..
,, ,, ,, 1/4000 mgm.	42	1	11	6	71	5	4	6	..
,, Koch (Lucius and Bruning)	..	..			1	0	9	0	5
Tuberculin for Von Pirquet's Test (B. & W.)	2	0	4	0	..	..			12
,, (Old), Human, Koch (B. & W.)	6	0	4	0	4	0	5	0	2
,, ,, Bovine, Koch (B. & W.)	6	0	4	0	..	..			6
Tubercle Emulsion (Lucius and Bruning), 5 c.c.	4	1	2	0	2	0	11	0	2
,, Vaccine (B. & W.)	6	0	6	0	..	..			3
,, Bacilli for Opsonic Estimation (Moist)	1	0	5	0	..	..			11
, for Conjunctival Test	..	..			..	..			40
Typhoid Bacillus Vaccine (W.I.), 50 mills.	6	0	12	0	..	..			6
,, ,, 100 mills.	6	0	17	0	..	..			6
,, ,, 250 mills.	6	1	10	0	..	..			6
,, (B. & W.), 1,000 mills.	6	0	9	0	..	..			6
Tetanus Anti Serum	110	14	0	0	77	13	19	0	50
Streptococcus Anti Serum (Erysipelas), 25 c.c.	2	0	8	0	2	0	8	8	..
	2,758	298	16	0	1,897	231	17	5	1,146

Vaccine Station, Wellington, 9th May, 1911.

J. A. HURLEY, Bacteriologist.

2. Bacteriological and Public Health Laboratory, Dunedin.

Specimens reported on for Six Months ended December, 1910

—	Positive.	Negative.	Total.
Sputum for tubercle	41	56	97
Swabs for diphtheria	19	68	87
Widal for enteric	5	19	24
Agglutination for paratyphoid	..	6	6
Agglutination B. Coli	3	3	6
Urine for tubercle	4	10	14
Cerebro-spinal fluid	..	..	2
Pus films	..	..	8
Blood cultures	..	..	2
Morbid tissues for bacteria, &c.	..	..	2
Pleural fluids	..	..	5
Arthritic fluids for bacteria	..	..	3
Eye-discharges	..	..	5

Bacterial vaccines.—Cystitis, 5; acne, 4; furuncles, 5; antral disease, 1; nasal ulcers, 2; blepharitis, 1; sycosis, 2: total, 20.

N.B.—As the laboratories were only properly equipped towards the end of the year, the more scientific work which is now also undertaken could not be attempted.

Sydney B. Champtaloup, M.B., B.Sc.

PART B.

Sir,— Dominion Laboratory, Wellington, N.Z., 6th June, 1911.

I have the honour to forward herewith returns of analyses made in this Laboratory for the Department of Public Health during the year ending 31st March, 1911. These returns show a total of 310 analyses of a varied character. I have, &c.,

J. S. Maclaurin, Dominion Analyst.

The Chief Health Officer, Department of Public Health, Wellington.

Summary of Analyses made in the Dominion Laboratory, Wellington.

Nature.	Object of Analysis.	Number.
For Health Department.		
Whisky	Quality	12
Gin	"	1
Waters	General analysis	22
Septic-tank effluent	"	1
Deposit in water-mains	Composition	2
Milks	Standard and preservatives	177
Vinegars	Quality	15
Worcester sauce	Nature	1
Curry's preserving-fluid	"	1
Sugar of milk	Purity	10
Curry's brine	Nature	1
Horse-chestnuts	Poisonous content	1
Jam	Purity	12
Baking-powder	"	2
Egg-powder	Nature	1
Gravy-salt	"	1
Marmalade	Purity	2
Fish	Preservatives	1
Condensed milk	General analysis	1
Pasteurized milk	"	1
Cayenne pepper	Purity	1
Potted meat	Preservatives	1
Grape-juice	Alcohol	2
Chocolate	Purity	1
Sarsaparilla	"	1
Infant's food	Nature	1
Lime-juice	Citric acid	1
Drink-cure	Composition	1
Formalin	Formic aldehyde	1
Salmon-paste	Nature	1
Medicine	General analysis	1
Coffee	Purity	3
Mustard	"	1
Acetic acid	Quality	1

SUMMARY OF ANALYSES MADE IN THE DOMINION LABORATORY, WELLINGTON—*continued*.

Nature.	Object of Analysis.	Number.
	For Police Department.	
Chinese brandy	Alcohol	1
Wine	"	1
Hop-beer	"	13
Stomach	Poisons	2
Vomit, &c.	"	2
Pills, &c.	"	3
Medicine	"	1
Counterfeit coins	Composition	2
Bot-fly powder	Arsenic	1
Chaff	"	1
Sack...	"	1
	Total ...	310

APPENDIX II.

PART I.—REPORT ON NURSES REGISTRATION ACT, MIDWIVES, AND PRIVATE HOSPITALS.

SIR,—

I have the honour to report concerning the administration of the Nurses Registration Act, 1901, the Midwives Act, 1904 (Consolidated Statute, 1908), and Part III of the Hospitals and Charitable Institutions Act, 1909.

THE NURSES REGISTRATION ACT.

During the past year there were two examinations held by the State, for which 125 nurses trained in the various hospitals were candidates. Of these 108 passed, and their names were placed on the register of trained nurses.

The receipts of fees for examination and registration were £133 10s., and the expenses in connection with the examination were £142 2s.

The fee for examination and registration is not expected to cover the expense, and it includes a badge and certificate. In the Bills for nurses registration proposed in other countries the fee to be charged is based on a minimum of two guineas, and there is a small annual fee to be paid to retain a nurse's name on the register. This serves the purpose of keeping the Registrar of Nurses to a certain extent in touch with the members of the profession who have been registered, and gives a more accurate knowledge of the number of nurses actually engaged in practising their profession.

In order to make the New Zealand Register of Nurses as reliable a record as possible, a system has been adopted of sending a circular every second year to every nurse on the register, asking her for her correct address, present position, for any further experience to be added to her qualifications, and to state whether or not she is still engaged in nursing. The result has been that the register is now a more reliable means of giving the public the information regarding nurses which it is desirable they should possess when wishing to employ them.

The number of nurses coming up annually for examination shows a large increase in the last ten years. In December, 1902, and May, 1903, when the first State examination was held, there were 34 nurses examined and registered; in 1910 there were 108.

The term of office of the examiners appointed in 1907 came to a close after the June examination, 1910, and a second Board was appointed, many of the examiners being appointed for a further term of three years. The Matrons of some of the hospital training-schools were invited to act, it being felt that their knowledge of nursing progress would be more up-to-date than that of nurses who were engaged in private work. The Matrons at an examination centre would examine the nurses from outside institutions, while a Matron from one of the outside institutions would examine the local nurses.

The innovation which was made possible by the inclusion under one Board of all the institutions in the district—that is, of there being one main hospital and training-school, with the other institutions and cottage hospitals associated with it, staffed from its ranks of sister and staff nurses, and supplied with probationers from its roll—has now been fairly initiated by the Christchurch and Dunedin Hospitals, and partially by the Auckland and Wellington Hospitals.

There are several hospital districts which may soon follow this example. Masterton Hospital has as its adjuncts the Greytown Hospital, which will soon have a fine Incurable Home attached, and the Pahiatua Hospital. Neither of these Hospitals has been able to train probationers; but a three-months term in each would be excellent experience for the probationer, would get over the difficulty of keeping a sufficient staff at the smaller places without paying the salary of a

fully qualified nurse for work which could well be done by a nurse in her second or third year, and would add to the number of fully qualified nurses who can be trained under the Wairarapa Hospital Board.

The Wanganui Hospital has now an adjunct in the Taihape Cottage Hospital, opened in May, 1911. The Matron appointed is a Sister from the Wanganui Hospital, and therefore well qualified to carry on the teaching of the former Hospital, which is an excellent training-school.

The Waikato Hospital has an emergency cottage hospital at one extreme corner of its district—the Taumarunui Hospital—built and managed by this Department for over two years, and will shortly have a cottage hospital at Rotorua. Neither of the smaller places is capable of being a training-school for nurses, but would give an added field for the trainees of the Waikato Hospital, and may well be staffed from that Hospital. The work in the Taumarunui Hospital has not been sufficient to warrant the employment of two trained nurses, but there have been many times when it has been necessary to engage temporary trained assistance. Now it will be possible for all necessary assistance to be sent from the main Hospital, and recalled when the need is past.

The Dunedin Hospital has now under the one Board a fever hospital, a cottage hospital for accidents at Kaitangata, one at Port Chalmers, one to be erected at Tapanui, one at Lawrence, a chronic hospital, and a Consumptive Sanatorium. The Matron is to be Lady Superintendent of Nurses over all these different institutions, and should be able to draft out her probationers every three months, giving each one the training that will best correct her faults or supplement what she has already received. The staff nurses and Sisters will have the opportunity of gaining useful experience in management.

The Southland Hospital has also several auxiliary institutions: at Gore a nicely equipped hospital of twenty beds, training its own probationers; at Wakatipu and Arrowtown two small hospitals, not training; in Invercargill a fever hospital. All these can be utilized as part of the one training-school.

The Westland Hospital Board has under its control the Kumara Hospital; the little Ross Hospital, in which there are occasionally acute cases, to which a trained nurse, or one fairly advanced in training, should be sent; and the Otira Hospital for accidents, just erected.

In time to come, the affiliation of all these hospitals will allow of a larger number of nurses being given a good all-round training, and the lack of nurses for institutions in the Dominion is so acute that no possibility of training more should be lost sight of. There is one point, however, which should be borne in mind, and that is that the pupils sent from the main training-school or base hospital must still remain under the control of the Medical Superintendent and Matron of that hospital, who are responsible for their teaching and general training. Therefore for all the institutions under one Board to which pupils are sent the Medical Superintendent and Matron of the base hospital should be the supervising authorities.

Several of the larger hospitals have within the last year or two made a rule that the pupils entering should serve a fourth year after completing the statutory term of three years. This will work for the benefit of both nurses and hospitals—for nurses who have finished training, in their added experience; for those in training, the fact that instead of having nurses to teach and supervise them of little more experience than themselves, they will have post-graduate nurses of longer standing; for the hospitals, that the present shortage of a grade of qualified nurses between the pupils and the higher officials, such as Sisters, will not longer exist.

The shortage of trained nurses for the staff positions in the hospitals has of late been so acute (advertisements from good hospitals for staff nurses at salaries from £52 to £70 per annum simply remaining unanswered) that it has been found necessary to offer some inducement in guaranteed positions for nurses to come from Home, and the Colonial Nursing Association has been approached with the view of sending out some nurses suitable for institutions or district work. The shortage of trained nurses in the hospitals is not confined to New Zealand. In Australia the same thing is felt, nurses leaving their hospitals to do private work as soon as their term of training is concluded.

The backblocks district nurses already established are doing excellent work in the centres in which they are settled. They are already proving themselves indispensable, and those districts which have made a start with this scheme for the relief and help of the settlers in sickness are not likely to go back. The reports from Ohuti and Seddon show cases in which undoubtedly the nurses have been the means, in the absence of a doctor, of saving life.

Another aspect of the work which is already becoming manifest is the influence of a district nurse in the prevention of illness, in pointing out defective sanitation, and generally improving the hygiene of the homes, detecting early cases of phthisis, and teaching the means of avoiding infection.

A nurse also started work in the Waiapu district in the beginning of May. This is a district in which such work should be very valuable. Several other Hospital Boards are considering the advisability of having a nurse for work outside the institutions, and some private societies are employing nurses in this work. At Hastings a nurse has recently commenced work on the combined lines of the Plunket and the district nurse.

During last year an important conference was held with the Medical Association, and the rules on which the district nurses should work were carefully considered and accepted by the association.

Co-operation with the medical profession is absolutely necessary for the success of the scheme, and any possibility of the nurses assuming other than their proper function of working under a medical practitioner must be carefully guarded against. The nurses must be prepared to act on their own responsibility when confronted with an emergency and away from medical direction, but in no case to give advice or assume any such responsibility under other circum-

stances. It is essential that women of discretion, as well as of experience in medical, surgical, and midwifery nursing should be selected for these posts, and it is better that the scheme should expand slowly while waiting for such suitable women than that it should fail from lack of care in selection.

A good number of nurses from oversea hospitals arrive in New Zealand from time to time. During the year twenty-seven were registered. It appears necessary to carefully investigate many of the certificates and credentials presented. Some of those who come out from Home are not of the best type of nurse or the most thoroughly trained, while some are from first-class hospitals, the certificates of which are beyond question. Where there is some recognized standard of training for all hospitals, and registration by one authority, the difficulty of deciding as to professional qualification will be ended.

Maori nurses: The training of the Native nurses is being carried on in a limited degree. One nurse was registered in December, but has not yet been working among her people. A great loss was sustained by the Natives in the death of Nurse Hei, who had proved herself in the two years since she qualified of very good capacity and of great use in several outbreaks of illness. She succumbed to typhoid fever at Gisborne after nursing several members of her own family. Another Maori nurse has been obliged, after severe illness, to give up regular work. She is now married, and does nursing occasionally. There are two more who have nearly completed their training, and are coming up for examination in June. Four other girls are at an earlier stage of their training.

It is questionable whether the Maori nurses will for some time carry sufficient weight of authority with their people to be able to do much good work alone. In the scheme recently outlined for nursing among the Maoris, by which nurses will be appointed by the Health Department, and detailed to work under the various Hospital Boards, it is hoped to associate a pakeha and a Maori nurse in districts where two are required. As the latter gains more experience she may be given charge of a district by herself. Maori nurses, however, will be given equal consideration with pakeha nurses for these appointments. To initiate this scheme an officer of the Department—a trained nurse, Miss Bagley—was sent to cope with an outbreak of typhoid at Ahipara. The Hospital Board of the district gives her every assistance, and sent a nurse to aid her. The outbreak was serious, and showed the great need for a nurse being stationed permanently wherever there are any number of Maoris, to preach and show by practical example the gospel of cleanliness and proper sanitation, and demonstrate to Maori mothers the proper way of feeding their children.

The Midwives Act.

During the last year there have been two examinations of pupils trained in the State Maternity Hospitals, the Medical School Maternity Hospital, the Linwood Refuge, Christchurch, and the Alexandra Home, Wellington. Fifty candidates came up for examination, and forty-five passed and are now registered as midwives. The standard of the examinations has been very good, and the examiners have reported very favourably on the manner in which the majority of the candidates have answered the questions set, both in the written and oral examinations. The reports of each maternity hospital are on another page.

The training of midwives under the New Zealand Act of 1904 for one year in the case of a previously untrained woman, compares more than favourably with that under the Midwives Act at Home, judging from the lack of knowledge of simple nursing methods shown by some of the women who come out here. The combined training in the nursing of the mother and child, as well as the actual attendance at the confinement, is most valuable. This training, carefully carried out under supervision of a fully qualified nurse and midwife, is far more thorough, though perhaps somewhat slower, than that instituted by the Central Midwives Board. Under that system a woman may in three or four months, and without ever having been inside a hospital ward, be prepared for the examination and become a registered midwife. She has been coached by a busy medical practitioner or a registered midwife. What chance is there of teaching her to nurse a complicated case, or even to give proper care to a patient in an absolutely normal case? Until a longer term of training and a proper method of teaching is substituted—as it probably will in the future—I consider the woman holding the certificate of the Central Midwives Board—unless it be accompanied by one from a maternity hospital giving at least six months' training, as the Rotunda, Queen Charlotte, the Edinburgh, and others—should not be admitted to the New Zealand register.

Each year more of the trained nurses are entering for the six-months midwifery course. This is very satisfactory, as the development of the backblocks district nursing, and the provision of maternity wards in connection with the smaller country hospitals, will throw open more appointments for which both certificates will be necessary.

Two far-north country hospitals, in which frequently there are very few patients, are to be utilized as maternity hospitals mainly, while a few beds will be kept for the occasional medical or surgical cases. It is thought probable that the women of the districts will avail themselves of this provision, and the hospitals will be of much more value. The Matrons of these two hospitals, not having had midwifery training, are to be received without fee in the Auckland and Christchurch St. Helens, their places being filled for the six months by fully qualified general and midwifery nurses selected by this Department. When started as maternity hospitals, it is hoped to train a few of the local women as midwives.

The offer of the Government to give free training to women recommended by the Hospital Boards, on condition of their working for two years at least after qualification in a certain country district, has been taken advantage of by a few women, and there are now two such pupils at Auckland St. Helens, two at Christchurch, one at Wellington, and one is shortly going to Dunedin. Two of these free pupils should pass the examination in June, and then be ready to take up work in isolated districts. Two more will then be taken in their places.

The selection of some of the candidates has not been carefully made, and valuable time has been lost, and expense incurred, by the women sent not being suitable. Some have failed to pass the probationary period. As they are sent from a distance, it is impossible for the Matrons of the St. Helens to see them before their entrance, and therefore they have to be given a month's, and in some instances two months', trial. The Hospital Boards by whom they are recommended do not realize that it is necessary for these pupils to be more than honest and industrious women. A certain amount of education is necessary in order to comprehend and apply the instruction given. In the circular sent, emphasis is laid on the necessity of a fair education. The wife or daughter of a farmer in the district, of about thirty to thirty-five years of age, one who knows the country and is known by the settlers, and who has her home there, is the proper person to send for this training. It will be no difficulty to her to return to her home and take such work as comes in her way. But for a stranger settling in a sparsely peopled district the means of living might be precarious, and, without being supplemented by a subsidy from the Hospital Board, not sufficient to maintain her for the term of two years she has contracted to stay at a certain place. This is recognized by the Central Midwives Board, London, and at a special meeting to consider the amendment of the Midwives Act, 1902, a resolution was carried that any amendment should provide for "subvention from public funds of midwives who are unable to maintain themselves in sparsely populated and poor districts." I may in this connection draw attention to another resolution passed: that the amendment also provide for "adequate and certain remuneration of medical practitioners called in under the Boards' regulations."

The inspection of midwives has been carried on. Many women have been reported as working as midwives though unregistered. These have in some instances merely had a warning sent to them that they are laying themselves open to prosecution; but in cases where such a warning previously given has been disregarded the offenders have been prosecuted under the Midwives Act. Eight women were prosecuted for acting as midwives and convicted and fined, while many others reported as so acting illegally were warned. A number of women were also prosecuted under the Private Hospitals Act for carrying on unlicensed maternity hospitals.

A number of women have been suspended for varying periods—mostly one month—on account of having attended a septic case. I may emphasize the fact that in only one instance has the midwife so suspended been a certificated woman. In this one instance the woman possessed the certificate of the C.M.B., and in virtue of that was registered in New Zealand. She showed such ignorance of her work and of the most ordinary rules of asepsis that the District Health Officer doubted the authenticity of her certificate. This was afterwards ascertained, however, to be genuine, and she was permitted to resume her practice after an extended suspension and a warning for the future.

The number of registered midwives is now 1,019. 1,008 of these, so far as can be ascertained, are practising. The untrained registered women still largely predominate, but at present they are decreasing owing to death and to the elderly women giving up work. It will not be long, however, before the position is reversed, owing to trained women being added each year in larger numbers to the register.

The reports of the several maternity hospitals here follow, but in a general way we may note (1) the success in instituting breast-feeding in cases which have never succeeded in nursing before; (2) the almost total lack of ophthalmia neonatorum; (3) the good results of prophylactic treatment in cases of albuminuria during pregnancy; (4) the benefit of advice and care of the expectant mother, and in cases of disease, such as heart-trouble or phthisis, of some ante-partum treatment in the hospital.

The statistical reports of the four State Maternity Hospitals show a steady increase in the outdoor work, there having been 355 births in the last twelve months, against 328 in the previous year. Inside the institutions the numbers have not increased, there being 803 births.

In two of the hospitals there were no maternal deaths, although many complicated cases were admitted, and the deaths in the other cases were—one in Wellington, moribund on admission, three in Auckland, one being outside the hospital.

Considerable success has been maintained in the establishment of breast-feeding in cases hitherto unable to nurse.

The pupils have, so far as possible, been instructed in the artificial feeding of infants, and in the few cases of motherless or premature infants, these are kept in hospital some months, in order to afford as much practical experience as possible in the feeding of older infants.

The Private Hospitals Act.

During the year since 1st April, 1910, the private hospitals, with a few exceptions in very distant places, have been visited and inspected. The manner in which the smaller class of these places is now conducted has very much improved. In the larger ones carried on by trained and qualified nurses there has not been the same need for improvement; but from time to time there are alterations, and these are usually in the line of more up-to-date and more comfortable accommodation. The registered midwives who carry on the larger number of small private hospitals appear glad of advice from the Inspectors, and eager to make their houses more fit for the reception of patients.

During the year forty new houses were licensed, thirty-one gave up their licenses, and seven were transferred to new holders.

Total number licensed	218
For medical and surgical	52
For maternity only	135
For medical, surgical, and midwifery	31

It is not desirable to have medical, surgical, and midwifery cases in the one house, and in the larger towns licenses are not granted for all cases; but in the country it would be almost

impossible to carry on a hospital for medical and surgical cases only, and consideration has been given to this fact.

The licenses of four private maternity hospitals were cancelled for 1911—in one case on accounted of suspected illegal work; another on account of repeated cases of puerperal sepsis having occurred, and the midwife showing culpable ignorance of aseptic methods; the other two on account of their premises not being kept in a fit state to receive patients. None of the licensees of these places were trained midwives.

REPORTS ON THE STATE AND OTHER MATERNITY HOSPITALS.

St. Helens Hospital, Wellington.

Stipendiary Medical Staff: Agnes Bennett, M.B., Mast. Surg., Univ. Edin.

Matron: E. B. Brown.

From the 1st April, 1910, to 31st March, 1911, 166 cases were confined; 161 children were born, and there were 7 stillbirths. There was 1 maternal death; there were 4 deaths of infants. 78 patients were attended in their homes, and 78 babies were born.

The property rented last year has been purchased, and the new hospital is now in course of erection, and should be ready for occupation at the end of the year. The plan provides for thirty beds, and can be extended. The nurses' quarters are in a separate house, and will accommodate a sufficient staff very comfortably.

As is the case with all the St. Helens Hospitals, I do not consider that a very large establishment is needed, but rather, where necessary, the establishment of out stations in working-men's quarters, to be worked from the main hospital.

The excellent staff of the St. Helens, Wellington, has been unchanged during the year, but in April Dr. Agnes Bennett left on leave for nine months, and Dr. Elizabeth Gunn was appointed to take temporary charge. The sub-matron, Miss Clarke, left to be married, and Miss Warnock was appointed. Ten pupils were trained during the year.

Notes by Medical Officer.—The work of the year has come more in rushes than usual, and, unfortunately, several patients who came in with false pains at these times of pressure felt the lack of comfort and refused to return. Eight country patients failed to get to the Hospital in time. Several mothers who had previously nursed on one breast on account of contracted nipples were discharged with both glands functionating.

St. Helens Hospital, Auckland.

Stipendiary medical staff: Tracy R. Inglis, Bach Med., Univ. Melb.

Matron: C. Ludwig.

From the 1st April, 1910, to the 31st March, 1911, 242 patients were admitted, and 241 children born. There were 2 maternal deaths; there were no deaths of infants. 167 patients were attended outside the Hospital in their homes, and 164 children were born alive. There was 1 maternal death and 1 death of infant.

The work of the Hospital has gone on very steadily throughout the year. At times the accommodation has been severely taxed, and several of the nurses have to live in rooms outside the Hospital. It will be necessary to build new wards in the near future. The present building would then serve very well for administration and nurses' quarters. It is shortly to be painted and thoroughly renovated. A new laundry was built during the year.

Dr. Tracy Inglis is the Medical Officer, and Miss Ludwig and Sister Paul, the Matron and sub-matron, continue to carry on the work in a thoroughly satisfactory manner.

Twelve pupils were trained during the year—several for country work—and there are now twelve in training.

Report of Medical Officer.—Scopalomine and morphia were used in eighteen cases, all primiparæ, and with good results—no bad effects on babies. The morbidity list is bigger this year, due mainly to an outbreak of scarlet fever, also an epidemic of influenza. The Cæsarian section, which is, I believe, the first done in a St. Helens Hospital in New Zealand, was very successful, the mother and child both making an uninterrupted recovery. However, until the Hospital is properly equipped with a modern theatre and an adequate supply of sterilized water, these cases are better done in the District Hospital. Three other cases of Cæsarian section which ought to have been in St. Helens I had to do elsewhere. The training of the nurses has been satisfactory. I should like to express my appreciation of the work of the Matron, Miss Ludwig, and the sub-matron, Sister Paul. The latter, who has been sub-matron since the inception of the Hospital, has now left us, and I should like to place on record her very valuable services to the Hospital. She has been most assiduous and conscientious in the carrying-out of her duties, and her place will be hard to fill.

St. Helens Hospital, Christchurch.

Stipendiary medical staff: William Irving, M.R.C.S. Eng., L.R.C.P. Lond., M.B., Bach. Surg., Univ. Camb.

Matron: M. M. Cameron.

From the 1st April, 1910, to the 31st March, 1911, 245 patients were confined, and 231 children were born. There were no maternal deaths; 6 deaths of infants. 79 patients were attended in their homes, and 79 children were born. There were no maternal deaths; 4 deaths of infants.

There has been nothing special to note of the work during the year. There was one case which needed isolation, and this, after several weeks, was sent to the general Hospital, where an operation was performed.

It has been decided to erect an entirely new St. Helens Hospital at Christchurch, and a property in Addington, within easy distance of train and tramway, has been acquired, and plans are now being prepared.

Eleven pupils were trained and registered during the year. Two free pupils for country work are now in training.

Dr. Irving is now in sole charge as Medical Officer, Dr. Eleanor Baker having resigned during the year.

Miss Cameron is still Matron, and Miss Newman—trained at the Christchurch Hospital and at St. Helens—has been appointed sub-matron. The work is carried on to the satisfaction of the Department.

Notes by Medical Officer.—The work this year has been uneventful on the whole. The months of August and September, which in the two preceding years brought serious epidemics of pneumococcic septicæmia, passed off this year without any outbreak, and our mortality charts are a great improvement on those of the last two years.

St. Helens Hospital, Dunedin.

Stipendiary medical Staff: Emily Siedeberg, M.B. and Ch.B. N.Z., L.R.C.P., Irel.

Matron: A. H. Holford.

From the 1st April, 1910, to the 31st March, 1911, 172 patients were confined. There were 170 children born, no maternal deaths, 2 stillbirths, and 2 deaths of infants. 31 patients were attended in their homes, and 31 infants born.

The Hospital had recently been painted and renovated throughout inside, and some alterations had been made which add to the comfort and easy working of the place. For an adapted hospital this one is now very fair. A small isolation ward is to be added.

In March, 1911, the thousandth baby was born in the Hospital, and the occasion was celebrated by a tea-party for the mother and children. Six hundred mothers and seven hundred children attended, and the Hon. Mr. Fowlds, Minister in Charge of Hospitals, and Mrs. Fowlds, were also present, as well as many visitors interested in the work.

Miss Holford and Miss Gow still continue as Matron and sub-matron to do excellent work, and Dr. Emily Siedeberg, as Medical Officer, has kept up the reputation of the Hospital for successful midwifery.

Eight pupils have been trained during the year.

Note by Medical Officer.—There were nine premature births, varying from six months and a half to eight months and a half. These all continued to thrive except the one born at six months and a half, which died in a few hours. The child born in eclampsia at the eighth month, although asphyxiated at birth, continued to thrive.

Report of St. Helens Hospitals from the 1st April, 1910, to the 31st March, 1911, compiled from Reports by the Physicians and Lecturers.

—		No.	Remarks.
Total deliveries	In	827	
	Out	355	
		1,182	
Sex ..	M.	609	
	F.	579	
Twins		13	
Presentations—			
L.O.A. ..		749	
R.O.A. ..		291	
R.O.P. ..		89	
L.O.P.		27	
Breech ..		26	
Footling ..		..	
Transverse ..		4	2 out-patients — 1 due to old ventro-fixation.
Face		6	
Compound—			
Head and hand		4	1 with prolapse of cord.
Breech and feet ..		2	1 head and feet.
Knee		..	
Unknown, outdoor		32	
Prolapse of cord ..		4	
Hydramnios ..		23	5 with delay in first stage.
Hæmorrhage—			
Accidental ..		7	1 due to fall; 1 eclamptic.
Hæmorrhage—*ctd.*			
Unavoidable ..		11	4 placentæ prævіæ.
Post partum ..		23	2 adherent placentæ; 1 eclampsia; several uterine inertia.
Secondary ..		1	Outside case.
Operations—			
Induction ..		6	2 for eclampsia; 2 placenta prævia; 1 contracted pelvis.
Version ..		6	1 for transverse; 1 prolapse hand and cord; 1 prolapse cord.
Perforation ..		2	1 hydrocephalic; 1 heart-shaped uterus, due to old ventro-fixation.
Decapitation ..		..	
Cæsarian sect. ..		2	1 contracted pelvis; 1 kyphotic pelvis; patient's height 4 ft. 3 in., healthy child and good recovery.
Symphysiotomy ..		..	
Forceps ..		95	
Manual removal of placenta		18	

Lacerated Perinæum.	Primip.	Multip.	Instrum.
First degree	59	37	28
Second degree	19	6	2
Third degree	13	1	1
Other lacerations	..	..	..

COMPLICATIONS.

—	No.	Alb. pres. on Discharge.	Alb. abs. on Discharge.	Accompanying Complications.
Albuminuria before labour	62	No. 11 (1 death)	No. 35	4 eclampsia; 2 nephritis; 1 mitral disease; 2 marginal placenta prævia; 1 hydramnios; 1 purulent eczema; 1 phlebitis; several retained membranes; 1 macerated fœtus; 3 with vision impaired, headache, vomiting, and loss of memory-œdema.
With toxic symptoms ..	19	9	..	1 threatened puerperal mania; some with varicose veins; 2 stillbirths; several with anæmia.
Eclampsia		6		1 at Wellington admitted moribund; 1 labour induced at eighth month. 2 at Auckland; 1 admitted for ante-partum hæmorrhage, five hours after developed eclampsia, recovered after induced labour; 1 case of twins; 1 labour induced at thirty-seventh week; 3 fits after delivery.

—	Central.	Marg. with Hæm.	Without Hæm.	Remarks.
Placenta prævia ..	No. 2	No. 9	No. 2	In two cases digital dilatation was used, both children alive; 3 children stillborn.

MORBIDITY LIST.

(With Day of Occurrences of Temperature.)

Temp. for at least Two Consecutive Days.	Total Number.	Days. 1st.	2nd.	3rd.	4th.	5th.	6th.	7th.	8th.	9th.	10th and over.	Some Causes.
100 to 100·8 ..	11	2	2	1	1	2	..	..	..	..	2	10 mastitis; 8 influenza; 11 sapræmia; 2 septicæmia; 5 scarlet fever; 1 purulent eczema; 3 constipation; 3 phlebitis.
100·8 to 102 ..	20	..	4	4	4	..	1	1	..	2	..	2 mania; 2 auto-infection; 1 mucus colitis; 1 pyelitis; 1 retained chorion blocking cervix.
102 to 103 ..	21	..	6	6	..	..	..	..	..	..	4	4 heavy albumen with anæmia; 4 adherent placenta.
Over 103 ..	16	..	1	5	4	..	2	3	3	3	4	1 admitted fourth day with salpingitis.

MORTALITY.

——	No.	Remarks.
Maternal ..	4	1 scarlet fever; 1 scarlet fever and endo-carditis; 1 severe ante-partum hæmorrhage; 1 eclampsia, admitted moribund.
Infantile ..	13	1 from non-closure of forearm ovale; 1 born at six months and a half; 1 cardiac; 1 weakling; 1 jaundice; 7 premature; 1 atelectasis.
Stillbirths, full term	21	2 craneotomy; 5 placenta prævia; 1 compression of cord; 1 impacted breech; 1 face; 3 due to albuminuria in mother.
Macerated ..	9	

INABILITY TO NURSE.

——	No.	Percentage on Total Deliveries.	Remarks.
Complete	23	1·9	1 due to excision of breasts; 3 to debility; 1 epileptic; 10 albuminuria; 4 to phthisis; 1 scarlet fever; 1 bronchitis; 1 syphilis; 1 eclampsia.
Partial	91	7·7	3 albuminuria; 2 elderly primiparæ; 2 eclampsia; 1 influenza; 1 alcoholic; 2 inverted nipples; 1 p.p.h.; 2 to mastitis; several due to debility and anæmia.
Total (partial and complete)	114	9·6	

The Medical School Maternity Hospital, Dunedin.

Matron: Rose Macdonald.

Localities, broadly, from which patients came: Otago, 173; Southland, 2; Timaru, 2; Oamaru, 3.

I visited the Hospital on the 18th November, 1910, and in February, 1911.

Everything was, as usual, well kept and in good order, but the walls of the hall are beginning to show need of repainting. An improvement had been made by a small balcony being built out from the upper ward, where patients can be taken out.

During the year from 1st April, 1910, there were 174 confinements; there were no maternal deaths; 6 deaths of infants, and 8 stillbirths.

Two operations were performed—a pubrotomy and a Cæsarian section. In both cases the babies lived and the mothers made a good recovery.

Four pupils were trained during the year, and four are now in training.

Miss Macdonald was absent for some months in charge of the Dunedin Hospital, and Sister Buckley took temporary charge.

Townley Maternity Hospital.

I visited the Hospital on the 27th October. There were 4 patients in—1 a private patient.

The place was in beautiful order, and is convenient and easily worked. The wide verandahs are splendid for the patients and babies, but it is a pity that the wards are on the western side, and thus get all the afternoon and not the morning sun.

The work of the Hospital has been very successfully carried out during the year under Miss Anderson. There have been 61 cases. There were no maternal deaths, but 1 death of an infant.

The Matron has booked so many cases that the work is evidently increasing. Three pupil midwives are in training, two of whom will be ready for examination in June.

Dr. Porter is in charge, and attends all abnormal cases.

Alexandra Home.

Visited on 20th December, 1910.

There were 11 girls and 10 babies in; 1 girl was in the general Hospital with mastitis.

Mrs. Masters, the new Matron, seems to be doing good work here. Everything was in excellent order, and the old place, though old, was scrupulously clean and tidy.

There are two pupils in training and attending the St. Helens lectures.

St. Mary's Home, Otahuhu.

I visited St. Mary's Home on the 12th January, 1911.

There were 25 girls in the Home, 17 of whom had their babies with them. Nurse Wilson is still in charge of the maternity wards, and doing good work. Some alterations are being made to the labour-room, which will greatly improve it. The babies were all out on the verandah, and looked well cared-for and healthy.

In the children's part there were 23 babies. Nurse Bennett, trained at Guy's Hospital, was in charge. These children vary from six months up to nearly three years. There was one little one very ill at the time of my visit, but the others were all very well and happy.

The whole place was in excellent order under the management of Miss Handcock.

Bethany Home, Napier.

Visited on 21st October, 1910.

There were only 3 girls in, an old woman (who had been there for years), and a little boy. One girl had been recently confined and one was waiting. The other, a servant, was waiting to go to a place.

Salvation Army Maternity Home, Auckland.

Visited on 13th January, 1911.

There were 15 girls in and eight babies.

The old place is getting very much out of repair, but so far the authorities have been unable to find a more suitable place.

The girls were engaged in needlework, and most of the babies were outside.

Salvation Army Maternity Home, Dunedin.

On 15th August, 1910, I visited the Salvation Army Maternity Home, Dunedin.

There were 14 girls in—3 recently confined and still in bed, and 5 waiting. There were 10 children and infants. The little ones looked well. They were outside in the sunshine, except the three young infants.

The place was beautifully clean.

Salvation Army Home, Wellington.

Visited on 3rd May.

There were 16 girls in and 12 babies.

The place is rather small for the work, and there are too many beds in the dormitories. The rooms are well ventilated, however, and scrupulously clean.

Female Refuge, Linwood.

Stipendiary medical staff: J. F. Duncan, M.B., Ch.B., F.R.C.S.

Matron: A. M. Chapman.

Localities, broadly, from which patients came: Christchurch, 13; Rangiora, 1; Ashley, 1; Selwyn, 2; Waimairi, 1; other charitable-aid districts, 3.

This institution is now under the direct management of the Christchurch Hospital and Charitable Aid Board, with a sub-committee in charge composed of members who have long managed the place.

It is proposed to largely extend the work, and for this purpose to build a wing for the reception of such maternity cases as destitute married women and single girls in second and subsequent confinements who were formerly taken into the Samaritan Home.

The institution was visited in August. The Matron, Miss Hewes, was away on sick-leave, and Miss Chapman (trained at St. Helens Hospital, Dunedin) was in charge. Miss Hewes since died, and Miss Chapman was appointed Matron.

H. Maclean,
Assistant Inspector.

To the Inspector-General of Hospitals.

PART II.—REPORTS ON INDUSTRIAL INSTITUTIONS.

HOSPITALS AND CHARITABLE INSTITUTIONS UNDER THE CONTROL OF DISTRICT BOARDS

Governing Body: Auckland Hospital and Charitable Aid Board.

Usual date of meeting: Every alternate Tuesday.

Secretary: H. N. Garland.

Auckland Hospital.

Honorary medical staff: Surgeons—G. Gore Gillon, M.B., F.R.C.S.; T. R. Inglis, M.B.; J. C. Savage, M.B., F.R.C.S.: physicians—G. B. Sweet, M.B.; E. Dudley, M.B.; E. Robertson, M.D.: ear, nose, and throat—J. Hardie Neil, M.B., Ch.B., M.R.C.S.: ophthalmic—J. C. Pabst, M.B.

Stipendiary medical staff: J. C. Macdiarmid, M.B., Ch.B.; R. English, M.B., Ch.B.; A. G. Borrie, M.B., Ch.B.; P. A. Ardagh, M.B., Ch.B.; A. M. Grant, M.B.

Localities, broadly, from which patients came: Auckland City and suburbs; Counties of Waitemata, Rodney, Manukau; North Auckland; Wellington; Dunedin; Hawke's Bay; England; Australia; Fiji.

Visited in June, 1910, and January, 1911, by Miss Maclean, and on 4th, 6th, 11th, and 15th March, 1911, by myself.

There were 258 patients in Hospital, only 7 being in the infectious-diseases wards.

The wards generally were in good order, though the institution was somewhat understaffed.

I was not satisfied, however, with regard to the general administration of the Hospital. Want of co-ordination between the several departments, especially the medical department, was very

evident, and I consider matters will not be on a better footing until a senior resident Medical Officer or Medical Superintendent is appointed, with extended powers of administration. I pointed this out to the Chairman of the Hospital Board and the Hospital Committee, and strongly urged the appointment of such an officer. I also made similar representations to the honorary staff, and it is to be hoped that the advice given will be acted upon, otherwise I feel confident that troubles will arise in the Hospital, especially as regards the admission and general treatment of the patients. [NOTE.—In June last Dr. McGuire, late Principal Medical Officer at Tonga, was appointed Senior House Surgeon, with extended powers.]

I was glad to see that the Board had decided to effect considerable improvements in the medical ward devoted almost entirely for the treatment of typhoid. There were 25 patients in the ward with this disease. The Board has decided to increase the lavatory accommodation in this ward, and provide new slop-sinks, which will facilitate the cleansing of utensils, &c. A verandah is to be erected on the eastern side of the male ward, which will be a great boon to patients, and allow for better ventilation of the ward and the treatment of patients in the open air. The Board also decided to arrange so that the patients in this ward would be nursed by registered nurses or probationers in their second year of training. Acting on the recommendation of the Medical Committee, the Board decided to recommend that nurses employed in this ward should be given the option of being treated with anti-typhoid vaccine.

There were too many chronic cases in the Hospital, and better facilities should be given than exist at present for such cases being transferred to the chronic ward at the Costley Home.

I also recommended the Board to provide accommodation for delirium-tremens and violent cases. At present there are no padded rooms for the reception of such. At the same time I pointed out that patients who had already been treated for delirium-tremens should not be admitted to the Hospital for the third or fourth time. As a matter of fact, there was one patient who had been admitted within a comparatively short time no less than four times on account of delirium-tremens, and I was informed that this man was in a position to pay for medical treatment outside the institution.

It is time that an institution of this size was provided with the services of a paid bacteriologist, who could manufacture the vaccines necessary and examine specimens for typhoid, swabs for diphtheria, and other matters necessary in the interests of public health.

The secretarial department of the Hospital was in excellent order.

The dispensary is now under charge of Miss Williamson, who lives in the Nurses' Home. The arrangement is working satisfactorily, and the state of the dispensary compares most favourably with those under male dispensers. The dispensing for the Costley Home is done here.

Much-needed additions to the Nurses' Home are well under way. It has been necessary to largely increase the nursing staff during the last year, partly owing to the adoption of the eight-hour system.

Domestic and establishment: The chief increase in cost in this item has been in maintenance of buildings and improvement of Hospital grounds. The need for extra expenditure on the latter can scarcely be grudged.

Though there were 6 more patients on an average in the Hospital last year, the actual cost of provisions was over £200 lower. There is a slight decrease in "Surgery and dispensary," but an increase in the cost per bed in "Salaries and wages." The economics of this institution are being carefully watched by the energetic Secretary, Mr. Fenton.

Costley Home for Aged Poor.

Stipendiary medical staff: A. N. McKelvey, L.R.C.P., L.R.C.S.

Master: Dr. A. N. McKelvey.

Matron: J. Forbes.

Localities, broadly, from which patients came: Auckland District, 409; Bay of Plenty, 2; Waikato, 1.

Visited in January, 1910, and 14th March, 1911.

There were 229 patients in this institution—183 males and 46 females.

I found that under Dr. McKelvey's *régime* matters affecting this institution had very much improved. Improvement was particularly noticeable in the dietary of the inmates, which was very much better served, and, apparently, better foodstuffs were in use.

The condition of the chronic ward was as good as could be expected, considering the fact that the inmates were attended to by male attendants, who, with the exception of the head attendant, had had little experience in the treatment of the sick. I am strongly of opinion that the patients in the chronic ward should be attended to by trained nurses, with a proportion of probationers. This is the practice in other chronic wards in the Dominion.

Improvement was also noticeable in the consumptive shelters, where there were 5 patients under treatment. In the male shelters there were three vacant beds, and in the female four.

The dining-room and the kitchen need painting. With these exceptions, the institution was in most excellent order.

Alexandra Convalescent Home.

Honorary medical staff: D. M. Murray, M.B., M.D.

Localities, broadly, from which patients came: Auckland Hospital District.

Visited by the Assistant Inspector on the 12th January, 1911.

There were only 6 patients in, but 5 had gone out the day before. The Secretary said there were several patients from the Hospital ready to go out.

The place is now being made good use of. The expense of keeping it up is much reduced. A nurse from the Hospital who had almost completed her term of training was in charge, having

been sent out for rest and change. There are two maids, who are quite reliable, and can take charge when the nurse is out.

This Home is a very useful adjunct to the Auckland Hospital, and should relieve the wards of many patients not sufficiently convalescent to be away from nursing treatment and supervision.

GOVERNING BODY: WELLINGTON HOSPITAL AND CHARITABLE AID BOARD.

Usual date of meeting: House and Finance, Thursdays; Hospital Committee, monthly; Charitable, Tuesdays.

Secretary: J. Coyle.

Wellington Hospital.

Honorary medical staff: Surgeons—John Ewart, B.M., M.D.; H. C. Faulke, L.R.C.P., L.R.C.S.; W. E. Herbert, M.B., M.D.; D. J. McGavin, M.R.C.S., M.D.; W. Young, M.D., F.R.C.S.: physicians—C. B. Begg, M.R.C.S., M.D.; H. E. Gibbs, M.B., F.R.C.S.; C. D. Henry, M.B., M.D.; M. Holmes, M.B., M.D.; St. J. A. Tolhurst, M.R.C.S., L.R.C.P.: ophthalmic surgeons—G. W. Harty, M.B., F.R.C.S.; C. F. G. Webster, M.B., B.Ch.

Stipendiary medical staff: Medical Superintendent—H. Hardwick-Smith, F.R.C.S., L.R.C.P., house surgeons—R. Woodhouse, M.B., Ch.B.; E. E. Brown, M.B., Ch.B.; H. Robertson, M.B., Ch.B.

Matron: F. K. Payne.

Localities, broadly, from which patients came: Wellington City, 1,992; Wellington suburbs, 341; Petone Borough, 166; Lower Hutt Borough, 83; ships in port, 69; Upper Hutt District, 45; Porirua, 16; Levin, 15; Wairarapa South, 14; Wairarapa North, 9; Rangitikei, 11; Palmerston North, 10; Hawke's Bay, 10; Taranaki, 8; Westland, 7; Westport, 6; Otaki, 5; Foxton, 3; Dunedin, 3; Auckland, 3; Wanganui, 3; sundry small places, 60; not stated, 11.

The Hospital was visited several times during the year. The wards were all fairly full, and the children from the children's ward, which was being demolished to make room for the new building, were distributed among them. The day-room of the Victoria Ward downstairs was converted into a children's ward, and there were 9 children there, 5 being babies—2 of these with hare-lips.

An important addition to the Victoria wards is a wide balcony and verandah, on which many of the chronic patients can be wheeled from the wards.

In the Seddon shelters there were only 13 patients.

The removal of the old fever ward was accomplished during the year, and the site, with that of the children's ward, prepared for a new and up-to-date hospital for children.

The sanitary annexes of the main hospital, which on this visit of inspection were found in as good order as possible under the present conditions, are now being altered and improved.

The kitchen and scullery of the Hospital need rebuilding and enlarging, and providing with proper receptacles for refuse, &c.

The means of serving the food—which was of good quality and well cooked—to the wards has been improved.

On passing through the dispensary and the adjacent corridor and dispensary store, they were found to be not by any means in a proper condition, and showed need of supervision.

Though there was a daily average of 25 more patients under treatment, the total cost of provisions only increased by about £200, the cost per bed in this item having decreased by £1 6s. There is also a slight decrease in cost per bed in "Surgery and dispensary"; and a considerable decrease (£4 10s.) in "Domestic and establishment." The cost per bed in "Salaries and wages" has also decreased. There is a general reduction in the cost per bed of over £10—a very creditable record, which says much for the energies of the Medical Superintendent and the Secretary.

Fever Hospital.

The new Fever Hospital was opened by His Excellency, Lord Islington, early in the year.

A visit of inspection was paid on 6th April.

There were 16 patients in, of whom 12 were children.

The Hospital is proving to be very conveniently planned. The Matron, Miss Polden, a nurse lately from England, finds the division of the male and female wards into acute, semi-convalescent, and convalescent very workable by glass partitions, there being no difficulty in keeping patients in the various stages of the disease apart.

A matter which will have to be considered later is further provision for the disinfection and discharge of patients. At present the block for "suspect" cases is used for this purpose.

The arrangements for nurses' disinfection work very well. They pass through three rooms, the centre one a bathroom, and change their clothing before entering the Home after being on duty. They can then go out without risk of carrying infection. A boiler is to be provided for disinfection of clothes, as the use of strong disinfectant before being taken to the general Hospital laundry is ruinous to the linen.

The probationers from the Hospital are drafted here for three months, and this should form a valuable part of their training.

Otaki Hospital.

Honorary medical staff: H. C. Faulke, F.R.C.S., L.R.C.P.

Stipendiary medical staff: W. H. J. Huthwaite, M.R.C.S., L.R.C.P.

Matron: E. M. Sealy.

Localities, broadly, from which patients came: Levin, 42; Shannon, 6; Ohau, 9; Manakau, 13; Otaki, 48; Te Horo, 2; Waikanae, 15; not stated, 9.

Visited on 3rd October, 1911.

There were 9 patients in the hospital—6 male and 3 female.

Miss Sealy, the Matron, was managing the general direction of the Hospital, Sanatorium, and the secretarial work, with Sister Pownell as her assistant.

The Hospital wards were in good order. The nurses' cottage had been completed since my last visit, and is comfortable; but it is a pity another room was not built for an extra nurse when occasionally required.

This Hospital might be worked in conjunction with the Wellington Hospital, both in regard to the exchange of patients and the staff. Many cases in the main Hospital might be drafted here when semi-convalescent.

The increase in cost per bed is accounted for by the increase in the item "Salaries and wages."

Ohiro Home.

Honorary medical staff: Mathew Holmes, M.D., F.R.C.S.

Stipendiary medical staff: J. Hardwick-Smith, M.B., B.C., F.R.C.S.

Master: A. H. Truebridge.

Matron: A. Truebridge.

Locality, broadly, from which patients came: City of Wellington.

Visited on 27th April.

There were 117 inmates, 33 of whom were women. There were 9 in the sick ward; 2 of these were in bed. Some of the beds had been removed, leaving more space in the ward.

Being a bad day, the men were nearly all crowded into the smoking-room, with the windows shut. A few were out working in the vegetable-garden, cleaning windows, and washing. Some good work had been done by the men recently—a retaining-wall against a clay bank built and cemented, and a good flight of steps made—a great improvement in the back yard. The place was in good order, as usual.

In the intermediate ward there were 21 men. It is not used so much for casuals as at first, but troublesome men are put here, and men first sent here from the gaol.

Mr. and Mrs. Truebridge are still in charge.

Otaki Sanatorium.

Honorary medical staff: H. C. Faulke, F.R.C.S. Edin., L.R.C.P. Edin, L.C.P. and S. Glasg.

Stipendiary medical staff: W. H. J. Huthwaite, M.R.C.S. Eng., L.R.C.P. Lond.

Matron: E. M. Sealy.

Localities, broadly, from which patients came: Wellington, 51; Hutt, 5; Wairarapa, 2; Wanganui, 2; Auckland, 1; Dunedin, 1; Napier, 2; Palmerston, 2; Westport, 1; Otaki, 9.

In the Sanatorium there were 23 patients—only 10 men, and on the women's side 11 women and girls and 2 little boys.

Here everything was, as usual, in good order. The men who were fit were engaged in work in the garden, and one has charge of the poultry. The head gardener has charge of his own department now, and is extending the work. He has two assistants. Another shelter has been built.

The cost of this institution was only £79 per bed last year, considerably less than half that of the cost of the Cambridge Sanatorium. The Otaki institution has much in common with the Otaki Hospital, which naturally tends to reduce the cost of both institutions.

GOVERNING BODY: NORTH CANTERBURY HOSPITAL AND CHARITABLE AID BOARD

Usual date of meeting: Third Wednesday in each month.

Secretary: T. C. Norris.

Christchurch Hospital.

Honorary medical staff: Hugh T. D. Ackland, F.R.C.S., L.R.C.P.; J. A. Terras Bell, M.D.; Jas. F. Duncan, M.B., F.R.C.S.; Percy C. Fenwick, M.B., M.R.C.S.; Walter Fox M.B., C.M.; H. M. Inglis, M.B., C.M.; Maurice Louisson, M.B., M.R.C.S.; Gerald Russell, M.B.; John Stevenson, M.B., F.R.C.S.

Stipendiary medical staff: C. H. Pentreath, M.B., B.C., B.A.; H. Widdowson, M.B., B.S.; Mary Glowery, M.B., B.S.

Matron: Mabel Thurston.

Localities, broadly, from which patients came: Christchurch and suburbs, 1,392; Lyttelton, 80; Rangiora, 23; Kaiapoi, 32; Sumner, 8; New Brighton, 23; Akaroa, 27; Amuri, 14; Cheviot, 12; Kaikoura, 10; Selwyn (old county), 283; Ashley County, 48; other hospital districts, 45; Chatham Islands, 1; no fixed address, 18; shipping, 5.

The Hospital has been visited a good many times during the year, and on each occasion the wards have been found very fully occupied, frequently extra stretchers being made up.

The new buildings for children and female surgical patients will greatly relieve this congestion. They were opened in June. The wards are very fine, well planned, and, owing to the generosity of the public, the children's ward has been erected with all the most modern improvements.

It has been necessary, in order to maintain a large enough staff of nurses to adequately meet the requirements of the various institutions under the Board, to make extensive additions to the Nurses' Home. These are nearly completed.

Dr. Foster has recently resigned the position of Senior Resident, and Dr. Scott was appointed Medical Superintendent.

The cost per occupied bed has been reduced by over £20, but is still very high. The principal reductions are: Provisions, £4 10s. per bed; surgery and dispensary, £4 5s. per bed; salaries and wages, £8 per bed. Though the cost per bed under "Domestic and establishment" is lower by £3, there was a greater expenditure in hardware and crockery, and in the money spent on the grounds. The increase of £350 in "Sundries" is very high, no less than £139 being charged to "Miscellaneous expenditure," of which no details were shown in the report. The cost per bed in "Salaries" is still very high.

On the whole, however, this has been a satisfactory year for the Hospital, as there is every evidence of an effort being made to prevent waste and exercise economy in the various institutions under the Board.

Akaroa Hospital.

Stipendiary medical staff: Percy Geo. McReddie, M.B., C.M.

Matron: Elizabeth Ann Penrose.

Localities, broadly, from which patients came: Akaroa County, 26; Akaroa Borough, 4; Christchurch, 1; Woolston, 1.

This Hospital is still serving a useful purpose in the rather isolated Peninsula.

Mrs. Penrose, Matron for many years, was on sick-leave for some months, and a staff nurse from the Christchurch Hospital was sent to take charge.

Lyttelton Casualty Hospital.

Stipendiary medical staff: John A. Newall, M.B., Ch.B., N.Z.

Matron: D. Johnston.

Locality, broadly, from which patients came: Shipping.

This ward has not been greatly used during the year, but, owing to being cut off during the night from the base hospital, may at any time be required for a serious accident.

Bottle Lake Infectious Diseases Hospital.

Matron: Mary A. Seymour.

Localities, broadly, from which patients came: Christchurch, 52; New Brighton, 1; Sumner, 1; Woolston, 10; Eyreton, 1; Waimairi County, 16; Selwyn (old county), 20.

This institution has been in very constant use during the year. The arrangements for the nursing of the fever patients must shortly be revised by the Board. It is not satisfactory that so many patients suffering from serious illness should be under the care of an unqualified person, and the sending of necessary assistance from the main Hospital is much hampered by the fact that there is not a qualified nurse in charge.

North Canterbury Consumptive Sanatorium.

Stipendiary medical staff: G. J. Blackmore, M.D., C.M., D.P.H.

Sister in charge: Kate Benjamin.

Localities, broadly, from which patients came: Christchurch, 53; Lyttelton, 4; Kaiapoi, 5; Amuri, 1; Selwyn (old county), 1; Akaroa, 1; Cheviot, 1; other districts, 3.

This sanatorium is now in full working-order. A Sister from the Christchurch Hospital is in charge as Matron, and the staff of nurses and probationers is renewed periodically from the Hospital.

The place is rather difficult to work owing to the site being on so many different levels. Despite these drawbacks, Dr. Blackmore's results are excellent.

Memorial Home, Woolston.

Stipendiary medical staff: J. F. Duncan, M.B., Ch.B., F.R.C.S.

Matron: Margaret Higgins.

Localities, broadly, from which patients came: Christchurch, 74; Kaiapoi, 3; Rangiora, 2; New Brighton, 1; Ashton, 3; Woolston, 1; Lyttelton, 2; Amuri, 1; Kaikoura, 1; Akaroa, 1; Ashley, 1; Selwyn, 2; Waipara, 1.

Visited 28th October.

There were 68 inmates.

The whole institution and grounds were in excellent order, under the charge of Miss Higgins, and the inmates seemed to be conscious that they were well looked after. The chronic wards were also in excellent order, being in charge of Miss Mullett, lately a nurse at Guy's Hospital.

There were seventeen vacant beds in the chronic ward.

The cost of this institution is somewhat high, but it cannot fairly be compared to any other institution, as for the most part the women admitted are there through downright misfortune, and no one would grudge them the extra expense entailed by the many private rooms and fires.

The few aged couples living at this Home were very happy in their retirement.

The excellent state of the garden, with its numerous rows of fruit-trees and vegetables, was especially noticeable, and I hope that these grounds will be able to provide, as the Board desire, most of the vegetables for this and kindred institutions under the control of the latter.

Samaritan Home, Christchurch.

Stipendiary medical staff: J. F. Duncan, M.B., Ch.B., F.R.C.S.

Master: Maurice Roche.

Matron: Minnie Roche.

Localities, broadly, from which patients came: Christchurch, 104; Selwyn (old county), 16; Timaru, 1; Woolston, 1; Lyttelton, 3; Kaiapoi, 1; Rangiora, 1; Akaroa, 1; Amuri, 2; Ashley County, 3; other districts, 21; committed by Magistrate, 10; unascertained localities, 8.

The Samaritan Home was visited on 12th July. There were 27 in—2 waiting confinement. It is expected to move these to the Linwood Refuge shortly, and the place is to be taken over as a reformatory by the Justice Department. The men's part of the Home has practically been closed.

Taurangi Old Men's Home, Hampstead.

Stipendiary medical staff: G. Lyon, M.B., C.M.
Master: F. H. Knight.
Matron: Mrs. F. H. Knight.

Localities, broadly, from which patients came: Christchurch, 69; Selwyn (old county), 5; New Brighton, 1; Lyttelton, 4; Ashley, 2; Rangiora, 3; Waipara, 2; Akaroa, 1; Amuri, 2; Kaikoura, 2; Waimariri, 2; Ashburton district, 24.

Visited 27th October.

There were 56 inmates, some forty beds being vacant. There were only four beds unoccupied in the chronic ward, but it was obvious that a large number of those patients could be looked after in other parts of the institution, as they were not suffering from complaints of such an incurable or chronic nature as these wards were erected to receive.

I was sorry to hear—but it was not by any means unexpected—that there had been friction between the master and the trained nurse in charge of the chronic wards. This is what is always occurring in similar institutions where an untrained person is in control. The master is constantly on the lookout for an infringement on his authority, and the trained nurse is intolerant of any assumption of authority—imaginary or real—on the part of a person untrained in sick-nursing.

I reported this trouble to the Chairman of the Institution's Committee, Mr. Sorenson, who I am sure will know how to put a stop to the trouble that has arisen.

With this exception, the place was in excellent order; but I had occasion to point out to the Manager that, as compared with institutions of a similar size, the cost per bed was very high, especially under the items "Salaries" and "Domestic."

[Note.—Later reports show that now the chronic wards are under the control of the nurse in charge entirely, and supervised by the Lady Inspector of the Christchurch Hospital, everything is working most satisfactorily.]

Armagh Street Depot.

Stipendiary medical staff: J. F. Duncan, M.B., Ch.B., F.R.C.S.
Master: Andrew Russell.
Localities, broadly, from which patients came: Undefined—patients mostly itinerant.

Waltham Orphanage.

Stipendiary medical staff: J. F. Duncan, M.B., Ch.B., F.R.C.S.
Matron: Jean Donaldson.
Locality, broadly, from which children came: North Canterbury Hospital District.

Female Refuge, Linwood.

(See under "Maternity Homes," page 84.)

Governing Body: Otago Hospital and Charitable Aid Board.

Usual date of meeting: Alternate Thursdays.
Secretary: John Jacobs.

Dunedin Hospital.

Honorary medical staff: D. Colquhoun, M.D., F.R.C.P.; M. Macdonald, B.Sc., M.B., C.M.; F. Fitchett, M.D., C.M.; L. E. Barnett, M.B., F.R.C.S.; F. S. Batchelor, F.R.C.S.; E. J. O'Neill, M.B., M.R.C.S., F.R.C.S.; H. L. Ferguson, M.D., F.R.C.S.; F. R. Riley, F.R.C.S.; J. O. Closs, M.D., C.M.; W. S. Roberts, M.R.C.S.; P. C. Cameron, M.D.; W. Newlands, M.A., M.B., Ch.B., F.R.C.S.; H. P. Pickerill, M.B., Ch.B., B.D.S., L.D.S.; W. A. Fleming, M.B., C.M., S. C. Allen, M.D., F.R.C.S.; E. H. Williams, M.B., Ch.B., M.R.C.S., D.P.H.; S. A. Moore, M.D., C.M.; Wm. Butement, M.B., M.R.C.S., L.R.C.P.; R. Ritchie, M.B., M.R.C.S.; D. Edwin Booth (masseur); Winifred I. Bathgate, M.B., Ch.B., B.Sc.. Chas. North, M.B., Ch.B., M.R.C.S., L.R.C.P.

Stipendiary medical staff: A. E. Falconer, B.A., B.Sc., M.B., Ch.B., D.Ph.; H. C. Tait, M.B., Ch.B.; C. L. Will, M.B., Ch.B.; E. Edgar, M.B., Ch.B.; W. A. Dunn, M.R.C.S., L.R.C.P.
Matron: Rose Macdonald.

Localities, broadly, from which patients came: Dunedin and suburbs, 1,486; Balclutha, 25; Catlin's, 59; Clinton, 10; Green Island, 45; Hindon, 1; Henley, 17; Lawrence, 31; Middlemarch, 26; Milton, 39; Mosgiel, 114; Palmerston, 65; Port Chalmers, 55; shipping, 29; Seacliff, 28; Kaitangata, 30; Roxburgh, 10; Auckland, 2; Christchurch, 4; Canterbury South, 3; Lake County, 1; Maniototo, 5; Nelson, 1; Oamaru, 13; Queenstown, 1; Southland, 21; Tapanui, 9; Taranaki, 1; Vincent, 13; Westland, 6; Wellington, 4.

Visited in October and January.

Owing to somewhat sensational statements which appeared in the Press in the early part of December, I instructed Miss Maclean to make an inquiry into matters connected with the nursing department of this Hospital. Though there were grounds for complaint as regards the

arrangements for the nurses' meals, the other charges were not sustained. Unfortunately, however, the Matron, who had served the institution so well during the past eighteen years, felt so keenly the charges made against her that she sent in her resignation. Miss Fraser has rightly earned the respect of the nursing world, and she carries into her retirement the sympathy and best wishes of those who knew her best during her long and devoted hospital life.

The Hospital Board has decided to ask Mrs. Bedford Fenwick, the President of the Matrons' Council of Great Britain and Ireland, to recommend a successor to Miss Fraser, and, though there are some Matrons in the Dominion capable of filling the position, I quite agree with the Board that under the peculiar circumstances it would be better to appoint an officer from outside the Dominion.

The Board has at last decided to erect balconies for the open-air treatment of patients, which I have mentioned in previous reports as being so badly needed. It has also decided to proceed with the erection of the delirium-tremens and septic wards, and also to enlarge the kitchen at the Nurses' Home and provide a dining-room for the porters and domestic staff.

I was surprised to find that, despite the comparatively recent and extensive addition to the Nurses' Home, some of the nurses were sharing bedrooms—in some cases as many as three nurses occupying one room. When the septic ward is erected additional accommodation must be provided for the staff, but the Nurses' Home cannot be added to without further encroaching on the Miller and Houghton block. Other arrangements must therefore be made.

During my visits I found the wards, as usual, in excellent order.

Quite a feature of the year has been the development of the bacteriological and pathological departments under Drs. Champtaloup and Roberts.

The importance of this Hospital as being connected with the only medical school in the Dominion must be borne in mind. It must be kept up to date in every department, and every encouragement given to its professional staff; and, though the honorary staff may, considering the number of beds, be regarded as an unduly large one, it must be remembered that the honorary staff actually engaged in the wards is no larger than it was ten years ago, when there were less beds, the increase being in the assistant honorary staff, who are principally engaged in performing duties in the out-patient department, which is a great improvement on the system adopted in some hospitals of leaving their important duties to juniors. Moreover, it is essential to have men who are "coming on," so that they can replace their seniors when it is time for the latter to retire.

There was a decrease of 7 patients under daily treatment.

The cost per bed in "Provisions" and "Surgery and dispensary" has slightly increased. The expenditures under these items are comparatively higher than they should be, and this is certainly the case with regard to "Domestic and establishment," the principal items of increase under this heading being in bedding, fuel and light, and repairs to buildings. The total cost per bed has increased from £94 7s. to £113 4s. This increase in cost requires a deal of explanation.

Tuapeka Hospital.

Governing body: Otago Hospital and Charitable Aid Board, per Tuapeka Hospital Committee.

Usual date of meeting: Board meets alternate Thursdays; Committee meets bi-monthly—second Friday

Secretary: John Jacobs.

Stipendiary medical staff: William Sutherland, M.R.C.S., L.R.C.P., M.B., C.B.

Matron: Johanna Drew.

Locality, broadly, from which patients came: Tuapeka.

This Hospital is now managed by the Otago Hospital and Charitable Aid Board. It is now little required for acute cases, and might be very useful as a Convalescent Home for the Dunedin Hospital patients.

There is a considerable reduction in the cost per bed.

Port Chalmers Cottage Hospital.

Honorary medical staff: William H. Borrie, M.B., C.M. Edin.; G. Hodges, M.B., C.M. Edin.

Matron: Mabel Stewart.

This Cottage Hospital for accident cases was opened during the year.

A nurse from the staff of the general Hospital is in charge, and probationers will be sent from the base Hospital for short terms according to the needs of the cases admitted.

Tapanui.

The erection of a cottage hospital for this district is now under consideration. Such a place should be merely a cottage for emergency and urgent cases which cannot be sent at once to the Dunedin Hospital.

Kaitangata Cottage Hospital.

Stipendiary medical staff: James Fitzgerald, M.B., C.M.

Matron: Fanny Clements.

Localities, broadly, from which patients came: Kaitangata, 8; Inch-Clutha, 1.

Not visited. Some useful district-nursing work is done from this little Cottage Hospital.

Fever Hospital.

Matron: Mabel Valintine.

Locality, broadly, from which patients came: Otago, 51.

Visited on 17th November, 1910, and 24th January, 1911. On the latter occasion there were 5 patients—3 men, 1 woman, and a little girl. They were all in the convalescent stages.

The wards were cleanly kept, but the plaster had cracked very badly in some places, and the walls need to be kalsomined.

The Matron, Miss Smith, resigned during the year, and the Hospital is now entirely staffed from the base Hospital.

Pleasant Valley Consumptive Sanatorium.

Stipendiary medical staff: A. R. Falconer, B.A., B.Sc., M.B., Ch.B. N.Z., D.P.H. Lond.

Matron: Grace M. Girdler.

Localities, broadly, from which patients came: Otago, 46; North Otago, 2; South Canterbury, 4; Vincent County, 1.

I visited the Sanatorium with the Chairman on the 17th November. There were 29 patients in.

I was very favourably impressed with the whole place. The shelters are well situated, and are very bright and clean. The dining-shelter is large and cheerful, and the recreation-rooms quite sufficient. There is need of some book-shelves in these for the numerous books and periodicals, and these are to be supplied.

The nurses' quarters are very comfortable, and a small cottage with a large bed-sitting-room was almost ready for the doctor.

A bowling-green and a croquet-lawn are being made, and the garden is commenced. Some of the women were engaged in gardening when I was there.

Several of the patients had been transferred from the old Rock and Pillar Sanatorium, and fully appreciated the change to brighter surroundings, where it was possible to give them more occupation. The Matron, Miss Girdler, had also been in charge of the old Sanatorium.

Otago Benevolent Institution.

Master: Edward J. Mee.

Matron: Lucy Mee.

Localities, broadly, from which patients came: Dunedin, 284; Port Chalmers, 5; Lawrence, 7; Palmerston, 9; Milton, 5; Oamaru, 3; Clyde, 1; Peninsula, 1; Australia, 1; Taieri, 9; Cromwell, 6; Otago Central, 7; Timaru, 1; Kelso, 2; Bannockburn, 2; Christchurch, 3; Waitati, 2; Invercargill, 3; Kaitangata, 2; Tapanui, 3.

Visited on 18th November and 12th January, 1911, when there were 199 inmates—138 men and 61 women.

The place was in thoroughly good order, and everything seemed to be working well. A few repairs were needed.

There were very few beds empty in the chronic wards, which were well looked after by Nurse Morgan (who is leaving) and five probationers. The conditions under which the patients in these wards are cared for are very different from what they were three years ago, when the patients had to rely on the ministrations of their fellow-inmates.

The system of sending the necessary staff from the base Hospital for periods of three months to the chronic wards to work under a more permanent charge nurse is now well established and working well.

Rock and Pillar Sanatorium.

Stipendiary medical staff: Rosa Collier, L.R.C.P. and S. Edin., L.F.P. and S. Glas.

Matron: Grace M. Girdler.

Localities, broadly, from which patients came: Dunedin, 17; Waikouaiti, 2; Port Chalmers, 2; Glenore, Stirling, Mosgiel, Outram, Abbotsford, Mataura, Owaka, Middlemarch, 1 each.

This institution was closed on 13th August, 1910.

Dunedin Medical School Maternity Home.

(See under "Maternity Homes," page 83.)

GOVERNING BODY: HAWKE'S BAY HOSPITAL AND CHARITABLE AID BOARD.

Usual date of meeting: Second Monday of month.

Secretary: James Scheele.

Napier Hospital.

Honorary medical staff: T. C. Moore, M.D., B.S.; H. F. Bernau, M.R.C.S., L.R.C.P.; J. J. Edgar, M.B., M.S.; J. P. D. Leahy, M.B., M.S.

Stipendiary medical staff: J. S. Wilson, M.D., Ch.B., M.R.C.S., L.R.C.P.; L. E. L. Simcox, M.D., Ch.B.; R. T. G. Aickin, M.D., Ch.B., D.P.H., D.T.M.

Matron: E. K. Berry.

Localities, broadly, from which patients came: Napier, 304; Hawke's Bay County, 181; Hastings, 131; Taradale, 25; Park Island, 40; Wairoa County, 14; other districts, 23; seamen, 12; unknown, 2.

Visited on 18th October; and, owing to some trouble later in the year in regard to hours of duty of the night Sister and other matters pertaining to the nursing staff, I sent the Assistant Inspector, Miss Maclean, to investigate and report concerning the matter. A thorough inquiry

was made, with the result that the Board dismissed the complaints as quite unfounded, and the authority of the Medical Superintendent and Matron was upheld, the two or three disaffected nurses leaving the Hospital.

On each occasion when the Hospital was visited the wards and the annexes were found in good order, and the work of the staff generally satisfactory.

The wards have been kept very full—usually between 80 and 90 patients being in.

No. 2 ward was painted and renovated thoroughly during the year.

The decrease of £9 in the cost per bed occupied has been principally effected in "Provisions" and "Surgery and dispensary." On the whole, the year has been a satisfactory one as regards the economics of the institution, and speaks a great deal for the energy displayed by the Chairman and his officers, as may be gathered by comparing the expenditure of the past year with that of two years ago. The cost of "Surgery and dispensary" is still comparatively high.

Wairoa Hospital.

Stipendiary medical staff: John Miller, L.R.C.S., L.R.C.P., L.F.P. and S.G.

Matron: Alice J. Bull.

Localities, broadly, from which patients came: Wairoa Borough, 70; Wairoa County, 74; Hastings, 2; other districts, 1.

I visited the Wairoa Hospital on 19th October in the evening, and on the 20th in the morning.

There were 8 patients in—6 men and 2 women—all hospital cases. An operation for appendicitis was going on when I was there. All the staff was engaged, the Matron acting as assistant and Dr. Somerville giving the anæsthetic.

The dispensary is used as a theatre, and is rather small for a major operation.

Dr. Miller, late of Wanganui, is the Medical Officer.

The work of the Hospital has greatly increased since there has been a trained nurse in charge.

The Hospital is very well kept and orderly, and the grounds are in fair order. Miss Bull does a great deal of gardening herself, with the assistance of a man who acts as wardsman and cleaner. All vegetables are grown, and there are some fruit-trees, which supply the Hospital. Late improvements to the building have been made by the addition of a wide verandah, on which patients can be placed.

An isolation ward is required, and also a small operating-theatre or surgery.

There is a considerable reduction in the cost per bed.

Old People's Home, Park Island.

Stipendiary medical staff: R. T. G. Aickin, M.D., D.P.H.

Master: W. Hichens.

Matron: Mrs. Hichens.

Localities, broadly, from which patients came: Hawke's Bay County, 35; Napier, 37; Hastings, 18; Wairoa, 11; Waipawa, 18; Waipukurau, 7; Patangata, 5; Dannevirke, 16; Weber, 6; Woodville, 7; other districts, 4.

The Home was visited on the 18th October, 1910. There were 62 men and 8 women in.

The place is not so well kept as it should be. Some of the men's dormitories and the smoking and reading room were by no means clean. The women's part was in better order.

Mr. Bannerman complains that he has not sufficient assistance to keep the place clean. The inmates who do any work are few, and do not work well. One inmate keeps the dining-room and pantry in excellent order, but he is exceptional.

The vegetable and fruit garden was well kept, and there appeared to be plenty of vegetables coming on. A portion of the land near the swamp was being ploughed, and potatoes planted. This the engineer was assisting with. There is also a boy to attend to the cows, pigs, and poultry; and, with the cook, this comprises the paid staff.

Mr. Bannerman has recently resigned, and Mr. and Mrs. Hichens, who have been doing excellent work at Hamilton, have been appointed.

GOVERNING BODY: WAIKATO HOSPITAL AND CHARITABLE AID BOARD.

Usual date of meeting: 12th January and every following fourth Thursday.

Secretary: W. J. Conradi.

Waikato Hospital.

Stipendiary medical staff: H. Douglas, M.B., C.M.; J. M. Hyde, M.B., Ch.B.

Matron: E. M. Rothwell.

Localities, broadly, from which patients came: Waipa County, 105; Waikato, 138; Raglan, 34; Waitomo, 62; Piako, 38; Matamata, 156; Taupo East, 1; Ohura, 10; Rotorua, 29; Taupo West, 60; Cambridge, 45; Frankton, 46; Huntly; Te Aroha, 50; Morrinsville, 34.

Visited 9th March, 1911. There were 84 patients in this Hospital, which was taxed to its utmost.

As usual, I found the wards and grounds in good condition, and the patients exceedingly well cared-for.

I was surprised to find that the plaster in one of the sanitary annexes in the new wards had already given way.

The Board proposes, very properly, to erect shelters for chronic consumptives in the Hospital grounds. There are too many of these patients occupying beds in the main institution.

There is a decrease of £3 in the cost per bed. The cost per bed in "Provisions," though lower by £2 than last year, is still comparatively high. There is a decrease of £2 10s. per bed in "Surgery and dispensary," but an increase of £2 10s. in "Domestic and establishment."

Old Men's Home, Hamilton.

Stipendiary medical staff: D. H. Douglas, M.B., C.M.; John Hyde, M.B., Ch.B.
Master: Luke Holmes.
Matron: Bessie Holmes.
Locality, broadly, from which patients came: Waikato Hospital District.
Visited 9th March, 1911.
I was glad to see the great improvement in the condition of the Old People's Home. An ex-mental-hospital attendant and nurse are acting as Master and Matron.

GOVERNING BODY: WANGANUI HOSPITAL AND CHARITABLE AID BOARD.

Usual date of meeting: Third Wednesday in the month.
Secretary: A. C. Ritchie.

Wanganui Hospital.

Honorary medical staff: C. B. Innes, M.B., Consulting physician: H. R. Hatherley, M.R.C.S.; J. M. Anderson, M.D., C.M.; J. Harper Reid, M.B., C.B.; A. H. Wall, M.R.C.S., M.B.; A. J. Crawford, M.D., C.B., F.R.C.S., Consulting Surgeons.
Stipendiary medical staff: James Reid, M.A., M.B., C.B.
Matron: Cecilia McKenny.
Localities, broadly, from which patients came: Wanganui Borough, 402; Taihape Borough, 15; Marton Borough, 32; Wanganui East Borough, 13; Wanganui County, 59; Waitotara County, 43; Rangitikei County, 37; Waimarino County, 27; Bull's, 10; Gonville, 11; Hunterville, 19; Castlecliff, 20; Mangaweka, 7; Palmerston North, 3; Wellington, 1; Ohakune, 15; Patea, 1; Napier, 1; Waipawa, 1.
I visited the Wanganui Hospital on 14th September, 1910.
There were 59 cases in; four of these were consumptives.
The new buildings have now been started. The extra accommodation is badly needed, as often all the beds in the wards are full.
The wards were in very good order, and the grounds are much improved. It is proposed to make a separate entrance for the Nurses' Home, and a pathway directly to it. This would be an objection in a large hospital.
In the day-room there were 7 men who were nearly fit to leave the institution, but for the fact that their homes were away up country. Every window in the day-room was shut at the time of my visit.
There is an increase of nearly £3 10s. in the cost per bed, the principal increases being fairly uniform under the various items. "Surgery and dispensary" is a little lower.

Jubilee Home, Aramoho.

Stipendiary medical staff: James Reid, M.A., M.B., C.B.
Master: S. J. Allen.
Matron: Mrs. Allen.
Localities, broadly, from which patients came: Wanganui Borough, 33; Marton Borough, 1; Wanganui County, 2; Bull's, 1; Rangitikei County, 7; Mangaweka, 2; Hunterville, 2; Ohakune, 1; Gonville, 1; Patea, 6.
Visited on 14th September, 1910.
There were 30 patients in—4 women only.
Mr. Allen showed me round. Everything was in order. The inmates seem very comfortable, and are kept clean and neat. There were two old men in bed inside, and one very bad case was in a part of the washhouse screened off. He is too offensive to be in the dormitory. He seemed quite as comfortable as he could be made, and was fairly clean. His bedding was quite clean. A small isolation ward is really needed for such a case.
A number of trees surrounding the place have been cut away, letting in light and air and improving the vegetable garden, where a good supply of potatoes and other vegetables has been planted by the master, with the assistance of the inmates.

GOVERNING BODY: NELSON HOSPITAL AND CHARITABLE AID BOARD.

Usual date of meeting: First Wednesday in each month.
Secretary: S. Blomfield.

Nelson Hospital.

Stipendiary medical staff: H. E. A. Washbourn, M.D. Edin.
Matron: E. L. Gosling.
Localities, broadly, from which patients came: Waimea, 106; Nelson, 222; Takaka, 23; Collingwood, 32; Motueka, 8; Murchison, 7; Richmond, 14; outside districts, 34.
Visited on 7th March.
There were 35 patients in the wards—19 women and children and 16 men. In the chronic wards there were 4 patients, and in the consumptive annexe 5 women and 2 men.
The wards were in good order. A great many patients were out on the verandah, several sleeping out altogether. The verandahs have been widened, and are much more useful.
The alterations have not made much progress, the sanitary annexe to the male ward only having been built, and now nearly completed.
The drainage has been completed, and includes the Hospital and chronic wards, the connections being made to a main drain running down to a road below and then joining the town sewerage system. The drains of the consumptive annexe are also joined to this and the infectious-diseases cottage.

A drying-room is much needed, and could easily be put between the ironing-room and wash-house, taking in a part of the former.

The alterations to the infectious-diseases cottage have been completed. It has not yet been used.

On his return from England Dr. Mackay resigned his charge of this Hospital, after many years' splendid service. Dr. Washbourn has been appointed Medical Superintendent.

There is a decrease of nearly £6 in the cost per bed, the principal reduction being in "Surgery and dispensary."

Alexandra Home, Nelson.

Master: Frank Lily.

Matron: Mrs. Lily.

Locality, broadly, from which patients came: Nelson Provincial District.

Visited on 7th March.

There were 37 inmates, 5 of whom were women.

The place was in good order, the Matron working hard to keep it so. The beds were clean, and the old people looked well cared-for.

There was one case which should have been moved to the Hospital. The man was paralysed, and had been confined to bed for a fortnight. He needed constant care, and the master had to be up with him at night. The man required skilled nursing attention, and was in a condition leading to bad bed-sores. He was, on my report, removed to the Hospital.

With the best intention, it is impossible for the untrained master or matron to properly care for bedridden cases such as this.

GOVERNING BODY: SOUTHLAND HOSPITAL AND CHARITABLE AID BOARD.

Usual date of meeting: Thursday preceding 2nd Friday in month.

Secretary: Thomas Pryde.

Southland Hospital.

Honorary medical staff: C. S. Cantrell, M.B.; A. F. Ritchie-Crawford, M.B.; W. Ewart, M.B.; J. Hunter, M.D.; J. B. Sale, M.B.; C. B. Snow, M.B.; J. Young, M.D.; W. Stewart, M.B.; J. L. Gregg, M.B.; J. G. MacDonald, M.B., ophthalmic surgeon

Stipendiary medical staff: William J. Barclay, M.D., F.R.C.S., D.P.H.

Matron: J. Ewart.

Localities, broadly, from which patients came: Invercargill Borough, 364; Bluff and Stewart Island, 71; Gore and Eastern District, 72; Winton and Lumsden, 78; Wallace County, 20; Lake County, 3.

Visited 28th January, 1911.

There were 50 patients, 1 of whom has been under treatment for two years, another for nine months.

At the time of my visit Dr. Barclay had only been in charge for two months, having succeeded Dr. Hendry, who had recently resigned.

The wards were in good order, but the ward furniture looked shabby—in fact, this Hospital needs thorough renovation throughout, and it is to be hoped that when the long-talked-of drainage scheme is undertaken the earth-closets will be done away with, and the lavatories guttered and fitted with modern appliances.

I was surprised to find that the new operating-theatre, which has been finished over a year, had not yet been furnished.

The laundry is not large enough for an institution of this size. The Hospital washing might well be carried out at Lorne Farm. It would be better to build a new laundry there for the use of the Board's institutions than erect a new laundry on the Hospital grounds.

I pointed out to the Chairman that vegetables, eggs, &c., might with great advantage be sent from Lorne Farm to the Hospital.

It would be of great benefit to the Hospital and district if a small laboratory were provided for Dr. Barclay. Two upstairs rooms in the administrative block might well be devoted to the purpose.

There is a slight decrease in the cost per occupied bed, though there is an increase in the cost per bed in "Provisions" and "Surgery and dispensary."

Gore Hospital.

Stipendiary medical staff: Joseph E. Rogers, M.D.

Matron: Mary Young.

Localities, broadly, from which patients came: Southland County, 83; Lake County, 1; Borough of Gore, 32; Mataura, 15; Invercargill, 1; Wyndham, 9; outside district, 7.

Visited 30th January, 1911.

There were 14 patients, 10 of whom were in the male wards.

As there has been much talk with regard to the need for enlarging this Hospital, it was interesting to note, among those occupying beds, a patient with broken clavicle who had been in seven days, a Pott's fracture of a month's standing, a mental case of two months' standing, an epithelioma of the face with the scar healed, and an aged man better fitted for the chronic ward of the Old People's Home.

The Hospital and grounds were in excellent order. A drying-room is badly needed at this Hospital.

The economics of this little institution are carefully watched by the Matron, and furnishes an example of what may be done by careful supervision.

Arrow Hospital.

Honorary medical staff: J. Bell Thomson, M.B.
Matron: Annie Clarke.
Localities, broadly, from which patients came: Arrowtown, 19; Macetown, 12; Gibbston, 7; Arrow Junction, 6; Lake Hayes, 4; Cardrona, 4; Arrow River, 3; Crown Terrace, 3; Frankton, 2; Pembroke, 2; Skipper's, 2; Invercargill, 1; others, 8.
Visited 11th February, 1911.
There were 3 patients—2 males and 1 female. The latter was a paralytic, having been an inmate for six months.
The place is well looked after by Dr. Thomson. A registered nurse is to be appointed as Nurse-matron.
In previous reports I have suggested that with the Wakatipu Hospital within eight miles there is no need for this little Hospital; but the Southland Board has decided that so long as the residents of Queenstown and Arrow contribute £200 yearly towards the maintenance of the Hospital it will be kept open. Perhaps, after all, this is the wisest course.
There is a reduction in the cost per bed in every department.

Wakatipu Hospital.

Stipendiary medical staff: Alexander Stewart, M.B., C.M.
Matron: Ethel Clare.
Localities, broadly, from which patients came: Lake County, 47; Queenstown, 21; Southland County, 1; Invercargill, 1; outside the district, 2.
Visited 11th February, 1911.
There were 2 patients in—1 a hemiplegic, who had been in hospital two years; the other a man who had been admitted for pleurisy five months previously.
A new hot-water apparatus had recently been installed at a cost of £200. It is said to act satisfactorily, but it is difficult to see why such an elaborate system should be necessary in so small a Hospital.
The place was generally in good order.
In previous reports I have stated that I cannot see that it is necessary for the Southland Board to maintain both the Arrow and Frankton (Wakatipu) Hospitals; but the residents of these towns have promised the Board to contribute not less than £300 a year each towards their maintenance.
There is a reduction in the cost per bed in every item.

Kew Fever Hospital.

Stipendiary medical staff: W. J. Barclay, M.D.
Matron: Mrs. Cowan.
Localities, broadly, from which patients came: Mataura, 3 Wyndham, 2; Invercargill, 2; Southland County, 3.

Lorne Farm Home.

Stipendiary medical staff: W. J. Barclay, M.D.
Master: Charles H. Cole.
Matron: Mrs. C. H. Cole.
Localities, broadly, from which patients came: Southland County, 46; Wallace, 3; Lake, 15; Stewart Island, 6; Invercargill, 33; South Invercargill, 11; Gore, 15; Campbelltown, 7; Winton, 4; Mataura, 3; Wyndham, 2; Dunedin, 2.
Visited 28th January, 1911.
There were 100 inmates—36 men, 8 women, 18 girls, and 38 boys, 10 of the children being under five years of age.
I have pointed out in previous reports that it is a bad principle to house in one institution inmates varying in age from one to eighty-five years. This is the only institution in the Dominion that approaches in constitution the Home workhouse—justly condemned by the Royal Commission.
Yet it is only fair to state that the children looked well and happy, and gave every evidence of being well cared-for. The children of school age attend the State school.
The farm and garden were in excellent order, and I cannot understand why the Board does not make more use of this institution for providing dairy and vegetable produce for the Hospital and other institutions. In fact, it would be better to build a new laundry here and do the washing for the base Hospital than to erect a new laundry on the Hospital grounds.

GOVERNING BODY: SOUTH CANTERBURY HOSPITAL AND CHARITABLE AID BOARD.

Usual date of meeting: Third Tuesday each month.
Secretary: H. S. Russell.

Timaru Hospital.

Honorary medical staff: J. R. Loughnan, M.B., C.B.; E. Thomas, M.R.C.S.; W. C. Burns, M.D.
Stipendiary medical staff: George H. Ussher, M.D., F.R.C.S.
Matron: Jean Todd.
Localities, broadly, from which patients came: Geraldine Borough, 14; Geraldine County, 23; Waimate Borough, 8; Waimate County, 39; Timaru Borough, 297; Temuka Borough, 30; Levels County, 120; Mackenzie County, 29; casuals, 33; shipping, 6.
Visited 29th March.

There were 42 patients. There was a falling-off by 4 of the average number of patients under daily treatment.

As usual, the wards were in excellent order.

There was a slight increase in the payments by patients.

There is a decrease in the cost of "Provisions" per bed of £1 16s., and an increase of £6 10s. per bed in "Surgery and dispensary"; but £100 more was spent on surgical instruments, and an increase of £7 in "Domestic and establishment," and in "Salaries and wages" an increase of £5—a total increase in maintenance of £17 per bed. Despite this fact, the cost per bed is not much above the average for hospitals of this size (£93), the returns last year being abnormally low.

Despite this set-back, which I regard as more apparent than real, there is every evidence that a more rigid watch is being taken by the Chairman and his officers in the management of this institution than was the case three years ago.

Waimate Hospital.

Stipendiary medical staff: Herbert C. Barclay, M.D., F.R.C.S.

Matron: Mabel Mander.

Locality, broadly, from which patients came: Waimate County.

Visited 28th March.

There were 7 patients in hospital—4 men and 3 women.

Considerable improvements have been effected in this Hospital—in fact, I have never seen it in such good order.

Nurse Mander, trained at the Dunedin Hospital, is now in charge. She loyally assists Dr. Barclay in the management of this little Hospital.

A new lavatory is badly needed in the men's ward.

The cost per bed of this Hospital has risen by some £50, a matter which it is difficult to account for, except for the fact that there were 3 less patients under daily treatment. Last year this Hospital held the distinction of being the lowest as regards the cost per bed in provisions, the Thames Hospital excepted.

Talbot Infectious Diseases Hospital, Timaru.

Stipendiary medical staff: George H. Ussher, M.D., F.R.C.S. Eng.

Localities, broadly, from which patients came: Levels County, 16; Geraldine County, 2; Waimate County, 4; Timaru Borough, 9.

Old Men's Home, Timaru.

Stipendiary medical staff: George H. Ussher, M.D., F.R.C.S.

Master: James Young.

Matron: Grace Young.

GOVERNING BODY: COOK HOSPITAL AND CHARITABLE AID BOARD.

Usual date of meeting: Third Friday in each month.

Secretary: H. M. Porter.

Gisborne Hospital.

Stipendiary medical staff: E. E. A. T. Rigg, B.Sc., M.B., B.S., M.R.C.S., L.R.C.P.; W. Carlyle Wilson, M.A., M.B., B.Ch., F.R.C.S.

Matron: Miss Godfray.

Localities, broadly, from which patients came: Gisborne Borough, 256; Cook and Waikohu Counties, 224; seamen, 3; outside New Zealand, 19.

Visited the Gisborne Hospital on 27th October.

There were 42 patients in the fever ward—12 females and 1 child; 3 were typhoid cases.

The wards were all in good order. Some improvements have been made for fire-extinction, and better means of escape provided by means of a wide door on to verandahs from each ward. This was considered necessary in spite of the fact that a new Hospital is to be erected.

It is a pity that in this Hospital, when the work is of a fluctuating nature, the eight-hour system should have been established for nurses, thus necessitating a much larger staff than required, there being an average proportion of only two patients to each nurse, and a large number of these chronic cases. The domestic staff is also large.

It is expected that the new Hospital shortly to be erected will be ready within the next twelve months.

There is a reduction of £21 per bed in the cost of this institution, the principal economies being effected in "Provisions," £1; "Surgery and dispensary," £4 15; "Domestic and establishment," £7; "Salaries and wages," £7 15s.—a very creditable record.

Old People's Home, Gisborne.

Honorary medical staff: Hospital House Surgeon.

Master: R. C. Vigis.

Matron: Mrs. R. Vigis.

Localities, broadly, from which patients came: Gisborne Borough, 17; Cook County, 30; Waikohu, 6.

Visited on 27th October.

There were 18 men and 2 women in. Of the inmates, 8 are in receipt of the old-age pension, and 1 has an Imperial pension.

Mr. and Mrs. Vigis are still in charge, with a girl to help. The Home is comfortable, and fairly well kept. The garden especially was in good order.

It is rather a small place and too near town, and there is sometimes a little trouble with the men.

The inmates are at once sent to hospital when ill.

A very good dinner was being served at the time of my visit.

GOVERNING BODY: PALMERSTON NORTH HOSPITAL AND CHARITABLE AID BOARD.

Usual date of meeting: Second Thursday in each month.

Secretary: William Stubbs.

Palmerston North.

Stipendiary medical staff: A. A. Martin, M.D., Ch.B., F.R.C.S.; P. T. Putnam, M.D., Ch.B.; C. H. Peach, C.M., M.B., Anæsthetist.

Matron: Mary McLagan.

Localities, broadly, from which patients came: Wellington, 19; Wanganui, 29; Wairarapa, 8; South Canterbury, 2; Taranaki, 1; Waipawa, 4; Hawke's Bay, 2; Grey, 1; Palmerston North, 593.

Visited in September, 1910, and on 4th April, 1911.

There were 43 patients in Hospital—21 men and 22 women and children. Of the men, 5 were more fitted for the Old Men's Home. There were 9 patients in the children's ward, and only 1 in the consumptive annexe.

The whole place very clean and tidy.

I was glad to see that the work of the new wards had so far stood well.

The new laundry appears to be working satisfactorily.

The new theatre has been in use for nearly twelve months, and is a very great improvement. There is a fine light, and a good sterilizing-room. The arkalite floor is well laid. An office has been added for the Secretary.

Some improvements have been made for the accommodation of the nusing staff, the old theatre having been converted into a sitting-room for the Matron and a sitting-room provided for the Sisters. A very necessary addition has also been made in a new sanitary annexe, with two bathrooms.

The cost per bed of this Hospital has increased by £15 per bed, the increases being in "Provisions," £4; "Surgery and dispensary," £1 10s. (an additional £60 was spent on surgical instruments this year); "Domestic and establishment," £2 10s.; "Salaries and wages," £7. I had thought that the shade of Mr. Rutherford was still over this building.

An Old People's Home is badly needed in this district. I understand the Board has recently purchased a suitable site.

GOVERNING BODY: THAMES HOSPITAL AND CHARITABLE AID BOARD.

Usual date of meeting: First Wednesday in each month, unless a public holiday or the first day of the month, when the second Wednesday.

Thames Hospital.

Stipendiary medical staff: W. B. Walshe, M.B., B.Ch.

Matron: M. Wilson.

Localities, broadly, from which patients came: Thames, 556; Waihi, 5; Waikato, 9; Coromandel, 1; Auckland, 2; Bay of Plenty, 1; Christchurch, 1; North Auckland, 1.

Visited 7th March, 1911.

There were 45 patients—25 males and 20 females—9 being cases of typhoid.

The more I see of this little Hospital the better I am pleased. All seem to work cheerfully for the good of the institution, including the patients, the males helping with little odd jobs in the laundry and garden, and the females with needlework.

Last January Miss Stewart, who had been Matron twenty years, resigned her position. Her excellent services were fully recognized by the Thames people, and she carries into her retirement the best wishes of all. Miss Wilson has succeeded Miss Stewart.

The wards and grounds were, as usual, in excellent order. The recently erected shelters are quite models of their kind.

This Hospital still maintains its reputation as an efficient and economically managed institution.

District Home Charitable Institution, Thames.

Honorary medical staff: D. B. Walshe, M.B., B.Ch.

Master: R. Hay-Chapman.

Matron: Mrs. Mary Hay-Chapman.

Localities, broadly, from which patients came: Coromandel, 2; Waihi, 1; Waikato, 2; Thames, 50.

Visited 7th March, 1911.

It is high time that the district is provided with a better Home for its aged. The Board thoroughly recognize this. I found two of the inmates of this institution to be suffering from bed-sores, despite the assurance of the Master-manager to the contrary—another argument of the need for skilled nursing of the aged in these Homes.

GOVERNING BODY: WAIHI HOSPITAL AND CHARITABLE AID BOARD.

Usual date of meeting: Last Friday in each month.
Secretary: F. Bishop.

Waihi Hospital.

Stipendiary medical staff: Medical Superintendent—C. H. Robertson, F.R.C.S., M.B.; Anæsthetist—G. Craig, M.B., M.S.

Matron: Janet McGregor.

Localities, broadly, from which patients came: Waihi, 365; Thames, 227; Bay of Plenty, 25; Waikato, 18; Auckland, 3; Hawera, 1.

Visited 8th March.

There were 4 patients in Hospital, of whom 22 were females. On the occasion of my last visit I found the male wards overcrowded, and advised the Board to make additional accommodation. It would appear that extra accommodation will soon be needed for females.

The extension of the male ward had to all appearances been faithfully carried out, and, though not quite finished, is already occupied.

The Matron states that the central lavatory was a great convenience.

Owing to the overcrowded state of the female wards, they did not look so tidy as usual. They sadly need repainting and refurnishing. I have no doubt that the Board will put the matter in hand as soon as the stress is over.

Dr. Robertson has received nine months' leave for a much-needed holiday. During the absence the work will be carried on by Dr. Fraser-Hurst.

I was glad to find that an excellent understanding exists between the Board and the responsible officers of the institution.

There is a decrease of £28 15s. in the cost per bed. A great improvement is shown in the general management of this institution during the past three years.

This Hospital furnishes a classical instance of what can be done by a Board recognizing that they have good officers and letting them alone. The credit, therefore, is as much due to the Board as to the officers.

GOVERNING BODY: TARANAKI HOSPITAL AND CHARITABLE AID BOARD.

Usual date of meeting: Third Wednesday in month.
Secretary: Charles Maxwell Lepper.

New Plymouth Hospital.

Stipendiary medical staff: E. A. Walker, M.B., Mast. Surg.; D. S. Wylie, F.R.C.S.; H. B. Leatham, M.R.C.S.; G. Home, M.B., M.D.

Matron: Elizabeth Browne.

Localities, broadly, from which patients came: Inglewood Borough, 17; Stratford, 7; Hawera, 5; Wellington, 1; Taranaki, 105; Clifton County, 48; Egmont County, 59; Fitzroy, Town Board, 12; Waitara Borough, 43; New Plymouth Borough, 126.

Visited September and January.

There were 43 patients, 3 being in the consumptive annexe.

The place was, as usual, in good order.

The Board has wisely decided to erect a new Hospital on the site where the Old People's Home used to stand, the latter institution having been removed to a very suitable site a mile further from the town. On the section it is hoped enough milk, vegetables, &c., may be grown to provide the two institutions.

The Hawera and Stratford Boards have agreed to combine with the Taranaki Board to maintain part of the present Hospital building for the accommodation of chronic and incurable patients from the entire Taranaki District.

Patients' fees amounted to no less a sum than £2,665—£76 per occupied bed. The cost per bed has been reduced by £4, though the cost of provisions is higher by £2 10s. per bed. The cost has been reduced in other items, including, I am glad to note, £3 in "Surgery and dispensary."

New Plymouth Old People's Home.

Stipendiary medical staff: G. Home, M.B., M.D.

Matron: A. Bayly.

Localities, broadly, from which patients came: Hawera, Stratford, and New Plymouth.

Visited on 17th September, 1910, and 20th February, 1911.

Mrs. Bayly, a former Matron of the Hospital, is now in charge. There are one or two patients who are fit for a chronic ward, as they need attention at night.

There were 35 men in and 5 women. One of the troublesome patients had died lately, considerably lightening the work.

On the occasion of the second visit the work of removing the Home to the new site was in progress.

GOVERNING BODY: BULLER HOSPITAL AND CHARITABLE AID BOARD.

Usual date of meeting: Second Tuesday in month.
Secretary: Robert F. Mullan.

Westport Hospital.

Honorary medical staff: E. D. Dunn, L.R.C.P., L.F.P.S., L.S.A.
Stipendiary medical staff: Guy Hallwright, M.R.C.S., L.R.C.P.
Matron: E. Dunsford.

Localities, broadly, from which patients came: Westport and Buller County.

Visited on 9th and 10th March.

There were only 19 patients in; of these, 5 were women and 3 children. For the last few months the Hospital has not been very full, but before that there had been as many as 39 patients in.

The room used for the women patients is very unsuitable, and not capable of sufficient ventilation. It is proposed to give up the ward originally intended for two victims of the late coach accident to the women patients, and to have a new ward for male patients.

The stock of linen and bedding has been allowed to get very low, and there will be some expense in bringing it up again to a proper amount. A workroom and linen-room is needed.

The plaster is very badly cracked in the wards, especially on the ceilings, and the paint is peeling off the walls.

Miss MacMillan, the Matron, recently resigned, and Miss Dunsford was appointed in her place.

There is an increase of £2 in cost per occupied bed, due to increased expenditure on "Provisions" and "Salaries and wages."

Denniston Hospital.

Stipendiary medical staff: W. J. Cran, M.B., Ch.B.

Matron: L. E. Smith.

Localities, broadly, from which patients came: Denniston, Burnett's Face.

This cottage Hospital, intended for accidents in the mines, was opened last year. It is managed by a local committee, to a certain extent under the Buller Board.

The Hospital is used for more regular hospital work than was intended, and consequently the accommodation for the necessary staff is inadequate.

The Matron should have assistance from the base Hospital when serious cases are admitted.

The Hospital was visited on 9th March, 1911. There were 5 patients in—one a little girl who should have gone to the base hospital.

Old People's Home, Westport.

Stipendiary medical staff: G. Hallwright, M.R.C.S.

Master: A. Kearns.

Matron: E. V. Kearns.

Localities, broadly, from which patients came: Westport, 15; Buller County, 29.

There were 22 patients in—only one woman.

The Matron, Mrs. Kearns, keeps the place as well as can be expected.

The old buildings are still standing, and cause a lot of unnecessary work. These tumble-down buildings should be removed at once.

GOVERNING BODY: WAIRARAPA HOSPITAL AND CHARITABLE AID BOARD.

Usual date of meeting: Third Tuesday in each month.

Secretary: N. D. Bunting.

Masterton Hospital.

Honorary medical staff: P. R. Cook, M.B., Ch.B.; J. A. Cowie, M.B. and C.M., B.Sc.; N. H. Prior, M.B., Ch.B.

Stipendiary medical staff: Archer Hosking, M.B., Ch.M. Edin.

Matron: Maude G. Hayward.

Localities, broadly, from which patients came: Masterton Borough, 123; Masterton County, 65; Carterton Borough, 11; Wairarapa South County, 13; Blenheim, 6; Castlepoint County, 29; Mauriceville County, 29; Featherston, 17; Martinborough, 4; Greytown, 3; Wellington, 3; Cross Creek, 2; Eketahuna, 5; Sunday Island, 1; Gisborne, 1; Auckland, 1; Westport, 1; Napier, 1; Palmerston North, 2.

Visited 3rd April, 1911.

There were 25 patients in, 17 being male patients.

The wards were in excellent order, and a better discipline appears to reign.

Miss Hayward, late Matron of the Westport Hospital, was appointed in June last.

Now that the Board, owing to Mr. Buchanan's generosity, is enabled to erect a chronic and incurable ward at Greytown, where the chronics now in the Hospital could be sent, there will be no need to erect new wards at the Hospital for acute cases, as would otherwise have been the case.

There is a reduction in cost of not less than £34 per bed, the reduction being noticeable in every department.

South Wairarapa Hospital.

Honorary medical staff: D. G. Johnston, M.B., C.M.; W. Hosking, M.R.C.S.; H. E. Webb, M.B., C.M.; A. E. A. Palmer, M.B., C.M.; R. M. Gunn, M.D.

Stipendiary medical staff: William Bey, M.B., C.M.

Matron: Florence Jean Derry.

Localities, broadly, from which patients came: Martinborough, 18; Featherston County, 17; Carterton, 14; Featherston, 12; Greytown, 12; Wairarapa County, 3; Masterton, 2.

Visited 15th December, 1910.

There were 5 patients in hospital, all males.

As the new ward for male patients was in course of erection, the Hospital was naturally in a state of confusion.

Owing to the generosity of Mr. Buchanan, M.P., an incurable ward is also to be erected for 20 patients—four beds to be reserved for incurable cases of consumption. The Wairarapa Board had recognized the necessity for providing suitable accommodation for the incurables of the district, and this gift is therefore a most opportune one.

There is a considerable reduction in the cost per bed.

Pahiatua Hospital.

Honorary medical staff: P. H. Mules, M.B., F.R.C.S. Edin.; G. F. Chadwick, L.R.C.S., L.R.C.P.; J. P. S. Jamieson, M.B., Ch.B.

Stipendiary medical staff: H. T. Dawson, M.B. Aberd., 1892.

Matron: E. M. Davis.

Localities, broadly, from which patients came: Pahiatua, 79; Woodville, 14; Eketahuna, 18; Akitio, 8; Palmerston North, 1; Masterton, 1.

Visited 17th July, 1911.

There were 9 patients in—5 male and 4 female.

A portion of the hall next to the operating-theatre has been enclosed and made into an office for the doctor, in which he can see applicants for admission and transact any business. Hitherto the sitting-room for the staff was used by the doctor.

Everything was in very good order. The back yard and work-sheds are especially well kept.

There is an increase in the cost per bed, especially in "Provisions and salaries."

Renall Solway Home.

Matron: A. Johns.

Localities, broadly, from which patients came: Wairarapa district, 9; Wanganui, 1; Wellington, 1; Makuri, 2; Eketahuna, 1.

There were 8 old men in, and another was expected that night. The new part of the building was not occupied, with the exception of one room.

There had been a death the previous week—a man who should have been removed to the Hospital, it being too much to expect the one woman to work both night and day.

The old men all looked very comfortable, sitting round a good fire and waiting for their tea. They are very well cared for by the Matron.

GOVERNING BODY: WAIPAWA HOSPITAL AND CHARITABLE AID BOARD.

Usual date of meeting: Second Thursday in month, alternating in Waipukurau and Dannevirke.

Secretary: G. B. Ashley.

Waipawa Hospital.

Stipendiary medical staff: S. C. Godfray, M.B. Edin.

Matron: M. E. Carston.

Localities, broadly, from which patients came: Dannevirke County, 54; Dannevirke Borough, 9; Waipawa County, 37; Waipawa Borough, 20; Waipukurau County, 15; Waipukurau Town, 33; Patangata County, 46; Hawke's Bay County, 25; no address, 24; sundry places, 15.

Visited 14th July.

Though there were fifty beds, only twenty-four were occupied, the influence of the Dannevirke Hospital being now more appreciable. At least three of the cases were more fitted for an Old People's Home. There was quite a number of patients from outside hospital districts.

The operating-room and the male wards—medical and surgical—badly need repairing, the cement in the operating-room and the plaster in the wards being much cracked.

The isolation ward, being only 30 ft. from the male medical ward, cannot be used for infectious cases. Moreover, dry-rot has set in in this building, and it would be poor economy to have it renovated.

A male isolation ward for some four beds should be erected to the north-east of the main building.

The wards, except for the repairs needed, were in good order.

It is a pity that the Hospital could not be used as a training-school for nurses. Miss Carston, the Matron, is eminently suited to train nurses and instil them with the proper spirit of their profession.

It is to be hoped that in the course of the year Dr. Godfray will be able to undertake the necessary lectures, and thus add to the usefulness of this excellently managed institution.

The cost of this Hospital has been reduced by £4 per bed, but the item "Provisions" is still high. The cost in "Salaries and wages" is relatively high, owing to the entire nursing staff being composed of qualified nurses.

Dannevirke Hospital.

Honorary medical staff: Thomas Macallan, M.B., C.M. Aberdeen; W. H. Dawson, M.B., C.M., D.P.H., F.R.C.S. Edin.

Matron: G. Hopper.

Localities, broadly, from which patients came: Dannevirke Borough, 127; Dannevirke County, 87; Auckland, 1; Wellington, 2; Weber, 13; Patangata, 2; Levin, 1; Hawera, 1; Taranaki, 1; Palmerston North, 3; Taumarunui, 1; Hunterville, 1; Christchurch, 1; Woodville, 4.

Visited 13th July.

There were 26 patients in hospital.

I arrived at dinner-time, and for about a quarter of an hour had the wards to myself and the patients. The cases under treatment were not, as may easily be imagined, very ill.

There were 2 tubercular patients on the verandah, 1 of whom had been in the Hospital for over a year, and another for ten months.

The wards were in excellent order, and it is evident that the economics of the institution are carefully considered.

The need for an infectious ward in connection with this Hospital had recently been impressed on the Hospital Board.

This is one of the most efficiently managed of our smaller hospitals. That the Matron has made a study of hospital economics is shown in the returns.

GOVERNING BODY: WAIRAU HOSPITAL AND CHARITABLE AID BOARD.

Usual date of meeting: Second Thursday in each month.

Wairau Hospital.

Stipendiary medical staff: James Freeborn Bennett, M.B., Ch.B.; David Mathewson Nairn, L.R.C.P.

Matron: W. S. Fulton.

Localities, broadly, from which patients came: Marlborough, 270; Picton, 26; Takaka, 1; Wellington, 1; Wanganui, 1; Christchurch, 1; Nelson, 1; Kaikoura, 1; Greymouth, 1; Sydney, 1.

Visited 11th October, 1910.

There were 20 patients in hospital. One, a case of chronic arthritis, had been in over 200 days.

Considering the Hospital is an old one, the wards were in good order; but the sanitary annexes are very much out of date, and unless the erection of a new Hospital is undertaken, these lavatories should be thoroughly renovated and provided with modern appliances.

The unsatisfactory nature of the sanitary arrangements of this Hospital have been referred to in former reports, and is thoroughly recognized by the Board.

On referring to the high cost of provisions per bed, I found that no diet scale was kept, and therefore that provisions were not ordered according to the number of patients in hospital.

It would be greatly to the advantage of all concerned if proper case-books were kept, as at present, besides the admittance, consultation, and operation books, there are no records to show the course of illness of a patient under treatment. Lack of such records are often a source of embarrassment to the Board and staff in case of complaints by patients.

A proper drying-room is badly needed.

After my inspection I met the Chairman and some members of the Board, and strongly advised them, instead of building an Old People's Home as is contemplated, to build a new Hospital adjoining the present site more in conformity with the needs of a prosperous district.

I also took occasion to point out the need for careful inquiries into the high cost per bed in provisions, and drugs and dressings.

The cost was reduced by £13 per bed, economy having been shown in "Provisions," reduced by £7 per bed, and "Salaries and wages," by £9 per bed. There was an increase of £3 in "Domestic and establishment."

GOVERNING BODY: WALLACE AND FIORD HOSPITAL AND CHARITABLE AID BOARD.

Usual date of meeting: Thursday preceding third Friday of each month.

Secretary: George O. Cassels.

Wallace and Fiord Hospital.

Stipendiary medical staff: W. G. Trotter, M.D. and C.M. Edin.

Matron: Charlotte Bird.

Localities, broadly, from which patients came: Wallace County, 140; Riverton Borough, 35; Otautau Town District, 25; Southland County, 9; Invercargill, 3; Otago, 9; Bluff, 1; Dunedin, 1.

Visited 28th January, 1911.

There were 14 patients, 3 of whom were better fitted for an Old People's Home than a hospital.

A new operating-theatre was in course of erection, and the Board had also decided to build a new laundry, which is badly needed.

The wards, garden, and grounds were in excellent order—in fact, this is an ideal country hospital.

There is no sign of friction, and the Board realizes that in Dr. Trotter and the Matron, Miss Bird, it has careful and painstaking officers.

A most economically administered Hospital, the cost per bed being only £99.

GOVERNING BODY: HAWERA HOSPITAL AND CHARITABLE AID BOARD.

Usual date of meeting: Third Monday each month.

Secretary: C. E. Parrington.

Hawera Hospital.

Stipendiary medical staff: William M. Thomson, M.A., M.B., B.Ch.
Matron: G. Clapcott.
Localities, broadly, from which patients came: Hawera, 166; Manaia, 35; Kaponga, 22; Eltham, 42.

I visited the Hawera Hospital on 16th September, 1910.

There were 10 men and 6 women in, including a patient in the fever ward.

A staff of nine seems large for this Hospital, as the number of patients rarely reaches more than 15 or 16.

The patient in the fever ward was sent down from Stratford. They had lately refused to take a fever case from there unless a nurse was provided, as the Hospital was at that time full, and one or two nurses off duty with influenza.

Largely owing to the energies of Mr. Nolan, the Chairman, the cost of this Hospital, on which I had to comment last year, has been reduced by £40 per bed. "Provisions" was reduced by £12 per bed.

GOVERNING BODY: ASHBURTON HOSPITAL AND CHARITABLE AID BOARD.

Usual date of meeting: First Monday in each month.
Secretary: Arthur Clarke.

Ashburton Hospital.

Stipendiary medical staff: H. Hunter, M.B., B.Ch.; G. Lyon, M.B., C.M.
Localities, broadly, from which patients came: Ashburton, 69; Rakaia, 15; Hampstead, 7; Allerston, 6; Tinwald, 10; Tuarangi Home, 21; Fairton, 8; Longbeach, 14; Methven, 32; Mount Somers, 15; Coldstream, 8; Lismore, 18; Hororata, 1; Christchurch, 3; Wellington, 1; Ohingaiti, 1; Timaru, 1; Chertsey, 6; Amberley, 1; Palmerston North, 1; swaggers (no address), 11.

I visited this Hospital on the 25th March.

There were 12 patients—10 in the male wards, and 1 woman, and a child who had been operated upon for hydatids. The children's ward was empty.

The Hospital was in good order.

The cost per bed of this little Hospital has increased, but I think this can be accounted for by the fact that the late Matron, who had ever exhibited great care in the management of the institution, was ill for a long period before her decease. Miss Griffiths's death is a distinct loss to the Hospital service.

GOVERNING BODY: MARSDEN-KAIPARA HOSPITAL AND CHARITABLE AID BOARD.

Usual date of meeting: Second Saturday in each month.
Secretary: C. McKinnon.

Whangarei Hospital.

Stipendiary medical staff: F. D. S. Mackenzie, M.B., M.S., F.R.C.S.
Acting Matron: S. M. Kerr.
Localities, broadly, from which patients came: Whangarei County, 125; Whangarei, 25; Otamatea, 1; Bay of Islands, 23; Auckland, 2.

Visited 16th March, 1911.

There were 14 patients in hospital, of whom 10 were males. As usual, a large proportion of these patients were more fitted for a chronic ward or Old People's Home.

Considerable alterations have been agreed to. A new operating-room is to be built, and the male ward extended, and other minor improvements.

On the whole, the institution was in good order, despite the fact that the Matron had just resigned, and there had been a little trouble with the nursing staff.

The infectious-diseases ward should be equipped and connected with the drainage forthwith, especially as the building will have to be used when the extensions at the main building are being carried out.

The reduction in the cost per bed of this institution is to some extent accounted for by the fact that there was an average of 3 more patients under daily treatment.

Northern Wairoa Hospital.

Stipendiary medical staff: D. H. Young, M.B., M.S.
Matron: K. L. Turnbull.
Localities, broadly, from which patients came: Hobson, 111; Dargaville, 23; Otamatea, 10; Christchurch, 1; Auckland, 1; Kawakawa, 1; shipping, 2.

Visited 21st March, 1911.

There were 7 patients in hospital—4 women and 3 males.

The wards were not looking tidy, and the charge nurse's bedroom was most untidy, though the time of my visit was about 12, due, the Matron said, to the understaffing of the Hospital, the nursing staff consisting of a Matron, a charge nurse, and two probationers, a cook, a housemaid, and a porter. On occasions the number under treatment at one time has been as large as 17.

There have been, as usual, considerable troubles in the Hospital, and in October last the nursing staff resigned. A radical alteration is needed here.

Dr. Hastings Young is now in charge, and is assisted by Dr. Horton as honorary anæsthetist. It is difficult to see how this scheme will work, as Dr. Horton, or for that matter any medical officer, can hardly be expected to make a journey of eight miles and give an anæsthetic without fee.

Better arrangements should be made to ensure prompt attendance at operations, and a fee should be given for the services rendered.

Except in the item "Provisions," which is still high, there has been an increase in the expenditure in every department, though the average number of occupied beds was the same as the previous year.

Whangarei Old People's Home.

Stipendiary medical staff: F. D. S. Mackenzie, M.B., M.S., F.R.C.S.
Master: James Harker.
Matron: Mrs. Harker.
Localities, broadly, from which patients came: Whangarei, 25; Hobson, 8; Otamatea, 4; Mangonui, 6; Bay of Islands, 5; Whangaroa, 1; Hokianga, 1.
Visited 16th March, 1911.
This place was in good order.

GOVERNING BODY: STRATFORD HOSPITAL AND CHARITABLE AID BOARD.

Usual date of meeting: First Tuesday in each month.
Secretary: J. H. Penn.

Stratford Hospital.

Stipendiary medical staff: David Steven, M.B., B.Ch., N.Z.
Matron: Meta O'Brien.
Localities, broadly, from which patients came: Stratford County, 43; Stratford Borough, 52; Whangamomona County, 48; elsewhere, 5.
Visited the Stratford Hospital on 16th September, 1910.
There were 7 patients, all males.
Miss O'Brien seems a capable manager, and prefers to do with a staff of three probationers and one nurse with three years' experience, but unregistered.
I inquired about the outdoor work of the nurses. They only go to cases when a nurse is not to be got, and go to help at an operation and remain for the day, but are not allowed to remain for the night. The staff is not large enough to spare them. Sterilized dressings and other necessaries are supplied from the Hospital at a certain charge, and the nurses' time is also charged for.
The Hospital is well kept, and the grounds are also very neat. Some fowls are kept, and it has not been necessary to buy eggs.
No dispensing is done, and the charge for medicines is now 2d. an ounce; it used to be 3d.
A considerable reduction in cost per bed has been effected during the year.

GOVERNING BODY: PATEA HOSPITAL AND CHARITABLE AID BOARD.

Usual date of meeting: First Monday or Tuesday.
Secretary: E. C. Horner.

Patea Hospital.

Honorary medical staff: A. G. Harvey, M.D.
Stipendiary medical staff: W. T. Simmons, M.B., Ch.B.
Matron: L. Scolan.
Localities, broadly, from which patients came: Hawera County, 10; Patea County, 69; outside, 4; borough, 49.
I visited the Patea Hospital on the evening of the 15th September, 1910.
There were 9 patients in—3 men and 6 women; also one Maori in the private ward. The Hospital had been fairly full.
Miss Scolan, who had been here as Matron in the old Hospital, had been reappointed.
There are no proper clothes-stores for the patients' clothes.
The verandahs are wide and open, and the patients can easily be taken out.
The little theatre is very convenient, and fairly well equipped. The wards are each provided with a convenient ward kitchen.
The old Hospital has been converted into quite a comfortable Home.
There is a £20 reduction in the cost per bed of this Hospital. Though the cost per bed is still high, there is a very noticeable reduction in "Surgery and dispensary," concerning which I have remarked on so strongly in previous reports.

GOVERNING BODY: PICTON HOSPITAL AND CHARITABLE AID BOARD.

Usual date of meeting: First Wednesday in each month.
Secretary: J. Blizzard.

Picton Hospital.

Stipendiary medical staff: W. E. Redman, M.R.C.S. England; Ada Paterson, M.B., Ch.B.
Matron: Florence Scott.
Localities, broadly, from which patients came: South Africa, 1; Glasgow, 2 (shipping); Wellington, 7; Auckland, 1; Seddon, 1; Blenheim, 4; Kaikoura, 1; Sounds, 51; Picton district, 123.

Visited 12th October, 1910. Attended meeting of Board on 10th October.

There were 12 patients in hospital—4 men and 8 women. None of these were serious cases—in fact, it was evident that some of the patients were in for a "rest cure."

The wards and grounds were in excellent order.

The Board has decided to erect an isolation ward for eight patients, at a cost of some £650.

A District Nurse is on the staff of this Hospital, who attends maternity cases and carries out the general duties of a District Nurse. Her services are much appreciated by the settlers throughout the Sounds.

It was evident that the bread (4 lb. loaf) was not weighed, as the weights available only amounted to 3 lb. 14 oz. I was not surprised therefore to find that the 4 lb. loaf was some 2 oz. short in weight. It is not the practice to lock the storeroom.

There is an increase of £38 in the cost per bed.

Havelock Cottage Hospital.

Stipendiary medical staff: R. B. Williams, M.R.C.S., L.R.C.P.

Localities, broadly, from which patients came: Carlake, 9; Havelock, 4; Havelock suburban, 1; Canvastown, 8; Pelorus Sound, 13; Blenheim, 2.

GOVERNING BODY: VINCENT HOSPITAL AND CHARITABLE AID BOARD.

Usual date of meeting: Second Monday of calendar month.

Secretary: Sydney A. Stevens.

Dunstan Hospital.

Honorary medical staff: George Alexander Morris, B.M., Mast. Surg.

Stipendiary medical staff: John Galbraith Hyde, M.B., L.R.C.P. and S. Edin.

Matron: F. D. Lee.

Localities, broadly, from which patients came: Vincent County, 32; Borough of Alexandra, 8; Dunedin, 2; Taieri, 1; Arrow, 1.

Visited 13th February, 1911.

There were 7 patients—all males. Of this number, 3 were true hospital cases.

Considering the small staff—a Nurse-matron, a cook, and a wardsman—the Hospital was in good order; but I think the Matron should be provided with a competent woman as her assistant, in which case the wardsman could devote more time to the garden, which is somewhat neglected.

Considering the age of this Hospital, it has been exceedingly well planned, which is more than can be said for the majority of hospitals, even those of comparatively recent date.

The cost per bed for maintenance of this Hospital is practically the same as last year, the decrease of £7 in "Domestic and establishment" being balanced by an increase of £8 in "Salaries and wages."

Cromwell Hospital.

Honorary medical staff: John G. Hyde, M.B., L.R.C.P.S.

Stipendiary medical staff: George A. Morris, M.B., C.M.

Matron: Annie Elliott.

Localities, broadly, from which patients came: Lowburn, 5; Nevis, 2; Bannockburn, 21; Timaru Station, 1; Gibbston, 3; Tarras, 7; Cromwell, 10; Pembroke, 2; Queensland, 3; Luggate, 1; Bendigo, 1; Pisa Station, 2; Queenstown, 1.

Visited 12th February, 1911.

There were 6 patients—3 males and 2 females. Of this number, 3 were proper hospital cases, the remainder being more suitable for accommodation in an Old People's Home.

A great change is noticeable in this Hospital since a registered nurse has been put in charge.

I wrote to the local committee suggesting that the room now used for a linen-room might be conveniently converted into a small operating-room; that the detached infectious-diseases ward might be converted into a maternity ward, for which some £400 has been set apart. Such a ward would be a great boon to the district. The present Matron (Miss Elliott) is also a trained midwife.

In place of the wardman to help the Matron with the male patients, a competent woman should be appointed, the institution not being large enough to justify its being used as a training-school for probationer nurses.

The local committee and all concerned look after the little Hospital very well.

There is a considerable decrease in cost per bed in every item.

GOVERNING BODY: MANIOTOTO HOSPITAL AND CHARITABLE AID BOARD.

Usual date of meeting: Last Tuesday in month.

Secretary: J. W. Reed.

Naseby Hospital.

Stipendiary medical staff: C. O. Lillie, M.B., M.R.C.S.

Matron: Jessie Diack.

Localities, broadly, from which patients came: Maniototo County, 56; Naseby Borough, 6; Dunedin, 1.

Visited by Dr. Finch in January.

The Hospital was in good order.

There is a decrease in cost per bed, notably in "Provisions" and "Surgery and dispensary."

GOVERNING BODY: COROMANDEL HOSPITAL AND CHARITABLE AID BOARD.

Usual date of meeting: Third Monday in each month.
Secretary: Richard Simmonds.

Coromandel Hospital.

Honorary medical staff: James J. Eade, M.B.
Stipendiary medical staff: John Craig, L.R.C.S., L.R.C.P.
Matron: Mary Eleanor Graham.
Localities, broadly, from which patients came: Coromandel County, 82; Otahuhu, 1; Karangahake, 1.
Visited on 1st July, 1910.
There were 8 patients in the Hospital—all male, and 4 were children.
Miss Street, a former Matron, was in charge temporarily during the absence of Miss Graham, owing to the illness and death of her mother. Miss Graham resumed her charge on 2nd July, after four months' leave of absence.
Dr. Smith had left, and was much regretted in the district. A locum tenens was in charge pending the arrival of the newly appointed Medical Superintendent.
The little Hospital was in good order. It is much appreciated by the residents, who do their best to keep it up, but the Board can only just meet the necessary expenses. Mr. James, the new Chairman of the Board, said the question of building a residence for the doctor on a small section of land which had been given was under consideration. It is difficult to get a suitable house without building.
There is a reduction in the cost per bed, notably in "Surgery and dispensary" and "Domestic establishment."

GOVERNING BODY: BAY OF ISLANDS HOSPITAL AND CHARITABLE AID BOARD.

Usual date of meeting: Quarterly.
Secretary: H. C. Blundell.

Mangonui Hospital.

Stipendiary medical staff: Walter D. Perry, M.R.C.S. Eng., L.R.C.P. Lond.
Matron: Edith Clark.
Locality, broadly, from which patients came: Mangonui County, 45.
Visited 18th March, 1911.
One patient in hospital—a chronic case.
The place was in excellent order, and in some ways it seems a pity that this institution is not made more use of. Its use to the district would be greatly enhanced if maternity cases were admitted; and from conversation with the Matron, who is very keen on the subject, I find that this could be arranged without adding any rooms.
Miss Clark is doing good work here, and is a valuable servant to the Board. It has since my visit been arranged that she be given free midwifery training in St. Helens Hospital, Christchurch, her place being filled for six months by a general and midwifery trained nurse, so that the admission of maternity cases can be at once initiated. The Hospital will also afford an opportunity of training midwives.
There is a decrease in cost per bed, especially noticeable in "Provisions" and "Salaries and wages." There is a considerable increase in "Surgery and dispensary" and "Domestic and establishment."

Rawene Hospital.

Matron: Helen B. Lones.
Localities, broadly, from which patients came: Hokianga County, 22; Bay of Islands, 4; England, 1.
Visited 19th March, 1911.
There was 1 patient in hospital (a consumptive), two years from England.
As is the case with Mangonui, I think that this Hospital should be used for the reception of maternity cases, and as a training-school for midwives. In case extra room should be needed, the Matron's room could be converted into a maternity ward, and the bedroom adjoining used for the nurses on duty.
A nurses' cottage could be erected if need be, but I very much doubt if this will be required for some time.
There is a reduction in the cost per bed.

GOVERNING BODY: WAIAPU HOSPITAL AND CHARITABLE AID BOARD.

Usual date of meeting: Fourth Monday in each month.
Secretary: A. L. Temple.

Waiapu Hospital.

Stipendiary medical staff: C. S. Davis, M.D., D.P.H., M.R.C.S.
Matron: E. M. Shillington.
Locality, broadly, from which patients came: Waiapu District.
I visited the Waiapu Hospital on 21st October.
There were 3 patients in—one man with a septic leg caused by a neglected fracture, and 2 women, 1 with a fractured arm and one with tonsilitis.
The little Hospital is kept in very good order.

There is no operating-theatre, but the amount of surgical work done does not appear to call for any outlay at present in this direction.

This Hospital is relatively a very expensive luxury for the district.

A small maternity annexe is to be erected at the Hospital to accommodate two or three patients and a nurse. The nurse is also to undertake district work for the Board, and, as a large number of working-men's families are now settled at Tokomaru in connection with the freezing-works, there should be sufficient of such work to keep her employed. An outbreak of typhoid fever, for which temporary accommodation had to be provided at the Hospital, has, however, delayed the outside work.

GOVERNING BODY: WAITAKI HOSPITAL AND CHARITABLE AID BOARD.

Usual date of meeting: First Tuesday in each month.
Secretary: Walter Gibb.

North Otago Charitable Institution, Oamaru.

Stipendiary medical staff: A. Garland, M.R.C.S.
Matron: Margaret Dormer.
Localities, broadly, from which patients came: Waitaki County, 46; Oamaru, 16; Otago, 5; South Canterbury, 5; Hampden, 1; no home, 7.

GOVERNING BODY: GREY HOSPITAL AND CHARITABLE AID BOARD.

Usual date of meeting: Second Wednesday in month.
Secretary: Michael Phillips.

Grey River Hospital.

Honorary medical staff: James W. McBrearty, F.R.C.S., L.R.C.S., Edin.; James McBrearty, L.F.P.S., G.L.M.; William McKay, M.D., F.R.C.S.
Stipendiary medical staff: Charles G. Morice, M.D., F.R.C.S. Eng.
Matron: Susan Kitto.
Localities, broadly, from which patients came: Grey County, 227; Greymouth Borough, 147; Brunner Borough, 30; outside districts, 28.
Visited the Grey River Hospital on 21st March, 1911.

The women's ward was closed temporarily, on account of one Sister being away, and the women (five in number) were in the various side wards, but the ward was to be reopened immediately.

The Hospital was clean and in good order. A wooden sink in one ward kitchen smells rather badly, and should be replaced by an enamel one. The cement floor of the theatre is very cracked, and might be covered with arkalite or something of the kind.

The old people in the Home seemed well cared-for and content. There were four in bed. There were only two women, who were quite comfortable in their large room, where one who has been in for years does all the work of the ward.

The dormitories here, though old, are kept clean, and are well ventilated—a great contrast to the quarters at Kumara.

There were 33 old men.

Since my last visit the laundry-work has been resumed at the Hospital. There was great destruction of linen and clothing when done outside. A separate drying-room is wanted rather badly.

Dr. Morice resumed charge of the Hospital in April, 1910.

The Matron resigned recently, and Miss Kitto, sub-matron at Christchurch Hospital, was appointed.

There is a considerable decrease in the cost per bed.

GOVERNING BODY: WESTLAND HOSPITAL AND CHARITABLE AID BOARD.

Usual date of meeting: First Wednesday in each month.
Secretary: John Peake, jun.

Westland Hospital.

Stipendiary medical staff: E. Teichelmann, F.R.C.S. Eng.
Matron: M. R. Little.
Localities, broadly, from which patients came: Westland County, 143; Hokitika, 43; Greymouth, 5; Nelson, 1; Inangahua, 1; Westport, 1; Canterbury, 1.
I visited Hokitika Hospital on Sunday, 12th March, with Dr. Teichelmann.

There were 24 patients in, 8 of these being in the women's ward (2 children), and 16 in the male ward. During the year the male ward has been very full, as many as 18 patients at a time.

The old male ward, in which some of the old men are accommodated, has frequently to accommodate convalescent hospital patients. A new ward for male patients seems to be required. Dr. Teichelmann said that there had been cases of erysipelas in the old male ward quite unaccountable for except from the old wooden building.

The theatre is not yet in use. The floor of cement is to be covered with some preparation—uralite or arkalite.

The two basins in the theatre discharge direct into an open drain outside, but from the floor itself there is only a very shallow gutter, with two small openings for the water to escape, and these are partly blocked by the pipes connected with the basins.

The Hospital was in good order. Miss Little, the Matron, was just leaving for her annual holiday.

There has been a slight decrease in the cost per bed, the large increase in "Domestic and establishment" being counterbalanced by a decrease in the other items of expenditure.

Kumara Hospital.

Stipendiary medical staff: George Phillips, M.R.C.S. Eng., L.R.C.P. Lond.

Matron: Ida Kilgour.

Localities, broadly, from which patients came: Kumara Borough, 65; Grey Borough, 12; Hokitika Borough, 2; Ross Borough, 1; Westland County, 53; Grey County, 13.

Visited on the evening of 20th March.

There were 11 male cases in the Hospital and 3 women: these were mostly chronic cases. In the surgical ward there were 4 cases—3 accidents from Otira—one severely crushed, ribs broken, and lung injured, and a boy—a bone case. Of the women, 2 were surgical cases. These are all in the Plunket Ward—a good ward with an open verandah.

The corridor, off which are the two modern wards and dispensary, is quite wide and imposing.

It is proposed to renovate the old condemned ward, and use it as a dining-room for the old-men inmates, who at present have their meals in the kitchen. The kitchen has been painted. A new laundry has been built, and a storeroom, which is not yet in use.

The hospital part was all in very fair order, but I cannot say as much for the old men's quarters. The floors especially looked very dirty, and had not been properly scrubbed.

The majority of the old men were in bed, and I found every window tightly closed and the atmosphere quite stuffy.

The Matron is shortly leaving. Dr. Phillips has been in charge about six months.

There has been a decrease in the cost per bed.

Ross Hospital.

Stipendiary medical staff: T. Gordon Short, M.B., Ch.B.

Matron: Ada C. Phillips.

Localities, broadly, from which patients came: Ross, 18; South Westland, 12.

Visited on Sunday, 12th March.

The old building is in course of removal, and the new part not yet commenced. The inmates are partly accommodated in the dining-room, and two or three in a cottage near. There are no women in at present—9 men. Two of these are hospital patients, one being an accident case—injuries from an explosion of dynamite—sent from Waiho by Dr. Cairns; the other a pneumonia.

The quarters for the Master and Matron are very much improved, and quite comfortable.

A Mr. and Mrs. Phillips are now in charge, who were there some years ago.

The new building should be ready in three months.

Dr. Short, late of Christchurch, is now in charge.

There has been a considerable decrease in the cost per bed.

Otira Cottage Hospital.

This emergency Cottage Hospital was in course of erection and nearly completed when visited during the tour of inspection of the West Coast hospitals in March. It has since been opened, and is proving very useful.

Reefton Hospital.

Matron: J. Barry.

Localities, broadly, from which patients came: Reefton, 67; Globe Mine, 26; Cronadon and Capleston, 11; Waiutu, 10; Crushington, 8; Inangahua Junction, 5; Ikamatua, 4; Blackwater, 3; Big River, 3; Antonio's Flat, 2; Lyell, 2; Grey, 2; Westport, 2; Christchurch, 1.

Visited Reefton Hospital on 22nd March.

There were 5 men in the surgical ward and 7 in the medical. There were 6 men sleeping on the verandahs. There were 5 women and a baby in the female ward. The women were all chronic cases.

The old men's ward was full—10 inmates. It was, as usual, clean and well kept, and the old men well looked after.

The additions have been completed, and are a very great improvement to the comfort and appearance of the hospital. It is a pity that the verandah and balcony had not been continued for the short part round the entrance of the administrative and nurses' quarters.

The kitchen is a very great improvement, being a bright, airy room. There is a small room near for the maids to have meals and sit. A better place for keeping milk is needed, as the little storeroom is hot.

There is a very slight decrease in the cost per bed.

SEPARATE INSTITUTIONS.

Oamaru Hospital.

Governing body: Oamaru Hospital Trustees.

Usual date of meeting: Third Tuesday in each month.

Secretary: Walter Gibb.

Honorary medical staff: K. McAdam, M.B.; A. Douglas, M.B.; James Whitton, M.D.; R. G. S. Orbell, M.D.
Stipendiary medical staff: A. Garland, M.R.C.S.
Matron: A. G. Keddie.
Localities, broadly, from which patients came: Waitaki, 124; Oamaru, 113; Hampden, 5; shipping, 5; South Canterbury, 2; Otago, 3; not stated, 11.
Visited 28th March.
There were 12 patients.
The Hospital was in excellent order.
Since my last visit new beds have been provided in the male ward, and it is to be hoped that the Trustees will shortly provide similar beds for the female ward.
New ward lockers are badly needed. Modern lavatory apparatus should be provided for both the male and female wards. I believe the Trustees will put these matters in hand as soon as possible.
The cost of this excellently managed little Hospital is only £85 per bed The Matron, Miss Keddie, is much to be commended for the pains she has taken to reduce the cost in the various departments without affecting the efficiency of the institution.

Mercury Bay Hospital.

Governing body: Mercury Bay Hospital Trustees.
Usual date of meeting: Second Saturday each month.
Secretary: S. Edmonds.
Stipendiary medical staff: John Craig, F.R.C.S. Ireland; J. J. Eade, M.B., Bach. Surg.
Matron: J. M. Hay.
Localities, broadly, from which patients came: Whitianga, 37; Kuaotunu, 11; Gumtown, 19; Tavina, 20; Whenuakite, 6; Auckland, 1; Tauranga, 1; Tauangi, 1.
There is an increase in the cost per bed. The cost per bed in "Provisions" is too high for a hospital of this class, though it is a little less than last year.

Wellington Institute for the Relief of the Aged and Needy.

Governing body: Trustees, nine in number.
Usual date of meeting: Second Thursday in every month.
Secretary: C. P. Powles.
Master: P. Mackenzie.
Matron: Euphemia Mackay.
Visited on 2nd May.
There were 18 women and 23 men on the books; 1 woman and 2 men were in the Hospital.
The old people are exceedingly comfortable at this Home.
Miss Mackay, lately at the Ohiro Home, assists Mr. Mackenzie in taking charge.
The Home was, as usual, in excellent order. Some new lavatories had been added in the female side, which are a great improvement.

Wellington Convalescent Home.

Governing body: Seven Trustees.
Usual date of meeting: First Wednesday in each month.
Secretary: Miss Nathan.
Matron: Miss Oakley.
Locality, broadly, from which patients came: Wellington Hospital.
Visited on 15th May.
There were 7 patients in—6 men from the general Hospital, and 1 woman sent in from outside.
This comfortable, homely place was, as usual, in very good order.

Hawke's Bay Children's Home.

Governing body: Nine Trustees, assisted by Ladies' Committee of Management.
Usual date of meeting: Committee meets first Monday each month; meeting of Trustees monthly.
Secretary of Trustees: J. Wilson Craig.
Secretary Ladies' Committee: H. C. Davenport.
Honorary Medical Staff: T. C. Moore, M.D.
Matrons: Mrs. Macgregor and Miss Pollock.
Localities, broadly, from which patients came: Weber, 3; Clive, 2; Dannevirke, 7; Hastings, 13; Waipawa, 1; Napier, 24.
Visited 21st October, 1910.
There were in the Boys' Home 9 children; Miss Pollock in charge. There was a great improvement here since my last visit. A new cottage has been taken for sleeping-accommodation, and the place is not now crowded. Being a holiday, the boys were home from school. They looked well. There is not much room for them to play about here, but a new Home is shortly to be built, probably near the Girls' Home.
The new Girls' Home is a fine institution. It is built on the side of the hill, and has three stories. A good fire-escape is provided. There are airy domitories and plenty of lavatory and bathroom accommodation, a fine recreation-room and dining-room, and good kitchen and store-room. The Home gets plenty of fresh air and sunshine, and is a tremendous improvement on the old place. There were 36 girls in. Most of them go to school, but 5 manage the work, with a staff assistant to teach them cooking and housework. Mrs. Macgregor is still in charge.

Jubilee Institute for the Blind, Auckland.

Governing body: Board of nine Trustees.
Usual date of meeting: Second and fourth Wednesday in each month.
Secretary: R. L. Hunt.
Honorary medical staff: A. Marsack, L.R.C.S., L.R.C.P.; A. C. Purchas, M.R.C.S.
Principal: Charles H. Frayling.
Matron: Kate S. Minchin.
Localities, broadly, from which patients came: Various parts of the Dominion.

CHARITABLE INSTITUTIONS CONTROLLED BY PRIVATE BODIES.

Children's Home or Creche, Gisborne.

Visited on 18th November.
There were 16 children in.
There seems to be a capable woman in charge, Mrs. Stephenson. She is assisted by her daughter, and a young girl to cook.
The place is small for so many children, and there is not much scope for improvement. It was clean, and the children looked well and happy. The older ones go to school.

St. Andrew's Orphanage, Napier.

Visited on 7th March.
There were 13 children in.
Miss Martin, from the Children's Home at Karori, is now in charge.
The new Home is nearly ready, and is in a good piece of ground, which should be a great improvement.
The place was clean, but too crowded, and there is no playground. The children were just returning from school, and looked well and happy.

Nazareth Home, Christchurch.

Visited on 8th August.
The new building is completed, and is a huge place. The kitchen and offices are sufficient for a great many more than are now here. The corridors and halls are all spacious and lofty; the dormitories also are lofty. The bathrooms and lavatories are immense. There is much waste space. The floors of these are all tiled, and the walls are of Keen's cement.
The place cost £30,000. It stands in large grounds bordering on the Sydenham Park.
In the main building there are 87 children, the majority being girls. There are only 20 boys. There are 26 old women, quite apart from these children, and there are 27 men, who live in a house on the grounds.
The dormitories are beautifully clean and airy. The large class-rooms for the children are bright and cheerful. The children range from one year to thirteen and fourteen. They seem very happy and quite unrepressed—run to the Sisters in a confiding way. They are taught by two of the Sisters.
There is an asphalt tennis-court where they play after school-hours.
The elder girls are taught cooking, washing, and housework.

St. Mary's Home, Karori, Wellington.

Visited on 13th June, 1910.
There were 21 girls in the Home.
Miss Parlane is still here. The Home is well managed, and recent additions to the dormitories and a new bathroom have greatly improved it. There is now room for 24 girls.
A good deal of laundry-work is done, thus assisting in the maintenance of the Home. This work is carried out under factory regulations.
There were 11 children in the Children's Home; there is room for 12.
The children had just returned from school, and for the most part looked healthy and bright.
A small addition had been made here of one bedroom and a cloak-room for the children. The dormitories badly need repapering, and this is shortly to be done.
Both places were beautifully clean and neat.

Levin Memorial Home, Wellington.

Visited on 14th June, 1910.
There were 25 children in, from three years of age to thirteen.
The place was in good order, but needs some renovation.
There had been as many as 27 children in, but the Committee should not attempt to take so many, as the cubic space in the domitories is not sufficient. The windows and doors are kept open and the rooms were fresh. The children had nearly all had whooping-cough, but were better.

Salvation Army Home, Wellington (Paulina Home for Women).

Visited on 2nd May, 1911.
There were 29 inmates, ranging in age from fifteen to seventy.
The young girls are mostly engaged in the laundry, and take their share of housework and cooking. Some of these have been here for several years. When fitted they are found situations. Some are committed from the Magistrate's Court for a certain period; some are allowed to finish the sentence commenced in gaol in this Home.

So far as possible they are classified in separate dormitories, and an officer of the Army is always with them during the day.

The Home was beautifully clean and neat.

Children's Home, Wellington.

Visited 2nd May.

There were 51 children—all girls; 2 of these were in hospital. The youngest was under three, the eldest seventeen. The latter was going away to a situation.

Many of these children are placed here by their parents if unable to control them; others by the father when the mother is dead; while others are sent in as neglected children.

The children were in school. Their teacher appears to bring them on well. They also looked happy, healthy, and well cared-for. They are taught housework and cooking, and qualified to take situations or return to their homes. The system on which they are trained is excellent.

Karitane Hospital for Babies, Dunedin.

I visited this institution on Friday, 18th November.

There were 13 babies in—all doing well. Some had been in for a good many months.

Miss Ellis had returned from her extended leave. Nurse Every had left, and Nurse Jeffreys was to take her place.

Great improvements were going on. The kitchen was being enlarged. A room outside had been built for the Matron, where she would be able to sleep better. The nurses were also being provided with sleeping-accommodation quite away from the noise of the babies; and a new laundry had been built. Some of the old tumble-down sheds are also to be removed.

The institution is now the property of the Society for the Promotion of the Health of Women and Children, owing to the generosity of Mr. Wolf Harris.

Miss Ellis has now resigned the Matronship.

INSTITUTIONS CONDUCTED BY THE GOVERNMENT.

Taumarunui Hospital.

Stipendiary medical staff: E. H. Howard, M.B., Bach. Surg.

Matron: D. Gill.

Visited 9th December, 1910.

There were 5 patients in this little Cottage Hospital, 4 of whom were males. The Hospital was in good order.

A rather severe epidemic of typhoid fever early in April made the advantages of this little institution to the district very apparent.

The Waikato Hospital Board will from 1st April, 1911, be responsible for this Cottage Hospital, hitherto conducted by this Department.

There is a great reduction in cost per bed.

Te Waikato Sanatorium.

Stipendiary medical staff: C. E. Howden, M.R.C.S. Eng., L.R.C.P. Lond.

Matron: Miss H. C. Inglis.

Visited several times.

Owing to the Sanatoria at Palmerston South and Christchurch being now available for patients, the demands on the Government institution have not been so great, the average number under treatment per diem during the year being only 28.

Last February Dr. Howden resigned his position as Acting Medical Superintendent, and Dr. Lewis has been appointed, with Dr. Roberts as Consulting Physician. This arrangement should suit well.

The cost to the institution is still very high, and will be relatively so for some time to come, though Miss Inglis, the Matron, has been most indefatigable in her endeavours to bring the Sanatorium into line with similar ones at Otaki and Palmerston South.

From an economical point of view the less said the better. Though the cost of the Sanatorium has been materially reduced, the present cost per bed is enormous. This can be largely accounted for by the fact that a staff has had to be maintained to meet the needs of an institution for double the number of patients.

Te Waikato Sanatorium furnishes an excellent example of the difficulty of administering a hospital far from the railway, and also of the difficulty of reducing the cost of an institution when once expenditure thereon has become lavish.

In conformity with the recommendations of the Department as regards the control of tuberculosis—which were unanimously agreed to at the recent Hospitals Conference—it would be well, when the Auckland Sanatorium is open for patients, to close the Cambridge Sanatorium, and to use it for a farm colony for the instruction of consumptive patients who are sufficiently cured of the disease to undertake occupation in the open air. I trust, therefore, that the institution may be devoted to this purpose in the course of a year, and started under an entirely different *régime*.

There is another point in connection with the Sanatorium: A good many more patients go through it than through the Christchurch and Otaki Sanatoria. For example, the average number of patients at the Otaki and Christchurch Sanatoria was 33 and 28 respectively; at Cambridge the average number was also 28. Nevertheless, 136 went through the Cambridge institution during the year, as against 76 at Otaki and 69 at Christchurch; the average day's stay at Cambridge being 76, at Otaki 159, and at Christchurch 148.

PART III.—STATISTICAL.

TABLE I.—Showing RECEIPTS of HOSPITALS and CHARITABLE AID BOARDS and SEPARATE INSTITUTIONS under the Act for the Year ended 31st March, 1911.

Hospital and Charitable Aid Boards.	Contributed by Government.				Voluntary Contributions.							Payments on account of Persons relieved (other than those mentioned in Columns 4 and 16).							Hospital and Charitable Aid Boards.
	Balance from last Year.	Ordinary Subsidies.	Special Grants.	Payments on Account of Persons relieved.	Total Government Contributions.	From Local Authorities: Ordinary Levies.	Subscriptions and Donations.	Hospital Saturday and Sunday Collections.	Net Proceeds of Band Collections, Entertainments, &c.	Bequests.	Total Voluntary Contributions.	Rents, Interest, and Dividends.	Hospital Patients.	District Nursing Fees.	Charitable Aid Recipients.	Receipts from other Governing Authorities on Account of Persons relieved.	Receipts from other Sources.	Total Receipts.	
	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	
Bay of Islands	764 14 8	2,145 6 7	..	..	2,145 6 7	1,086 10 11	167 2 11	..	..	..	167 2 11	37 5 0	241 7 9	..	..	..	181 1 6	4,623 9 4	Bay of Islands.
Marsden, Kaipara	586 12 5	3,077 2 3	..	..	3,077 2 3	2,555 18 5	64 15 3	..	87 16 4	..	152 11 7	26 13 0	590 0 6	..	260 2 0	185 12 10	35 19 7	7,470 12 7	Marsden, Kaipara
Auckland	5,478 5 0	15,760 6 6	..	..	15,760 6 6	14,558 10 11	75 17 10	..	..	1,300 5 4	1,376 3 2	2,630 7 2	3,457 2 9	..	2,787 19 8	74 15 0	830 9 6	46,953 19 8	Auckland.
Waikato	1,754 10 11	2,704 15 10	..	..	2,704 15 10	3,536 8 8	164 13 7	..	..	..	164 13 7	257 14 9	1,457 11 10	..	260 11 4	194 2 0	97 4 8	10,427 13 7	Waikato.
Thames	1,141 17 0	1,062 15 4	..	..	1,062 15 4	912 1 3	51 19 6	..	..	..	51 19 6	12 3 0	951 10 0	..	699 2 0	..	314 0 4	5,175 8 5	Thames.
Waihi	425 12 1	2,356 12 5	..	..	2,356 12 5	2,500 0 0	67 11 5	69 0 2	191 12 8	..	328 4 3	..	1,094 18 2	..	..	83 1 3	5 2 0	6,793 10 2	Waihi.
Coromandel	250 7 7	628 16 5	..	..	628 16 5	250 0 0	308 5 7	..	34 7 0	..	342 12 7	..	190 3 3	..	9 0 0	2 10 0	2 0 0	1,675 7 10	Coromandel.
Bay of Plenty	928 4 8	..	..	..	..	172 9 0	64 0 0	..	..	..	64 0 0	25 15 9	..	..	2 3 4	..	47 10 2	1,240 2 11	Bay of Plenty
Cook	1,575 5 6	2,114 7 7	..	..	2,114 7 7	3,519 0 0	11 5 3	..	..	..	11 5 3	31 14 0	691 16 6	..	202 1 0	..	19 17 0	8,165 6 10	Cook.
Waiapu	334 13 10	55 15 5	..	..	55 15 5	450 0 0	182 6 11	..	..	..	182 6 11	..	128 13 6	..	..	..	3 13 11	1,155 3 7	Waiapu.
Hawke's Bay	..	4,516 2 10	..	4 9 0	4,520 11 10	4,848 6 2	371 19 9	615 2 1	59 9 10	1 0 0	1,647 11 8	69 6 6	1,824 10 7	..	598 5 1	1,472 16 8	182 16 11	15,164 5 5	Hawke's Bay
Waipawa	1,073 17 7	3,472 19 1	..	..	3,472 19 1	3,542 1 7	379 9 2	50 7 1	13 0 0	..	442 16 3	..	980 15 0	..	1 19 0	14 0 0	78 7 5	9,606 16 11	Waipawa.
Taranaki	457 4 6	2,607 5 4	..	..	2,607 5 4	1,675 10 9	818 2 1	..	..	..	818 2 1	..	2,664 15 8	5 12 0	79 12 8	286 7 7	65 3 6	8,659 14 1	Taranaki.
Stratford	157 3 10	1,058 7 10	..	18 17 11	1,077 5 9	1,029 4 1	9 8 6	113 2 11	26 15 6	..	149 6 11	8 4 4	513 15 11	11 5 7	..	..	56 6 0	3,002 12 5	Stratford.
Hawera	407 14 3	1,792 9 1	..	..	1,792 9 1	1,745 3 6	14 5 3	..	46 13 0	..	60 18 3	..	515 12 10	..	7 8 2	..	21 15 0	4,551 1 1	Hawera.
Patea	..	573 7 10	..	..	573 7 10	482 4 8	20 19 0	..	2 0 0	298 14 11	321 13 11	5 17 0	323 15 8	..	..	..	9 15 5	1,716 15 6	Patea.
Wanganui	9,507 4 11	4,196 7 5	..	..	4,196 7 5	2,688 17 8	194 6 3	..	..	254 0 11	448 7 2	1,391 13 6	646 15 10	..	354 15 1	2 5 6	220 5 7	19,456 12 8	Wanganui.
Palmerston North	720 18 3	2,591 4 0	..	2 0 0	2,593 4 0	2,438 7 4	62 12 6	66 0 7	..	50 0 0	178 13 1	..	1,208 15 3	..	102 12 5	..	39 5 2	7,281 16 6	Palmerston North
Wellington	7,966 3 8	25,520 12 3	..	52 16 11	25,573 9 2	17,553 10 4	7,668 6 4	..	37 0 4	222 15 0	7,928 1 8	3,546 17 8	3,882 14 10	..	1,835 18 2	19 16 6	1,024 16 10	69,331 8 10	Wellington.
Wairarapa	2,391 9 0	3,388 4 7	..	..	3,388 4 7	3,408 0 0	79 4 10	2 1 0	19 13 2	..	100 19 0	17 0 3	982 17 4	..	106 16 8	10 0 0	..	10,405 6 10	Wairarapa.
Wairau	884 9 2	1,257 12 0	..	11 5 0	1,268 17 0	1,652 4 1	68 8 1	..	76 2 9	..	144 10 10	93 17 3	442 19 2	8 5 0	196 11 1	20 1 0	29 3 6	4,740 18 1	Wairau.
Picton	629 19 8	516 8 11	..	..	516 8 11	1,014 1 2	17 16 1	..	..	..	17 16 1	3 0 0	272 3 11	12 10 6	..	20 7 0	0 3 6	2,516 10 9	Picton.
Nelson	2,969 18 0	2,174 17 2	..	..	2,174 17 2	1,893 0 0	117 15 10	..	..	486 16 2	604 12 0	199 5 3	954 7 11	..	812 12 0	..	64 12 6	9,673 4 10	Nelson.
Westland	750 6 0	3,867 18 9	100 0 0	..	3,967 18 9	2,296 5 0	1,407 3 5	..	..	..	1,407 3 5	21 0 0	1,391 12 4	..	9 11 6	..	59 9 1	9,903 6 1	Westland.
Buller	1,633 8 3	1,933 5 0	50 0 0	..	1,933 5 0	1,806 17 4	498 10 0	..	..	..	498 10 0	63 11 4	910 8 8	..	497 19 11	..	57 4 11	7,451 15 5	Buller.
Inangahua	340 13 0	1,377 10 0	635 1 8	..	2,012 11 8	1,092 11 7	514 2 1	..	..	..	514 2 1	..	415 1 11	..	..	..	2 2 6	4,377 2 9	Inangahua.
Grey	..	2,515 3 0	..	..	2,515 3 0	2,017 13 8	44 18 9	..	47 17 7	..	92 16 4	..	1,147 2 10	..	..	..	48 9 8	5,821 4 6	Grey.
North Canterbury	15,053 17 1	23,965 12 10	..	210 10 3	24,176 3 1	20,948 5 6	576 3 2	..	..	2,677 10 1	3,253 13 3	371 12 5	2,556 15 1	..	2,054 4 0	9 8 0	183 18 2	68,607 17 7	North Canterbury
Ashburton	212 13 9	1,039 10 1	..	..	1,039 10 1	1,373 16 10	74 14 4	..	..	..	74 14 4	..	423 9 3	..	38 3 1	..	1,403 2 9	4,565 10 1	Ashburton.
South Canterbury	4,161 9 6	2,792 14 6	..	..	2,792 14 6	3,500 0 0	128 8 5	..	63 4 0	1,200 0 0	1,391 12 5	117 9 4	964 15 11	..	500 6 4	1 11 6	307 11 1	13,737 10 7	South Canterbury.
Waitaki	400 7 4	661 6 4	..	..	661 6 4	629 6 5	17 14 9	..	..	..	17 14 9	12 3 6	..	..	537 12 7	23 12 0	8 19 6	2,291 2 5	Waitaki.
Otago	..	22,711 16 8	..	72 9 0	22,784 5 8	15,579 13 7	962 15 4	625 0 0	..	668 10 0	2,256 5 4	328 12 3	4,361 15 7	..	2,430 8 3	117 1 3	295 14 0	48,653 16 11	Otago.
Vincent	409 12 7	1,022 5 6	..	..	1,022 5 6	653 9 2	377 8 1	..	..	..	377 8 1	14 0 0	336 4 10	..	..	..	13 18 6	2,826 18 8	Vincent.
Maniototo	581 7 7	222 3 7	..	..	222 3 7	422 11 10	190 6 10	..	..	..	190 6 10	..	220 13 10	..	..	..	6 9 0	1,593 17 8	Maniototo.
Southland	..	7,575 19 7	..	10 0 0	7,585 19 7	6,483 8 6	490 11 5	286 0 0	..	161 9 11	938 *1 4	244 6 1	1,761 11 7	..	723 7 10	83 16 4	229 10 9	18,050 2 0	Southland.
Wallace and Fiord	..	1,265 7 5	..	..	1,265 7 5	1,209 5 4	191 14 3*	..	..	..	191 14 3	..	665 15 1	..	17 9 6	..	41 1 10	3,390 13 5	Wallace and Fiord.
Totals	63,900 1 7	154,522 9 11	785 1 8	382 8 1	155,689 19 8	131,524 14 3	17,055 2 9	1,826 13 10	705 12 2	7,321 2 4	26,908 11 1	10,059 9 4	39,172 19 1	67 13 1	15,126 12 8	2,621 4 5	5,987 11 9	451,058 16 11	Totals.
SEPARATE INSTITUTIONS.																			SEPARATE INSTITUTIONS.
Hospitals—																			*Hospitals—*
Mercury Bay	411 4 1	586 9 5	..	..	586 9 5	..	432 16 4	..	10 0 3	..	442 16 7	22 3 0	205 13 7	..	..	..	..	1,668 6 8	Mercury Bay.
Oamaru	1,220 15 0	342 17 5	..	..	342 17 5	..	267 19 3	..	38 8 2	..	306 7 5	1,021 13 8	360 5 2	..	..	..	52 15 4	3,304 14 0	Oamaru.
Totals	1,631 19 1	929 6 10	..	..	929 6 10	..	700 15 7	..	48 8 5	..	749 4 0	1,043 16 8	565 18 9	..	..	..	52 15 4	4,973 0 8	Totals.
Charitable Institutions—																			*Charitable Institutions—*
Jubilee Institute for the Blind	1,342 8 6	2,092 6 1	15 0 0	963 12 9	3,070 18 10	..	1,359 18 5	..	43 9 0	3,300 0 0	4,703 7 5	665 15 7	..	..	246 5 2	266 19 6	9 10 7	10,305 5 7	Jubilee Institute for the Blind.
Wellington Society for the Relief of the Aged Needy	3,130 14 2	620 9 10	..	..	620 9 10	..	102 2 2	..	..	1,805 18 5	1,908 0 7	208 14 5	..	..	639 16 2	..	1 12 7	6,509 7 9	Wellington Society for the Relief of the Aged Needy.
Wellington' Ladies Christian Association	2,322 17 0	411 16 0	..	..	411 16 0	..	338 18 3	..	..	..	338 18 3	..	..	..	331 5 0	..	336 9 2	3,741 5 5	Wellington Ladies' Christian Association.
St. Andrew's Orphanage, Nelson	720 9 2	685 9 7	..	..	685 9 7	..	99 17 0	..	..	248 8 0	348 5 0	25 19 2	..	..	504 8 8	390 15 0	2 4 9	2,677 11 4	St. Andrew's Orphanage, Nelson.
Reefton Ladies' Benevolent Society	346 13 6	122 9 10	..	..	122 9 10	..	61 9 1	..	41 14 10	..	103 3 11	7 18 5	..	..	..	..	..	580 5 8	Reefton Ladies' Benevolent Society.
Hawke's Bay Childrens' Home	378 19 8	329 5 11	..	..	329 5 11	..	262 12 0	..	0 13 6	..	263 5 6	..	..	..	380 5 0	72 11 8	..	1,424 7 9	Hawke's Bay Childrens' Home.
Wellington Convalescent Home	1,390 4 0	73 12 0	..	..	73 12 0	..	104 19 0	..	..	..	104 19 0	76 14 7	..	..	61 13 6	20 0 0	0 18 6	1,728 1 7	Wellington Convalescent Home.
Totals	9,632 6 0	4,335 9 3	15 0 0	963 12 9	5,314 2 0	..	2,329 15 11	..	85 17 4	5,354 6 5	7,769 19 8	985 2 2	..	..	2,163 13 6	750 6 2	350 15 7	26,966 5 1	Totals.
GOVERNMENT INSTITUTIONS.																			GOVERNMENT INSTITUTIONS.
Taumarunui Hospital	..	..	453 4 5	..	453 4 5	..	5 7 1	..	..	..	5 7 1	..	106 15 8	..	..	..	..	565 8 2	Taumarunui Hospital.
Cambridge Consumptive Sanatorium	..	..	3,385 10 10	..	3,385 10 10	..	..	..	..	..	..	..	1,808 3 11	..	..	..	329 17 10	5,523 12 7	Cambridge Consumptive Sanatorium.
Maternity Homes—																			*Maternity Homes—*
St. Helens Hospital, Christchurch	..	..	261 3 5	..	261 3 5	..	..	..	..	..	..	..	870 12 4	..	..	..	224 9 0	1,356 4 9	St. Helens Hospital, Christchurch.
" Auckland	..	..	258 8 7	..	258 8 7	..	..	..	..	..	..	..	884 13 9	..	..	..	207 0 0	1,350 2 4	" Auckland.
" Wellington	..	..	965 12 1	..	965 12 1	..	..	..	..	..	..	..	628 5 6	..	..	..	173 2 0	1,766 19 7	" Wellington.
" Dunedin	..	..	683 18 5	..	683 18 5	..	..	..	..	..	..	..	587 8 6	..	..	..	153 10 0	1,424 16 11	" Dunedin.
Totals	..	..	6,007 17 9	..	6,007 17 9	..	5 7 1	..	..	..	5 7 1	..	4,886 0 8	..	..	..	1,087 18 10	11,987 4 4	Totals.
Grand totals	75,164 6 8	159,787 6 0	6,807 19 5	1,346 0 10	167,941 6 3	131,524 14 3	20,091 1 4	1,826 13 10	839 17 11	12,675 8 9	35,433 1 10	12,088 8 2	44,624 18 6	67 13 1	17,290 6 2	3,371 10 7	7,479 1 6	494,985 7 0	Grand totals.

* Includes Hospital Saturday and Sunday collections.

TABLE II.—Showing the EXPENDITURE of HOSPITAL and CHARITABLE AID BOARDS and SEPARATE INSTITUTIONS under the Act for the Year ended 31st March, 1911.

Governing Bodies.	Hospital Main enance Expenditure.	Charitable Aid Expenditure.		Public Health Expenditure.	Administration.	Capital Expenditure.	Amounts paid to other Hospital and Charitable Aid Boards.	Other Expenses.	Total Expenditure.
		Indoor Relief.	Outdoor Relief.						
Hospital and Charitable Aid Boards—	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
Bay of Islands	1,366 0 7	19 10 0	315 8 1	..	235 14 5	32 11 2	539 14 10	699 8 11	3,208 8 0
Marsden, Kaipara	3,018 14 6	851 2 9	608 12 3	..	571 2 3	116 19 1	31 0 0	66 2 3	5,263 13 0
Auckland	19,321 0 9	9,471 3 0	5,374 8 10	..	1,198 8 9	10,825 2 11	51 0 9	1,551 1 9	47,792 6 9
Waikato	6,224 17 3	841 19 10	232 18 2	..	326 8 6	1,000 0 0	131 2 7	536 11 7	9,293 17 11
Thames	2,306 16 9	1,318 7 4	486 0 1	..	332 2 3	..	59 18 3	146 1 10	4,649 6 6
Waihi	3,731 5 10	..	140 13 9	..	249 3 5	2,059 6 8	7 11 5	..	6,188 1 1
Coromandel	1,281 2 3	..	129 13 5	..	112 19 8	..	29 5 0	12 0 0	1,565 0 4
Bay of Plenty	..	167 18 11	138 8 11	..	171 10 11	..	..	80 12 1	558 10 10
Cook	4,302 6 5	842 10 4	303 4 0	..	211 17 11	1,810 4 0	39 12 0	92 12 0	7,602 6 8
Waiapu	1,339 1 8	..	..	..	58 12 11	16 4 10	..	8 6 6	1,422 5 11
Hawke's Bay	8,130 2 6	2,692 12 4	720 6 1	..	682 14 5	2,486 19 6	8 14 0	138 18 3	14,860 7 1
Waipawa	4,296 11 8	1,261 15 6	500 3 11	..	372 8 5	2,430 9 9	..	3 4 3	8,864 13 6
Taranaki	4,124 11 7	1,332 14 8	338 6 7	..	596 7 8	1,309 10 0	56 2 0	261 14 4	8,019 6 10
Stratford	1,526 19 1	..	158 1 11	..	172 10 6	112 15 10	300 9 5	451 0 9	2,721 17 6
Hawera	2,185 11 1	269 7 1	311 3 7	..	332 16 6	216 17 0	33 1 0	14 11 9	3,363 8 0
Patea	1,287 8 3	15 15 6	68 9 2	3 4 3	112 11 1	26 10 0	..	262 15 7	1,776 13 10
Wanganui	5,739 7 3	1,094 1 3	475 15 0	..	577 15 2	3,681 8 5	..	145 11 0	11,713 18 1
Palmerston North	4,134 1 2	201 3 8	824 17 0	..	574 5 4	575 7 5	..	19 0 0	6,328 14 7
Wellington	24,010 15 2	7,093 6 2	1,822 11 11	..	2,460 6 5	12,974 0 5	..	3,326 5 1	51,687 5 2
Wairarapa	4,386 0 5	399 6 8	531 17 1	59 12 2	502 16 9	3,251 13 4	..	6 15 8	9,138 2 1
Wairau	2,806 3 6	617 13 5	353 3 4	..	97 19 0	82 18 6	..	69 12 5	4,027 10 3
Picton	1,304 14 6	12 2 6	88 16 0	..	99 12 9	8 19 0	20 1 0	..	1,534 5 9
Nelson	3,914 8 6	1,091 7 0	1,679 0 5	..	384 10 11	891 9 0	..	83 10 1	8,044 5 11
Westland	5,776 8 9	528 0 4	633 13 11	7 2 0	695 7 4	1,127 1 9	..	285 18 11	9,053 13 0
Buller	2,803 0 7	728 15 9	387 10 5	..	203 2 6	1,398 1 7	..	184 7 10	5,704 18 8
Inangahua	2,094 7 9	31 1 6	361 3 6	..	164 6 10	1,533 18 10	..	9 10 9	4,194 9 2
Grey	4,468 4 10	293 14 11	756 6 7	..	250 15 5	117 7 2	..	7 10 0	5,893 18 11
North Canterbury	19,913 4 10	10,468 10 3	4,868 2 0	..	2,208 9 7	17,942 9 5	1,350 0 0	2,672 9 9	59,423 5 10
Ashburton	1,777 18 5	..	427 16 7	..	648 6 3	378 12 7	..	18 0 0	3,250 13 10
South Canterbury	6,361 18 1	1,087 17 3	1,759 12 5	91 15 4	447 19 1	1,644 5 5	..	1,700 0 0	13,093 7 7
Waitaki	..	997 1 8	639 9 5	..	166 19 8	129 0 0	..	8 0 10	1,940 11 7
Otago	20,633 15 8	9,585 19 6	5,061 19 1	35 8 9	2,425 15 9	9,394 19 10	5 0 0	329 8 10	47,472 7 5
Vincent	1,607 15 10	..	460 1 3	..	246 5 0	..	19 3 0	222 9 8	2,555 14 9
Maniototo	976 4 5	5 0 0	214 16 1	..	86 14 6	..	11 12 0	250 4 2	1,544 11 2
Southland	7,796 6 3	2,366 3 0	956 0 2	..	1,075 9 5	2,707 18 0	118 11 6	249 6 10	15,269 15 2
Wallace and Fiord	1,890 0 11	..	275 19 4	..	127 16 0	218 4 3	82 4 4	..	2,594 4 10
Totals	186,837 7 0	55,686 2 2	32,404 10 3	197 2 6	19,182 3 2	80,501 5 8	2,894 3 1	13,913 3 8	391,615 17 6

TABLE II.—Showing the EXPENDITURE of HOSPITAL and CHARITABLE AID BOARDS, &c.—*continued.*

Governing Bodies.	Hospital Maintenance Expenditure.	Charitable Aid Expenditure.		Public Health Expenditure.	Administration.	Capital Expenditure.	Amounts paid to other Hospital and Charitable Aid Boards.	Other Expenses.	Total Expenditure.
		Indoor Relief.	Outdoor Relief.						
SEPARATE INSTITUTIONS.									
Hospitals—	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
Mercury Bay	1,253 13 3	..	..	..	49 4 8	72 4 4	..	..	1,375 2 3
Oamaru	1,701 16 5	..	..	..	110 3 3	79 13 6	..	20 0 0	1,911 13 2
Totals	2,955 9 8	..	..	..	159 7 11	151 17 10	..	20 0 0	3,286 15 5
Charitable Institutions—									
Jubilee Institute for the Blind	..	2,796 10 0	22 12 10	..	353 1 11	40 16 11	..	201 10 2	3,414 11 10
Wellington Society for the Relief of Aged Needy	..	989 0 11	..	..	27 13 10	..	..	..	1,016 14 9
Wellington Ladies' Christian Association	..	934 10 8	399 9 10	..	15 17 0	..	..	..	1,349 17 6
Wellington Convalescent Home	..	376 17 9	..	..	9 1 8	..	..	..	385 19 5
St. Andrew's Orphanage, Nelson	..	1,215 8 6	..	..	29 1 1	754 12 6	..	9 1 10	2,008 3 11
Reefton Ladies' Benefit Society	..	..	224 3 7	..	49 17 10	..	..	3 13 0	277 14 5
Hawke's Bay Children's Home	..	849 3 2	..	..	8 12 1	24 12 8	..	158 15 10	1,041 3 9
Totals	..	7,161 11 0	646 6 3	..	493 5 5	820 2 1	..	373 0 10	9,494 5 7
Government Institutions—									
Taumarunui Hospital	519 9 10	..	..	..	45 18 4	..	..	..	565 8 2
Cambridge Sanatorium for Consumptives	5,265 4 5	..	..	..	258 8 2	..	..	..	5,523 12 7
Maternity Homes—									
St. Helens, Christchurch	1,278 4 9	..	..	..	78 0 0	..	..	..	1,356 4 9
,, Auckland	1,233 13 8	..	..	..	78 12 2	..	..	37 16 6	1,350 2 4
,, Wellington	1,251 14 1	..	..	..	75 10 0	..	..	439 15 6	1,766 19 7
,, Dunedin	1,349 16 11	..	..	..	75 0 0	..	..	..	1,424 16 11
Totals	10,898 3 8	..	..	..	611 8 8	..	..	477 12 0	11,987 4 4
Grand totals	200,691 0 4	62,847 13 2	33,050 16 6	197 2 6	20,446 5 2	81,473 5 7	2,894 3 1	14,783 16 6	416,384 2 10

TABLE IIA.—Showing DETAILS of CAPITAL EXPENDITURE of HOSPITAL AND CHARITABLE AID BOARDS for the Year ended 31st March, 1911.

Board, and Details of Capital Expenditure.	Amount.	Total.
	£ s. d.	£ s. d.
Bay of Islands,—		
Wood-shed and mortuary, Rawene Hospital	19 15 2	
Room for convalescents, Mangonui Hospital	12 16 0	
		32 11 2
Marsden, Kaipara,—		
Furnishing infectious-diseases annex	26 2 7	
New morgue, Northern Wairoa Hospital	71 6 6	
Gasometer, Northern Wairoa Hospital	19 10 0	
		116 19 1
Auckland,—		
Nurses' Home—extension	5,540 2 0	
Hospital buildings—alterations	4,287 2 8	
,, equipments	75 18 4	
Hospital—other expenditure	124 16 7	
Alexandra Home	37 15 0	
Costley Home—laundry machinery	759 8 4	
		10,825 2 11
Waikato,—		
Hospital buildings	..	1,000 0 0
Waihi,—		
Emergency fever ward	78 10 0	
Extension and alterations	1,980 16 8	
		2,059 6 8
Cook,—		
Children's ward	132 0 0	
Land-purchase (new site)	1,678 4 0	
		1,810 4 0
Waiapu,—		
Plans of proposed maternity ward, &c.	4 13 6	
Equipment	11 11 4	
		16 4 10
Hawke's Bay,—		
Napier Hospital—buildings, land, &c.	1,575 11 0	
,, equipment	518 11 10	
Wairoa Hospital—buildings, land, &c.	108 12 0	
,, equipment	57 12 6	
Old People's Home, Park Island—various	226 12 2	
		2,486 19 6
Waipawa,—		
Erecting new ward, and equipment, Waipukurau Hospital	1,553 15 11	
Building new wing, operating-theatre, and equipment, Dannevirke Hospital	876 13 10	
		2,430 9 9
Taranaki,—		
Land, Old People's Home	700 0 0	
Removing Home	600 0 0	
Surveyor's fee, New Plymouth Hospital	9 10 0	
		1,309 10 0
Stratford,—		
Stratford Hospital—		
Gardener's tool-shed, stores-cupboard	56 8 0	
Appliances	18 6 0	
Levelling and grassing of new lawn	38 1 10	
		112 15 10
Hawera,—		
Refractory ward and two new verandahs	200 0 0	
Ward ambulance	16 17 0	
		216 17 0
Patea,—		
Fencing	18 0 0	
Furniture, Patea Hospital	8 10 0	
		26 10 0

TABLE IIA.—Showing DETAILS of CAPITAL EXPENDITURE of HOSPITAL AND CHARITABLE AID BOARDS for the Year ended 31st March, 1911—*continued.*

Board, and Details of Capital Expenditure.	Amount.	Total.
	£ s. d.	£ s. d.
Wanganui,—		
Buildings, plans, &c.	670 3 6	
Land	103 10 8	
Equipment	253 16 0	
Artesian-well extension	81 16 4	
Oil-engine	7 19 6	
Buildings, plans, &c., Taihape Hospital	2,446 13 11	
Grounds	100 12 6	
Equipment, Jubilee Home	16 16 0	
		3,681 8 5
Palmerston North,—		
Palmerston North Hospital—		
Water-main hydrants, hose, &c.	189 3 2	
New bathroom	121 0 0	
Additions to Secretary's office	44 0 0	
Additions and alterations	33 18 4	
Furnishing new sitting-room, and office equipment	125 4 6	
Fencing, and laundry machinery	62 1 5	
		575 7 5
Wellington,—		
Board's offices	276 9 5	
Infectious diseases hospital	11,688 2 1	
Children's Hospital	325 16 7	
Otaki Hospital	6 5 0	
General Hospital	662 16 0	
Ohiro Home	14 11 4	
		12,974 0 5
Wairarapa,—		
Addition to South Wairarapa Hospital	3,094 16 0	
Masterton Hospital—American organ, washing-machine, &c.	31 6 6	
South Wairarapa Hospital—removal and renovation of building	85 17 7	
Pahiatua Hospital—installation of water	39 13 3	
		3,251 13 4
Wairau,—		
Alterations to Wairau Hospital	36 0 0	
Havelock Hospital—equipment	46 18 6	
		82 18 6
Picton,—		
Work on new fever ward	..	8 19 0
Nelson,—		
Equipment	155 19 0	
Additions	569 12 0	
Drainage	165 18 0	
		891 9 0
Westland,—		
Otira Cottage Hospital	626 14 11	
Ross Hospital	208 4 0	
Kumara Hospital	284 19 7	
Westland Hospital	7 3 3	
		1,127 1 9
Buller,—		
Denniston Hospital—		
Building	1,033 15 6	
Equipment	293 6 4	
Water-supply	26 17 0	
Lighting	44 2 9	
		1,398 1 7
Inangahua,—		
Alterations and additions to hospital buildings	1,525 3 10	
Ambulance	8 15 0	
		1,533 18 10
Grey,—		
Equipment, Grey River Hospital	..	117 7 2

TABLE IIA.—Showing DETAILS of CAPITAL EXPENDITURE of HOSPITAL AND CHARITABLE AID BOARDS for the Year ended 31st March, 1911—*continued.*

Board, and Details of Capital Expenditure.	Amount.	Total.
North Canterbury,—	£ s. d.	£ s. d.
Christchurch Hospital—New wards, consumption shelters, engine-house, extension, boiler stokers, steam heating-plant	12,987 4 4	
Nurses' Home—extension	2,128 19 2	
Administration buildings	227 6 2	
Bottle Lake Hospital—extension	497 8 11	
Sanatorium—completion and extension	2,101 10 10	
		17,942 9 5
Ashburton,—		
Winscombe site	294 15 1	
Ashburton Hospital—improvement	83 17 6	
		378 12 7
South Canterbury,—		
Timaru Hospital—		
Drainage	402 1 0	
Balance, operating-theatre building	13 17 6	
Hot-water installation	183 14 3	
New buildings for Old Men's Home—architects, &c.	53 17 0	
Additions to dwelling in Cross Street, Timaru	11 5 1	
Land at Winscombe (balance of purchase)	846 16 7	
Furnishing new Board room and offices	66 12 6	
Timaru Hospital—equipment	36 15 0	
		1,644 5 5
Waitaki,—		
Erecting a morgue, with alterations and improvements to the Home	119 7 0	
Equipment, additional beds	9 13 0	
		129 0 0
Otago,—		
Dunedin Hospital—alterations and equipment	517 11 9	
Port Chalmers Hospital—building and equipment	948 13 5	
Infectious Diseases Hospital—building verandah	40 0 0	
Maternity Hospital—building	63 0 6	
Kaitangata Hospital—drainage, boiler, and telephones	253 11 7	
Pleasant Valley Sanatorium—building and equipment	5,813 3 3	
Boards new offices	700 0 0	
Property, Great King Street	1,055 16 4	
Architect's fees	3 3 0	
		9,394 19 10
Southland,—		
Southland Hospital—balcony, verandah, consumptive pavilion, and equipment	1,216 16 10	
Lorne Farm—building wing, and water-supply	842 14 9	
Gore Hospital—building morgue, hot-water service, and equipment	474 8 5	
Wakatipu Hospital—hot-water heating contract	173 18 0	
		2,707 18 0
Wallace and Fiord,—		
Purchase of cottage	55 7 0	
Buildings	151 4 0	
Equipment	6 18 11	
Other expenditure, hospital	4 14 4	
		218 4 3

Table III.—Showing Hospital Statistics for Year ending 31st March, 1911.

Hospitals.	Staff. Medical. Honorary.	Stipendiary. Resident.	Stipendiary. Non-resident.	Nursing. Trained Nurses.	Nursing. Probationers.	Domestic. Cooks, Wardsmaids, Housemaids, and Laundresses.	Domestic. Wardsmen, Porters, and Gardeners.	Average Number of Staff per Diem receiving Board.	Number of Beds. For Males.	For Females.	Childrens' Cots.	Isolation.	Total.	Average Number of Occupied Beds per Diem.	Average Number of Occupied Beds per Diem for each of the Nursing Staff.	Number of Patients under Treatment during Year. Sex. Males.	Females.	Total.	Deaths.	Individual Average Days' Stay.	Average Cost of Maintenance and Administration per Occupied Bed after deducting Patients' Payments.	Weekly Maintenance Charge.	Out-patients. Number of Patients.	Number of Attendances.	Percentage of Administration on Maintenance and Administration Expenditure.
																					£ s. d.	£ s. d.			
Class I—100 beds and over—																									
1. Auckland	7	5	..	24	80	16	19	120	154	106	20	60	340	248	2·4	1,960	1,571	3,531	283	26	66 8 0	1 15 0	5,730	5,862	3
2. Wellington	17	4	..	30	54	38	10	129	121	105	24	40	290	248	3	1,797	1,319	3,116	214	29	70 16 5	1 10 0	5,192	17,325	5·8
3. Dunedin	22	4	1	14	57	21	10	94	78	72	16	8	174	144	2	1,246	908	2,154	128	24	92 17 8	1 15 0	1,747	10,646	3
4. Christchurch	11	3	..	19	54	26	17	102	80	55	20	..	155	138	1·9	1,217	804	2,021	188	25	96 16 5	2 2 0	1,565	9,390	7·2
Class II—40 to 99 beds—																									
5. Napier	4	2	..	8	23	16	6	54	54	34	22	14	124	75	2·4	478	254	732	74	38	77 15 6	1 8 0	280	1,384	3·8
6. Waikato	..	2	..	6	16	10	5	38	70	27	6	6	109	66	2·1	649	336	985	47	24	77 3 2	1 15 0	..	..	4·7
7. Wanganui	6	1	..	7	20	10	4	40	42	23	7	12	84	65	2·4	459	256	717	49	33	85 19 0	1 1 0	164	798	7·8
8. Nelson	..	1	..	4	13	7	2	26	29	23	..	18	70	54	3·2	255	191	446	38	44	57 15 5	1 8 0	334	1,384	3·9
9. Southland	10	1	..	7	12	9	2	29	37	18	8	4	67	51	2·7	421	187	608	45	31	82 4 5	1 5 0	595	870	5·1
10. Timaru	..	1	..	5	15	10	4	33	43	34	8	6	91	44	2·2	381	218	599	42	27	84 14 10	1 15 0	224	1,446	4
11. Gisborne	..	1	1	5	16	7	3	29	31	14	3	6	54	42	2	319	183	502	31	30	89 7 11	1 8 0	30	145	3·2
12. Thames	..	1	..	6	7	3	2	17	40	18	..	6	64	39	3	362	215	577	28	24	40 10 7	1 1 0	428	2,850	8·8
13. Palmerston North	..	..	3	6	14	7	4	28	26	22	2	13	63	41	2	402	256	658	49	23	79 1 0	£1/4/6 to £1/15	..	..	7·9
Class III—30 to 39 beds—																									
14. Waihi	..	..	2	6	8	6	2	21	18	18	..	6	42	38	2·7	330	309	639	25	22	75 3 6	1 1 0	..	..	5·6
15. New Plymouth	..	..	4	5	15	5	3	27	28	19	3	23	73	35	1·7	250	173	423	32	30	49 0 9	2 2 0	..	..	5·8
Class IV—20 to 29 beds—																									
16. Westport	1	..	1	2	7	4	1	14	20	8	3	2	33	26	2·9	239	75	314	22	31	68 2 3	1 5 0	20	80	4·5
17. Masterton	3	..	1	4	7	5	1	16	14	12	2	16	44	23	2·1	194	103	297	17	28	88 18 0	£1/1 to £3/3	..	..	4·3
18. Dannevirke	..	..	2	3	5	4	3	15	22	14	4	..	40	23	3	151	94	245	12	34	67 18 6	1 1 0	..	..	6·3
19. Waipawa	..	..	1	5	..	6	2	12	30	20	2	..	52	20	4	186	116	302	22	23	101 8 4	1 1 0	..	..	5
20. Wairau	..	..	2	2	7	5	3	9	22	8	2	10	42	20	2·2	207	97	304	15	24	109 12 4	1 1 0	..	..	2·2
21. Oamaru	4	..	1	2	6	4	1	13	24	11	8	6	49	20	2·5	166	97	263	23	27	73 4 0	1 0 0	78	528	6
Class V—10 to 19 beds—																									
22. Wallace and Fiord	..	..	1	3	6	4	1	14	18	12	..	14	44	19	2·1	130	93	223	11	32	70 10 9	1 0 0	29	70	5·8
23. Hawera	..	..	1	4	5	4	(a)1	17	19	12	2	6	39	15	1·7	170	95	265	13	21	127 2 5	2 2 0	14	132	10·1
24. Ashburton	..	..	2	2	4	3	2	10	18	7	4	10	39	13	2·2	167	63	230	26	20	126 1 3	£1 to £2/2	..	..	13·7
25. Waimate	..	..	1	1	5	3	2	11	13	12	2	12	39	11	1·8	119	62	181	14	23	151 18 0	1 5 0	21	159	3·1
26. Gore	..	..	1	2	3	(b)2		8	8	7	1	..	16	12	2·4	93	55	148	12	29	76 18 2	1 15 0	10	31	5·6
27. Whangarei	..	..	1	3	2	2	1	8	9	7	..	4	20	11	2·2	124	52	176	10	22	115 3 8	1 4 6	..	..	10·8
28. Stratford	..	..	1	2	2	3	2	7	9	5	2	..	16	10	2·5	108	45	153	7	23	116 11 5	2 2 0	..	..	9
29. Otaki	1	..	1	(c)3	1	(c)2	(c)2	8	10	6	2	..	18	10	2 5	98	46	144	10	26	140 13 10	1 5 0	..	..	6·6
Class VI—under 10 beds—																									
30. North Wairoa	..	1	..	2	2	2	1	7	10	7	..	..	17	9	2·2	104	45	149	16	22	167 7 4	1 15 0	..	..	9·6
31. Patea	1	..	1	2	3	2	2	7	14	8	..	6	28	8	1·6	80	52	132	5	23	133 17 7	2 2 0	..	..	7·6

Class VI—under 10 beds—continued.																												
32. Wairoa					1	2	2	3	1	7	8	5	..	..	13	8	2	109	38	147	7	19	107	8	2	1 1 0	..	..	9
33. Picton					2	2	2	2	1	6	11	11	1	2	25	7	1·7	98	93	191	7	14	139	16	11	1 0 0	..	..	6·8
34. Tuapeka				..	..	1	..	1	..	1	2	4	17	8	1	..	26	7	7	60	39	99	7	25	114	3	9	1 1 0	30	35	2·5
35. South Wairarapa				5	..	1	3	1	2	1	7	9	8	..	6	23	6	1·5	69	9	78	4	27	123	9	5	1 0 0	..	..	6·9
36. Pahiatua				3	..	1	2	2	3	(*d*)1	7	9	5	1	4	19	6	1·5	77	44	121	10	17	140	6	8	1 5 0	..	..	6·1
37. Naseby				..	..	1	1	3	(*b*)1	(*a*)1	6	10	10	..	..	20	6	1·5	37	26	63	7	32	132	0	1	17/6 to £1/5	56	167	3·6
38. Mercury Bay				..	1	..	1	2	2	1	6	6	3	1	..	10	6	2	61	35	96	6	24	182	17	4	15/ to £1/10	286	643	3·7
39. Wakatipu				..	1	..	1	..	2	1	4	10	6	..	7	23	6	6	61	11	72	7	30	93	14	9	1 15 0	16	32	9·7
40. Arrowtown				..	1	..	1	..	1	1	3	6	5	..	6	17	5	5	53	20	73	4	26	109	15	3	1 15 0	18	20	3·6
41. Dunstan				1	1	..	1	..	1	1	3	8	4	..	..	12	5	5	36	8	44	6	38	134	3	7	1 10 0	..	..	9·6
42. Coromandel				1	..	1	3	2	(*b*)1	1	7	15	4	1	4	24	5	1	56	28	84	7	20	236	16	1	1 15 0	1,041	3,625	6·7
43. Mangonui				..	..	1	1	2	(*b*)1	1	5	6	6	..	1	13	4	1·3	31	14	45	4	35	156	6	8	1 15 0	..	..	11·7
44. Cromwell				1	..	1	1	..	1	2	4	6	3	..	3	12	4	4	52	8	60	7	23	191	0	5	1 10 0	30	48	8·7
45. Taumarunui				..	..	1	1	1	1	1	4	4	2	..	..	6	4	2	46	16	62	5	22	114	12	10	1 15 0	..	..	8
46. Rawene				..	..	1	1	1	2	1	5	6	3	1	..	10	3	1·5	18	9	27	2	34	228	6	11	1 15 0	..	..	12
47. Denniston (*e*)				..	..	1	1	..	2	..	3	4	1	1	..	6	3	3	15	3	18	1	29	(*e*)			1 5 0	58	512	6·1
48. Waiapu				..	..	1	2	..	2	1	5	3	3	..	2	8	2	1	22	7	29	2	28	669	9	7	1 8 0	..	..	3·9
49. Akaroa				..	..	1	1	..	..	..	1	4	4	..	..	8	2	2	24	8	32	1	27	181	0	10	2 2 0	..	..	4·7
50. Havelock				..	..	1	1	..	1	..	2	4	3	..	..	7	2	2	30	7	37	..	15	110	18	1	1 5 0	..	..	5·7
51. Kaitangata				..	..	1	1	..	..	..	1	6	..	..	4	10	3	..	6	3	9	..	13	..			1 4 0	..	..	5 4
52. Grev River	Hospitals which are also Old Men's Homes		..	2	..	1	5	6	7	3	16	65	14	2	..	81	63	5·7	374	58	432	66	54	55	15	8	1 10 0	204	794	4·1
53. Westland			..	..	..	1	2	5	3	1	12	38	10	..	2	50	39	5·6	134	61	195	23	73	58	8	1	1 10 0	221	649	2·4
54. Kumara			..	..	..	1	1	3	4	1	7	31	7	..	1	39	30	7·5	85	31	116	8	92	45	12	11	1 0 0	..	..	3 5
55. Reefton			..	..	..	1	2	2	4	1	9	30	4	1	2	37	27	6 7	135	39	174	17	56	67	16	8	1 10 0	83	260	7·2
56. Ross			..	..	1	..	1	..	1	1	2	12	5	..	..	17	11	11	32	4	36	6	111	58	4	0	1 0 0	..	..	5·1
Totals and averages			100	33	49	233	503	293	144	1,099	1,443	881	183	352	2,859	1,839	2·3	14,583	8,991	23,574	1,722	28	81	12	5	(*i*)1 12 0	18,504	59,885	5·4
SPECIAL HOSPITALS.																												
Maternity Homes—																												
St. Helens Hospital, Christchurch			..	..	1	2	11	4	..	17	..	18	..	..	18	9	0·7	..	258	258	..	13	53	19	2	1 10 0	81	..	5·7
" Auckland			..	..	1	2	12	4	1	18	..	14	..	..	14	9	0·6	..	251	251	2	14	47	10	3	1 10 0	170	..	5·9
" Wellington			..	..	1	2	9	4	..	15	..	14	..	..	14	8	0·7	..	178	178	..	16	87	7	4	1 10 0	79	..	5·6
" Dunedin			..	..	1	2	8	3	..	13	..	16	..	..	16	7	0·7	..	184	184	..	14	119	12	7	1 10 0	33	..	5·2
Dunedin Medical School			(*f*)	(*f*)	(*f*)	2	3	2	..	6	..	13	..	..	13	9	1·8	..	180	180	..	19	44	9	5	1 10 0	..	..	4·5
Totals and averages			..	..	4	10	43	17	1	69	..	75	..	..	75	42	0·8	..	1,051	1,051	2	15	67	16	11	1 10 0	..	..	5·6
Consumptive Sanatoria—																												
Otaki			1	..	1	(*c*)3	3	3	(*c*)2	10	15	19	..	..	34	33	5 5	33	43	76	1	159	80	10	5	1 10 0	..	..	5·6
Cambridge			..	1	..	5	5	6	11	25	33	23	..	..	56	28	2 8	99	37	136	7	76	132	13	11	£1 to £3/3	..	..	4 6
Christchurch			..	1	..	2	5	5	3	14	24	13	..	4	41	28	4	39	30	69	1	148	114	4	6	2 2 0	..	..	4·8
Dunedin (Rock and Pillar)			..	..	1	1	3	3	1	8	(*g*)	(*g*)	(*g*)	(*g*)	23	19	4·7	15	14	29	2	90	..			2 2 0	..	..	3·3
Palmerston South			(*f*)	..	1	1	4	3	2	11	20	18	..	..	38	16	3·2	24	29	53	..	71	..			3 3 0	..	..	17·5
Totals and averages			1	2	3	12	20	20	19	68	92	73	..	4	192	124	4	210	153	363	11	107	107	10	9	(*i*)2 2 0	..	..	5
Infectious Disease Hospitals—																												
Dunedin			(*f*	(*f*)	(*f*)	1	..	1	..	2	..	..	..	12	12	6	6	28	23	51	..	42	103	0	3	£1/5 to £2/2	..	..	3·3
Christchurch			..	..	1	(*h*)1	(*h*)	1	1	3	..	..	..	46	46	10	(*h*)10	47	54	101	..	37	72	3	6	2 2 0	..	..	4·8
Timaru			..	..	1	1	1	..	1	3	..	..	..	22	22	3	1·5	12	19	31	..	40	86	18	6	1 15 0	..	..	6·1
Invercargill			..	..	1	1	..	1	1	3	..	..	..	12	12	1	1	2	8	10	..	37	372	6	2	1 1 0	..	..	16 8
Totals and averages			..	..	3	4	1	3	3	11	..	..	..	92	92	20	4	89	104	193	..	39	93	13	5	(*i*)1 15 0	..	..	6·9
Lyttelton Casualty Ward			..	..	1	1	..	..	..	1	..	..	..	..	4	0·04	..	9	1	10	2	1·3	..			2 2 0	..	..	4·3

(*a*) One casual hand. (*b*) Also one casual laundress. (*c*) One part time. (*d*) Secretary also gives part time as engineer. (*e*) Denniston Hospital opened 25th October, 1910. (*f*) Medical Superintendent and staff of Dunedin Hospital. (*g*) Beds allotted as required. (*h*) Nursing assistance supplied as required from Christchurch Hospital. (*i*) Roughly.

Table IV.—Showing Hospital Expenditure for the Year ended 31st March, 1911.

Hospitals	Average Number of Occupied Beds.	Average Number of the Staff receiving Board.	Individual Average Days' stay.	Provisions: Total Cost	Provisions: Cost per Annum per Occupied Bed.	Surgery and Dispensary: Total Cost.	Surgery and Dispensary: Cost per Annum per Occupied Bed.	Domestic and Establishment: Total Cost.	Domestic and Establishment: Cost per Annum per Occupied Bed.	Salaries and Wages: Total Cost.	Salaries and Wages: Cost per Annum per Occupied Bed.	Maintenance: Total Cost.	Maintenance: Cost per Annum per Occupied Bed.	Administration: Total Cost.	Administration: Cost per Annum per Occupied Bed.	Total Maintenance and Administration: Total Cost.	Total Maintenance and Administration: Cost per Annum per Occupied Bed.	Capital Expenditure.	Miscellaneous Expenditure.	Total Expenditure.	
Class I—100 beds and over	Per Diem.	Per Diem.		£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	
Auckland	248	120	26	4,626 12 9	18 13 1	1,815 9 11	7 6 5	6,479 16 6	26 2 7	6,399 1 7	25 16 1	19,321 0 9	77 18 2	602 3 4	2 8 7	19,923 4 1	80 6 9	10,027 19 7	26 6 6	29,977 10 2	Auckland.
Wellington	248	129	29	5,040 3 8	20 6 6	1,270 10 11	5 2 6	5,084 2 5	20 10 0	8,519 9 10	34 7 0	19,914 6 10	80 6 0	1,237 5 7	4 19 8	21,151 12 5	85 5 8	12,854 9 1	2,332 11 3	36,338 12 9	Wellington.
Dunedin	144	94	24	3,721 1 5	25 16 10	1,555 3 6	10 16 0	5,286 6 6	36 14 3	5,799 6 1	39 17 1	16,301 17 6	113 4 2	499 0 4	3 9 0	16,800 17 10	116 13 2	517 11 9	97 15 6	17,416 5 1	Dunedin.
Christchurch	138	102	25	3,255 1 10	23 11 9	1,226 3 4	8 17 8	4,404 4 9	31 18 3	5,524 7 5	40 0 8	14,409 17 4	104 8 4	1,123 13 4	8 2 1	15,533 10 8	112 10 5	15,116 3 6	692 12 11	31,342 7 1	Christchurch.
Class II—40 to 99 beds—																					
Napier	75	54	38	1,755 13 9	23 8 2	964 0 3	12 17 1	1,997 7 1	26 12 7	2,400 4 1	32 0 1	7,117 5 2	94 17 11	285 12 0	3 16 2	7,402 17 2	98 14 1	2,094 2 10	0 17 9	9,497 17 9	Napier.
Waikato	66	38	24	1,797 5 10	27 4 5	597 7 11	9 1 10	1,390 9 8	21 1 4	2,489 13 10	36 19 4	6,224 17 3	94 6 1	306 8 6	4 13 0	6,531 5 9	98 19 1	1,000 0 0	536 11 7	8,067 17 4	Waikato.
Wanganui	65	40	33	1,402 1 11	21 11 5	809 5 7	12 9 0	1,670 0 11	25 13 10	1,857 18 10	28 11 8	5,739 7 3	88 5 11	491 2 1	7 11 1	6,230 9 4	95 17 0	1,117 6 0	...	7,347 15 4	Wanganui.
Nelson	54	26	44	1,003 15 1	18 11 9	313 3 8	5 16 0	984 5 10	18 4 6	1,613 3 11	29 17 5	3,914 8 6	72 9 9	159 10 10	2 19 1	4,073 19 4	75 8 10	831 9 0	83 10 1	5,048 18 5	Nelson.
Southland	51	29	31	1,213 11 5	23 15 11	427 7 3	8 7 7	1,346 16 1	26 8 2	1,835 9 8	35 19 9	4,833 4 5	94 11 5	261 10 3	5 2 7	5,084 14 8	99 14 0	1,216 16 10	57 18 10	6,359 10 4	Southland.
Timaru	44	33	27	874 7 10	19 17 5	547 8 10	12 8 10	1,217 17 10	27 13 6	1,583 4 9	35 19 9	4,222 19 3	95 19 6	178 0 9	4 1 10	4,401 0 0	100 1 4	665 14 3	..	5,066 14 3	Timaru.
Gisborne	42	29	30	948 16 3	22 11 9	385 11 9	9 3 7	1,193 9 0	28 8 4	1,774 9 5	42 5 0	4,302 6 5	102 8 8	143 19 0	3 8 8	4,446 5 5	105 17 4	1,810 4 0	74 14 6	6,331 3 11	Gisborne.
Palmerston North	41	28	23	873 7 3	21 6 0	451 14 8	11 0 4	1,313 2 0	32 0 6	1,495 17 3	36 9 9	4,134 1 2	100 16 7	315 18 8	7 14 1	4,449 19 10	108 10 8	575 7 5	19 0 0	5,044 7 3	Palmerston North.
Class III—30 to 39 beds—																					
Thames	39	17	24	568 7 6	14 11 7	179 11 0	4 12 1	509 18 11	13 1 6	1,048 19 4	26 18 0	2,306 16 9	59 3 0	225 8 11	5 15 7	2,532 5 8	64 18 7	..	57 2 0	2,589 7 8	Thames.
Waihi	38	21	22	848 4 11	22 6 6	409 6 2	10 15 5	905 2 8	23 16 4	1,568 12 1	41 5 7	3,731 5 10	98 2 10	222 3 5	5 16 11	3,953 9 3	103 19 9	2,059 6 8	..	6,012 15 11	Waihi.
New Plymouth	35	27	30	949 2 4	27 2 4	461 18 1	13 3 11	1,022 12 2	29 4 4	1,690 19 0	48 6 3	4,124 11 7	117 16 10	256 10 11	7 6 7	4,381 2 6	125 3 5	9 10 0	1 11 0	4,392 3 6	New Plymouth.
Class IV—20 to 29 beds—																					
Westport	26	14	31	750 10 1	28 17 3	321 14 10	12 7 6	452 9 1	17 8 0	1,078 4 1	41 9 5	2,602 18 1	100 2 2	125 19 3	4 16 11	2,728 17 4	104 19 1	..	91 5 10	2,820 3 2	Westport.
Masterton	23	16	28	606 16 0	26 7 8	250 18 5	10 18 2	690 7 8	30 0 4	1,003 3 10	43 12 4	2,551 5 11	110 18 6	116 19 1	5 1 8	2,668 5 0	116 0 2	31 6 6	1 9 0	2,701 0 6	Masterton.
Dannevirke	23	15	34	497 18 5	21 13 0	139 1 10	6 0 11	469 4 2	20 8 0	803 5 0	34 18 6	1,909 9 5	83 0 5	123 5 1	5 7 2	2,032 14 6	88 17 7	876 13 10	..	2,909 8 4	Dannevirke.
Waipawa	20	12	23	601 8 1	30 1 5	245 10 5	12 5 6	477 15 0	23 17 9	1,062 8 9	53 2 5	2,387 2 3	119 7 1	151 9 9	7 11 6	2,538 12 0	126 18 7	1,553 15 11	26 1 9	4,118 9 8	Waipawa.
Wairau	20	9	24	573 7 6	28 13 5	267 17 1	13 7 10	761 7 5	38 1 4	973 8 10	48 13 5	2,576 0 10	128 16 0	58 5 1	2 19 3	2,634 5 11	131 15 3	36 0 0	1 6 3	2,671 12 2	Wairau.
Oamaru	20	13	27	389 19 7	19 10 0	198 3 5	9 18 2	409 2 10	20 9 2	704 10 7	35 4 6	1,701 16 5	85 1 10	110 3 3	5 10 2	1,811 19 8	90 12 0	79 13 6	20 0 0	1,911 13 2	Oamaru.
Class V—10 to 19 beds—																					
Wallace and Fiord	19	14	32	466 10 1	24 11 2	161 9 3	8 9 11	397 19 6	20 18 11	864 2 1	45 9 7	1,890 0 11	99 9 6	115 17 1	6 2 0	2,005 18 0	105 11 6	162 17 3	..	2,168 15 3	Wallace and Fiord.
Hawera	15	17	21	458 5 8	30 11 0	178 1 9	11 17 6	620 13 8	41 7 7	928 10 0	61 18 0	2,185 11 1	145 14 1	247 7 6	16 5 10	2,432 18 7	161 19 11	216 17 0	14 11 9	2,664 7 4	Hawera.
Ashburton	13	10	20	339 11 10	26 2 6	117 4 8	9 0 4	599 19 11	46 3 1	721 2 0	55 9 5	1,777 18 5	136 15 4	284 5 3	21 17 4	2,062 3 8	158 12 8	83 17 6	18 0 0	2,164 1 2	Ashburton.
Waimate	11	11	23	451 10 9	41 0 11	131 17 2	11 19 9	589 2 5	53 11 2	584 7 4	53 2 6	1,756 17 3	159 14 4	58 1 4	5 5 7	1,814 19 0	164 19 11	..	6 5 8	1,821 4 8	Waimate.
Gore	12	8	29	230 17 4	19 4 9	99 15 5	8 6 3	338 9 4	28 4 1	603 8 10	50 5 9	1,272 10 11	106 0 10	76 11 0	6 7 7	1,349 1 11	112 8 5	474 8 5	0 2 6	1,824 12 10	Gore.
Whangarei	11	8	22	194 14 3	17 14 0	71 18 7	6 10 10	230 0 2	20 18 2	877 6 5	79 15 2	1,373 19 5	124 18 2	168 12 5	15 6 7	1,542 11 10	140 4 9	26 2 7	3 8 1	1,572 2 6	Whangarei.
Stratford	10	7	23	267 6 10	26 14 8	124 4 8	12 8 6	332 6 5	33 4 8	803 1 2	80 6 1	1,526 19 1	152 13 11	152 10 6	15 5 1	1,679 9 7	167 19 0	112 15 10	451 0 9	2,243 6 2	Stratford.
Otaki	10	8	26	299 11 1	29 19 1	64 8 8	6 8 10	302 11 0	30 5 1	808 16 2	80 17 8	1,475 6 11	147 10 8	105 19 0	10 11 11	1,581 5 11	158 2 7	19 15 0	18 10 0	1,619 10 11	Otaki.
Class VI—under 10 beds—																					
North Wairoa	9	7	22	322 3 3	35 15 11	239 18 6	26 13 2	295 3 7	32 16 0	787 9 9	87 9 11	1,644 15 1	182 15 0	176 7 11	19 12 0	1,821 3 0	202 7 0	90 16 6	9 18 1	1,921 17 7	North Wairoa.
Patea	8	7	23	291 12 8	36 9 1	138 10 11	17 6 4	308 3 1	38 10 5	549 1 7	68 12 8	1,287 8 3	160 18 6	107 11 1	13 8 11	1,394 19 4	174 7 5	26 10 0	262 15 7	1,684 4 11	Patea.
Wairoa	8	7	19	206 11 7	25 16 5	69 1 9	8 12 9	210 12 8	26 6 7	526 11 4	65 16 5	1,012 17 4	126 12 2	101 5 0	12 13 1	1,114 2 4	139 5 3	166 4 6	..	1,280 6 10	Wairoa.
Picton	7	6	14	254 1 5	36 5 11	115 13 6	16 10 6	223 3 7	31 17 8	711 16 0	101 13 8	1,304 14 6	186 7 9	94 12 9	13 10 5	1,399 7 3	199 18 2	8 19 0	..	1,408 8 3	Picton.
Tuapeka	7	4	25	180 18 8	25 16 11	18 0 10	2 11 7	387 14 2	55 7 9	349 0 3	49 17 2	935 13 11	133 13 5	24 3 8	3 9 1	959 17 7	137 2 6	..	..	959 17 7	Tuapeka.
South Wairarapa	6	7	27	153 8 6	25 11 5	47 7 7	7 17 11	159 6 9	26 11 1	477 13 6	79 12 3	887 16 4	139 12 8	62 3 0	10 7 2	839 19 4	149 19 10	3,180 13 7	4 6 8	4,084 19 7	South Wairarapa.
Pahiatua	6	7	17	239 8 3	39 18 0	29 17 5	4 19 7	178 8 0	29 14 8	549 4 6	91 10 9	996 18 2	166 3 0	65 6 0	10 17 8	1,062 4 2	177 0 8	39 13 8	1 0 0	1,102 17 5	Pahiatua.
Naseby	6	6	32	164 16 5	27 9 5	53 15 10	8 19 4	183 1 2	30 10 1	574 11 0	95 15 2	976 4 5	162 14 0	37 3 0	6 2 6	1,013 7 5	168 16 6	..	0 4 2	1,013 11 7	Naseby.
Mercury Bay	6	6	24	246 2 6	41 0 5	133 2 11	22 3 10	153 9 2	25 11 6	720 18 8	120 3 1	1,259 13 3	208 18 10	49 4 8	8 4 1	1,312 17 11	217 2 11	72 4 4	..	1,375 2 3	Mercury Bay.
Wakatipu	6	4	30	154 8 3	25 14 8	34 4 2	5 14 0	121 0 7	20 8 5	394 7 4	65 14 7	704 0 4	117 6 8	76 11 0	12 15 2	730 11 4	130 1 10	173 18 0	10 18 11	964 18 3	Wakatipu.
Arrowtown	5	3	26	127 11 8	25 10 4	22 8 9	4 9 9	99 10 9	19 18 2	382 7 3	76 9 5	631 18 5	126 7 8	76 11 0	15 6 2	708 9 5	141 13 10	..	28 6 11	731 16 4	Arrowtown.
Dunstan	5	3	38	156 13 2	31 6 7	63 4 6	12 12 10	115 13 3	23 2 8	470 19 7	94 3 11	806 13 0	161 6 0	86 9 3	17 5 10	892 19 3	178 11 10	..	6 0 2	898 19 5	Dunstan.
Coromandel	5	7	20	235 0 9	47 0 2	196 18 9	39 7 9	184 9 10	36 17 11	664 12 11	132 18 7	1,281 2 3	256 4 5	92 19 8	18 11 11	1,374 1 11	274 16 4	..	4 0 0	1,378 1 11	Coromandel.
Mangonui	4	5	35	147 16 2	36 19 0	72 7 3	18 1 10	133 5 4	33 6 4	342 11 4	85 12 10	696 0 1	174 0 0	92 17 3	23 4 4	788 17 4	197 4 4	12 16 0	..	801 13 4	Mangonui.
Cromwell	4	5	23	104 8 10	26 2 2	38 5 11	9 11 5	175 17 7	43 19 5	482 13 6	120 13 5	801 5 10	200 6 5	77 2 0	19 5 0	878 7 10	219 11 5	..	21 8 0	899 15 10	Cromwell.
Taumarunui	4	4	22	122 0 7	30 10 2	9 7 7	2 6 11	69 11 1	17 7 9	318 10 7	79 12 7	519 9 10	129 17 5	45 18 4	11 9 7	565 8 2	141 7 0	..	..	565 8 2	Taumarunui
Rawene	3	5	34	140 11 5	46 17 2	33 6 0	11 2 0	213 18 11	71 6 4	282 4 2	94 1 4	670 0 6	223 6 10	92 17 2	30 19 1	762 17 8	254 5 11	19 15 2	..	782 12 10	Rawene.
Denniston	3	3	29	54 8 8	41 0 0*	2 3 0	2 0 0*	8 11 6	6 0 0*	134 19 4	101 0 0*	200 2 6	150 0 0*	13 12 6	10 0 0*	213 15 0	160 0 0*	1,398 1 7	..	1,611 16 4	Denniston.
Waiapu	2	5	28	166 14 0	83 7 0	30 10 0	15 5 0	337 2 8	168 11 4	874 13 2	437 6 7	1,408 19 10	704 9 11	58 12 11	29 6 5	1,467 12 9	733 16 4	16 4 10	8 6 6	1,492 4 1	Waiapu.
Akaroa	2	1	27	81 3 2	40 11 7	32 2 8	16 1 4	89 2 11	44 11 5	176 19 8	88 9 10	379 8 5	189 14 2	19 8 10	9 14 5	398 17 3	199 8 7	..	7 1 5	405 18 8	Akaroa.
Havelock	2	2	15	41 8 4	20 14 2	15 15 8	7 17 10	49 17 6	24 18 9	123 1 2	61 10 7	230 2 5	115 1 4	14 4 0	7 2 0	244 6 8	122 3 4	46 18 6	..	291 5 2	Havelock.
Kaitangata	†	1	13	55 13 8	..	21 0 10	..	71 4 2	..	149 16 2	..	297 14 10	..	17 13 9	..	315 8 7	..	253 11 7	..	569 0 2	Kaitangata.
Port Chalmers	‡	..	..	6 15 11	..	5 2 6	..	21 10 1	..	19 0 8	..	52 9 2	..	3 6 10	..	55 16 0	..	948 13 5	..	1,004 9 5	Port Chalmers.
Hospitals which are also Old Men's Homes—																					
Grey River	63	16	54	1,209 1 1	19 3 10	308 5 3	4 17 10	1,482 5 5	23 10 7	1,468 13 1	23 6 3	4,468 4 10	70 18 6	193 4 7	3 1 4	4,661 9 5	73 19 10	117 7 2	3 19 4	4,782 15 11	Grey River.
Westland	39	12	73	668 12 3	17 2 11	203 6 7	5 4 3	1,088 13 2	27 18 3	869 11 1	22 5 11	2,830 3 1	72 11 4	70 19 5	1 16 5	2,901 2 6	74 9 9	7 3 3	..	2,908 5 9	Westland.
Kumara	30	7	92	524 16 9	17 9 10	62 6 1	2 1 6	610 0 3	20 6 8	610 0 0	20 6 8	1,807 3 1	60 4 8	67 12 5	2 5 1	1,874 15 6	62 9 9	284 19 7	1 11 4	2,161 6 5	Kumara.
Reefton	27	9	56	613 18 2	22 11 8	137 19 8	5 2 3	519 19 6	19 5 2	822 10 5	30 9 3	2,094 7 9	77 11 4	164 6 10	6 2 9	2,258 14 7	83 4 1	1,533 18 10	9 10 9	3,802 4 2	Reefton.
Ross	11	2	111	222 6 10	20 4 3	88 18 5	8 1 8	162 18 2	14 16 2	380 15 4	34 12 4	854 18 9	77 14 5	46 16 0	4 5 1	901 14 9	81 19 6	208 4 0	6 5 3	1,116 4 0	Ross.
	1,839	..	28	41,898 14 2	22 15 1§	16,009 11 4	8 14 1§	49,130 15 9	26 14 1§	71,521 5 6	38 15 9§	178,560 6 9	96 19 0§	10,232 14 4	5 11 1§	188,798 1 1	102 10 1§	62,236 17 4	5,012 16 7	256,042 15 0	
Special Hospitals.																					
Maternity Homes—																					
St. Helens Hospital, Christchurch	9	17	13	405 7 10	45 0 10	117 9 6	13 1 1	331 3 2	36 15 11	424 4 3	47 2 8	1,278 4 9	142 0 6	78 0 0	8 13 4	1,356 4 9	150 13 10	..	..	1,356 4 9	St. Helens Hospital, Christchurch.
" Auckland	9	18	14	387 2 1	43 0 3	86 12 10	9 12 6	285 17 2	31 15 3	474 1 7	52 13 6	1,233 13 8	137 1 6	78 12 2	8 14 8	1,312 5 10	145 16 2	..	37 16 6	1,350 2 4	Auckland.
" Wellington	8	15	16	410 18 2	51 7 3	73 1 7	9 2 8	296 4 4	37 0 7	471 10 0	58 18 9	1,251 14 1	156 9 3	75 10 0	9 8 9	1,327 4 1	165 18 0	..	439 15 6	1,766 19 7	Wellington.
" Dunedin	7	13	14	348 18 11	49 2 8	32 16 7	4 13 10	443 17 10	63 8 3	529 3 7	75 11 11	1,349 16 11	192 16 8	75 0 0	10 14 3	1,424 16 11	203 10 11	..	..	1,424 16 11	Dunedin.
Dunedin Medical School	9	6	19	209 2 1	23 4 8	25 18 11	2 17 8	275 9 3	30 12 1	217 3 1	24 2 7	727 13 4	80 17 0	35 7 9	8 18 8	763 1 1	84 15 8	66 3 6	16 15 0	845 19 7	Medical School.
	42	..	15	1,756 9 1	41 16 5	335 19 5	7 19 11	1,632 11 9	38 17 5	2,116 2 6	50 7 8	5,841 2 9	139 1 5	342 9 11	8 3 1	6,183 12 8	147 4 6	66 3 6	494 7 0	6,744 3 2	
Consumptive Sanatoria—																					
Otaki	33	10	159	721 17 2	21 17 6	62 19 4	1 18 2	828 4 5	25 1 11	1,008 0 6	30 10 11	2,621 1 5	79 8 6	156 19 3	4 15 2	2,778 0 8	84 3 8	39 10 0	..	2,817 10 8	Otaki.
Cambridge	28	25	76	1,858 7 6	66 7 5	187 15 2	6 14 2	1,424 0 7	50 17 2	1,795 1 2	64 2 2	5,265 4 5	188 0 11	258 8 2	9 4 6	5,523 12 7	197 5 5	..	..	5,523 12 7	Cambridge.
Christchurch	28	14	148	1,393 15 3	49 15 6	140 0 2	5 0 0	965 3 9	34 9 6	860 19 6	30 15 0	3,359 18 8	120 0 0	172 7 4	6 3 2	3,552 6 0	126 3 2	2,101 10 10	150 14 10	5,784 11 8	Christchurch.
Dunedin (Rock and Pillar)	19	8	90	244 11 10	34 10 0‖	42 11 9	6 0 0‖	45 3 7	6 10 0‖	176 7 11	25 0 0‖	508 15 1	72 0 0‖	17 18 6	2 10 0‖	526 13 7	74 10 0‖	..	59 5 8	585 19 3	Dunedin.
Palmerston South	16	11	71	434 8 6	43 0 0¶	78 11 2	8 0 0¶	185 7 5	18 0 0¶	411 6 5	41 0 0¶	1,109 13 6	110 0 0¶	236 13 4	23 0 0¶	1,346 6 10	133 0 0¶	5,813 3 3	37 13 8	7,197 3 9	Palmerston South.
	124	..	107	4,653 0 3	44 13 0	511 17 7	4 7 10	3,447 19 9	36 3 0	4,251 15 6	41 3 5	12,864 13 1	126 7 3	842 6 7	6 12 1	13,706 19 8	132 19 4	7,954 4 1	247 14 2	21,908 17 11	
Infectious Diseases Hospitals—																					
Dunedin	6	2	42	129 9 10	21 11 8	20 18 1	3 9 8	158 18 0	26 9 8	390 12 5	65 2 1	699 18 4	116 13 1	24 18 10	4 3 2	724 17 2	120 16 3	40 0 0	..	764 17 2	Dunedin.
Christchurch	10	3	37	168 1 3	16 8 1	24 4 0	2 8 5	237 4 6	23 14 5	275 2 2	27 10 3	704 11 11	70 9 2	36 3 4	3 12 4	740 15 3	74 1 6	499 3 11	21 14 9	1,261 13 11	Christchurch.
Timaru	3	3	40	101 18 1	33 19 4	3 3 6	1 1 2	175 6 3	58 8 9	101 13 4	33 17 9	382 1 2	127 7 0	25 0 0	8 6 8	407 1 2	135 13 8	17 13 4	..	424 14 6	Timaru.
Invercargill	1	3	37	86 3 6	86 3 6	4 0 6	4 0 6	94 8 2	94 8 2	180 0 0	180 0 0	364 12 2	364 12 2	74 9 0	74 9 0	439 1 2	439 1 2	..	21 12 6	460 13 8	Invercargill.
	20	..	39	485 12 8	24 5 8	52 6 1	2 12 3	665 16 11	33 5 10	947 7 11	47 7 5	2,151 3 7	107 11 2	160 11 2	8 0 7	2,311 14 9	115 11 9	556 17 3	43 7 3	2,911 19 3	
Lyttelton Casualty Ward	..	1	..	29 18 5	..	..	..	34 16 2	..	90 12 0	..	155 6 7	..	7 19 0	..	163 5 7	..	..	31 18 0	195 3 7	Lyttelton Casualty Ward.
Grand totals	..	..	..	48,823 14 7	..	16,909 14 5	..	54,912 0 4	..	78,927 3 5	..	199,572 12 9	..	11,586 1 0	..	211,158 13 9	..	70,814 2 2	5,830 3 0	287,802 18 11	

* Denniston Hospital cost per occupied bed is but an estimate, as hospital was opened on the 25th October, 1910. † Kaitangata averaged 0·3 patients per diem. ‡ Port Chalmers Hospital opened 1st February, 1911. Up to 31st March, 1911, no patients were treated. § In calculating the average cost per occupied bed for the hospitals of the Dominion the figures relating to the Denniston, Kaitangata, and Port Chalmers Hospitals were ignored. ‖ Palmerston South Sanatorium cost per occupied bed is but an estimate, as this institution was opened on the 13th August, 1910. ¶ Rock and Pillar Sanatorium cost per occupied bed is but an estimate, as this institution was closed on 13th August.

Table IVa.—Giving Details of Item "Provisions" in Table IV.

Hospitals.	Average Number of Occupied Beds per Diem.	Meat.	Fish, Poultry, &c.	Butter.	Milk.	Eggs.	Bread and Flour, &c.	Vegetables and Fruit.	Grocery.	Total Provisions.
		£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
Auckland	248	830 5 8	336 13 8	635 8 8	918 14 10	261 8 9	451 19 6	357 16 2	834 5 6	4,626 12 9
Wellington	248	839 11 9	369 15 2	671 0 1	1,157 4 11	144 19 8	390 14 10	424 7 3	1,042 10 0	5,040 3 8
Dunedin	174	908 8 2	302 18 1	462 14 11	586 9 0	304 12 9	266 7 11	265 6 5	624 4 2	3,721 1 5
Christchurch	155	668 10 5	204 8 9	380 6 9	571 13 10	257 2 8	298 10 3	378 13 7	495 15 7(1)	3,255 1 10
Napier	124	361 14 2	120 8 7	228 14 7	347 10 4	89 9 10	121 11 5	179 12 1	306 12 9	1,755 13 9
Waikato	109	399 14 6	50 0 0	230 0 0	325 3 0	..	195 8 4	120 0 0	487 0 0	1,797 5 10
Wanganui	84	255 15 1	75 9 8	198 4 10	237 14 2	82 2 8	132 4 3	151 18 7	268 12 8	1,402 1 11
Nelson	70	184 4 4	10 19 10	144 7 10	253 12 10	25 13 0	105 15 5	75 12 7	203 9 3	1,003 15 1
Southland	67	270 19 9	61 2 2	150 15 7	158 8 3	65 3 10	107 11 5	174 10 2(2)	225 0 3	1,213 11 5
Timaru	44	140 3 0	53 14 9	132 1 1	164 12 2	33 12 6	86 19 10	107 11 11(3)	155 12 7	874 7 10
Gisborne	42	160 4 3	21 2 7	146 9 1	139 10 6	20 0 0	126 4 2	34 16 2	300 9 6	948 16 3
Palmerston North	41	211 7 6	44 13 0	109 12 9	200 11 5(4)	15 11 5	93 11 5	71 15 1(5)	126 4 8	873 7 3
Thames	39	71 8 3	37 12 3	62 3 4	115 0 9	15 12 10	58 10 8	86 7 9(6)	121 11 8	568 7 6
Waihi	38	125 15 7	55 9 9	93 12 9	231 14 1	21 10 8	61 14 9	63 10 6	194 16 10	848 4 11
New Plymouth	35	239 9 1	28 6 4	134 3 3	155 4 8	55 1 9	86 9 8	54 0 4	196 7 3	949 2 4
Westport	26	163 7 0	1 9 6	81 9 10	161 7 2	28 4 6	64 1 4	19 5 0	231 5 9	750 10 1
Masterton	23	131 10 5	24 12 2	71 17 7	106 10 2	19 3 6	79 5 1	52 19 5	120 17 8	606 16 0
Dannevirke	23	90 7 11	29 16 11	48 7 8	36 0 0	14 0 0	43 4 11	69 9 7	166 11 5	497 18 5
Waipawa	20	85 15 2	13 10 5(7)	76 19 5	156 8 10(8)	19 7 3(9)	53 6 9	56 5 2(10)	139 15 1	601 8 1
Wairau	20	130 6 7	20 5 0	60 7 1	99 19 6	12 2 5(11)	68 1 0	21 0 4(12)	161 5 7	573 7 6
Oamaru	20	114 1 2	19 12 3(13)	48 13 0	54 2 9(14)	8 1 0(15)	42 9 0	33 11 1(16)	69 9 4	389 19 7
Wallace and Fiord	19	124 12 1	27 5 3	43 10 0	70 15 2	1 3 6	54 17 4	38 14 9	105 12 0	466 10 1
Hawera	15	115 1 5	12 7 6	60 17 6	58 14 9	..	62 17 8	9 19 3	138 7 7	458 5 8
Ashburton	13	90 4 7	17 17 0(17)	31 1 9(18)	48 0 0(19)	16 2 6(20)	34 4 8	21 17 1(21)	80 4 3	339 11 10
Waimate	11	82 1 7	24 11 11(22)	46 17 1(23)	95 0 0(24)	22 0 0(25)	30 15 8	45 8 4(26)	104 16 2	451 10 9
Gore	12	40 2 6	14 10 11(27)	30 2 1	28 10 11(28)	5 18 8(29)	33 1 8	21 7 4(30)	57 3 3	230 17 4
Whangarei	11	45 10 7	4 4 0	22 19 4	35 14 5	5 3 0	24 5 10	12 3 9	44 13 4	194 14 3
Stratford	10	37 4 3	8 3 7(31)	53 2 6	42 15 2	7 11 6(32)	26 1 1	24 7 8(33)	68 1 1	267 6 10
Otaki	10	57 0 4	20 2 8(34)	34 13 0	36 12 7(35)	5 6 6(36)	26 17 6	35 2 5(37)	83 16 1	299 11 1
North Wairoa	9	63 9 10	11 16 6	37 0 4	48 17 0	1 6 1	32 3 1	32 3 11	95 6 6	322 3 3
Patea	8	47 16 5	1 7 6	27 4 7	46 0 8	8 15 7	25 5 0	26 19 3	108 3 8	291 12 8
Wairoa	8	49 5 3	6 1 0(38)	24 6 0	39 14 9	12 0 0(39)	15 6 5	27 18 10(40)	31 19 4	206 11 7
Picton	7	40 9 5	1 0 0	34 18 6	53 5 0	7 4 3	21 8 2	13 5 6	82 10 7	254 1 5
Tuapeka	7	64 4 4	4 6 9	17 12 1	33 4 4	11 1 6	15 4 4	3 5 0	32 0 4	180 18 8
South Wairarapa	6	34 6 10	0 16 11	25 16 5	22 9 3	6 13 5	17 6 7	16 7 2	29 11 11	153 8 6
Pahiatua	6	39 9 2	9 6 5(41)	25 2 0	52 0 0(42)	10 0 0(43)	17 16 4	9 10 9(44)	76 3 7	239 8 3
Naseby	6	32 15 1	0 16 2	24 17 8	30 19 0	2 8 3	20 11 5	10 11 5	41 17 5	164 16 5
Mercury Bay	6	64 12 8	2 0 0	28 6 4	37 19 10	2 8 6	28 13 7	3 5 4	78 16 3	246 2 6
Wakatipu	6	34 1 10	3 19 1	18 1 6	37 15 0	5 0 0(45)	15 11 3	4 4 6	35 15 1	154 8 3
Arrowtown	5	41 0 9	0 6 0	14 9 9	22 12 6	5 1 0	11 14 6	5 11 0	26 16 2	127 11 8
Dunstan	5	24 0 2	3 15 0(46)	12 10 3	30 12 11	10 3 6(47)	12 6 0	12 5 2(48)	51 0 2	156 13 2
Coromandel	5	52 9 8	3 5 6	28 3 3	42 19 1	11 8 0	17 8 0	..	79 7 3	235 0 9
Mangonui	4	24 5 7	0 5 6	15 18 5	19 1 2	2 2 8	13 6 3	5 11 3	67 5 4	147 16 2
Cromwell	4	37 8 4	..	..	..	15 3 11	14 4 1	1 5 5	36 7 1	104 8 10
Taumarunui	4	24 9 8	2 0 0	13 14 0	24 7 1	5 8 5	12 0 7	9 12 4	30 8 6	122 0 7
Rawene	3	27 1 7	3 5 6	13 15 11	5 16 4	0 6 6	14 0 6	6 11 10	69 13 3	140 11 5
Denniston	3	10 0 3	..	..	8 6 6	2 15 6	3 7 0	2 18 2	26 18 6	54 8 8

For references see next page.

TABLE IVA.—Giving DETAILS of Item "PROVISIONS" in Table IV—*continued*.

Hospitals.	Average Number of Occupied Beds per Diem.	Meat.	Fish, Poultry, &c.	Butter.	Milk.	Eggs.	Bread and Flour, &c.	Vegetables and Fruit.	Grocery.	Total Provisions.
		£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
Waiapu	2	22 5 1	1 0 0(49)	13 0 11(50)	40 5 0(51)	12 6 8(52)	14 4 9	17 12 4(53)	45 19 3	166 14 0
Akaroa	2	26 1 3	2 10 0	8 7 10	16 15 6	1 17 0	8 2 5	6 6 11	11 2 3	81 3 2
Havelock	2	..	..	..	..	..	..	..	..	41 8 4
Kaitangata	..	19 15 8	0 19 8	4 13 11	6 14 1	3 17 9	3 9 10	5 12 6	10 10 3	55 13 8
Grey River	63	395 13 6	360 17 10	..	..	..	109 4 8	69 2 1	274 3 0	1,209 1 1
Westland	39	163 12 11	10 9 11	79 6 3	128 11 3	16 15 3	63 11 9	52 3 9	154 1 2	668 12 3
Kumara	30	97 13 11	11 11 3	74 16 0	123 11 5	0 15 3	55 5 9	36 17 7	124 5 7	524 16 9
Reefton	27	140 2 5	1 18 0	59 5 0	137 1 11	0 15 6	64 9 11	5 10 9	204 14 8	613 18 2
Ross	11	60 0 11	3 8 10	21 4 2	47 8 2	5 17 9	24 14 3	16 7 9	43 5 0	222 6 10
SPECIAL HOSPITALS.										
Maternity Homes—										
St. Helens Hospital, Christchurch	9	74 6 1	21 19 1	67 5 7	78 3 3	14 1 11	38 6 5	34 6 7	76 18 11	405 7 10
,, Auckland	9	65 8 5	15 1 7	51 19 10	77 16 0	13 2 3	46 8 6	34 17 4	82 8 2	387 2 1
,, Wellington	8	90 12 2	26 11 9	60 3 7	50 16 9	14 10 4	40 5 6	34 11 9	93 6 4	410 18 2
,, Dunedin	7	59 7 0	12 17 5	34 14 8	51 5 9	11 18 7	37 4 0	34 7 9	102 3 9	343 18 11
Dunedin Medical School	9	32 13 6	12 12 6	33 7 0	30 8 4	4 5 2	24 2 7	16 11 10	55 1 2	209 2 1
Consumptive Sanatoria—										
Otaki	33	201 17 3	18 7 8(54)	91 15 0(55)	74 10 4(56)	1 8 2	55 1 1	73 15 3(57)	205 2 5	721 17 2
Cambridge	28	463 11 8(58)	84 8 0(59)	180 13 2	272 8 7	160 3 5(60)	86 11 6	348 7 7(61)	262 3 7	1,858 7 6
Christchurch	28	304 12 1	57 7 3	93 11 4	345 10 8	115 13 4	57 11 7	213 10 11(62)	205 18 1	1,393 15 3
Dunedin (Rock and Pillar)	19	57 15 5	16 8 0	16 18 1	51 11 8	27 16 0	20 7 1	17 1 4	36 14 3	244 11 10
Palmerston South	16	119 15 11	25 0 3	38 3 4	104 15 5	11 15 0	31 7 1	31 8 4	70 0 2	434 8 6
Infectious Diseases Hospitals—										
Dunedin	6	18 18 4	1 1 6	12 6 1	37 2 0	7 16 6	14 8 2	11 3 6	26 3 9	129 9 10
Christchurch	10	34 18 4	6 2 8	22 9 9	26 11 10	15 7 4	24 5 1	11 2 6	27 3 9	168 1 3
Timaru	3	22 9 8	1 7 5	10 18 2	15 14 11(63)	7 0 7	10 4 3	11 15 3(64)	22 7 10	101 18 1
Invercargill	1	18 0 5	0 13 7	9 0 0	11 1 0(65)	5 0 0	5 5 9	10 0 0(66)	27 2 9	86 3 6
Lyttelton Casualty Ward	..	7 3 1	..	3 7 8	5 10 0	1 14 1	3 8 5	2 17 1	5 18 1	29 18 5

(1) Includes £170 0 0 worth produced on premises.
(2) ,, £90 0 0 ,, ,,
(3) ,, £30 0 0 ,, on Talbot Hospital premises.
(4) ,, £160 10 0 ,, on premises.
(5) ,, £20 0 0 ,, ,,
(6) ,, £70 0 0 ,, ,,
(7) ,, £2 0 0 ,, ,,
(8) ,, £146 0 0 ,, ,,
(9) ,, £18 5 0 ,, ,,
(10) ,, £18 4 0 ,, ,,
(11) ,, £6 7 2 ,, ,,
(12) ,, £15 15 7 ,, ,,
(13) ,, £5 0 0 ,, ,,
(14) ,, £40 0 0 ,, ,,
(15) ,, £8 0 0 ,, ,,
(16) ,, £10 0 0 ,, ,,
(17) ,, £4 0 0 ,, ,,
(18) ,, £7 10 0 ,, ,,
(19) ,, £48 0 0 ,, ,,
(20) ,, £16 0 0 ,, ,,
(21) ,, £6 0 0 ,, ,,
(22) ,, £15 0 0 ,, ,,

(23) Includes £15 0 0 worth produced on premises.
(24) ,, £95 0 0 ,, ,,
(25) ,, £22 0 0 ,, ,,
(26) ,, £45 0 0 ,, ,,
(27) ,, £1 10 0 ,, ,,
(28) ,, £20 0 0 ,, ,,
(29) ,, £2 10 0 ,, ,,
(30) ,, £7 0 0 ,, ,,
(31) ,, £2 0 0 ,, ,,
(32) ,, £5 0 0 ,, ,,
(33) ,, £6 0 0 ,, ,,
(34) ,, £4 0 0 ,, ,,
(35) ,, £30 0 0 ,, ,,
(36) ,, £5 0 0 ,, ,,
(37) ,, £20 0 0 ,, ,,
(38) ,, £5 0 0 ,, ,,
(39) ,, £12 0 0 ,, ,,
(40) ,, £18 0 0 ,, ,,
(41) ,, £1 0 0 ,, ,,
(42) ,, £52 0 0 ,, ,,
(43) ,, £10 0 0 ,, ,,
(44) ,, £3 0 0 ,, ,,

(45) Includes £5 0 0 worth produced on premises.
(46) ,, £3 0 0 ,, ,,
(47) ,, £5 0 0 ,, ,,
(48) ,, £10 0 0 ,, ,,
(49) ,, £1 0 0 ,, ,,
(50) ,, £2 12 0 ,, ,,
(51) ,, £40 5 0 ,, ,,
(52) ,, £12 6 8 ,, ,,
(53) ,, £13 14 6 ,, ,,
(54) ,, £5 0 0 ,, ,,
(55) ,, £10 0 0 ,, ,,
(56) ,, £50 0 0 ,, ,,
(57) ,, £50 0 0 ,, ,,
(58) ,, £49 9 5 ,, ,,
(59) ,, £25 19 6 ,, ,,
(60) ,, £137 11 2 ,, ,,
(61) ,, £140 2 3 ,, ,,
(62) ,, £140 0 0 ,, ,,
(63) ,, £5 0 0 ,, ,,
(64) ,, £5 0 0 ,, ,,
(65) ,, £5 0 0 ,, ,,
(66) ,, £10 0 0 ,, ,,

TABLE IVB.—Giving DETAILS of Item "SURGERY AND DISPENSARY" in Table IV.

Hospitals.	Average Number of Occupied Beds per Diem.	Drugs, Chemicals, Disinfectants, &c.	Dressings, Bandages, &c.	Wines, and Spirits and Malt Liquors.	Aerated Waters and Ice.	Surgical Instruments and Apparatus.	Totals.
		£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
Auckland	248	856 19 2	556 3 2	79 17 0	53 10 1	269 0 6	1,815 9 11
Wellington	248	827 19 11	117 15 5	64 7 4	12 14 3	247 14 0	1,270 10 11
Dunedin	174	876 4 5	235 15 0	39 15 0	135 2 2	268 6 11	1,555 3 6
Christchurch	155	695 11 7	117 3 11	75 5 6	67 1 2	271 1 2	1,226 3 4
Napier	124	376 3 2	245 19 7	96 3 8	67 14 0	177 19 10	964 0 3
Waikato	109	375 18 9	(a)	19 18 6	..	201 10 8	597 7 11
Wanganui	84	419 11 8	209 6 1	73 1 1	35 2 2	72 4 7	809 5 7
Nelson	70	..	..	..	..	..	313 3 8
Southland	67	148 18 7	138 9 11	12 19 0	4 4 10	122 14 11	427 7 3
Timaru	44	284 2 11	87 6 4	35 9 6	12 0 0	128 10 1	547 8 10
Gisborne	42	250 18 9	50 13 8	18 11 0	15 17 0	49 11 4	385 11 9
Palmerston North	41	170 14 9	125 7 7	55 7 3	8 16 9	91 8 4	451 14 8
Thames	39	119 0 10	13 17 1	7 6 0	..	39 7 1	179 11 0
Waihi	38	169 15 4	102 18 6	22 2 4	11 0 11	103 9 1	409 6 2
New Plymouth	35	207 13 9	129 2 10	8 3 6	3 6 3	113 11 9	461 18 1
Westport	26	170 16 1	58 6 6	16 7 6	..	76 4 9	321 14 10
Masterton	23	100 1 2	69 14 1	10 18 6	0 16 0	69 8 8	250 18 5
Dannevirke	23	83 7 0	36 0 4	5 7 6	..	14 7 0	139 1 10
Waipawa	20	70 2 6	18 18 9	10 5 6	..	146 3 8	245 10 5
Wairau	20	125 12 3	98 14 8	8 12 0	17 9 3	17 8 11	267 17 1
Oamaru	20	105 11 7	28 14 6	8 6 9	2 5 0	53 5 7	198 3 5
Wallace and Fiord	19	108 2 8	23 17 7	3 11 0	..	25 18 0	161 9 3
Hawera	15	95 19 1	..	11 15 6	..	70 7 2	178 1 9
Ashburton	13	75 2 4	26 7 1	..	1 16 7	13 18 8	117 4 8
Waimate	11	81 19 5	9 8 10	9 3 0	1 18 6	29 7 5	131 17 2
Gore	12	61 10 11	11 9 2	3 2 6	2 3 6	21 19 4	99 15 5
Whangarei	11	33 7 1	12 4 3	4 16 0	..	21 11 3	71 18 7
Stratford	10	52 3 10	43 13 0	1 7 6	..	27 0 4	124 4 8
Otaki	10	56 18 5	2 4 0	..	3 12 5	1 13 10	64 8 8
North Wairoa	9	129 12 5	37 12 4	16 3 6	..	56 10 3	239 18 6
Patea	8	122 18 11	(a)	12 0 6	..	3 11 6	138 10 11
Wairoa	8	40 9 7	14 14 0	1 18 6	1 15 3	10 4 5	69 1 9
Picton	7	47 3 8	13 10 0	..	..	54 19 10	115 13 6
Tuapeka	7	11 9 10	3 4 0	2 17 0	..	0 10 0	18 0 10
South Wairarapa	6	19 7 1	20 11 11	..	..	7 8 7	47 7 7
Pahiatua	6	16 7 8	3 4 9	0 5 6	..	9 19 6	29 17 5
Naseby	6	19 19 3	5 19 1	1 14 6	1 1 6	25 1 6	53 15 10
Mercury Bay	6	82 4 2	35 6 8	3 13 0	..	11 19 1	133 2 11
Wakatipu	6	23 10 10	3 19 5	4 11 0	0 6 6	1 16 5	34 4 2
Arrowtown	5	13 0 7	6 14 7	0 15 0	..	1 18 7	22 8 9
Dunstan	5	44 10 3	4 1 0	4 11 0	5 1 7	5 0 2	63 4 0
Coromandel	5	150 2 5	31 8 8	6 11 0	..	8 16 8	196 18 9
Mangonui	4	24 5 9	15 2 2	2 12 0	0 2 6	30 4 10	72 7 3
Cromwell	4	25 3 2	5 6 10	3 7 0	..	4 8 11	38 5 11
Taumarunui	4	4 14 1	0 8 11	..	0 7 6	3 17 1	9 7 7
Rawene	3	10 10 3	17 0 2	2 3 6	..	3 12 1	33 6 0
Denniston	3	..	..	..	..	..	2 3 0
Waiapu	2	30 2 6	(a)	0 7 6	..	..	30 10 0
Akaroa	2	21 8 0	2 0 10	6 19 0	0 9 1	1 5 9	32 2 8
Havelock	2	2 17 5	10 9 9	1 2 0	0 8 0	0 18 6	15 15 8
Kaitangata	..	18 6 1	2 10 0	..	..	0 4 9	21 0 10
Grey River	63	115 2 9	34 2 7	57 4 0	20 3 0	81 12 11	308 5 3
Westland	39	93 8 2	52 0 5	38 7 0	..	19 11 0	203 6 7
Kumara	30	29 13 8	19 0 5	3 15 0	..	9 17 0	62 6 1
Reefton	27	67 5 7	31 19 3	..	8 16 9	29 18 1	137 19 8
Ross	11	27 19 5	20 4 11	24 8 6	2 6 0	13 19 7	88 18 5
SPECIAL HOSPITALS.							
Maternity Homes—							
St. Helens Hospital—							
Christchurch	9	59 11 11	25 5 1	5 14 6	0 9 0	26 9 0	117 9 6
Auckland	9	47 11 6	33 0 2	0 12 0	..	5 9 2	86 12 10
Wellington	8	51 3 4	8 0 11	0 9 6	..	13 7 10	73 1 7
Dunedin	7	20 0 6	7 17 6	0 12 6	..	4 6 1	32 16 7
Dunedin Medical School	9	23 0 3	..	..	0 10 0	2 8 8	25 18 11
Consumptive Sanatoria—							
Otaki	33	61 1 4	..	..	1 18 0	..	62 19 4
Cambridge	28	129 16 4	25 9 5	29 5 1	..	3 4 4	187 15 2
Christchurch	28	53 17 0	0 14 2	..	11 9 0	74 0 0	140 0 2
Dunedin (Rock and Pillar)	19	41 8 9	..	1 3 0	..	..	42 11 9
Palmerston South	16	71 7 6	..	0 13 0	..	6 10 8	78 11 2
Infectious Diseases Hospitals—							
Dunedin	6	19 11 0	..	0 4 9	1 2 4	..	20 18 1
Christchurch	10	19 5 6	0 8 6	3 0 0	..	1 10 0	24 4 0
Timaru	3	2 14 6	..	..	0 9 0	..	3 3 6
Invercargill	1	2 8 6	..	..	1 12 0	..	4 0 6
Lyttelton Casualty Ward	..	..	..	..	..	..	..

(a) Included in "Drugs, Chemicals," &c.

TABLE IVc.—Showing DETAILS of "DOMESTIC AND ESTABLISHMENT" EXPENDITURE in TABLE IV.

Hospitals.	Average Number of Occupied Beds per Diem.	Renewal and Repair of Furniture.	Renewal and Repair of Bedding, Linen, and Drapery.	Renewal and Repair of Hardware, &c.	Laundry.	Cleaning and Chandlery.	Fuel and Light.					Total Fuel and Light.	Uniforms.	Repairs to Buildings.	Grounds.	Printing and Stationery.	Insurance.	Sundries.	Total Domestic and Establishment.
							Water.	Coal.	Wood.	Gas.	Electric Light.	Oil, Candles, &c.							
		£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
Auckland	248	332 4 11	595 2 3	244 4 10	791 19 5	185 16 8	405 7 0	822 18 7	..	710 15 11	..	..	1,533 14 6	126 3 9	1,008 19 6	565 6 8	192 19 0	50 10 0	423 15 6	6,479 16 6
Wellington	248	91 6 9	565 8 8	103 11 8	..	75 17 9	321 16 6	1,178 6 6	..	853 14 2	32 14 10	..	2,064 15 6	..	873 17 9	424 11 5	158 13 11	158 14 5	205 11 4	5,084 2 5
Dunedin	144	166 6 3	567 9 9	191 13 4	290 17 1	244 19 0	294 7 6	1,424 0 6	..	404 0 8	278 19 4	10 0 10	2,117 1 4	32 1 0	662 11 3	242 12 5	49 19 0	89 8 1	337 0 6	5,286 6 6
Christchurch	138	297 3 4	457 6 3	480 15 1	..	150 13 6	..	1,371 13 7	..	40 1 5	4 19 10	13 1 5	1,429 16 3	43 2 1	532 10 4	352 10 2	202 0 10	49 6 0	409 0 11	4,404 4 9
Napier	75	74 9 8	265 4 0	79 16 1	..	140 16 6	103 2 6	368 17 3	..	281 7 1	9 15 0	10 8 4	670 7 8	29 4 9	293 9 2	152 19 11	48 7 0	77 19 5	61 10 5	1,997 7 1
Waikato	66	127 17 2	153 13 9	70 0 0	..	59 10 11	75 2 8	274 10 7	..	252 8 1	..	5 1 0	531 19 8	..	99 8 7	147 4 3	17 10 0	43 11 9	64 10 11	1,390 9 8
Wanganui	65	69 11 2	193 16 10	74 5 8	..	95 11 8	160 16 6	167 15 10	27 6 0	183 4 8	239 8 2	3 4 9	620 19 5	28 9 11	66 6 1	258 14 6	20 19 10	27 8 4	53 1 0	1,670 0 11
Nelson	54	77 9 3	140 17 3	95 7 4	..	42 4 3	17 0 0	68 8 6	28 10 0	237 7 8	..	..	334 6 2	31 14 0	116 15 0	94 3 11	14 2 6	20 6 2	..	984 5 10
Southland	51	97 10 4	143 4 2	100 2 6	0 9 10	81 7 11	42 11 6	240 12 3	28 6 3	260 6 5	..	..	529 4 11	69 1 1	145 19 7	52 9 9	20 0 0	32 18 1	31 16 5	1,346 16 1
Timaru	44	50 12 8	131 19 8	81 14 10	..	76 19 8	48 5 0	325 1 0	..	112 16 1	..	..	437 17 1	17 15 4	99 13 2	106 18 9	45 9 0	39 4 7	76 5 1	1,217 17 10
Gisborne	42	155 5 1	123 9 8	49 19 5	..	45 19 1	12 0 0	53 10 8	107 5 0	255 3 5	..	4 6 0	420 5 1	77 0 0	124 18 1	83 5 6	5 5 2	48 0 2	48 1 9	1,193 9 0
Thames	39	50 12 7	33 19 2	33 10 4	64 6 2	19 17 6	10 0 0	70 5 5	*	84 9 5	..	..	154 14 10	..	6 9 6	80 2 9	7 0 9	30 8 10	18 16 6	509 18 11
Palmerston North	41	153 7 5	134 9 5	13 14 0	..	74 12 5	23 7 9	223 7 0	87 12 3	192 14 6	..	5 0 9	508 4 6	32 1 7	131 5 7	104 2 11	1 11 6	73 16 7	61 18 4	1,313 2 0
Waihi	38	12 9 0	123 7 7	34 5 5	..	39 13 10	5 10 0	173 9 10	..	240 8 3	..	5 19 3	419 17 4	23 15 11	61 18 7	108 5 11	5 9 6	31 3 5	39 6 2	905 2 8
New Plymouth	35	87 4 9	56 16 8	33 15 3	..	37 1 11	10 0 0	149 17 6	23 11 0	156 15 10	151 11 2	..	481 15 6	33 12 7	70 3 2	167 9 7	2 7 6	31 5 2	11 0 1	1,022 12 2
Westport	26	44 16 10	45 8 10	4 18 6	..	29 15 0	20 0 0	70 8 3	..	121 3 6	..	..	191 11 9	15 6 7	35 17 7	..	2 0 0	5 0 0	57 14 0	452 9 1
Masterton	23	29 1 3	105 10 0	55 2 2	..	41 19 0	17 0 0	89 8 9	2 11 0	136 5 1	..	8 14 3	236 19 1	32 6 7	105 10 7	24 5 0	5 1 7	24 18 6	12 13 11	690 7 8
Dannevirke	23	24 15 7	7 9 2	11 7 7	..	16 11 7	..	72 1 11	87 1 6	117 18 6	..	1 12 7	278 14 6	21 17 2	19 9 2	60 9 0	..	15 15 9	12 14 8	469 4 2
Waipawa	20	34 17 1	13 6 8	14 8 2	..	10 3 0	16 12 0	83 18 5	32 17 10	47 17 6	..	19 9 11	184 3 8	..	19 6 7	126 8 0	..	48 0 4	10 9 6	477 15 0
Wairau	20	65 8 10	78 15 9	23 17 0	..	45 6 6	7 13 3	97 13 0	102 2 0	78 12 6	..	7 1 6	285 9 0	41 10 3	43 4 5	80 18 11	9 18 6	27 17 2	51 7 10	761 7 5
Oamaru	20	63 0 6	37 16 6	10 18 9	..	26 16 2	0 6 6	75 7 0	2 0 0	39 6 8	..	2 14 10	119 8 6	14 1 0	46 5 7	45 0 4	6 5 9	8 7 6	30 15 9	409 2 10
Wallace and Fiord	19	23 16 7	95 1 8	14 2 7	..	4 0 2	..	102 12 0	7 2 6	..	..	10 15 4	120 9 10	..	9 4 6	53 8 3	11 18 1	7 4 4	58 13 6	397 19 6
Hawera	15	20 8 6	98 13 6	34 12 7	..	17 14 0	29 15 0	93 17 6	12 15 1	186 8 2	2 1 6	3 17 0	298 19 3	15 6 9	38 13 10	32 9 2	..	32 2 2	1 18 11	620 13 8
Ashburton	13	2 18 9	7 17 6	190 9 8	..	8 10 4	..	61 11 3	12 0 0	75 14 8	..	14 0 8	163 6 7	3 6 8	42 2 7	110 8 1	9 9 3	12 3 10	49 6 8	599 19 11
Waimate	11	18 16 9	75 11 2	24 8 3	11 6 8	30 5 1	20 0 0	67 16 6	74 0 2	..	..	3 1 11	144 18 7	12 0 0	26 4 1	150 16 9	22 16 1	12 16 0	39 3 0	589 2 5
Gore	12	21 4 6	15 1 3	46 0 1	..	24 5 7	6 8 5	56 2 8	2 17 0	..	40 6 2	1 16 5	101 2 3	..	8 11 5	80 4 5	11 12 11	10 14 10	13 3 8	338 9 4
Whangarei	11	2 5 6	37 13 9	14 1 7	..	5 18 9	..	21 3 0	2 10 3	33 18 10	..	1 19 11	59 12 0	11 8 3	17 18 1	27 15 6	11 0 0	14 1 2	28 5 7	230 0 2
Stratford	10	7 13 0	3 18 0	17 14 7	3 19 6	22 11 4	6 0 0	87 18 8	7 9 0	..	25 14 8	9 3 1	130 5 5	7 9 3	11 7 2	93 0 10	2 12 0	12 9 4	13 6 0	332 6 5
Otaki	10	25 9 9	18 2 8	8 4 2	..	0 10 6	..	33 10 10	15 17 6	..	20 7 7	28 6 5	98 2 4	..	36 18 2	57 17 2	0 18 8	22 5 3	23 7 10	302 11 0
North Wairoa	9	29 0 4	19 18 5	14 6 8	..	10 15 9	7 18 6	55 8 11	4 13 6	73 0 9	..	5 2 2	138 5 4	4 19 7	7 0 6	13 5 6	5 6 10	15 11 6	28 14 8	295 3 7
Patea	8	53 5 6	26 19 0	14 11 0	..	1 4 6	1 8 6	20 12 2	24 0 0	34 4 4	..	..	78 16 6	..	20 15 3	79 16 6	3 12 5	13 4 6	14 9 5	308 3 1
Wairoa	8	2 17 5	21 9 4	12 6 5	..	9 3 7	17 0 0	15 12 9	..	11 5 0	..	8 5 0	35 2 9	..	62 15 0	22 9 5	0 19 0	9 6 0	17 3 9	210 12 8
Picton	7	..	21 9 0	12 9 8	..	12 9 7	3 10 0	35 0 2	5 14 6	61 4 0	..	2 5 4	104 4 0	..	23 12 6	20 0 0	..	11 3 4	14 5 6	223 3 7
Tuapeka	7	..	37 15 0	7 4 2	0 5 11	2 12 10	10 0 0	57 10 8	..	..	..	16 4 10	73 15 6	..	170 17 6	71 0 8	..	6 15 9	7 6 10	387 14 2
South Wairarapa	6	1 5 0	15 3 2	11 6 1	12 5 0	10 8 0	..	11 1 0	22 10 0	..	47 3 7	..	80 14 7	..	10 13 10	..	1 0 9	10 19 2	5 11 2	159 6 9
Pahiatua	6	25 7 11	17 18 0	13 8 1	..	5 15 0	10 0 0	30 3 3	..	32 7 6	†	..	62 10 9	1 1 0	15 6 4	11 19 0	..	13 17 7	1 4 4	178 8 0
Naseby	6	8 14 7	8 9 10	6 19 1	..	12 4 8	8 0 0	57 19 2	..	..	..	17 13 7	75 12 9	..	2 17 9	26 1 2	8 2 5	6 5 6	19 13 5	183 1 2
Mercury Bay	6	30 1 0	0 17 0	9 12 3	..	10 13 10	..	2 8 0	5 8 6	..	..	13 14 10	21 11 4	..	74 15 8	..	..	5 18 1	..	153 9 2
Wakatipu	6	..	4 7 1	8 14 8	..	4 9 2	..	40 10 0	..	..	..	5 5 10	45 15 10	..	7 16 0	30 5 7	1 5 6	16 9 6	1 17 3	121 0 7
Arrowtown	5	..	9 10 5	6 9 0	..	2 10 6	..	23 3 6	..	..	..	6 14 3	29 17 9	..	1 11 8	32 1 8	0 15 6	14 18 3	1 16 0	99 10 9
Dunstan	5	6 16 8	5 10 9	4 14 1	..	..	10 0 0	31 1 10	..	..	..	9 6 4	40 8 2	..	22 11 6	0 17 0	..	6 15 1	18 0 0	115 13 3
Coromandel	5	..	33 19 5	32 19 4	..	..	..	54 15 0	..	..	..	15 9 0	70 4 0	7 0 1	5 12 6	4 0 0	..	7 6 9	23 7 9	184 9 10
Mangonui	4	7 14 0	13 14 5	3 1 5	..	3 7 11	..	..	24 0 0	..	..	4 9 2	28 9 2	..	51 6 6	1 11 11	1 15 6	7 15 0	14 9 6	133 5 4
Cromwell	4	..	18 4 9	6 6 6	..	9 19 1	..	23 14 9	..	..	..	..	23 14 9	..	21 8 6	56 1 6	..	8 12 0	31 10 6	175 17 7
Taumarunui	4	1 2 10	2 6 8	3 18 8	0 6 1	6 4 7	5 3 6	16 6 3	*	12 19 8	†	†	29 5 11	2 5 10	3 10 3	2 11 6	0 4 9	..	10 9 8	69 11 1
Rawene	3	24 16 10	17 18 11	19 8 8	..	19 4 0	..	..	2 5 0	..	..	6 10 0	8 15 0	1 7 4	61 16 9	37 19 0	2 8 0	6 19 2	13 5 3	213 18 11
Denniston	3	..	..	..	..	..	..	0 15 0	..	..	..	..	0 15 0	..	..	..	..	7 16 6	..	8 11 6
Waiapu	2	7 10 8	6 11 7	6 17 7	..	7 3 6	..	65 19 3	..	9 7 4	..	5 18 2	84 4 9	6 0 0	5 9 8	172 16 10	..	10 6 9	33 1 4	337 2 8
Akaroa	2	6 19 2	2 16 1	2 1 1	..	3 11 9	3 10 0	29 10 0	..	..	..	3 15 0	33 5 0	..	10 3 9	2 13 6	7 18 8	2 1 4	14 2 7	89 2 11
Havelock	2	0 0 4	3 2 0	0 3 8	..	2 7 8	..	..	9 8 6	..	..	4 11 7	14 0 1	..	9 15 0	19 13 9	..	..	0 15 0	49 17 6
Kaitangata	..	0 3 0	0 19 11	1 4 0	0 19 8	4 18 7	..	11 9 9	..	..	..	6 13 4	18 3 1	..	10 13 8	18 6 7	..	8 2 3	7 13 5	71 4 2
Grey River	63	4 15 0	160 15 8	71 10 6	..	221 5 3	164 10 6	164 17 9	..	189 10 9	..	..	354 8 6	..	138 6 3	209 16 1	115 14 4	18 0 4	23 3 0	1,482 5 5
Westland	39	93 3 7	117 3 9	25 15 8	..	26 15 5	305 2 11	168 18 0	*	82 7 0	†	†	251 5 0	8 13 10	91 3 8	44 10 2	9 2 3	42 11 5	73 5 6	1,088 13 2
Kumara	30	91 14 3	47 14 6	13 2 3	..	27 12 4	6 12 6	133 6 6	*	..	..	16 17 2	150 3 8	..	241 9 0	11 10 0	4 12 9	3 19 0	11 10 0	610 0 3
Reefton	27	118 5 6	123 15 10	30 16 0	..	28 16 6	..	67 14 0	3 0 0	..	70 10 10	1 3 8	142 8 6	..	..	..	..	15 13 0	60 4 2	519 19 6
Ross	11	18 3 8	22 9 6	4 1 2	..	19 9 5	..	41 10 4	*	..	..	7 2 2	48 12 6	1 0 0	37 1 1	3 10 0	1 0 0	7 10 0	..	162 18 2
SPECIAL HOSPITALS.																				
Maternity Homes—																				
St. Helens Hospital, Christchurch	9	20 3 2	20 12 1	16 8 2	..	29 19 2	17 10 11	81 16 6	*	..	113 6 2	..	195 2 8	..	6 12 0	22 14 9	0 10 9	..	1 9 6	331 3 2
,, Auckland	9	14 5 9	57 5 10	20 3 10	..	43 14 7	19 7 0	50 16 6	*	..	44 6 1	..	95 2 7	..	9 13 4	24 9 9	0 2 6	..	1 12 0	285 17 2
,, Wellington	8	9 11 5	54 10 8	17 1 10	..	23 3 0	..	67 4 10	..	..	104 4 1	..	171 8 11	..	7 14 6	2 12 0	0 6 6	..	9 15 6	296 4 4
,, Dunedin	7	49 8 3	6 19 0	17 16 0	..	36 5 5	15 12 0	62 13 6	..	..	104 17 2	..	167 10 8	..	86 19 8	12 18 5	6 4 9	..	44 3 8	443 17 10
Dunedin Medical School	9	11 6 0	29 7 9	8 4 1	26 14 0	16 9 5	8 0 0	55 7 3	..	64 7 5	..	..	119 14 8	..	28 12 3	16 4 6	0 3 6	5 13 1	5 0 0	275 9 3
Consumptive Sanatoria—																				
Otaki	33	35 1 3	29 7 4	25 9 1	..	1 1 0	4 0 0	87 10 11	31 18 6	..	23 1 5	59 16 9	202 7 7	..	126 16 4	343 18 10	6 4 3	8 4 3	37 9 4	828 4 5
Cambridge	28	17 5 0	9 18 7	15 15 4	..	56 1 3	100 1 10	228 14 0	..	..	221 15 8	..	450 9 8	74 3 2	109 2 1	69 3 2	0 19 0	..	521 1 6	1,424 0 7
Christchurch	28	55 2 7	60 17 4	47 6 6	82 9 1	35 6 2	7 19 0	112 16 4	..	179 8 4	..	0 14 3	292 18 11	..	100 14 7	138 10 8	21 0 0	18 17 10	104 1 1	965 3 9
Dunedin (Rock and Pillar)	19	..	6 5 7	2 11 1	5 14 2	2 0 9	..	8 10 7	..	..	..	5 14 1	14 4 8	..	..	..	0 2 9	..	14 4 7	45 3 7
Palmerston South	16	0 8 10	8 1 3	0 19 9	2 1 6	13 17 4	..	44 13 8	..	..	..	9 12 9	54 6 5	..	..	30 6 3	1 8 4	23 10 4	50 7 5	185 7 5
Infectious Diseases Hospitals—																				
Dunedin	6	..	4 19 4	6 11 9	7 11 5	7 9 8	11 1 0	37 0 0	..	..	12 10 7	..	49 10 7	..	19 2 4	..	1 16 5	8 6 11	42 8 7	158 18 0
Christchurch	10	43 6 9	5 8 6	11 4 7	..	8 11 6	..	17 17 5	..	..	..	7 10 1	25 7 6	..	7 6 2	4 8 9	19 3 5	7 5 4	105 2 0	237 4 6
Timaru	3	0 2 6	1 4 2	5 1 7	..	15 7 5	11 5 0	24 11 6	..	18 10 6	..	..	43 2 0	..	4 7 0	38 5 0	1 0 6	8 13 0	46 18 1	175 6 3
Invercargill	1	3 2 7	0 7 9	8 19 6	..	6 0 0	..	21 19 6	1 2 0	..	..	6 4 11	29 6 5	..	2 3 9	34 11 10	0 19 6	6 14 4	2 2 6	94 8 2
Lyttelton Casualty Ward	..	..	..	0 5 0	..	2 10 3	..	15 15 6	0 8 0	4 5 8	..	0 10 7	20 19 9	..	4 16 6	..	0 2 8	..	6 2 0	34 16 2

* Includes expenditure under "Coal." † Includes expenditure under "Gas."

TABLE IVD.—Showing DETAILS of "SALARIES AND WAGES" EXPENDITURE in Table IV.

Hospital.	Medical.	Dispensers.	Nursing.	Engineers, Porters, &c.	Domestic Staff.	Totals.
	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
Auckland	623 16 7	175 1 4	2,733 17 6	1,790 0 1	1,076 6 1	6,399 1 7
Wellington	1,250 0 0	234 0 0	3,053 1 0	344 16 0	3,637 12 10	8,519 9 10
Dunedin	1,151 9 11	156 0 0	2,453 8 1	1,167 12 6	810 15 7	5,739 6 1
Christchurch	661 10 8	192 10 0	1,887 4 1	1,332 12 2	1,450 10 6	5,524 7 5
Napier	491 16 0	..	909 0 4	183 7 0	816 0 9	2,400 4 1
Waikato	892 16 0	..	893 17 10	250 0 0	403 0 0	2,439 13 10
Wanganui	323 1 6	..	928 19 0	122 18 3	483 0 1	1,857 18 10
Nelson	431 18 0	100 0 0	611 16 11	469 9 0	(a)	1,613 3 11
Southland	356 12 4	195 0 0	816 5 3	84 8 4	383 3 9	1,835 9 8
Timaru	311 10 3	..	621 10 6	181 16 8	468 7 4	1,583 4 9
Gisborne	605 14 10	..	761 13 0	83 0 0	324 1 7	1,774 9 5
Thames	382 2 0	..	525 11 10	55 0 0	86 5 6	1,048 19 4
Palmerston North	310 4 4	..	822 17 6	52 0 0	310 15 5	1,495 17 3
Waihi	538 3 8	..	667 14 3	70 6 8	292 7 6	1,568 12 1
New Plymouth	460 7 0	96 0 0	667 0 0	142 15 0	324 17 0	1,690 19 0
Westport	426 3 0	..	356 14 7	..	295 6 6	1,078 4 1
Masterton	200 0 0	..	468 15 6	..	334 8 4	1,003 3 10
Dannevirke	140 0 0	..	380 1 11	..	283 3 1	803 5 0
Waipawa	250 0 0	..	434 5 4	104 0 0	274 3 5	1,062 8 9
Wairau	344 2 0	..	326 2 6	..	303 4 4	973 8 10
Oamaru	215 13 0	..	285 17 9	30 3 6	172 16 4	704 10 7
Wallace and Fiord	352 9 0	..	339 10 1	25 0 0	147 3 0	864 2 1
Hawera	267 9 0	..	372 0 10	..	289 0 2	928 10 0
Ashburton	200 0 0	..	362 2 4	..	158 19 8	721 2 0
Waimate	200 0 0	..	202 8 4	78 4 4	103 14 8	584 7 4
Gore	213 0 0	..	243 7 10	35 2 6	111 18 6	603 8 10
Whangarei	465 17 6	..	252 6 9	67 5 2	91 17 0	877 6 5
Stratford	366 10 1	..	259 18 10	..	176 12 3	803 1 2
Otaki	167 0 0	..	295 0 0	58 10 0	288 6 2	808 16 2
North Wairoa	347 17 0	..	238 4 3	84 9 0	116 19 6	787 9 9
Patea	176 0 0	..	225 18 5	63 15 0	83 8 2	549 1 7
Wairoa	231 2 11	..	202 6 5	..	93 2 0	526 11 4
Picton	250 0 0	..	253 0 0	104 16 0	104 0 0	711 16 0
Tuapeka	200 0 0	..	77 10 0	32 10 0	39 0 3	349 0 3
South Wairarapa	75 0 0	..	211 11 0	110 0 0	81 2 6	477 13 6
Pahiatua	120 9 6	..	240 0 0	106 7 6	82 7 6	549 4 6
Naseby	309 9 0	..	145 7 0	44 4 0	75 11 0	574 11 0
Mercury Bay	433 6 8	..	152 1 0	34 11 0	101 0 0	720 18 8
Wakatipu	228 7 3	..	71 7 6	31 5 3	63 6 8	394 7 4
Arrowtown	244 17 5	..	60 5 4	27 11 2	49 13 4	382 7 3
Dunstan	250 0 0	..	104 13 2	63 6 2	53 0 3	470 19 7
Coromandel	330 4 7	..	186 8 4	..	148 0 0	664 12 11
Mangonui	118 10 0	..	130 10 0	60 11 10	32 19 6	342 11 4
Cromwell	270 16 8	..	169 8 6	..	42 8 4	482 13 6
Taumarunui	102 14 4	..	104 19 5	64 15 0	46 1 10	318 10 7
Rawene	104 17 1	..	99 4 8	47 12 11	30 9 6	282 4 2
Denniston	66 13 4	..	49 2 2	..	19 3 10	134 19 4
Waiapu	437 10 0	..	184 12 0	..	252 11 2	874 13 2
Akaroa	50 0 0	..	116 19 8	..	10 0 0	176 19 8
Havelock	58 3 0	..	42 8 6	..	22 9 8	123 1 2
Kaitangata	40 19 0	..	87 3 10	..	21 13 4	149 16 2
Grey River	502 0 0	..	549 18 2	151 0 0	265 14 11	1,468 13 1
Westland	312 16 8	..	272 15 8	129 2 5	154 16 4	869 11 1
Kumara	275 0 0	..	163 13 4	23 16 8	147 10 0	610 0 0
Reefton	270 11 0	..	237 11 8	108 0 0	206 7 9	822 10 5
Ross	262 15 4	..	66 0 0	..	52 0 0	380 15 4
SPECIAL HOSPITALS.						
Maternity Homes—						
St. Helens Hospital, Christchurch	96 18 4	..	155 2 11	..	172 3 0	424 4 3
,, Auckland	106 16 6	..	180 3 0	..	187 2 1	474 1 7
,, Wellington	100 19 0	..	183 19 0	..	186 12 0	471 10 0
,, Dunedin	102 2 0	..	215 2 8	48 13 10	163 5 1	529 3 7
Dunedin Medical School	55 0 0	..	98 9 3	..	63 13 10	217 3 1
Consumptive Sanatoria—						
Otaki	183 0 0	..	325 0 0	179 10 0	320 10 6	1,008 0 6
Cambridge	383 12 11	..	563 9 7	329 19 4	517 9 4	1,795 1 2
Christchurch	300 0 0	..	258 9 0	103 16 8	198 13 10	860 19 6
Dunedin (Rock and Pillar)	55 16 6	..	88 0 1	16 13 4	15 18 0	176 7 11
Palmerston South	89 12 8	..	137 16 11	132 5 6	51 11 4	411 6 5
Infectious Diseases Hospitals—						
Dunedin	105 13 0	..	218 5 1	..	66 14 4	390 12 5
Christchurch	65 9 8	..	83 1 6	65 0 0	61 11 0	275 2 2
Timaru	..	..	14 3 4	..	87 10 0	101 13 4
Invercargill	40 0 0	..	50 0 0	25 0 0	65 0 0	180 0 0
Lyttelton Casualty Ward	39 12 0	..	39 0 0	..	12 0 0	90 12 0

(a) Included under "Engineers, Porters, &c."

TABLE IVE.—Giving the DETAILS of the Item "ADMINISTRATION" in Table IV.

Hospitals.	Average No. of Occupied Beds per Diem.	Board's Travelling-expenses.	Secretary's Salary.	Office Printing and Stationery.	Postage, Telegrams, and Telephone.	Office-rent.	Advertising.	Sundries.	Total: Administration.
		£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
Auckland	248	19 14 0	406 17 8	92 6 5	83 5 3	..	..	..	602 3 4
Wellington	248	15 15 8	904 5 6	74 5 0	89 14 11	63 3 0	20 18 6	..	1,237 5 7
Dunedin	144	..	175 0 0	65 16 5	24 10 7	..	14 7 6	219 5 10	499 0 4
Christchurch ..	138	..	331 18 6	..	..	..	..	33 12 7	(a)1,123 13 4
Napier	75	7 12 0	117 2 6	52 19 5	30 10 5	18 12 2	48 8 9	10 6 9	285 12 0
Waikato	66	129 8 0	222 17 0	8 0 0	15 13 6	..	30 0 0	1 0 0	306 8 6
Wanganui	65	33 13 5	297 10 0	34 1 7	16 3 3	55 5 0	7 17 9	46 11 1	491 2 1
Nelson	54	52 16 0	75 0 0	14 19 6	5 4 9	..	(a)	11 10 7	159 10 10
Southland	51	45 3 2	108 16 8	28 2 11	19 10 9	..	20 0 0	39 16 9	261 10 3
Timaru	44	5 0 0	100 0 0	2 15 4	19 0 0	16 0 0	14 8 9	20 16 8	178 0 9
Gisborne ..	42	..	100 0 0	20 9 2	6 8 4	..	13 1 6	4 0 0	143 19 0
Thames	39	47 5 0	130 0 0	19 14 11	18 11 1	..	1 10 0	8 7 11	225 8 11
Palmerston North ..	41	69 0 6	140 10 0	32 0 3	28 2 0	..	16 14 6	29 11 5	315 18 8
Waihi	38	1 12 0	136 0 0	13 8 10	21 0 9	29 14 2	5 0 0	15 7 8	222 3 5
New Plymouth ..	35	39 0 0	120 0 0	23 10 5	15 5 9	33 0 0	6 17 6	18 17 3	256 10 11
Westport	26	..	70 0 0	11 0 0	14 0 0	..	13 0 0	17 19 3	125 19 3
Masterton	23	2 5 0	79 16 11	7 3 3	17 13 11	..	6 6 6	3 13 6	116 19 1
Dannevirke	23	20 0 0	47 0 0	11 6 9	6 2 3	..	25 15 2	13 1 11	123 5 1
Waipawa	20	20 0 0	75 0 0	9 3 9	15 5 4	..	16 15 6	15 5 2	151 9 9
Wairau	20	..	37 10 0	3 8 4	7 18 3	0 15 0	6 1 6	2 12 0	58 5 1
Oamaru	20	..	80 0 0	8 16 9	8 1 9	..	8 19 9	4 5 0	110 3 3
Wallace and Fiord ..	19	48 12 9	50 0 0	3 9 7	11 15 0	..	0 11 3	1 8 6	115 17 1
Hawera	15	63 5 0	125 0 0	15 6 4	19 19 0	11 9 2	12 8 0	..	247 7 6
Ashburton	13	62 7 6	44 13 4	12 9 6	7 11 6	12 10 0	13 5 3	131 8 2	284 5 3
Waimate	11	..	30 0 0	5 9 6	4 0 0	..	11 14 0	6 17 10	58 1 4
Gore	12	13 10 11	32 13 0	5 8 10	5 17 3	..	5 0 0	14 1 0	76 11 0
Whangarei	11	43 6 6	77 5 8	11 18 7	11 2 1	3 17 0	18 8 7	2 14 0	168 12 5
Stratford	10	45 13 6	70 0 0	2 5 3	5 19 10	11 5 0	13 0 7	4 6 4	152 10 6
Otaki	10	54 14 9	30 19 0	8 5 0	2 5 3	7 0 0	2 6 0	0 9 0	105 19 0
North Wairoa ..	9	43 6 6	87 15 8	11 18 4	11 2 0	3 16 11	18 8 6	..	176 7 11
Patea	8	..	72 0 0	9 4 2	8 9 11	3 15 0	7 18 3	6 3 9	107 11 1
Wairoa	8	3 16 0	47 13 0	16 13 7	11 2 6	9 6 1	3 14 0	8 19 10	101 5 0
Picton	7	10 10 0	38 0 0	3 2 6	13 10 3	..	..	30 10 0	94 12 9
Tuapeka	7	..	18 6 8	0 8 6	0 8 6	..	0 16 6	4 3 6	24 3 8
South Wairarapa ..	6	0 16 0	36 13 4	2 17 6	6 16 6	..	6 13 6	8 6 2	62 3 0
Pahiatua	6	..	52 0 0	4 14 9	3 11 3	1 17 6	2 1 6	1 1 0	65 6 0
Naseby	6	..	25 0 0	1 7 6	3 2 4	..	5 18 0	1 15 2	37 3 0
Mercury Bay ..	6	..	30 0 0	0 10 0	1 17 8	..	..	16 17 0	49 4 8
Wakatipu	6	13 10 11	32 13 0	5 8 10	5 17 3	..	5 0 0	14 1 0	76 11 0
Arrowtown	5	13 10 11	32 13 0	5 8 10	5 17 3	..	5 0 0	14 1 0	76 11 0
Dunstan	5	..	40 0 0	3 9 6	11 10 3	..	4 9 0	27 0 6	86 9 3
Coromandel	5	10 12 0	40 0 0	8 0 3	7 2 3	..	18 15 0	8 10 2	92 19 8
Mangonui	4	39 12 6	27 12 6	16 2 7	..	4 5 0	..	5 4 8	92 17 3
Cromwell	4	..	40 13 0	..	16 2 6	1 10 0	15 14 0	3 2 6	77 2 0
Taumarunui ..	4	..	25 0 0	10 0 0	10 18 4	..	..	..	45 18 4
Rawene	3	39 12 6	27 12 6	16 2 7	4 5 0	..	..	5 4 7	92 17 2
Denniston	3	..	5 0 0	4 12 6	..	..	(b)	..	13 12 6
Waiapu	2	..	34 3 4	4 3 10	19 12 3	..	..	0 13 6	58 12 11
Akaroa	2	..	..	..	..	..	..	..	(a) 19 8 10
Havelock	2	..	12 0 0	..	1 1 0	..	1 3 0	..	14 4 0
Kaitangata	..	..	10 0 0	1 9 9	4 18 0	..	..	1 6 0	17 13 9
Grey River	63	..	6 5 0	..	2 19 7	..	..	184 0 0	193 4 7
Westland	39	9 12 6	..	5 18 0	8 7 2	..	30 11 3	16 10 6	70 19 5
Kumara	30	12 14 6	22 18 4	6 5 0	7 13 6	2 10 0	10 1 0	5 10 1	67 12 5
Reefton	27	4 4 0	83 14 4	5 18 6	3 3 6	..	45 13 6	21 13 0	164 6 10
Ross	11	13 18 0	13 15 0	..	5 10 0	..	4 19 0	8 14 0	46 16 0
SPECIAL HOSPITALS.									
Maternity Homes—									
St. Helens Hospital—Christchurch ..	9	..	40 0 0	20 0 0	15 12 0	..	..	2 8 0	78 0 0
Auckland ..	9	..	40 0 0	20 15 3	15 1 9	..	0 12 4	2 2 10	78 12 2
Wellington ..	8	..	40 0 0	20 7 6	15 2 6	..	..	..	75 10 0
Dunedin ..	7	..	40 0 0	20 0 0	15 0 0	..	..	..	75 0 0
Dunedin Medical School	9	..	25 0 0	5 11 9	3 0 0	..	1 16 0	..	35 7 9
Consumptive Sanatoria—									
Otaki	33	54 14 9	61 12 0	16 10 0	4 12 6	14 0 0	4 12 0	0 18 0	156 19 3
Cambridge ..	28	..	152 14 9	43 16 0	28 2 5	..	3 15 0	..	258 8 2
Christchurch ..	28	..	..	..	..	..	..	..	(a) 172 7 4
Dunedin (Rock and Pillar)	7	..	17 10 0	..	..	..	0 3 6	0 5 0	17 18 6
Palmerston South ..	16	13 14 6	72 0 0	9 8 8	8 7 0	..	5 19 6	127 3 8	236 13 4
Infectious Diseases Hospitals—									
Dunedin	6	..	20 0 0	..	3 6 10	..	1 12 0	..	24 18 10
Christchurch ..	10	..	..	..	..	..	..	..	(a) 36 3 4
Timaru	3	1 10 0	14 0 0	1 0 0	2 15 0	3 15 0	..	2 0 0	25 0 0
Invercargill ..	1	13 10 11	32 13 0	5 8 10	5 17 3	..	5 0 0	11 19 0	74 9 0
Lyttelton Casualty Ward	..	..	..	..	..	..	..	..	(a) 7 19 0

(a) Details not available. (b) Included in expenditure under "Office Printing," &c.

TABLE V.—PRICES PAID for some of the PRINCIPAL ARTICLES consumed in various HOSPITALS during the Year 1910–11.

Hospital.	Meat.			Fish.	Fowls.	Butter.	Milk.
	Fresh Beef. Per lb.	Corned Beef. Per lb.	Mutton. Per lb.	Per lb.	——	Per lb.	Per Gallon.
Auckland	3½d., less 5 per cent. bone.	3½d., less 5 per cent. bone.	3½d., less 5 per cent. bone.	2d.	8d. per lb.	11½d.	9d.
Wellington	4½d.	3d.	3½d.	3d. to 6d.	3s. 3d. pair.	11d.	9d. and 10d.
Dunedin	4d.	3½d.	3d.	3d.	3s. pair.	1s. 1d.	8d.
Christchurch	3½d.	3d.	2½d.	..	4s. 6d. pair.	11⅜d.	8d.
Wanganui	3d.	3d.	3d.	..	4s. pair.	1s.	9d.
Napier	2½d. to 3d.	2½d.	2d. to 3d.	1½d. to 3½d.	5s. pair.	1s.	7d.
Waikato	3d.	3d.	3d.	..	3s. 4d. pair.	11⅜d.	9d.
Timaru	3d. to 5d.	3d.	3d.	..	5s. pair.	11¾d.	11d.
Southland	2½d to 3½	1½d. to 4d.	2½d.	2d. to 4d.	5s. pair.	Current rates.	7d.
Nelson	3d.	..	2½d.	..	3s. 6d pair.	1s.	1s.
Palmerston North	3½d.	4d.	3½d.	2½d.	3s. pair.	1s. 1d.	10d.
Thames	2d. to 3⅜d.	3d.	2½d to 3½d.	..	3s. 6d.	1s.	9d.
New Plymouth	3⅞d.	3⅞d.	3⅞d.	..	5s. pair.	11⅜d.	8d.
Gisborne	3d.	3d.	3d.	4d.	..	1s. 0½d.	11d.
Waihi	5d.	4d.	2½d. to 4½d.	..	..	1s. 1d.	1s. 2d.
Westport	3½d.	3½d.	3½d.	..	..	1s. 0½d.	1s. 2d.
Wallace and Fiord	5d.	5d.	4½d.	..	Own supply.	1s.	10d.
Waipawa	3½d.	2⅜d.	2⅜d.	..	..	..	1s. 4d.
Wairau	4d.	4d.	4d.	4d.	2s. 6d. pair.	10d. to 1s.	9d.
Masterton	3⅜d.	..	3⅜d.	..	..	Factory, 10½d; dairy, 9d.	9d.
Dannevirke	4d.	3d.	4d.	..	..	1s. 1d.	..
Waimate	4½d.	4½d.	4½d.	4d.	..	1s. to 1s. 2d.	..
Ashburton	4⅜d.	4d.	2⅜d.	4d. to 6d.	..	1s. 0½d.	Keep cows.
Oamaru	4½d.	4½d.	4d.	3d.	..	1s. 1d.	1s.
Hawera	3d. to 4d.	3½d.	2d. to 4d.	..	..	1s.	8d.
Gore	4d.	4d.	2½d.	4d.	..	9d.	10d.
Picton	4½d.	4d.	3½d.	..	..	1s.	1s.
Otaki	4½d.	3d.	5d.	3d. to 6d.	3s. 3d. pair.	1s.	Keep cows.
North Wairoa	3½d.	3d.	3d.	3½d.	5s. pair.	1s.	1s.
Stratford	4d.	4d.	4d.	..	5s. pair.	1s. 0⅜d.	10d.
Whangarei	3½d.	3½d.	3½d.	3½d.	5s. pair.	1s. 1d.	10d.
South Wairarapa	4½d.	4½d.	4½d.	..	..	1s. 0½d.	9d.
Patea	4d.	4d.	4½d.	..	5s. pair.	1s.	10d.
Pahiatua	4½d.	4½d.	4½d.	..	Own supply.	Factory, 1s.; dairy, 8d.	Own supply.
Naseby	5½d.	5d.	5½d.	..	..	1s. 1d.	1s. 2d.
Mercury Bay	3½d.	3½d.	3½d.	1d.	4s. pair.	1s. 2d.	2s.
Dunstan	4d.	4d.	3d.	..	4s. pair.	1s. 2d.	1s. 2d.
Tuapeka	5½d.	5½d.	4d.	..	..	1s. 1d.	10d.
Arrowtown	6d.	6d.	6d.	..	..	1s. 3d.	2s.
Wakatipu	5d.	5d.	5d.	6d.	..	1s. 3d.	2s.
Coromandel	5½d.	4d.	5d.	2d.	5s. pair.	1s. 2d.	1s. 2d.
Wairoa	4d.	3d.	2½d. to 4d.	..	..	1s.	1s. 4d.
Mangonui	4d.	4d.	4d.	..	None used.	1s. 1d.	1s. 4d.
Cromwell	6d.	..	4d. to 5d.	..	..	1s. 3d.	Own supply.
Waiapu	4⅜d.	3d.	3½d.	..	Produced.	Produced.	Produced.
Rawene	4d.	4d.	5d.	..	None used.	1s. 2d.	1s.
Akaroa	5d.	4d.	4d.	..	..	1s. 1d.	1s.
Kaitangata	7d.	6d.	6d.	..	..	1s. 1d. to 1s. 6d.	..
Taumarunui	5d.	5d.	5d.	4d.	..	1s. 2d.	1s. 4d.
Denniston	5½d.	5d.	5½d.	9d.	..	1s. 1d.	1s. 2d.
Grey River	4d.	3d.	4½d.	6d.	..	1s.	11d.
Westland	3½d.	2⅜d.	3½d.	..	5s. pair.	11½d.	10d.
Kumara	4d.	4d.	3½d.	..	..	1s. 4d.	1s. 7d.
Reefton	4d.	4d.	4d.	..	..	1s.	1s. 2d.
Ross	6d.	5d.	6d.	..	4s. pair.	1s. 0½d.	1s. 1d.
Charleston	..	..	..	..	..	..	..
Havelock	4½d.	4½d.	4½d.	..	..	Dairy, 11d.; factory, 1s. 1d.	1s.
SPECIAL HOSPITALS.							
Maternity Homes—							
St. Helens Hospital—Christchurch	5d.	5d.	4d.	4d.	..	1s. 2d.	1s. 2d.
Auckland	4½d.	4d.	4½d.	..	None used.	1s. 1d.	1s. to 1s. 2d.
Wellington	4d. to 7d.	5d.	3½d. to 4½d.	3d.	3s. 6d. pair.	1s. 2d.	1s.
Dunedin	4d.	4d.	4d.	3d. and 4d.	6s. pair.	1s. 1d.	9d. to 1s.
Dunedin Medical School	4d.	3d.	3½d.	4d.	..	1s. 1d.	8d.
Consumptive Sanatoria—							
Cambridge	5½d.	4½d.	3½d.	4d.	..	1s. 0½d.	9d.
Otaki	5d.	4½d.	5d.	3d. and 6d.	3s. 3d. pair.	1s.	Produced.
Christchurch	3½d.	3d.	2½d.	..	4s. 6d. pair.	11⅜d.	10d.
Palmerston South	6d.	4d.	5d.	..	..	1s. 1d.	10d.
Infectious Diseases Hospitals—							
Dunedin	4½d.	4d.	4d.	3d.	3s. 6d. pair.	1s. 1d.	8d.
Timaru	..	..	..	..	..	..	..
Christchurch	3½d.	3d.	2½d.	..	4s. 6d. pair.	11⅜d.	10d.
Invercargill	2½d.	2½d.	2½d.	2d. to 4½d.	..	Current rates.	10d.

TABLE V.—PRICES PAID for some of the PRINCIPAL ARTICLES consumed in various HOSPITALS during the Year 1910–11—*continued*.

Hospital.	Eggs. Per Dozen.	Bread. Per 4 lb. Loaf.	Flour. Per 100 lb.	Sugar. Per Cwt.	Oatmeal. Per 100 lb.	Tea. Per lb.	Rice. Per Cwt.
Auckland	8d. lb.	4¾d.	10s. 9d.	16s. 4½d.	9s. 8d.	9½d.	14s.
Wellington	Market rates.	Baked on premises.	Market rates.	Market rates.	Market prices.	9d., 10d., and 11d.	14s.
Dunedin	1s. 4d.	4½d.	11s. 3d.	16s. 6d.	10s. 6d.	1s. 2d.	14s. 6d.
Christchurch	1s. 1½d.	4½d.	10s. 6d.	18s.	12s.	1s. 3d.	14s.
Wanganui	1s. 4d.	5d.	11s.	16s.	12s.	1s.	18s. 8d.
Napier	Market prices.	4½d.	9s. 6d.	17s.	11s. 9d.	1s. 4d.	18s.
Waikato	1s. 3d.	4¾d.	12s. 6d.	17s. 6d.	10s.	1s. 2d.	13s. 10d.
Timaru	1s.	5½d. to 6d.	10s.	16s.	6s.	1s. 2d.	16s. 4d.
Southland	Current rates (less 12½ p.c.).	5d.	9s. 6d.	17s. 4d.	9s.	1s. 4d.	11s. 8d.
Nelson	1s. 4d.	6d.	10s.	19s.	14s.	1s. 3d. to 1s. 9d.	16s. 4d.
Palmerston North	1s. 3d.	6½d.	12s. 6d.	£1	14s.	1s. 5½d.	18s.
Thames	1s.	5½d.	10s. 6d.	16s. 10d.	12s. 6d.	1s. 1d.	14s.
New Plymouth	1s. 2d.	7½d.	11s. 9d.	17s.	12s.	1s.	7s. 9d. for 66 lb.
Gisborne	..	7½d.	11s. 9d.	18s.	14s. 7d.	1s. 2½d.	18s. 8d.
Waihi	1s.	6d.	13s. 6d.	18s.	14s.	1s. 4d.	16s.
Westport	2s.	6½d.	11s. 10d.	18s.	12s. 6d.	1s.	17s. 6d.
Wallace and Fiord	Own supply.	6d.	11s. 8d.	18s.	11s. 8d.	1s. 5d.	14s.
Waipawa	1s.	6d. (less 2½ p.c.)	11s. 6d.	18s.	14s.	1s. 4½d.	9s. 6d.
Wairau	9d.	6½d.	10s.	18s. 8d.	13s.	1s. 2d.	18s. 8d.
Masterton	1s.	4d.	12s. 6d.	19s.	12s.	1s. 6d.	18s. 8d.
Dannevirke	..	5½d.	10s. 6d.	19s.	13s.	1s. 2d.	15s. 10d.
Waimate	..	6½d.	9s. 6d.	17s.	12s.	2s.	£1 5s. 8d.
Ashburton	7d.	5d.	9s. 6d.	19s.	11s. 4d.	1s. 4d.	..
Oamaru	1s.	5½d.	10s.	19s. 10d.	13s.	10d.	18s. 8d.
Hawera	..	8d. (less 2½ p.c.)	12s. 6d.	17s. 6d.	16s.	1s. 8d.	18s. 8d.
Gore	1s.	6½d.	11s. 9d.	19s. 3d.	11s. 9d.	1s. 6d.	18s. 8d.
Picton	1s. 10d.	6d.	11s. 9d.	£1	14s.	1s. 4d.	18s. 8d.
Otaki	Fowls kept.	7d.	Market rates.	16s.	Market rates.	11d.	14s.
North Wairoa	11d.	7d.	9s. 6d.	15s. 3d.	12s. 8d.	1s. 2d.	14s.
Stratford	1s. 6d.	6d.	13s.	18s. 6d.	12s. 6d.	1s. 6d.	16s. 4d.
Whangarei	1s.	5½d.	9s.	16s.	15s. 4d.	1s. 3d.	18s.
South Wairarapa	1s.	6d.	13s.	19s.	12s.	1s. 10½d.	..
Patea	Summer, 10d; winter, 1s. 6d.	6d.	11s.	18s.	13s.	1s. 8d. to 1s. 10d.	18s. 8d.
Pahiatua	Own supply.	10 per cent. off current rates.	12s.	10s. 6d.	12s.	1s. 6d.	18s. 8d.
Naseby	11d.	7½d.	11s.	£1	14s. 6d.	1s. 8d.	£1
Mercury Bay	1s. 2d.	4d.	13s.	17s. 6d.	15s.	1s. 4d.	19s.
Dunstan	1s. to 2s.	8d.	10s. 6d.	£1 1s.	14s.	1s. 3d. to 1s. 9d.	16s. 8d.
Tuapeka	1s.	6½d.	13s.	18s.	11s.	1s. to 1s. 6d.	16s. 6d.
Arrowtown	1s.	8d.	..	£1 1s. 6d.	12s. 4d.	1s. 6d.	..
Wakatipu	1s.	7d.	12s.	£1 1s.	12s.	1s. 8d.	£1
Coromandel	1s. 2d.	7d.	12s. 6d.	18s.	13s. 6d.	1s. 6d.	14s. 6d.
Wairoa	..	7d.	13s. 6d.	£1	14s.	1s. 10d.	19s. 8d.
Mangonui	1s. to 1s. 6d.	10d.	14s.	17s. 6d.	16s.	1s. 7d.	18s. 8d.
Cromwell	Own supply.	8d.	13s.	£1 3s.	15s.	1s. 8d.	£1 8s.
Waiapu	..	1s.	13s.	£1	18s.	1s. 8d.	£1 1s.
Rawene	1s. to 1s. 6d.	9d.	14s.	16s. 8d.	16s. 8d.	1s. 6d. to 1s. 9d.	18s. 8d.
Akaroa	1s.	7d.	11s. 6d.	£1	14s.	1s. 3d.	16s. 6d.
Kaitangata	1s. 4d.	..	..	..	..	1s. 10d.	..
Taumarunui	..	8d.	11s.	19s.	17s.	1s. 3d.	19s.
Denniston	2s.	7d.	11s. 6d.	18s.	14s.	1s. 7d.	£1 3s. 4d.
Grey River	9d.	5d.	5s.	15s. 6d.	6s.	2s.	6s.
Westland	1s. 6d.	6d.	11s.	19s. 6d.	12s. 6d.	1s. 6d.	16s.
Kumara	..	7½d.	5s.	10s. 6d.	13s. 8d.	2s.	..
Reefton	1s. 1d.	8d.	11s. 2½d.	19s. 2d.	12s.	1s. 8d.	16s. 4d.
Ross	1s. 3d.	8d.	13s.	19s. 6d.	11s. 6d.	1s. 8d.	18s. 8d.
Charleston	..	..	..	..	..	..	..
Havelock	11d.	7d.	11s. 3d.	17s. 6d.	14s. 4d.	1s. 6d. and 2s.	16s. 4d.
SPECIAL HOSPITALS.							
Maternity Homes—							
St. Helens Hospital—							
Christchurch	2s.	6½d.	10s. 6d.	18s.	15s.	1s. 2d.	17s.
Auckland	10d. to 2s.	7d.	11s.	16s. 6d.	14s.	1s. 2d.	..
Wellington	10d. to 2s. 4d.	7d.	10s. 6d.	17s. 6d.	14s.	1s. 3d.	14s.
Dunedin	1s. 1d.	6d.	9s. 9d.	17s.	12s.	1s. 4d.	14s. 6d.
Dunedin Medical School	1s. 4d.	5½d.	..	18s.	11s.	..	..
Consumptive Sanatoria—							
Cambridge	..	5½d.	11s. 3d.	8s. 9d.	13s.	1s. 2d.	13s. 6d.
Otaki	Own supply.	7d.	Market rates.	16s.	Market rates.	11d.	14s.
Christchurch	1s. 1½d.	4½d.	10s. 6d.	18s.	12s.	1s. 3d.	14s.
Palmerston South	11d.	5½d.	11s.	10s.	12. 6d.	1s. to 1s. 1d.	15s. 6d. to 19s.
Infectious Diseases Hospitals—							
Dunedin	1s. 4d.	6d.	..	17s.	..	1s. 3d.	..
Timaru	..	..	..	..	..	..	..
Christchurch	1s. 1½d.	5½d.	11s.	18s.	12s.	1s. 3d.	14s.
Invercargill	Current rates.	6½d.	12s.	17s.	11s. 3d.	..	13s.

TABLE V.—PRICES PAID for some of the PRINCIPAL ARTICLES consumed in various HOSPITALS during the Year 1910-11—*continued.*

Hospital.	Potatoes. Per Cwt.	Coal. Per Ton.	Coke. Per Bag.	Kerosene. Per Case.	Gas. Per 1,000 ft. Less Discount.	Electric Current. Per Unit. Less Discount.
Auckland	6s.	£1 1s. 6d. to £1 6s. 9d.	..	7s. 6d.	5s. 1d.	5½d.
Wellington	Market rates.	£1 12s.	1s. 1½d.	8s.	5s. 5d.	6d.
Dunedin	4s.	£1 3s. to £1 8s.	..	..	5s.	5d.
Christchurch	..	19s. 6d.	1s. 6d.	7s. 9d.	5s. 3d.	6d.
Wanganui	4s. 6d.	£1 9s.	1s. 6d.	9s.	7s.	..
Napier	6s. to 7s.	£1 12s. 6d.	1s. 6d.	8s. 6d.	4s. 7d.	..
Waikato	5s. 6d.	£1 1s. 6d.	1s. 4d.	6s. 11d.	10s.	..
Timaru	4s.	£1 7s. to £1 13s.	1s.	7s. 6d.	5s. 4d.	1s.
Southland	Current rates.	19s.	..	7s.	5s. 10d.	..
Nelson	Current rates.	£1 9s. 6d.	..	..	6s. 8d.	..
Palmerston North	6s.	£1 19s.	1s. 8d.	..	6s. 9d.	..
Thames	5s. 6d.	£1 7s. 6d.	1s. 6d.	7s. 6d.	7s. 6d.	..
New Plymouth	..	£1 17s.	1s. 9d.	..	6s. 8d.	6d.
Gisborne	8s. 6d.	£1 16s.	2s.	9s. 6d.	6s. 8d.	..
Waihi	Current rates.	£1 8s.	..	9s.	7s. 11d.	..
Westport	6s. 6d.	18s.	..	9s.	4s. 8d.	..
Wallace and Fiord	Own supply.	17s.	..	8s. 5d.	..	..
Waipawa	3s. 6d. to 6s. 6d.	£1 17s. 3d. to £2 0s. 3d.	..	9s. 3d.	4s. 6d.	..
Wairau	5s.	£1 18s. 6d.	1s. 6d	9s.	..	..
Masterton	7s. 6d.	£1 19s	1s.	9s. 6d.	6s. 8d.	..
Dannevirke	7s.	£1 18s.	1s.	10s. 6d.	8s. 5d.	..
Waimate	..	£1 16s.	1s.	7s. 6d.	9s.	..
Ashburton	7s. 6d.	£2 1s.	..	9s. 3d.	7s. 6d.	..
Oamaru	7s.	£1 8s.	..	..	7s. 6d.	..
Hawera	..	£2 1s.	1s. 9d.	7s.	6s. 9d.	7d.
Gore	4s. 3d.	19s. 6d.	..	..	..	6d.
Picton	6s. sack.	£1 6s.	..	12s.	Acetylene.	..
Otaki	Market rates.	£1 12s.	1s. 1½d.	8s.	..	Produced.
North Wairoa	4s. 6d.	£1 13s.	1s. 6d.	6s. 6d.	Acetylene.	..
Stratford	6s. 9d.	£1 12s. 4d.	1s.	9s. 9d.	..	9d.
Whangarei	6s. 6d.	18s. 6d.	1s. 3d.	4s.	9s. 2d.	..
South Wairarapa	Market rates.	£1 16s. 8d.	..	9s.	..	..
Patea	9s. 6d. sack.	£1 15s. to £2 5s.	..	8s. 9d.	..	..
Pahiatua	Market rates.	£2 5s.	1s.	7s. 4d.	7s. 6d.	..
Naseby	6s. 6d.	£1 12s. 8d.	..	11s. 6d.	..	..
Mercury Bay	7s. 6d.	£2 8s.	..	8s. 9d.	..	..
Dunstan	10s.	£1 10s.	..	10s. 6d.	..	..
Tuapeka	4s.	£1 2s. 9d.	..	9s.	..	..
Arrowtown	4s. 6d.	£1 4s.	..	10s. 9d.	..	..
Wakatipu	Current rates.	£1 16s.	..	10s. 9d.	..	..
Coromandel	10s.	£1 14s.	1s. 8d.	8s. 6d.	..	..
Wairoa	6s. 6d.	£2 15s.	..	9s. 6d.	Acetylene.	..
Mangonui	10s. 6d.	None used.	None used.	8s. 6d.	..	..
Cromwell	Own supply.	£1	..	12s.	..	..
Waiapu	Produced.	£4 6s.	..	10s. 6d.	Acetylene.	..
Rawene	9s. 6d.	None used.	None used.	10s.	None used.	..
Akaroa	..	£2 1s.	..	9s.	..	..
Kaitangata	..	..	..	9s. 6d.	..	..
Taumarunui	8s. 6d.	£1 6s. 4d.	..	10s. 6d.	..	..
Denniston	13s.	7s. 6d.	..	10s.	..	..
Grey River	5s.	18s. to 15s.	6d.	..	5s. 10d.	..
Westland	7s.	£1 4s.	1s.	9s.	10s.	..
Kumara	11s. 3d.	£1 6s.	..	6s. 6d.	..	..
Reefton	7s.	17s.	..	8s. 10d.	..	..
Ross	12s.	£1 8s.	..	9s. 9d.	..	..
Charleston	..	..	..	..	..	..
Havelock	5s. 6d.	..	..	9s.	..	..
SPECIAL HOSPITALS.						
Maternity Homes—						
St. Helens Hospital—						
Christchurch	6s.	£1 11s.	3s. 6d.	..	5s. 9d.	..
Auckland	7s. to 8s. 6d.	£1 9s.	1s. 10d.	..	..	..
Wellington	7s.	£1 15s.	1s. 3d.	8s.	6s. 5d.	5d.
Dunedin	6s. to 16s.	£1 12s.	1s. 7d.	8s.	5s.	..
Dunedin Medical School	..	£1 7s.	..	..	5s.	..
Consumptive Sanatoria—						
Cambridge	7s. 6d. to 10s. 9d.	£1 2s.	1s. 3d.	7s. 4d.	..	11d.
Otaki	Market rates.	£1 12s.	1s. 1½d.	8s.	..	Produced.
Christchurch	..	£1 9s. 9d.	1s. 6d.	7s. 9d.	5s. 3d.	..
Palmerston South	..	£1 6s. 6d. to £2 2s.	..	9s. 3d.	..	..
Infectious Diseases Hospitals—						
Dunedin	4s.	£1 3s.	..	..	..	5d.
Timaru	..	..	..	..	..	..
Christchurch	..	£1 9s. 3d.	1s. 6d.	7s. 9d.	..	..
Invercargill	..	£1 4s.	..	7s. 6d.	..	..

TABLE V.—PRICES PAID for some of the PRINCIPAL ARTICLES consumed in various HOSPITALS during the Year 1910–11—*continued.*

Hospital.	Cotton Wool.		Lint.		Chloroform.			Disinfectants.
	Ordinary. Per lb.	Interleaved Per lb.	Plain. Per lb.	Medic't'd. Per lb.	P.D. Per lb.	B.W. Per lb.	D.F. Per lb.	
Auckland	10½d.	..	..	..	2s. 3d.	..	..	Jeyes' fluid, 5s. 6d. per gal.
Wellington	..	9½d.	1s. 4½d.	..	..	7s.	8s. 4d.	..
Dunedin	11½d.	1s. 5d.	1s. 6d.	1s. 2½d.	3s. 3d.	..	..	Izal, 8s. 3d. per gal.; Lysol, 9s. 10d. per gal.; K.P. fluid, 4s. 6d. per gal.
Christchurch	11½d.	..	1s. 3d.	..	..	5s.	..	Quibell's sheep-dip, 4s. 3d. per gal.
Wanganui	..	1s. 1d.	1s. 8d.	..	..	..	9s.	Lysol, 10s. 8d. per gal.; Soldis, 3s. per gal.
Napier	..	1s. 1d.	..	1s. 6d.	5s. 3d.	4s. 8d.	..	..
Waikato	1s. 1d.	..	1s. 7d.	1s. 4½d.	3s. 10d.	..	9s.	Jeyes' fluid, 6s. 6d. per gal.; Izal, 6s. 6d. per gal.; formalin, 14s. 6d. per gal.
Timaru	8½d.	..	1s. 4d.	..	..	5s. 6d.	..	Lysol, 13s. 6d. per gal.; Jeyes' fluid, 6s. 6d. per gal.
Southland	1s. 2d.	..	1s. 11d.	..	..	..	8s. 6d.	Lysol, 15s. per gal.; Cresolyne, 7s. 6d. per gal.; K.P. fluid, 4s. 6d. per gal.
Nelson	..	1s. 4d	1s. 7½d.	..	..	..	8s. 6d.	Soldis, 4s. per gal. [per gal.
Palmerston North	1s. 6d.	1s. 4d.	2s. 3d.	2s. 6d.	..	..	9s. 6d.	Jeyes' fluid, 6s. 10d. per gal.; Lysol, £1
Thames	1s. 3¾d.	..	1s. 8½d.	..	..	..	8s. 11½d.	..
New Plymouth	9½d.	10d.	1s. 3d., 1s. 6d., and 1s. 9d.	..	4s.	..	..	Keresol, 4s. 6d. per gal.; Cresylene, 11s. per gal.
Gisborne	1s.	2s.	..	1s. 9d.	..	5s. 6d.	..	Lysol, 10s. 6d. per gal.
Waihi	1s.	..	1s. 8d.	..	4s.	..	..	Disinfectal, 7s. 6d. per gal.
Westport	11d.	..	1s. 7d.	..	..	..	8s. 6d.	Lysol, 9s. per gal.
Wallace and Fiord	..	1s. 6d.	2s. 3d.	..	..	6s.	9s.	..
Waipawa	1s. 1d.	..	..	..	6s.	..	..	..
Wairau	1s. 2d.	..	1s. 6d.	..	..	7s.	..	Carbolic acid, 1s. per lb.; creoline, 9d. per lb.; Little's dip, 6s. 6d. per gal.
Masterton	2s.	..	1s. 7d.	1s. 2d.	5s. 10d.	4s. 6d.	8s. 6d.	Lysol, 9s. 3d. per gal.
Dannevirke	6d.	9d.	1s. 4d.	11d.	..	4s. 3d.	..	..
Waimate	1s. 2d.	..	1s. 10d.	2s.	4s.	..	..	Lysol, 11s. 6d. per gal. [gal.
Ashburton	1s. 6d.	..	1s. 10d.	..	..	6s.	9s. 6d.	Jeyes' fluid, 6s. per gal.; Lysol, 13s. per
Oamaru	1s. 7d.	..	2s. 9d.	..	..	5s. 3d.	..	Jeyes' fluid, 6s. per gal.
Hawera	1s. 6d.	..	..	1s. 9d.	..	..	9s. 6d.	Lysol, 16s. per gal.; Jeyes' fluid, 7s. 6d. per gal.; Little's dip, 6s. per gal.
Gore	1s. 4d.	..	..	2s.	..	..	9s. 4d.	Jeyes' fluid, 7s. 6d. per gal.; K.P. fluid, 5s. 6d. per gal.
Picton	..	..	..	..	..	..	..	..
Otaki	..	..	..	..	..	..	..	..
North Wairoa	1s. 6d.	..	1s. 9d.	..	..	..	9s. 6d.	..
Stratford	1s. 1d.	..	..	2s.	..	3s. 1½d.	..	Lysol, 14s. per gal.
Whangarei	1s.	1s. 8d.	1s. 6d.	..	..	..	8s. 6d.	.. [per gal.
South Wairarapa	..	1s. 1d.	..	..	..	..	9s. 6d.	Formalin, 14s. per gal.; Lysol, 11s. 6d.
Patea	2s. 6d.	..	..	..	..	..	10s.	Lysol, 14s. 9d. per gal.; carbolic, 2s. per lb.
Pahiatua	1s. 6d.	2s. 3d.	..	2s. 9d.	..	..	10s.	Jeyes' fluid, 7s. per gal.
Naseby	1s. 3d. to 1s. 7d.	..	1s. 9d.	..	..	7s. 6d.	..	Jeyes' fluid, 6s. per gal.; Lysol, 10s. 6d. per gal.
Mercury Bay	1s. 9d.	..	..	2s.	..	..	9s.	Lysol, 10s. 6d. per gal.; Jeyes' fluid, 7s. per gal. [per gal.
Dunstan	1s. 6d.	..	..	..	5s.	..	8s.	Jeyes' fluid, 6s. per gal.; K.P. fluid, 4s.
Tuapeka	6d.	2s.	..	..	..	..	..	..
Arrowtown	1s. 8d.	..	2s. 3d.	..	..	6s.	8s. 6d.	..
Wakatipu	1s. 8d.	..	..	2s. 3d.	4s. 9d.	6s.	8s. 6d.	K.P. fluid, 6s. per gal.
Coromandel	1s. 3d.	..	2s.	3s. 7d.	..	..	10s.	Formalin, 11s. 6d. per gal.
Wairoa	1s. 6d.	..	2s.	2s. 10s.	..	..	9s. 6d.	..
Mangonui	1s. 3d.	..	2s.	..	2s. 9d.*	..	..	Lysol, 10s. 6d. per gal.
Cromwell	..	..	..	..	..	..	..	Lysol, 12s. per gal.; K.P. fluid, 5s. per gal. K.P. carbolic powder, 8s. 6d. per tin.
Waiapu	1s. 3d.	..	2s.	3s. 3d.	..	..	..	..
Rawene	2s. abs.	..	..	2s. 3d.	2s. 9d.†	..	..	Lysol, 10s. 6d. per gal.
Akaroa	11½d.	..	1s. 3d.	..	..	5s.	..	..
Kaitangata	..	..	..	..	..	..	..	..
Taumarunui	1s.	..	..	1s. 3d.	..	..	8s. 6d.	.. [per gal.
Denniston	1s. 9d.	..	1s. 8d.	1s. 3d.	..	..	..	Lysol, 11s. 6d. per gal.; Jeyes' fluid, 6s. 8d.
Grey River	1s. 1d.	..	1s. 6d.	..	..	5s.	9s.	Creolin, 2s. per lb. [per gal.
Westland	..	1s. 9d.	2s.	..	..	..	9s. 6d.	Lysol, 12s. 8d. per gal.; Jeyes' fluid, 6s. 6d.
Kumara	..	1s. 4d.	2s.	2s.	..	..	9s. 6d.	..
Reefton	1s. 1½d.	..	..	..	3s. 6d.†	..	..	Jeyes' fluid, 6s. per gal. [per gal.
Ross	..	1s. 9d.	2s.	..	3s.†	..	9s. 6d.	Lysol, 12s. 8d. per gal.; Jeyes' fluid, 6s. 6d.
Charleston	..	..	..	..	..	..	..	..
Havelock	1s. 2d.	..	1s. 6d.	..	..	..	..	Little's dip, 6s. 3d. per gal.; carbolic crystals, 1s. per lb.
SPECIAL HOSPITALS.								
Maternity Homes—								
St. Helens Hospital—								[per gal.
Christchurch	1s. 3d.	..	2s.	2s.	..	..	8s. 6d.	Lysol, 10s. 6d. per gal.; K.P. fluid, 5s.
Auckland	1s. 1d.	2s. 6d.	1s. 5d.	2s.	..	..	8s. 3d.	Lysol, 8s. 6d. per gal.; Jeyes' fluid, 6s. per gal.
Wellington	11½d.	1s. 4d. to 1s. 9d.	3s.	..	..	..	9s. 6d.	Lysol, 9s. 1d. per gal.; Jeyes' fluid, 5s. per gal.
Dunedin	1s. 3d.	1s. 6d.	..	..	3s.†	..	..	Lysol, 10s. 6d. per gal.; Carbozone, 8s. 6d. per gal.; formalin, 7s. 6d. per gal.
Dunedin Medical School	11½d.	1s. 5d.	1s. 6d.	1s. 2½d.	3s. 3d.	..	..	Izal, 8s. 3d. per gal.; Lysol, 9s. 10d. per gal.; K.P. fluid, 4s. 6d. per gal.
Consumptive Sanatoria—								
Cambridge	1s. 3d.	..	1s. 6d.	2s. 6d.	..	..	9s.	Formalin, 8s. per gal.
Otaki	..	..	..	..	..	..	..	..
Christchurch	11½d.	..	1s. 3d.	..	..	5s.	..	Quibell's sheep-dip, 4s. 3d. per gal.
Palmerston South	11½d.	1s. 5d.	1s. 6d.	1s. 2½d.	3s. 3d.	..	..	Izal, 8s. 3d. per gal.; Lysol, 9s. 10d. per gal.; K.P. fluid, 4s. 6d. per gal.
Infectious Diseases Hospitals—								
Dunedin	11½d.	1s. 5d.	1s. 6d.	1s. 2½d.	3s. 3d.	..	..	Izal, 8s. 3d. per gal.; Lysol, 9s. 10d. per gal.; K.P. fluid, 4s. 6d. per gal.
Timaru	..	..	..	..	..	..	..	..
Christchurch	11½d.	..	1s. 3d.	..	..	5s.	..	Quibell's sheep-dip, 4s. 3d. per gal.
Invercargill	..	..	..	..	..	..	..	K.P. fluid, 4s. 6d. per gal.

*Brand not stated. † Merck's.

TABLE VI.—Showing AVERAGE EXPENDITURE per OCCUPIED BED on Principal Items of Expenditure for the Three Years ended 31st March, 1910, in Hospitals, divided into Classes, and the AVERAGE EXPENDITURE for the CLASS.

Hospitals.	Average Daily Number of Occupied Beds.	Average Expenditure per Occupied Bed for Three Years.											
		Provisions.			Surgery and Dispensary.			Fuel and Light.			Bedding and Furniture.			Salaries and Wages.		
		£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.
Class I—Over 100 beds—																
Auckland	235	18	15	0	8	0	0	6	10	0	6	0	0	27	0	0
Wellington	222	23	0	0	6	5	0	9	0	0	5	0	0	40	0	0
Dunedin	142	26	0	0	10	10	0	12	15	0	5	15	0	36	15	0
Christchurch	117	26	15	0	12	0	0	10	15	0	9	5	0	46	0	0
Average for class		22	10	0	8	10	0	9	5	0	6	5	0	36	0	0
Class II—40–99 beds—																
Wanganui	65	21	15	0	18	0	0	8	10	0	5	10	0	26	5	0
Napier	61	28	15	0	16	0	0	9	0	0	5	10	0	35	0	0
Waikato	60	27	5	0	10	15	0	6	5	0	6	10	0	38	15	0
Southland	54	22	15	0	6	10	0	10	0	0	6	10	0	33	10	0
Nelson	49	20	0	0	6	15	0	6	10	0	6	0	0	31	10	0
Timaru	43	24	10	0	9	0	0	10	15	0	7	0	0	46	15	0
Palmerston North	40	20	0	0	10	0	0	11	15	0	5	10	0	34	5	0
Average for class		23	15	0	11	10	0	8	15	0	6	0	0	33	10	0
Class III—30–39 beds—																
Thames	39	13	5	0	5	0	0	4	5	0	3	0	0	21	0	0
New Plymouth	36	26	0	0	15	5	0	12	10	0	6	0	0	46	10	0
Gisborne	36	24	0	0	11	10	0	10	10	0	6	15	0	46	10	0
Waihi	33	25	0	0	15	0	0	12	0	0	3	10	0	42	0	0
Average for class		21	15	0	11	10	0	9	10	0	4	15	0	39	10	0
Class IV—20–29 beds—																
Westport	23	31	0	0	15	10	0	8	0	0	3	10	0	42	10	0
Masterton	21	29	5	0	18	10	0	12	15	0	14	15	0	46	0	0
Waipawa	21	25	5	0	12	15	0	6	15	0	4	10	0	52	15	0
Wallace and Fiord	20	20	0	0	7	15	0	5	10	0	5	5	0	42	5	0
Average for class		26	10	0	14	0	0	8	5	0	7	0	0	43	5	0
Class V—10–19 beds—																
Wairau	19	33	0	0	16	15	0	14	5	0	12	10	0	51	0	0
Dannevirke	17	25	0	0	7	10	0	10	0	0	2	10	0	45	0	0
Oamaru	16	22	10	0	10	5	0	10	0	0	8	0	0	46	10	0
Waimate	15	26	5	0	10	0	0	9	15	0	9	10	0	43	10	0
Ashburton	15	19	15	0	7	10	0	11	15	0	7	10	0	50	5	0
Hawera	14	34	15	0	11	15	0	13	10	0	13	5	0	68	0	0
Gore	12	19	5	0	8	5	0	8	5	0	6	15	0	50	5	0
Otaki	10	25	10	0	9	15	0	9	0	0	3	15	0	72	0	0
Average for class		25	15	0	10	5	0	10	15	0	8	0	0	51	0	0
Class VI—5–9 beds—																
Picton	9	29	10	0	17	5	0	11	5	0	7	5	0	70	5	0
Whangarei	9	21	10	0	9	10	0	9	5	0	7	5	0	85	10	0
Stratford	8	31	15	0	21	15	0	10	10	0	8	10	0	104	15	0
North Wairoa	8	45	10	0	27	10	0	12	15	0	5	10	0	89	15	0
South Wairarapa	7	31	5	0	8	5	0	19	15	0	5	15	0	83	10	0
Patea	7	39	10	0	26	15	0	8	10	0	22	0	0	65	10	0
Tuapeka	6	33	10	0	3	10	0	8	0	0	6	15	0	61	5	0
Pahiatua	6	38	15	0	7	5	0	14	5	0	9	10	0	86	5	0
Naseby	6	33	0	0	15	0	0	14	15	0	4	15	0	96	5	0
Mercury Bay	6	39	15	0	18	10	0	3	15	0	8	10	0	110	0	0
Arrowtown	5	32	0	0	4	5	0	8	5	0	2	10	0	96	0	0
Wakatipu	5	32	15	0	9	5	0	10	0	0	5	5	0	95	5	0
Dunstan	5	29	0	0	14	0	0	7	5	0	5	5	0	95	5	0
Wairoa	5	33	0	0	12	15	0	11	0	0	15	10	0	99	15	0
Average for class		33	10	0	16	10	0	10	15	0	8	5	0	87	5	0

TABLE VI.—Showing AVERAGE EXPENDITURE per OCCUPIED BED, ETC.—*continued.*

Hospitals.	Average Daily Number of Occupied Beds.	Average Expenditure per Occupied Bed for Three Years.											
		Provisions.			Surgery and Dispensary.			Fuel and Light.			Bedding and Furniture.			Salaries and Wages.		
Class VII.—Under 5 beds—		£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.
Coromandel	4	55	10	0	61	0	0	17	15	0	16	5	0	166	5	0
Mangonui	4	38	15	0	8	0	0	5	10	0	4	0	0	140	10	0
Cromwell	3	33	10	0	16	5	0	8	5	0	18	0	0	147	0	0
Taumarunui	3	43	5	0	10	10	0	4	15	0	6	15	0	105	15	0
Waiapu	3	59	15	0	13	0	0	43	10	0	11	15	0	263	15	0
Akaroa	2	42	0	0	17	10	0	9	5	0	3	0	0	91	15	0
Rawene	2	52	10	0	16	0	0	5	0	0	18	15	0	145	10	0
Havelock	1	40	10	0	5	15	0	13	15	0	2	0	0	127	15	0
Average for class.. ..	..	46	5	0	21	5	0	13	15	0	10	15	0	153	10	0
Hospitals which are also used as Old Men's Homes—																
Grey River	56	19	10	0	5	0	0	5	10	0	7	0	0	26	0	0
Westland	37	20	10	0	5	10	0	6	10	0	4	10	0	24	10	0
Kumara	30	19	0	0	3	0	0	4	15	0	3	5	0	20	0	0
Reefton	23	22	15	0	4	10	0	5	10	0	6	5	0	33	10	0
Ross	11	23	0	0	8	0	0	5	10	0	6	10	0	36	10	0
Average for class.. ..	..	20	5	0	5	0	0	5	15	0	5	10	0	26	5	0

TABLE VII. — Showing CHILDREN'S PORTION of CHARITABLE-AID EXPENDITURE for the Year ended 31st March, 1911.

Hospital and Charitable Aid Boards and Separate Institutions.	In Institutions.				Boarded out.				Total.			
	Number of Children in Institutions.	Cost.			Average Weekly Cost per Head.	Number of Children boarded out.	Cost.			Average Weekly Cost per Head.	Number of Children.	Cost.			Average Weekly Cost per Head.
		£	s.	d.	s. d.		£	s.	d.	s. d.		£	s.	d.	s. d.
Bay of Islands	1	19	10	0	7 6	..	..			..	1	19	10	0	7 6
Marsden, Kaipara ..	7	70	1	7	5 6	..	..			..	7	70	1	7	5 6
Auckland	87	1,236	5	11	7 1	87	752	17	1	6 5	174	1,989	3	0	6 9
Waikato	7	136	10	0	6 6	3	36	6	0	6 6	10	172	16	0	6 6
Thames	15	93	0	0	7 3	..	..			..	15	93	0	0	7 3
Coromandel	..	..			..	3	29	5	0	8 0	3	29	5	0	8 0
Bay of Plenty	2	30	0	0	5 9	..	..			..	2	30	0	0	5 9
Cook	5	81	17	10	7 6	4	78	18	0	7 6	9	160	15	10	7 6
Hawke's Bay	13	183	4	8	7 6	1	17	17	6	7 6	14	201	2	2	7 6
Hawke's Bay Children's Home	45	1,041	3	9	8 11	..	..			..	45	1,041	3	9	8 11
Waipawa	12	175	7	0	7 6	..	..			..	12	175	7	0	7 6
Taranaki	..	..			..	5	57	12	0	8 0	5	57	12	0	8 0
Stratford	..	..			..	3	43	4	0	5 6	3	43	4	0	5 6
Hawera	7	269	0	0	7 2	..	..			..	7	269	0	0	7 2
Wanganui	19	190	16	9	7 3	3	48	15	11	6 6	22	239	12	8	7 0
Palmerston North ..	13	91	2	2	2 8	2	30	0	6	5 9	15	121	2	8	3 0
Wellington	247	4,299	0	0	6 8	..	..			..	247	4,299	0	0	6 8
Wairarapa	..	..			..	2	32	0	0	10 0	2	32	0	0	10 0
Wairau	4	115	16	7	6 9	..	..			..	4	115	16	7	6 9
Picton	2	1	6	0	*	..	..			..	2	1	6	0	*
Nelson	..	..			..	33	442	12	0	6 0	33	442	12	0	6 0
St. Andrew's Orphanage, Nelson	73	1,215	0	0	6 5	..	..			..	73	1,215	0	0	6 5
Westland	6	46	16	0	6 0	29	446	2	4	5 11	35	492	18	4	5 11
Buller	4	65	9	6	7 6	..	..			..	4	65	9	6	7 6
Inangahua	3	24	11	6	5 8	..	..			..	3	24	11	6	5 8
Grey	11	207	1	9	7 3	48	353	0	0	2 5	59	560	1	9	3 6
North Canterbury ..	152	2,530	7	3	6 4	26	514	7	10	7 4	178	3,044	15	1	6 10
Ashburton	..	..			..	5	58	0	1	7 6	5	58	0	1	7 6
South Canterbury ..	25	315	18	4	4 10	29	1,415	6	0	5 6	54	731	4	4	5 2
Waitaki	12	223	3	5	7 5	..	..			..	12	223	3	5	7 5
Otago	265	4,880	0	0	7 0	18	137	0	0	5 5	283	5,017	0	0	6 6
Southland	52†	..			..	1	26	0	10	0 0	53	26	0	0	10 0
Totals and averages ..	1,089	16,542	10	0	..	302	4,519	4	3	..	1,392	21,061	14	3	..

* For a short period only. † Southland Hospital Board maintain 52 children in the Lorne Farm Home, but cost not ascertainable.

Table VIII.—Charitable Institutions—Statistical.

Governing Bodies.	Institutions.	Staff. Medical. Non-resident. Honorary.	Staff. Medical. Non-resident. Stipendiary.	Staff. Domestic. Nursing.	Staff. Domestic. Master.	Staff. Domestic. Matron.	Staff. Domestic. Cooks, Housemaids.	Staff. Domestic. Porters, Gardeners.	Staff. Average Number of Staff per Diem receiving Board.	Number of Beds. For Males.	Number of Beds. For Females.	Number of Beds. For Children.	Number of Beds. For Isolation.	Number of Beds. Total.	Average Number of Inmates per Diem.	Number of Inmates during Year. Males.	Number of Inmates during Year. Females.	Number of Inmates during Year. Total.	Deaths.	Individual's Average Days' Stay.	Average Cost of Maintenance and Administration per Occupied Bed. £	s.	d.	Weekly Maintenance Fee charged.	Percentage of Cost of Administration on Maintenance and Administration.
Old People's Homes—																									
Auckland Hospital and Charitable Aid Board	Costley Home	..	1 (a)	9	1	1 (b)	9	11	27	194	48	..	13	255	229	340	72	412	64	203	31	17	1	10/–15/	4·0
Otago Hospital and Charitable Aid Board	Otago Benevolent Institution	(c)	(c)	7	1	1 (b)	4	..	12	183	89	..	..	272	199	249	107	356	25	204	21	4	1	8/–10/	4·3
Wellington Hospital and Charitable Aid Board	Ohiro Home	1	1 (d)	..	1	1	4	3	9	117	35	..	2	154	122	275	52	327	21	163	23	19	0	10/	3·8
Southland Hospital and Charitable Aid Board	Lorne Farm	..	1	1	1	1	8 (e)	2	12	90	39	16	3	148	98	117	30	147	13	243	24	3	2	8/	5·8
Hawke's Bay Hospital and Charitable Aid Board	Old People's Home, Park Island	..	1	..	1	1	4	5	11	94	14	..	..	108	73	147	17	164	..	162	30	7	11	7/6	8·0
North Canterbury Hospital and Charitable Aid Board	Tuarangi Home, Ashburton	..	1	2	1	1	4	3	9	107	..	..	..	107	72	117	..	117	20	224	47	7	11	14/	4·9
	Memorial Home, Woolston	..	1	4	..	1	6	4	12	9	90	..	..	99	69	9	84	93	19	272	38	19	0	14/	4·9
Wellington Society for the Relief of the Aged Needy	Institute for the Relief of the Aged Needy	..	..	..	1	1	2	..	4	23	20	..	..	43	38	28	25	53	7	263	26	15	2	8/3	2·7
Thames Hospital and Charitable Aid Board	District Home, Taruru	1	..	..	1	1	2	2	6	38	6	..	2	46	37	49	6	55	3	241	34	6	4	10/	4·0
Nelson Hospital and Charitable Aid Board	Old People's Home, Nelson	..	..	..	1	1	3	..	5	45	9	..	..	54	34	48	5	53	8	233	33	12	1	10/	4·5
Waitaki Hospital and Charitable Aid Board	North Otago Benevolent Institution	..	1	..	..	1	2	1	4	34	11	..	..	45	34	70	10	80	8	156	22	8	10	8/8	7·2
Taranaki Hospital and Charitable Aid Board	Old People's Home, New Plymouth	..	1	..	..	1 (b)	2	2	5	36	15	..	6	57	33	46	9	55	7	221	44	10	1	12/	14·4
South Canterbury Hospital and Charitable Aid Board	Old People's Home, Timaru	..	1	..	1	1 (b)	2	..	4	28	9	..	..	37	31	72	12	84	..	137	27	1	5	8/6	6·1
Wanganui Hospital and Charitable Aid Board	Jubilee Home, Aramoho	..	1 (f)	..	1	1	1	1	4	30	6	..	2	38	30	49	7	56	4	193	32	19	11	10/	8·4
North Auckland Hospital and Charitable Aid Board	Whangarei Cottage Home	..	1	..	1	1	1	1	4	27	4	..	..	31	27	46	4	50	10	197	33	14	0	10/	11·9
Buller Hospital and Charitable Aid Board	Old People's Home, Westport	..	1	..	1	1	1	..	3	25	5	..	..	30	20	42	2	44	3	169	35	1	9	12/6	6·1
Waikato Hospital and Charitable Aid Board	Old Men's Home, Hamilton	..	2	..	1	1	1	..	3	23	..	..	..	23	20	30	..	30	5	245	36	1	11	8/	5·5
Cook Hospital and Charitable Aid Board	Old People's Home, Gisborne	..	1 (g)	..	1	1	1	..	3	20	6	..	..	26	15	49	4	53	2	104	46	5	5	12/	8·3
Wairarapa Hospital and Charitable Aid Board	Renall Solway Home, Masterton	..	..	..	..	1	..	..	1	15	..	..	..	15	5	14	..	14	..	140	48	4	1	10/–£1	9·2
Totals and averages	..	2	15	23	15	19	57	35	138	1,138	406	16	28	1,588	1,186	1,797	446	2,243	219	193	30	5	6	10/(h)	5·7
Children's Homes—																									
Hawke's Bay Children's Home Trustees	Hawke's Bay Children's Home	1	..	..	..	2	3 (i)	..	4	10	36	..	..	46	45	11	39	50	..	330	18	19	6	2/6–10/	2·2
North Canterbury Hospital and Charitable Aid Board	Waltham Orphanage	..	1	..	..	1	1	2(j)	2	..	..	14	..	14	14	10	5	15	..	340	27	16	3	..	5·0
Reformatory Refuge—																									
North Canterbury Hospital and Charitable Aid Board	Samaritan Home	..	1	1	1	1	..	..	3	38	38	..	..	76	48	87	85	172	1	103	20	4	6	7/	4·9
Female Refuge—																									
North Canterbury Hospital and Charitable Aid Board	Linwood Refuge Home	..	1	1	..	1 (b)	1	..	3	..	15	..	3	18	7	..	21	21	..	128	62	16	6	..	4·9
Casual Ward—																									
North Canterbury Hospital and Charitable Aid Board	Armagh Street Depot	..	1	..	1	..	..	..	1	16	..	..	..	16	5	55	..	55	1	35	31	3	9	..	4·9
Blind Institute—																									
Jubilee Institute for the Blind Trustees	Jubilee Institute for the Blind	2	..	..	1	1	7	8	4	40	23	..	1	64	66	46	27	73(k)	..	330	49	19	8	£25 p.a.	10·7
Convalescent Homes—																									
Wellington Convalescent Home	Wellington Convalescent Home	..	..	..	..	1	1	..	2	(l)	(l)	(l)	(l)	13	6	(m)	(m)	171	..	14	64	6	6	15/	2·3
Auckland Hospital and Charitable Aid Board	Alexandra Convalescent Home, Auckland	1	..	1	..	(n)	2	1	4	..	13	..	..	13	6	..	107	107	..	21	77	3	9	15/	2·7

(a) Master of Home and gives part time to dispensary. (b) Registered nurse. (c) Medical assistance supplied from Dunedin Hospital. (d) Medical Superintendent, Wellington Hospital. (e) One part time. (f) Wanganui Hospital, Medical Superintendent. (g) Gisborne Hospital, House Surgeon. (h) Roughly. (i) Includes one sewing-teacher. (j) Part time. (k) Includes twenty-four pupils not resident in the institute. (l) Beds allotted as required. (m) Not stated. (n) Controlled from Auckland Hospital.

TABLE IX.—Showing EXPENDITURE of CHARITABLE INSTITUTIONS under the Control of HOSPITAL and CHARITABLE AID BOARDS, and SEPARATE INSTITUTIONS, for the Year ended 31st March, 1911.

Governing Body.	Name of Institution.	Average No. of Inmates per Diem.	Average No. of Staff per Diem receiving Board.	Provisions.		Surgery and Dispensary.		Domestic and Establishment.		Salaries and Wages.	
				Total Cost.	Cost per Occupied Bed.	Total Cost.	Cost per Occupied Bed.	Total Cost.	Cost per Occupied Bed.	Total Cost.	Cost per Occupied Bed.
				£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
Old People's Homes—											
Auckland Hospital and Charitable Aid Board ..	Costley Home	229	27	3,012 0 0	13 3 1	279 18 0	1 4 6	2,225 4 11	9 14 4	1,486 1 10	6 9 9
Otago Hospital and Charitable Aid Board ..	Otago Benevolent Institution ..	199	12	1,891 2 2	9 10 1	88 12 7	0 8 11	1,402 18 11	7 0 11	655 13 10	3 5 11
Wellington Hospital and Charitable Aid Board ..	Ohiro Home	122	9	1,200 14 5	9 16 10	44 18 10	0 7 4	804 13 6	6 11 11	640 8 7	5 5 0
Southland Hospital and Charitable Aid Board ..	Lorne Farm	98	12	1,010 4 1	10 6 2	24 1 4	0 4 11	629 5 11	6 8 5	567 11 6	5 15 10
Hawke's Bay Hospital and Charitable Aid Board..	Old People's Home, Park Island ..	73	11	812 13 6	11 2 8	34 6 3	0 9 4	646 13 6	8 17 2	548 13 8	7 10 4
North Canterbury Hospital and Charitable Aid Board	Tuarangi Home, Ashburton ..	72	9	1,142 19 5	15 17 6	166 15 10	2 6 3	1,194 13 1	16 11 10	741 14 8	10 6 1
	Memorial Home, Woolston.. ..	69	12	778 12 3	11 5 8	108 7 7	1 11 5	937 15 9	13 11 10	733 3 10	10 12 6
Wellington Society for the Relief of the Aged Needy	Institute for the Relief of the Aged Needy	38	4	555 17 1	14 12 7	0 19 3	0 0 6	111 12 4	2 18 9	320 12 3	8 8 9
Thames Hospital and Charitable Aid Board ..	District Home, Tararu	37	6	429 5 3	11 12 0	17 17 3	0 9 8	529 10 7	14 6 3	224 12 8	6 1 5
Nelson Hospital and Charitable Aid Board ..	Old People's Home, Nelson.. ..	34	5	502 3 6	14 15 5	..	..	372 18 9	10 19 4	216 4 9	6 7 2
Waitaki Hospital and Charitable Aid Board ..	North Otago Benevolent Institution ..	34	4	292 18 9	8 12 5	14 6 3	0 8 5	237 0 10	6 19 5	192 13 6	5 13 4
Taranaki Hospital and Charitable Aid Board ..	Old People's Home, New Plymouth ..	33	5	464 7 5	13 5 4	29 11 9	0 16 11	474 12 4	13 11 2	364 3 2	10 8 1
South Canterbury Hospital and Charitable Aid Board	Old People's Home, Timaru ..	31	4	369 4 8	11 18 2	1 10 0	0 1 0	246 17 8	7 19 3	170 13 6	5 10 1
Wanganui Hospital and Charitable Aid Board ..	Jubilee Home, Aromoho	30	4	353 11 11	11 15 8	..	..	343 12 3	11 9 1	245 12 5	8 3 9
North Auckland Hospital and Charitable Aid Board	Whangarei Cottage Home	27	4	270 1 7	10 0 1	11 2 6	0 8 3	233 19 7	8 13 4	285 19 0	10 11 9
Buller Hospital and Charitable Aid Board ..	Old People's Home, Westport ..	20	3	362 11 11	18 2 7	8 16 0	0 8 10	133 0 3	6 13 0	154 3 10	7 14 2
Waikato Hospital and Charitable Aid Board ..	Old Men's Home, Hamilton ..	20	3	350 19 1	17 10 11	..	..	162 0 9	8 2 0	169 0 0	8 9 0
Cook Hospital and Charitable Aid Board ..	Old Men's Home, Gisborne ..	15	3	270 18 10	18 1 3	2 15 0	0 3 8	223 13 6	14 18 3	131 15 0	8 15 8
Wairarapa Hospital and Charitable Aid Board ..	Renall Solway Home	5	1	95 11 10	19 2 4	5 11 0	1 2 3	69 19 8	13 19 11	47 13 4	9 10 8
	Totals and averages ..	1,186	138	14,165 17 8	11 18 10	838 19 5	0 14 2	10,980 14 1	9 5 2	7,896 11 4	6 13 2
Children's Homes—											
North Canterbury Hospital and Charitable Aid Board	Waltham Orphanage	14	2	116 12 10	7 5 9	1 10 7	0 1 11	145 10 6	9 1 11	159 7 6	9 19 3
Hawke's Bay Children's Home	Hawke's Bay Children's Home ..	45	4	348 4 3	7 14 9	2 3 1	0 0 11	268 6 11	5 19 3	230 8 11	5 1 6
Reformatory Refuge—											
North Canterbury Hospital and Charitable Aid Board	Samaritan Home	48	3	494 19 5	10 6 3	8 3 3	0 3 5	166 0 1	3 9 2	254 2 10	5 5 11
Female Refuge—											
North Canterbury Hospital and Charitable Aid Board	Linwood Refuge Home	7	3	134 6 4	19 3 9	3 12 1	0 10 4	91 6 8	13 0 11	189 1 9	27 0 3
Casual Ward—											
North Canterbury Hospital and Charitable Aid Board	Armagh Street Depot	5	1	91 17 2	18 7 5	1 3 5	0 4 8	39 15 6	7 19 1	15 11 0	3 2 2
Blind Institute—											
Jubilee Institute for the Blind..	Jubilee Institute for the Blind ..	66	4	862 4 5	13 1 3	30 16 4	0 9 4	807 1 0	12 4 8	1,245 11 2	18 17 5
Convalescent Homes—											
Wellington Convalescent Home	Wellington Convalescent Home ..	6	2	185 18 9	30 19 9	..	..	55 16 0	9 6 0	135 3 0	22 10 6
Auckland Hospital and Charitable Aid Board ..	Alexandra Convalescent Home ..	6	4	185 1 8	30 16 11	..	..	128 5 11	21 7 8	137 9 2	22 18 2

TABLE IX.—Showing EXPENDITURE of CHARITABLE INSTITUTIONS under the Control of HOSPITAL and CHARITABLE AID BOARDS, and SEPARATE INSTITUTIONS, for the Year ended 31st March, 1911—*continued.*

Governing Body.	Name of Institution.	Total Maintenance.		Administration.		Maintenance and Administration.		Capital Expenditure.	Miscellaneous Expenditure.	Total.
		Total Cost.	Cost per Occupied Bed.	Total Cost.	Cost per Occupied Bed.	Total Cost.	Cost per Occupied Bed.			
Old People's Homes—		£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
Auckland Hospital and Charitable Aid Board	Costley Home	7,003 4 9	30 11 8	291 4 4	1 5 5	7,294 9 1	31 17 1	759 8 4	401 12 4	8,455 9 9
Otago Hospital and Charitable Aid Board	Otago Benevolent Institution	4,038 7 6	20 5 10	181 13 9	0 18 3	4,220 1 3	21 4 1	..	117 19 0	4,338 0 3
Wellington Hospital and Charitable Aid Board	Ohiro Home	2,690 15 4	22 1 1	109 7 11	0 17 11	2,800 3 3	23 19 0	54 1 4	141 10 0	2,995 14 7
Southland Hospital and Charitable Aid Board	Lorne Farm	2,231 2 10	22 15 4	136 10 11	1 7 10	2,367 13 9	24 3 2	842 14 9	103 2 3	3,313 10 9
Hawke's Bay Hospital and Charitable Aid Board	Old People's Home, Park Island	2,042 6 11	27 19 6	176 15 4	2 8 5	2,219 2 3	30 7 11	226 12 2	..	2,445 14 5
North Canterbury Hospital and Charitable Aid Board	Tuarangi Home, Ashburton	3,246 3 0	45 1 8	166 10 4	2 6 3	3,412 13 4	47 7 11	380 14 8	156 11 1	3,949 19 1
	Memorial Home, Woolston	2,557 19 5	37 1 5	130 3 5	1 17 7	2,688 2 10	38 19 0	..	95 13 3	2,783 16 1
Wellington Society for the Relief of the Aged Needy	Institute for the Relief of the Aged Needy	989 0 11	26 0 7	27 13 10	0 14 7	1,016 14 9	26 15 2	..	..	1,016 14 9
Thames Hospital and Charitable Aid Board	District Home, Tararu	1,201 5 9	32 9 4	50 0 0	1 17 0	1,251 5 9	34 6 4	..	41 11 7	1,292 17 4
Nelson Hospital and Charitable Aid Board	Old People's Home, Nelson	1,091 7 0	32 1 11	51 8 0	1 10 2	1,142 15 0	33 12 1	..	..	1,142 15 0
Waitaki Hospital and Charitable Aid Board	North Otago Benevolent Institution	736 19 4	21 13 7	60 0 0	1 15 3	796 19 4	22 8 10	129 0 0	..	925 19 4
Taranaki Hospital and Charitable Aid Board	Old People's Home, New Plymouth	1,332 14 8	38 1 6	224 19 4	6 8 7	1,557 14 0	44 10 1	1,300 0 0	122 13 4	2,980 7 4
South Canterbury Hospital and Charitable Aid Board	Old People's Home, Timaru	788 5 10	25 8 6	51 0 0	1 12 11	839 5 10	27 1 5	53 17 0	..	893 2 10
Wanganui Hospital and Charitable Aid Board	Jubilee Home, Aromoho	942 16 7	31 8 6	86 13 1	2 17 9	1,029 9 8	32 19 11	16 16 0	..	1,046 5 8
North Auckland Hospital and Charitable Aid Board	Whangarei Cottage Home	801 2 8	29 13 5	108 16 7	4 0 7	909 19 3	33 14 0	..	3 8 1	913 7 4
Buller Hospital and Charitable Aid Board	Old People's Home, Westport	658 12 0	32 18 7	43 3 9	2 3 2	701 15 9	35 1 9	..	..	701 15 9
Waikato Hospital and Charitable Aid Board	Old Men's Home, Hamilton	681 19 10	34 1 11	40 0 0	2 0 0	721 19 10	36 1 11	..	..	721 19 10
Cook Hospital and Charitable Aid Board	Old Men's Home, Gisborne	629 2 4	41 18 10	67 18 11	4 10 7	697 1 3	46 5 5	..	17 17 6	714 18 9
Wairarapa Hospital and Charitable Aid Board	Renall Solway Home	218 15 10	43 15 2	22 4 8	4 8 11	241 0 6	48 4 1	..	..	241 0 6
	Totals and averages	33,882 2 6	28 11 4	2,026 4 2	1 14 2	35,908 6 8	30 5 6	3,763 4 3	1,201 18 5	40,873 9 4
Children's Homes—										
North Canterbury Hospital and Charitable Aid Board	Waltham Orphanage	423 1 5	26 8 10	21 15 11	1 7 5	444 17 4	27 16 3	..	26 6 4	471 3 8
Hawke's Bay Children's Home	Hawke's Bay Children's Home	849 3 2	18 17 5	8 12 1	0 2 1	857 15 3	18 19 6	24 12 8	158 15 10	1,041 3 9
Reformatory Refuge—										
North Canterbury Hospital and Charitable Aid Board	Samaritan Home	923 5 7	19 4 9	47 6 11	0 19 9	970 12 6	20 4 6	..	380 15 9	1,351 8 3
Female Refuge—										
North Canterbury Hospital and Charitable Aid Board	Linwood Refuge Home	418 6 10	59 15 3	21 8 10	3 1 3	439 15 8	62 16 6	..	6 14 2	446 9 10
Casual Ward—										
North Canterbury Hospital and Charitable Aid Board	Armagh Street Depot	148 7 1	29 13 4	7 12 0	1 10 5	155 19 1	31 3 9	..	4 6 10	160 5 11
Blind Institute—										
Jubilee Institute for the Blind	Jubilee Institute for the Blind	2,945 12 11	44 12 8	353 1 11	5 7 0	3,298 14 10	49 19 8	40 16 11	..	3,339 11 9
Convalescent Home—										
Wellington Convalescent Home	Wellington Convalescent Home	376 17 9	62 16 3	9 1 8	1 10 3	385 19 5	64 6 6	..	..	385 19 5
Auckland Hospital and Charitable Aid Board	Alexandra Convalescent Home	450 16 9	75 2 9	12 6 0	2 1 0	463 2 9	77 3 9	37 15 0	..	500 17 9

TABLE X.—NUMBER OF OLD-AGE PENSIONERS maintained in HOSPITALS and CHARITABLE INSTITUTIONS on the 31st March, 1911, together with the AMOUNTS PAID to such Institutions during the Year.

Governing Body.	Location.	Institution.	Payments, Year 1910–11.	Number of Pensioners in Institution on 31st March, 1911.	Amount handed to Pensioners after Deduction of Maintenance.
			£ s. d.		
Whangarei Hospital and Charitable Aid Board	Whangarei	Old Men's Cottage Home	281 14 0	12	4s. per month.
Auckland "	Auckland	Costley Home	2,613 10 6	108	6s. 6d. "
Thames "	Thames	Old Men's Home	538 17 4	15	5s. "
Waikato "	Hamilton	"	244 16 8	10	4s. "
Cook "	Gisborne	"	177 10 0	6	1s. per week.
Hawke's Bay "	Napier	Refuge, Parke Island	694 3 6	25	7s. 4d. per month
Taranaki "	New Plymouth	Old Men's Home	431 19 2	16	10s. "
Wanganui "	Wanganui	Jubilee Home	305 8 4	10	5s. "
Wellington "	Wellington	Ohiro Home	653 14 6	22	2s. to 6s. "
Society for the Relief of the Aged Needy, Wellington ..	"	Home for Aged Needy	726 4 5	27	7s. 7d. "
Wellington Hospital and Charitable Aid Board	"	Home for Incurables	224 16 8	11	6s. "
Palmerston North Hospital and Charitable Aid Board ..	Palmerston North	No institution	36 13 5	Nil.	
Wairarapa Hospital and Charitable Aid Board	Masterton	Solway Home	112 13 4	4	Nil.
Nelson "	Nelson	Alexandra Home	733 10 1	27	2s. per week.
Picton "	Picton	Hospital	22 5 11	Nil.*	
Wairau "	Blenheim	Old Men's Home	205 13 1	8	8s. 8d. per month.
North Canterbury "	Christchurch	Jubilee Home	955 19 5	34	1s. per week.
" "	"	Samaritan Home	108 4 11	1	15s. 10d. per mon.
" "	Ashburton	Tuarangi Home	860 17 9	32	1s. per week.
South Canterbury "	Timaru	Old Men's Home	482 18 8	16	6s. 6d. per month.
Buller "	Westport	Old People's Home	544 1 3	21	8s. "
Charleston Hospital Trustees	Charleston	Hospital	57 14 1	Nil.†	
Inangahua Hospital and Charitable Aid Board	Reefton	"	260 11 0	15	10s. per month.
Grey "	Greymouth	"	817 8 4	29	10s. "
Westland "	Hokitika	"	602 2 4	20	10s. "
" "	Ross	"	194 13 10	7	13s. 4d. "
" "	Kumara	"	497 15 0	22	13s. 4d. "
Waitaki "	Oamaru	Victoria Home	551 7 9	23	6s. "
Otago "	Dunedin	Benevolent Institution	1,785 17 7	67	2s. per week.
Southland "	Invercargill	Lorne Farm	590 5 9	24	4s. 6d. per mon. 8s. 6d. "
Wallace and Fiord " ..	Riverton	No institution	57 14 8	Nil	
			16,334 9 10	612	
		HOSPITAL PATIENTS ONLY	1,260 6 5	46	
			£17,594 16 3	658	

* Pensioners transferred to Blenheim. † Pensioners transferred to Westport.

NOTE.—The hospitals included in the above list serve the purpose of Old People's Homes in the districts named.

TABLE XI. — Showing ESTIMATED HOSPITAL and CHARITABLE-AID EXPENDITURE for 1911–12, and the AMOUNT thereof to be RAISED by LEVIES on Contributory Local Authorities, and by Government Subsidy.

Hospital and Charitable Aid Board.	Population.	Rateable Capital Value.	Net Amount per Head of the Population required for Expenditure other than Capital Expenditure.	Expenditure other than Capital Expenditure.				Capital Expenditure.				
				Estimated Expenditure.	Estimated Receipts.	Net Estimated Expenditure.	Amount to be Levied on Local Authorities.	Amount to be claimed as Subsidy.	Rate of Subsidy in accordance with Fourth Schedule of Act.	Estimated Expenditure.	Estimated Receipts.	Net Estimated Expenditure.	Amount to be Levied on Local Authorities.	Amount to be claimed as Subsidy, at 20s. in the £1.
	£	£	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
Bay of Islands ..	16,944	1,172,947	0 1 11	3,009 10 0	1,412 9 8	1,597 0 4	721 16 4	875 4 0	1 4 3	1,880 0 0	880 0 0	1,000 0 0	500 0 0	500 0 0
Marsden-Kaipara ..	21,644	2,819,065	0 3 11	6,534 9 6	2,304 5 8	4,230 3 10	1,956 3 2	2,274 0 8	1 3 3	2,882 0 0	1,458 14 0	1,423 6 0	711 13 0	711 13 0
Auckland ..	133,046	25,783,966	0 4 5	47,330 6 8	17,807 17 4	29,522 9 4	14,058 6 4	15,464 3 0	1 2 0	6,560 0 0	1,560 5 4	4,939 14 8	2,469 17 4	2,469 17 4
Waikato ..	36,468	9,885,641	0 4 9	11,000 0 0	2,000 0 0	9,000 0 0	4,500 0 0	4,500 0 0	1 0 0	2,000 0 0	..	2,000 0 0	1,000 0 0	1,000 0 0
Thames ..	15,630	1,210,844	0 3 9	6,409 0 9	3,469 1 6	2,939 19 3	1,328 15 11	1,611 3 4	1 6 3	3,000 0 0	1,243 1 2	1,756 18 10	878 9 5	878 9 5
Waihi	5,850	382,627	0 10 3	4,560 0 6	1,560 0 0	3,000 0 0	1,490 13 6	1,509 6 6	1 0 3	1,500 0 0	..	1,500 0 0	750 0 0	750 0 0
Coromandel ..	3,536	220,205	0 3 2	1,904 12 0	1,351 9 6	553 2 6	250 0 0	303 2 6	1 4 3	200 0 0	..	200 0 0	100 0 0	100 0 0
Bay of Plenty ..	12,130	1,863,617	0 1 10	1,628 3 9	500 0 0	1,128 3 9	534 1 1	594 2 8	1 2 3	300 0 0	100 0 0	200 0 0	100 0 0	100 0 0
Cook	16,835	7,441,190	0 5 6	6,570 0 0	1,925 0 0	4,645 0 0	2,562 12 9	2,082 7 3	0 16 3	16,700 0 0	..	16,700 0 0	8,350 0 0	8,350 0 0
Waiapu	3,469	1,857,739	0 7 6	1,700 0 0	400 0 0	1,300 0 0	806 4 0	493 16 0	0 12 3	160 0 0	..	160 0 0	80 0 0	80 0 0
Hawke's Bay ..	30,288	12,004,931	0 4 8	16,148 0 0	9,008 0 0	7,140 0 0	3,757 17 10	3,382 2 2	0 18 0	4,700 0 0	1,100 0 0	3,600 0 0	1,800 0 0	1,800 0 0
Waipawa ..	20,242	10,657,869	0 5 1	7,191 0 0	2,041 0 0	5,150 0 0	2,881 2 3	2,268 17 9	0 15 9	500 0 0	..	500 0 0	250 0 0	250 0 0
Taranaki ..	24,276	5,644,449	0 3 2	6,823 11 0	2,943 0 0	3,880 11 0	1,881 9 7	1,999 1 5	1 1 3	..	..	..	..	..
Stratford ..	8,364	2,820,764	0 4 2	2,500 0 0	739 0 0	1,761 0 0	903 1 6	857 18 6	0 19 0	1,300 0 0	650 0 0	650 0 0	325 0 0	325 0 0
Hawera	12,699	5,296,345	0 3 4	3,945 0 0	1,850 0 0	2,095 0 0	1,124 16 8	970 3 4	0 17 3	..	..	..	..	..
Patea	4,414	2,322,495	0 4 5	1,798 0 0	831 11 0	966 9 0	536 18 4	429 10 8	0 16 0	..	..	..	..	..
Wanganui ..	39,351	10,920,536	0 3 2	9,608 13 9	3,290 2 9	6,318 11 0	3,139 13 0	3,178 18 0	1 0 3	7,500 13 7	7,500 13 7	..	..	..
Palmerston North ..	34,950	11,100,453	0 2 8	6,672 0 0	1,498 4 11	5,173 15 1	2,636 6 2	2,537 8 11	0 19 3	795 0 0	332 0 0	463 0 0	231 10 0	231 10 0
Wellington ..	106,677	28,213,453	0 4 2	31,804 0 0	9,715 0 0	22,089 0 0	11,044 10 0	11,044 10 0	1 0 0	22,038 0 0	16,083 0 0	5,955 0 0	2,977 10 0	2,977 10 0
Wairarapa ..	29,922	13,287,914	0 3 3	8,147 0 0	3,279 0 0	4,868 0 0	2,613 13 10	2,254 6 2	0 17 3	1,722 0 0	415 0 0	1,307 0 0	653 10 0	653 10 0
Wairau	10,168	3,714,977	0 6 3	3,793 0 0	590 0 0	3,203 0 0	1,719 14 7	1,483 5 5	0 17 3	..	..	..	..	..
Picton	3,055	1,085,437	0 4 0	2,087 0 0	1,474 0 0	613 0 0	322 12 7	290 7 5	0 18 0	500 0 0	..	500 0 0	250 0 0	250 0 0
Nelson	22,424	4,066,561	0 3 7	8,000 0 0	4,000 0 0	4,000 0 0	1,893 9 10	2,106 10 2	1 2 3	..	..	..	..	..
Westland ..	8,315	734,665	0 8 0	7,971 15 0	4,634 0 0	3,337 15 0	1,580 0 0	1,757 15 0	1 2 3	1,050 0 0	..	1,050 0 0	525 0 0	525 0 0
Buller	9,494	1,093,408	0 7 5	4,532 0 0	950 0 0	3,582 0 0	1,736 14 7	1,845 5 5	1 1 3	..	..	..	..	..
Inangahua ..	3,836	267,157	0 6 11	2,700 6 8	1,377 17 10	1,322 8 10	611 10 8	710 18 2	1 3 3	600 0 0	181 11 8	418 8 4	209 4 2	209 4 2
Grey	12,425	1,019,117	0 8 11	7,200 0 0	1,640 0 0	5,560 0 0	2,762 14 7	2,797 5 5	1 0 3	..	..	..	..	..
North Canterbury ..	117,777	35,517,744	0 6 3	44,110 0 0	7,246 0 0	36,864 0 0	19,275 5 10	17,588 14 2	0 18 3	34,775 0 0	14,970 0 0	19,805 0 0	9,902 10 0	9,902 10 0
Ashburton ..	14,594	7,270,259	0 3 5	4,294 0 0	1,794 0 0	2,500 0 0	1,379 6 2	1,120 13 10	0 16 3	375 0 0	..	375 0 0	187 10 0	187 10 0
South Canterbury ..	37,240	11,824,589	0 4 2	10,607 17 6	2,856 0 0	7,751 17 6	3,950 0 0	3,801 17 6	0 19 3	1,100 0 0	..	1,100 0 0	550 0 0	550 0 0
Waitaki	15,644	4,508,606	0 1 9	2,060 10 10	670 10 10	1,390 0 0	690 13 4	699 6 8	1 0 3	263 0 0	..	263 0 0	131 10 0	131 10 0
Otago	115,986	19,297,931	0 5 8	33,000 0 0	..	33,000 0 0	15,808 7 8	17,191 12 4	1 1 9	5,000 0 0	..	5,000 0 0	2,500 0 0	2,500 0 0
Vincent	5,980	611,241	0 5 9	2,648 0 0	880 0 0	1,768 0 0	827 2 8	940 17 4	1 2 9	..	..	..	..	..
Maniototo ..	3,416	740,547	0 5 5	930 0 0	..	930 0 0	456 8 8	473 11 4	1 0 9	700 0 0	..	700 0 0	350 0 0	350 0 0
Southland ..	51,268	10,442,574	0 3 6	14,500 0 0	5,414 9 8	9,085 10 4	4,405 2 0	4,680 8 4	1 1 3	3,553 14 0	616 0 0	2,937 14 0	1,468 17 0	1,468 17 0
Wallace and Fiord ..	9,791	2,385,023	0 3 2	2,835 0 0	1,279 17 6	1,555 2 6	754 0 0	801 2 6	1 1 3	2,000 0 0	1,025 0 0	975 0 0	487 10 0	487 10 0
Totals ..	1,018,148	259,486,886*	0 4 7†	336,552 17 5	102,731 18 2	233,820 19 3	116,901 5 5	116,919 13 10	1 0 0 1/25	123,594 7 7	48,115 5 9	75,479 1 10	37,739 10 11	37,739 10 11

* The rateable capital value per head of the population is £255.

† The rate of levy per head of the population is 2s. 8½d.

Table XII.—Constitution of District Hospital and Charitable Aid Boards.

Boards.	Institutions under their Control.	Separate Institutions within their Boundaries.	Contributory Local Authorities.	Representation on Board.	Contribution for Year 1910–11.	Approximate Rate per Pound on Rateable Capital Value.
				Members.	£ s. d.	d.
Bay of Islands	Rawene Hospital	..	Mangonui County	2	245 9 0	1-4th.
	Mangonui Hospital		Whangaroa County	1	78 7 8	
			Bay of Islands County	3	421 10 10	
			Hokianga County	2	341 2 10	
Marsden-Kaipara	Northern Wairoa Hospital ..	..	Whangarei County	5 for combined district	888 14 5	1-5th.
	Whangarei Hospital		Hikurangi Town District		36 0 5	
	Old People's Home, Whangarei		Hobson County	3	683 8 8	
			Otamatea County	2	544 1 6	
			Whangarei Borough	2	290 13 5	
			Dargaville Borough	1	113 0 0	
Auckland	Auckland Hospital	Jubilee Institute for the Blind ..	Rodney County	1 for combined district	967 6 5	1-7th.
	Alexandra Convalescent Home		Waitemata County			
	Costley Home for the Aged		Helensville Town District			
			Birkenhead Borough	1 ,,	761 3 9	
			Northcote Borough			
			Devonport Borough			
			Road Districts in Eden County ..	2 ,,	2,875 1 6	
			Auckland City	4	5,776 3 6	
			Parnell Borough			
			Newmarket Borough	2 for combined district	2,206 8 8	
			Onehunga Borough			
			Mount Eden Borough			
			Ellerslie Town District			
			Grey Lynn Borough			
			Road Districts in Manukau County	1 ,,	1,924 8 7	
			Papakura Town District			
			Pukekohe Town District			
Waikato	Hamilton Hospital	..	Waikato County	3 ,,	559 19 9	1-7th.
	Old Men's Home, Hamilton		Huntly Town District		44 11 9	
			Hamilton Borough	1	171 16 11	
			Waipa County	3 for combined district	685 2 6	
			Frankton Town District		73 3 5	
			Cambridge Borough		83 6 5	
			Te Aroha Borough	1 ,,	29 14 7	
			Morrinsville Town District ..		26 8 1	
			Piako County	1	310 9 7	
			Raglan County	2	457 14 8	
			Waitomo County	1 for combined district	347 3 10	
			Ohura County		129 7 0	
			Kawhia County	1	155 1 7	

Waikato—*continued*			Awakino County			114 5 0		
			Taupo East County	1*		169 17 8		
			Taupo West County			91 6 2		
			Matamata County	1		286 11 6	1-7th.	
			Rotorua County			49 14 0		
			Rotorua Town	1*		108 9 0		
			Kaitieki County	Unrepresented		..		
Thames	Thames Hospital The District Home, Taruru		Thames County	3		369 11 9		
			Thames Borough	2		239 12 9	1-4th.	
			Ohinemuri County	4		632 3 5		
Waihi	Waihi Hospital		Waihi Borough	11		2,500 0 0	1½.	
Coromandel	Coromandel Hospital	Mercury Bay Hospital	Coromandel County	8		300 0 0	1-3rd.	
Bay of Plenty			Whakatane County	2		139 13 0		
			Opotiki County	2		185 0 0		
			Opotiki Town District	1		29 19 0	1-14th.	
			Tauranga County	3		129 2 0		
			Tauranga Borough	1		21 18 0		
Cook	Gisborne Hospital Old People's Home, Gisborne		Cook County	5		1,767 0 0		
			Gisborne Borough	4		871 0 0	1-8th.	
			Waikohu County	2		881 0 0		
Waiapu	Te Puia Hospital		Waiapu County	8		450 0 0	1-20th.	
Hawke's Bay	Napier Hospital Wairoa Hospital Old People's Home, Park Island	Hawke's Bay Children's Home	Wairoa County	2 for combined district		961 16 0		
			Wairoa Borough			57 3 5		
			Hawke's Bay County	5 "		2,517 7 8	1-10th.	
			Taradale Town District			54 9 4		
			Napier Borough	3		686 7 5		
			Hastings Borough	2		571 2 4		
Waipawa	Waipawa Hospital Dannevirke Hospital		Waipawa County	2		718 9 3		
			Waipawa Borough	1 for combined district		67 16 7		
			Waipukurau Town District			61 17 2		
			Dannevirke County	3 "		647 19 6		
			Weber County			157 11 5	1-12th.	
			Patangata County	3 "		1,110 16 6		
			Waipukurau County			154 8 7		
			Woodville County	1 "		354 0 7		
			Woodville Borough			32 15 1		
			Dannevirke Borough	2		219 12 5		
Taranaki	New Plymouth Hospital Old People's Home, New Plymouth		Clifton County	1		229 14 10		
			Taranaki County	4		679 18 2		
			New Plymouth Borough	3 for combined district		365 5 11		
			Fitzroy Town District			40 11 7	1-13th.	
			Inglewood Borough	1 "		44 18 4		
			Waitara Borough			44 4 5		
			Egmont County	2		454 2 8		

* Appointed by the Governor.

TABLE XII.—CONSTITUTION OF DISTRICT HOSPITAL AND CHARITABLE AID BOARDS—*continued*.

Boards.	Institutions under their Control.	Separate Institutions within their Boundaries.	Contributory Local Authorities.	Representation on Board.	Contribution for Year 1910–11.	Approximate Rate per Pound on Rateable Capital Value.
				Members.	£ s. d.	d.
Stratford	Stratford Hospital		Stratford County	5	746 0 3	1-11th.
			Stratford Borough	2	119 2 7	
			Whangamomona County	1	154 4 2	
Hawera	Hawera Hospital		Hawera County	3	634 4 0	1-10th.
			Hawera Borough	1	141 2 8	
			Waimate West County	1	396 0 8	
			Eltham County	2	495 3 4	
			Eltham Borough	1	93 8 8	
Patea	Patea Hospital		Patea County	8	470 0 8	1-20th.
			Patea Borough	1	12 4 1	
Wanganui	Wanganui Hospital		Wanganui County	2	429 14 4	1-17th.
	Jubilee Home, Aramoho		Waimarino County	1 for combined district	223 4 2	
			Ohakune Town District		9 4 11	
			Waitotara County		438 5 10	
			Gonville Town District	2 "	57 13 4	
			Rangitikei County		1,062 10 10	
			Hunterville Town District	5 "	17 10 8	
			Marton Borough		36 6 8	
			Taihape Borough	1 "	41 1 10	
			Wanganui Borough		304 11 0	
			Wanganui East Borough	3 "	68 14 1	
Palmerston North	Palmerston North Hospital		Kiwitea County	2	347 15 0	1-19th.
			Pohangina County	1	178 13 11	
			Oroua County	2	425 10 5	
			Feilding Borough	1	169 11 4	
			Manawatu County	3 for combined district	379 11 11	
			Foxton Borough		33 6 9	
			Kairanga County	2	466 6 8	
			Palmerston North Borough	4	433 11 6	
Wellington	Wellington Hospital	Wellington Society for Relief of Aged Needy	Horowhenua County	2 "	1,272 16 0	1-8th.
	Otaki Hospital		Levin Borough		119 3 0	
	Otaki Sanatorium	Wellington Ladies' Christian Association	Hutt County	1 "	795 4 0	
	Wellington Benevolent Institution		Upper Hutt Town District		101 15 0	
		Wellington Convalescent Home	Petone Borough	1	600 12 0	
			Lower Hutt Borough	1 for combined district	716 1 0	
			Eastbourne Borough		84 7 0	
			Wellington City	14 "	8,782 18 0	
			Miramar Borough		406 17 0	
			Karori Borough		259 12 0	

Wellington—*continued* ..	..	..	Makara County	1 for combined district	370 15 0	1-8th.
			Johnsonville Town District ..		111 8 0	
			Onslow Borough		218 12 0	
Wairarapa	South Wairarapa Hospital ..	..	Pahiatua County	2	443 2 8	
	Masterton Hospital		Pahiatua Borough	1 for combined district	53 15 0	
	Pahiatua Hospital		Eketahuna Borough		39 9 8	
	Wairarapa North Benevolent Society		Akitio County	1	189 1 0	
			Eketahuna County	2 for combined district	181 12 0	
			Mauriceville County		106 9 4	
			Masterton County	4 ,,	809 0 8	1-17th.
			Castlepoint County		152 14 4	
			Masterton Borough	2	282 11 0	
			Wairarapa South County	2	387 11 4	
			Carterton Borough	1 for combined district	65 7 8	
			Greytown Borough		37 2 4	
			Featherston County	3 ,,	613 16 0	
			Martinborough Town District ..		24 17 4	
			Featherston Town District ..		21 9 8	
Wairau	Blenheim Hospital	..	Pelorus Road District	2 ,,	143 2 4	
	Havelock Hospital		Havelock Town District		10 2 4	
			Spring Creek Road District ..	1	132 16 8	
			Omaka Road District	2	249 11 8	1-9th.
			Wairau Road District	2	331 0 0	
			Awatere Road District	3	496 6 8	
			Blenheim Borough	4	283 6 8	
			Marlborough County Council ..	..	5 17 9	
Picton	Picton Hospital	..	Sounds County	3*	445 3 0	
			Picton Borough	3	184 10 4	1-5th.
			Picton Road District	3	303 0 8	
Nelson	Nelson Hospital	St. Andrew's Orphanage, Nelson ..	Waimea County	5 for combined district	1,415 0 0	
	Old People's Home, Nelson		Murchison County		82 0 0	
			Motueka Borough	1	119 0 0	
			Richmond Borough	4 for combined district	71 0 0	1-6th.
			Nelson City		798 0 0	
			Collingwood County	1	147 0 0	
			Takaka County	1	261 0 0	
Westland	Ross Hospital	..	Westland County	5	1,242 0 0	
	Westland Hospital		Hokitika Borough	3	542 0 0	1-half.
	Kumara Hospital		Kumara Borough	1 for combined district	75 0 0	
			Ross Borough		56 0 0	
Buller	Westport Hospital	Charleston Hospital	Buller County	5	1,035 7 2	1-half.
	Old People's Home, Westport		Westport Borough	3	771 10 2	
	Denniston Hospital					
Inangahua	Reefton Hospital	Reefton Ladies' Benevolent Society	Inangahua County	8	900 0 0	3-4ths.
Grey	Grey River Hospital	..	Grey County	5	731 17 6	
			Greymouth Borough	6	968 0 3	1-3rd.
			Brunner Borough	1	37 2 3	

* Appointed by Governor.

TABLE XII.—CONSTITUTION OF DISTRICT HOSPITAL AND CHARITABLE AID BOARDS—*continued*.

Boards.	Institutions under their Control.	Separate Institutions within their Boundaries.	Contributory Local Authorities.	Representation on Board.	Contribution for Year 1910–11.	Approximate Rate per Pound on Rateable Capital Value.
				Members.	£ s. d.	d.
North Canterbury	Christchurch Hospital ..	..	Amuri County	1	877 7 1	1-7th.
	Akaroa Hospital		Kaikoura County	1 for combined district	504 17 7	
	Lyttelton Casualty Ward		Cheviot County		564 8 0	
	Bottle Lake Infectious Diseases Hospital		Akaroa Borough	1 ,,	42 16 7	
	North Canterbury Consumptive Sanatorium		Akaroa County		960 0 3	
	Tuarangi Home, Ashburton		Mount Herbert County		230 0 0	
	Memorial Home, Christchurch		Wairewa County		485 6 7	
	Female Refuge, Christchurch		Selwyn County	6 ,,	5,105 3 8	
	Armagh Street Depot, Christchurch		Tawera County		201 19 3	
	Waltham Orphanage		Waimari County		1,509 12 5	
	Samaritan Home, Christchurch		Christchurch City	7	6,050 6 10	
			Lyttelton Borough	1 for combined district	186 15 0	
			New Brighton Borough		113 8 10	
			Woolston Borough		228 7 9	
			Sumner Borough		216 1 3	
			Road Districts in Ashley County ..	3 for combined district	2,293 13 2	
			Amberley Town District		20 0 9	
			Kaiapoi Borough		61 6 2	
			Rangiora Borough		131 0 7	
			Waipara County		1,530 7 11	
Ashburton	Ashburton Hospital	..	Ashburton County	6	1,257 0 0	1-22nd.
			Ashburton Borough	1	77 16 0	
			Hampstead Town District	1 for combined district	24 10 0	
			Tinwald Town District		14 10 10	
South Canterbury	Timaru Hospital	..	Geraldine County	2	702 11 0	1-14th.
	Waimate Hospital		Temuka Borough	1 for combined district	49 5 1	
	Old Men's Home, Timaru		Geraldine Borough		30 10 5	
	Talbot Infectious Diseases Hospital		Mackenzie County	1	275 6 2	
			Levels County	2 for combined district	767 5 4	
			Pleasant Point Town District ..		14 10 1	
			Timaru Borough	2	487 2 8	
			Waimate County	2	1,108 8 10	
			Waimate Borough	1	65 0 5	
Waitaki	North Otago Benevolent Institution	Oamaru Hospital	Waitaki County	6 for combined district	531 5 0	1-30th.
			Hampden Borough		3 3 5	
			Oamaru Borough	2	94 18 0	
Otago	Lawrence Hospital	..	Waihemo County	1 for combined district	460 19 3	1-5th.
	Dunedin Hospital		Waikouaiti County		592 13 0	
	Kaitangata Hospital		Port Chalmers Borough		224 12 9	
	Forth Street Maternity Home		Palmerston South Borough ..		56 8 6	
	Rock and Pillar Consumptive Sanatorium		Waikouaiti Borough		63 6 0	

Otago—*continued*	Otago Benevolent Institution		Road Districts in Peninsula County				367	13	0	
	Palmerston South Consumptive Sanatorium		Bay Town District		1 for combined district		163	15	6	
			St. Kilda Borough				369	17	0	
			Green Island Borough				153	3	9	
			Roslyn Borough				712	15	6	
			Mornington Borough				395	11	6	
			North-east Valley Borough		2	"	364	3	0	
			Maori Hill Borough				249	12	6	
			Dunedin City				5,877	6	6	
			West Harbour Borough		6	"	139	14	3	
			Taieri County				1,305	18	3	1-5th.
			Mosgiel Borough		1	"	155	9	0	
			Bruce County				1,041	3	6	
			Milton Borough		1	"	128	4	0	
			Kaitangata Borough				80	2	9	
			Tuapeka County				1,007	9	9	
			Lawrence Borough				83	12	9	
			Roxburgh Borough		1	"	24	10	5	
			Tapanui Borough				23	9	0	
			Clutha County				1,244	0	4	
			Balclutha Borough		1	"	101	5	0	
Vincent	Dunstan Hospital		Vincent County		6		491	15	8	
	Cromwell Hospital		Cromwell Borough		1		66	16	8	1-3rd.
			Alexandra Borough		1		94	16	10	
Maniototo	Naseby Hospital		Maniototo County		7		406	7	0	
			Naseby Borough		1		18	18	4	1-7th.
Southland	Southland Hospital		Lake County				171	6	8	
	Arrowtown Hospital		Arrowtown Borough		1 for combined district		9	11	8	
	Wakatipu Hospital		Queenstown Borough				33	11	0	
	Gore Hospital		Southland County				4,291	7	8	
	Lorne Farm Home		Wyndham Town District		6	"	26	7	0	
			Gore Borough				254	12	0	
			Mataura Borough		1	"	86	13	0	1-7th.
			Invercargill Borough				1,156	12	0	
			Invercargill South Borough		3	"	121	12	0	
			Campbelltown Borough				138	19	4	
			Winton Borough		1	"	33	9	0	
			Stewart Island County				19	10	0	
Wallace and Fiord	Wallace and Fiord Hospital		Wallace County		7		1,137	18	4	
			Fiord County		..		..			1-8th.
			Riverton Borough		1 for combined district		38	0	0	
			Otautau Town District				33	7	0	

APPENDIX III.—MINUTES, REPORTS OF PROCEEDINGS, ETC., OF THE HOSPITALS CONFERENCE, JUNE 1911.

SCHEDULE OF RESOLUTIONS PASSED BY THE HOSPITALS CONFERENCE.

SECTION I.—PUBLIC HEALTH.

Responsibilities of Hospital Boards under the Public Health Act.

THAT this Conference is of opinion that it is an advantage to the community to have all matters relating to the administration of public health, hospitals, and charitable aid under the control of Hospital Boards, except in the case of boroughs having a population of more than 5,000, which are able to appoint whole-time officers.

Tuberculosis.

That the Government be requested to introduce further amending legislation to give the various Hospital and Charitable Aid Boards power of detention over inmates of benevolent homes, hospitals, sanatoria, or other institutions under the Boards' control.

That this Conference, fully recognizing the scourge consumption is to humanity, and the laudable efforts of the Health Department to cope with this disease, begs to assure the Department of its readiness heartily to co-operate in any scheme of a preventive or sanitary character that the Department may devise.

That this Conference recommends the various Hospital Boards to adopt the following campaign, as outlined on page 3 of the Public Health Report, 1910 :—

(1.) Rigorous enforcement of notification by the medical profession of all forms of tubercular disease.

(2.) A wider dissemination of literature as to the causes of the disease, and its prevention.

(3.) Whole-hearted attempts to encourage the "early" case, and also those who have been in contact with consumptives, to seek treatment by means of—

(*a.*) Extension of the out-patient departments of our general hospitals, with a special branch devoted to the diagnosis and treatment of chest-complaints. From such a department the patient could be drafted for treatment to an institution suitable for his case. This department should also keep under supervision patients who have returned from sanatoria.

(*b.*) District nurses, who will keep in touch with the patients treated in the out-patient department, and see that they conform to the rules of life laid down by the medical attendant, arrange for the examination of suspected cases or "contacts," and keep the out-patient department informed of those who have returned from sanatoria.

(*c.*) Medical inspection of school-children.

(4.) Extension of sanatorium accommodation for the educative treatment of suitable cases. The smaller Hospital Boards should combine for the purposes of erecting and maintaining such.

(5.) Provision by Hospital Boards of suitable accommodation for patients in the chronic and incurable stages of the disease, special wards being needed for these classes.

(6.) Establishment of a "working" sanatorium, where patients could be taught outdoor occupations—farming, bee-culture, forestry, the planting of fruit-farms, &c.

(7.) Co-operation between public and private philanthropic agencies, whereby a nursing system could be developed at a maximum of efficiency with a minimum of cost; and also a system of relief whereby the dependants on those isolated would be well cared for during the absence of the bread-winner.

(8.) Co-operation with the Agricultural Department, as heretofore, in matters relating to the control of dairies and dairy herds, and the storage, conveyance, and distribution of milk.

That in the opinion of this Conference it is imperative that the Government should place such sum upon the estimates, and frame such regulations, as would assist the Hospital Boards of this Dominion in an endeavour to effectually stamp out the spread of tuberculosis.

The Health of the Native Race.

That, in order to conserve the Maori race, the question of maternity and infant mortality be dealt with directly by the responsible officers of the Hospital and Charitable Aid Boards; and, as a further guarantee of this, the Native race should be brought into conformity with the European under the Registration Act: this to be applicable not only to deaths, but also to births and marriages.

SECTION II.—HOSPITAL-ADMINISTRATION.

Treatment of Incipient Mental and Delirium-tremens Patients.

That it be a recommendation to the Government that provision should be made in those centres where required for providing a receiving-home in conjunction with the Mental Hospitals Department for the treatment of incipient mental and delirium-tremens patients.

That homes for indigent imbeciles and destitute blind over twenty-one years of age who are mentally able to benefit by teaching under the Brail or some other system be provided by the State.

That, in view of the increasing burden upon the Boards of maintaining degenerates and their offspring, and in view of the danger to the community, both from a physiological and a moral point of view, this Conference urges upon the Government the necessity for the founding of a State school for defective girls, similar to that for boys at Oamaru, and a State home for women of feeble mind, with power of detention in each case.

Hours of Work and Duties of the Hospital Nurse.

That this Conference recommends that the Inspector-General of Hospitals circularize all the Hospital Boards of the Dominion as to the working of the eight-hours system.

Hospital Economics.

That it is desirable that the Boards should combine for the purpose of letting a contract for the supply of leading lines of drugs and dressings to the hospitals of the Dominion.

That the Government be requested to supply sera to the hospitals free of duty.

That it is desirable that the duty on the various materials required in the hospitals be removed.

That Hospital Boards exchange statistics as to machinery, number of persons employed, and wages paid in their respective laundries where steam is used, and the number of pieces washed weekly.

Hospital Boards' Accounts.

Section 69 of the Hospitals and Charitable Institutions Act, 1909.—Accounts: That the Government be requested to gazette regulations as provided in this section.

That the report of the sub-committee on the draft regulations be adopted, viz.:—

Clause 5 to be deleted.

In clause 7, the words "journals and ledgers" to be deleted, and the word "books" inserted in lieu thereof, and the words "together with such other sources of profit and loss" to be deleted.

In clause 10, the words "and as may be approved by the Inspector-General of Hospitals" to be deleted.

The sub-committee recommends that the draft regulations be submitted to an advisory accountant, and subsequently to the Audit Department.

The sub-committee recommends that before being gazetted the draft regulations shall be circulated to the Boards.

The sub-committee recommends that the suggested system of accounts be referred to a committee consisting of the Secretaries of the Auckland, Wellington, North Canterbury, and Otago Boards, the Medical Superintendents of the Wellington and Dunedin Hospitals, and the Chief Clerk of the Hospitals Department.

Modern Hospital Appliances.

That it is desirable that a radium institute be established in some central place in the Dominion for the treatment of cancer and kindred diseases.

That four skilled bacteriologists be appointed for the Dominion, one to be placed in each of our four centres.

SECTION III.—SOCIAL.

The District Nurse.

That this Conference indorses the district-nurse scheme, and that Hospital Boards be invited to further its objects so far as possible.

The Maternity Nurse and the Midwives Act.

That, with a view to affording relief to settlers in the outlying districts, and also to facilitate the training of maternity nurses, this Conference considers it advisable that maternity wards be attached to all country hospitals of twenty beds.

Medical Inspection of School-children.

That it be a recommendation of this Conference that some such scheme as outlined by Dr. Valintine be adopted for the medical inspection of school-children.

The Undesirable Citizen.

That the Government be urged to take more active measures for arresting deserters of wives and children, and parents of illegitimate children, and setting them to remunerative work; the balance of their earnings (after defraying the first charges for maintenance) to be applied towards the support of those dependent on them who may be in receipt of relief out of public funds.

That the Government be requested to forthwith gazette the regulations provided for in the Crimes Amendment Act, 1910, so that wages may be earned by criminals, and so enable Boards to take advantage of the provisions of this Act.

That this Conference considers it desirable that an Act of Parliament be passed to provide State farms, industrial homes, or other suitable places of healthy restraint for the detention and enforced labour of confirmed drunkards or other self-indulgents who, having wife and family, incapacitate themselves from wage-earning or spend an undue share of their earnings on themselves, thus leaving the maintenance of aforesaid wife and family to the Charitable Aid Boards of their districts; that the time spent in such homes, &c., be in proportion to the number of convictions; and that the earnings of such individuals be handed to their respective Boards for the benefit of their families.

Section IV.—Charitable Aid.

Some Charitable-aid Problems—The Need for Uniformity.

That all hospitals give prompt notice of the entry of a patient from an outside district to the Hospital and Charitable Aid Board concerned, and in the event of such notice not being forwarded within a month from date of admission all liability on the part of the Board from whose district the patient comes ceases.

That a form to be used by all Boards in interrogating applicants for relief be adopted at this Conference, and the Government be requested to incorporate same as a schedule of th Act.

The adoption of some uniform policy between the several Boards, in order to meet cases of applicants from one district applying to another for relief.

Section 72 (1), Hospitals and Charitable Institutions Act, 1909, provides for recovery of maintenance paid by a Board on account of resident from another district. Provision should be made for recovery of maintenance paid on account of children born of parents whilst resident in such alien district, more particularly where such children are committed to an institution under the Industrial Schools Act.

That section 72, with its subsections, of the Hospitals and Charitable Institutions Act, 1909, be amended by the following additions, viz.: To provide for the Inspector-General being appointed sole arbitrator in any dispute that may arise between any two Boards in regard to liability for relief granted, his award to be binding on both Boards; and that the Treasury, on receipt of award from the Inspector-General, if in favour of petitioning Board, shall be authorized to pay such petitioning Board the amount stated in such award out of any subsidy that may be due to the other Board.

That provision be made by an amendment of the Hospitals Act giving Hospital Boards power to recover the cost of hospital or other maintenance from money due to patients under the Workers' Compensation Act.

That power be given to Hospital and Charitable Aid Boards to obtain full information respecting moneys deposited by applicants for, or recipients of, charitable aid with any bank, Post-Office Savings-Bank, or any other financial institution, and also power for such Hospital and Charitable Aid Board to lift such deposits for and on behalf of such recipients of charitable aid.

That the Health Act should be so amended as to define who is responsible for the burial in cases of death where there is not sufficient money and no relations.

The Child.

In regard to section 85 of the Hospitals and Charitable Institutions Act, 1909, *re* the maintenance of children in an industrial school, that the same be amended to provide that Boards may have more authority in regard to the committal of such children, by receiving notice of intention to bring such children before the Court, so that evidence may be adduced, if possible, of ability of "near relatives," as defined in the Destitute Persons Act, 1910, to contribute towards the cost of maintenance of such children.

That section 85, subsection (1), of the Hospitals Act, 1909, should be amended by striking out the words at the close of the section after the word "district," and substituting the words "wherein the child is or has been domiciled prior to the making of the order."

That the powers of Hospital and Charitable Aid Boards be enlarged so as to enable them (on a certificate being granted by a Magistrate) to reclaim and educate children living in the midst of evil environments.

The Old-age Pensioner.

That it be a recommendation to the Government to alter the Old-age Pensions Act in the direction that if an old-age pensioner be convicted a second time for drunkenness, his pension-certificate be handed over to the Charitable Aid Board where such offender resides.

Section V.—General.

Quorum of Boards.

That subsection (4) of section 31 of the Hospitals and Charitable Institutions Act, 1909, wherein is provided that "A quorum shall consist of a majority of the members of the Board for the time being," be amended to read as follows: "A quorum shall consist of half the whole number of members of the Board for the time being when that number is even, and the majority of the whole of the members when such number is odd."

Subsidies.

That the Government be requested to draft a new clause in the Hospitals and Charitable Institutions Act, 1909, to provide a simpler method of calculation of subsidy on levies than that provided in paragraph (ii) of subclause (*c*) of subsection (2) and the Fourth Schedule, and that a uniform amount of subsidy be payable to Boards on all levies on local authorities.

Curfew Law.

That the Conference of Hospital and Charitable Aid Boards take into consideration the question of asking the Government to introduce legislation whereby what is known in some countries as "curfew law" may be enforced in this Dominion.

Dispensers.

That the services of the assistants in the hospital dispensaries in the four large centres be counted as a qualification for obtaining their certificate as chemists.

Use of Seal.

That section 36 be amended to read, that all the words after "except" in the second line be omitted, and the following substituted, viz.: "by authority of a resolution of the Board, and attested by two members."

Remits for Future Conferences.

That it be a recommendation to the Inspector-General that in any future Conference of Hospital Boards throughout the Dominion he sends to the different Boards, at least one month prior to the date of the Conference being held, all remits and papers to be read.

Hospital Districts.

That endeavours be made to have section 3 subsection (2), Hospitals and Charitable Institutions Act, 1909, amended as follows: After the word "county," in the third line of the subsection, the word "may" be inserted in place of "shall"; and after the terminal word "district" the following be added: "or the adjoining hospital district." The subsection will then read, "When at any time after the passing of this Act a new county is created the limits whereof are wholly within one hospital district, the new county may be included within, and form part of, that hospital district or of the adjoining hospital district."

Qualifications of Representatives.

That the law be altered so that country districts can elect representatives to the Board so long as those elected are qualified in any part of the hospital district.

MINUTES OF PROCEEDINGS OF CONFERENCE OF DELEGATES OF HOSPITAL AND CHARITABLE AID BOARDS, HELD AT PARLIAMENT BUILDINGS, WELLINGTON.

The delegates assembled at the Parliament Buildings, Wellington, on Tuesday, the 27th June, at 10.30 a.m.

Present, the following delegates:—

Wellington: The Rev. W. A. Evans (Chairman), Messrs. R. Clement Kirk (Chairman, Hospital Committee), J. W. McEwen (Chairman, Charitable Aid Committee), G. T. London (Hon. Treasurer), D. McLaren, M.P., Dr. H. Hardwick Smith (Medical Superintendent), J. Coyle, (Secretary), A. H. Truebridge (Superintendent, Charitable Aid).

Auckland: Messrs. F. M. Mackay (Chairman), J. Jenkin, J. G. Rutherford, M. J. Coyle, F. J. Fenton (Secretary).

North Canterbury: Messrs. Horrell (Chairman), Rev. W. L. Close, Dr. Blackmore, R. Moore, M. Wilson, T. C. Norris (Secretary).

Otago: Messrs. J. H. Walker (Chairman), W. Wilkinson, H. M. Ewing, Dr. A. R. Falconer (Medical Superintendent), J. Jacobs (Secretary).

Ashburton: Messrs. C. J. Harper and H. Friedlander (Chairman).

Wanganui: Messrs. W. Ritchie and A. C. Ritchie.

Maniototo: Messrs. H. Wilson (Secretary) and C. Inder (Chairman).

Taranaki: Messrs. F. C. J. Bellringer (Chairman) and C. M. Lepper (Secretary).

Palmerston North: Messrs. W. Stubbs and J. G. Wilson.

Hawera: Messrs. R. H. Nolan (Chairman) and C. E. Parrington (Secretary).

Gisborne: Mr. C. Gray (Chairman).

Waiapu: Mr. G. F. Powell.

Westland: Mr. T. J. McGuigan (Chairman).

Hawke's Bay: Messrs. W. Shrimpton (Chairman) and J. Scheele (Secretary).

Southland: Messrs. A. F. Hawke (Chairman) and T. Pryde (Secretary).

South Canterbury: Messrs. F. R. Gillingham, W. S. Maslin, and H. S. Russell.

Stratford: Messrs. E. Marfell (Chairman) and T. H. Penn (Secretary).

Wairau: Messrs. J. G. Armstrong (Acting-Chairman) and A. J. Maclaine (Secretary).

Bay of Islands: Messrs. W. Stewart (Chairman) and H. C. Blundell (Secretary).

Waikato: Messrs. J. A. Young (Chairman) and W. J. Conradi (Secretary).

Waitaki: Messrs. Andrew Fraser (Chairman) and Walter Gibb (Secretary).

Grey: Mr. M. Hannan (Chairman).

Nelson: Mr. G. Macmahon, Mrs. C. Y. Fell, and Mr. S. Blomfield.

Waipawa: Messrs. J. E. Riddell and G. B. Ashley.

Wairarapa: Messrs. N. D. Bunting (Secretary), H. Morison, J. D. Wilson, E. G. Eton, and W. Fisher.

Picton: Mr. A. E. Fell.

Inangahua: Mr. E. J. Scantlebury (Chairman).

Mr. Scantlebury (Inangahua) moved, "That the Inspector-General (Dr. Valintine) take the chair."

The Inspector-General declined nomination.

Mr. Maslin (South Canterbury) proposed, and Mr. Ritchie (Wanganui) seconded, "That Mr. J. G. Wilson take the chair."

Mr. McLaren (Wellington) proposed, and Mr. London (Wellington) seconded, "That Mr. W. Evans take the chair."

On being pressed to withdraw his objection to nomination, Dr. Valintine asked leave to nominate Mr. J. G. Wilson as Chairman and Mr. W. Evans as Deputy Chairman. Put and carried.

Conference agreed that ten minutes should be allowed to each speaker.

Conference agreed to take the matters on Agenda Paper in the order as printed, and that remits of a similar character should be taken together.

Mr. Kirk, Chairman of the Wellington Hospital Committee, extended an invitation to the delegates to visit the Wellington Hospital.

The hours of sitting of the Conference were fixed from 10 a.m. to 1 p.m., and from 2 to 5 p.m.

His Excellency the Governor was received, and addressed the delegates.

A vote of thanks to His Excellency, proposed by the Deputy Chairman, was carried by acclamation.

His Excellency invited the delegates to visit Government House on Thursday, the 29th June, at 4 p.m.

Dr. Finch (District Health Officer, Christchurch) read an address to the Conference by the Hon. the Minister in charge of the Department.

His Excellency then retired.

A motion by Mr. McLaren that each member should have one vote was carried by 42 to 19. It was also decided that Secretaries and Medical Officers attending as delegates should be allowed to speak and vote.

Dr. Valintine, Inspector-General of Hospitals, then addressed the delegates.

The Conference adjourned at 12.45 and reassembled at 2 p.m.

A vote of thanks to Dr. Valintine for his address, proposed by Mr. J. G. Wilson and seconded by Mr. Friedlander, was carried.

Mr. Walker (Chairman of the Otago Hospital and Charitable Aid Board) introduced a discussion on the powers and responsibilities of Hospital Boards under the Public Health Act, 1908.

Mr. Bellringer (Chairman, Taranaki Hospital and Charitable Aid Board) moved, and Mr. Nolan (Chairman, Hawera Hospital and Charitable Aid Board) seconded, "That this Conference is of opinion that it is an advantage to the community to have all matters relating to the administration of public health, hospitals, and charitable aid under the control of Hospital Boards, except in the case of a borough having a population of more than 5,000, which are able to appoint whole-time officers." Carried by 30 votes to 23.

Mr. Horrell (Chairman of the North Canterbury Hospital and Charitable Aid Board) then introduced a discussion on the administrative control of tuberculosis, and moved, "That, in order to successfully combat the scourge of consumption, this Conference is of the opinion that the Government should establish two well-equipped sanatoria and farm colonies, one in either Island." Seconded by Mr. Armstrong (Wairau).

Mr. London (Wellington) moved an amendment, "That sanatoria for treatment of consumption be established in suitable districts near to the four most important cities of the Dominion; that the Boards of such districts embracing such cities control these sanatoria, and that the patients from all the other districts of the Dominion be available for treatment in such sanatoria, and that the expense incidental thereto be paid by the respective districts." Seconded by Mr. Ewing (Otago).

Motion of adjournment at 5.15 p.m. till 10 a.m. the following day was carried by 34 to 27.

Wednesday, the 28th June.

The Conference reassembled at 10 a.m.

Mr. Maslin (South Canterbury) proposed, "That the Conference sit for two hours every evening."

The Conference agreed by 29 to 20 to sit in the evenings from 8 till 10.

Mr. London's amendment was put and carried by 34 votes to 24.

The amendment was then put as a substantive motion, and lost by 41 votes to 11.

The following remits under section 1 (*b*) of the Agenda Paper were put:—

Remit from Otago: "That the Government be requested to introduce further amending legislation to give the various Hospital and Charitable Aid Boards power of detention over inmates of benevolent homes, hospitals, sanatoria, or other institutions under the Boards' control." Carried.

Remit from Ashburton: "Power to detain persons suffering from tuberculosis, especially charitable-aid cases sent for treatment and returned as incurable from Palmerston or any other hospital or sanatorium." Withdrawn.

Remits from Coromandel: "That the Government provide homes for indigent consumptives and incurables in such numbers and localities as are deemed desirable. Under existing circumstances and conditions the cases cannot be efficiently treated in ordinary hospitals, and, if they are so treated, become a menace to other patients and the community. In many districts consumptives are given outdoor relief by Charitable Aid Boards. In the case of either of the parents being the diseased person it becomes a national calamity, as they go on bringing diseased children into the world. This is considered a real menace to the people of the Dominion, and requires immediate action." "Consideration of provision of sanatoria for consumptives on the lines laid down in Dr. Blackmore's report—namely, one sanatorium for the North Island and one for the South Island: In this connection the Government

to be asked, as a step towards stamping out consumption, to bring this disease within the scope of infectious diseases for compulsory treatment; also to give powers to Hospital and Charitable Aid Boards of legal detention of all patients in infectious hospitals and institutions during the periods medically declared necessary for the recovery of such patients." Postponed.

Remit from North Canterbury: "Visiting of out-patients at their homes by qualified nurses, and consideration of the question of setting up dispensaries elsewhere than at public hospitals." Postponed.

Mr. Maslin (South Canterbury), with the consent of the Conference, moved, "That this Conference, fully recognizing the scourge consumption is to humanity, and the laudable efforts of the Health Department to cope with this disease, begs to assure the Department of its readiness heartily to co-operate in any scheme of a preventive or sanitary character that the Department may devise." Seconded by Mr. J. G. Armstrong (Wairau), and carried.

Mr. Powell (Waiapu) then introduced a discussion on "The Health of the Native Race," and moved the following resolution, which was carried: "In order to conserve the Maori race the question of maternity and infant mortality should be dealt with directly by the responsible officers of the Hospital and Charitable Aid Boards, and as a further guarantee of this the Native race should be brought into conformity with the European under the Registration Act: this to be applicable not only to deaths, but also to births and marriages."

Dr. Valintine (Inspector-General) then introduced a discussion on the incipient mental and delirium-tremens patient.

Mr. J. H. Walker (Chairman, Otago Hospital and Charitable Aid Board) moved. "That it be a recommendation to the Government that provision should be made in those centres where required for providing a receiving-home in conjunction with the Mental Hospitals Department for the treatment of incipient mental and delirium-tremens patients." Seconded by Mr. F. Horrell (North Canterbury), and carried.

Pending the attendance of Mr. Hogben (Inspector-General of Schools), Mr. Shrimpton (Chairman, Hawke's Bay Hospital and Charitable Aid Board) introduced a discussion on the hours of work and duties of hospital nurses.

Mr. Hogben attended, and addressed the Conference on the subject of the homing classification and education of the imbecile and feeble-minded.

Mr. Shrimpton (Hawke's Bay) moved, "That homes for indigent imbeciles, and destitute blind over twenty-one years of age who are mentally able to benefit by teaching under the Braile or some other system be provided by the State." Seconded by Mr. Maslin (South Canterbury), and carried.

Mrs. Wilson (North Canterbury) moved, "That, in view of the increasing burden upon the Boards of maintaining degenerates and their offspring, and in view of the danger to the community both from a physiological and moral point of vew, this Conference urges upon the Government the necessity for the founding of a State school for defective girls similar to that for boys at Oamaru, and a State home for women of feeble mind, with power of detention in each case." Seconded by Mr. Gillingham (South Canterbury), and carried.

Mr. Bellringer (Chairman, Taranaki Hospital and Charitable Aid Board) moved, "That the previous rule that speakers be allowed ten minutes be amended in the direction of allowing the mover of a motion ten minutes and other speakers five minutes." Seconded by Mr. Young (Waikato), and carried.

At 5 p.m. motion for adjournment was defeated by 30 to 17, and the Conference decided to sit till 5.30.

Mr. Kirk (Wellington) moved, "That in the opinion of this Conference the eight-hours system for duty has not proved in the best interests of the nursing profession or the patients in public hospitals." Seconded by Mrs. Fell (Nelson).

The Conference adjourned at 5.30 p.m., and reassembled at 7.30 p.m.

Mr. Coyle (Auckland) moved, "That this Conference recommends that the Inspector-General of Hospitals circularize all the Hospital Boards of the Dominion as to the working of the eight-hours system." Seconded by Mr. Ewing (Otago), and carried; Mr. Kirk previously withdrawing his motion.

Mr. J. G. Wilson (Chairman, Palmerston North Hospital and Charitable Aid Board) moved, "That in future the State Nursing Examination should be conducted in its entirety at the hospital where the nurse or nurses is or are in residence." Seconded by Mr. W. Ritchie (Wanganui). Withdrawn by permission.

Mr. Riddell (Waipawa) moved, "That central training-schools be established where the smaller Hospital Boards can maintain probationers during their course of training, on the understanding that they return to the hospital which has supported them during that period for a term of at least two years after they have received their certificate." Seconded by Mr. Mackay (Auckland), and lost.

The following remits were taken:—

Remit from Wairarapa: "That all nurses serving a stated time as probationers should qualify by examination for further service." Lapsed for want of seconder.

Remit from North Canterbury: "That this Conference consider the question of the reasonable claims of sick members of the Trained Nurses' Association to obtain the benefit of treatment at their own local hospital at reduced charges, in consideration of their agreeing to assist, when able, in nursing at public institutions at reduced rate of payment." Lost.

Remit from North Canterbury: "That it is desirable that there should be an interchange between all Boards of information relating to the number of inmates in the several institutions, salaries or other emoluments paid to employees of every description and grade, showing length of service, &c., with a view to comparison and approximation of duties and remuneration; also, the mutual exchange of annual balance-sheets throughout the Dominion." Lost.

Remit from Southland: "That this Conference affirm the principle that a uniform scale of salaries should be paid to hospital nurses by the different Boards of the Dominion." Lapsed for want of seconder.

The discussion on a State hospital service was deferred by request of the Inspector-General.

Mr. Horrell (Chairman, North Canterbury Hospital and Charitable Aid Board) moved, "That it is desirable to institute or extend hospitals so as to provide for the reception and treatment of all classes of patients, rich and poor." Lost.

Mr. Kirk (Wellington) introduced a discussion on hospital economics, and moved, "That it is desirable for Hospital Boards to delegate to the medical faculty of their districts the appointment of such honorary staff as may be considered by them necessary." Seconded by Mr. Harper.

Mr. Mackay (Chairman, Auckland Hospital and Charitable Aid Board) moved, "That the following be appointed a sub-committee to deal with the question of the model system of hospital accounts, and draft regulations, and report to the Conference: Messrs. Fenton, Coyle, Norris, Jacobs, Young, London, Lepper, Killick, and Dr. Frengley."

Moved, as an amendment, "That all Secretaries form the committee." Carried.

Moved, "That the names of Messrs. London, Killick, Young, and Dr. Falconer be added." Carried.

Moved, "That Conference sit the following day from 9.30 a.m. to 1 p.m."

The Conference adjourned at 10.15 p.m.

THURSDAY, THE 29TH JUNE, 1911.

The Conference reassembled at 9.30 a.m.

Minutes of previous sittings were read and confirmed.

The Conference agreed to sit in the evening from 7.30 to 10, and not to sit in the afternoon.

Mr. Kirk's motion put and lost.

Mr. Kirk (Wellington) moved, "That it is desirable that the Boards should combine for the purpose of letting a contract for the supply of leading lines of drugs and dressings to the hospitals of the Dominion." Seconded by Mr. Horrell (North Canterbury), and carried.

Mr. Kirk (Wellington) moved, "That the Government be requested to supply sera to the hospitals free of duty." Seconded by Mr. Horrell (North Canterbury), and carried.

Mr. Kirk (Wellington) moved, "That Hospital Boards exchange statistics as to machinery, number of persons employed, and wages paid in their respective laundries where steam is used, and the number of pieces washed weekly." Seconded by Mr. Horrell (North Canterbury), and carried.

Mr. P. M. Mackay (Chairman, Auckland Hospital and Charitable Aid Board) introduced a discussion on hospital finance, and moved, "That the committee now retire and discuss the suggested system of accounts." Seconded by Mr. London (Wellington), and carried.

Mr. Walker (Chairman, Otago Hospital and Charitable Aid Board) moved, "Section 69 of the Hospitals and Charitable Institutions Act, 1909—Accounts: That the Government be requested to gazette regulations as provided in this section." Seconded by Mr. Ewing, and carried.

The following remits under Section 3 of the Agenda Paper were taken:—

Remit from North Canterbury: "Urging the Government to take more active measures for arresting deserters of wives and children and parents of illegitimate children, and setting them to remunerative work: the balance of their earnings (after defraying the first charges for maintenance) to be applied towards the support of those dependent on them who may be in receipt of relief out of public funds." Moved by Mr. Horrell, seconded by Mr. Macmahon, and carried.

Remit from Otago: "That the Government be requested to forthwith gazette the regulations provided for in the Crimes Amendment Act, 1910, so that wages may be earned by criminals, and so enable Boards to take advantage of the provisions of this Act." Moved by Mr. Walker, seconded by Mr. Ewing, and carried.

Remit from Coromandel: "That the Government legislate to compel criminals to work on some appointed Government work, to earn sufficient to keep their wives and families, who are, under the existing law, a charge on the Hospital and Charitable Aid Board of the district in which they live. It very often happens that some incorrigible criminal leaves his family destitute, and although every remedy the law provides is taken to compel the man to support them, the remedies seem to fall short of the end desired, and the family becomes a heavy burden on the district Board. The support of such cases, it is considered, should not be parochial, but a direct charge on the consolidated revenue." Postponed.

Remit from Nelson: "That this Conference considers it desirable that an Act of Parliament be passed to provide State farms, industrial homes, or other suitable places of healthy restraint for the detention and enforced labour of confirmed drunkards or other self-indulgents, who, having wife and family, incapacitate themselves from wage-earning or spend an undue share of their earnings on themselves, thus leaving the maintenance of aforesaid wife and family to the Charitable Aid Boards of their districts; that the time spent in such homes, &c., be in proportion to the number of convictions; and that the earnings of such individuals be handed to their respective Boards for the benefit of their families." Proposed by Mrs. Fell, seconded by Mr. Gillingham, and carried.

The following remits were taken under Section 4, Charitable Aid:—

Remit from Waipawa: "That it is desirable that a more uniform course of action be pursued by the various Hospital and Charitable Aid Boards in relation to the admission of patients from outside districts to the various hospitals and other benevolent institutions, and the apportionment of liability therefor. The present custom is to charge a fixed sum to all alike, which in some cases is greater than the actual cost per patient to the Board having charge of the hospital. This Board considers that only the actual cost should be charged to other Boards."

Mr. Riddell (Waipawa) moved as an amendment, "That all hospitals give prompt notice of the entry of a patient from an outside district to the Hospital and Charitable Aid Board concerned, and in the event of such notice not being forwarded within a month from date of admission all liability on the part of the Board from whose district the patient comes ceases." Seconded by Mr. Scantlebury (Inangahua), and carried.

Remit from Otago: "That a form to be used by all Boards in interrogating applicants for relief be adopted at this Conference, and the Government be requested to incorporate same as a schedule of the Act." Moved by Mr. Ewing, seconded by Mr. Friedlander, and carried.

Remit from North Canterbury: "The adoption of some uniform policy between the several Boards, in order to meet cases of applicants from one district applying to another for relief." Moved by Mr. Horrell, seconded by Mr. Friedlander, and carried.

Remit from Bay of Islands: "That Hospital Boards charge kindred societies the net cost only for treating charitable-aid patients from their respective districts." Withdrawn by permission.

Remit from South Canterbury: "Section 72 (1), Hospitals and Charitable Institutions Act, 1909, provides for recovery of maintenance paid by a Board on account of resident from another district. Provision should be made for recovery of maintenance paid on account of children born of parents whilst resident in such alien district, more particularly where such children are committed to an institution under the Industrial Schools Act." Moved by Mr. Maslin, seconded by Mr. Fraser, and carried.

Remit from Otago: "That section 72, with its subsections, of the Hospitals and Charitable Institutions Act, 1909, be amended by the following additions, viz.: To provide for the Inspector-General being appointed sole arbitrator in any dispute that may arise between any two Boards in regard to liability for relief granted, his award to be binding on both Boards; and that the Treasury, on receipt of award from the Inspector-General, if in favour of petitioning Board, shall be authorized to pay such petitioning Board the amount stated in such award out of any subsidy that may be due to the other Board." Moved by Mr. Walker, seconded by Mr. Bellringer, and carried.

Remit from Southland: "That provision be made by an amendment of the Hospitals Act giving Hospital Boards power to recover the cost of hospital or other maintenance from money due to patients under the Workers' Compensation Act." Moved by Mr. Hawke, seconded by Mr. Gillingham, and carried.

Remit from South Canterbury: "That the present Act be amended to debar any hospital patient, while his maintenance account (incurred as the result of an accident) remains unpaid, from making any compromise with any accident insurance company without first having obtained consent of the Hospital Board to whom the maintenance account is due." Withdrawn by permission.

Mr. Armstrong (Wairau) moved, "That Hospital Boards have power to recover from employers the amount owing for treatment of employees, when such treatment is rendered necessary as the result of an accident while working for such employer." Seconded by Mr. McLaren. Withdrawn.

With regard to remit from Ashburton: "Power to obtain amount of credit, if any, at Pos -Office savings or other bank in regard to applicants and recipients of charitable aid," Mr. Friedlander obtained permission to amend the motion as follows: "That power be given to Hospital and Charitable Aid Boards to obtain full information respecting moneys deposited by applicants for, or recipients of, charitable aid with any bank, Post-Office Savings-Bank, or any other financial institution, and also power for such Hospital and Charitable Aid Board to lift such deposits for and on behalf of such recipients of charitable aid.' Seconded by Mr. Scantlebury, and carried.

Mr. Bellringer (Chairman, Taranaki Hospital and Charitable Aid Board) introduced a discussion on "The District Nurse," and moved, "That this Conference indorses the district-nurse scheme, and that Hospital Boards be invited to further its objects as far as possible." Seconded by Mr. Horrel (Chairman, North Canterbury Hospital and Charitable Aid Board), and carried.

The Inspector-General of Hospitals introduced a discussion on "The Medical Inspection of School-children."

The Conference adjourned at 1 p.m., and reassembled at 7.30 p.m.

The chairman of the sub-committee appointed to report on the draft regulations and suggested system of accounts to be kept by Hospital and Charitable Aid Boards presented the report of such sub-committee, as follows:—

"The sub-committee recommend that the draft regulations be adopted with the following amendments:—

"Clause 5 to be deleted.

"In clause 7 the words 'journals and ledgers' to be deleted, and the word 'books' inserted in lieu thereof; and the words 'together with such other sources of profit and loss' to be deleted.

"In clause 10 the words 'and as may be approved by the Inspector-General of Hospitals' to be deleted.

"The sub-committee recommend that the draft regulations be submitted to an advisory accountant, and subsequently to the Audit Department.

"The sub-committee recommend that before being gazetted the draft regulations shall be circulated to the Boards.

"The sub-committee recommend that the suggested system of accounts be referred to a committee consisting of the Secretaries of the Auckland, Wellington, North Canterbury, and Otago Boards, the Medical Superintendents of the Wellington and Dunedin Hospitals, and the Chief Clerk of the Hospital Department."

The report was adopted.

Discussion on "Hospital Finance," introduced by Mr. Mackay, was continued.

Mr. Young (Waikato) was given permission to withdraw remit from Waikato, as follows: "That where a Hospital and Charitable Aid Board has non-local-governing localities within its district, and has

borrowed by way of overdraft for the purpose of capital expenditure in construction of buildings, &c., and the local-governing bodies within the hospital district desire to borrow under the State-guaranteed Advances Department to pay off such Hospital and Charitable Aid Board overdraft, the Government should make a direct grant to such Board towards the payment of its building-construction expenditure of a sum not less than the proportion which would be raised by such non-local-governing district had it been a locally governed district."

Mr. Stewart (Chairman, Bay of Islands Hospital and Charitable Aid Board) introduced a discussion on "The Maternity Nurse and the Midwives Act," and moved, "That, with a view to affording relief to settlers in the outlying districts, and also to facilitate the training of maternity nurses, this Conference considers it advisable that maternity wards be attached to all country hospitals of twenty beds." Seconded by Mr. London (Wellington), and carried.

The following remits were taken :—

Remit from Wallace and Fiord : "That provision be made giving Board first right to lift money from accident insurance companies which may become due to patients under treatment in hospitals." Withdrawn ; already dealt with.

Remit from Palmerston North : "That the Health Act should be so amended as to define who is responsible for the burial in cases of death where there is not sufficient money and no relations." Carried.

Remit from North Canterbury : "Differentiation of relief with regard to widows and children." Withdrawn.

Remit from Otago : "In regard to section 85 of the Hospitals and Charitable Institutions Act, 1909, *re* the maintenance of children in an industrial school, that the same be amended to provide that Boards may have more authority in regard to the committal of such children, by receiving notice of intention to bring such children before the Court, so that evidence may be adduced, if possible, of ability of 'near relatives,' as defined in the Destitute Persons Act, 1910, to contribute towards the cost of maintenance of such children."

Remit from Southland : "That section 85, subsection (1), of the Hospitals Act, 1909, should be amended by striking out the words at the close of the section after the word 'district,' and substituting the words 'wherein the child is or has been domiciled prior to the making of the order.'" Taken together with previous remit, and carried.

Remit from Nelson : "That the powers of Hospital and Charitable Aid Boards be enlarged so as to enable them (on a certificate being granted by a Magistrate) to reclaim and educate children living in the midst of evil environments." Carried.

Remit from North Canterbury : "The relations of Boards to children committed under the Industrial Schools Act." Withdrawn.

Mr. Friedlander (Chairman, Ashburton Hospital and Charitable Aid Board) moved, "That it be a recommendation to the Government to alter the Old-age Pensions Act in the direction that if an old-age pensioner be convicted a second time for drunkenness his pension-certificate be handed over to the Charitable Aid Board where such offender resides." Carried.

Remit from Hawke's Bay : "That some uniform scale of refunds to old-age pensioners who are inmates of institutions be adopted by all bodies interested." Postponed.

Remit from Hawke's Bay : "That endeavours be made to have section 3 subsection (2), Hospitals and Charitable Institutions Act, 1909, amended as follows : After the word 'county,' in the third line of the subsection, the word 'may' be inserted in place of 'shall' ; and after the terminal word 'district' the following be added : 'or the adjoining hospital district.' The subsection will then read : 'When at any time after the passing of this Act a new county is created the limits whereof are wholly within one hospital district, the new county may be included within and form part of that hospital district or of the adjoining hospital district.'" Postponed.

Remit from Palmerston North : "That sections 12, 13, 14, 15, and 16 of the Hospitals and Charitable Institutions Act, 1909, and section 7 of the Hospitals and Charitable Institutions Act 1909 Amendment Act, 1910, be repealed, and that the Act be altered so that representatives shall be appointed by the contributing local authorities."

Remit from Maniototo : "That this Board remits to proposed Conference resolution to consider the question of the advisability of selection of members elected by the contributing local bodies, and that the Act be amended in this direction." These two remits were taken together.

Mr. H. Wilson (Maniototo) moved, "That this Conference is of opinion that the election of members to minor Hospital and Charitable Aid Boards having six or a lesser number of contributing bodies is unnecessary, and not required ; that members of these Boards be nominated by the contributory bodies and approved by the Governor ; that an amending measure be passed this ensuing session of Parliament to give effect to this resolution." Lost.

Amendments, "That the election be similar to that of Education Boards," and "That the parliamentary franchise be substituted for the present system," were also lost.

The original remits from Palmerston North and Maniototo were then put and lost.

The following remits were taken :—

Remit from Otago : "That subsection (4) of section 31 of the Hospitals and Charitable Institutions Act, 1909, wherein is provided that 'A quorum shall consist of a majority of the members of the Board for the time being,' be amended to read as follows : 'A quorum shall consist of half the whole number of members of the Board for the time being when that number is even, and the majority of the whole of the members when such number is odd.'" Carried.

Remit from Palmerston North : "That all the words after 'Board,' in clause (*e*) of subsection (2), section 19, of the Hospitals and Charitable Institutions Act of 1909, be repealed." Lost.

At 10.30 p.m. motion to adjourn was lost.

Remit from Otago : " That the Hospitals and Charitable Institutions Act, 1909, be further amended by the addition of a clause in the following terms : ' Notwithstanding anything contained in sections 19 and 20 of the principal Act, the Chairman may be paid such annual allowance, at a rate not exceeding two hundred pounds (£200), as the Board from time to time determines.' "

Mr. Moore moved, " That the words ' two hundred pounds ' be deleted for the purpose of inserting the words ' one hundred pounds.' " Lost.

Original motion put and lost.

Remit from South Canterbury : " Section 38 (1), Hospitals and Charitable Institutions Act, 1909, provides for payment of certain subsidies—' such sums as the said Minister thinks sufficient by way of subsidy.' Provision should be made for payment of subsidy without the Minister's option in the matter, as at present Boards have no assured income from subsidies." Postponed.

Remit from Otago : " That the following portion of subclause (*c*) of subsection (2) of section 38 of the Hospitals and Charitable Institutions Act, 1909, namely, ' (i) One pound in respect of capital expenditure,' be deleted." " That the Government be requested to draft a new clause in the Hospitals and Charitable Institutions Act, 1909, to provide a simpler method of calculation of subsidy on levies than that provided in paragraph (ii) of subclause (*c*) of subsection (2) and the Fourth Schedule, and that a uniform amount of subsidy be payable to Boards on all levies on local authorities." Carried.

Remit from Bay of Islands : " That an extra charge be made for gum licenses. Extra revenue derived to go to Hospital Boards in districts in which money is collected." Lost.

Remit from Otago : " That the Conference of Hospital and Charitable Aid Boards take into consideration the question of asking the Government to introduce legislation whereby what is known in some countries as ' curfew law ' may be enforced in this Dominion." Carried.

The Conference resolved to reassemble at 10 a.m. following day.

The Conference adjourned at 11 p.m.

FRIDAY, THE 30TH JUNE, 1911.

The Conference reassembled at 10 a.m.

Minutes of previous sitting were confirmed.

The following remit from North Canterbury was considered : " Consideration of provision of sanatoria for consumptives on the lines laid down in Dr. Blackmore's report—namely, one sanatorium for the North Island and one for the South Island. In this connection the Government to be asked, as a step towards stamping out consumption, to bring this disease within the scope of infectious diseases for compulsory treatment ; also to give powers to Hospital and Charitable Aid Boards of legal detention of all patients in infectious hospitals and institutions during the periods medically declared necessary for the recovery of such patients."

Rev. Mr. Closs (North Canterbury) moved, " That this Conference recommends the various Hospital Boards to adopt the following campaign, as outlined on page 3 of the Public Health Report, 1910 :—

" (1.) Rigorous enforcement of notification by the medical profession of all forms of tubercular disease.

" (2.) A wider dissemination of literature as to the causes of the disease, and its prevention.

" (3.) Whole-hearted attempts to encourage the ' early ' case, and also those who had been in contact with consumptives, to seek treatment by means of—

" (*a.*) Extension of the out-patient departments of our general hospitals, with a special branch devoted to the diagnosis and treatment of chest-complaints. From such a department the patient could be drafted for treatment to an institution suitable for his case. This department should also keep under supervision patients who have returned from sanatoria.

" (*b.*) District nurses, who will keep in touch with the patients treated in the out-patient department, and see that they conform to the rules of life laid down by the medical attendant, arrange for the examination of suspected cases or ' contacts,' and keep the out-patient department informed of those who have returned from sanatoria.

" (*c.*) Medical inspection of school-children.

" (4.) Extension of sanatorium accommodation for the educative treatment of suitable cases. The smaller Hospital Boards should combine for the purposes of erecting and maintaining such.

" (5.) Provision by Hospital Boards of suitable accommodation for patients in the chronic and incurable stages of the disease, special wards being needed for these classes.

" (6.) Establishment of a ' working ' sanatorium, where patients could be taught outdoor occupations—farming, bee-culture, forestry, the planting of fruit-farms &c.

" (7.) By co-operation between public and private philanthropic agencies, whereby a nursing system could be developed at a maximum of efficiency with a minimum of cost ; and also a system of relief, whereby the dependants on those isolated would be well cared for during the absence of the breadwinner.

" (8.) By co-operation with the Agricultural Department, as heretofore, in matters relating to the control of dairies and dairy herds, and the storage, conveyance, and distribution of milk."

Carried.

Mr. Ewing (Otago) moved, " That in the opinion of this Conference it is imperative that the Government should place such sum upon the estimates, and frame such regulations, as would assist the Hospital Boards of this Dominion in an endeavour effectually to stamp out the spread of tuberculosis." Seconded by Mr. Hawke (Southland), and carried.

The following remit from Hawke's Bay, discussion of which was postponed, was withdrawn: "That some uniform scale of refunds to old-age pensioners who are inmates of institutions be adopted by all bodies interested."

Remit from Hawke's Bay: "That endeavours be made to have section 3 subsection (2), Hospitals and Charitable Institutions Act, 1909, amended as follows: After the word 'county,' in the third line of the subsection, the word 'may' be inserted in place of 'shall'; and after the terminal word 'district' the following be added: 'or the adjoining hospital district.' The subsection will then read: 'When at any time after the passing of this Act a new county is created the limits whereof are wholly within one hospital district, the new county may be included within and form part of that hospital district or of the adjoining hospital district." Carried.

Remit from Hawke's Bay: "That provision be made in the Hospitals and Charitable Institutions Act whereby a county may be divided between two or more hospital districts." Withdrawn.

Remit from South Canterbury under "Subsidies": "Section 38 (1), Hospitals and Charitable Institutions Act, 1909, provides for payment of certain subsidies—'such sums as the said Minister thinks sufficient by way of subsidy.' Provision should be made for payment of subsidy without the Minister's option in the matter, as at present Boards have no assured income from subsidies." Proposed by Mr. Maslin, seconded by Mr. Gillingham, and lost.

Remit from North Canterbury: "The extension of borrowing-powers for the purposes of erecting additional buildings, such powers being at present restricted, because Boards are not 'local bodies.'" Moved by Mr. Moore, seconded by Mr. Mackay, and lost.

Remits from Wanganui: "That the Board should appoint its own quorum." Withdrawn. "That the law be altered so that country districts can elect representatives to the Board so long as those elected are qualified in any part of the hospital district." Moved by Mr. Ritchie, seconded by Mr. Ewing, and carried.

Remit from Wellington: "That the services of the assistants in the hospital dispensaries in the four large centres be counted as a qualification for obtaining their certificates as chemists." Proposed by Mr. Kirk, seconded by Mr. Friedlander.

Mr. Mackay (Auckland) moved an amendment, "That the words 'be referred to Pharmacy Board for consideration' be added." Lost.

Original motion put and carried.

Remit from North Canterbury: "That section 36 be amended to read, that all the words after 'except,' in the second line, be omitted, and the following substituted, viz.: 'by the Chairman on the resolution of the Board, and attested by two members.'"

Mr. Horrell obtained leave to strike out all words after 'viz.,' and insert the words 'by authority of a resolution of the Board and attested by two members.'

Motion then put and carried.

Mr. Nolan (Chairman, Hawera Hospital and Charitable Aid Board) proposed, and Mr. Bellringer (Chairman, Taranaki Hospital and Charitable Aid Board) seconded, "That it be a recommendation to the Inspector-General that in any future conference of Hospital Boards throughout the Dominion he sends to the different Boards all remits and papers to be read, at least one month prior to the date of the conference being held." Carried.

Mr. J. G. Wilson (Chairman, Palmerston North Hospital and Charitable Aid Board) introduced a discussion on "Modern Hospital Appliances," and moved, "That it is desirable that a radium institute be established in some central place in the Dominion for the treatment of cancer and kindred diseases." Seconded by Mr. Mackay (Chairman, Auckland Hospital and Charitable Aid Board), and carried.

Mr. J. G. Wilson (Chairman, Palmerston North Hospital and Charitable Aid Board) moved, "That it is desirable that the duty on the various materials required in the hospitals be removed." Seconded by Mr. Walker, and carried.

Mr. Mackay (Chairman, Auckland Hospital and Charitable Aid Board) moved, "That four skilled bacteriologists be appointed for the Dominion, one to be placed in each of our four centres." Seconded by Mr. Horrell (Chairman, North Canterbury Hospital and Charitable Aid Board), and carried.

Discussion was continued on Dr. Valintine's scheme relative to the medical inspection of school-children.

Mr. J. G. Wilson (Chairman, Palmerston North Hospital and Charitable Aid Board) moved, "That it be a recommendation of this Conference that some such scheme as outlined by Dr. Valintine be adopted for the medical inspection of school-children." Seconded by Mr. Bellringer (Chairman, Taranaki Hospital and Charitable Aid Board), and carried.

The Conference passed votes of thanks to the Chairman, Dr. Valintine, and his assistants, Dr. Frengley, Dr. Finch, and Miss Maclean; also to the Secretary (Mr. Killick).

The Chairman, in reply, stated that the thanks of the Conference were due to the medical officers of the various Boards who had been present for their valuable assistance in helping the Conference to come to conclusions on subjects, more particularly in connection with their own departments, and congratulated the Conference on the very much higher standard of the subjects treated and dealt with.

Dr. Valintine, in returning the thanks of the officers of the Department, said that the Conference had been of great assistance to him and his officers, and he felt sure that great good would result therefrom.

A vote of thanks was accorded the caretaker of the Parliament Buildings for his attention to the wants of the members.

The Conference then rose.

Confirmed.—30th June, 1911.

JAMES G. WILSON, Chairman.

E. A. S. KILLICK, Secretary.

REPORT OF PROCEEDINGS.

FIRST DAY (TUESDAY, 27TH JUNE, 1911).

ADDRESS BY HIS EXCELLENCY THE GOVERNOR.

HIS EXCELLENCY THE GOVERNOR (Lord Islington), in opening the Conference, said,—Mr. Chairman and gentlemen, in rising to open the proceedings of this Conference this morning, I should like to say how very glad I am at being able to avail myself of the opportunity of attending so representative a gathering of the hospital authorities of this Dominion. The value of a Conference gathered together as this is, in the capital town of New Zealand, and composed as it is, cannot be overrated; and I confidently anticipate that the discussions that will take place amongst you during the ensuing days, and the suggestions that will be made by the various members of this Conference, will result in progress and in renewed activity in the respective centres in your endeavour to grapple with the problem of the prevention and cure of human illness.

Gentlemen, many of the subjects which I see upon the agenda paper to-day are of a character with those which I have been closely associated with for many years past in the Old Country, and therefore I take a special interest in them, looking at them from their broad aspect. Before I had the honour of being appointed Governor of this Dominion I was, as many of you know, closely connected in the Old Country in various capacities with hospital work, and with work of a kindred character to hospital work, and with the large problems concerning public health. It is therefore a matter of very deep interest to me to come and meet you all—you who are so engrossed in these subjects—and to hear, as I hope to hear, when I have an opportunity of coming amongst you in this Conference, your various views on the subject.

Now, gentlemen, as many of you are aware, there has been issued in England in the past two years a great report dealing with the whole question of the poor-law and of public health. The report of the Royal Commission on the Poor-law is one of the most important reports that has been issued in the Old Country for many years past; and it is a report not merely of local interest to the Old Country, but it is one which I feel sure is being closely scrutinized by public bodies throughout the whole Empire. There are many subjects with which that report deals which are germane to the problems with which you are concerned, and which I hope will be of aid to you in solving some of those problems.

I observe with very great interest and satisfaction that the system in New Zealand has been initiated governing the control of hospitals, of public health, and charitable aid, on very similar lines to those that are advocated in the report of that Royal Commission, and as particularly emphasized in what is known as the minority report. Both reports strongly urge that all matters relating to hospitals and public health and poor-law relief should be administered in each of their districts by one and the same authority. These questions of public health and of hospital management, though they are distinctive, are at the same time kindred in character, and therefore it is unnecessary for me to emphasize to a body such as I am addressing this morning the primary importance of getting the whole of the strings under the control of a single body. I notice that you have already started on these lines, and in that sense you have added one more to the many projects in which you have displayed to the Empire that you are pioneers in social reform. I shall certainly watch—as I know many outside this country will watch—with very deep interest the development of this system in New Zealand.

In undertaking the prevention as well as the relief of sickness and of poverty I venture to think that your Boards are adopting a very wise method, and a method completely in accordance with modern economic thought on this very important subject. The practice in the past—certainly at Home, and I have no doubt here also—has been, by distribution of authority, rather to wait first of all for the evil to arise, and then try to apply a remedy to that evil. This, as you all know, has entailed an unnecessary expense both of money and human energy. I cannot give you two better illustrations—picking them out of very many—of the waste in this connection both of life and of human energy than that in connection with the problem of consumption; and, in connection with the great problem of sanitary housing in our great towns, it would astound and almost flabbergast you if I had time to explain and elaborate the vast and unnecessary expense involved on the ratepayers and taxpayers at large by waiting until housing accommodation had become so uninhabitable and insanitary that it had to be extinguished in centres and in most valuable quarters of the cities in some of our large towns.

You have much work in front of you, as I see by the agenda paper, in the course of the next few days, and I do not propose to occupy your time except for a few moments more; but there are subjects which I see upon your order paper in which I am deeply interested, and in regard to which I might say that I hold strong views. But, of course, in the position which I temporarily occupy as Governor of this Dominion, you will fully realize that I have to subordinate my opinions as far as possible, and rather come here as a listener than as a speaker. However, there are one or two subjects in respect to which—as your chairman has kindly indicated that he would like me to give somewhat of a lead in opening the proceedings—there are one or two subjects which perhaps I might be allowed to allude to for a few moments, because they appear to me to be subjects which go to the very root of great principles in regard to these problems.

I venture to say, first of all, that I hope a country such as New Zealand, which justly prides itself on advanced social legislation, will at no very distant date find itself able to establish throughout the country the medical inspection of school-children. Gentlemen, this has already been carried out in England, and it has been in force now for two or three years, and it has been in force long enough to justify fully the necessity of putting it into operation. You have only to read—and I have no doubt they are accessible to you—the reports of the medical officers of health upon this subject at Home to see what a vast amount of necessity there was for medical inspection of school-children. Of course, in this country the problem is not anything like so

acute as it is in a thickly populated country like England; but at the same time I am given to understand that the evil is present here amongst you, though, of course, in a less degree. I hope that your natural advantages here, so prominent to all of us, will in no way deter you from providing and maintaining with all the power that lies in you for the full efficiency of the younger generation, who in a few years' time are going to take up the work of this Dominion. It is only by the early detection of defects in health that you can hope to attain this ideal. At Home it is estimated that between 30 and 40 per cent. of the children that attend the elementary schools are suffering from some incipient ailment of a curable character—ailments which if neglected will become chronic, but which if detected and treated at their early stages can be overcome. I venture to urge, if I may, that you give very close attention to this subject at this Conference, and as the outcome of your discussions I hope that no time will be lost in putting into active operation a system of medical inspection of school-children. I am sure you will find that by mutual conferences between those working under the Boards of Education and those who are working in connection with Charitable Aid Boards that a scheme can be devised by which you will be able by a close scrutiny to check these ailments in children, and thereby prevent many cases which otherwise might grow into lifelong invalidism, which will not only be a burden to the people themselves, but in regard to which by your action you will thereby avert serious and unnecessary burdens to the State.

Now, gentlemen, this subject of detection in the early stages and the prevention of disease leads me to another subject which I notice upon the agenda paper—namely, the administrative control of tuberculosis. Tuberculosis, or consumption, is one of the most deadly foes of the human race. I notice that much has already been attempted in that work in this Dominion—that is, in dealing with the evil of consumption; but I am glad to see that you are desirous to attack this foe on thoroughly comprehensive lines, and in conducting the campaign here not only will you bring into operation every means of curing the disease, but you will bring into active operation every means of detecting it in its earliest stage, and thereby prevent it getting beyond the power of human energy or skill to cure. In England within certainly a recent date the question has been taken up vigorously, and I hope the figures are now undergoing diminution; but within a recent date it has been computed that no less than sixty out of every thousand people who die die through the cause of tuberculosis. Now, you all know that it is very much easier to prevent this disease taking place than it is when it has reached an advanced stage to cure it. I am also glad to see that in your scheme in regard to dealing with consumption you are not only going to place on one authority the duty of prevention and cure, but to that authority you are also going to give the power to aid those who suffer from the wage-earner being away from home whilst he is undergoing treatment for the disease.

Now, gentlemen, I move to the next point which I would like to say one word about—Maori settlements. I notice that you are going to discuss the question of looking into and checking insanitation and disease in Maori settlements, and you are going to do it in a thoroughly effective way. It has been found, I believe, that whilst medical officers can point out what is the trouble in these Maori settlements, something more than that is required to grapple with the problem; and I am glad to see that it is coming under your consideration as to whether nurses cannot be provided to go into these settlements—nurses capable and efficiently endowed—and deal with the cases—to point out what is insanitary, and thereby prevent a great deal of trouble and disease which otherwise must take place in those centres.

I notice also that you are to consider the most important point of dealing with the question of bacteriologists in your chief hospital centres, and that there may be every prospect at no distant date in the future of bacteriologists being appointed in the chief centres to work in mutual co-operation with the physician and the surgeon. I think that no great medical or surgical centre to-day is complete without a bacteriologist who can thoroughly diagnose the cases and also give the vaccine for the treatment of obscure diseases. And I shall watch with keen interest to see the development of this very important branch of medical treatment.

Another important point which will come under your discussion is poor-law medical service. We have had for many years past, as you know, a poor-law system at Home; and you will have the advantage, at any rate, of avoiding the evils of our old system; and you will have an opportunity in New Zealand of being able to institute a scheme which can provide help where help really is required without providing it in a way which will create, as has been done at Home to such a large extent, unnecessary abuse. I suppose there are comparatively few people in New Zealand, certainly as compared with the Old Country, who are unable to pay something towards medical treatment; at the same time, I am sure that every one I am addressing will agree with the general principle of our modern system that medical service should be to-day accessible to all classes of the community. I venture to suggest that the recommendations in the minority report should be given full weight in your discussions, and that is, in affording this universal treatment to all there should be a strict rule instituted by which those who can afford it should be asked to pay fees for the treatment that is afforded to them, and that fees should be recovered wherever they can without hardship.

There is another point I would like to say one word on, with regard to the discussion that will take place on district nursing. That is, I venture to say, one of the most important topics that will come before you. I have seen a good deal of district nursing and the effects of it at Home, and I am glad to say that I had a good deal to do with the institution of district nursing in the western portion of England; and I can assure you that where a capable and tactful nurse has been introduced into village life at Home not only has the health of the community in the village been materially improved, but the whole of the health standards and mode of living has undergone a corresponding improvement owing to the advice and suggestions given by skilled and tactful nurses to those whom they visit. If it is important at Home, still more is it of im-

portance in a country like this in which so much of the country is isolated and detached from the main centres; and I sincerely hope that it will not be many years before there will be established in this country an organization which will provide to those of your fellow-citizens living in isolated parts—in the backblocks—in times of sickness and in times of maternity such treatment as may be required, and that skilled nurses may be available to go to those isolated places to attend to those cases.

I notice that you are going to discuss the question of co-operation between public and private charitable agencies. That is an important point in a country like this, where so much has been done by the State, whilst at the same time so much is still being done by private agency. It is of paramount importance that before your population is great, before your whole social machinery becomes too intricate, you should clearly define a scheme by which those two agencies shall not overlap. Multiplication and duplication should be avoided. It has reached depressing dimensions at Home—overlapping between private agencies and public effort. You have an opportunity here of being warned of this evil, and in the early stages you can lay down a clear and definite scheme for avoiding it by means of mutual co-operation, for I am sure there are many gentlemen here who, whilst in their public capacity are representing the State, also in various other capacities represent private charitable agencies. You can by mutual co-operation avoid much waste of effort and money that takes place under an indiscriminate system of giving relief.

There is one more point, and then I have concluded. I am very glad to see that you are going to discuss the question of uniformity of system of accounts in your hospitals. That leads to efficiency in hospital administration. I speak from a very close and intimate experience of this subject, because I have been chairman of a Home hospital for fourteen years. During the larger portion of that time the hospitals of London were being conducted in regard to their accounts on haphazard lines—each hospital keeping its accounts in its own way; and I have in recent years seen the effect of the improvement which has been brought about by the King Edward Fund—in compelling uniformity of hospital accounts under the scheme devised by Sir Francis Burdett. Improvements are being introduced in connection with all the hospitals in London, so that all items of expenditure are now placed under their proper head, and, as a result, a scrutiny can be easily made of those different heads. An immense amount of economy has been effected in every hospital in London under this system. I feel sure you will realize on looking into it the serious importance of adopting a system something on the same lines in New Zealand.

Gentlemen, I feel that I have trenched long upon your valuable time, and I must apologize for doing so, and I have now only, in declaring the Conference open to-day, to hope, as I sincerely do, that your deliberations will result in much progress and in great improvement in your administrative methods with regard to charitable aid, in regard to hospital management, poor-law relief, and all the kindred subjects which come under your control, and that as a result of this Conference you will be able to place this branch of the public service in such a position that it will be conducted in the most efficient and most economical manner, because I realize, gentlemen, as you all do, that the subject to which you are all addressing yourselves is one above almost any other on which depends the life and the health of this community, and also the welfare and prosperity of your Dominion of New Zealand. I desire, in opening these proceedings here to-day, to wish you all possible success in the great work that you are engaged in.

The Acting-Chairman said he thought it was a very happy augury that they had had His Excellency that morning to open the Conference in the way he had opened it. He had summed up all the subjects which would come under the consideration of the Conference, and he had thrown a great deal of light on the subjects not only in their isolated character, but also in their unity. His Excellency had made a very valuable contribution to the work of the Conference. They were there not merely to see things in their isolation, but also to see things in their unity; and he hoped that a result of the Conference would be that they would be able to regard the various departments of their work in their correlation, because, after all said and done, what they were dealing with as members of Hospital Boards they were dealing with not as separate cases—which might be interesting in themselves—but they were dealing really with human life. And the purpose for which these institutions existed was, to his mind, not the arresting of any evils that might exist, or the amelioration of any conditions that might exist, but rather to prevent as far as possible any evils now existing from perpetuating in the life and in the institutions of the Dominion. They were very much obliged to His Excellency for being with them that morning. He moved a hearty vote of thanks to His Excellency for opening the Conference.

The motion was carried by acclamation.

His Excellency the Governor said he desired to thank the Conference for the cordial reception they had given him. It was a great pleasure to him to meet them, although that meeting had been of a somewhat formal character. He hoped that all or most of those present would be able to respond to the invitation he had given to them to meet him at Government House on Thursday afternoon, and thus afford him an opportunity of talking more personally and individually with them than he had been able to do that morning.

Address of the Hon. G. Fowlds.

The following address by the Hon. G. Fowlds, Minister in Charge of Hospitals and Charitable Aid, was read to the Conference:—

Your Excellency, the Chairman, and Gentlemen,—I much regret that I am unable to be present at this important Conference, but public affairs necessitated my being absent from Wellington on the 27th June. I hope, however, to be able to visit the Conference during its sitting.

I should first like to say how fortunate this Conference is in having the advantage of His Excellency's presence. His experience in matters of hospital administration has been of a most extensive and varied nature, and as such—apart from his position as Governor of this Dominion—I have no doubt that every consideration will be given by members to the many subjects that he has been pleased to outline.

I have no doubt that the question uppermost in your minds just now is, How can all the schemes as outlined in the order paper be put into operation without involving a considerable increase in the expenditure which must be met by the rates and Consolidated Fund? But if you go carefully—as I have no doubt you will—into the actual increase in expenditure that such schemes will entail you will find that by taking advantage of the existing machinery the expenditure involved will not amount to what you may think at first sight. In fact, if we but continue to exercise the economy shown in the management of our institutions which has been so strikingly manifest during the past year, I think you will find that the yearly expenditure will not amount to much more than has been spent on hospitals and charitable aid during the past few years. I am the more prompted to say this by the fact that from the returns of hospitals already to hand a very considerable saving is shown, and if this is patent within the first year of the working of the new Act, the saving should be all the more noticeable when the Boards are working in unison with the object of providing an efficient and economical system.

I would like here to lay stress on the services so generously rendered by members of Boards. In the course of my experience I have seen much of local government, and I can honestly say that, in my opinion, the best work done locally is that done by Hospital Boards. The work entails a great deal of time on the part of members, and especially of the Chairmen of Boards and the chief committees.

The question will doubtless be raised as to the most convenient number of members needed for an efficient working of a Board. I believe that many of you will agree that some of our Boards are unwieldly, and hamper, rather than assist, efficient administration. Personally I think that a Board should not be comprised of more than twelve, and no committee of more than five members. The Department must, however, accept the responsibility for the large number of members on some of our Boards. Ample representation is very dear to the Briton, especially if taxation be involved. The Department therefore thought that, at the initiation of the new Act, it would be better to run the risks of large Boards than be involved from the first in friction with the local authorities as to the number of their representatives.

As Minister of Education, as well as Minister of Hospitals, I shall be most interested to hear the opinions of the Conference on the scheme for the medical inspection of school-children, and, though the necessity for such is not so acute as in the Old Land, reports of medical officers show that some 30 per cent. of the children attending our State schools need some form or other of medical attendance. If we take advantage of existing machinery—legislative and otherwise—a medical inspection of school-children can be put into operation for some £15,000: that would mean that half that sum (£7,500) would come out of the pockets of the ratepayer. Against this, however, must be set the expenditure saved in preventing disease from becoming chronic, and therefore rendering those suffering liable, as inefficients, to become a burden on the taxpayer for their whole lives. The saving engendered by an increased number of efficients, which a workable system of medical inspection would be likely to produce, cannot be overestimated. But it is not only a question of pounds, shillings, and pence—our duty is clear, and a scheme that must make for a physically efficient community must sooner or later be taken in hand. And who can take that important matter better in hand than the Hospital Boards? They have, or should have, all the machinery available, not only as regards buildings, apparatus, and medical and nursing service, but Government subsidies on expenditure involved, and power to collect fees from parents who are in a position to pay for the medical services rendered their children. The details of the proposed scheme will be outlined by the Inspector-General when this important subject comes up for discussion.

As you are aware, the spirit and intention of the Hospitals Act make the Boards responsible for the sick and needy throughout the hospital districts. No longer, as was the case with the Act of 1885, is the scope of a Board's duties limited to all intents and purposes to the four walls of their institutions. Doubtless Boards will provide for a uniform medical service so that the poorest of the land can receive adequate medical and nursing attention—such services to be paid for by the recipients according to the means of those relieved. In connection with this, it is satisfactory to note that the Inspector-General has come to a definite understanding with the medical profession as to the fees to be charged by practitioners. In this matter the members of the profession have shown themselves disposed to act generously, as has always been the case when their services have been called upon for assistance in distress; and it will be the Board's duty to see that such generosity is not imposed upon. An adequately paid medical service is necessary to encourage the best men to come forward for work in our public service, and we must see that such services are not exploited by the mean and the thriftless.

There is another question in which I trust the Boards will show some initiative, and that is the provision of adequate attendance on maternity patients. In some parts of these islands—notably in the far north—the lot of expecting mothers is indeed a hard one. By the Midwives Act of 1904 a number of, in some cases, very ignorant but otherwise excellent women were admitted to the midwives' register on the certificate of a medical man that they had been practising midwifery with some degree of competency before the passing of that Act. For one reason and another the number of these women is yearly becoming less, and we are not turning out sufficient trained nurses to take their place, especially in the country districts. As a set-off to this, the Department is giving free training to women especially recommended by Hospital Boards, on condition that they return to their hospital district to practise for a stated period their profession in any part of that district where the Board may consider their services are specially required. This is a move in the right direction, and one that has been taken advantage of by several Boards; but this is not enough, and we find it necessary to increase the number of training-schools. This can be best accomplished by providing maternity wards in connection with our country hospitals, where patients can be received and nurses trained. Already two northern hospitals have adopted this suggestion of the Department, and it is hoped that other Hospital Boards will make similar provision.

I will now conclude by again apologizing for my absence, and thanking you for your attendance here to-day; and I trust this Conference will be as successful as the Conference of 1908 in bringing about a better understanding between the Department and the Boards, and thereby be a means of developing a hospital system which will be the admiration and envy of the civilized world, and there is no doubt this is within your powers.

ADDRESS BY THE INSPECTOR-GENERAL.

Dr. VALINTINE (Inspector-General of Hospitals) said,—His Excellency having opened the Conference with a most interesting and instructive address, it only remains for us to follow up and go into a consideration of the many important matters that are to come before us during the next few days. Personally, I shall be in the somewhat unhappy position of referee, and you know the kind of treatment that is sometimes meted out to a referee. However, I am able to say that I have always been treated very well by members of the Boards, and I am sure on this occasion they will be inclined to be lenient to my many deficiencies. Now, His Excellency in his address was altogether too modest when referring to the experience he has had in public-health matters. Lord Islington has been, and still is, chairman of the Great Northern Hospital; he has been chairman of the Royal Bath Hospital, chairman of the Winsley Sanatorium for Consumptives, which serves Somersetshire, Wiltshire, and Gloucestershire; and he was also chairman of a Parliamentary Committee set up to consider important matters relating to the housing of the working-classes; and he has been instrumental in establishing a district nursing scheme in the Wiltshire villages. I thought it only due to the Conference to point out the wide experience His Excellency has had in hospital and public-health matters.

In extending a hearty welcome to delegates, I must confess that when this Conference was first mooted I did not hail the proposal with any great enthusiasm; not that I was unmindful of the good work that was done at the last Conference, but I thought that neither the Boards nor the Department were yet in a position to speak definitely as to the working of the new Hospitals Act. If, however, the opinions of the Boards can be taken as embodied in the remits, there is little, if any, need for substantial reform in the present law; on the contrary, the remits for the most part show that the Boards recognize the need to extend in some directions the scope of our hospital system, and to bring about that uniformity in method that is so essential for an efficient and economical administration. Indeed, the need for uniform action on the part of Boards is the dominant note of the remits that have been hitherto submitted. This is quite as it should be, and there are without doubt many large questions which it is of the utmost importance to the Boards and to the Dominion should be tackled on a workable and uniform basis. In fact, the further we extend our system, the greater is the need for uniformity—the uniformity begotten of well-considered method, and method means efficiency and the saving of money.

Now, since I had the honour to address the last Hospitals Conference, which took place just three years ago, a deal has happened that is of special interest to hospital authorities. Not only have we a new Act, but by the amalgamation in 1909 of the Hospitals and Health Departments under one official head, it has become possible to prevent that overlapping and waste of effort which was vexatious alike to the local authorities and the Departments concerned. And as the Department is now responsible for the administration of matters relating to the prevention as well as the treatment of disease and relief of the indigent, so Hospital Boards have similar responsibilities. The prevention as well as the cure of disease is very properly the duty of one and the same authority. I therefore address you to-day as Chief Health Officer, as well as Inspector-General of Hospitals, and in that dual capacity I will endeavour to outline as briefly as I can a few matters that have not yet been referred to.

You will note that it is proposed to consider the remits to this Conference under five principal sections—(1) Public Health. (2) Hospital Administration, (3) Social, (4) Charitable Aid, (5) General.

Now, as regards "Public Health," this country is fortunate in showing a comparatively low general and infantile mortality rate, and has hitherto not been subjected to any serious extent to the incursions of any of the graver forms of infectious disease. Nor is New Zealand specially identified with—as is the case with some countries—any particular forms of disease, such as are indigenous to tropical and subtropical climates. The advantages are therefore all with us, and we should lose no opportunity of safeguarding the public health in all possible directions, and thus endeavour to bring about a still more satisfactory state of affairs.

It is true that during the past three months eight cases of plague have been reported in Auckland, one case having proved fatal; but so far there is little reason to think that this disease will spread. Nevertheless, united and persistent action is badly needed on the part of local authorities not only as regards the usual sanitary precautions, but also to free the country of rats, which are generally recognized as the principal means of carrying the infection. To rid a country of risk of plague, the efforts on the part of authorities must be persistent and not spasmodic, which has rather been the custom in the past.

The Department has advised the local authorities and Harbour Boards of the need for a wholesale destruction of rats, and a good look-out for diseased rats is being kept in all parts of the Dominion; and it is hoped by this means to keep the other ports of the Dominion free of plague, without having to undertake measures of a more drastic nature, which would necessarily entail considerable dislocation of the commerce of the country. Those measures that can be reasonably undertaken in some countries cannot be undertaken in New Zealand, where there are so many trading-ports, and where much of the commerce is sea-borne.

While on the subject of the graver forms of infectious disease, I may mention that there are at the present moment three patients with leprosy in quarantine, but there is no reason to anticipate any danger from this ancient and mysterious disease.

But there are two diseases which stand out prominently in the mortality returns of the Dominion—namely, tuberculosis and cancer—and these are of much greater importance to the present and future New-Zealander than a few stray cases of plague and leprosy.

From tuberculosis no less than 791 deaths were recorded in the Dominion last year, but happily there is every reason for believing that this disease is on the decrease, and I will refer to this matter at greater length when "The Administrative Control of Tuberculosis" is introduced for discussion.

On the other hand, there is reason for believing that cancer is on the increase, 711 deaths being recorded last year; but whether this increase is due to more careful diagnosis on the part of the general practitioners, or to an actual increase in the disease, it is very hard to say. The study of this malady is now engaging the best brains of the medical profession throughout the civilized world, and it is hoped that, as a result of the work of the Cancer Research Fund, some advance in the knowledge of the origin and cure of this insidious disease may be reported.

But before leaving this subject I would like to refer to the amount of preventable diseases other than the generally recognized infections which are at the present moment prevalent in the country. It was only the other day that I asked the Medical Superintendent of one of our larger hospitals how many beds in his hospital were occupied by patients with diseases which might have been prevented if they could only have received timely advice. He replied that about 30 per cent. of the total occupied beds were occupied by such patients. This proportion may seem somewhat large, but we do know that a number of those cases of disease which now fill our hospital wards could have been prevented if some timely advice could have been given. It is in this respect that our hospital system fails. We have no means for the early detection, and therefore the prevention, of disease; and, though there is all the machinery in the Hospitals Act to make the necessary appointments, I am afraid that it will be some time before Hospital Boards can see their way to put such machinery into action. Nevertheless a great deal might be done in this direction by district nurses, who could warn persons living under conditions likely to engender disease, or persons in the early stages of disease, to seek medical advice.

There is no doubt that the social reformer of the future will attempt to anticipate or tackle diseases at their beginning rather than wait until they become sufficiently manifest to render it necessary for the patients to seek treatment. There is a great and fair field for this work in the Dominion, and we might at any rate begin by putting into operation a system for the medical inspection of school-children. In fact, it seems to me questionable whether the time is not opportune for considering a very considerable extension of our hospital system, so that there will be no part of a hospital district without the services of a medical practitioner to whom the poorest of the community can apply in case of need. Indeed, no public-health organization can be regarded as complete that has not immediately available for the poorest of the community an efficient medical service. But this I will refer to later in the discussion that, at the instance of the North Canterbury Board, I have been asked to introduce on the need for a State hospital service.

As regards section 2—"Hospital Administration"—I still hold to the policy outlined at the Conference three years ago, that the hospital districts should be large enough to be self-contained—*i.e.*, large enough to return Boards that will not be too much hampered by parochial influences, and wealthy enough to enable them to deal effectively with all classes of sickness in the district, with a dominating base hospital, subsidiary or cottage hospitals, and other means for providing medical and nursing attendance to the poorest of the community.

By the discussions that are to be introduced under this section it will be seen that the need for a uniform, efficient, and economical administration is very much in the minds of some members of Boards, and from the returns of hospital expenditure already to hand there is evidence that the energies of our hospital administrators—voluntary and official—are showing some results. This indication of economy may reassure some of the more timid when we talk of the extension of our hospital service into wider fields.

As regards section 3—"Social"—there is little to say, except that I am delighted to see that there are two papers on district and maternity nursing. So far the district nursing scheme has been a great success; indeed, in some instances it is claimed that it has been the means of saving valuable lives; but, be that as it may, the extension of the scheme may be confidently looked for during the next few years, and I hope to see the time when no part of a hospital district will be without a nurse whose services will be directed towards the prevention as well as the nursing of disease.

Of maternity nurses—especially in the far north—there is a great dearth, and we must do what we can to encourage women to take up this work in the country districts as well as the towns. The proposals of the Department in this matter have already been referred to in the Minister's address.

Another subject under this section—the "Undesirable Citizen"—should evoke an interesting discussion, and, personally, I would be glad to see effect given to some of the suggestions contained in the remits. There is no doubt that the path of the wastrel is made far too easy, and we should not allow a mawkish sentimentality to prevent us from doing our duty by these outcasts and pariahs. We have no hesitation in confining in hospital a person suffering from infectious disease, and why therefore should we be reluctant to mete out similar treatment to the vicious and intemperate and to the deserting father, and, if necessary, make them work for the support of their families?

Under section 4—"Charitable Aid"—the note again is uniformity, and badly is it needed. But we can do very little in this direction until we can bring about co-operation between public and private charitable organizations, and thus prevent the overlapping, abuse, and waste in money and effort that is now going on. I have no doubt that the Rev. William Evans's paper will produce an interesting discussion.

Under section 5—"General"—certain amendments in the law are proposed. It would indeed be a perfect measure that did not require some amendment. The amending Act of 1886 that followed the Hospitals Act of 1885 was almost as large as the original Act, but such, I am glad to say, is not likely to be the case with the Act of 1909.

The section in the Act which is giving most dissatisfaction is that relating to "settlement," and this is no more than was anticipated when section 72 became law. The question of settlement is an exceedingly difficult one—one which has vexed poor-law authorities since the time of Elizabeth, and it is significant to note that even the recent Royal Commission on the English Poor-laws has no definite recommendation to make on the subject, except to suggest that the law relating to "settlement" should be abolished, and that persons should be relieved at the expense of those districts in which they apply for relief. But this solution of the difficulty will not appeal to the Boards in the larger centres. Nevertheless, I feel sure that the law of settlement must be ultimately abolished, and possibly those districts specially compensated which can show that they are being unduly burdened by an influx of the indigent.

The chief difficulties lie not so much in the Act as with the actual administration. To begin with, many of the Boards are too large, but that, I freely admit, is largely the fault of the Department, which in the early stages of the Act thought it advisable to make the representation as wide as possible.

Again, the Boards have not, in my opinion, taken sufficient advantage of the powers given by section 64 with regard to co-opting persons for service on committees, and thus obtain the energies of those prepared to devote a considerable time to the study of the several problems connected with public health, institutional management, and charitable aid. It would be far better for the Boards to have the assistance of such co-operative members for work on their committees than the perfunctory services of what may be called the "hat-peg" member of a Board—the member who rushes into every meeting late, apologizes, hangs up his hat, wants to know the business before the Board, criticizes the report of some painstaking member or committee, makes some sensational statement, and when order has been restored leaves the meeting, to return a month later to repeat the same performance. We do not want these "hat-peg" members, and it is to be hoped that the electors will, if I may so put it, "tumble to their game."

However, I feel I am getting on dangerous ground, but I am sure that delegates know exactly what I mean. I have never failed to appreciate the good and solid work so conscientiously done by many members of Boards—in fact, when I know members to be neglecting their business for the sake of the public, I am almost ashamed to draw their attention to matters other than those of the merest routine.

There are many other matters to which I should like to refer, but time is short, and I shall have further opportunities for so doing, so I will now conclude by re-echoing the words of previous speakers, and trust that the deliberations of this Conference will result in more uniform methods of administration, and cement the good understanding between the Boards and the Department, which was so noticeable a feature of the Conference of 1908.

On the motion of the Chairman, seconded by Mr. Friedlander, a hearty vote of thanks was passed to Dr. Valintine for his address.

Chairman.

On the motion of Dr. Valintine, Mr. J. G. Wilson (Palmerston North) was appointed Chairman, and the Rev. W. A. Evans (Wellington) Acting Chairman in the absence of the Chairman.

Time-limit.

It was resolved that each speaker be allowed ten minutes in addressing the Conference on any subject.

Voting.

It was resolved that on all questions before the Conference each delegate should be entitled to one vote.

Powers and Responsibilities of Hospital Boards under the Public Health Act.

The following remit from Otago was taken: "That the Conference be requested to express its views as to working of section 5 of the Hospitals and Charitable Institutions Amendment Act, 1910, and to continuance or otherwise of this duty being imposed upon Hospital and Charitable Aid Boards; that the Conference consider the question of its being made mandatory on Hospital and Charitable Aid Boards to take over the sanitary inspection in their respective districts, in addition to the inspection in connection with the prevention of infectious diseases."

Mr. Walker (Otago), in opening a discussion upon this subject, said, Dr. Valintine has done me the honour of asking me to open a discussion on the question of the relationship of Hospital Boards in regard to public health. I accepted this position with pleasure, recognizing that the question is of the utmost importance in connection with the future efficient and economical administration of the various institutions under our control. It has been fully recognized in the past the need of having control over the admission of cases of infectious diseases, and indirectly, therefore, of public health. In Otago, under the old Board, this was brought more forcibly before us by the demands of medical men for the admission of patients to the Hospital, as in cases of scarlet fever, &c. The position taken up by the Board was that patients who could be isolated in their own homes were not eligible for admission; this position was maintained and fully confirmed by the Minister in charge, and we are therefore working on those lines. In section 5 of the Hospital Amendment Act, which was made law last session, Hospital Boards are made responsible for the control of infectious diseases, and therefore it is a reasonable assump-

tion that those responsible for the treatment of the sick should also have control over those causes which contribute to same. The question of taking over the control of public health, and the great advantages which would accrue from same, were fully recognized by my Board, and when approached by the Government officials in regard to same we approved of the principle. Dunedin City and suburbs agreed to fall in with the scheme by delegating their powers to the Board, while a number of the contributing local bodies expressed their approval. The next step was the appointment of three Inspectors to control the district under the able control of the Otago Health Officer, Dr. Champtaloup, and the results, as far as can be ascertained, are directly in favour of the alteration. The Inspectors appointed by the Hospital Board, with the approval of the Public Health Department, do the work much more efficiently over the whole district than if each local body kept or did not keep an Inspector. The smaller local bodies, by contributing a nominal sum, secure the services of an efficient Inspector, otherwise the work would not be carried on, or, if so, only in a very imperfect manner.

In making this statement I do not wish to reflect in any way on the various local bodies in our district, who no doubt, with the assistance they have at their control, are doing their best in the matter; but it must be evident that to fully investigate the causes of cases of infectious diseases they require more training, and to have a special knowledge of the work they are called upon to perform. My experience is that a great number of cases of fever come from the country districts, where the drainage and sanitary appointments are carried out in a very primitive manner, and these in many cases are the breeding-grounds for serious trouble. The Inspectors are further vested with a power that the local men do not possess, as in many cases local influence largely dominates and interferes with the work of their own Inspectors; therefore the Health Inspectors' work must be recognized as having a value and efficiency in regard to the causes of infectious diseases which is of considerable advantage to the community at large. In the appointment of the Health Inspectors we referred the list to Dr. Champtaloup for his consideration, and from his list appointed the present Inspectors, and the results attained—though we have not had sufficient time to form a definite opinion—appear to me to justify the appointments, being very valuable in the cause of suffering humanity, and directly of great service in the best interests of the community. The extra amount required to carry on the work has been met out of the amount of the yearly levy, and rightly administered will not increase the levy to any appreciable extent. Under section 83 of the Hospitals Act it is competent for a local authority to delegate, and a Hospital Board to assume, the powers and responsibilities of the Public Health Act, 1908; but such a desirable arrangement can be made only with the approval of the Board and the local authorities concerned, and the question is whether it would not be better for the law to go further and assume the entire responsibilities for the sanitation of the district with the aid of the Public Health Department.

This opens a large question for discussion, and I am of opinion that as the law now stands the Board can act in an advisory capacity with regard to all matters affecting the public health of its district, and be of more service to the district affected than if armed with all the statutory powers of a somewhat arbitrary Act. As our knowledge increases it becomes more and more necessary to secure adequate scientific diagnosis of infectious diseases; otherwise many cases are treated as such, and the Hospital Board is put to the expense of isolation and treatment at a special hospital of cases of which a laboratory diagnosis would clear up. Diphtheria, typhoid, and tuberculosis fall especially under this head, while the treatment of tuberculosis at sanatoria is now fully supplemented by bacteriological knowledge. We are specially fortunate in Otago in having at our command an exceptionally clever and able officer in the person of Dr. Champtaloup, an experienced bacteriologist and District Health Officer. This gentleman has done excellent work in connection with his Department, and at the Palmerston Sanatorium, where tuberculin is used, has made a saving in this article alone of above £100 per annum.

The inspection of infectious diseases, we find under the new system, is carried on with better results than formerly, as the Inspectors being paid officers of the Board the work is carried on more systematically and with better efficiency. Should an outbreak of fever occur in any district under the Board's control, immediately the service of an Inspector is called in, with the result that there is opportunity given of suppressing the outbreak in its inception, and not only the Board but the community interested is benefited, in many cases by a saving of life and money. Take a case in point: Last year a large number of scarlet-fever cases came from one particular locality in the vicinity of Dunedin, with the result that our infectious-diseases hospital was filled with patients, and one death occurred. The Health Officer at that particular time had so many calls on his time that it was impossible to locate the cause. Now, under the present system, much better supervision and inspection is possible, and the results are therefore in the best interests of all.

In this connection, also, we find that the working of the Hospital Board and Public Health Department are much more harmonious than previously, and there is an absence of petty bickerings and details than occasionally occurred. The work of both departments is now carried on in a perfectly friendly manner, and any matters that require adjustment or alteration are discussed and settled with the best results for those under our care.

Briefly summarized, I am of opinion that the system of the Hospital Board taking over the control of public health, as far as it is possible to judge, is working very satisfactorily. (1.) That it is on right lines, as those responsible for the maintenance and treatment of the sick should have some say in its prevention. (2.) That the work is more efficiently managed by trained Inspectors than by local officers. (3.) That there will be a saving in life and property by such trained inspection. (4.) That there will be an absence of friction between the officers of the different departments. (5.) The expense entailed is a small matter in regard to the results obtained.

Might I, in conclusion, on behalf of my Board, gentlemen, express my very best thanks for the assistance we have received at all times from Dr. Valintine and Dr. Champtaloup in their

respective capacities. We fully recognize that in the carrying-out of a new Act there must of necessity be points on which there is great diversity of opinion, and therefore we have found it necessary to refer a number of questions to Dr. Valintine for his consideration, and we found the knowledge possessed by that gentleman to be of the greatest value to us in coming to a conclusion, and on behalf of my Board I desire to express our thanks.

In my remarks there will be room for criticism, and I look forward with interest to the discussion that is to follow.

Mr. HORRELL (North Canterbury) said the new system was working very satisfactorily in North Canterbury, and he was sure it was going to be a benefit to the Dominion as a whole.

Mr. ETON (Wairarapa) supported the motion. In the Wairarapa during the last three months they had introduced clause 83 at the suggestion of the Inspector-General. They had two Inspectors—one for the south and another for the north district. During the short time the system had been in operation good work had been done in checking disease at an early stage. Full inquiries were made by the Inspector, and that took a lot of responsibility from individual members of the Board. In administering charitable aid the Inspector was a very useful officer. He was sure that if other bodies took up this important duty as the Otago Board had done they would find that it would result in decreasing the expenditure considerably.

The CHAIRMAN said that section 5 of the Hospitals and Charitable Institutions Amendment Act provided, "Notwithstanding anything in the principal Act or the Public Health Act, 1908, a Hospital and Charitable Aid Board shall, for the purpose of such of the provisions of the last-mentioned Act as relate to the prevention of infectious diseases, be deemed to be a local authority under that Act for the hospital district, and all references in those provisions to a local authority shall accordingly be deemed to be references to a Hospital and Charitable Aid Board and not to a local authority as defined by that Act."

Mr. FRIEDLANDER (Ashburton) asked how it affected local bodies which did not come into the law? In Ashburton they found that some local bodies would not join them, and therefore they were powerless in dealing with the matter in their particular districts.

The CHAIRMAN said the Act made it clear that it was mandatory so far as infectious diseases were concerned.

Mr. RIDDELL (Waipawa) said they were in exactly the same position as the district referred to by the last speaker. To pay, say, £185 a year and £50 travelling-expenses to a man to look after the few cases that occurred in the district would be an absolute waste of money. Their difficulty was that they could not get other bodies to take the work over. If the other bodies would bear a portion of the expense he would not mind it a bit, but the expense was too much to ask one Board to bear. If another Board would join or fall in with them, there would not be the same objection.

The INSPECTOR-GENERAL.—Are you prepared to fall in with Hawke's Bay then?

Mr. RIDDELL.—Yes, we will jump at it.

Mr. YOUNG (Waikato) said with regard to the remit from Otago, he thought it was desirable that the two paragraphs should be separated. One referred to infectious diseases and the other to sanitary inspection. The duties of the two officers were quite different. There were a number of cases of typhoid fever traceable to one dairy. The cause was traced by the Public Health Officer. It was important that the community should be informed as to the origin and cause of infectious diseases. With regard to the second paragraph of the remit—namely, "its being made mandatory on Hospital and Charitable Aid Boards to take over the sanitary inspection in their respective districts in addition to the inspection in connection with the prevention of infectious diseases"—he thought there was a little more difficulty in connection with that particular duty, for this reason: that the duties of Sanitary Inspector were purely local. He had to see that the by-laws were observed, and the Inspector of Infectious Diseases might at times be in conflict with the local authority. Some of the provisions of the new law had not been working long enough to enable the Boards to be satisfied as to whether they were good or bad. With regard to the remit from Waipawa—namely, "That it is desirable that the respective positions of the Health Department and the Hospital and Charitable Aid Boards in respect of the Inspector of Infectious Diseases be more clearly defined, in view of the fact that Hospital and Charitable Aid Boards are now the local authority for notifying such cases, while they have no power to appoint the necessary Inspectors to enforce the provisions of the Public Health Act"—the district he represented was a very wide one, and there were a very large number of local bodies. The position was this: An infectious disease broke out somewhere; the doctor notified the Health Department; the Department notified the Secretary of the Board, and he in turn notified the Infectious Diseases Inspector. There was a waste of time before all those forms were gone through. If it were the duty of the doctor to notify the local authority where an infectious disease had broken out they might in many instances be able to stop an outbreak of typhoid.

Mr. MCLAREN, M.P. (Wellington) thought it would be wise to separate the remit into two questions. There were really two questions involved. While he believed his Board was favourable to the first portion of the remit, and putting it in force at the present time, he was not so well disposed towards the second part. He would like to point out that the result probably would be, so far as the City of Wellington was concerned, the creation of friction and conflict between the City Council authorities and the Hospital and Charitable Aid Board. At the present time the whole of the sanitary-inspection work of the city was carried out under the supervision of a very capable engineer, Mr. Morton, who was recognized to be a most capable man. He had the whole of the plumbing-work under his supervision, and the various undertakings in the way of sanitary construction-work. He thought it was desirable that that work should be left under the control of the Council, which now had charge of it. He personally thought it would be a mistake if any alteration was made in the case of large centres, although he could see that in the case of outlying districts there were places where it was desirable that the change suggested should be made. He moved, "That the two portions of the remit be taken separately."

Mr. WALKER (Otago) said he was willing to accept the suggestion to divide the remit into two parts, and take the consideration of the first portion first.

Mr. ETON (Wairarapa) also agreed that the remit should be divided.

It was agreed to divide the remit, and consider the first paragraph.

Mr. WALKER (Otago) said they had found in Otago that a number of local districts had no Inspectors, and to obviate that trouble the Board had adopted the present system.

The first portion of the remit was agreed to.

Mr. WALKER (Otago) moved the second paragraph of the remit.

Mr. BELLRINGER (Taranaki) hoped the Conference would agree to the smaller districts being given an opportunity of working under the Act as at present.

Mr. GILLINGHAM (South Canterbury) said his Board had taken over both branches of the work, and they had found that it was working exceedingly well. They had a number of country districts which were not in a position to undertake sanitary inspection or even the prevention of the spread of infectious diseases. The present system simplified administration in regard to public health in all its branches. The system, of course, had been working only a short time, and they were not in a position to say that it was going to be entirely satisfactory, but they thought and hoped it would be satisfactory. With regard to the cost, the largest boroughs in the district divided the cost of the Inspector's salary, and the smaller boroughs paid a share of it. The system was at present working very satisfactorily.

Mr. MACKAY (Auckland) said the Auckland Board was working very satisfactorily with the Department. He was in favour of going further than the present system, and constituting the Boards Health Boards. He thought the four large centres should manufacture their own vaccine, or that it should be manufactured in Wellington, and distributed to the other districts where required. If a saving had been effected in Dunedin in this respect a similar saving could be made in other centres if the same system were adopted.

Mr. LONDON (Wellington) thought that provision should be made to exempt those districts where efficient sanitary inspection was already provided for by the local authorities, and, in order to test the feeling of the Conference, he would move accordingly.

Mr. HAWKE (Southland) seconded the amendment.

Mr. BELLRINGER (Taranaki) moved, "That this Conference is of opinion that it is an advantage to the community to have all matters relating to the administration of public health, hospitals, and charitable aid under the control of Hospital Boards, except in the case of boroughs having a population of more than 5,000 which are able to appoint whole-time officers."

Mr. MOORE (North Canterbury) thought it would be much better to see how the present Act worked before attempting to go any further. So far as North Canterbury was concerned, he was sure there would be a great diversity of opinion as to whether two bodies or one body should have control over the whole district. There were a great many local bodies outside that were entirely opposed to coming within the jurisdiction of section 5. He thought the Conference would be going a little too fast in recommending that it be made compulsory. It would, he thought, be much better if they allowed the Act to work another year or two until they saw exactly where they were travelling. It had been said that there was a great diversity of opinion in regard to sanitary inspection in Wellington. There was also a great diversity of opinion in regard to the matter in Christchurch. He was perfectly satisfied that there would be a considerable amount of friction throughout the country if the clause was made compulsory so far as outlying districts were concerned. The Act was practically a new law, and they had better wait and see how it worked before they recommended a change.

Mr. MASLIN (South Canterbury) said the levy would be made upon the cities just the same, and they would receive no corresponding benefit. The country would hail the change with satisfaction, but it would be at the expense of the cities.

Mr. LONDON asked leave to withdraw his resolution in favour of that moved by Mr. Bellringer.

Mr. London's motion, by leave, withdrawn.

Mr. YOUNG (Waikato) said he would support the position that it be optional on the part of the local bodies to arrange with the hospital authorities or the Health Department with regard to sanitary inspection in their districts. He felt inclined to move in that direction.

The CHAIRMAN pointed out that that was the law at the present time, and if the motion were negatived the law would stand as at present.

The Conference divided: Ayes, 30; Noes, 23; majority for, 7. Motion agreed to.

The INSPECTOR-GENERAL said it was extremely gratifying to him to learn from those speakers who had had experience of this sanitary-inspection scheme that it had been so eminently satisfactory. It was only from those districts which had had no experience of the scheme that any objection had been heard. When he had placed "Public Health" high on the order paper he rather doubted the generalship of so doing, but at the same time he was prepared to risk it, because if control by one Board of these public-health matters had not met with the approval of the Conference the scheme as a whole would have been upset.

Mr. RIDDELL (Waipawa) asked leave to withdraw the Waipawa remit—"That it is desirable that the respective positions of the Health Department and the Hospital and Charitable Aid Boards in respect of the Inspector of Infectious Diseases be more clearly defined, in view of the fact that Hospital and Charitable Aid Boards are now the local authority for notifying such cases, while they have no power to appoint the necessary Inspectors to enforce the provisions of the Public Health Act"—as the position had been made clear during the discussion of the previous motion.

The INSPECTOR-GENERAL said regulations had been drawn up which would make the position absolutely clear for the Boards. He hoped to circulate the regulations during the sitting of the Conference.

Motion, by leave, withdrawn.

ADMINISTRATIVE CONTROL OF TUBERCULOSIS.

Mr. HORRELL (North Canterbury), in introducing the discussion on this subject, said, as His Excellency had pointed out that morning, the question of tuberculosis was one of the most important the Conference had to discuss. He (Mr. Horrell) was somewhat diffident in dealing with this subject, which to most of them must be an unknown quantity. He did not know how many consumptives there were in his district, and he doubted very much whether the District Health Officers or even the Inspector-General could say how many there were in the Dominion. Patients in the incipient stages of the disease were apt to be overlooked, and even those in the more advanced stages sometimes neglected to call in medical aid, and so the disease was being spread. He thought there should be some more uniform system of notification, and they should insist upon the medical men notifying the local authority where there was the least suspicion of disease. Those suffering from chest troubles of any kind should present themselves for examination to the hospitals or dispensaries, such examination to be free of charge. Inspectors should be urged to keep a keen look-out for cases that were likely to be consumptive, and, above all, he thought there should be some system of inspection of school-children. It was only by the establishment of some better system of notification that they could hope to cope with this evil with any degree of success, and ultimately stamp it out of the Dominion. Now was the time, when the population did not amount to more than a million, that it could be successfully dealt with. The longer the matter was delayed the more difficult the task would become. It was of no use for one district to attempt to fight the disease while others were doing little or nothing. There should be some universal scheme adopted, and, having ascertained as nearly as possible the numbers of cases and where they existed, the next thing was to find the best means of treating the scourge. Drs. Blackmore and Hardwick Smith had indicated the lines upon which they should proceed. They recommended that dispensaries, sanatoria, farm colonies, and homes for incurables should be established. He would not quote from the reports of those two medical superintendents, as Dr. Blackmore, who was present, would be able to explain his views to the Conference. Dr. Valintine, in his annual report for 1909, drew special attention to the system of graduated work for consumptives as established by Dr. Paterson at the Frimley Sanatorium, and he believed all the authorities favoured that system. Now, it was not to be expected that the whole of the thirty-six Boards in the Dominion could establish sanatoria, dispensaries, farm colonies, and homes for incurables, as such a system would lead to the heaping-up of useless expenditure. The best plan would be for the Government to establish one sanatorium and one farm colony for each Island. The Boards might, however, establish small dispensaries, to act in conjunction with the larger ones. The Act of 1899 provided that two or more districts might combine for the purpose of establishing homes or sanatoria, but in his opinion it did not work satisfactorily. There was always friction over representation, over apportionment of payments, and over admission of patients. If the Government would establish one sanatoria and one farm colony for each Island the work would be done more efficiently and more economically, and they could have at the head of those institutions the best experts available. His own Board did not wish to shirk responsibility in connection with these institutions, but he felt it was impossible for the local bodies to deal with this matter of efficiently. In Christchurch they were fortunate in having the services of Dr. Blackmore, but they could not expect to retain his services at the salary they could afford to pay. With regard to the farm colonies, to a great extent they could be made self-supporting. Eggs and milk, which were so necessary for consumptive patients, could be provided by the farm—that is, if the Government could set aside suitable land of sufficient area for this purpose. No doubt Dr. Valintine would say this duty should be undertaken by the Boards, and that it would be too much for the Government to be called upon to bear the expense; but it had to be remembered that if the thirty-six Boards each decided to build sanatoria and establish farm colonies the Government would have to subsidize each of those local bodies, and the cost to the Government in that case would be almost as great as if they were to establish two large institutions such as he had suggested. The homes already provided by the Boards could be utilized for incurable cases, and, in fact, there were many ways in which they could be used. He concluded by moving, "That this Conference is of the opinion that the Government should establish two well-equipped sanatoria and farm colonies, one in either Island."

Mr. ARMSTRONG (Wairau) seconded the motion.

Dr. BLACKMORE (North Canterbury) then delivered the following address:—

In dealing with consumption we are dealing with the most widespread and most deadly of infectious diseases, one to the infection of which every person, young, middle-aged, or old, in every civilized community, and now in most uncivilized communities, is exposed. Whatever personal precautions we may take, we all at some time in our lives, and probably very many times in our lives, are unavoidably brought into contact with this infection. Each year in New Zealand there are something like 700 deaths from consumption in its various forms, and of these about 550 are due to consumption of the lungs. It is probable that at the present time there are not less than about three thousand cases of consumption of one kind and another in New Zealand.

The chief source of any country's wealth is the earning-power of its working-people. It is generally said that each adult life has a monetary value to the State of some £300. But some six hundred persons of wage-earning capacity die of consumption each year in New Zealand, a direct loss of £180,000. This takes no account of the persons who die before reaching the age when they are able to keep themselves, and on whom a considerable sum has been spent for education and upbringing, which is money wasted by the untimely death of the persons on whom it has been spent. It is difficult to indicate the indirect loss due to the expenses connected with a lingering illness, the inability to work for prolonged periods, and the poverty, necessitating charitable aid, brought about by that inability; but it is safe to say that it is at least as large as the direct loss. Consumption cannot in one way and another be costing the Dominion much less than half a million pounds a year. At present, in order to prevent that loss, the country is spending perhaps £14,000 or £15,000 a year on half-hearted and quite inadequate measures.

I have said nothing about the untold misery and suffering wrought by this dreadful disease amongst those afflicted and amongst their relatives and dependants, but the prevention of that should stir us to effort more even than the monetary loss.

This disease which plays such havoc among the people during the best years of life—because nearly all the deaths occur between fifteen and fifty—is a preventable disease, and being preventable it ought to be prevented. I purpose laying before you as shortly as possible a few facts regarding the cause of the disease, the way in which it is spread, and the measures which have been found to be most efficacious in preventing its spread, measures which, if persisted in, will it is hoped eventually eradicate the disease altogether. As showing what has already been done by the spread of a knowledge of the disease and by the adoption of a more hygienic mode of life, and as a hopeful augury for the future, I may say that during the last forty years the mortality from the disease in England has fallen by 40 per cent. Even in New Zealand, where the death-rate was never much more than about half that in the United Kingdom, there has been a marked decline in the last fourteen or fifteen years.

Consumption may attack any part of the body, and the disease, whether in the lungs or elsewhere, is due to a germ. The expectoration of the consumptive and the spray produced when he coughs contain these germs, and they are the chief sources of infection from human beings; the danger from other sources in man is practically negligible. Consumption is found in many of the lower animals, but the disease in the cow is the only one that need concern us. When the udder of the cow is diseased large numbers of germs get into the milk, and the consumption of that milk is the cause of most cases of the disease occurring in infants and young children. Broadly speaking, it may be said that every case of consumption arises as the result of infection either from the milk of an infected cow or the expectoration of an infected human being. If the taking of tuberculous milk could be stopped, and the destruction of all expectoration from tuberculous human beings could be insured, the source of nearly all cases of consumption would be at once removed.

We must not only try to limit the production of this germ, but we must remove the conditions which render its growth easy. Some of these are—Inherited weakness of constitution; overwork; insufficient food; indulgence in alcohol; living or working in dark, damp, badly ventilated dwellings; working at certain occupations where dust, fumes, or irritating particles are constantly inhaled; weakening diseases, such as pneumonia, influenza, and diabetes. We must try and remove these predisposing causes. The strong, healthy person living a healthy life has practically nothing to fear from consumption. Everything that tends to promote good health is a weapon against consumption.

All our measures against consumption, then, are directed towards two things—(1) To try and stop the production of the germ of consumption; (2) to try and raise the resisting-power of those who are naturally, or have rendered themselves artificially, susceptible to the disease, so that even if attacked they will be able to repel the invader.

The necessary measures, then, may be thus summarized: (1.) To find out the places where the germ is being grown and from whence it is being disseminated. This we do by compelling a notification of all cases of consumption. (2.) To try and lessen the production of the germs; to kill as many as possible of the germs before they have done harm; and to remove the producer of the germs from among susceptible people. These things we do (*a*) by getting hold of the early cases of the disease and curing them whenever possible; (*b*) by supervising the advanced cases of the disease, and, whenever necessary, removing them from homes where they are dangerous to other people, and placing them in suitable institutions. (3.) To prevent the disease from attacking people who are predisposed to it by inheritance, by having lived under improper conditions, or by having been brought into prolonged and intimate contact with the disease. (4.) To educate those already diseased so that they may be prevented from becoming a danger to the rest of the community. (5.) To insure a pure milk-supply. (6.) And, lastly, to teach the people generally what to do to avoid the disease, and what to do to prevent the spread of infection.

A comprehensive and concerted campaign throughout the whole country is necessary if the best results are to be obtained. The scheme I submit to you, and which I submitted to my own Board about a year ago, involves the provision of tuberculosis dispensaries, sanatoriums, homes for advanced cases, and farm colonies. I claim no originality for the scheme; it is being made use of in many parts of the world; but I am able to speak of it as the result of some practical experience of its working.

The tuberculosis dispensary is designed to be the central agency in the campaign against consumption, and in disseminating information concerning the disease. It consists of a set of rooms, centrally situated in a town, and in charge of a specially qualified doctor, who has a specially trained nurse or nurses to assist him. The doctor attends at the dispensary on certain days to see patients; these are persons who belong to the class which uses the out-patient department of the hospitals. Any persons of this class who suspect that their lungs are not sound are encouraged to come to the dispensary to have a diagnosis made. If consumption is found to be present, and the disease is in a curable stage, such persons are sent on to the sanatorium if beds available; if not, they are given advice as to their mode of life, and, when considered to be advisable, they can be treated by tuberculin or otherwise while waiting their turn to be admitted to the sanatorium. If the disease is past the curable stage, such persons are offered a bed in the home for advanced cases. Out-patients at the hospital who are found to have or are suspected of having consumption of the lungs are sent on to the dispensary to be dealt with. Medical men are invited to send their poorer patients to the dispensary in doubtful cases for an expression of opinion as to whether the case is consumption or not. In some places the dispensary undertakes the examination of sputum for medical men. Persons who have been treated in a sanatorium are kept under observation at the dispensary so that relapses can at once be detected.

But the work of the dispensary is not confined to the dispensary rooms. The specially trained nurse whom I have mentioned visits the homes of dispensary patients; there she gives information as to the measures to be adopted to prevent the spread of the disease; she endeavours to get in touch with those related to persons who are known to have had consumption, and particularly with the members of such families who have actually come in contact with the disease. She impresses on such persons the urgent necessity in their case of adopting precautions against the disease, and tries to get them to come to the dispensary for examination, so that the earliest signs of the disease may be detected and treated. In the case of advanced cases not desiring to be removed to the home, she sees that all the needful precautions are adopted, and, if necessary, supplies sputum-mugs, flasks, and disinfectants. She is also in a position to report on the state of poverty or otherwise of consumptive patients and their dependants, so that necessary aid may be given. For this latter purpose the dispensary must bring itself into relation with those benevolent organizations which are designed to deal with deserving cases of poverty.

The chief functions of the dispensary, then, are to try and detect consumption in its earliest and most curable stage, and treat it at once; to try and prevent the spread of infection from all cases, particularly the advanced ones; and to disseminate information regarding the disease and its prevention. It is a means of obtaining ready access to centres of infection in families. The dispensary, in other words, searches out the very breeding-places of the disease, and tries to destroy them.

The tuberculosis dispensary is not an untried thing. It was instituted some twenty-four years ago by my old teacher, Dr. R. W. Philip, of Edinburgh, and its usefulness has been so definitely proved that, with various modifications to suit local conditions, large numbers of dispensaries have been established in France, Germany, Austria, Canada, the United States, and other places. In Germany alone there were over seven hundred such dispensaries three years ago. It is an essential in any scheme for dealing with the prevention of consumption.

The sanatorium calls for only a word. The prevention of consumption is the work chiefly of the dispensary; the cure of the disease falls within the province of the sanatorium; but it also assists in prevention, because every patient cured means the removal of one focus of the disease. The sanatorium is the place to which cases in which there is a reasonable chance of the disease being cured or arrested should be sent. The educative value of the sanatorium is very great. The kind of site best suited for a sanatorium is a place where the air is dry and invigorating, away from the coast and the dust of towns, some considerable height above sea-level, situated on down land of good quality, and easily accessible by rail, with, of course, a good water-supply; a site sheltered from high winds, and free from fog, where the character of the ground admits of buildings being easily erected at minimum cost.

Regulated outdoor work and exercise form a most valuable part of the treatment of consumption. Work and exercise can not only be made to act directly in helping to control and eradicate the disease, but they also fit the patient for work when he leaves the sanatorium, so that he goes out not merely a cured man, but a man capable of hard work. Work on the land is generally recognized to be the most valuable the consumptive, whether man or woman, can undertake, and to provide this work the establishment of a farm colony is very desirable. Patients who have undergone active treatment in the sanatorium for longer or shorter periods are sent to work under supervision in the farm colony in order to complete their cure. The farm colony should, whenever possible, form part of the sanatorium grounds. Such industries as bee, poultry, and cow keeping, fruit, vegetable, and fruit growing, are carried on to the mutual advantage of patients and sanatorium.

But under any form of treatment at present known to us a considerable number of cases will, unfortunately, progress to a fatal issue, and many cases do not come up for treatment until they are too advanced for anything to be done. The home for advanced cases is for such as these. The home is of even greater benefit to the community than it is to the inmates. Neglected cases of advanced consumption are the most prolific source of infection, and where proper precautions cannot be taken at home it is a matter of urgent necessity, to insure the safety of friends, relatives, and others, that such persons should be removed to a place where there is no risk of infecting others. The removal of the sick from among the healthy must be looked upon as a measure of prime importance.

A word about the milk-supply. It is now generally agreed that most cases of consumption in young children are caused by the drinking of infected milk. A pure milk-supply is absolutely essential. It has been said that the cost of destroying all tuberculous cows is prohibitive. It would pay this or any other State to kill every tuberculous cow in the country and pay the owners compensation in full. In any case, there is no reason why the breeding of tuberculous cows should be allowed to continue. It has been shown that the calf of a tuberculous cow will not develop tuberculosis provided it is taken away from the mother at birth and brought up on pure milk. It is also known that milk will not convey tuberculosis if it has been pasteurized—that is, if it has been heated to a sufficient degree to destroy the germs. They are easily killed by heat. It should be made a criminal offence to sell milk that has not been pasteurized, unless the seller can produce certificates that his cows are absolutely free from tuberculosis.

I have pointed out that consumption is most likely to attack those who are least fitted financially to cope with it. It is pretty evident that the breadwinner of a family will not go into a sanatorium for an indefinite period if his family is likely to starve or undergo great hardships while he is there. In only too many cases he works on until he is no longer able to work, and by that time it is probable that it is not possible to cure him, and he either dies or drags on as a chronic invalid, unable to support either himself or his family. If in such cases a man could be assured of the welfare of his wife and family while he underwent treatment, he would gladly undergo it at the earliest possible moment. In the case of a wife being attacked she will often

refuse to go into a sanatorium, because she knows her husband and children will not be looked after in her absence, and because she knows her husband cannot afford to pay for the necessary help. There are plenty of other cases where, although it is not necessary to actually support the family, a certain amount of financial aid is required. To deal with such cases as these and others some benevolent organization working in conjunction with the dispensary is required. The same organization might undertake the loan of temporary shelters or tents when desired in cases than can conveniently be treated at home.

The public has the right to demand from the consumptive the rigid observance of precautions which will prevent the spread of infection, and, if necessary, should be prepared to use compulsion to enforce the observance of those precautions. On the other hand, the consumptive has the right to demand from society such aid as is necessary to enable him to combat his disease, and to carry out the necessary precautions, inasmuch as he has contracted a disease which is preventable and from which he ought to have been protected.

I have pointed out how the dispensary tries to discover early cases of consumption. More still can be done in that direction, and that is by the medical inspection of school-children. The inspection does more than detect consumption; it enables the children of poor physique and poor resisting-power to be detected and specially cared for so as to prevent them from contracting the disease. Open-air schools for such children as these have met with the most gratifying success. In young children consumption of the lungs is not very common; the disease in them tends to attack other parts of the body. For these children homes in the country or at the seaside are of immense benefit.

Before concluding there is one other matter to which I should like to direct attention, and that is the part that education plays in the suppression of consumption. We may establish dispensaries, sanatoriums, and homes, and have nurses to care for people in their own homes, but, so far as the suppression of consumption is concerned, this scheme or any other is foredoomed to failure unless we can obtain the co-operation of the private medical men, the consumptive persons, and the public generally. That co-operation of patients and public is to be obtained in one way only, and that is by education. Compulsion will never eradicate the disease; to education and to education alone we must look for the attainment of that desirable end. Particularly must we teach the consumptive patient to conscientiously play his part and do his duty towards his neighbour. The diseased person, particularly the advanced case, is the chief source of infection, and the first step and most important step towards suppression should be the attempt to limit the spread of infection. And the way to do this is to make the sufferer acquainted with the nature of his disease, and how it is that he is dangerous to other people, and then get him to rigidly observe certain precautions that will render him practically harmless. In many cases these precautions can be successfully adopted without removing the patient from his own home. But there are some persons who from carelessness, invincible ignorance, or viciousness will not adopt the measures which are necessary to the safety of others. Such persons should be compulsorily removed to and detained in a place where others can take the precautions which they refuse to take. But the general public, as well as its consumptive cases, should be educated partly for the sake of enabling persons to live so as to avoid infection, partly because no one knows when he may fall a victim to the disease. This education of the public must be carried on systematically and persistently, and it is done mainly by means of books, pamphlets, lectures, and exhibitions. In other countries travelling exhibitions have been established, and tour the country. Such an exhibition can be got together in England for £500 or £600; and the good it is capable of doing cannot be estimated in money. An important agency for the dissemination of knowledge about tuberculosis must not be overlooked, and that is our schools. Illustrated pamphlets suitable for children have been compiled, and if intelligently used and explained these will not only ensure to the next generation a knowledge of the essential facts regarding tuberculosis and the way to avoid it, but undoubtedly the facts made known in the pamphlets will reach a much wider audience than the children for whom they are primarily designed. In many countries tuberculosis leagues have been formed by persons interested in the movement, and to these is intrusted the compiling and distribution of literature, the giving of lectures, the provision of exhibitions, and so forth.

If the attack on this great enemy of our race is a concerted and persistent one, based on a knowledge of his methods of attack, his strength, and his weakness, ultimate victory is assured, not this year or next, not perhaps in the life of this generation, but almost certainly within the life of the next.

Dr. Hardwick Smith (Medical Superintendent of the Wellington Hospital) said Dr. Blackmore had dealt so fully with the subject that he did not feel that he could add very much to that speaker's remarks. Although in Wellington they were working on the lines suggested by Dr. Blackmore, they had not yet gone as fully into the matter as they hoped to do in the future. In order to establish a complete scheme for the prevention and treatment of consumption there were three things necessary — First, compulsory notification; second, tubercular dispensaries; and, third, sanatoria for early cases. There also should be farm colonies and sanatoria for intermediate and late cases. He would also mention this other important essential which had been overlooked by Dr. Blackmore: it would be necessary to provide for the segregation of refractory patients who would not submit to the rules laid down by the institution as regards treatment and so on. At present they found patients breaking the rules over and over again, and the only thing to do was to send such patients out. He would suggest to the Government to formulate a scheme by which refractory patients could be segregated and kept under control. In late cases it was most important that the patient should be separated from his surroundings, and such separation should be enforced, because it had been stated by some authorities that every patient who died of consumption dragged at least two other people down with him. If therefore they could separate those late cases from their surroundings it would probably mean the saving of two

lives out of every three that were now being lost to us. He thought it would be advisable to establish large sanatoria, where the cases could be classified into early, intermediate, and late cases. The late case would, of course, have to be treated more on hospital lines. Then, to his mind, the doctor who had to deal with consumptive patients must be an expert in his subject. He must be a man of consummate tact, and one possessing a certain amount of magnetism, because there was no class of patient that so reacted to his surroundings and the personality of his attendant as the consumptive patient. He thoroughly concurred in everything that had been said by Dr. Blackmore.

Mr. MACKAY (Auckland) congratulated Drs. Blackmore and Hardwick Smith upon the way in which they had handled this difficult question. He believed there was some system of compulsory notification in force in New Zealand at the present time, but it seemed to have been more honoured in the breach than in the observance. The question of home management had been touched upon, and there was no doubt home management of consumptives was an important thing. According to the report of a Conference of medical officers of the different States of Australia, the conclusions arrived at with regard to home management were as follows:—

"The employment of trained women in the work of visiting and instructing consumptives has proved so advantageous in administration that the Conference recommends it should receive encouragement.

"As much of the work of investigation will be in the region of the home life of the consumptive, it is conceivable that in this connection the trained woman has an important and useful sphere of action. The employment of trained women to investigate the home conditions of patients, and to advise as to means of personal and domestic hygiene, has proved so increasingly successful in some of the States that the Conference commends it for universal consideration. The systematic home visiting of consumptives by a competent and sympathetic woman visitor or nurse should go far to secure on the part of the patient continuous adoption of the necessary precautions when wisely, firmly, and persistently directed.

"Facilities should be given to nurses to qualify themselves for the duties of visiting, instructing, and supervising consumptives in their own homes.

"Legal power should be given to the central health authority to regulate the conditions in which home-dwelling consumptives live. The object of notification being the control of the consumptive as a possible disseminator of infection, there should be power not merely to visit him and inquire into the circumstances in which he lives, not merely to advise him what he should do for the safety of others, but power to direct him to take the few and simple precautions which are necessary to safeguard his housemates. The penalty for persistent disobedience, or the consequences of the physical impossibility of taking these simple precautions, is but one, and is mentioned in the next resolution.

"The measures necessary for the home management of consumptives include the following: An inspection of the dwelling of the person notified and reported thereon; an inquiry and report as to the personal and domestic circumstances of the patient; the issue of printed general instructions as to the prevention of the spread of the disease, and suggestions as to personal hygiene; occasional or periodical disinfection and cleansing of the premises on removal or death of the patient."

That showed how important was the careful treatment of those afflicted with consumption. He did not think there would be found in our schools many cases of consumption, but he believed there should be a periodical examination of the teachers and others connected with the schools, and it was well known the young were more susceptible to infection than people of more advanced age, and, as Dr. Blackmore had pointed out, the infection came from the sputum when dried and from the spray ejected by those coughing. He thought the Health Department should also take into consideration the disinfection of houses occupied by consumptive patients. So far as he knew at present, consumptive people were allowed to go in and out of houses as they pleased, and there was practically no system of disinfection. He had a case in his mind at the present time which was traced back to a house in which one or two members of a family had died of consumption. The removal of a consumptive from one district to another should be registered, and the Health Officer of the district should be notified by the Health Officer of the district which the patient was leaving. As the two medical men who had spoken had pointed out, consumption was particularly infectious at a certain stage of the disease. It was obvious, therefore, that registration and notification during that period was a most necessary precaution. In Germany there was a system of insurance against sickness similar, he thought, to that recently introduced in England by Mr. Lloyd George. The State, the employer, and the employee all contributed to this fund, the Government being alive to the fact that the less sickness there was the less would be the burden on the State. Now, this scheme was introduced in Germany in 1886, and at that time the number of deaths per thousand was thirty-three. Recent statistics showed that the death-rate had been reduced to nineteen. He agreed that inspection of the milk-supply should be taken up by the municipalities, and a rigid system of inspection instituted. Then, with regard to dispensaries, he would like to quote the following paragraph from the report of the Australasian Conference to which he had referred:—

"In any complete organization against consumption the 'dispensary' is considered by many authorities as an essential factor. The rapid establishment of a dispensary movement in many countries of the world marks a new era in the fight against consumption. Though there are certain differences in its methods to meet local requirements, the fundamental purpose and features are the same everywhere. The object of this institution is to secure early diagnosis for consumptive patients, and to direct their treatment in the light of knowledge not only of their medical, but also of their domestic and industrial needs.

"The above resolutions providing for notification; collecting of information concerning each case, and a detection of early cases; home management, and a careful system of domiciliary visitation and investigation; the instruction of patients as to measures of personal hygiene and precautions against infection, and the selection of cases for sanatorium and hospital treatment practically cover the more important and essential functions performed by the dispensary. The measures to be undertaken by the central health authority, when carefully arranged and continuously supervised, should go far, it is thought, to fulfil the object the dispensary subserves as a centre of information and effort in a country whose population is not collected in large cities for the most part."

Those were the opinions arrived at after mature deliberation by the Health Officers of the Federated States of Australia. He would take an opportunity of dealing with the district nursing scheme in connection with this later on.

Mr. London (Wellington) said, with some knowledge of institutions controlled by the Government and by Boards, he was inclined to think that the Boards in the economical administration of the different services compared not unfavourably with the Government, and if a limited number of dispensaries were instituted for the treatment of consumptive cases the districts, he felt sure, could be trusted to deal equitably with one another with regard to the upkeep and maintenance of these sanatoria. He moved, therefore, as an amendment, "That sanatoria for the treatment of consumption be established in suitable districts near to the four most important cities in the Dominion; that the Boards of the districts embracing such cities control these sanatoria, and that patients from all the other districts in the Dominion be available for treatment in those sanatoria; and that the expense incidental to the treatment be paid by the respective districts." It would be much better, he thought, to have these districts established. For one thing, it had been discovered that some patients progressed favourably in one district while others did better in another district. He knew of a case, for instance, which did not progress as favourably at Cambridge as at Otaki. There must be places near to the centres of population where this class of patients could be treated. There must be a large number of people suffering from this dire disease who could not be satisfactorily treated in their homes, and, consequently, these sanatoria must be established.

Mr. Fraser (Waitaki) agreed with the members who had already spoken, that the Conference was very greatly indebted to the two medical men who had given the Conference the privilege of listening to their excellent advice, and for the information they had given them on the subject of consumption. He was sure that every one must have been deeply impressed with this fact—namely, that the question of consumption had not been dealt with in this country in the manner in which it ought to have been dealt with. It was an infectious disease, and it had not been treated as such. It was a preventable disease, and they had not been doing all they could have done to prevent it. It was a curable disease, and in a large number of instances a great deal more might have been done to cure those suffering from it, although he was glad to say that a start had been made. It was also a very costly disease, as most members of Boards knew through having to pay the cost of cases in their own district. Something more might eventually be done to reduce that cost. He thought, after listening to Dr. Blackmore, that it must have been patent to every one that the scheme he had outlined could never be carried out by the Boards. Some of the Boards might take it up and attempt to carry it through, but many Boards would never attempt it. If it was to be systematically carried out as he had recommended, it would have to be taken in hand by the Government. Mr. Horrell had proposed a motion which he partly agreed with, and which he partly did not agree with. He had proposed a motion recommending that the Government should take the matter in hand, but he had encumbered it with details which he thought had better be left out. It would be better, in his opinion, simply to pass a general resolution. The details as to fighting with the scourge was a matter for medical experts to deal with. He thought the Government should be asked to take the treatment of consumption in hand, with the view of preventing and curing it, and eventually eradicating it from the country. He believed if they were prepared to go in for a thorough scheme, that might be done. Unless the matter was taken in hand in the way he had suggested, it would never be dealt with in a satisfactory way.

Mr. Kirk (Wellington) could not agree with the last speaker with regard to what could be done in the treatment of consumptives by the Boards. The Wellington Board had been forced to face the position and make provision for the treatment of tuberculosis. It was undoubtedly necessary that the cases should be carefully classified. At present consumptive cases were brought under the notice of the Boards and their officers—cases in which irreparable harm had been done before notification. He did not think there could be any two opinions amongst members of Charitable Aid Boards and Hospital Boards that this disease should be as much a matter of compulsory notification as scarlet fever and other allied diseases. Dr. Hardwick Smith, when appealed to by the Wellington Board, brought down a carefully-thought-out scheme. That report had been published, and might probably have been read by many of those present. He would like to quote a few paragraphs from Dr. Hardwick Smith's report. Dr. Hardwick Smith said,—

"The public must be educated, in the first place, concerning their responsibilities to themselves and their neighbours; and my proposition is to show the public, so far as I can, the dangers of infection of consumption and its control. There is no need to preach scare sermons on the subject, but it is a disease which can be practically stamped out of the land by common-sense and public spirited co-operation. And you, as a Health Board, should assist in this co-operation not only with the public you represent, but also with the medical men of the district and myself, on whom will devolve most of the work in carrying out this scheme."

As to the scheme itself, he proposed that a dispensary should be built as a part of the out-patient department. Also,—

"A certificated nurse shall be in attendance. She will be taught the methods of prevention of the disease, and shall visit the homes of those suffering, and give them advice and reassurance and practical help in the carrying-out of the treatment. She will be practically a district nurse acting under the Board. That necessities such as drugs, sputum-mugs, disinfectants, and dressings shall be given to those needing them."

It was very important to those who had not the means to go into a sanatorium that they should have the means of treating themselves in their own homes. With regard to the treatment of these cases and the building of sanatoria, it had struck him as a great pity that there should not be a great deal more co-operation between all the Boards of the Dominion. The control and treatment of consumption was likely to be rather haphazard if every Board took upon itself the care and treatment of the disease apart from other Boards; and he thought if the Conference, or a special committee of it, with the assistance of their experts, framed a scheme which could be adopted by the Boards it would be a very great advantage. He did not think the relief lay in the direction suggested by Mr. Fraser—in asking the Government to take the matter in hand. Consumption was a very difficult disease to treat in many ways, and only those who had had practical experience in the oversight of patients in sanatoria knew what a difficult class of patients they were to deal with. He thought that medical men in charge of these sanatoria would advise that the sanatoria for male and female patients should be kept entirely separate. The treatment of consumption demanded very special qualifications. It would be found that these patients were the very hardest patients to generally control. There was more grumbling, and generally they were more difficult to control than other patients. He moved, "That this Conference is of opinion that the notification of consumption and its allied diseases be made compulsory; and, further, that it be a recommendation to the Government that Hospital Boards be given power to detain for treatment in these institutions persons who are suffering from tubercular disease if, in the opinion of the Health Officer or Medical Superintendent of the Hospital, such detention is necessary in the interests of public health."

Mr. MASLIN (South Canterbury) would like to ask Dr. Valintine whether consumption was not an infectious disease, and whether it was not imperative for medical officers to notify them. Was not that the law already?

The INSPECTOR-GENERAL replied that it was an infectious disease, and it was imperative on the part of medical officers to notify such cases; but the trouble was this: that a case of consumption might last, say, three years, and it might be notified in the first instance, and then the medical officer who saw the case subsequently always concluded that the case had been notified. You wanted notification and renotification. Notification had not been carried out as it should have been.

Mr. ETON (Wairarapa) said the question under consideration was one of the most important subjects on the agenda paper. The opinions which had been expressed by medical men at the Conference were on the lines suggested by the Inspector-General in his report. He would like to hear the opinion of Dr. Valintine on the opinions which had been expressed that afternoon by other medical men.

Mr. HAWKE (Southland) seconded the motion moved by Mr. Kirk. The Otago Board had taken control of the Palmerston South Sanatorium, and they had asked other Boards to send their patients there, and they charged so-much a week for those patients. If the other three chief centres acted on the same principle he thought that would meet the case. So far the system had proved satisfactory in Otago. The Southland Board had built a place for incurable cases, but curable cases were sent to the Palmerston South Sanatorium. That was the principle he thought the different Boards should work on. If the schools were inspected they might get hold of many cases in the curable stage, and then they could follow them up. He thought the big Boards should take the matter up, and then the smaller Boards should work in with them. That would be better than the Government taking the matter up.

Mr. BELLRINGER (Taranaki) did not think there could be a stronger argument for this matter being made a Dominion question than the figures which had been quoted by Dr. Blackmore. Surely, if such a state of affairs as he stated existed, it was the duty of the Government to provide legislation dealing with this scourge. Restrictions on the freedom of the people had been imposed in respect to other things. Where the health of the community was involved he thought it was doubly necessary that the Government should deal with the matter. The two medical gentlemen who had spoken were very guarded in dealing with the question of whether there was a curative stage of this disease. Whilst patients were in the shelter for consumptives they were instructed as to how they should live, but as soon as the patients were advanced to a stage when they thought they should be at large again the Board had no power to restrain them, and in a very short time they drifted back into their original state, and seemed to forget all the instructions that had been given them by the medical officers, and their last stage was worse than their original stage. He thought that a strong recommendation ought to be made to the Government to take this vital question into consideration. He questioned whether the farming-out of these people would be productive of the good that had been suggested. Mr. Kirk had suggested that they should treat this disease on the same lines as scarlet-fever and other similar diseases. They were not parallel cases. He questioned very much whether the scheme outlined by Mr. Kirk of having district nurses would meet the difficulty. He hoped the Conference would emphasize the necessity of the Government taking this very important matter in hand.

Mr. EWING (Otago) seconded Mr. London's amendment for the establishment of sanatoria at each of the centres. The work that had been done at the sanatorium at Palmerston South had proved so successful that he thought a similar system should be adopted at the other chief centres. There were now four sanatoria in the Dominion—one each at Cambridge, Otaki, Cashmere Hills, and Palmerston South—and if those four sanatoria were carried on the same as that at Palmerston

South was managed he was sure that consumption would be considerably arrested and the condition of things improved. The Otago Board had made an arrangement with the Wallace, Vincent, Maniototo, and Southland Boards with respect to patients from those districts. Consumptives in the early stages were received from each of those districts, and were treated at the Palmerston South Sanatorium for a very nominal fee—a weekly fee, just sufficient to keep them at the sanatorium. Out of the thirty-one cases treated at the sanatorium last year they had had an excellent report from the Medical Superintendent and the honorary staff to the effect that six of those cases had left the sanatorium apparently cured, and another six had left either with the disease considerably arrested or cured. At the present time there were twenty-eight patients there, and they came from different parts of the South Island. The Board was now entering into an arrangement whereby patients who had left the sanatorium either improved or with the disease arrested might, if they so desired, continue the vaccine treatment which had been instituted at the sanatorium.

Mr. ARMSTRONG (Wairau) thought the subject was of such importance it would be a great pity if the Conference did not come to a unanimous resolution in respect to it. He thought they were all agreed that the treatment of consumption warranted a departure from what had taken place in the past, and he thought it would be best if the matter was left in the hands of the Government. If there were only two or three Hospital Boards they might deal with it, but there were too many hospital districts and hospitals for them to successfully deal with the disease. He would suggest that the motion and amendment be withdrawn, and the Conference adopt a simple resolution that the Government be asked to take up the work. Consumption was so much with us, and would be so constantly with us, that it was altogether different from other infectious diseases which hospitals were able to treat. It would take years to stamp it out, if ever that was done, and he thought the only possible chance of success was for the Government to take the treatment of the disease in hand.

Mr. MASLIN (South Canterbury) thought the suggestion which had been made was the thin end of the wedge on the part of the North Canterbury members to try and relieve themselves of the white elephant they had at Cashmere Hills. There was an attempt made some time ago to foist that institution on the whole of Canterbury. That attempt signally failed. This appeared to him to be a side-wind to make a levy over the whole of Canterbury for the purpose of supporting a local institution under the control of a Board which had signally mismanaged the fund at their disposal for the treatment of consumption. He for one representing South Canterbury would be very chary about trusting that Board in this matter; he would much rather throw in his lot with the Dunedin people, who showed that they could husband their funds and get the best results from the smallest expenditure. He hoped that resistance would be shown to any attempt at compulsory centralization as suggested by the amendment, and he for one would vote against it, and he hoped every country representative would do the same.

Mr. FRIEDLANDER (Ashburton) said, in justice to the Christchurch Hospital Board, it was a new Board, and had nothing to do with the erection of the Cashmere Sanatorium. As Mr. Fraser was not able to move the amendment, he begged to move, "That it is the opinion of this Conference that the Government should take in hand the treatment of consumption throughout the Dominion, with the view of its prevention, cure, and ultimate eradication."

The Conference then adjourned.

SECOND DAY (WEDNESDAY, 28TH JUNE, 1911).

ADMINISTRATIVE CONTROL OF TUBERCULOSIS—*continued.*

Mr. MOORE (North Canterbury) said the subject now before the Conference was about the most important the delegates would be called upon to discuss, and it should be approached from a broad, humanitarian, and national standpoint. He regretted that a South Canterbury representative had imported a narrow parochial element into the discussion. The representatives from North Canterbury approached the subject with a perfectly open mind, and from a broad Dominion point of view, and they hoped that some suggestions would be made to the Government which would be of benefit to the Dominion and to those who were suffering from this dreadful malady. With regard to treatment, he thought very little could be added to what Dr. Blackmore had said on the previous day. Professional men were of the opinion that this disease could in great measure be prevented, and it should be made more widely known to the people that such was the case, as they could be instructed in a simple system of hygiene, by which the disease could be arrested in its incipient stage. Dr. Blackmore's suggestions in that direction were, he thought, most excellent ones. If institutions such as dispensaries could be established locally, to which people in poor circumstances and others who had no knowledge of treatment for consumption could have easy access, it would be an excellent thing. But apart from that, there should be some central institution which should take the matter up, and he believed if the suggestion of the Chairman of the North Canterbury Board—namely, that there should be a sanatorium for the North Island, and another for the South, controlled by the Government—if that suggestion were carried unanimously, it might have some influence on the Government. It was too large a question to be taken up by the individual Boards. It had been suggested that there should be four sanatoria established in the Dominion, but in his opinion that would entail greater expense and greater difficulties in the way of administration, because they could hardly expect the four centres to bear the whole of the expense to cover the requirements of the whole Dominion, and, as outside districts would want to send patients to these institutions, there would be continual friction between local bodies as to who should come in and who should contribute. He believed these sanatoria should be made a Dominion charge. If the local bodies established dispensaries

such as had been suggested, he thought that was as much as they should be called upon to do. In the interests of the unfortunate people who were suffering from this disease, as well as in the interests of the taxpayers, he hoped the suggestion that there should be two well-equipped sanatoria established at the cost of the Dominion would be adopted unanimously.

The Inspector-General ventured to submit that if the Conference did nothing else the interesting discussion that had taken place upon this important subject more than justified the holding of a Conference. This question was of the greatest importance not only to the New-Zealander of to-day but to the New-Zealander of the future. The delegates present appeared to be unanimous in the conviction that there should be united action, and that being the case, there was every reason to believe that in the course of a few decades the disease would be stamped out of the Dominion. The speeches which had been delivered upon this subject had, without exception, been excellent, and had been characterized by sound common-sense. They were especially indebted to Dr. Blackmore for his masterly exposition of the disease, its origin, the means by which it was spread, and the measures that should be taken to stamp it out. Their thanks were also due to Dr. Hardwick Smith, who so ably followed Dr. Blackmore; and to Mr. Horrell, who opened this important debate. He regretted to hear the latter gentleman advocate that the Government should undertake the whole responsibility with regard to the erection and maintenance of these institutions. Well, so far as his power went, he (Dr. Valintine) would fight such a proposition tooth and nail, as it was absolutely against the hospital system they were trying to build up in New Zealand. The basis of that system was that each Hospital Board should be responsible for the sick of its own district. The Government could do a great deal on the administrative side, and could assist the Boards in many ways. The Government could perhaps establish labour colonies, so that people who were not in a position to go back to their ordinary avocations could be taught some trade by which they could earn their living in the open air. He thought the Government might very well take over that responsibility, although he was not authorized to say they would do so. The Government might also relieve the Boards of many of those vexatious details which it would be difficult for the Boards to put into operation. For instance, it would be extremely unpleasant for the Boards to have to insist on the detention of consumptives who, in the opinion of the Health Officer, should be detained in the interests of public health. There had been various suggestions as to the number of sanatoria required, which allowed for the accommodation of 160 patients. The Auckland Board was about to erect a sanatorium to accommodate no less than fifty patients. Thus there would be beds for 210 patients, and that, he maintained, was all that would be required for some time to come. In his opinion, there was sufficient accommodation for curable cases, but there was undoubtedly a deficiency of beds for incurable cases, and he hoped the Boards throughout the Dominion would make provision for incurable cases as soon as possible. The lot of the incurable patient was particularly distressing at the present time. The Boards should not be satisfied with putting up rough shelters for consumptives, as when detention was insisted upon the accommodation should be made as comfortable as they knew how to make it. Then, each Hospital Board should have a small annex, where consumptive cases could be admitted until it could be decided whether they should be sent to the sanatorium or to the incurable ward. He quite agreed with Drs. Blackmore and Hardwick Smith as to the measures to be taken to combat the disease. They were practically the measures he had suggested in his Public Health report of last year. He quite agreed that notification should be made more rigorous than in the past, and he agreed with Mr. Mackay that removals from one district to another should be notified, so that each case could be followed up. The Department was grateful to Mr. Mackay for that suggestion. As Mr. Kirk had suggested, the consumptive was a very difficult patient to deal with. Owing to the nature of the disease, the patient was extremely querulous and hard to please. That, however, would not deter the Department from doing all it could to make the lot of the consumptive patient as happy as possible. In connection with the management of sanatoria, he hoped the Boards would not be unduly sentimental in dealing with these people. A great many, when required to do some work—not for the benefit of the institution, but for their own benefit—considered they were being imposed upon, in order that expenses might be reduced. At the Frimley Sanatorium, under Dr. Paterson, where the patients were required to do a certain amount of graduated work, the results were ever so much better than at institutions where the patients were simply allowed to sit down and swap their own ideas as to symptoms, and so forth. It was most important that they should insist on certain of the patients doing some work. While they would have to exercise firmness, they would also have to be just to this unfortunate class of patients.

Mr. MacMahon (Nelson) said the discussion had been most interesting from the professional point of view. It seemed to him, however, that it would be a very great hardship in some cases if all consumptives were forced to go into these sanatoria. There would be patients who were living under the most hygienic conditions, and whose relatives were in a position to provide the necessary isolation, and so on.

Dr. Valintine said it would only be compulsory in cases where, in the opinion of the medical officer, the patients were not observing the ordinary rules for the protection of the public.

Mr. Walker (Otago) said it seemed to him that the whole question rested on the amount of money available, and in spite of what Dr. Valintine had said, he thought the Government of the day should provide a certain proportion of the money annually for the upkeep of these sanatoria. Although he had no doubt the work was being carried on fairly well throughout the Dominion, they had really up to the present been only tinkering with the suppression of the disease. The opinion had been expressed by those best able to judge that the disease could be stamped out of the country, and that it was only a question of money. If that was so, it certainly should be made a national undertaking, and it should be the duty of the Government to find the money to stamp the disease out. The Dominion would be recouped by the number of lives that would be

saved every year. He was satisfied that if further expenditure was placed upon the Boards they would be up against a very hard rock indeed. With regard to the question of notification, he thought not only did the public require educating as to the nature of the disease, but the medical men required a little education also as to their duties in connection with it. As to the milk-supply, he thought they had every reason to be dissatisfied with the examination that went on at the present time. He questioned very much whether in Dunedin there was a man brought before the Court for twelve months in connection with the quality of the milk supplied by him. If it were true, as Dr. Blackmore had pointed out, that 25 per cent. of the disease was due to impure milk, then it was the duty of the Government to take very active measures indeed to see that the people of the Dominion had an absolutely pure milk-supply. To his mind the problem this disease presented was not being grappled with properly at all, as only a fraction of the consumptives in the country entered our institutions. A solution of the problem would never be reached until it was dealt with as a whole, and the Government was the only body that could do it. Surely the Legislature of the day, with a knowledge of the amount of misery that was going on in the Dominion, would vote the necessary funds. If it cost a million of money to deal with the question comprehensively, it would be money well spent, and there was no doubt that the Government would have public opinion behind it in allocating the money for such a purpose. The Inspector-General had stated that with the 210 beds which would shortly be available they would be able to cope with the disease, and perhaps ultimately stamp it out. Well, he (Mr. Walker) had his doubts about that, although it must be admitted that Dr. Valintine had a much greater knowledge of the subject than most of the delegates. His view was that the Government should be asked to take this matter into their earnest consideration, with a view of ultimately stamping the disease out, leaving the details to the responsible officers. He knew that some doubts had been expressed as to the wisdom of holding this Conference, but for his part he agreed with Dr. Valintine that it was a very good thing that delegates should meet together and interchange ideas on these various subjects; and if a solution of the problem they were now engaged upon could be arrived at it would be of untold value not only to the present generation, but to the future of this Dominion.

Dr. Falconer (Otago) would not take up time by going into matters which had already been fully discussed. He wished to refer to two very important factors in connection with the prevention of this disease. First, it was the patients in the advanced stages of the disease who, generally through ignorance, were responsible for the spread of the disease. The fault did not lie at the door of these unfortunate people, however. The fact was that there was no provision for the reception of advanced and incurable cases. If those cases could be taken in hand a large proportion of the people now being infected would escape infection. He firmly believed it was contact with such cases that was responsible for the spread of the disease more than anything else. The next most important item was undoubtedly the milk-supply. It was, he knew, a difficult question to deal with, as the financial considerations were so enormous. In the South the Farmers' Union had recently passed a resolution to the effect that the pasteurization of milk and whey should be made compulsory. In London recently the County Council had conducted a very careful examination of the milk-supply, and out of four thousand tests of milk taken from an area covering about two hundred square miles four hundred samples were found to contain living bacilli. The figures for New Zealand had not been adequately determined, but if the milk were pasteurized—that was, brought to a temperature of about 140°—the taking of that simple precaution, he believed, would mean the elimination of from 20 to 25 per cent. of cases of infection, and the cost would be nothing. He hoped the resolution passed by the Farmers' Union in the South with regard to compulsory pasteurization would be backed up by this Conference. He noticed an interesting article in one of the papers the previous day, which showed that the Stock Department of this country was alive to the position. Mr. Reakes had been making experiments, which went to show that the pasteurization of whey given to pigs saved them from infection. Mr. Reakes made the remark that if pigs could be saved from infection with tubercle, why not calves. He (Dr. Falconer) would ask, Why not children?

Mr. McLaren, M.P. (Wellington), said, as a layman, he hesitated to express his views upon this important subject, which even the medical experts found was so difficult a subject to handle. Personally, he had very grave doubts as to whether the stamping-out of this white plague was to be found along the line of curative action. To his mind, there were three aspects of the question. The first was prevention by the creation of such healthy conditions that the bacteria could not live therein. The living-conditions of the people were now in many cases such as to create and perpetuate those evils that made the existence and spread of this disease a very grave menace to the whole State. He referred more particularly to the housing of the people in the large centres. This was a problem which they were surely entitled to call upon the General Government to face. The trouble was that instead of considering the housing of the people from the standpoint of what was the largest area, the most commodious, the airiest, and best-lighted structure for human habitation, there was a disposition to view the matter from the standpoint of what was the smallest area of ground on which a building could be erected for human habitation. The importance of a pure milk-supply he believed the Government were now fully alive to, and the municipalities of this country were taking it into their consideration. Personally, he believed the time was very fast coming when the community would no more think of allowing the control and distribution of their milk-supply to be carried on under competitive conditions than they now allowed their water-supply to be so carried on. In the City of Wellington they had taken steps for the better control and supervision of the milk-supply. The suggestion made by Dr. Valintine to establish labour colonies for those who were suffering from this fell disease had his hearty approval, because from his association with large bodies of workers he had seen some very sad cases of men working about the wharves and in factories while suffering from this

disease. Some of those men, after being in a sanatorium for a time, were allowed to go back to their employment. He had seen them handling cement in the hold of a ship, or working amongst coaldust, which, of course, in time only threw them back to their former state. In fact, he had come across two such cases recently. One man returned to his employment on the wharf, and in the case of the other, with his (Mr. McLaren's) assistance he was able to get open-air employment. The man who returned to his employment on the wharf had to be sent back to the sanatorium in a worse condition than before, while the other man, who was working now under healthier conditions, was apparently free from his trouble. The establishment of labour colonies would enable the Government to deal with much of this trouble in its incipient stages. He quite agreed that all cases should be made known to the authorities, so that there was certainly need for extension of the principle of notification. The evidence presented to the Conference by Dr. Valintine and other medical men showed that this was wanted very much indeed. With respect to the establishment of sanatoria, there appeared to be a disposition to regard the Central Government as the only government. As a matter of fact, every local body had its share in the work of government, and Hospitals Boards had their special work to carry on. If Mr. Horrell's motion, that there should be one sanatorium established by the Central Government in each Island was carried, he very much feared that, instead of getting away from parochialism, they would have one district fighting with another to have the sanatorium established in close proximity to its own centre. He looked upon this problem as a national one, and in dealing with it they must get away from the parochial point of view. For that reason he thought it desirable to have one sanatorium for each of the centres instead of one for each Island.

Dr. FRENGLEY (District Health Officer, Wellington) asked to be allowed to place before the Conference some of the difficulties he had been met with as a Health Officer during the past nine years in this Dominion, more especially with regard to notification. One of the reasons why the Department had not been able to strictly enforce the provisions with regard to notification of tuberculosis—and the same applied to scarlet fever—had been because of the want of the first step in dealing with cases. Of what use would it be to rigorously insist on the notification and removal of patients if there was no place in which to put them. In the Palmerston North District there was a valuable little annex for consumptive patients, and the first difficulty the Health Officer was met with was that the hospitals elsewhere were not provided with beds to which the consumptive patients could be removed. It was necessary to provide accommodation for three sets of cases. The first was the incurable case—the person who was going to die. Then there was the case which the Medical Superintendent was in doubt about as to whether it should be sent to the sanatorium or not. There should be a place in which such a patient could be kept until the Superintendent was able to arrive at a definite conclusion. Then there should be accommodation of early cases awaiting admission to the sanatorium. The accommodation for such persons should, if possible, be near to the general hospital of the district. He, as a Health Officer, had found that it was very much easier to get consumptives at any stage to go to a general hospital than to go to a sanatorium. He hears that he has a hope that he is going to get better, and he does not like to be put into a sanatorium, and have a tag put on him that he has been under sanatorium treatment. He would be ready without hesitation to go into an annex attached to a general hospital. Of what use would any number of sanatoria be if there was no half-way house into which patients from, say, boardinghouses could be put? And more particularly would the extension of the sanatoria system be of little value from another point of view, and that was the patient's point of view. An incurable consumptive—a person about to die—should not be taken right away from his friends. He should be treated close to the place where his friends were. Where a suitable ward was on the ground of a general hospital he had no hesitation in saying that there was no danger to the other patients. There seemed to be a notion that there was great danger. They ought in this case to remember the Chinese adage with regard to plague: "In times of plague the safest place is in the plague hospital." The same thing might be said about modern shelters for consumptives. There was no danger to the other patients by reason of their proximity. It was much easier to get a man moved into a suitable ward attached to a general hospital, because his friends could visit him there; and a man would be ready to go to such a place if he was not altogether ostracized from society. On the other hand, to send a man to a sanatorium miles away from his relatives would be regarded as a very great hardship. The Department was quite satisfied that sanatoria could be more effectually and economically managed by Hospital Boards than by the Department. It had been said that there was little hope of stamping out this disease, but he might point out the fact that the death-rate per 100,000 deaths had been reduced in the case of consumption for the period ending 1894 from 82·2 to 62 for the period between 1905 to 1909. They had already got a very substantial drop in the death-rate from this disease. He thought they might under improved conditions anticipate even a further reduction in these figures. As to the milk question, Wellington had already made a start in that direction. He might point out that the question of the pasteurization of milk as advocated by the Department of Agriculture was with the view, as Dr. Falconer had said, of preventing calves and pigs contracting tuberculosis; and why not babies? That was so. Why should not the milk for babies be all pasteurized? He had already written a pamphlet on this subject for the Wellington City Council. He thought they were beginning at the wrong end. They should not allow the affected tubercular cow to be delivering tubercular milk to the pasteurization plant. If they swept away the affected cow, the baby would have a chance of getting clean, healthy milk. Clean, healthy milk was much more healthy to child life than pasteurized milk. It had been shown that some of the life of the milk was killed by pasteurization, and that babies did not thrive so well on it as they did on pure milk unaffected by heat. He would conclude by asking that the delegates be not satisfied by crying the magic word "sanatoria" as a means of dealing with this disease. He had pointed out that their trouble was mainly with the man who had been doing his

best to make himself believe that he had not got phthisis. They had to take such cases from unsuitable surroundings; and they must have attached to every hospital a room for consumptives. A consumptive should be in the position of having the right to gain admission to any general hospital, just as much and a good deal more so than a man suffering from a hob-nailed liver from drink, who was at once admitted. He admitted that it was much easier to deal with such a patient than with a phthisical patient, but that should not deter them from attaching to each hospital a room for consumptives.

Mr. BELLRINGER (Taranaki) said that in some districts there were large Native villages. He would like to ask whether the Government could not deal with this disease amongst the Natives better than the hospital authorities could.

Dr. FRENGLEY said the Department was fully seized of that fact, and at the present moment steps were being taken to bring the health conditions of the Native race into line with those required of Europeans. They anticipated being able to deal much more satisfactorily with that aspect of the matter in the future.

Mr. BELLRINGER (Taranaki) asked whether the inspection of immigrants with regard to this disease was being carried out satisfactorily.

Dr. FRENGLEY said that at present as much was being done at this end as could very well be done by the Port Health Officers. A ship could not be delayed until each person was submitted to such an examination as would be made by a Hospital Superintendent in examining a patient. The Department hoped that something more would be done in the way of examination before the passengers got on the ship at the other end. He had had to deal with some pitiable cases. For instance, three persons arrived by one ship, and one died within a fortnight, another within three days, and the third went back to England. It was stated in those cases that the persons had never been told in England about the non-admission of such cases to New Zealand. The Health Officers here had a painful duty in turning such cases back, because such patients often came here with the object of trying to improve their health. The Department was trying to have a proper medical inspection made before the people got on shipboard.

Mr. BELLRINGER (Taranaki) said he was very pleased to hear that the Department was moving in the matter.

The CHAIRMAN said he would like to emphasize the point that Dr. Frengley had raised. He thought it was the duty of every Board in New Zealand to have a comfortable and satisfactory annex for such cases in connection with their hospital. There was a great difference of opinion as to how the sanatoria should be conducted. Dr. Falconer had referred to the question of the pasteurization of milk. Mr. Reakes, the Government Veterinarian, had taken up this subject with the view of preventing the spread of tubercular disease amongst pigs and cows, and in his reports he referred to the treatment of skimmed milk. Children drank fresh milk, and that raised the question of the supply of pure good milk to our houses. Every one who had had to do with dairying knew how difficult it was to make dairymen realize the importance of having healthy cows; in fact, dairymen often did not know which were healthy cows and which were not. He might be ignorant of the fact sometimes that a particular cow had a tubercular udder. He would like to say that the Department was doing good work in this respect. Mr. Cuddy was an excellent officer, and his Inspectors, as a rule, carried out their work with tack and judiciousness; and in a very short while he thought they would be able to carry out the work of inspection of cows in a very efficient and satisfactory manner.

The INSPECTOR-GENERAL said he would like to make an explanation with regard to what he had said about opposing the suggestion that the Government should undertake the control of the whole question with regard to consumptives. Personally, he might not be diplomatic, but he always preferred to say exactly what he meant, instead of fighting a question by saying that he would keep it steadily in view. He would, as far as lay in his power, although that might not be much, oppose the suggestion that the Government should take over the whole control of this matter, because the Department could not do the work so well as the Hospital Boards. If he had £100,000 available to administer in connection with this question, he would give the whole amount to the Hospital Boards for them to administer, because they could deal so much better with the sentimentality which arose in connection with this question. If the Department tried to do their duty for this unfortunate class of patients in a Government institution, there was so much difficulty in administering the institutions, especially in the direction of getting patients to do graduated work, that it really minimized any advantages that the patients were likely to obtain by having accommodation in a Government institution. He found it was very much easier for institutions under the control of Boards, where they had tactful Medical Superintendents such as the hospitals in the Dominion were fortunate in having at the present time, to get patients to do such work. In such cases, if the patients had any complaints to make, they went to the local Boards, and the Boards were familiar with the local conditions. But in the case of a Government institution the difficulties in the way of efficient administration were almost insuperable. That was really his position. If he had the whole of the money available he would hand it over to the Hospital Boards, because he knew they could do the work better. In reply to a question that had been asked, he might state that the annex would be for the reception of cases, and the dispensary would be for the treatment of cases, in the early stages of the disease; it would be practically a dispensary attached to the out-patient department, with a district nurse in attendance to follow the cases up and see whether the patients were conforming to the treatment in their own homes laid down by the Medical Superintendent.

Dr. FALCONER (Otago) agreed with Dr. Frengley that the pasteurization of milk was a very second-rate consideration compared with the examination and testing of the milking herds of cows.

Mr. MCEWEN (Wellington) said the Inspector-General had stated what the Boards should do. There were some things the State should do. The State should pass a law dealing with the question of density of population. Density of population led to cases of consumption occurring.

The INSPECTOR-GENERAL.—Quite so.

Mr. MCEWEN said there was also the question of overcrowding—what was called "double-banking." In Wellington there were cases where rooms were farmed out, and where two or three persons lived in one room. Then, notification at present was somewhat of a farce. The only authority that could deal with that was the Government. Would the Government undertake that it would be no longer a farce but a reality, and that medical men would be penalized who omitted to notify cases?

The INSPECTOR-GENERAL said, with regard to notification, he thought he could guarantee that, with the assistance of the Hospital Boards, they could absolutely enforce rigorous notification. As to the question of density of population, Mr. McEwen had raised a very important point. The density of population of Wellington City was thirty-two persons to the acre. In some parts of the city, about Tory Street, it was eighty to the acre. He had returns showing that the cases of consumption were more numerous in densely populated districts than in more sparsely populated places. Only the other day he found, to his surprise, in one street no fewer than two hundred and fifty people to the acre. That certainly should be rectified immediately by legislation.

The Conference divided on the amendment: Ayes, 34; Noes, 24. Amendment carried.

On the question, That the amendment, as the substantive motion, be agreed to,—

Mr. YOUNG (Waikato) moved, as an amendment, "That this Conference looks upon the spread of tuberculosis as a source of danger to the whole State, and believes that it is the duty of the General Government rather than the local Hospital Boards to take in hand the treatment and eradication of tubercular diseases; or, in the event of the Government declining to undertake the work, then the necessary sum for the purpose should be placed upon the estimates, so that the Hospital Boards may be able to carry on sanatoria without cost to the local ratepayers." Experts had pointed out to the Conference how they must tackle what was known as the "white plague" if they hoped to achieve any measure of success. As far as the Hospital Boards were concerned, they were treating those patients who presented themselves for treatment, but that did not get at the source of the trouble. It had been pointed out that the disease must be attacked in its very earliest stages. If the Boards took over that duty it meant a big contract for them, and it meant the employment of officers to find out where the consumptive cases existed.

The INSPECTOR-GENERAL said they had all the machinery now—Sanitary Inspectors and nurses; and the Boards had their Medical Superintendents and their incurable wards and annexes. In the case of the Department, they would have to put in operation special machinery. He thought, if members of the Conference went into the question a little more, they would agree with him that this vital question should be in the hands of the Hospital Boards, and not of the Department. They had agreed upon the machinery and scheme: were they now going to interrupt it?

Mr. YOUNG (Waikato) said he recognized that it was a national duty that this disease should be attacked, and, that being so, he felt that it was the duty of the General Government to take the responsibility upon its shoulders.

The CHAIRMAN said, as the amendment traversed the previous resolution, he could not allow it to be moved.

Mr. SHRIMPTON (Hawke's Bay) understood that all local authorities had to notify cases of tuberculosis. He would like to know who enforced the law. Under the Health Act there were certain provisions which applied to cases reported, but who enforced the law? Was it the Health Department?

The INSPECTOR-GENERAL.—The Health Department should, and does as far as I know.

Mr. SHRIMPTON (Hawke's Bay).—It does not devolve upon the local authority to carry out the prosecution?

The INSPECTOR-GENERAL.—No; it should be at the instance of the District Health Officer.

Mr. HORRELL (North Canterbury) desired to ask the mover of the amendment a question. In his proposal to erect sanatoria in the four large centres, and in asking outlying districts to contribute, did he include in that contribution the capital cost, or did he expect the four large centres to bear the capital cost in erecting administrative buildings, shelters, &c., and so take the outlying districts in at maintenance cost only? He did not think it fair the four large centres should be saddled with the capital cost.

Mr. LONDON (Wellington) thought the expenditure and treatment of patients should include provision for a sinking fund and interest upon the cost of construction of such buildings as might be necessary. He believed that that was the intention—to make the charge cover those headings.

Mr. London's motion was then put, and negatived by forty-one votes to eleven.

Mr. MASLIN (South Canterbury) moved, "That this Conference fully recognizes the scourge consumption is to humanity, and the laudable efforts of the Health Department to cope with the disease, and begs to assure the Health Department of its readiness to heartily co-operate with any scheme of preventive and curative character that the Department may devise." There was nothing in his resolution of a debatable character. It covered a very wide ground of prevention and cure; and, seeing that it was a matter for experts to decide the details of treatment, he thought it would be wise for the Conference, after having heard all that had been said, to leave it to the Department to devise the details. It would be a pity if the Conference separated without coming to some conclusion on the matter.

Mr. ARMSTRONG (Wairau) seconded the motion.

The motion was put and carried.

POWER OF DETENTION.

Dr. FALCONER (Otago) moved, "That the Government be requested to introduce further amending legislation to give the various Hospital and Charitable Aid Boards power of detention over inmates of benevolent homes, hospitals, sanatoria, or other institutions under the Boards'

control in cases where the Health Department consider it necessary in the interests of the community." The regulations in connection with this matter must be carefully framed, and he had no doubt they would be. He simply asked the Conference to affirm the general principle, and the details could come afterwards.

Mr. KIRK (Wellington) seconded the motion. He was prepared to accept it in substitution of a resolution of which he had given notice. Every one must have felt the necessity for further legislation to strengthen the hands of Hospital Boards.

Motion agreed to.

On the following remit from Ashburton being called on: "Power to detain persons suffering from tuberculosis, especially charitable-aid cases, sent for treatment and returned as incurable from Palmerston or any other hospital or sanatorium,"—

Mr. FRIEDLANDER (Ashburton) asked leave to withdraw it. The remit from Otago covered the same ground, and the subject had been dealt with.

Motion, by leave, withdrawn.

HEALTH OF THE NATIVE RACE.

Mr. POWELL (Waiapu), in opening a discussion upon this subject, said the step to appoint special nurses to work among the Maoris in those districts where the proportion of the Native to the European population rendered such a course advisable was a very wise one. He could speak with some experience of the good a tactful nurse could effect among the Natives; but, at the same time, he would like to see some of the young Native women receive training for work among their own race, and he believed that if a few of the girls of a suitable age from the Hukarere Girls' School, or other similar institution, were taken in hand and trained at a hospital, it would be hard to estimate the good they could do not only by their example, but also by the skilled training and experience they would have. Being Natives themselves, it would go a long way in allaying those prejudices in conforming to the European laws of health which appear to crop up from time to time. In his district there were some 2,600 Maoris, and from time to time they had been subject to severe epidemics of typhoid. He was afraid that infection had spread from this source to Europeans. This, in a large and scattered district like Waiapu, was a very serious question, especially as the roads were in many cases mere tracks, and it was impossible to see that the doctor's treatment was carried out, as some of the settlements were from twenty to thirty miles away from his headquarters at Waipiro Bay. After some difficulty they obtained from the Native Department the services of a nurse, and erected an isolation camp some fifteen miles away from our hospital, and again, at a later date, one closer, which could be worked by the ordinary hospital nurses; both camps contained twelve beds. After the arrival of the special nurse it was evident, by her help and influence, that they could do more to prevent the spread of disease and improve the general health of the Natives than in any other way. He would like here to highly commend the work that this nurse, Miss McElligot, had done by her noble and unselfish devotion to her duty, in the face of almost insuperable difficulties. He was confident that if the Government and the Board were genuine in their desire to improve the health of the Natives, and prevent the spread of infectious diseases, they would gladly accept the services of nurses who would not only treat cases of sickness, but would also instruct Natives as to a healthy means of living generally; and, by instructing mothers in the feeding of their children, thus lessen a large infantile mortality. They would also report on the sanitation of settlements, and bring offenders to book, and generally, as regards the prevention of disease, adopt such precautions as were adopted by the Europeans. If in the opinion of a doctor or nurse it was in the interests of a district that a Native should be sent to a hospital, then to a hospital he should go, exactly, as according to the Public Health Act, a European had to go. There was no doubt that in the event of a Native dying, such death should be registered, and by a doctor refusing a certificate as to the cause of death, an inquest should be held. This would not only stop one of the greatest curses of the Maori race—namely, *tohungaism*—but would also prevent people dying of unknown infectious diseases without due precautions being taken to disinfect their dwellings afterwards. They should not be so sentimental as regards the Native race. They must naturally respect their customs and prejudices, but when they were convinced that they are not conforming to the laws of health, to the danger of the rest of the community, no sentiment should prevent the responsible officers from taking the necessary steps to the mutual advantage of the Maori and pakeha alike. He would move, "(1.) That legislation be passed as soon as possible transferring the control of contagious diseases directly from the Department of Native Affairs to the Public Health Officers. (2.) That in order to conserve the Maori race the question of maternity and infant mortality should be dealt with directly by the responsible officers of the Hospital and Charitable Aid Boards; and, as a further guarantee of this, the Native race should be brought into conformity with Europeans under the Registration Act, and this should be applicable not only to deaths but also to births and marriages. (3.) That nurses should work among the Maoris in order to instruct them in accordance with the European method of living, both in sanitation and in health."

The INSPECTOR-GENERAL said, with regard to the first motion moved by Mr. Powell, the transfer of the control of contagious diseases from the Native Department to the Health Department had already been made.

Mr. POWELL said, that being so, he would ask leave to withdraw motion No. 1.

Motion, by leave, withdrawn.

Motion No. 2.

Mr. GRAY (Gisborne), in seconding the motion, said there were a great many Maoris in his district, and typhoid had been very prevalent amongst them for some time past. The difficulty was to get the Maori to pay any regard to sanitation, and there appeared to be no power to

compel him to exercise proper sanitary precautions. It was most important for the health of the European community, as well of the Natives themselves, that something should be done in the matter, and, as this motion moved by Mr. Powell would in a great measure meet the position, he hoped the Conference would pass it.

Mr. HORRELL (North Canterbury) agreed that everything possible should be done to conserve the health of the Maori people, but he did not see in this resolution where the Hospital and Charitable Aid Board came in. The conditions, he knew, were somewhat different in the North Island from those in the South. He had been amongst the Maoris in the South Island all his life, and he knew that when taking over certain land in the South the Government promised the Maoris that they would have hospital accommodation and medical treatment. Whether that promise had been carried out or not he did not know. The trouble was that the Natives paid no rates towards the upkeep of the hospitals, or if they did, it was only a very small proportion as compared with the rates collected from the Europeans. For this reason, he did not see where the Boards came in in this case.

The INSPECTOR-GENERAL said the conditions obtaining with regard to the Natives in the North were very different from those in the South, so far as Hospital Boards were concerned. The Natives were under exactly the same conditions as the pakeha to this extent: that if a Native offended against the laws of sanitation, it was competent for the Board, as the controlling authority, to prosecute him just as it would prosecute the pakeha. The sending of nurses amongst the Maoris seemed to him to be the only way in which sanitation and the general health of the Native could be improved. They had tried in the past the subsidizing of medical officers, but the results had not been such as to warrant the continuance of those subsidies. Except in very few instances, the services rendered for those subsidies given by the Department for medical attendance on Natives had been very perfunctorily performed. Consequently, the Department proposed to appoint nurses to look after the sanitation of the Maoris. Those nurses, though paid wholly by the Department, would be under the control of the Boards. There were certain districts where those nurses would be wanted almost immediately, but the difficulty would be to find suitable women for the position. For such work they wanted women of peculiar attributes and great devotion and self-sacrifice. Such women were to be found, he knew. It was only the other day they had sent Nurse Bagley up to a place called Ahipara to work amongst the Maoris, as there was a good deal of typhoid there, and he thought Mr. Stewart, the Chairman of the Bay of Islands Board, would testify to the excellent work Nurse Bagley had done and was doing in that district. The Department would as soon as possible supply nurses to those districts in which there was a fairly large Native population. The duties of the nurse are as follows: (1.) To report on the sanitary condition of the kaingas and the prevalence of sickness therein. (2.) To make such recommendation as they think fit for the improvement thereof, with a view to preventing the spread of disease. In these matters the nurse must look for the co-operation of the hospital surgeon of the district, the Sanitary Inspector, and the District Health Officer. (3.) She shall pay special attention to the feeding of Native children, and shall advise the mothers of the need for judicious feeding of their children. In these matters her personal influence on the Native mothers must be much relied upon. (4.) She shall advise expecting Native mothers, and shall, where possible, attend them in their confinement. (5.) In the event of sickness in a Native family she shall advise the Secretary of the Hospital Board, with a view to obtaining the services of a medical man. In the event of an outbreak of infectious disease she shall immediately advise the Hospital Board and the District Health Officer. (6.) So far as possible she shall keep a record of the births and deaths of Natives in her district. (7.) She shall personally instruct Natives in hygiene, the management of sick children, and the preparation of suitable food. (8.) She shall pay visits of inspection to the Native schools, in which case copies of her reports will also be transmitted to the Education Department.

He was glad the mover had referred to the fact that there was no system of registration of births, deaths, or marriages amongst the Maoris, and he (Dr. Valintine) thought it was high time that defect in our law should be remedied. He believed the Maori Councils had power to make arrangements for registration, but so far nothing had been done in that direction. He wanted the Conference to particularly note that these appointments would be open to Maori and European alike. There had been some very fine Maori nurses. Nurse Akene Hei had actually died at her post after attending typhoid cases among her own people. She had passed her examinations as a nurse so well that when a staff nurse at the Napier Hospital she was given charge of the operating-theatre, and he did not suppose there could be any higher recommendation to a nurse than for a medical man to intrust her with those duties. She also passed well through the St. Helens Hospital as a midwife. In the event of its being necessary to appoint two nurses, one would be European and the other Native. The trouble with the Maori nurse was that she was rather inclined to shirk responsibility. It was found the work was better done when they had a pakeha nurse to stiffen up the Native nurse. Every encouragement would be given to Native girls to receive instruction in the elements of nursing, and so forth. Nurse Bagley, in her report, stated she has been able to get the younger Maori girls to assist her in stamping out this outbreak of typhoid in the north, and he believed the nurse would be a most potent influence upon the young Maori girls in getting them to conform to sanitation and the general laws of health. He would very shortly circularize the Boards concerned, and would, as soon as possible, send district nurses up to those districts where a large proportion of the population was Native.

Mr. YOUNG (Waikato) was pleased to hear Dr. Valintine's remarks. In his district they had a large number of Natives to treat at the hospital from time to time, as he supposed about a quarter of the total Native population of New Zealand was within the Waikato Hospital and Charitable Aid District. The trouble was that, although there was a large amount of land owned by the Natives in the district, they could get nothing out of those Native owners in the way of

rates. The Board had tried the experiment of Native nurses, but it had not turned out a success. The discipline, training, and study necessary for their duties seemed to be too much for them. The consequence was that most of them had drifted away to the Native kaingas.

The CHAIRMAN.—That is not our experience—quite the contrary.

Mr. YOUNG.—I am not referring to half-castes.

The CHAIRMAN.—Nor am I. We have a full-blooded Maori who is an excellent nurse.

Mr. YOUNG thought it was the duty of the State to make adequate provision for such nurses, and his Board would have no objection to co-operating with the Public Health Department to make the scheme a success. The only objection that could be raised was against the cost being made a charge upon the Hospital and Charitable Aid Boards, and, in order to obtain an expression of opinion from the Conference upon that point, he would move to add to the motion the words: "Provided that the cost of the same be borne by the General Government."

The INSPECTOR-GENERAL thought Mr. Young could take his word for it that the Hospital Department was going to pay entirely the salaries of these nurses. The Waikato District would be well served, as they had the largest number of Natives there. They would be given, at the expense of the Department, two if not three nurses.

Mr. YOUNG was pleased to accept the Inspector-General's word for it, but, as there had been no assurance from the Government upon the point, he thought an expression of opinion from the Conference would weigh with the Legislature.

Mr. NOLAN (Hawera) did not think there should be a single dissentient to this motion. In the hospital of his own district they had a Native girl who had passed through the examinations, and she was giving every satisfaction. The proposal before the Conference was a most important one. There was a great deal of consumption amongst the Natives in his district, and in the streets of the townships they would see hundreds of Natives expectorating all over the place, and scattering disease among our own people. He hoped the motion would be carried unanimously.

Mr. MOORE (North Canterbury) had no doubt the Conference would be unanimous in supporting the motion. He thought the Government should take control of the Natives from the sanitary point of view. They knew the Native race had been a fruitful source of consumption, and from that point of view alone it would be a very good thing to have these nurses appointed throughout the Dominion. He understood from Dr. Valintine that the Government was prepared to pay the nurses, but the question arose, Suppose there happened to be a large number of patients sent to the local hospital, would the local authority have to bear the cost?

The INSPECTOR-GENERAL.—Yes; the Hospital Board.

Mr. MOORE said, as the local authority derived no rates from the Native race, it would be only fair and right that the Government should also bear the expense in connection with the Natives they sent to the local institution for treatment. He thought it unfair that any centre which had a hospital should be compelled to take in Native patients who contributed nothing towards the upkeep of the institution. It was compulsory on the part of the hospital authorities to admit the patients, and consequently he thought this should be a Dominion affair, and the Government should bear the expense.

Mr. BELLRINGER (Taranaki) was surprised to hear the remarks of the last speaker. It was evident he had not much experience of the Native race. The Natives were amongst the best payers in the Taranaki district, and the Board derived revenue from them directly and indirectly. When Natives came in for treatment they conformed to the rules, and were as amenable to discipline as the white patients, and very often they were better patients than the Europeans. He thought the Natives were entitled to some consideration from the Boards of the Dominion as regards their health and general condition. In the Hawera district, where there were some of largest kaingas, they had had practical experience of the sympathy of the Natives for the hospitals and benevolent institutions. Many of the Natives were excellent settlers in his district, and whenever appealed to for contributions did not fail to respond. He hoped the motion would be carried in its entirety.

Mr. FRIEDLANDER (Ashburton) did not think there should be any quibbling over the question of whether they were going to receive payment or not. If they were going to educate the Maoris, this was the first step in the right direction. This was to teach them to look after themselves from a sanitary point of view, and if it was going to cost the Boards a few pounds it would be as much in the interests of the Europeans as of the Natives themselves. He hoped the motion would pass as it stood.

Mr. BLUNDELL (Bay of Islands) quite agreed that the Natives did contribute towards our health and other institutions. In connection with the outbreak of typhoid at Ahipara, Nurse Bagley had sent him word that the Natives had contributed, by means of a collection amongst themselves, a considerable sum of money towards the suppression of the epidemic, and she had every reason to believe they would collect a further amount. The Natives had also on several occasions shown their interest in the Rawene Hospital in a practical way. They had, in fact, put in one cot at their own expense. His experience was that any Native who was able to pay was willing to contribute his fair share towards hospital expenses. As regards typhoid, he understood that infection nearly always came from the drinking-water, and he thought it would be a good thing to get an analysis of the water wherever possible. Perhaps the Natives could be educated in that connection also. They could be taught as to what water was fit for drinking and what was not. He felt sure the Natives were not indifferent so far as bearing their fair share of the cost was concerned.

Mr. ETON (Wairarapa) said there were numbers of Maori patients from time to time in the hospital controlled by his Board, and the Board had always found them good payers. They had always taken an interest in social and health matters, and he considered they should be given free admittance into our institutions. Where the Maori could pay he did pay, and he desired to pay.

Mr. MACKAY (Auckland) said it was no use going to the expense of educating the pakeha unless the Native was also educated. Typhoid and consumption were the two diseases most prevalent amongst the Maoris. The typhoid arose from the insanitary conditions in which they lived, and consumption from their mode of life. Half-castes were probably more susceptible to tuberculosis than the full Maoris, and where there were intermarriages amongst half-castes tuberculosis made great devastation. He was glad the Department was going to institute this nursing system throughout the Maori districts. In Auckland at the present time there were two nurses under training and they had proved very apt pupils indeed, and were making great progress. There was no doubt that a Maori woman trained as a nurse, and holding the State certificate, would have great influence amongst the Natives, and they would listen to one of their own race when they might not be inclined to listen to a European. The Auckland Board, through the Inspector-General, took it upon themselves to pay for the training of the two nurses; but it did not matter whether it was done by the Department or by the Board, it was necessary that the Native race should be educated in health matters. Then there was a form of typhoid which was retained in the system by the Native who had been attacked and who had apparently recovered. That might also be the means of spreading the disease. The common fly was also a great distributor of disease, more especially in the case of typhoid. He believed their chorus should be, "Educate, educate, educate." It was only by approaching the matter in a broad-minded manner that they could hope to deal with it successfully.

Motion No. 2 agreed to.

Motion No. 3.

Mr. POWELL accepted the assurance of the Inspector-General that this work was already taken in hand, and he therefore asked leave to withdraw his third motion.

Motion, by leave, withdrawn.

INCIPIENT MENTAL AND D.T. PATIENTS.

Dr. VALINTINE (Inspector-General), in opening the discussion, read the following paper:—

It can scarcely be said that, much as we pride ourselves upon being abreast of modern thought —especially in provision for our sick and needy—that we have done all that can be accomplished for the treatment of patients with incipient mental aberration. It is true that the Dominion is provided with excellent institutions for mental patients who have been certified as insane, but we must not rest content with these. Alienists the world over now recognize that a great deal can be done to prevent mental disease by the early recognition of those factors which are contributing to its development—as is the case with many, if not most, diseases—and which, if unrecognized, will result in the patient becoming incurably insane.

From the reports of specialists in other countries it is most cheering to learn what can be done by the early recognition and treatment of those persons who, from one reason or another, are the victims of what is known as mental prostration or nervous breakdown; and if these cases can but be admitted to special wards where they can be removed from the worries or other causes contributing to their illness, and given appropriate treatment, they can be restored to health, and go back to their occupations without having to bear that stigma which, unfortunately, attaches not only to the patients themselves, but to their families, if they have had to be certified as fit persons to receive treatment in a mental hospital.

In an address such as this it is not necessary to go into further details: it will be enough to point out that our hospital system can never be regarded as perfect so long as there is not accommodation in our principal hospitals for this particular class of patient. It is urged that the provision of suitable wards and attendants for such cases will entail a great deal of expenditure; but what of that if we can restore the patients, without the stigma referred to, to their usual work in life? Naturally, if it be decided to erect these special wards, it will be very necessary to guard against abuse which might have the effect of turning our hospitals into mental hospitals. The patients should be admitted to these observation wards for a definite time—say, four weeks—and if at the end of that period there is not every indication of improvement in their mental condition they should be passed on to the mental hospital.

A twelve-bedded ward—or, rather, rooms for twelve patients—should be attached to our four chief hospitals. Some of these rooms would have to be specially fitted, and so erected that patients could obtain exercise in the open air without interfering with the other patients.

To these observation wards all mental patients could be sent while awaiting medical examination; and by this means again another indignity might be saved the unfortunates, inasmuch as they would not have to undergo—as is now too often the case—examination in the Magistrate's Court, and possible detention in the police cells.

It is to be hoped that Boards will accept this additional responsibility. At any rate, it is one that in this enlightened age they can scarcely continue to ignore.

Mr. WALKER (Otago) moved, "That it be a recommendation to the Government that provision should be made in those centres where required for a receiving-home in connection with the Mental Hospitals Department for the treatment of incipient mental and D.T. patients." In moving this resolution he might say that he was quite sure it was absolutely against the suggestion of Dr. Valintine as embodied in his paper. This matter had given the Otago Board a large amount of trouble. It was a question that they had discussed during the last eighteen months, and they had come to the conclusion that it was not a function of the hospital authorities to take in incipient mental and D.T. cases. The question was a very large one, and, as Dr. Valintine had stated, it was purely a matter of expense. The Otago Board recognized that also. A sympathetic note had been struck by Dr. Valintine in his paper. They all recognized, he thought, that it would be much more preferable for those who had friends in that stage of insanity that they should get hospital treatment. They recognized that fully, and no doubt it would do away with

a large amount of the stigma which at present attached to patients going into mental hospitals. In Auckland they had an asylum that was in close proximity to the town; in Wellington it was a considerable distance away; in Canterbury it was in close proximity to Christchurch; and in Otago it was twenty or twenty-five miles removed from the city. The point that appealed to him in connection with this question was this: that if the Dunedin Hospital was to take in incipient mental cases, then the expenditure in connection with the hospital would be very largely increased. Dr. Valintine said it would be a matter of something like twelve beds. That meant an expenditure of something like £3,000 or £4,000. He took it that it was purely the function of the Government and the mental authorities to provide for all their cases. The expense in connection with mental patients was a very large one. These patients required special treatment and special attendance. The Department in the past had treated the Otago Board very well in respect to these cases. Any patients in D.Ts. who were taken to the Dunedin Hospital, the cost of their keep was charged to the Government. The Government offered to place £500 at the disposal of the Otago Board for the erection of a ward. He said that was not sufficient. If the Department considered that it was a function of the Board to administer the relief that was required in these cases, he said it was necessary for the Department to pay the whole cost. The mental asylum in Otago, in his opinion, and in the other centres also, should have a receiving-house in the city—some quiet place with the requisite number of beds where those who were troubled in the way he had indicated should be received. He did not think there would be any more stigma attached to that than in connection with going into a hospital. D.T. patients were an immense source of trouble to the Dunedin Hospital authorities. They had not the facilities for giving them due attention, and there was also the fact that their presence was detrimental to the condition of other patients in the Hospital owing to the continual noises occasioned by these patients. In order to give them proper treatment, there should be a yard in which they could take exercise under proper supervision. He had made a proposal which he thought might well have been entertained by the Department—namely, that a portion of the Dunedin Gaol, which was to be discontinued, should be used for this purpose. It was central, and in close proximity to the railway. If this matter was not very carefully watched, the Hospital Boards would have to take over an expenditure which they should not be required to do. As far as Otago was concerned, he would give his vote strongly against the proposal that had been made by the Inspector-General. If, on the other hand, Dr. Valintine was sincere in what he stated, then it should be the duty of the Department to hand over to the Hospital Board the total cost not only of the buildings, but also for the whole of the maintenance. In the case of hospitals which had a large area of ground attached to them it would not be very serious, but with their cramped position in Dunedin it would be a serious matter, because they were not only cramped for ground, but it meant that the patients in the other wards could not get the exercise they required. He was sorry that his Board should be antagonistic to the Inspector-General over this matter. He was sure that no Board could be more sympathetic in respect to patients requiring this treatment, but he was sure if the proposal was carried out in the manner suggested by the Inspector-General the expenditure of the Boards would be very considerably increased. He thought that this expenditure should be purely a tax on the mental-hospital authorities.

Mr. Horrell (North Canterbury) seconded the motion. Their position was very much the same as that of Otago. The grounds of the hospital were restricted in area. He did not think it was necessary to ask for such a ward as that suggested by Dr. Valintine. The Government had a building near the mental asylum—a building that was now being used as a home—and in the course of a month or two that building would fall into the hands of the Government; he referred to the Samaritan Home. He thought it was only right that the Government should undertake the treatment of mental cases. Members of Boards knew the nuisance such cases were in a general hospital. If a separate ward was established, they would not be the same nuisance as if the cases were in a general ward; but there was the extra expense of the employment of wardsmen, also other expenses, and he thought it would be putting on Hospital Boards more than they ought to bear. He could understand the Government endeavouring to put all they could on local bodies. If this were done in the cases referred to the Government would be able to show a great saving to Parliament; but some one had to pay—it all came out of the people, even though the Department showed a saving.

Mr. Eton (Wairarapa) thought it right that some alteration should take place in the existing system. He was certain it would meet the wishes of many country districts if a system were adopted by means of which the sending of temporarily insane cases to such places as the Porirua Mental Hospital could be avoided. He was not in favour of the motion.

Mr. Moore (North Canterbury) said it was not a question of erecting the buildings suggested for these unfortunate patients. He thought they were all agreed that some provision should be made outside the ordinary hospitals, but the question arose whether the expense should be thrown upon the local bodies or be provided for by the Government. Our mental hospitals were carried on at the expense of the Government. Anything in connection with those institutions should, he thought, be carried on by the Government, and the expense should not be thrown upon the local bodies. The tendency at the present time was in the direction of shifting the responsibility and expense upon the local bodies. That might mean that Government departments would be able to show retrenchment. The question of dealing with mental defectives was a national one, and he thought the nation ought to pay for it, and it should not be charged on any one local body. In many small hospital districts there was no mental hospital at all, and it would be very difficult to provide for cases in the incipient stage, and then have such cases sent on to mental hospitals. Who was to decide when patients should be sent from the temporary hospital to the permanent mental hospital? He thought it was only fair in cases of this sort that the Government should take the responsibility from first to last. He did not see why the Boards should erect the buildings suggested at the expense of the local ratepayers.

Mr. MACKAY (Auckland) supported the motion moved by Mr. Walker. He thought it was a step in the right direction. During the first three months of the year no fewer than thirty-two D.T. cases were treated at the Auckland Hospital. That meant a great expense to the ratepayers. There were no proper means of restraint for those suffering from D.T's. A good deal of physical exertion was often exhibited in these cases, and he believed the heart often gave out through cases which were badly treated through there being no proper means of treating them at the hospitals. If a man took too much liquor, and became incapable, he was arrested and became a charge upon the State; but a D.T. case was not a charge upon the State; he was a charge upon the ordinary ratepayer, as at present the only place to treat him was at the local hospital. He knew of a case where a man was admitted no fewer than four times in three months. When he was discharged he went out and got full of liquor again, and was brought back to the hospital. The Inspector-General happened to be travelling in the north, and his attention was drawn to the case, and he went to the man and told him that if he did not clear out of the institution pretty smartly he would be arrested. The Inspector-General could do that, and public sentiment would support him, but if the Chairman of the Hospital Board were to say to a D.T. patient, "Get out of this institution, or you will be arrested"—well, he would have no power to do so; but if as a layman he did that, public sentiment would be immediately aroused against him. The population of Auckland was increasing at a phenomenal rate, and the Board would in the future have to deal with a larger number of these cases. When men were admitted to the institution suffering from D.Ts. it was absolutely necessary that there should be male attendants to attend to them. It was not right that women nurses—women who had come from the environments of a pure home—should be asked to attend to such cases. Women nurses should not be subjected to the disgusting and degrading exhibitions often associated with such cases, and he protested most strongly against it. He supported Mr. Walker's resolution and he hoped the Conference would carry it unanimously.

Mr. FRIEDLANDER (Ashburton) thought that underlying the matter that had been brought forward by the Inspector-General was the principle of asking the local bodies to bear an expense which really the Government ought to undertake. He did not think that it was right. The local bodies were already doing all in their power to work in sympathy with the Government, but to ask the local bodies to undertake these extra duties was asking them to do more than they would probably be willing to undertake; and the Inspector-General might find that the responsibility of voluntarily managing these institutions would be thrown on the hands of the Government. That would probably be the result. He failed to see why the Government should ask the local bodies to undertake these extra duties without providing them with the funds to do so. After all, the money came out of the ratepayers. If the Government provided the money they would find that the local bodies would do all in their power to meet them. He did not think the Government should shirk the responsibility in this matter, and ask the local bodies to undertake this extra work.

Dr. HARDWICK SMITH (Wellington) said that D.T. cases needed a great deal of nursing—special nursing, and trained nurses, either male or female, according as the patients happened to be male or female; and such cases needed medical attendance, and in that case he thought it was necessary that they should be treated at hospitals. But they had not the means of treating them at hospitals at present. They really wanted a special ward for the treatment of these cases. Then it was necessary, perhaps, to have padded rooms. It was true there was a padded room at the Wellington Hospital, but it was very seldom, if ever, used; for he found that D.T. cases needed such watching that it was not advisable to place the patients in a padded cell by themselves. He agreed that it was not nice for women nurses to attend to these cases. These patients were often very objectionable in many ways, and he thought that such male patients should be treated by trained male attendants—by trained male nurses who had had experience in such cases. They should not be attended by an ordinary porter, who looked after them for so-many hours, and who was then relieved by another porter. Female patients might be treated by female attendants used to such cases. Then, as to the question whether hospital authorities should pay for these cases, it seemed to him that they were not in some ways hospital cases, although in other ways they were. The patients were really ill, and therefore they needed hospital attention; but in the ordinary sense of the word they were not hospital cases, and it appeared to him that the Boards ought to be able to get payment for the treatment of these cases. In the Wellington Hospital at present they did not get payment unless the police brought in the cases, in which event the police authorities always guaranteed payment for attendance. If they could get the police authorities to pay for attendance in all cases it would overcome a great deal of the difficulty, because in that way the Board would not be shouldered with a good deal of expense, because these people often remained in the hospital a long time. Again, in general hospitals they were not able to keep special attendants for such cases. These cases were few and far between. They might want two attendants in one week, and then they might not want them again for another month. As regarded incipient mental cases, there were one or two in the hospital at the present time. They were very difficult to treat. He doubted whether, in a general hospital ward, they could be treated satisfactorily. They needed quiet, and they needed attention by a trained nurse. If they had an incipient mental case, and if the patient did not improve in a few days in the hospital, such a patient was invariably sent to the mental hospital, because he believed that such a patient got better treated there than in an ordinary hospital under the present circumstances.

Dr. FALCONER (Otago) said the question of dealing with D.T. and mental cases had been a source of considerable worry in Dunedin. With regard to D.T. cases, he quite agreed with the remarks which had been made by Dr. Hardwick Smith. Very often such cases required hospital treatment. But there were a number of such cases that did not require it, and they could be better treated in an institution which could provide the necessary attendance. The present labour

laws had to be considered, and if they were to be dealt with as cases were dealt with in a mental hospital, you ought to have attendants watching the cases in eight-hour shifts. That involved the employment of a number of attendants. When such cases came into a hospital it meant that the attendants were often overworked in a general hospital; and that meant that the attendants became annoyed, and left the service. Incipient mental cases would give the Boards and hospitals much more trouble even than D.T. cases. The medical profession in Dunedin took the view taken by Dr. Valintine—that it was unfair to have these cases sent to an asylum, because the patients thus became branded with a kind of stigma; and that view was quite right. But he doubted very much indeed whether the establishment of such provision as had been sugegsted could be carried out in all cases—certainly not on the grounds attached to the Dunedin Hospital—a twelve-bed ward, and keeping the patients there for four weeks; and he doubted whether the patients would get much benefit from that treatment. He was assistant to Dr. Truby King at Seacliff Asylum for four years. He had seen patients there, especially on the female side, where they had a cottage devoted to them, and more attention was paid to the treatment of those cases from a medical point of view than he had seen devoted to patients in a general hospital. Such attention cost a good deal of money, and it would cost Hospital Boards much more. A patient came in, say, with puerperal mania, and was sent to the cottage, and two nurses were in attendance during the day and two more at night. The patient recovered a little, and was taken about the grounds and garden, and was given special other attention such as could not be given in a general hospital. Then, take melancholia cases—and those were cases that the medical profession would send to the hospital. The views he was expressing was not those of the medical profession: they were the views held by those by who had experience in mental hospitals; and mental-hospital authorities held that you could not give proper treatment in a restricted area to melancholia patients. A large number of cases of suicide occurred amongst those who were suffering from the incipient stage of melancholia. He thought the Inspector-General deserved the thanks of the community for introducing the present discussion and consideration of this question. He thought that in the past there had been criminal neglect in respect to such cases. In a large majority of cases melancholia patients did not come into mental hospitals until they had reached an incurable stage. If they were brought in earlier they could be much more satisfactorily dealt with. The mental-hospital authorities had just the same grievance that medical men in charge of consumptive sanatoria had—namely, that the cases did not come in early enough. If there was a reception house, and the mental-hospital authorities could attend to such cases at an earlier stage, he was certain they would get many more patients come to them for treatment at an early stage. As to the monetary point of view, he did not wish, nor was he qualified, to express an opinion; but he certainly hoped that something would be done as a result of the discussion that Dr. Valintine had introduced.

The Inspector-General said it seemed to him—in fact, it was very evident—that he was in a hopeless minority with regard to the proposals he had outlined as to incipient mental cases. That was not the first time he had been in a hopeless minority; and he was perfectly sure that as time went on—and, of course, it was early, and this was something new to Hospital Boards—they would see ultimately that the suggestions he had outlined were reasonable, and were based on what might be termed humanitarian lines. Mr. Walker was perfectly right from his point of view in opposing the suggestions, but he opposed them a good deal in respect to points of detail. He admitted that they had not room on the grounds attached to the Dunedin Hospital upon which to erect an accommodation-house of the nature suggested; and Mr. Walker was quite right in his estimate that a twelve-bed ward such as he (Dr. Valintine) had indicated would cost between £3,000 and £4,000; but he thought the Boards were rather inclined to overlook the fact that the Government paid £1 for £1 on capital expenditure. He also thought that Mr. Moore altogether overlooked that fact. As regarded the suggestion—he did not think the gentleman who made it really meant it—that he (Dr. Valintine) wanted this done in order to lower the expenses of the Department, he hoped the Conference would give him credit for being more reasonably minded than that. It had been proposed by Mr. Walker and Mr. Horrell that receiving-homes should be put up. The former recommended that a receiving-house should be established in connection with the old Dunedin Gaol, and Mr. Horrell suggested that one should be established in connection with the Samaritan Home. He submitted that even if that were done, and they were made receiving-homes for incipient mental cases, a stigma would be still attached to patients going there, and that stigma could only be avoided, in his opinion, by patients being treated in the ordinary general hospital. He was perfectly sure that as time went on they would see the reasonableness of the suggestions he had made. However, it was a new matter to the Boards, and he had outlined it for consideration. He did not expect them to welcome the proposal, but he felt sure that later on they would be able to give more consideration to the subject.

Mr. Walker (Otago) thought that in the main the speeches that had been made were in agreement with the arguments he had submitted. The mere matter of detail that Dr. Valintine had suggested was not a matter of detail to the Board. The Dunedin Board, and he thought all the Boards, were willing to help the Inspector-General in any way they could, but they thought that this expenditure should be borne by the Mental Hospital authorities. The Hospital Boards would be doing their work, and, if so, they were entitled to get the necessary funds to do it. That was the whole position. If the suggestion which had been made were carried out it would mean that the Hospital Boards would take charge of the incipient cases and the mental hospitals the chronic cases. The ordinary hospitals would be doing part of the work of the mental hospitals. If the Mental Hospitals Department were prepared to provide a certain sum of money for the erection and maintenance of the wards, he did not think there would be any objection to the proposal; but what the Hospital Boards did object to was this: that part of the functions of the mental hospitals should be put on the Hospital Boards, thus increasing the expenditure of the

Boards to a very large extent. In his opinion, if the suggestion which had been made were carried out, it would involve very large additional accommodation, because a large number of persons would take advantage of the new arrangement, because at present persons were naturally very reluctant to send their relatives to a mental hospital. If they could get out of that by sending such patients to an ordinary hospital, where they would be treated for, say, four weeks, he thought that a twelve-bed ward would be occupied all the time in the large centres.

The Inspector-General said that was exactly the point—there was such a reluctance on the part of patients' friends to send such cases to a mental hospital—a delay that often meant that the patients were past curative treatment by the time they got to the mental hospital.

The motion moved by Mr. Walker was then put and agreed to.

Indigent Imbeciles and Destitute Blind Children.

Mr. Shrimpton (Hawke's Bay) moved, "That homes for indigent imbeciles of over twenty-one years of age and destitute blind children mentally able to benefit by being taught to read under the Braille or other system be provided by the State." The following letter which had been handed to him would explain the position and the reason for moving the resolution:—

"We beg to appeal to you in a case which we can assure you is a deserving one. A woman (Mrs. G—— N——), living in Hastings for several years and now sixty years of age, is placed in this position: She has three children—one a man of thirty years of age, who is an imbecile and blind; if he falls down he cannot get up; if he sits down he cannot get up. She has also a second son, seventeen years of age, a cripple, who cannot move without crutches, and who is also blind. She has also a daughter, fourteen years of age, very weakly, who has been practically bedridden and blind since birth. This woman has supported these children all their lives. Every possible effort has been made to get one or more of them into some Government institution, and we regret to say there is no institution for which they are eligible. The woman is now destitute, and has no regular assistance, and we are endeavouring to get together enough money to purchase for her and these children a small home. If we cannot get sufficient, we will endeavour to raise the balance on mortgage on easy terms. You may rely on any money being expended wisely and carefully. We would put the property in the names of trustees for the benefit of these afflicted children after their mother's death. We vouch for the facts, although we would be glad to give further information if you wish. The woman has concealed the position for years, and has never asked any one for money. We appeal to you for some help, and if you give, would you kindly send donation to any of the undersigned as soon as possible. 'He gives twice who gives quickly.'"

He thought he need hardly point out to the members of the Conference that that was not a case for any charitable institution to deal with—at least, in a small district. So far as he could make out, there was no institution in the Dominion which provided for the cases mentioned, and it was imposible for small institutions to provide for them.

Mr. Maslin (South Canterbury) seconded the motion.

The Inspector-General said the Inspector-General of Schools would give the Conference an outline of what was being done by the Education Department.

Mr. Hogben (Inspector-General of Schools) said, with regard to the question of homes for indigent imbeciles, in the classification of the different grades of feeble-minded persons the terms "imbecile" and "defective" were very vaguely used sometimes. The classification agreed upon between the Mental Hospitals Department and the Education Department some time ago was upon what might be termed a working definition rather than a scientific definition. The definitions one got under a scientific basis crossed one another in so many places that it was necessary to adopt a working basis, and that basis was that known as Dr. Ferrier's classification, which was briefly this: that if a person was able to keep himself clean, and keep himself out of danger—after due training, of course—and was able to do some more or less mechanical occupation under direction, that person was called feeble-minded, and not imbecile. If a person could simply keep himself out of danger, and keep himself clean, and so on, but could not be taught to any appreciable extent to do any remunerative work even in the smallest degree, that person was termed "imbecile." Then, to go further, if a person failed to keep himself out of danger, or keep himself clean, that person was put down as an idiot under the definition agreed upon between the two Departments. First of all in Dr. MacGregor's time, and afterwards in Dr. Hay's time, it was agreed that the Education Department should take charge of those who could be educated to do something that was useful. That did not mean education in the ordinary school sense, but if they were capable of any education they came under the control of the Education Department. If they were not capable of education—if they were either imbeciles or idiots—then they came under the control of the Mental Hospitals Department. There were two homes in New Zealand at the present time—one at Richmond, under the charge of the Mental Hospitals Department, and one at Otekaike, under the charge of the Education Department. That at Richmond was for imbeciles, and some of the inmates might even be idiots. They were not capable of being educated so far as could be ascertained. Those persons, though classed as "mentally afflicted," were not placed in the ordinary mental hospital, but in some place in charge of the Mental Hospitals Department. At Otekaike the Education Department has some one in charge of the home who had been very strongly recommended by Dr. Shuttleworth, the best authority on the "feeble-minded" in England. In regard to the feeble-minded, the Department always stretched a point in admitting them to Otekaike—that was to say, though they might appear to be imbeciles, they were given a trial there to see if any response could be obtained or any reflex action to the teacher's attempts to call forth in them some thinking-powers. Some of those who had been tried had turned out to be capable of being educated in a small degree, and they were kept there. On the other hand, one or two had unfortunately turned out to be wholly imbecile, and they were suitable to be transferred

to Richmond, as they only hindered the work of the staff which had to deal with those capable of being educated. So far they had only been able to take boys, owing to limited accommodation as regards buildings. But the estate was so shaped that they would be able to arrange to take girls as well. The girls could be placed at a good distance from the boys, with houses for the staff between, so that the segregation would be just as complete as if the boys and girls were in different parts of the Dominion. By this means they would secure more economical administration, as the whole would be under one managing officer, whereas otherwise there would have to be two or three highly paid officers. At present there were fifty boys at Otekaike. In order to get the best results, these boys had to be divided into several classes. Some were moral degenerates, and some were not quite that, though they might have become so if not taken in hand. As they required a good deal of supervision, the staff had to be rather larger perhaps than the ordinary public would consider necessary; for without a full staff the boys could not get that individual attention without which the training would be altogether useless. He was authorized by the Minister to say the Department had under consideration plans for the erection of cottages homes on the estate for the accommodation of the different kinds of cases. One would be for very small boys; another for boys of from ten to seventeen years of age; and another for the older boys. It would be necessary also when the system was fully developed to have a separate place for epileptics, who were now kept separate with difficulty. It was essential that the epileptics should be kept separate from the others, as each class had a harmful influence on the other. The building of these new homes would enable the Department to use one or two of the existing cottage homes for girls, so that the prospect of admitting girls to Otekaike was very near. He was authorized to say that. The plans were practically complete, and they ought to be able to take some girls as soon as they had one of the new cottages up. As in the case of the boys, the idiot girls would have to be dealt with by the Mental Hospitals Department. He did not know how far they were going to extend their capacity for dealing with them, but they had bigger possibilities than had the Education Department, because their buildings were large, and though they might be somewhat crowded at times, their very size gave a much greater margin for classification, and so on. With regard to the blind, he was not quite sure whether Mr. Shrimpton's address related to the destitute blind over the age of twenty-one.

Mr. SHRIMPTON said one of the cases referred to was a man of thirty, one a boy of seventeen, and another a girl of fourteen. The man of thirty was spoken of as an imbecile, but he did not think, according to the working classification Mr. Hogben had given, he would come under that head. The boy was a cripple who could not move without crutches, and he was also blind. The girl of fourteen was practically bed-ridden and blind.

Mr. HOGBEN said they had no power to take any one at all over the age of twenty-one, but there was power before they reached the age of twenty-one to bring the case before a Magistrate, so that they could keep those youths at the institution if it was considered by the Magistrate that it was in their own interests and in the interests of the State. They were then still treated as infants: there were safeguards for the liberty of the subject, the Department would not attempt to take any case before a Magistrate unless it was considered absolutely necessary. In the case of young people under twenty-one who were blind but not feeble-minded or imbecile, there was an institution in the Dominion which, under the existing law, had on its governing body certain persons named by the Governor. He referred to the Auckland Institute for the Blind. The Minister could insist that that institute should take cases under twenty-one, and the Education Department paid for them while they were under twenty-one. They had paid for some over twenty-one as a temporary arrangement until the law dealing with the subject was passed. In some cases where the Charitable Aid Board paid for maintenance the Education Department paid for instruction. In the Jubilee Home the trades in which the blind were instructed were increasing in number; they were not limited to mat-making. They had taken up other useful work, such as the making of strawberry-boxes, and last year they had an order for five million of those boxes. Some of the inmates were expert at typewriting. He had seen letters taken down from dictation under the Braille system and typewritten as well as or better than the average typewritten copy one saw from a merchant's office. In fact, he could not credit it until he saw the boys and girls go through the same thing under his own supervision and from his own dictation. And there were all sorts of work they were being put to now that they were not tried at before. So that he thought it was reasonable to hope the blind people might be able to earn a decent living without becoming a burden to the State. The feeble-minded blind were admitted to Otekaike. In the case of deaf-and-dumb, they had to be careful to find out to what extent they were feeble-minded, as their brain had had no opportunity of development. It was found that some had been classed as feeble-minded, who, when they had been educated a little, showed signs of response to education. Then their whole physical condition improved. At Sumner there was a case of a child that could write the Braille system and could speak with the lips without having seen a person speaking. The Department was not afraid to tackle those cases when they got them; but in the case of a child who was deaf, blind, and imbecile, the condition was very pitiful indeed. It was possible, however, to do a little with them generally—to teach them a little, and to make their lives as little a burden as possible to themselves and to the State. At the same time, they did not want to have young girls in this condition wandering about to be the victims of any rogues that happened to be about.

The CHAIRMAN asked what payment could be asked for from the Charitable Aid Board for those inmates that were receiving this instruction.

Mr. HOGBEN said in America the cost of maintaining and educating the feeble-minded child was £76 a year. In other parts of the world the average was about £58 a year. In New Zealand he did not think they would be able to do it under £56 or £57 a year. They charged the Charitable Aid Boards 10s. a week, which meant that the Department paid a little over half and the

Board a little under half, because he did not think it could be done for £52 a year. With regard to the feeble-minded blind and deaf under the age of twenty-one, they could be taken to Otekaike, and if necessary the time could be extended, as he had already explained. If, then, it was a case in which the Charitable Aid Board was concerned, he thought when the case went before the Magistrate the Board should be informed. Under the Act the Department had to find counsel for the inmate. If an order for the extension of time of inmates' control were granted, then, though they were over twenty-one, the Education Department had power to deal with them or to exercise compulsion. It was not desirable that they should take in adult people who had acquired degenerate habits to a place where there were girls of feeble mind, for at any time if discipline were exercised their relatives could take them out or they could go out themselves. The Department would, however, keep those they had now after they had reached over twenty-one if it appeared to be necessary to keep them. They would have been trained to discipline, and they could be put to useful work on the farm.

Mr. GILLINGHAM (South Canterbury) said in his district there was a big strapping girl aged nineteen who had been deaf and dumb from infancy, and it was not known whether she was feeble-minded or imbecile. She simply giggled when any one looked at her. Probably her brain had softened from want of exercise. She was indigent. He would like to know if she could be sent to the Otekaike Home when it was ready for the reception of girls?

Mr. HOGBEN said if the girl's name and the address of her guardians or parents were sent to the Department they would undertake to send an Inspector to ascertain her age, and whether she was feeble-minded or not. The home at Otekaike, unless it was overcrowded, was open at any time to such cases. The decision in a case like this rested, so far as the expert side of it went, between the Department's expert and a doctor. It required a person skilled in such cases to judge as to the nature of the case; but the Department would send their own expert, and make arrangements for the other if the name and address were forwarded to them.

Mr. GILLINGHAM said there were peculiar circumstances in connection with this case. The girl suffered from an extraordinary skin formation, for which she was in the hospital for some time. It was a sort of scaly-skin complaint.

Mr. HOGBEN said there was a medical officer attached to the institution who would decide as to that, but he did not think this trouble would interfere with the girl's admission unless it was a case entirely for hospital treatment. If only occasional treatment was required the Department would make arrangements about that. If there should be any doubt about the case they could refer to the Health Officer for his opinion.

Mr. HORRELL understood Mr. Hogben to say that boys and girls were discharged from the Otekaike Home when they reached the age of twenty-one. Were there any arrangements made for looking after them afterwards?

Mr. HOGBEN said, as like begets like, they would have to see that these young people were under proper guardianship when discharged. There were one or two families in New Zealand which had cost an enormous amount of money to the State. One of these families had cost the Department £1,500, apart altogether from charitable aid. It was absolutely necessary that that kind of thing should be stopped, even if it did cost money, and it would be cheaper in the long run to do so. At the same time, they could not hope to get the Magistrates just at first to take quite the same view of the position as the Department took; and to start with, they would only take very clear cases, which would be likely to lead to danger if not taken in.

Mr. SHRIMPTON asked if it was a fact that there was no institute to which the man of thirty to whom he had referred could be sent?

Mr. HOGBEN said the Department had no such institution. If they started to take in feeble-minded people of that age there would not be room for the others.

Mr. SHRIMPTON said the boy of seventeen could be admitted to the Institute for the Blind at Auckland. The girl, he was afraid, would not trouble any one very long. He still thought some institution should be provided for cases such as the one he had alluded to—the man of thirty years of age. At present they could find no institution that would admit him. The Charitable Aid Board could not deal with the case, as the cost would be prohibitive; and the Board had no proper provision for such cases. He hoped his motion would be carried.

Mr. Shrimpton's motion agreed to.

STATE SCHOOL FOR DEFECTIVE GIRLS.

Mrs. WILSON (North Canterbury), in bringing this matter before the Conference, read the following paper:—

The remit dealing with defective girls and feeble-minded degenerate women is the result of a motion which I brought before the North Canterbury Board in December last. The fact that nearly half the Boards in the Dominion from Coromandel to Invercargill wrote approving of the motion shows plainly that the evil is widely recognized and felt. When we undertake public work we must be prepared sometimes to face unpleasant tasks, and this I regard as one of them. Personally, I should hesitate to bring such a subject up for public discussion did I not regard it as one of vital importance to the future of this young country; and it is from the standpoint of the future that we should view the work we have undertaken to do. If we are at all earnest and conscientious in that work we must all recognize and deplore the fact that so much of it is palliative rather than remedial. We seem to be constantly dealing with consequences, issues, and outcomes, and are about as usefully employed as if we were mopping up water from a running tap. The question opens up issues of wide and deep significance to our national health and character upon which I cannot possibly speak, and any remedy that may be ultimately decided on, whether of separation or sterilization, will have to be of much wider application than to the class which my motion deals. No one can go far into social work, particularly of that sordid

and unpleasant kind, without soon discovering that apart from the criminal and actually insane there is a relatively large and unfortunately an increasing number of weak-minded, inefficient degenerate persons who, being totally unable to keep up with conditions, are inevitably swept by the current into the backwaters as it is represented by the Charitable Aid Boards and their different institutions, and in one way or another become a serious drain upon the resources of the industrious, and a menace to the future. We know that insanity, alcoholism, epilepsy, deaf-mutism, and kindred evils do not spring out of the ground, but through the mysterious forces of heredity are transmitted from parent to child, so that here in this good land of ours, scarcely sixty years old, removed by leagues of sea from the waste and drift of large cities, with a population largely selective, we are spending over a million a year in charities of one sort and another, and maintaining in our institutions the third generation of degenerates, many of whom are the illegitimate children of unfortunate feeble-minded women whom it would be a sacrilege to call mothers. Mr. Chairman, I am no authority on finance, or on many of the questions that come up for discussion, but I have a keen sense for human values—to me they are the only values—and that is why I have taken my courage in both hands to bring before this Conference a subject from which, as a woman, I naturally shrink.

For a number of years I was one of a committee of ladies of a maternity institution for girls of the lowest class, since taken over by the Board; and while on that committee the thing that struck me most was the defectiveness—physical, mental, and moral—of most of the girls who came under our charge with their second, third, or fourth illegitimate child. Unhealthy and unattractive in appearance, of poor physique, low intelligence, and apparently devoid of all moral strength or sense, some were epileptic, one or two almost imbecile, whilst almost all bore signs of a degeneracy more or less profound.

In every case that I can remember the girl's morality was such that she could not indicate the paternity of her child with sufficient clearness to justify any legal action; consequently the man escaped, and the woman and society pay. Most of these girls were practically friendless and homeless, being themselves, as I have said, very often the illegitimate children of dissolute parents. As I have looked at these girls, with their dull faces and stunted natures, and at their poor little unloved, unwanted babies—the waste of our social mill—it has made me sad to think that the sacred office of motherhood, the joy and crown of life, which should be exalted to heaven, has been so cast down to the lowest hell; and I have dreaded to think of the probable future of both mother and child, and of their baneful influence upon the future of this country. This is the humanitarian side of the question; but it has a most serious economic side as well, for each of these girls spells an endless expense to the country, and the evil does not end with her poor being, but grows and gathers force as the years go on. We have at present no provision for female defectives, but plenty for what such defectives ultimately become; and, although the cost of their care will be considerable, it will be as nothing to the cost of their neglect.

What is needed, and urgently needed, is legal recognition of feeble-mindedness, and provision for their permanent segregation. I say permanent, for, though much may be done to ameliorate the condition of these unfortunates, it is a condition which never can be cured; and there is no sense or kindness or economy in detaining such cases during childhood and letting them loose on the community at the most significant period of their lives. If segregation be the method approved, then I should like to see these persons placed in permanent homes, with cheerful surroundings and a variety of occupations. Under direction and supervision these girls often work well, and under kind and capable management might be as useful and happy as their poor capacities permit of, and the future would not be compromised.

I have spoken of the care of defective children and of degenerate feeble-minded women of adult age; but if the defective girl children of the Dominion are treated effectively the supply of the latter will be largely decreased, for the degenerate woman who burdens the State with undesirables is just the defective child grown older and more dangerous. I know that illegitimacy is not in itself a statutory offence, nor is it ever likely to be; but this class is not normal—it is not amenable to educative methods, nor to the efforts of the benevolent, being deficient in moral strength and self-control. She is a distinct degenerate social type; and it seems to me that when a woman brings her second child upon the State the chances are that she is a hopeless case, and the State has the right to step in, both in its own interest and in the interest of the woman herself.

Personal liberty is a great and sacred principle not lightly to be infringed, but when personal liberty is in conflict with the best interests of the community it must stand aside; and I should like to know what liberty is possible to a woman of the class to which this remit refers.

I therefore beg to move, in terms of the motion which I brought before the North Canterbury Board, "That, in view of the increasing burden of maintaining degenerates and their offspring, and in view of the danger to the community both from a moral and physiological point of view, this Conference affirms the necessity of founding a State school for defective girls similar to that established for boys at Otekaike, and a State home, with powers of detention, for women of feeble character, whose proclivities are a source of danger to the community, both from a physiological and moral point of view."

Mr. GILLINGHAM (South Canterbury) seconded the resolution.

Mr. MASLIN (South Canterbury) desired to compliment the mover of the resolution for the able manner in which the subject had been brought before the Conference. He thought they all recognized the necessity for something being done as a deterrent of the evil referred to, but so far very little had been done. He hoped the resolution would be given effect to by the Health Department. Cases of the nature referred to by Mrs. Wilson had come under the notice of his Board, and the Board had been saddled with the expense of maintaining the illegitimate children of such girls. He supported the resolution, and hoped it would be carried unanimously.

Mr. YOUNG (Waikato) had great pleasure in supporting the resolution. The evil was a serious one, and confronted almost every community. His Board had had to make provision for the illegitimate children of such women as the resolution alluded to. He might mention one case where a woman brought seven children into the world, and the Board had to maintain them because the mother could not say who the father might be. The question was one which should be taken up and dealt with.

Mr. NORRIS (North Canterbury) thought the information given by the mover of the resolution would be exceedingly valuable if it were circulated amongst the members of Charitable Aid Boards.

The INSPECTOR-GENERAL quite agreed that it would be a very great pity if the very able paper read by Mrs. Wilson were not printed and circulated amongst the members of the Boards throughout the Dominion. It would form part of the proceedings of the Conference, which would be printed.

Mr. ARMSTRONG (Wairau) would like to ask Dr. Valintine if the Government intended to do anything in the matter.

The INSPECTOR-GENERAL was not in a position to say just then. The question would be introduced again under another section of the remits.

Mr. MASLIN (South Canterbury) asked the Inspector-General if he would be prepared to recommend to the Government the desirability of establishing some place where these girl weaklings could be kept in restraint, and prevented from propagating their species?

The INSPECTOR-GENERAL.—Certainly.

Resolution agreed to.

INDUSTRIAL-SCHOOL CHILDREN.

Mr. BELLRINGER (Taranaki) desired to ask the Inspector-General of Schools a question. In cases where children were committed to industrial schools, and where the children were boarded out, were the Boards still charged for their maintenance?

Mr. HOGBEN (Inspector-General of Schools) said the Boards were not charged unless the Department paid for them.

Mr. BELLRINGER (Taranaki) asked why the Department would not return destitute children who were committed to industrial schools when the Board could find suitable homes for them, and with no expense to the ratepayers?

Mr. HOGBEN said if a suitable home was found for a child certainly that child would be returned, but the Department had to consider every individual case. In a large number of cases parents or relatives said they had got a suitable home for the children, but in the majority of cases the Department found that the home was unsuitable. If the particulars of any case were furnished to him he would be glad to afford the information desired.

Mr. ETON (Wairarapa) said he would like an explanation in respect to a case that had occurred in his district.

The CHAIRMAN said that if particulars were furnished to the Inspector-General of Schools he had promised to give an explanation in respect to any particular case.

EMPLOYMENT OF NURSES.—NATURE OF THEIR WORK, AND ANNUAL LEAVE.

Mr. SHRIMPTON (Hawke's Bay) read the following paper on this subject:—

It is advisable that the various hospitals in the Dominion which undertake the training of women as nurses should have some unanimity with regard to different points concerning their employment and general treatment.

While certain regulations issued under the Nurses' Registration Act lay down on broad lines the conditions necessary for their actual training, the minimum number of lectures they must be given, and the term of years during which the training is carried on, there are many other things which are left to the discretion of the Boards managing the hospitals. While all regulations framed to govern hospitals in their various departments must, before they can be adopted, be approved by the Minister in Charge of Hospitals, there has been no arbitrary laying-down of rules by the Department; but, in response to many requests for assistance in framing by-laws, two model sets of by-laws were framed, and have been adopted by many hospitals. These deal generally with the appointment and training of the nursing staff, but for the sake of attaining some general uniformity I will deal more particularly with some special points.

(1.) *The Appointment of Matron or Lady Superintendent of Nursing.*—This is a very important duty; and should be undertaken with great care and judgment. The success or non-success of a training-school largely depends on the matron. She should be appointed not solely for her nursing qualifications, but for an all-round knowledge of administration, both domestic and institutional. She must be possessed of tact and judgment, have some organizing ability, and be a good judge of character. Her duty of continually changing the nurses from ward to ward, and from day to night duty, to isolation work, and to the staff of outside institutions demands a very clear head and a strict sense of justice. She must be careful and methodical, and keep books accurately entered up. She must be possessed of a kindly, sympathetic disposition, but tempered with sufficient firmness to deal with those who may impose upon it. Many nurses who are excellent in their special work, or who can manage well a single ward, are utterly unfit for the duties of a matron; yet they are often thrust into such a position without consideration of anything more than a few good testimonials given for one class of work, and with no experience qualifying them for the larger sphere of a matronship.

I look forward to the time when in all the large hospitals a special effort will be made to give a post-graduate training to nurses who desire to qualify for the higher posts of a hospital. A special branch of work might be instituted—to be called a matron course—for which a nurse

not necessarily belonging to the hospital could enter. No nurse should be accepted as a candidate for this course unless she had had experience of sister's work. She should then serve a term in all the different departments of management—under the matron in all the details of nurse management, lecturing, and arranging lectures and examinations; under the Secretary in the parts of his work which matrons of small hospitals usually have to do; under the house steward or housekeeper to learn about stores, supplies, contracts, and so on; under the house sister as regards the management of nurses' home, meals, &c., workroom, and, if possible, laundry-work. As the teaching involved in this special course would give some trouble to the various officials, it would be quite in order to charge a special fee for it or to exact some work in return for it.

A matron, once appointed with due care, should then be acknowledged as supreme in her own part of the administration of a hospital. In matters relating to her department of the management she should be consulted by the committee. What is the use of paying for an expert and not reaping the benefit? A matron so consulted will take much more interest in her work; she will exert her brains and knowledge for the betterment of the institution which she serves in a way which she would not otherwise be encouraged to do.

(2.) *Selection of Probationers.*—Most Hospital Boards hold their matron responsible for the efficiency of her staff, but some do not allow her the selection of the raw material. In some rules it is given to the matron to select her probationers and recommend them to the Board; in others it is given to the Resident Medical Officer and the matron; but pressure is brought to bear by members of the Board or influential people who have certain *protégés* whom they wish to get into the hospital. And although the term of probationership is supposed to afford an opportunity for weeding out those who are not suitable, yet it is very difficult to draw a line between "absolutely impossible" and "capable of improvement." Here again the matron, or whoever is associated with her, is fettered in her decision by the intervention of friends of the probationer.

It is, of course, possible that in some instances those intrusted with the selection may be mistaken. That is unavoidable; but the possibility is not lessened by their not having a free hand. The Board must trust them to do their best. They, too, will not act on their own unaided judgment, as each probationer is put under the special surveillance of a ward sister, who has to report to the matron.

In regard to the physical capability of the probationer the matron seeks the opinion of the medical staff specially intrusted with this duty.

The educational standard of an intending probationer should be carefully investigated. A good many hospitals ask for a certificate of having passed the Sixth Standard of the public school, or its equivalent. This is not altogether satisfactory. Many girls who hold this certificate are lacking in other even more important essentials, and some holding it may, on the ground of general knowledge and capability, be unable to compare with one who has no such certificate. It appears to me that the ability to intelligently understand directions, to report on her own observations, and to profit by the instruction given in lectures and bedside clinic could be better determined by an interview with a matron herself possessed of a good education and good judgment, and by the method of making a written application and filling up necessary forms, than by the fact of having passed an examination, some years, as a rule, after her school life is finished. She may either in that interval have forgotten a great deal of the learning on which she obtained her certificate, or, on the other hand, she may have in the school of life added knowledge of more material value to the work she wishes to undertake. She must be judged on her present mental ability, and other factors must be taken into consideration. Her bearing, manner, and general address would largely indicate whether or not she is likely to be a successful nurse.

Needless to say, her moral character should be above reproach.

One thing is certain, the worry of getting new probationers is such that no matron is likely to reject any material which shows likelihood of turning out satisfactorily.

The Board should, having selected a trustworthy officer, leave it to her to report on the suitability or otherwise of all candidates for training. She should interview or correspond with applicants, and send for them when required.

(3.) *Promotion on the Staff.*—This is a matter which should be jointly dealt with by the Medical Superintendent and matron. The vacancy to be filled is in the matron's special department, but, as the work of the nurse put in charge of a ward largely concerns the medical side also, no nurse should be promoted without the concurrence of both officials as to her suitability.

No nurse should look forward to promotion as a right contingent on length of service. After time and trouble spent on the training of a probationer, it is due to the welfare of the hospital and the training-school that only those nurses who make some effort to fit themselves for the higher positions, and who also are possessed of the necessary personal qualifications, should be retained on the staffs as ward sisters. Some hospital authorities may realize that the appointment of each ward sister will in the future have a great influence on the efficiency of the nurses trained in that school. Even more directly than the matron the sister is concerned in the practical training of the probationers, and in imparting to them a high standard of nursing. Therefore, a sistership should be regarded as a position of importance, and should not be given lightly merely because the nurse has finished her course of training and is a registered nurse.

After having completed the term of three years, which under the New Zealand law is the term of actual training, a nurse should serve, excepting under exceptional circumstances, at least a year on the staff before being made a sister. She should then have the necessary experience in nursing, and have had some experience also in ward management and teaching of probationers, and then when appointed sister she would have much more authority and influence over the probationers who will have to work under her.

The by-law which has been adopted by several of the larger hospitals, under which applicants for training sign an agreement to remain, if required, in the service of the hospital for a fourth year, should render this method of appointing sisters quite feasible. All hospital training-schools should agree in not appointing as a sister a nurse with less than four years' experience,

(4.) *Discipline.*—Some hospital authorities do not realize that for the training of their nurses, for the smooth running of the hospital, and for the efficient work of the wards and care of the patients discipline is absolutely essential. Nurses in training are like the private soldiers in an army—without discipline and strict obedience to superior officers there is nothing but rout and defeat ahead of them.

The difficulty of the matron in arranging and organizing the work of the hospital, and detailing her forces to their respective posts, is tenfold greater if she who has the whole field under her observation, and knows the weak points of each part and its necessities, is hampered by the questioning of those who are under her command, and by what is encouraged by some committees—the appeal of the different members of the staff to the higher authority of the Board whenever they are given a duty which they do not quite like or which they do not consider due to them. They do not know the why and wherefore of the various moves and changes which are often rendered necessary by reasons quite beyond the control of Board or matron. Illness is a contingency which cannot be anticipated or provided for, and the illness of one or two may disorganize the whole carefully planned scheme of the matron for the next change of duty due.

From the importance of the above duty alone it must be recognized how necessary it is that the matrons of the larger hospitals should be experienced women, endowed with good organizing ability and a strict sense of justice, and that they should be unfettered by the intervention of those who do not see all sides of the position in an impartial way.

(5.) *Nature of the Work of Nurses.*—This must considerably differ in different classes of hospitals; but, taking the larger hospitals, where the nursing-work is of a fairly arduous nature, the domestic side of the work should not be unduly pressed. It is necessary that nurses in training should be put through a course of work which should not only test their endurance, but should train their sense of the extreme cleanliness and neatness, which is more necessary in an institution than in an ordinary house. They must understand the different processes of cleaning and other ward work, in order to be able to see that these are properly carried out when they themselves have the responsibility of control and supervision.

In this country especially young women are seldom ignorant of domestic duties, and a short term should be sufficient for them to show their capability in this respect, and then to pass on to the more special nursing duties.

Work of a physical nature should not be multiplied unnecessarily so as to tax the strength of the probationers. It should be the endeavour of Hospital Boards to provide every possible convenience and every facility for the carrying-out of the work easily and with the minimum of labour. A little expense in this direction might well be incurred when it involves the lessening of fatigue and the giving of more time to attend on the sick patients.

We may lay it down as a general rule that young women training as nurses should not be given work to do which can well be done by porters and wardsmaids.

(6.) *The Hours of Employment and Annual Leave.*—The eight-hour system for nurses has now been adopted in most of our hospitals. So far as probationers are concerned—who have, besides their ward work, to give some time to study and to attending lectures—it may be well to set this limit to their work, but it would be more to the advantage of their training if the limit were made an average throughout the year, so that they might be trained to endure longer hours when necessary.

Periodically throughout the year—twice a month, or more often—the hours worked during the week might be reduced by long leave of twenty-four hours. This would be more recuperative to a tired nurse, and afford opportunities of a more thorough change of scene than the ordinary eight-hours-a-day system. The hours on duty during the intermediate days might be altered at terms that, with time off for meals, and this with an annual leave of three weeks, should work out at an average of eight hours per day.

For the proper training of nurses in the observation of their patients, and the continuous carrying-out of treatment and noting its effect, which is so essential for their after-work, the less frequent interchanges of duty between different nurses can be made the better. From the point of view of the patient undoubtedly the fewer changes the better; and from the point of view of the doctor attending the case, there is more certainty of getting his treatment properly carried out when not too many people are responsible for it.

Annual leave should be not less than three weeks for nurses in training, and for those who have, as well as the work, the weight of responsibility, four weeks at least should be given.

(7.) *Housing and Diet of Nurses.*—It may be laid down as a general rule that the accommodation for nurses should be on the scale of an ordinary upper middle-class home. There should be comfort, but not luxury.

For many reasons it is desirable that each nurse, whether trained or merely a probationer, should have her own room (for permanent members of the staff perhaps a little larger, and provided with something extra in the way of fittings or furniture); that there should be an adequate supply of bright, airy bathrooms and lavatories; that sitting-rooms should be large and airy, pleasantly situated, and comfortably furnished; and that there should be separate sitting-rooms for the sisters, staff nurses, and probationers. The latter portion could only apply to the larger institutions.

There should be a library well stocked with, besides other literature, standard books on nursing other than the ordinary text-book. This library might be used as a lecture-room, and should be furnished with suitable desks and other fittings.

A room where nurses can see their visitors without disturbing those using the ordinary sitting-rooms should be provided. Every effort should be made to give the privileges of home to those who have to spend some years in an institution, and every encouragement should be given, under certain restrictions, to that social intercourse which is possible in off-duty hours. Nurses should not be driven outside their home to see their friends.

A room should also be provided where nurses could do such fine laundry-work as most girls do in their own homes.

The dining-room should be large enough to easily accommodate the staff at tables for six or eight. It should be a bright, cheerful room, and the tables should be furnished with napery, crockery, glass, cutlery, &c., of good quality. The tables should be such as a girl coming from a refined home would be content with.

As regards diet, that should be of good quality and variety, and in larger institutions should be cooked in the nurses' home, and served as nearly as possible in the manner of a private house of good standing. Luxuries should not be provided, but fruit, when in season and not too expensive, should form an article on the diet scale. Vegetables should be served every day, and fish at least once or twice a week. The meal-hours should be arranged, not only with the convenience of the wards in view, but with a thought to the work of preparing the meals properly. Night nurses should have their principal meal cooked specially, and should be provided with some light dish to prepare for themselves in the ward kitchens during their time on duty. In a very large institution, with a correspondingly large staff, it would be quite possible to have this meal prepared in the nurses' dining-room for two relays or night nurses

In a paper read by the matron of one of the large English hospitals at a conference on the feeding of nurses, organized by the National Food Reform Association in London last November, the question is very deeply gone into, and the employment of a "lady cook" is advocated as having proved a success in more than one large hospital—a lady cook meaning one who has had a good general education, and has added a special education in the theory and practice of cookery and scientific knowledge of food-values. "She is likely to take a more intelligent interest in the work, to be less hidebound by prejudice, and less apt to get into a groove. In large hospitals, where there is accommodation available, a well-educated woman can find ample scope for her intelligence and skill, especially if the instruction of the nurses in the sick-room cookery is put into her hands. The kitchenmaids trained under a cook of this stamp should in time make good cooks for smaller hospitals." Miss Musson goes on to say, "Too narrow a view is often taken with regard to the feeding of the nursing staff, as it is with other matters which concern them. The time which they spend as pupils in a hospital is not merely a time of strenuous work for the benefit of the institution; it is a preliminary to many years of hard and responsible work. Care should be taken to send them out stronger and more healthy if possible than they were when they entered the hospital."

The Eight-hour System for Nurses.

Mr. Nolan (Hawera), in opening a discussion on this subject, read the following paper:—

Much has been done in recent years by hospital authorities to improve the conditions under which that most essential part of the whole organization of an institution for the care of the sick—the nursing staff—works and lives. Accommodation for the nurses, it is now recognized, should be comfortable and healthy. Their quarters and general conditions should, as nearly as possible, approach home life. This is important from an economic point of view. Better work can be expected under such conditions. When the nurses are properly housed, and provided with separate bedrooms and ample sitting-rooms and recreation-rooms, there is less friction, and consequently fewer difficulties in the management. There should also be less illness.

The housing, feeding, and training of the nursing staff cannot be too carefully considered, and each point requires special consideration by those who are qualified to deal with it.

At the present time one question in which I am specially interested, and which largely enters into the management of a hospital and which Hospital Boards are often called upon to decide, is what length of time on duty each day their nurses can fairly be asked to undertake. This is not a point which can be decided off-hand. A fair day's work in many callings is considered to be eight hours, and this has been decided by many of our hospitals to be sufficient to exact from the nurses. But I would ask, has it been found possible in any one of these hospitals which have adopted a so-called eight-hours system to adhere strictly to this time-limit? Does not the long nature of a nurse's work, which cannot, as in most callings, be laid aside at close of day until the morrow, prohibit such a limitation? The profession to which nursing is allied can set no such limit. The call of sickness must be attended to at all hours.

It may be argued that this does not apply to nurses in hospitals where there are always others to take up the work relinquished at the hour set. This is true, and to a certain extent there must be set terms, and the work must be transferred from one to another. But I would here like to set forth some of the arguments in favour of what is known as the "eight-hours system," and some of those which are not in favour of it—when we can consider which have the greater weight. In these arguments we must take into consideration, first of all, the advantage or not to the patient, for whose benefit both nurses and hospital exist; secondly, to the hospital; and thirdly, to the nurse herself.

It is, I think, conceded that the responsible members of the nursing staff—matron, assistant matron, and sister in charge of wards—cannot participate in an eight-hours scale of duty. A matron must be always responsible. Except when she is out of the institution, she is always on duty, and when she is absent her deputy takes her place. These two, therefore, must do more than eight hours' daily duty. As is the case in all walks of life, added responsibility, for which higher remuneration is received, entails more sacrifice of leisure.

The sisters in charge of wards have responsibilities to their patients, and to the doctor in charge of these, which cannot properly be fulfilled in eight hours, so that even when such a system is in vogue the hours are liable to extension for so many reasons that it can scarcely be said to be carried out at all, except perhaps in the case of junior nurses.

It must be taken into account that the constant variation of the work of nurses is in itself a rest, the change of occupation being, in a sense, relaxation. How different, for instance, the work of a typiste or office clerk, sitting for eight hours in one room—perhaps close and stuffy—and with no chance of dropping her pen or her typing-machine and going forth into the open air till office hours are over. A nurse, on the contrary, works for a part of her time in a large, bright, and airy ward, with the bustle of life around her. She is in and out of the ward to the verandah and balcony, attending first upon one patient and then upon another—first engaged in one sort of work, then something quite different. Sometimes, of course, she is sitting with or attending a single patient, and confined to the one room for the time, or on duty for some hours in the operating-room; but this does not go on week after week, year after year. When her work is done she goes to a cheerful home, where every reasonable comfort is provided for her. Her meals are served punctually, and she is waited upon. She has little to do for herself. The typiste or office clerk only has such comfort when she pays well for it.

The fashion of pitying the hospital nurse is one to be deprecated, and no one is more averse to such pity than the woman who has chosen her vocation truly and is fitted for it.

I will first take the case of a patient, and weigh the advantages on his account of an eight-hours or of a longer term of his nurse's duty.

Arguments on the Patient's behalf.

For.

In some cases it may be an advantage to have a fresh nurse coming on, who cannot plead fatigue for a few hours, during which the patient need not hesitate to ask for any attention.

Against.

No person who is seriously ill is benefited by constant change in those who are caring for him. If his nurse is careful and attentive he dreads to lose her.

It is impossible that his symptoms can be so accurately noted and reported to his medical attendant when there are frequent changes in his nurse.

Continuity of treatment is difficult to attain.

Changes in condition are overlooked.

Directions passed from one to another lose some of their clearness, and mistakes are apt to be made.

No one nurse being responsible, small details of nursing are forgotten, and the patient suffers much lack of comfort.

The sense of hurry when the nurse must be finished at a certain hour, despite the variations in a patient's needs, is disturbing to the tranquility which is so conducive to recovery.

Seeing few nurses on duty at one time, a patient is apt to go without his needs being attended to rather than add to the burden of the hurrying nurse.

Such a system carried out throughout the training is likely gradually to produce the feeling among trained nurses that they will not work longer in their private work, and how many people can afford to engage three trained nurses for an ordinary case?

Arguments on the Part of the Hospital.

For.

Comparative simplicity of organization or arrangement of duties.

Less work for the matrons in planning changes.

Possibly: More content and less illness among the staff, but the latter is scarcely borne out by experience: the case of a hospital recently having a larger number of sick nurses than ever before at one time, and the eight-hours system being in force.

Against.

The great additional expense of maintaining a sufficient staff to allow of three shifts in the twenty-four hours.

Accommodation required at least one-quarter more; consequent expense of maintenance raised accordingly.

Additional domestic staff necessary to cope with the larger nurses' homes and larger number of nurses to be catered for.

Difficulty, if trained staff is included in eight-hours system, of keeping up a sufficient number of staff nurses without paying higher salaries than the nature of the work, with so divided responsibilities, demands or merits. At present it is almost impossible to have a full staff of either sisters or staff nurses in any but the principal hospitals.

Arguments on the Part of the Nurse.

For.

A nurse has sixteen hours off duty, of which she can use eight for sleep or rest, and eight for amusement and study. She has time, if she wishes to do so, to keep up her interest in outside pursuits. She can visit her friends frequently. For some time in advance she knows at which time during the day she will be free, and can make more social engagements.

Against.

As a nurse enters on her hospital course with the ultimate object of obtaining as much experience as possible during that course, and becoming a thoroughly efficient nurse, any curtailment of the opportunities of obtaining that experience beyond what is necessary for rest and recreation is so much loss to her.

If a nurse doing sometimes twelve, sometimes ten hours' duty requires three years to learn her profession, one doing only eight hours' duty should require four years at least.

Young nurses for the first time away from a guarded home life will be for many hours away from any supervision, and with no occupation. It is not unlikely that in some cases this freedom will not be very profitably employed.

When entering upon the practice of her profession outside an institution a nurse will be expected to take sole charge of all cases except those very serious ones which require two nurses. She should therefore be trained to watch and to endure long hours when necessary. This can only be done by giving her charge of special cases and not relieving her more than once in the twenty-four hours. That is giving her twelve hours' continuous duty with a limited number of patients—probably one.

It greatly detracts from a nurse's experience of certain cases if she cannot attend them through the critical time without interruption.

The unavoidable non-observance of important symptoms may lead to serious consequences in her nursing of a similar case alone when qualified.

The sense of responsibility, which is so necessary in the care of sick people, cannot be trained when so frequently relieved.

The hurry and rush to get finished entailed by the smaller number of nurses on duty in a ward is fatiguing alike to mind and body.

The same amount of work spread over an hour or so longer can be done with much less fatigue.

Unless a very large staff is maintained, a nurse has a large number of patients to care for at one time; consequently she cannot give the undivided attention to each that is good for her as a practical nurse or for him as a patient.

The stress of work to be got over in a short time makes it difficult for the sister to give the bedside instruction in practical nursing, which is more valuable than lectures.

The probationer has no time to attend when the medical officers go their rounds and get the benefit of clinical instruction.

She cannot expect, with an eight-hours day in work, which goes on Sundays and week-days alike, to have so long annual leave, or to have the long days off duty periodically, which give a more complete recreation than a daily regular term off.

The need for being finished by a certain time causes temptation to a nurse who is slower than her fellows to slur over some of her work or leave it altogether undone.

The tendency is to consider the patients more as "cases" than as individuals, and so to destroy that spirit of unselfishness and tenderness to suffering so necessary for a successful nurse.

In after private work, if she is untrained to endure work for a certain number of hours, she will require more assistance, and it will come to pass that her fees will have to be reduced accordingly.

I find that I have been able to advance very few arguments on the side of the eight-hours system, and those few do not in any way compare in weight or importance with those advanced against this system.

There should undoubtedly be a reasonable limit to the hours of nurses' work, but such an arbitrary rule as that of the eight-hours system, which should only apply to work in which the human factor is not so deeply involved, is not, in my opinion, conducive to the proper training of young women in the work of nursing, in cultivating their sympathies, and impressing upon them the need for patience and long suffering in dealing with the sick.

Mr. McLaren, M.P. (Wellington), said that in considering the question of the limitation of the hours of nurses they had always to keep in mind that the nurse's week of work was different from that of the industrial operative. In the legislation for women in this country, as in many other countries, where they were dealing with female factory operatives, the hours had been made shorter than for males. Forty-five hours a week was the legal limit for women engaged in factory work, and the provision as far as legislation had gone in limiting the hours for nurses provided for fifty-six hours a week in hospitals in which there were over a hundred beds. It appeared to him that whilst there could be a good objection raised to the making of the hours eight hours in each particular day, that that was not a sound ground of argument for extending the hours per day so as to include the whole seven days a week. Fifty-six hours in that calling, he thought, was as much as the community should call upon those who had these arduous duties to perform to give. The ratepayers and general body of the people had also to be considered. Suffering humanity was a subject that concerned us all, and he thought that every one had a duty to perform in respect to it. He believed that if there was an extension of the hours to twelve per day, as suggested, they had yet to consider that though in attending to particular patients at particular times it was desirable to continue the service in watching the progress of a case, and in exercising every care, yet it would be a decided mistake from the standpoint of service and from the standpoint of humanity to those who served the twelve hours that they should go on from day to day. He submitted that if there was to be an extension for any one day it should be only for that period, and should not be established as a general thing in operation throughout the whole term of service. Personally he supported the eight-hour-day system. The gentleman who introduced the subject had a very difficult task, for he spoke for and against it at the same time, and that was always a most difficult thing to do. It was too big a subject to deal with in five or ten minutes. It had many aspects, many of which he admitted Mr. Nolan had dealt with in an effective way. Personally he supported the eight-hour system as the law stood now.

Mr. Mackay (Auckland) asked the Inspector-General if, in his opinion, the system had had a sufficient trial for hospital administrators to have come to any sound conclusion on the matter?

The Inspector-General.—Yes, I think so. Although the eight-hour system had not been in operation for a long time the hospital administrators were in a position to say whether it was in the interests either of the patients or of the nursing profession.

Mr. Horrell (North Canterbury) said if the reader of the paper wanted the hours altered he should move that the Government be asked to bring in legislation to repeal the clause which provided that the hours of nurses shall be eight hours in hospitals with over a hundred beds.

Mr. Kirk (Wellington) said he was quite prepared to move, "That, in the opinion of this Conference, the eight-hour system in connection with nurses is not in the best interests of either the nursing profession or the patients of our public hospitals." He was prepared to move that in order to insure the question being discussed by the Conference. The question had been fully gone into by the gentleman who read the paper; and if he felt, as he evidently did, in the direction he (Mr. Kirk) was now moving, he was sorry the delegate did not move in that direction. The eight-hour system for nurses had been in vogue in the Wellington Hospital for a great many years, and, speaking with some intimate knowledge of the question, he was perfectly satisfied that the eight-hour system had not turned out as good nurses as did the ten- or twelve-hour system before. He said without fear of contradiction that that was the fact. Whether it was right from an ethical or political-economy point of view, as the question had been dealt with by Mr. McLaren, that they should still go on having the eight-hour system was another matter. He could quote the opinions of a large number of people who held a decided opinion after years of experience of both systems that the eight-hour system had not conduced to the production of efficient nurses. In the Wellington Hospital they had had it in operation, but it did not mean eight hours work, but it meant that a nurse was kept on the run from the time she entered the ward till she went off duty; and at the time she went off she often wanted to go on, but under the eight-hour system she had to go off whether she had finished her work or not. The nurses themselves had told him over and over again that they would much prefer to spread the work over nine or nine hours and a half during the day, taking a short time off for meals, in order to give some special attention to the patients. The effect of the eight-hour system being rigorously carried out in public hospitals meant turning out a very fine class of medical students, but you would not turn out girls knowing anything about the refinements of nursing. That had been the effect where short hours of nursing had been brought into force—that the girls were worked as hard as they could when on duty, but they had no time to study the individual cases or develop that side of nursing which was its highest side. He hoped that medical men who had had experience of the working of the system would be able to corroborate the view he took of the matter. Dr. Hardwick Smith held views upon the subject, and probably he would be prepared to give the Conference the benefit of his advice as a result of his observations here and in the Old Country.

Mr. Nolan (Hawera) had much pleasure in seconding the motion. He had only recently taken up hospital work again, and it was a question whether the eight-hour system was as beneficial as the ten- or twelve-hour system formerly in operation. He thought that by raising a discussion on the question they would be able to get a concensus of opinion from the different Boards.

Mr. Ewing (Otago) said it would be most interesting to hear the views of Miss McLean, Deputy Inspector.

Mr. Mackay (Auckland) asked the number of patients in the Wellington Hospital and the number of nurses employed.

Mr. Kirk (Wellington) said that at present the number of patients was about 280 to 290, and the nurses employed numbered eighty-two. As in other hospitals, at present the number of patients was slightly above normal.

Miss Maclean (Deputy Inspector) said she had been a nurse of long experience. Twenty years ago she started her training. The system in the hospital in which she was trained was not an eight-hour system; but with the leave that was given them, she did not think that the nurses worked longer hours at that time than they did now; but there was no exact limit to their hours of work—the system was not so arbitrary as laid down under the eight-hour system. Once a fortnight twenty-four hours away from the hospital was allowed. That arrangement, to her mind, gave an opportunity for recreation which could not be obtained by having a short time off every day. There was no opportunity in a short time off every day to obtain any real relaxation. The necessity of having to come back to duty within a short time was too near to enable proper relaxation to be enjoyed. The change by getting entirely away from the hospital was far better. Any conscientious nurse would regret having to leave a patient in the course of serious illness more often than she was obliged to. No nurse with a true sense of her duty, and with a true sense of caring for sick patients, liked to be away and depute the care of the patient for sixteen hours out of the twenty-four. She must have recreation; she must have rest; therefore it was necessary for her to have certain hours off duty. But she maintained that to train a nurse properly and thoroughly in caring for the sick, and in carrying out the directions of the medical attendant, it was far better for her not to be hurried in her work, and that she should not be obliged to leave at a stated hour when she had not quite finished what she wished to do. There was so much to be said on this subject that it was almost impossible to say it at short notice and without having had any preparation.

Mrs. Fell (Nelson) said that, in her opinion, the eight-hour system was harder on the nurses and was less conducive to satisfactory hospital management than leaving the matter to the discretion of the matron or other authority. She had a relative in the Wellington Hospital who told her that she had to go off duty at a particular time. She said she used to attend to her patients and leave some manual or other work, and do it when the matron did not know. She said that was the only way she could satisfy her conscience that she was giving the patients the best attention. She believed that was not a singular case. They ought to encourage that kind of nurse.

The Nelson Board discussed the eight-hour question, and took the opinion of the doctor and the matron, and they were both adverse to it. They both stated that they found that the work of the hospital was more efficiently done if it was left to the judgment of the doctor and matron. The Nelson Board was willing to do so, and she hoped the Conference would be willing to leave the matter to the Medical Superintendents and the matrons. She had much pleasure in supporting the motion

Mr. YOUNG (Waikato) said the eight-hour system worked satisfactorily in the Waikato Hospital. They did not say that the nurse was to cease work on the tick of the hour; a certain amount of discretion was exercised by the matron and nurses as to how much longer a nurse should remain on duty. He had known of a nurse who had worked two hours longer when an important operation was being performed. The eight-hour system was entirely satisfactory to the staff and to the Board. He thought the eight-hour system was a good one, and, as he had said, it had worked satisfactorily in the Waikato Hospital.

Mr. BELLRINGER (Taranaki) would like to hear some of the medical men at the Conference express their opinion as to whether they thought that nurses in isolation hospitals and consumptives should work twelve hours, or whether they would only recommend the system for general hospitals.

Mr. RITCHIE (Wanganui) said the eight-hour system had been in vogue in the Wanganui Hospital for a good many years, and he thought it had worked very well. He thought eight hours' duty was quite long enough, and he thought it would be taking a backward step to pass the resolution.

Mr. COYLE (Auckland) moved the following amendment: "That this Conference recommends the Inspector-General of Hospitals to circularize all the hospitals of the Dominion with regard to the successful working or otherwise of the eight-hour system." Some time ago when the eight-hour system was brought up he was against it, but after the little experience he had since had of it he believed it to be in the best interests of the hospitals. The system had been in vogue only six months, and when it was introduced by law most of the members of his Board were in favour of it. It would be unreasonable to declare by resolution that it had not been a success after six months' trial. He thought it should be given at least a twelve months' trial. If his amendment were carried, the Medical Superintendents, honorary staffs, and matrons could be consulted as to how the system had worked, and, if necessary, a special meeting of the Boards could be called to discuss the matter.

Mr. EWING (Otago) seconded the amendment. If the nurses themselves were the persons most affected by the eight-hour system it was from them any objection to the system should emanate. If the views of the hospital authorities throughout the Dominion were obtained they would be in a much better position to discuss the matter.

Mr. MASLIN (South Canterbury) said the present system had been in operation in South Canterbury for two years, and he had never heard any dissatisfaction expressed with regard to it. They did not lay it down as a hard-and-fast rule. They merely recognized eight hours as a nominal day's work, and they left it to the staff to arrange matters as best they could. He did not think the Boards or the people concerned would be disposed to go back to the old system of ten hours a day.

Dr. HARDWICK SMITH (Medical Superintendent, Wellington Hospital) said they had had the eight-hour system in operation at the Wellington Hospital for some years, and in his experience it had not worked as well as one would wish. The morning nurses worked practically seven hours, the afternoon nurses seven hours and a half, and the night nurses about the same. They had, of course, time off for meals. This entailed three shifts, and a great number of nurses, and the great difficulty in New Zealand was to get nurses. If the nurses worked longer hours the hospitals could be enlarged without increasing the nursing staff, and without giving the nurses any extra work practically, as the work could be better divided than under the present system. Then, under the eight-hour system a nurse had to work at full speed all the time in order to get her work finished, and, as some of the work in the ward was difficult and arduous, she really was not able to devote the necessary attention to the patients. They could not put a larger number of nurses on because of the large expense extra accommodation would entail. Then, again, owing to the nurse having to work at top all the time she was inclined to neglect the refinements and ideals of nursing. Patients had told him sometimes that they wanted such-and-such a thing, but they did not ask for it because the nurse had not time to attend to them. That kind of thing should not obtain in any hospital, and that it did obtain was due to the fact that under the eight-hour system they could not get sufficient nurses to do the work. Again, it was not good for the patient to be treated hurriedly. Everything at the bedside should be smoothly and quietly done, and the work of the ward should go on smoothly and quietly. Under the eight-hour system the nurses were all in a rush, hurry, and tumble. The nurses said that under the eight-hour system they had more time for study. Well, his experience was that nurses were often too tired to study after their hard eight hours' work. He would like to see the hours extended a little so that the nurses could do some study at the bedside. He believed much better knowledge could be gained at the bedside of the patient than by means of lectures. Not only could they study the patient's ways when giving them food and drink and making them comfortable, but they could also study the disease. Then, in undergoing their examination, they could say, "I have seen such-and-such a patient, and I know what that patient was suffering from, and I know more about the nature of the disease than if I had got it out of a book." The scheme he would propose would be a nominal twelve-hour system. There would be an hour and a half for meals in the day, which would make the working-time ten hours and a half. Every day they would have two hours off. That would mean that they would have three hours' extra work in two days. That in a fortnight would be twenty-one hours' extra work. Then he proposed that

every fortnight the nurse should be given twenty-four hours off duty. That would take off the twenty-one hours extra something like twelve hours, so that in a fortnight they would have nine hours' extra work, or in a week four hours and a half. By that arrangement they could have three nurses in a ward where they had now only two. The patients would get more attention, and the nurses would have time to study the cases. Such a scheme, although it meant more working-hours, did not mean more work.

Mr. HORRELL (North Canterbury) said he had heard nothing from the matron or the nurses of the hospital of his district that the present system had led to any disturbance of the work. In the case of hospitals of less than one hundred beds he understood there was authority to regulate the hours of nurses. In his own hospital the matron and nurses got on well together, and there was no hard-and-fast rule as to a quarter of an hour or so. There was no Inspector coming in to see that the nurses knocked off work to the minute, and things worked quite smoothly.

Dr. FALCONER (Otago) supported the amendment. If a circular were sent to the Boards as suggested, the Boards could be asked to consult the matrons as to their experience of the working of the system. In the Dunedin Hospital the eight-hour system had been in operation exactly three years. The nurses had asked for it. He, as Superintendent, and the matron opposed it, and they were considered out of date in so doing. Personally he preferred the old hours of nurses' work, but public opinion was absolutely against it. There had been considerable friction over the question, and he would not like to see a return of that friction; and the matron, who strongly opposed the alteration at the time, he knew would not on her own initiative propose to go back to the old system. With regard to the seven-hour system, he agreed with Mr. Nolan that under that system it would be necessary to extend the course of training for nurses to four years, as they would not have gained the same experience as a nurse doing ten to twelve hours' duty a day. Then they would have to limit the visiting-hours of the patients' friends. At the Dunedin Hospital there used to be two hours allowed for visiting, but they cut it down to one hour, with the result that the patient had an hour's extra attention. They had a large nursing staff there, and were thus able to carry the system out.

Mr. SHRIMPTON (Hawke's Bay) thought what they had to consider principally was the well-being of the patients. If the opinion of the medical men throughout the hospitals were taken he felt sure they would be in favour of the two-shift system as against the three-shift system, and they would say that the patients did better under the two-shift system. They had to work from twelve to sixteen hours a day, and he thought their opinion would be that constant change of nurses was a serious disadvantage. He thought the arrangement of the fifty-six hours per week could safely be left in the hands of the medical authorities and the management.

Mr. WALKER (Otago) considered this a most important matter, and he felt prepared to vote for the amendment, because he thought there was no vital necessity for a change at the present time. So far as his own district was concerned, he felt satisfied that if they were to make a change now they would bring another hubbub about their ears which would last a considerable time. There was no doubt that Dr. Hardwick Smith put forth very strong arguments in favour of the twelve-hour system, but he (Mr. Walker) thought the amendment was in the right direction, as it would give the matrons and Medical Superintendents an opportunity of conferring, and fortified by their opinion there would not be the same trouble as if a drastic change were made at the present time. He could not understand Mr. Kirk's argument that the eight-hour system brought forward a poorer class of nurse, as they would not have the training they should have. He took it that if the examination that was conducted by the State was on the right lines the nurses passing it must be fully qualified before getting their diplomas. He felt sure the class of nurse coming forward at the present time was quite equal to what it was formerly. Mr. Nolan had expressed the opinion that the duties of a nurse were very pleasant—that she had a comfortable home to go to, and so on. He (Mr. Walker) thought the nurse's work was very arduous, more especially in the first and second years, and he was satisfied very few typistes would give up their calling to take up the work of a nurse in a hospital. His sympathy was entirely with the nurses in this matter, and he was of the opinion that eight hours' work was quite enough for them. However, he was prepared to defer final judgment until the matter had been referred to the Medical Superintendents and matrons for their opinion.

Mr. KIRK (Wellington) said, in view of the expression of opinion given, it might be advisable that delegates should be given an opportunity of consulting the Medical Superintendents and matrons of the several hospitals, and of fully discussing the matter at their own Boards before coming to a conclusion. He would just like to tell the Conference how the eight-hour system became compulsory. This was not legislation asked for by the nurses or by the professional officers of the Government; but in the Upper House a gentleman acknowledged to be a humanitarian, and desirous of making the lot easier of a class that might be overworked, brought down a motion to limit the hours of nurses. The result was that in Wellington the Trained Nurses' Association took the matter up, and they asked him (Mr. Kirk) to draft a petition strongly protesting against legislation they had never asked for, and which they deemed would be contrary to the best interests of their profession. Notwithstanding that petition, the Bill went through, with certain amendments, and it was now on the statute-book. In the Wellington Hospital they had been working under the eight-hour system for a good many years, and comparatively recently, owing, he supposed, to the opinions expressed by Dr. Hardwick Smith, he had looked into the matter. One of the conclusions that had been come to by the doctor and matron was that it was absolutely necessary that the probationers taken on should undergo a four years' course. The Chairman of the Otago Board stated that if the nurses had passed their examination they must be well qualified, but he overlooked the fact that no examination dealt with the personal equation. They could get answers from nurses in regard to physiology, anatomy, and the theory of nursing, and

so on, but no examination in the world would show whether a woman had instilled in her the true ideals of nursing—whether she had acquired such habits as regards the care of the patient as would make her a good trained nurse. He asked leave to withdraw his motion, in favour of the amendment that had been proposed.

Motion, by leave, withdrawn.

Amendment agreed to.

EXAMINATION OF NURSES.

Mr. J. G. WILSON (Palmerston North) moved, "That in future the State nursing examination should be conducted in its entirety at the hospital where the nurse or nurses is or are in residence." He did not think his Board wanted to in any way interfere with the examination of nurses, but there had been a good deal of dislocation of the work of the hospital owing to the nurses having to go to Wanganui for their examination. The nurses had to leave Palmerston the day before the examination, and they had to spend a day at Wanganui. Apart from the inconvenience and expense of all this, it was well known that when people had to leave home to undergo an examination there was a certain amount of excitement and disturbance of mind, and possibly they might not be able to do themselves the same justice as if the examination were held in their own locality. On one occasion when the examinations were held in Palmerston one of the nurses who came from New Plymouth was five days away from her own hospital. For the last examination five probationers had to go away to Wanganui to be examined. On that occasion it happened that there was a senior probationer away on sick leave and there were two nurses on duty at the isolation ward, and thus for several days they were very short-handed. The cost of a second-class return ticket to Wanganui was 10s. 6d., and the hotel expenses came to £1 4s. This was a considerable item to a nurse whose salary was only £2 a month. Of course, he was speaking with a limited knowledge of what was necessary as regards examination of nurses, but he could see no valid reason why the examinations should not be held in the hospitals themselves. While there were medical men in the town who could conduct the examinations it did not seem reasonable to ask the nurses to go away to Wanganui for the practical part of the examination. In the case of papers, he understood they were allowed to be examined in the hospital. He hoped that full consideration would be given to this matter by the Department.

Miss MACLEAN (Assistant Inspector) said,—I am glad to have an opportunity of giving some of the reasons why the Department feel it is necessary to hold the examinations in the main centres. It would be inadvisable and almost impracticable to carry out the State nursing examination in the smaller centres, one reason being that in small country towns, apart from the teaching staff of the hospital, there are rarely any other medical men or nurses who could be appointed as examiners. The value of a State certificate depends largely on the carefulness and the method of carrying out the examination. In all Acts and Bills drafted for the registration of nurses—as of all other professions—the examining centres are limited, and in New Zealand the necessary work of nurses and the difficulty of travelling from distant parts is specially taken into consideration, and every effort made to arrange such centres for the greatest convenience of the greatest number, consistent with the possibility of insuring a uniform and satisfactory test. The necessity for leaving a hospital for examination at the close of training can only occur once during the course, and it should be possible for the hospital authorities to make arrangements for the nurses' absence for the short period usually necessary. With regard to the small expense involved to the candidates, delegates may be reminded that the nursing profession is the only one during the course of training for which the student is at no expense, but is even paid for her services over and above the tuition provided for her, and which immediately ensures work in a large variety of ways, which in a very short period entirely recoups the cost of the examination. Should the final examination be held locally without reservation, the value of the New Zealand certificate would be very much depreciated in the eyes of other countries. The emulation instigated by the practical examination being held at the larger centres undoubtedly helps in maintaining a high standard of work in preparation for this competition. For the nurses trained in the smaller hospitals the value of thus meeting those trained in the larger ones is of undoubted educative value. An instance in the last State examination shows this: a nurse from a small hospital acknowledged with gratitude that but for the opportunity afforded her at the large hospital of seeing some of its work she could scarcely have passed. In all countries where there is a uniform examination the system is much the same as that pursued in New Zealand. The centres are fixed where a fair number of nurses can be gathered together, and it is rarely that any centre is more than a day's journey from a hospital at which nurses are being trained. The absence from the hospital is not usually more than three days, and that absence, as a rule, comes at the end of the nurse's period of training, and at the end of the year, when her annual leave is due. On that account she would not be so much missed from the hospital.

Mr. WALKER (Otago) said the nurses that came down to Dunedin for examination were at no expense except so far as railway fare was concerned, for when they arrived they were put up at the home, and they were only too delighted to have an opportunity of going over the institution. He thought, if arrangements could be made for the accommodation of nurses while undergoing examination, the difficulty would be overcome. The only expense to them then would be the cost of the railway ticket. He thought it would be a great mistake to take away from the value of the State examination.

Mr. STUBBS (Palmerston North) said this matter had been brought before him by the senior medical officer and the matron of the Palmerston Hospital. They had no wish to interfere in any way with the arrangements of the Department nor to detract from the value of the examination, but it was found that so many of the senior probationers being away at the same time materially affected the work of the hospital. There were qualified medical men not attached to the hospital and there were qualified nurses at private hospitals, and it was thought that they would be willing to conduct the examinations in Palmerston, so that the probationers would not have to leave their own district to be examined.

The INSPECTOR-GENERAL had nothing to add to what Miss Maclean had so ably put before the Conference. He would ask the Conference to imagine the difficulty if this motion were carried. There were cottage hospitals and other quite small hospitals in districts where there was only one medical officer, and it would be difficult to arrange for an examination at such hospitals as those. He did not think these examinations caused any serious difficulty. There were, on the other hand, great difficulties in the way of arranging for the examinations locally.

Mr. J. G. WILSON (Palmerston North) was glad to have had the views of the Department on this matter. He would now ask leave to withdraw the motion, as it would obviously be defeated.

Motion, by leave, withdrawn.

TRAINING FOR PROBATIONERS.

Dr. RIDDELL (Waipawa) moved, "That central training-schools be established where the smaller Hospital Boards can maintain probationers during their course of training, on the understanding that they return to the hospital which has supported them during that period for a term of at least two years after they have received their certificate." In Waipawa the position was this: they had an excellent medical officer there who absolutely declined to give the necessary trianing because he could not afford the time, and the number of probationers was so small that it would not be worth while his giving lectures. They had a good deal of difficulty in getting nurses in Waipawa, probably for the reason that nurses preferred private nursing, which was better paid, and there were more holidays. Others took up maternity work, for which trained nurses were now required. Another reason for the scarcity of nurses was that so many of them got married. He hoped this motion would be carried.

Mr. MACKAY (Auckland) seconded the motion. Both in the small hospitals and in the larger hospitals there was great difficulty in getting proper training for the nurses. In a large city particularly the time of the members of an honorary staff became very valuable, and they already devoted a good deal of time to hospital work. He thought, therefore, the time had come when they might inaugurate a system of paying members of the honorary staff for delivering lectures. The work would not then be done in a perfunctory manner, and the staff would then practically be in the service of the Board. If the nurses then did not come up to a certain standard the Board could demand an explanation from the lecturers. At the present time they could not do that. He had brought before his Board a motion to the effect that lecturers from the honorary staff be paid, but the large majority declined to support it. He believed, however, if a resolution came from the Conference that in the opinion of the Conference it was necessary to establish paid lecturers it would be likely to have a strong influence upon the various Boards throughout the Dominion. If it should happen that members of an honorary staff had not the faculty for lecturing and imparting to others the knowledge they possessed, it would be possible to appoint lecturers from outside.

Mr. KIRK (Wellington) did not think Mr. Mackay would get the Conference to help him in that matter. If the Auckland Board found a difficulty in getting their honorary staff to give the necessary lectures, there was nothing to prevent the Board from paying members of their staff, or from getting assistance from outside. At the Wellington Hospital the Medical Superintendent and the honorary staff had always given the necessary lectures, and he did not know that the nurses had suffered in regard to the examinations.

Mr. SCANTLEBURY (Inangahua) said this remit was of vital importance to the country hospitals. The country Boards knew the difficulty there had been for years past in getting trained nurses to go into the country and attach themselves to hospitals there. The late Mr. Seddon recognized that, and the Government of the day endeavoured to cope with it by paying the salary of a certain number of probationers in the hospitals throughout the Dominion. That provision was in force for some years, and finally it was dropped. One delegate had expressed the opinion that lectures were not of much value, and that the nurses could learn more from books. He (Mr. Scantlebury) believed lectures were of as much value in the training of nurses as they were in the training of students for the law or any other profession. The Medical Superintendent complained that it was not worth while giving lectures to probationers, as they only stayed in the country twelve months or two years after they were trained. If the Government would render the necessary assistance in the training of nurses by means of lectures, and so on, in a few years the scarcity of trained nurses would be a thing of the past. He would support the motion, although it would not give much assistance to some of the country districts. The West Coast, for instance, could not send probationers away to Christchurch or Wellington for lectures.

The INSPECTOR-GENERAL said Dr. Riddell and the last speaker had supplied him with another argument in favour of larger hospital districts. When the Hospitals Act was in Committee he tried all he could to get the districts made larger, so that each district should be self-contained, and this very question of trained nurses could be dealt with more effectively. In a large district there would be a base hospital, an outlying subsidiary hospital, and perhaps a cottage hospital. The nurses for the whole district could then be trained in the base hospital. If, for example, the Waipawa district were combined with the Hawke's Bay District and Inangahua were combined with the Grey it would be a very simple matter to deal with the training of nurses. The nurses from the subsidiary hospitals could be very efficiently trained at the Hawke's Bay and the Grey Hospitals. If also Palmerston North were combined with Wanganui the difficulty about sending nurses away for their examinations might be overcome. He thanked those delegates who had assisted him in his endeavour to bring about larger hospital districts than were in existence now.

Mr. W. RITCHIE (Wanganui) agreed with the Inspector-General to a great extent that there should be larger hospital districts, but why had the Department departed from their own ideas in that respect by creating a small outlying district like Taihape? The hospital there started as a cottage hospital subsidiary to Wanganui, but now they did not know whether Taihape belonged to Wanganui or Wanganui to Taihape. If the probationers were not going to be placed in the position of getting the necessary training, he did not know what was going to be the result.

The Inspector-General said Taihape was eight hours and a half by steamer from Wanganui. Taihape was a place in which there was a great deal of sawmilling and other work going on, and in that single instance it was considered advisable to establish a hospital district there And with regard to nurses, what was to prevent their sending some of their probationers under training at Wanganui to Taihape for a time to take up the duties there? Nor was there anything to prevent the North Canterbury Board from sending probationers to Kaikoura. Other districts had done that kind of thing.

Motion negatived.

Probationer Nurses

Mr. Eton (Wairarapa) moved, "That all nurses serving a stated time as probationers should qualify by examination for further service." His Board considered it was advisable that this should be made compulsory by Act. In order to safeguard themselves they had drawn up the following by-law: "If after this period of trial a probationer shows that she is not fitted for the duties of a nurse, or that her health will not stand the strain of the necessary work, or if she fails after two attempts to pass the hospital examination required by the regulations under the Nurses Registration Act, 1901, she may be required by the Board to resign her appointment." It had been found that in some cases probationers had not followed up their duties. This would be in the interests of the probationers themselves, as they would know that they must qualify early and the regulation the Board had drawn up would give ample time. The Board, however, would rather see it made compulsory by law.

The motion lapsed for want of a seconder.

Hospital Charges to Trained Nurses.

Mr. Horrell (North Canterbury) moved, "That this Conference consider the question of the reasonable claims of sick members of the Trained Nurses' Association to obtain the benefit of treatment at their own local hospital at reduced charges in consideration of their agreeing to assist, when able, in nursing at public institutions at reduced rate of payment." In his district, in cases of emergency, the Board's only remedy was to apply to the Nurses' Association for assistance. These ladies, however, charged three and four guineas a week for their services to the hospitals, but they said if the hospitals would grant them concessions when they were sick, they would, in turn, give their services at a reduced rate. He thought the matter could very well be arranged.

Mr. Bellringer (Taranaki) asked if this was not simply a question of arrangement between the nurses and the Boards?

Miss Maclean (Assistant Inspector) thought a few words from herself as President of the Nurses' Association might perhaps clear the matter up, and would show what the Nurses' Association was prepared to do to meet these cases. They considered some reciprocal arrangement might be made with advantage both to the private nurses upon whom, owing to their income ceasing during a period of incapacity, a long illness pressed very hardly, and to the hospitals which required for any reason, such as epidemic outbreaks, to augment temporarily their trained staffs. The difficulty would be to withdraw the nurses from private work, for which they were constantly in requisition, to take duty at this reduced rate as often as might be desired by the hospitals. But as nurses taking duty in public institutions were not required to take so much responsibility as in nursing private cases, nor to be on duty so many hours, it was reasonable to expect that they would not ask the same high fee. The question of fees for temporary duty in public and private hospitals was now being considered by the Nurses' Association, and it was hoped that a reduction of such fees would shortly be agreed upon by the four branches.

Mr. Maslin (South Canterbury) said there could be no guarantee that the nurses would continue to serve at the reduced rate.

The Chairman said in his district the nurses were all treated free of charge.

Motion negatived.

Interchange of Information between Boards.

The Rev. Mr. Closs (North Canterbury) moved, "That it is desirable that there should be an interchange between all Boards of information relating to the number of inmates in the several institutions, salaries, or other emoluments paid to employees of every description and grade, showing length of service, &c., with a view to comparison and approximation of duties and remuneration; also, the mutual exchange of annual balance-sheets throughout the Dominion." The information available at present as to what the various Boards were doing in this matter was so vague that there seemed to have been no attempt at uniformity. It seemed hardly fair to the employees that the difference as regards salaries should be so marked, and his Board was anxious that there should be some degree of approximation both as regards salaries and duties. If the other Boards throughout the Dominion would agree to an annual interchange of information they might be able to arrive at some approximation in these matters

Mr. Ewing (Otago) seconded the motion. Some little time ago the Otago Board had written to every Board in the Dominion asking for this information, but he did not think the information had been forthcoming yet. He was glad this matter had been brought before the Conference.

Mr. Gillingham (South Canterbury) said all the information required by any hospital was furnished in the tabulated statement published by the Inspector-General in his annual report—that was to say, all the information except as regards salaries.

Mr. Horrell (North Canterbury) said the object of the remit was to bring about some uniformity with regard to salaries. In the hospital of his district it happened sometimes that the matron or nurses pointed out that at Dunedin they were paying so-much, and they contended

they ought to get the same. If the Boards could arrive at some uniform scale which would be a fair thing, it would put an end to a good deal of dissatisfaction as between nurses. There was a big difference in the pay of the matrons even at the larger hospitals.

Mr. London (Wellington) was sure if the information was wanted any Board would supply it. The Wellington Board had on several occasions supplied such information. He thought the motion somewhat superfluous.

Mr. W. Ritchie (Wanganui) said, in his opinion, there could never be a uniform system of salaries. The efficiency of the service was the measure of the payment a man or woman ought to receive. He believed the highest salary paid to a matron in New Zealand was £175 a year. Efficient women who gave the best part of their lives to this work should be well paid. He did not think a matron should be paid less than £200 a year.

Motion negatived.

Scale of Salaries.

Mr. Hawke (Southland) moved, "That this Conference affirm the principle that a uniform scale of salaries should be paid to hospital nurses by the different Boards of the Dominion."

The Inspector-General said much as he favoured uniformity in other matters, he did not see how there could be uniformity in this particular respect. For instance, in a place like Waiapu, which could only be reached by two days' coaching over a bad road, it was necessary to offer a higher rate of salary; and there were many difficulties in the way of a uniform scale of pay. He agreed with Mr. Ritchie that the matrons were underpaid.

Mr. Hawke said the trouble in Southland was that they could never keep their certificated nurses for any length of time. As soon as the probationers had served their three years they went away to the larger hospitals, where more salary was paid. He really thought the larger hospitals and the second-grade hospitals ought to be able to fall into line and pay the sisters and certificated nurses on the same basis. He said if probationers in the smaller hospitals were required to train for four years it would be a help to those hospitals. At Arrowtown and other country places they had to pay higher salaries in order to get nurses at all.

The motion lapsed for want of a seconder.

Extension of Hospital Treatment.

Mr. Horrell (North Canterbury) moved, "That it is desirable to institute or extend hospitals so as to provide for the reception and treatment of all classes patients, rich and poor."

Mr. London (Wellington) seconded the motion. He thought it would be a good thing if hospital appliances were available for the treatment of patients outside hospitals. It might be said that people who could pay the regular fees should be made to do so. Well, without wishing to cast any reflection upon the medical profession, he could say it sometimes happened that people in very ordinary circumstances who usually paid their way were not considered legitimate cases for hospital treatment, and consequently at considerable sacrifice they paid the private practitioner. He must admit he had not had the time to go very closely into this matter, but he did think it was well worthy of the serious consideration of the Conference.

Mr. Bellringer (Taranaki) asked if any hospital could refuse admission to any one, rich or poor?

The Inspector-General.—No.

Mr. Maslin (South Canterbury) noticed, with regard to the payments received from patients at the various hospitals, where there was an honorary staff attached to the hospital the payments were very much lower than where they had paid medical officers to do the whole work. In analysing the figures of the different Boards the Inspector-General had made a somewhat invidious comparison between the amounts received by those Boards. The Taranaki Board, for instance, was credited with having a most energetic Secretary. In South Canterbury, where they had an honorary staff, they prevented, as far as possible, paying patients from receiving the benefits of the hospital, as it was not fair that an honorary staff should be called upon to treat patients who were in a position to pay for the services of a medical man. At their last meeting the accounts showed that £318 was due from patients discharged during May. Out of that sum all that was recovered was £24, and £6 or £8 was paid by a ship's company for treatment of the ship's employees. The hospital treated practically indigent people who could not pay. Then the Inspector "slated" the Secretary because he had not collected as much as was collected at New Plymouth. He thought the Inspector ought to inquire a little more closely before slating an energetic and hard-working Secretary.

The Inspector-General said it seemed to him a rather extraordinary thing that the New Plymouth Hospital should be able to get £2,300 in fees, whilst the other hospital, with a larger number of occupied beds, should only get £600 or £700 in fees. He would tell the Conference why Mr. Lepper, Secretary of the Taranaki Hospital Board, got so large a sum in fees. He visited the hospital every day, and he arranged with the matron to let him know when any patient was going to be discharged, and he got that patient when the patient was full of gratitude to the institution. That was one of the reasons. But he would freely admit that the comparison was not altogether fair. Timaru ought to get more fees than it was getting; he did not say to the extent that New Plymouth did. He always noticed that the hospitals that got the most fees were those where the Secretaries were more or less in touch with the hospital itself, and who visited the hospital every day; and that furnished another argument for the Secretary's office being in the immediate neighbourhood, if not within the enclosure, of the hospital.

The motion was put and negatived.

Hospital Economics.

Mr. Kirk (Wellington) read the following paper on this subject:—

The first and most important thing for us as unpaid laymen, giving our time to this interesting and absorbing work, and unable ourselves to supervise details, is to select the best staff of employees available. From the Medical Superintendent and matron down to the latest telephone boy or girl it is essential that only intelligent and brainy men and women be employed. The mediocre servant content to earn a low salary only is more often than not dear at the price, and may cost the Board by unintelligent methods more than the salary earned. For this reason I have been convinced during over twenty years of experience that it will pay the managers of a hospital, as indeed of any other institution, to purchase and retain the best brains available for its staff at such a liberal basis of remuneration as is necessary to attract the most desirable class of employee. I have seen the muddle and inefficiency resulting from the disregard of this principle, and am satisfied it is the poorest economy to pay low salaries.

Having selected or trained a really good staff, there should be very scanty interference with the officers in carrying out their respective duties so long as they produce good results. Nothing disheartens men and women who are keen on making a real success of their job like petty interference for personal or insufficient reasons. Let a good system be evolved, and then give the officers a fairly free hand in carrying it out in detail, and you will surely produce the highest class of efficient servants, who will take a pride in the success of their respective departments.

I hardly know what matters to refer to, inasmuch as several important parts of hospital economics have either been discussed or will be brought under your notice by other speakers, as will be seen by the order-papers.

While on the subject of staff, however, I desire to express an opinion in regard to the selection of an honorary staff. The *personnel* of an honorary as well as a paid staff has some considerable bearing on the efficiency, and therefore on the economy, of a hospital. The highest efficiency is the truest economy. I venture to question whether the members of a Hospital Board or committee are the best judges as to whom to select for the honorary staff, positions upon which are so eagerly sought after; the responsibility is a very great one to put upon laymen. It is a duty not always wisely performed, and friction and possible danger to the public may be the result of an unwise though honest endeavour to carry it out. I would suggest that the determination as to what and how many appointments are necessary to efficiently carry on a hospital. So far as the honorary staff is concerned, and the selection of the *personnel* of that staff, it might be very properly delegated to the medical men practising in the hospital district, in consultation with the Inspector-General. As one medical friend once put it to me, there might be some heartburning still as to who was elected, but the bold, canvassing practitioner of little or undesirable experience would have no chance of being foisted into a position where people's lives are *nolens volens* put into his care. I commend this thought to your earnest consideration.

The same principle that I have applied to the staff I would also apply to the expenditure on appliances and conveniences. Capital or maintenance expenditure cut down at the expense of efficiency is no economy. I do not believe that the taxpayer begrudges the necessary expenditure to keep up the highest efficiency in the hospitals of the Dominion for the treatment of the suffering. In no department of expenditure is the Board more in the hands of its servants than in regard to the food-supply; and a careful and highly skilled matron or house steward can save her or his salary many times over in a large institution by prudent buying and management in this domestic department. Contract for the best of all classes of foods which are suitable for a contract, and give the house steward power to buy in the cheapest market all classes of foods concerning which the market is very variable, and you will, as a rule, find you have saved a good deal as against the contract system for all supplies. We have found here that by taking advantage of the markets for eggs, butter, flour, vegetables, fruit, and some other articles we have effected a considerable saving.

This leads me on to speak of the expenditure on drugs, which in most of our hospitals is necessarily considerable. Here, again, the Medical Superintendent and dispenser of the modern, clever, and well-trained type can effect a marvellous economy as contrasted with those who are contented to go on in a stereotyped fashion. I have actually known of nearly £1,000 a year being saved in a large hospital by judicious use of drugs, and partly, no doubt, by the still more judicious non-use of them, or, at any rate, those of an expensive and fancy type. We have practical demonstration that a clever Medical Superintendent and capable dispenser can do far better by buying in the open market, both here and abroad, than by procuring drugs, &c., under contract. The time is very opportune, however, at this Conference to consider whether all the Boards of the Dominion could not now combine to secure still greater concessions from the large manufacturing houses, for the benefit of the small as well as the large hospitals, at least in regard to certain leading lines of drugs and dressings in general use. The Inspector-General will bear me out when I say that some hospitals pay 50 per cent. more for the same articles than do others, and this loss should be stopped at once. I hope that the 20 per cent. duty on serums will be removed.

The expenditure on fuel for machinery, heating, or cooking also wants extremely careful watching. It seems clear that cooking and heating can be more economically done by steam than by coal direct where steam is in use on the premises for any other purpose, such as laundry-work or running a freezer. I have seen most instructive tests carried out, which show that the hot water for wards and necessary sterilizing can be supplied by steam carried from the central boilers much more economically than by gas or any other heating agent. Here, again, it must pay any Board controlling much machinery to have the services of a first-class consulting engineer with special experience in the use of steam for heating purposes, so that all the appliances may be of the most up-to-date and efficient type, and kept in the best working conditions.

To those Boards using gas for lighting and heating I would suggest that periodic tests be made for efficiency and leakage in each building or ward. A series of experimental readings taken under my personal supervision recently with the aid of about twenty extra meters on all heating-points disclosed most instructive results. The saving to be made by eliminating all waste of gas owing to old and defective piping was enormous, and the substitution of burners of the most modern type as compared with those in recent use showed a saving of at least 30 per cent.

Where gas and electricity are both available for use for lighting purposes at anything approximating the same cost, I think there can be no doubt that electricity will be found the more efficient illuminant for hospital purposes, and I shall be glad to confer privately with any member of the Conference who is sufficiently interested in the subject to wish to ascertain the results of experiments which came under my personal observation. I suggest it would be an excellent plan if the different large hospitals were to exchange statistics as to machinery and number of hands employed and wages paid in their respective laundries, and the number of pieces dealt with weekly. A comparison of such figures would be most instructive, and probably lead to economies in this department.

We find locally that our expenditure for water consumed varies, without apparent cause, as much as 25 per cent. from month to month, and I shall be glad to learn what is the experience under this head of other hospitals which have to pay the Corporation for its water-supply.

It may interest you to learn that our experience in buying our flour in the open market and baking sufficient bread daily at the hospital both for our hospital requirements and for the Charitable Aid Committee's requirements for indoor and outdoor relief is quite favourable as to both cost and quality.

Questions such as the hours of duty for nurses and their remuneration, and the keeping and collection of accounts from in-patients and out-patients, would all come under the heading allotted to me, but I propose to leave them to be dealt with by the gentleman who is to follow me on the special subject of "Hospital Finance."

As I said at the beginning, I can only claim to have dealt with a very few points in a vast subject and by way of introduction to it.

I have four resolutions to move on this subject. I move the first resolution—"That it is desirable for Hospital Boards to delegate to the medical faculty in their districts the appointment of such honorary staff as may be considered by them necessary."

Mr. HARPER (Ashburton) seconded the motion.

The INSPECTOR-GENERAL said that Mr. Kirk's paper was pregnant with suggestions. Of course, they all agreed with him that it was wise economy to get the best staff available. The South Canterbury Board had accused him of "slating" them; but he was glad to be able to congratulate that Board on the very excellent way they had got out of the difficulty: they referred the selection of an honorary staff to the medical men practising in the district; and he hoped that every Hospital Board in the Dominion would adopt a similar course. With regard to sera, as to which Mr. Kirk raised the point of the charge of 20 per cent. duty, he might inform the Conference that the Department had just made an arrangement under which sera could be supplied at a very much cheaper rate to Hospital Boards. Moreover, he thought that in the course of next year the Department would be able to manufacture sera and vaccines for use in hospitals. Already, as they knew, Dr. Champtaloup, bacteriologist in Dunedin, was manufacturing anti-typhoid serum for Hospital Boards; also, tuberculin was being manufactured at the Happy Valley Sanatorium under the Otago Board; and he had no doubt that in the course of next year they would be manufacturing diptheria anti-toxin. By that means they would be able to supply the Hospital Boards with sera at a very much smaller cost than they were paying at the present time. The Department would let them have sera at the bare cost of manufacture. While he was on the question of sera, he would like to say that he hoped in the future they would be able to stock hospitals with sera, so that they would be immediately available to medical men in the district; and then medical men would know where they could immediately get sera of recognized quality and at a cheap rate for the benefit of the community. There were many other matters to which he would like to refer at great length; but he thought the suggestion of the Boards combining for the purpose of buying drugs, dressings, and so forth, was an excellent one, and he hoped the Conference would take the matter up. He again congratulated Mr. Kirk on his paper.

Mr. WALKER (Otago) said that Mr. Kirk's first resolution would not suit Dunedin at all: it absolutely could not be carried out there. The position of the hospital there was different from that in the other centres. Lecturers of the medical section of the University were on the honorary staff, and the Board supplemented them with other doctors. If they referred this matter to the medical men of Dunedin it was possible that four men who possibly were applying for the positions would be able to make the selection. He thought that the present system gave the utmost satisfaction to the authorities controlling the hospital.

The INSPECTOR-GENERAL said no doubt Dunedin was in a different position owing to the medical school there.

Mr. WALKER said he would like to congratulate Mr. Kirk upon the paper which he had read. The present Conference would be of the utmost advantage to members of Boards, not only by enabling them to interchange ideas, but also of obtaining practical knowledge of what was being done at the Wellington Hospital and at the Old People's Home. He believed that members of Boards would carry away with them certain suggestions and information which would be of the utmost value to them in respect to administration. They were indebted to Dr. Hardwick Smith, Medical Superintendent of the Wellington Hospital, and to his excellent steward, and also to Mr. Truebridge, of the Ohiro Home. The Conference was very much indebted to Mr. Kirk for his paper, which contained most valuable suggestions, which, if carried out, would lessen the hospital expenditure very considerably.

Mr. London (Wellington) said if there was one weakness in Mr. Kirk's paper it was the depreciation of laymen. So far as he could judge, the present custom of selecting honorary staffs of hospitals was carried out for the most part by the Boards in a very dispassionate way, and members of Boards had generally been congratulated on their choice. He ventured to doubt whether the same dispassionate choice would be made by members of the medical profession. From his experience, he thought that members of Boards generally were not incapable of discriminating in the selection of medical men, and getting the most capable members of the medical profession to serve on the honorary staff. It must be remembered that those who selected the honorary staffs were in touch with a very considerable section of the population, and they knew from experience what was thought of members of the profession, and they were able to form a pretty correct idea as to a man's qualifications for the important position of member of the hospital honorary staff.

Mr. Mackay (Auckland) congratulated Mr. Kirk upon his paper, which was bristling with valuable suggestions. He could not, however, agree with Mr. Kirk with respect to the appointment of honorary staffs. He thought it would be a mistake to submit the names of candidates for the position to their brother-practitioners. There was always a certain amount of professional jealousy. He thought that to carry out the suggestion would be a step in the wrong direction—it would be a retrograde step. They had in Auckland a most estimable honorary staff—men with a Dominion reputation. He felt perfectly certain that if the selection had been left to their brother-practitioners at least some of the staff would not have been appointed to the honorary position which they now held.

System of keeping Accounts.

The Secretaries of Boards and Messrs. Killick, Young, London, and Dr. Falconer were appointed a committee to draft regulations with respect to the keeping of accounts.

The Conference then adjourned till next day.

THIRD DAY (THURSDAY 29th JUNE, 1911).

The Conference met at 9.30 a.m.

Hospital Economics.

The Conference resumed consideration of Mr. Kirk's paper on "Hospital Economics," and the following resolution moved by Mr. Kirk: "That it is desirable for Hospital Boards to delegate to the medical faculty in their districts the appointment of such honorary staff as may by them be considered necessary."

Mr. Horrell (North Canterbury) said, speaking for his district, the system of appointing the honorary staff by the Board had worked most satisfactorily. He thought the Christchurch Hospital had the most expert men in their departments in Christchurch, both on the medical and surgical side. He did not think it would be a right thing to leave the appointment of the honorary staff to the medical faculty. The present system was working most satisfactorily, and it should be allowed to remain so.

Mr. Friedlander (Ashburton) would vote against Mr. Kirk's resolution for several reasons. While Mr. Kirk's paper contained many good suggestions, he thought he was very unfortunate in moving a resolution that the question of appointing honorary staffs be left to some one outside of the Boards. He took it that the Boards were appointed to discharge certain duties, and if they were not capable of carrying out those duties, then they ought to make room for another Board. He took it that from the work done by the Wellington Board they were capable men, and he failed to see why Mr. Kirk had brought forward the resolution, because in any case it was optional with any Board if they did not feel confident to appoint an honorary staff to pass a resolution asking medical men to do so; but as to making it mandatory for other Boards to go outside their own duties he did not think there was any necessity for it; in fact, it was very illogical. If a Board was competent to deal with its own affairs, he thought it should be competent to appoint an honorary staff. Moreover, he might add that this was entirely a domestic matter. If any Board wished to delegate this particular duty to any one else there was nothing in the Hospitals Act which prevented them from doing so.

Mr. Evans (Wellington) agreed that beyond question the responsibility for all this did rest with the Board. Should the Board desire to consult any experts outside itself it could do so, but he deprecated any tendency in the direction of transferring responsibilities which were really inherent in the Board upon any external power whatever.

Mr. Kirk (Wellington) said he hardly expected the resolution would meet with the approval of the Boards. At the first blush, it might seem that the proper view to take was that the Board had no right to shirk responsibility; at the same time, he asked the Conference to consider that this was not an innovation which was his own idea. After the discussion the previous evening he happened to mention to a medical man recently arrived from England, and who was not on the honorary staff, that he had placed this proposal before the Conference. That gentleman said at once, "It is the best proposition I have heard in connection with the Conference yet, and it is the practice invariably followed by the London hospitals." In England no body of laymen would think of deciding from among the men available as to who were the best for surgical operations or for the duties of physicians in attendance at the various branches of the hospital. Although he (Mr. Kirk) could claim, after twenty-two years' experience of the Wellington Hospital continuously, a fair knowledge of the medical men of the city, at the same time he recognized that it was amongst

the medical men they would find the best concensus of opinion as to what honorary staff was required, what was required in the way of specialists, and who were the most qualified men to serve the public in those positions. And under the present system it must be within the knowledge of every member that there was such a thing as canvassing.

A DELEGATE.—Have you ever been canvassed?

Mr. KIRK said he had had experience of it. There was the case of a person connected with a certain church who went round to members of the Board and asked for the appointment of a certain gentleman on the staff, and to his amazement that practitioner was appointed in preference to others who had done good service in the city. The gentleman appointed was not at that time practising in the city. That was not the only occasion on which influence had been brought to bear to bring about an appointment which was not in the best interests of the hospital. He contended that if his motion were carried it would put a stop to that kind of thing. He believed the English practice was the best.

Motion negatived.

SUPPLIES FOR HOSPITALS.

Mr. KIRK (Wellington) moved, "That it is desirable that the Boards should combine for the purpose of letting a contract for the supply of leading lines of drugs and dressings to the hospitals of the Dominions." In the case of the Wellington Hospital, the Board had refused to sign a contract. The Medical Superintendent and the dispenser had been able to purchase through the representatives of the Home firms at much more favourable rates than ever before, and the hospital bill had gone done by hundreds of pounds. Dr. Valintine's report showed how the smaller hospitals had been paying 50 per cent. more for drugs than the Wellington Hospital paid. In a large contract for leading lines of drugs and dressings they could get them at bed-rock price, plus carriage, of course, from the manufacturers.

Mr. HORRELL (North Canterbury) seconded the motion. His Board had been slated by the Inspector-General over the expense they incurred for drugs and dressings, and he believed it would be far more economical if they could get the Department to import those articles from one firm. He did not think it fair that the Boards should have to pay Customs duties on imported drugs and dressings, more especially as the Boards were to a certain extent doing Government work. His Board was of the opinion that they should combine to import these things direct.

Mr. FRIEDLANDER (Ashburton) asked how Mr. Kirk proposed to go about the purchase of these drugs.

Mr. KIRK said his suggestion was that the leading Boards, through their Medical Superintendents, should agree upon the leading lines of drugs and dressings for which it was advisable to call for tenders, and then that a combined tender should be put through the Department calling for a supply to the hospitals of the Dominion upon specifications. Then any Board would be entitled to write to the firm whose tender was accepted for so-much stuff at that rate plus carriage.

Mr. FRIEDLANDER said it seemed to him that would be going behind the Act under which the Boards were bound to call for tenders themselves for any amount over £10.

Motion agreed to.

SERA FOR HOSPITALS.

Mr. KIRK (Wellington) moved, "That the Government be requested to supply sera to hospitals free of duty."

Motion agreed to.

LAUNDRY-WORK.

Mr. KIRK (Wellington) moved, "That Hospital Boards exchange statistics as to machinery, number of hands employed, and wages paid in their respective laundries where steam is used, and the number of pieces washed weekly."

Motion agreed to.

HOSPITAL FINANCE.

Mr. MACKAY (Auckland) then read the following paper:—

In dealing with this important subject, I will first take that of Hospital Board finance and books as one which requires a much more serious consideration than the finance of an ordinary Road Board or Borough Council, chiefly on account of so many interests being involved, for the ratepayers' money can be easily squandered in various channels and upon undeserving cases. Moreover, Boards are frequently committed to large expenditure on matters concerning which they have to be guided by opinions which are often conflicting and variable. Fortunately, the amended Act has established the authority of the Inspector-General of Hospitals, to whom one can appeal as a man of wide professional and administrative experience.

Ability in finance means efficiency in the administration of all institutions, and, although it is true that evil can accrue from narrow economies in financial matters, it is equally true that extravagance and a disregard of the first principles of sound finance will result in disaster to the Boards controlling institutions.

If a Board as a whole are capable, prudent, and enterprising; are sound financiers with a wide knowledge of affairs; if they are in touch with the people, and with their habits and methods of thought, then, but only then, they prove a tower of strength in administering important institutions falling to the lot of a Board. No Board can afford to fly in the face of public opinion by practising small economies which press hardly upon the poorer members of society, nor can they impose such taxation as will increase the burdens of the humblest members of the community without expecting to be criticized.

If we take the great hospitals of the world individually, and look at their financial condition, we shall find out that, whether they be rate supported or otherwise, the relative ability or incapacity of the financial administration reveals at once the relative efficiency of the administration of the

whole institution. This is so because inadequate funds or allowances mean diminished supplies and a disposition on the part of the more timid members of a Board to decry all expenditure, however necessary it may be in the best interests of the institution—that is, to the proper treatment and speedy recovery of the patients treated in the hospital.

Few questions have more important bearing upon the welfare of institutions than the cost at which they are conducted, yet few matters have in the past been more neglected—so far as any combined or intelligent action on the part of Boards is concerned—than this one of relative cost. Thanks to the awakening of our Hospitals Department in matters of this sort, the comparative cost per bed is now fully gone into, and is the basis of economic criticism; as a result, the matter of hospital management is now better looked after and more carefully studied.

It is a generally accepted truism that in the administration of money provided for charitable purposes, due regard should be paid to its economical expenditure. This is due to those who have provided the means as much as to the charity itself, for economy, in its strictest and best sense, is not merely cheapness in purchasing the various commodities needed, but the faculty of purchasing in such a manner that the best results may be obtained from the outlay incurred.

There is no doubt that, although the public will not tolerate too drastic economy in institutions, there is a decided public expression for more modern business methods in connection with the control and management of them. It cannot be too often remembered that the commercial side of a hospital must be run on business lines.

Even if it is admitted that laymen are better fitted than physicians for the conduct of the business affairs of a hospital, it will surely not be denied that the medical man is better equipped for the decision of matters that must certainly arise in hospital management, and in which his judgment is absolutely necessary. Such advice, it goes without saying, should be sought from the members of the medical staff rather than from others.

In this way the two important aspects of the work of a hospital will be in the hands of experienced men, between whom there must, of course, exist the most perfect harmony and cordial co-operation in order to attain the best results most economically. Some of the delegates here present may ask, What has this to do with hospital expenditure? It has a lot to do, inasmuch as a perfect machine working smoothly in every part must produce the finished article with the least effort and attain the desired result—the economical yet perfect hospital.

During the passage through Parliament of the Hospital and Charitable Institutions Act the question of medical representation was unceremoniously flung aside. Experienced authority in England has created representation of the medical staffs on some of the largest and most important hospitals, the result being entirely beneficial, for are not hospitals called into existence for the aggregation of suitable cases in order that they may receive medical attention; therefore medical work is the primary consideration, and should have representation on the Board.

We have, however, only yet dealt with principles, and it is only by coming down to facts and examples of everyday hospital routine that we may hope to achieve some good by the reading of this paper.

All the detail in connection with a hospital should be well organized. Do not leave anything where money enters in to chance, or to the delusion that if an article be bought and given out to the wards that it cannot possibly go astray. Follow the article from the time it enters the hospital right through its course, and make certain of its proper distribution even in the wards—aye, even before it arrives at the hospital: see that your order is properly given, and that it is recorded for the purpose of future checking; do not use the telephone when it can be avoided. It is quite possible to stock a hospital for at least two days ahead. Another point to be carefully considered in hospital expenditure is the requisitions from the wards.

Another item in hospital expenditure to which attention can be paid is patients' payments. These are a source of revenue, and if properly managed could be made to yield at least 10 per cent. more than at present. The great trouble in connection with fees is that a person well able to pay a certain proportion of his account seeks out a member of the Board and asks him to use his influence for a reduction, or perhaps that it be written off altogether. The member naturally likes to please his constituents, and looks after the matter for him. If the collection and recovery of fees were left entirely in the hands of a responsible official, who knew no friends, and was only too anxious to make his fee collections the very highest possible, then the proportion recovered would be higher.

Another important item in hospital expenditure is the average days' stay of patients. It should be the aim of every hospital administration to see that patients are not kept in any longer than is absolute necessary.

Taking into consideration that the cost of hospital buildings is not included, it is obvious that the cost per bed is much in excess of that laid down in the annual hospitals report. Hence patients that have recovered and are convalescent are occupying very expensive beds, and being attended by staffs whose time should be occupied in dealing with acute cases; therefore the delay in the discharge of patients increases the expense and entails unnecessary buildings, which are costly to build and maintain. It is a well-known fact that sometimes after being told that he is to be discharged a patient pleads with the honorary for leave to stay a little longer.

All cases should be periodically reviewed by a commission consisting, say, of the chairman of the honorary staff, a representative of the department the patient is in, and the senior resident medical officer, such commission to have the power to discharge without being called in question. In this connection it would relieve the congestion of our larger hospitals if convalescent homes, both male and female, were established, and there is not the slightest doubt that building operations could be largely suspended if the accommodation for convalescents could be extended. Then cases taken into the hospital could be either transferred to their own homes or to convalescent homes immediately their condition warranted it.

Of course, there are many other items and matters connected with hospital management unknown to the majority of Board members, and it is only the few interested who understand the various intricacies of institutional management. I consider the time is ripe for the formation in New Zealand of a Hospital Secretaries' Association, where management could be discussed yearly by secretaries. Such societies exist in Great Britain, and also in the United States of America, and are productive of much good. I think it will appeal to the majority of those present that secretaries and managers can discuss their particular business amongst themselves in a much more satisfactory manner than laymen could. I launch this suggestion for the consideration of delegates and officials present, feeling that if such a society were instituted savings could be made on the financial side.

A word with reference to the raising of the wherewithal to carry on the work may not be out of place. The New Zealand system of rating has, without doubt, placed hospitals in such a position as to be able to command an adequate amount for maintenance purposes. In order to understand how the State-aided hospital system arose it is necessary to go back to the middle ages. The earliest Government State or municipal hospital system arose owing to a succession of panics due to the outbreak of plague—according to Dr. Charles Zucci, of Milan—in the fourteenth century. The nature of the contagion was recognized in Italy, and this lead to attempts to isolate the sick. In the early part of that century Gactius enacted that the *domini judices* were to choose upright and zealous men, and to charge them with the duty of superintending the sanitary state of their fellow-citizens; and the matter went on until a law was made that the priests were to visit the sick and see what ailed them, and should forthwith notify appointed people under penalty of burning. Huts were erected far removed from town for the reception of cases.

There is no doubt that a hospital usually fares better under this system in comparison with voluntary. Of course, you hear a great deal about State aid closing up the streams of charity, but democracy, being self-reliant, wishes to bear its own burdens. Nowhere can it be said that large hospitals are badly equipped in this country, or that people are not generously inclined when hospital matters are at stake. As a matter of fact, I think we almost err on the side of extravagance.

Finally, I would urge upon Hospital Boards to institute system in all matters affecting expenditure in hospitals, and, although you may find some officials or nurses may obstruct at first, they will eventually fall in and assist to maintain an equitable basis upon which to effect necessary reforms.

A committee has now been set up to submit a model system of accounts for general Hospital Board use, and I will not deal with the books necessary, but will only remark that I sincerely trust that the most up-to-date commercial system will be adopted in order that our methods may meet with the approval of the business men of the community.

I beg to move, "That the committee of Hospital Secretaries and accountants set up the previous evening retire to consider the new system for securing uniformity in account-keeping as drafted by the Department."

The Inspector-General said Mr. Killick, the Chief Clerk of the Department, had been round to the various hospitals to inquire into the system of accounts, with a view of drawing up a uniform system for use by all the Boards. The system to which Mr. Killick had given so much labour had the approval, he understood, of all the Secretaries with whom he had been brought in contact. He hoped a good deal of attention would be given to this subject, as he felt sure the establishment of such a system would be of the greatest advantage to all concerned. He wanted to give Mr. Killick the greatest credit for the painstaking way in which he had gone into these accounts, but was sorry that such a large sub-committee had been set up to deal with the matter.

Mr. Killick (Chief Clerk of the Hospitals Department and Secretary of Conference) thought the difficulty might be overcome if the large sub-committee dealt only with the regulations which were mandatory, and referred the advisory system of accounts to the smaller sub-committee suggested by Mr. Mackay. He desired, in the first place, to thank the Secretaries of the four chief centres for the assistance they had given him, for the courtesy shown, and the pains they had taken to explain their different systems. The assistance they had given had enabled him to work out a system in which he hoped the best features of each of the different methods was included. It had not been considered wise by mandatory regulations to set up a uniform system of accounts for all Boards, and therefore draft regulations were submitted to the Conference embodying the results the Department considered the Boards' system of accounts should produce, rather than the system itself in detail. It would be noticed that the regulations provided that the Boards should produce annually a proper income and expenditure statement, and not a mere cash-book analysis, as had been the case in the past. This was the most important point in the regulations, and one upon which the Department laid stress. He would quote from the uniform system of Hospital Accounts, revised and adopted by King Edward's Hospital Fund for London, the Metropolitan Hospital Saturday Fund, and the Hospital Saturday Fund, and would point out that these funds refused to give grants to the British hospitals unless the books of such institutions were kept on the uniform system set, which showed an income and expenditure account, as opposed to a cash statement. The extract from the report of Mr. J. G. Griffiths, F.C.A., who was appointed by H.R.H. the President of the fund to give an expert opinion on the subject, is as follows: —

"The account of income and expenditure is not to be treated as a cash account, but as an account of the income and expenditure of the year, whether paid in the period or not. No balance brought forward from the preceding year must be shown."

Yet New Zealand, which prided herself on being a pioneer in all matters, was lagging behind in this respect. The regulations, moreover, provided that books should be kept showing the amount and the nature of charitable relief given, the number of applicants for charitable aid,

and the causes of their distress. The Department had in the past endeavoured to obtain this information from the various Boards for its annual report, but in only one or two cases had it been able to do so, and he was sure the Conference would agree with him that there was no reason at all why the Boards should not be able to give such information. He could not conceive that any Hospital Board was administering its charitable relief in such a lax and haphazard manner that it was unable to state the number of persons relieved, the cause of their distress, and the nature and measure of relief given. Apart from the fact that the Government found practically half the funds of the Boards, and therefore should be in possession of all information as to the expenditure of such funds, it was in the Boards' own interests that the information asked for by the Department should be accurately furnished, so that the Boards might be able to compare their expenditure and receipts with those of other Boards, and, from the statistical information furnished in the annual report, might be able to ascertain whether or not their finances were properly and economically administered. Attached to the regulations was an advisory system of hospital and charitable-aid accounts. These were by no means mandatory. It really did not matter to the Department how Boards differed in minor details as regards the keeping of their accounts so long as their books showed simply and plainly the information required by the regulations, and the Chairmen were satisfied from unprejudiced and expert opinion that the books were kept on a sound and complete system. When the sub-committee set up to deal with this matter had made its report, and the alterations necessary to the regulations and proposed system had been made, the Department proposed to work a model system of books, and to add explanatory notes to the system for the information of Hospital Secretaries who had not a very close acquaintance with the system of double-entry book-keeping, as the Department desired to give every assistance to Board officers. This would be published and circulated for the information of the Secretaries after careful revision by a professional accountant. The object of the whole system was to secure the maximum amount of needful information with the minimum amount of clerical effort. He would point out that this system might at first sight appear elaborate to some Secretaries, but that was owing to the fact that he had tried to deal in detail with every possible form of entry that might require to be made, and some of the specimen journal entries that he had given would only occur once a year, and would constitute one entry at that. They were given for the purpose of helping Secretaries through the intricacies of opening and closing entries. He could not conceive, of course, that a large Board receiving and expending in innumerable small accounts, say, £50,000 a year would agree to any but a sound commercial system of accountancy being pursued by their staff, and what applied to a large Board would apply similarly to a small Board. If the accounts of small clubs and societies could be kept (very often by an honorary secretary) on a proper double-entry system, surely the accounts of a Hospital Board kept by a paid officer should be so kept. The mere cash statement supplied to the Department was of little value for statistical purposes, and it was only by taking an average of three years' expenditure, as shown by Table V of last year's annual report, that anything like a clear idea could be obtained. The cash statement was the natural sequence of a single-entry system, and the income and expenditure account of the double-entry system. There appeared to be a certain amount of objection on the part of some Secretaries to double entry. Double entry did not mean double work by any means. In the long run it meant a saving of labour, because of the simple means of checking it provided. All the extra work was the posting of a few monthly totals to nominal accounts, and by means of day-books and journals preventing the direct posting of a ledger, which was described by an authority as the most heinous offence a book-keeper could commit. Moreover, by means of very simply worked adjustment accounts, consisting merely of the comparison of totals, whole books could be checked, and errors could be traced to their respective sources. With regard to double entry, he would like to quote the following opinion of Mr. Dicksee, F.C.A., the well-known authority:—

"Properly speaking, single-entry book-keeping may be said to be an incomplete, or partial, application of the system of book-keeping by double entry, preferred by some ostensibly as being simpler, and therefore occupying less time. The actual saving of time is, however, infinitesimal, except that, inasmuch as with single-entry book-keeping it is impossible to prepare a trial balance, it is also impossible to ascertain whether or not the book-keeping is clerically accurate. Thus the time often occupied under the double-entry system in securing an exact agreement of the trial balance is saved; but it might, of course, equally have been saved under the double-entry system, if one were content with inaccurate results. Single-entry book-keeping fails to disclose errors that interfere with the balancing of the books, but it is hardly to be supposed that such errors will be less frequent on that account. On the contrary, there can be little doubt that, in the absence of any means of detecting errors, the book-keeping will be more carelessly performed and errors will be more numerous."

He could back this up with quotations from many eminent authorities, but, to put it briefly, as one of them says:—

"'Single entry' is the very reverse of a system, being the name applied to every faulty, incomplete, inaccurate, unscientific, and unsystematic style of account-keeping, in the application of which there is generally a combination of no entry, single entry, and double entry."

He considered that the whole of the difficulty with regard to the adoption of this system of accounts would disappear if there were no small Boards. The secretaryship of a large Board would carry with it a good salary, and the Secretary would require to be a thoroughly qualified and efficient officer, who would devote his whole time to the work. He would be able to see that the books at the many subsidiary institutions were well kept, on a system that would be to the satisfaction of the Department and to the credit of the Board.

Mr. Fenton (Secretary to the Auckland Hospital) said this proposal deserved the sympathetic consideration of the Conference. It would be in the best interests of the larger Boards if they

adopted a proper commercial system of book-keeping. The system advocated was, as regards hospitals, similar to the one which he had inaugurated at the Auckland Hospital, which had assisted him materially in the reduction of unnecessary expense. He, moreover, had not found that such a system would prevent in any way the information required by the Audit Department being clearly shown. He congratulated Mr. Killick on the suggestions he had made, and on the care and attention he had bestowed upon this matter.

Mr. ARMSTRONG (Wairau) thought that the country delegates should watch this proposal very closely indeed. He understood Mr. Killick to say he had conferred with the Secretaries of the four chief centres. It was all very well for the large institutions, where there was a Secretary, Accountant, and three or four clerks devoting all their time to the work; but in country districts they only employed a Secretary for part of his time, and that officer naturally would be averse to entering upon any elaborate system of book-keeping. He thought the accounts should be made as simple as possible.

Mr. ETON (Wairarapa) thought this new system should be referred to the Audit Department for approval before being finally adopted.

STATE FARMS AND INDUSTRIAL HOMES FOR DRUNKARDS.

Mrs. FELL (Nelson), in moving the following resolution, "That this Conference considers it desirable that an Act of Parliament be passed to provide State farms, industrial homes, or other suitable places of healthy restraint for the detention and enforced labour of confirmed drunkards or other self-indulgents who, having wife and family, incapacitate themselves from wage-earning or spend an undue share of their earnings on themselves, thus leaving the maintenance of aforesaid wife and family to the Charitable Aid Boards of their districts; that the time spent in such homes, &c., be in proportion to the number of convictions; and that the earnings of such individuals be handed to their respective Boards for the benefit of their families," said,—As a delegate for Nelson, I should like to call your favourable attention to this remit sent by our Board. The Nelson Board is a very charitable and chivalrous one to its lady members; it not only never smokes in their presence, but allows them to retain their seats and talk when they have anything to say, instead of standing and making a set speech. Consequently at this moment I wish I was in any one else's shoes than my own, and I hope you will not judge this question by the limited number of arguments I bring forward in support of it, for there is a very real and grave need to somehow get hold of habitual drinkers and other degenerate and irresponsible drones. I contend it is undesirable that the State should be taxed for the maintenance of children who will probably prove of little benefit, either morally or physically, to the country whilst under the present system the parent is encouraged to increase the number of such children by being freed from the responsibility of their maintenance, or a considerable portion of it. It may be considered that the proposed farms or industrial homes would cost the country as much or more than the maintenance of these undesirables and their families. I am not in a position to judge; but, granting for the sake of argument that is so, one would be remunerative expenditure tending to the development of self-control, power of work, and sense of responsibility in its weaker citizens, whereas the law as it now stands tends to turn the Charitable Aid Boards (however good the intention of its members) into bodies actually helping to deteriorate this portion of the community that most needs moral stiffening and the bracing effect of necessity. We have more than one case of the kind in our district, and I expect you all have. Some members of our Board objected that this proposed Act would take from the liberty of the subject. If society is to cohere we must restrict those members whose behaviour or condition is injurious to the community; else why do we lock up criminals and lunatics? Why do we quarantine small-pox or scarlet fever? Why do we not allow cyclists to scorch along the footpaths, and small boys to train their eye and hand by using street-lamps as targets for stone-throwing: all these are restrictions of the liberty of the subject, and very good and necessary restrictions too. No; such people as this proposed Act would affect have long ago lost their true liberty; they are bound, poor wretches, hand and foot, by habits that are a curse to their body and soul, and I say that those of us who realize what true charity means would gladly help to loosen such bonds by a kindly and healthy restraint more or less temporary. It seems to me that the anomaly of all charity, whether dispensed by private individuals or public bodies, is that it tends to create and encourage exactly what it hopes to cure or prevent. So that we need to give our best thought and gravest consideration to counteract this tendency, and I uphold this remit as a step in the right direction, and trust, gentlemen, you will do likewise. I move the resolution.

Mr. GILLINGHAM (South Canterbury) seconded the resolution. This was one of the most difficult matters they had to deal with in social questions. The Administration had tackled it, but it was much more easy to make laws than to administer them. They had in the Destitute Persons Act rather drastic provisions in regard to wife-deserters, wastrels, and other undesirable citizens, but Charitable Aid Boards had great difficulty in getting at these people. These persons must be utterly without principle: they utterly ignored their responsibilities and neglected the vows they made to their wives, and so on. In many cases these deserting husbands sneaked away from their families in order to gratify their own selfish and undesirable propensities, and it was very difficult to trace them. The Police Department did the best they could, but it was difficult to follow these men and trace them from place to place, because it was their object to keep themselves out of prominence as much as possible, and slip away as far as they could get. The Destitute Persons Act passed last session provided that reciprocal arrangements could be made with the Commonwealth of Australia so that deserting husbands could be brought before a Magistrate in Australia, and an order be made against them for the maintenance of their families. The trouble was that, although the suggestion made by Mrs. Fell was no doubt an excellent one, it could not be carried out until they got hold of these people and kept hold of them. If they could only get

hold of these people they might be able to do something with them. And in some cases the State had to keep not only the men, but their wives and their families as well. It was very difficult indeed to deal with such people. It was quite evident that something would have to be done; but the question was, what should they do? The suggestion made in the remit from Nelson certainly did offer a remedy, but the difficulty would be to carry it out—that was, to get hold of these people and keep them in some place where they would be made to earn something, and instead of being a burden to the State they would be made useful citizens.

Mr. EWING (Otago) said this was a matter that did not require any discussion at all. They were all at one with what Mrs. Fell had stated in such an admirable manner. There were three other remits dealing with the same subject, and he thought they might vote on them and dispose of them all at once

Mr. MCLAREN, M.P. (Wellington), entirely disagreed with the last speaker. It was one of the most complex problems they could deal with. It was certainly not a problem of a simple character. Whilst he appreciated to the fullest extent the service which Mrs. Fell had done in presenting this subject to the Conference, at the same time they must handle the question with care. He had known of men possessed of very handsome incomes who had neglected their families to such a degree that the whole family was wrecked; and it would have been considered somewhat of an infringement with the liberty of the subject to lay hold of such an individual and confine him for an extended period.

A DELEGATE.—Because he had money.

Mr. MCLAREN.—Because he had money.

A DELEGATE.—More shame to him.

Mr. MCLAREN said he admitted that, and that showed how complex the problem was. Another aspect of the proposal was the establishment of State farms or colonies, and that raised the question of the produce, and how it should be distributed—whether the products of such farms would enter into competition with the products of free labour which was seeking to establish itself in a certain standard of efficiency, and which had to provide for the comfort of those who were relying on that class of breadwinner. Further, it raised this question: that those delinquents, those who were termed "wastrels," were in some cases, to his knowledge, persons of very vicious tendencies; but, on the other hand, to his knowledge also, they were sometimes social victims. Speaking with an intimate knowledge of industrial matters, he knew that certain occupations predisposed men to drink; for instance, firemen on ships—a very small proportion of them did not drink, and some of them drank heavily, and so it was the case with many other occupations—the nature of the work predisposed the men to the use of alcohol in excess. That brought them to the larger question of how far society was justified in allowing the temptation to exist at all. He was not going into that question that day. Personally, he believed it should be taken right out of existence; and he believed that those who had personal comforts and conveniences, and who wished to see it continued, were not mindful of their own social duties to their more poorly placed fellow-citizens. But whilst he wished to see this question dealt with, he considered that it was too complex a problem to be dealt with in a single resolution. The experiment had been tried in Holland; and he would like to refer to a book in which the work was detailed—entitled "Poverty and the State"—and which described the class of detention in Holland. The experiment had to a certain extent been successful there, but they had a different class of people to deal with in Holland than they had amongst English-speaking races. He felt this: that until the State had faced the question of providing work for the workless man they could hardly face this question.

Mr. ARMSTRONG (Wairau) said that this subject might very well be left to the Legislature. It was a very complex subject. They might very well give a silent vote upon it, and if Parliament could not find a solution he was inclined to think the Conference could not.

Mr. HORRELL (North Canterbury) agreed with the mover of the resolution that the remit from North Canterbury was much on the same lines, but it included rather more than the present resolution did. There were the cases of parents who neglected their children wilfully—probably they were not drunkards—and deserters of parents and illegitimate children. As had been pointed out, the Government introduced a measure last session dealing with deserters. If these persons were captured and put in prison at the State's expense, the country still had to keep the children. If the fruits of the work of these persons could be secured for the benefit of their families the position would be far more satisfactory than the present system. He knew of cases where parents wilfully neglected their children simply to get rid of them—where the children were committed to an industrial home, and the parent was only ordered to pay 3s a week for the support of each of them. In such cases the parent was relieved of much responsibility, and he did not pay enough for them.

The INSPECTOR-GENERAL thought they might do here as they did in the labour detention farms in Switzerland—keep them there until they had done sufficient work to adequately remunerate the Boards which had been supporting the families during the detention of the parents. In those cases the parents were very glad to get out of the detention farms. He was perfectly sure that if people could only divest themselves of this mushy sentimentalism they could mete out to these undesirables the treatment that they ought to have

Mr. MOORE (North Canterbury) said this was a subject of very great importance He agreed with very many of the statements that had been made, and also with the motion that had been moved by Mrs. Fell, but the resolution, in his opinion, did not go far enough. It referred to parents and husbands who were drunkards, but he thought it ought to be wider in its scope. They wanted an institution to which they could send those who were wasting their substance—as had been referred to by Mr. McLaren. Although they might have money at the present time, they were wasting that money, and in all probability in the near future their families would

become a charge upon the State. And then there was an aspect of the question in which the science of eugenics came in. He thought that was a question that ought to be taken up by the general community. It was, no doubt, a question that would have to be faced, and it was a pity they had not more time to discuss it on the present occasion.

Rev. W. A. Evans (Wellington) was intensely pleased to find that the members of the Conference were anxious to get to a vote upon this question, because it presupposed that they were prepared to face the secondary problems involved in this primary one. The Inspector-General had hit the nail on the head. Some problems of this kind had been solved elsewhere, but they must remember that the institutions and varied social organization which prevailed in those countries were very different indeed from the sentiment which obtained in this Dominion. Personally he would be very greatly and happily surprised—delighted, in fact—if the Legislature of New Zealand would take the matter up seriously. He could see that from one point of view there would be grave objections. He had read letters in the papers from time to time dealing with the question as to prison labour and what-not competing with free labour. If these State farms and colonies were to be established there would be certain products; but it seemed to him that against the economic difficulties that might arise from that point of view the benefit to the community would be overwhelming on the other side. He firmly believed that if they were to apply a little less sentimentalism and a little more common-sense to the reorganization of the community, in a comparatively short time—in a generation or so—they might hope to see this question of degraded poverty and degeneracy, if not altogether wiped off, at all events mitigated as to give us hope that our people, instead of being on the down grade, would be on the up grade. He very heartily congratulated Mrs. Fell on bringing this matter so prominently before the Conference; and he felt quite sure the Conference would back up the resolution unanimously, and that ought to be a great help in the direction of inducing the Legislature to take the matter up seriously, and not merely as a kind of proposition that had been carried by a sentimental gathering of so-called well-wishers of humanity.

Mrs. Fell said if the Conference passed the resolution as a matter of principle they might then leave the rest—the working out of the details—to the Legislature.

Resolution agreed to.

Accounts.

Mr. Walker (Otago) moved, "Section 69 of the Hospitals and Charitable Institutions Act, 1909—Accounts: That the Government be requested to gazette regulations as provided in this section."

Mr. Ewing (Otago) seconded the motion.

Motion agreed to.

Deserters of Wives and Children.

Mr. Horrell (North Canterbury) moved, "That the Government be urged to take more active measures for arresting deserters of wives and children and parents of illegitimate children, and setting them to remunerative work: the balance of their earnings (after defraying the first charges for maintenance) to be applied towards the support of those dependent on them who may be in receipt of relief out of public funds."

Mr. Macmahon (Nelson) seconded the motion.

Motion agreed to.

Crimes Act.—Regulations.

Mr. Walker (Otago) moved, "That the Government be requested to forthwith gazette the regulations provided for in the Crimes Amendment Act, 1910, so that wages may be earned by criminals and so enable Boards to take advantage of the provisions of this Act."

Mr. Ewing (Otago) seconded the motion.

Motion agreed to.

Outside District Patients.

Dr. Riddell (Waipawa) moved, "That all hospitals give prompt notice of the entry of a patient from an outside district to the Hospital and Charitable Aid Board concerned, and in the event of such notice not being forwarded within a month from date of admittance all liability on the part of the Board from whose district the patient comes ceases."

Mr. Scantlebury (Inangahua) seconded the motion.

Motion agreed to.

Interrogating Applicants.

Mr. Ewing (Otago) moved, "That a form to be used by all Boards in interrogating applicants for relief be adopted at this Conference, and the Government be requested to incorporate same as a schedule of the Act."

Mr. Friedlander (Ashburton) seconded the motion.

Motion agreed to.

Applicants for Relief.

Mr. Horrell (North Canterbury) moved, "That there be adopted some uniform policy between the several Boards, in order to meet cases of applicants from one district applying to another for relief."

Mr. Friedlander (Ashburton) seconded the motion.

Motion agreed to.

Recovery of Maintenance Fees.

Mr. Maslin (South Canterbury) moved, "That provision be made for the recovery of maintenance paid on account of children born of parents whilst resident in alien districts, more particularly where such children are admitted to an institution under the Industrial Schools Act."

Mr. Fraser (Waitaki) seconded the motion.

Motion agreed to.

Disputes between Boards.

Mr. Walker (Otago) moved, "That section 72, with its subsections, of the Hospitals and Charitable Institutions Act, 1909, be amended by the following additions, viz.: To provide for the Inspector-General being appointed sole arbitrator in any dispute that may arise between any two Boards in regard to liability for relief granted, his award to be binding on both Boards; and that the Treasury, on receipt of award from the Inspector-General, if in favour of petitioning Board, shall be authorized to pay such petitioning Board the amount stated in such award out of any subsidy that may be due to the other Board." The position was this: that in connection with fees for maintenance from other districts the Otago Board had had occasion to notify a number of Boards that they would be held responsible. He thought that this question gave the Boards the greatest worry in the working of the Act. It seemed to the Otago Board that it would be much more preferable to make the Inspector-General the judge than to take the troubles of the Boards before the Courts, which would mean increased expense, and perhaps lead to bad feeling with another Board, which could be obviated quite easily if the amendment he suggested were made in the Act.

Mr. Bellringer (Taranaki) seconded the resolution. For several years past the Taranaki Board had availed themselves of the services of the Inspector-General, and they had approved of his decisions.

Mr. Friedlander (Ashburton) thought that a representative of each Board concerned in the dispute be associated with the Inspector-General. In that event each side could put its case more clearly than it could do by writing.

Mr. Walker (Otago) thought it would be better to have the reasons put in writing and submitted to the Inspector-General.

The Chairman said if a dispute arose between the Southland and Bay of Islands Boards there would be a difficulty in getting a representative of each Board to meet the Inspector-General.

The motion was agreed to.

Recovering Cost of Maintenance.

Mr. Hawke (Southland) moved, "That provision be made by an amendment of the Hospitals Act giving Hospital Boards power to recover the cost of hospital or other maintenance from money due to patients under the Workers' Compensation Act." It was not intended that married men with wives and families should be harassed under this provision—it was not intended to disturb them; but very often young fellows who were able to would not pay anything out of the money coming to them, and the Board could not claim.

Mr. Gillingham (South Canterbury) seconded the motion.

Mr. Scantlebury (Inangahua) presumed that in the case of married men the matter would be left to the discretion of the Board; it should be left to their discretion.

Mr. Fell (Picton) said he thought that one of the main principles of the Workers' Compensation Act would be violated if this resolution were carried out. He thought they should not do anything which would in any way take from a wife and children what they would otherwise receive under the Act. He thought the resolution was far too broad.

Mr. Marfell (Stratford) said that in the case of married people the Boards would not take the money. He did not think there was any fear of wives and families being made to suffer under the provision.

Mr. Ritchie (Wanganui) was heartily in accord with the motion. He admitted that married men should be treated differently from single men. There were lots of cases where single men got a big lump of money, and walked out of the hospital, and they could simply snap their fingers at the Boards. He thought the Boards should have the power of receiving the cost of treatment in such cases.

Mr. McLaren, M.P. (Wellington), thought that this proposal was starting at the wrong end. He thought there was a need for amending the Workers' Compensation Act rather in the direction of providing that the compensation shall include the cost of medical attendance. He had known of cases where practically the whole of the payment under the Workers' Compensation Act had been mopped up in medical fees; and what the workers' dependants did under the circumstances he did not like to think of. The compensation under the Workers' Compensation Act was 50 per cent. of the man's average earnings, and if it took a man all his time to keep his wife and family on £2 10s. or £3 a week, as it did in many parts of the country, when that was cut down to half, and if anything was to be taken away from that, he would be saddled with an indebtedness which would throw him back for a considerable period of time. To his knowledge the result in some cases had been that the individual had been kept on the poverty line for a long period of time. He had handled large numbers of cases under the Workers' Compensation Act, and he had no intimate knowledge of what it meant. He was satisfied that there should be no cutting into the compensation allowed under that Act at the present time. He knew that there were some cases where persons received a lump sum and where they defaulted on the hospitals, and a wrong was done to the community by these individuals. He believed that they should be proceeded against to recover the debt to the hospital, but the Conference should not seek to establish the general principle of cutting into what was allowed under the provisions of the Workers' Compensation Act. From the extent of his knowledge on this subject he was satisfied that they would be going on absolutely wrong lines if they suggested any means of attachment of the sums allowed under the Workers' Compensation Act. There should rather be an amendment of the Act to allow of payment of medical expenses being made in addition to what was now paid.

Mr. McEwen (Wellington) was opposed to the motion, on the ground of any discretion being allowed.

The Conference divided: Ayes, 25; Noes, 13: majority for, 12. Motion agreed to.

On the following remit being called on—"That the present Act be amended to debar any hospital patient, while his maintenance account (incurred as the result of an accident) remains unpaid, from making any compromise with any accident insurance company without first having obtained consent of the Hospital Board to whom the maintenance account is due,"—

Mr. GILLINGHAM (South Canterbury) said that the question had already been dealt with on the remit from the Southland Board. He therefore asked leave to withdraw it.

Mr. ARMSTRONG (Wairau) moved, as an amendment, "That the Act be amended to give Hospital Boards the power to claim against an insurance company under the Workers' Compensation Act for amounts due for treatment of accidents." It seemed to him that the Workers' Compensation Act intended to cover the costs of accidents, and if it did not do that he thought the employers might be made responsible for the amount. If the Act did not cover the cost of the accident he thought it should do so. The Boards did not object to married men with families getting compensation; but there were many cases where young men receiving fair wages, and who were treated in the hospitals, left and never paid anything for their treatment. He thought the Boards ought to have the means of making them pay for their treatment. He felt certain the power, if given, would only be fairly and justly exercised by the Boards.

Mr. McLAREN, M.P. (Wellington), seconded the amendment.

Resolution, by leave, withdrawn, and amendment negatived.

BANK DEPOSITS OF RECIPIENTS OF CHARITABLE AID.

Mr. FRIEDLANDER (Ashburton) moved, "That power be given to Charitable Aid and Hospital Boards to obtain full information respecting moneys deposited by applicants for or recipients of charitable aid with any bank, Post-Office Savings-Bank, or any financial institution; and also power for such Charitable Aid and Hospital Boards to lift such deposits for and on behalf of such recipients of charitable aid." It was a very difficult thing indeed to get information from people applying for charitable aid as to their means, and in some cases it had been found that people in receipt of charitable aid had money deposited with some financial institution or another. When, however, the Board applied to those institutions for information they positively declined to supply it. In one case it was only by placing the matter in the hands of the police that they were able to recover part of the money deposited. Shortly before he left for Wellington the Secretary of the Board brought under his notice an application from a man for charitable aid. The man stated he was absolutely without means. Well, he (Mr. Friedlander), as chairman of a certain institution, happened to know that the applicant had money deposited with that institution. At his request the Secretary went and asked the man if he had not made a mistake in his application, but his reply was "No," he had no funds. Now, he thought that the authorities which administered the rates of the people should have some power to obtain the necessary information for the protection of the public. No harm could be done by financial institutions giving this information, because the Boards were not likely to make use of it in any improper way. He hoped, therefore, the Conference would support his motion.

Mr. SCANTLEBURY (Inangahua) seconded the motion. Unfortunately, the people of New Zealand had not the same diffidence in applying for charitable aid as the people of the Old Country had. There were people in the Old Country who would rather die of starvation than apply for parish relief. There were people in New Zealand who thought it a fair thing to apply for charitable aid when they had money deposited in a bank. In his district there was a widow with three or four children who for a considerable time was in receipt of charitable aid. During that time she bought a piano for her children, and at the end of the period she was able to put £300 into a business. It came to the knowledge of the Board that this woman had a Savings-Bank account, but they could get no direct evidence of it, as they had no power to get the information from the Post Office people. He hoped the Conference would pass the motion.

Mr. McEWAN (Wellington) wished to enter a protest against the remarks of the last speaker. He (Mr. McEwan) lived in a working-man's community, and he could say that there were a great many people in New Zealand who absolutely went to the extent of starving themselves rather than ask for charitable aid. He ventured to say that in this respect the people in New Zealand compared more than favourably with the people of the Old Country. The particular case referred to by Mr. Scantlebury evidently arose from want of proper inquiry on the part of the officers of the Charitable Aid Board. He did not think there were many people in this Dominion in receipt of charitable aid who were not honestly entitled to it.

Mr. RUTHERFORD (Auckland) said in his district there were people who would rather starve than apply for relief, and those people required to be approached very gently and tactfully in connection with their distress. The Ladies' Benevolent Society dealt with cases of that kind, as they would not come before the Board to be put through their facings. Others were professional beggars, and there were whole families of them. Some people drawing rents from houses applied for relief, but they could be got at through the Registration Office. The difficulty was with regard to banking accounts, and it did not seem to him to be more unfair to gain information about their banking accounts than about their properties.

Mr. McEWAN (Wellington) said he had just spoken to the Superintendent of Charitable Aid for Wellington, and he did not know of more than two cases of imposition on the charitable-aid funds.

Motion agreed to.

DISTRICT NURSING.

Mr. BELLRINGER (Taranaki) said,—

I venture to open a discussion on district nursing, as I am of opinion that, from experience gained in my district, an extension of the district nursing scheme would be of the utmost value to the public, not only in the backblocks, but also in the less remote parts of our hospital districts,

I believe the Taranaki Board can claim the honour of being the first to introduce the scheme. In March, 1909, a district nurse was installed at Uruti, some forty miles north of New Plymouth, and the value of her services in cases of illness, accident, or maternity cases has not only been enthusiastically acknowledged by the settlers, but also by the medical men of the district. In fact, it is, I believe, common knowledge that but for the presence of the district nurse one, if not more, valuable lives would have been lost. Such being the case, I feel it a duty to further the extension of a scheme that gives such promise of success; but there are one or two points on which I should like to have the opinion of this Conference.

It will be generally acknowledged that for this particular work women of rare courage and devotion are needed. Being cut off from medical assistance, they have not only professional anxieties to contend with, but also the dangers of flood and field. Happily, however, in Nurses Bilton and O'Callaghan we have secured women who have not been dismayed by struggles with bad roads and swollen rivers, as many a settler in the Uruti Valley can testify.

I take it that there will be little opposition shown to the extension of such a scheme, especially after hearing previous discussion on other matters where the services of district nurses have been incidentally referred to. For example, in the discussion that followed Mr. Hurrell's remarks on the administrative control of tuberculosis it was admitted that the services of nurses will be required to hunt out the early case of the disease—and who can do that better than a tactful nurse more or less intimately acquainted with the settlers of her district? The appointment of these officers will be of special value to Hospital Boards just now, when they are taking over the responsibility of preventing as well as bringing about the cure of disease.

My Board has been much exercised as to the best means of paying the expenses of the district nurse. In Taranaki we insisted, when the scheme was first broached, that the settlers of any part of a district requiring a district nurse should raise at least one-third of her salary, as an earnest of the need for such an officer. By this means it was contended—and I think with some reason—that under such conditions settlers would take more interest in the nurse's work, and be more inclined to see that those persons who took advantage of her services should pay a small fee according to their means. The other two-thirds of the nurse's salary to be paid respectively by the Board and Department. For example, if the settlers of a district raise £50 towards the salary and travelling-expenses of a district nurse, the Board would pay the remainder, by which means, taking into consideration the Government subsidy of £1 for £1, the proportions would work out as I have indicated—one third from the settlers, one-third from the Board, and one-third from the Government.

Another course suggested is that the salary of the nurse should be met by contributions of settlers, which should be handed over to the Board, and the latter might collect Government subsidy of £1 4s. thereon. But such a course would have this disadvantage: It would entail an extra effort on the part of the settlers, which in some instances might be too much to expect. And, again, if no contribution were made by the Board, the latter would have little or no say in the administration of the fund, which would meet with the approval of neither the Board nor the Department.

But, to my mind, perhaps the best course would be for the settlers to hand in their contributions to the Hospital Board; the latter could then claim the Government subsidy of £1 4s. thereon, and make up the remainder. For example: Contribution from settlers, £50; Government subsidy of £1 4s. thereon, £60: total, £110. The balance of £40 to be made up by the Board; but half of this would really be paid by the Government through subsidy. Therefore the contribution would actually work out as follows: From settlers, £50; from Board, £20; from Government on £1 4s. subsidy, £60; from Government on £1 for £1 subsidy, £20: total, £150.

As to the best means of paying the district nurse, I should therefore like the opinion of the Conference. It may be that in some districts some other means than I have suggested may be preferable. We must naturally be guided to a great extent by local conditions.

There has been some dissatisfaction expressed by settlers as to what purpose the fees collected for the nurse's services should be devoted. Should such go to the reduction of the contribution of £50 asked by the Board of the settlers, or should the sum go to reduce the liability of the Board or the Department? After much consideration, I have come to the conclusion that the fees collected might go to a special fund which should be in the hands of the local committee. This fund might either be allowed to accumulate for the purpose of erecting a cottage for the nurse, with one or two extra rooms which would be used for the reception of maternity or emergency cases pending their removal to the nearest hospital; or the fund could be devoted towards paying the fees of medical men summoned at the instance of the district nurse.

For the success of the scheme, I am strongly of opinion that this fund, to whatever purpose it may be devoted, should be in the hands of the local committee. By this means not only will a great deal of friction be avoided, but settlers will be the keener to aid the Board to collect fees from persons who are in a position to pay for the nurse's services, inasmuch as the fees collected will be devoted to some local purpose.

As regards initial steps of starting a district nurse, I am strongly in favour of local effort, as already suggested, and the formation of a strong local committee—mostly ladies—to enlist the sympathies of settlers as to the advantages of the scheme. On this committee all classes and denominations should, as far as is possible, be represented.

It would also be necessary to obtain the sympathy and co-operation of the local medical practitioner, and this can be best accomplished by insuring that the nurse does not exceed her duties, and carefully observes the following rules laid down for her guidance. Her duty is to say whether or not the services of a medical practitioner are needed, and if needed she must faithfully follow out his instructions, and do nothing that can be construed as usurping the functions of the medical practitioner.

For the success of the district nursing scheme the sympathy of the medical profession is essential.

I beg to move, "That this Conference indorses the district nursing scheme, and invites the Hospital Boards to further its objects as far as possible."

Mr. HORRELL (North Canterbury) seconded the motion. District nurses were absolutely necessary in the backblocks. A district nurse should possess qualifications which the ordinary nurse from a hospital did not usually possess. She should be up in maternity cases, and very often the hospital nurse did not take maternity cases, or if she did she might have no knowledge of other cases. He suggested that a certain number of nurses from the hospitals should be asked to undergo a course of training at a maternity home, so as to qualify for district nursing. Although the country districts were contributing a large amount towards hospital and charitable-aid expenditure, they were not getting the assistance they were entitled to. The district nurses, when appointed, should be paid at least £150 a year. The question would naturally arise as to collection of fees—whether the patient should pay the fee to the nurse to be handed over to the Board, or whether the Board should collect it. On general principles, he considered this matter was well worthy of the attention of the Conference.

Mr. ARMSTRONG (Wairau) said, as representing one of the few Boards that had tried this nursing scheme, he would like to give his experience in connection with it. At one time he, personally, was not in favour of the scheme, as he thought it would be almost impossible to get women with the combined qualifications necessary to make district nursing a success. Now he thought the scheme would be of great service in districts where there were no doctors, but where there were doctors living he did not think district nursing would gain much headway in New Zealand. In his district they had been fortunate enough to get a nurse who had given entire satisfaction, and her time was very fully engaged. There were, of course, certain difficulties to contend with as regards details. For instance, it was somewhat difficult to get a suitable place in the backblocks for the nurse to live in, and the nurse would require some help. The ideal way would be to find suitable board and residence for her if possible, but that was not always an easy matter in the backblocks. The nurse in his district at present occupied three rooms adjoining a house where a family was living, as she had not time to cook and provide for herself. The Hospital Board provided the rooms, which were paid for out of patients' fees. He felt certain the people in that district would not now be without the nurse. She had been the means in one or two instances of saving life. In the case of a woman who was burned quite recently the doctor said if the nurse had not been there to inject morphia the patient would have died from shock.

Mr. ETON (Wairarapa) said recently the St. John Ambulance Society waited upon the Hospital Board, and intimated that they had raised £300 for this object, and asked the Board to take steps to promote the district nursing scheme. The Board, however, postponed taking action until the meeting of the present Conference, so that they might have some information upon which to proceed. Now, having heard the excellent paper submitted by Mr. Bellringer, he believed the committee would meet together and vote for a scheme of this kind. The question was whether in a large district like the Wairarapa they would not want three or four nurses, and they would require the guidance of the Inspector-General on this and other points. So far as finance was concerned, they would be able to manage all right for the first year, owing to the funds raised by the St. John Ambulance people, but he did not suppose they would continue that support. No doubt the district would subscribe a certain amount, and the Board would furnish something, and with the Government subsidy they would be able to pay the salary of the nurses, and so on.

The CHAIRMAN (Mr. J. G. Wilson) did not see how it was possible for Hospital Boards to collect moneys compulsorily for this purpose. It would have to be done through the local contributing bodies. The local bodies ought to be empowered to write to the individuals joining the association. In that way they would have an assured finance If they depended entirely on fees and voluntary contributions they might not collect the money they expected.

Mr. HAWKE (Southland) said the Southland Board was not very sweet upon this scheme when Dr. Valintine first brought it forward, but they had appointed a district nurse, and the Saturday Hospital Fund had contributed so-much and the Board so-much, and so far it had worked very satisfactorily indeed. They found the district nurse a very useful adjunct. She went all over the district, and any case she came across she reported to the doctor. The nurse worked in conjunction with the Sanitary Inspector, the Board, and the doctor. They felt now the nurse had come to stay, and they hoped to put another one on this year or next year. He believed in all the districts the people would contribute to an object like this. In Southland if the Saturday Hospital Fund withdrew their support they would have to pay for this out of the general rate.

Mr. FRIEDLANDER (Ashburton) thought the matter was a very simple one. It rested entirely with the Hospital Boards, which governed their respective districts. If the Board considered the services of a nurse were necessary in any part of the district under its jurisdiction, all it had to do was to send a nurse there, and the cost of maintenance would come out of the general levy. Under the present Act the Boards had full power to make the necessary provision.

Mr. WALKER (Otago) said that in Otago the introduction of the district nursing system in the backblocks had been of very great advantage. It had been the means of saving human life, and the scheme as a whole had worked most satisfactorily. There was now a lady undergoing training at Karatani for this class of work. She would thus gain an experience which would be useful in the country in the treatment of children.

Mr. BELLRINGER (Taranaki) thanked the Conference for the kind way in which his paper had been received. Those who know the difficulties the pioneer settlers had to undergo would readily understand what a tremendous influence for good the presence of a duly qualified trained nurse, both educationally and otherwise, must be in those remote parts. He did not think much prominence should be given to the question of finance, because the mere spending of £150 to £250

per annum was nothing to the advantage to having a trained nurse at the call of the settlers. The success of the scheme was going to depend largely on the attitude of the medical profession, and he would appeal to that profession to give this scheme its most hearty support. If there was to be no conflict between the medical men and the nurses there need be no fear for the widespread success of the scheme.

Motion agreed to.

MEDICAL INSPECTION OF SCHOOL-CHILDREN.

Dr. VALINTINE (Inspector-General) opened up discussion on this subject by reading the following paper :—

In considering a system for the medical inspection of school-children due regard must be paid—(*a*) To the actual requirements of the country; (*b*) to the legislative and other machinery immediately available to put a scheme into operation; (*c*) to the local and physical conditions of the districts and country affected thereby. The above statement might sound somewhat superfluous, but how often is it found that a scheme is propounded which, however admirably it might suit one country, is not at all adapted for another? And this, I submit, particularly applies to many of the excellent schemes that have been suggested for the medical inspection of school-children.

(*a.*) *The Actual Requirements of the Country.*—This question has been very carefully considered, and no special comment is needed thereon other than that, from reports to hand, it would appear that a system of school inspection is undoubtedly necessary, but that, probably on account of the more favourable conditions of life prevailing in New Zealand, there is no need for such an extensive system of inspection as has been found necessary in other lands.

(*b.*) *Legislation and other Machinery available.*—Under the Public Health, Education, and Hospital and Charitable Institutions Acts there is machinery available to put into operation a system of school inspection at a minimum of cost, especially if advantage be taken of the hospitals under the control of the last-named Act. It is not suggested that the scheme about to be submitted has not some obvious drawbacks, but nevertheless at this stage of the country's development it would be unwise to put into operation a more comprehensive and therefore more costly system. The scheme can only be regarded as a tentative one, and on the data that will be obtained therefrom the country may be the better able to decide whether the expenditure involved in a more elaborate system is likely to be justified.

The scheme recommended is based on : (1.) The instruction of teachers attending the training colleges in our chief centres by means of lectures on anthropometry, and diseases and defects incidental to school life. These lectures could be given by health officers, medical practitioners, and specialists, and supplemented by practical and clinical demonstrations. (2.) co-operation on the part of the private medical practitioner. (3.) The initiation or extension of out-patient departments at our general hospitals. (4.) The fact that, speaking broadly, the Government pay half the hospital expenditure of the Dominion by means of subsidies from the Consolidated Fund.

Briefly, the scheme is as follows :—

(1.) That teachers be instructed to take, at regular intervals, details as to the height, weight, and chest-measurement of scholars attending the State schools, and to forward all such anthropometric records to the Department of Public Health for analysis and compilation.

(2.) That teachers be further instructed to carefully watch for any signs of illness, complaint, or defect of vision or hearing among the scholars.

(3.) That teachers report to the Education Boards those children whom they suspect to be suffering from any illness or defect, such reports to be on a prescribed form, and regarded as confidential.

(4.) On the receipt of such report, the Board to inform the parent (or guardian) of the child concerned, who may either call in the services of the family doctor, or, if not in a position to pay for such services, the Board to make arrangements to send such child to the out-patient department of the nearest hospital for advice and treatment. To enable this to be carried out the Railway Department might grant a special ticket allowing the child to travel free of cost.

(5.) The private medical attendant, or the Medical Superintendent of the Hospital, as the case may be, shall fill in a report, which he shall return to the Board, and the latter will in turn transmit it to the parent or guardian of the child, stating the nature of the illness (if any) of the child concerned, and any further treatment to be adopted and advice as to whether the child is or is not in a fit condition to attend school; such report to be of prescribed form, and regarded as confidential.

(6.) Where a child is absent from school on the advice of the medical attendant, the latter shall, at the request of the Board, fill in a report as required by section 5.

(7.) This system will be supplemented by—(*a.*) The appointment of a special medical inspector or inspectors to supervise the work of the teachers, to compile reports, and to inquire into the sanitary surroundings of the schools. (*b.*) The reports of District Health Officers, nurses, and Inspectors under the Public Health and Hospitals Acts as to the environment under which the child is living, so that the medical attendant will be better able to decide if there is any factor in the surroundings of the child calculated to contribute towards his or her illness or defect. (*c.*) Periodical visits by the Health Officers to the State schools in the course of their visits to the various parts of their districts, and especially to any school where, from the returns of illness, it would appear that such visits of inspection are desirable. (*d.*) The appointment of school nurses. These could be appointed later. In the meantime two nurses now in the Department and the district nurses could undertake the work.

As to cost, there are some 180,000 children of school-age, viz. : Public schools, 155,000; secondary schools, 9,000; Catholic schools, 16,000; private secondary schools, 2,000 : total, 182,000. Of this number, some 30 per cent (54,000) would require some form of medical exami-

nation and treatment; but at least 10 per cent. would be treated by private medical practitioners. Therefore, at the very most, 50,000 children might require treatment at the expense of the State.

Exclusive of the cost of treatment in a hospital, which under any circumstances the Hospital Boards are responsible for, the cost of examination and treatment of each scholar sent to the out-patient departments should not amount to more than 5s. per head—a total of £13,500. Roughly, half of this sum would be borne by the Hospital Boards, and the other half by the Government in the form of subsidy allowed Boards on expenditure. Against this may be placed the sums to be recovered from parents for the treatment of their children. Under the Hospitals Act the Boards have power to recover fees from those in a position to pay them.

The cost of erecting and equipping out-patient departments has not been taken into consideration. The development of these departments should be undertaken gradually. In the meantime the Education Boards could set apart, in convenient centres, suitable rooms for the inspection of scholars.

Hospital Boards are entitled to £1 for £1 subsidy on expenditure on buildings.

As the success of the scheme largely depends on the sympathetic co-operation of the medical profession, it would be a great advantage to all concerned if a uniform fee for inspection of school-children by private practitioners could be agreed upon. If the fee asked be not too high, it is quite possible that many parents would take their children to their family doctor in preference to undertaking a journey to the nearest hospital. Thus the out-patient departments would not be so severely taxed.

Advantages: Apart from the importance to the State of an early detection of disease or defect, the advantages of this system are: (1.) In most instances diagnosis and treatment would be carried out by the same doctors—in great contradistinction, therefore, to the schemes in vogue in other countries, where one set of doctors picks out the cases and another set treats them. (2.) No special legislation is necessary. By regulations under the principal Acts—Education, Public Health, and Hospitals—it would appear that the details of the above scheme could be carried out. (3.) The direct cost of the scheme would be comparatively small—namely, £14,500. (4.) The fact that subsidies are paid from the Consolidated Fund to lighten the burthen on the rates of hospital expenditure should to a large extent save a deal of controversy on the part of Education and Hospital Boards. School inspection or no school inspection, the Hospital Boards are responsible for the sick of their district who are not able to pay the ordinary medical fees. (5.) The scheme would—at any rate, for the nonce—meet the actual requirements of the country, and is adapted to its conformation and local conditions. With few exceptions, the hospitals are strategically placed. (6.) By the adoption of the card system as proposed, there would be a record of the development and health of every child during his or her school career which would greatly facilitate the examination of recruits for compulsory service. Almost at a glance the suitability or otherwise of a boy for service in the Defence Force could be thus decided.

The disadvantages of the scheme may be briefly summarized as follows: (1.) But for the knowledge to be derived at the training-schools, the picking-out of children who need medical attention must in the first instance be largely left to persons untrained in the art of detecting disease; but this would to some extent be minimized by the work of the medical inspectors, District Health Officers, and school nurses. (2.) By reporting cases of suspected disorder or defect the teacher may offend the susceptibilities of the child's parents; but this objection would be minimized by the teacher reporting direct to the Boards, and the Boards treating all reports as confidential. (3.) The children of parents unable to pay private practitioners would sometimes have a long way to go for medical advice—*i.e.*, to the nearest hospital in case of ordinary disease, or to one of the hospitals in the larger centres for eye and ear troubles. (4.) Unless carefully guarded against, the extension of the out-patient departments in our hospitals might lead to considerable abuse on the part of parents in a position to pay the ordinary fees for medical attendance. (5.) Some Boards might object to the initiation of out-patient departments, and would undoubtedly be somewhat encouraged to resist such an extension of our hospital system by a certain section of the medical profession. (6.) The scheme could only be fully applied to schools of and above Grade IV Nevertheless, 80 per cent.. of the children of the Dominion would come within the full scope of the scheme. (7.) The children of irresponsible parents might not obtain medical treatment, however necessary such might be. To meet this, special legislation may be necessary.

The details of the scheme have been carefully considered. From the expressions of members of Hospital and Education Boards and of School Inspectors to whom I have given a rough outline of the scheme, I have every reason to believe that it will receive considerable support. Further details are attached, but, naturally, these must be modified here and there to meet local requirements.

I have therefore to report: (1.) That a scheme of medical inspection of school-children is necessary in the interests of the Dominion. (2.) That from 20 to 30 per cent. of children need some form or other of medical advice. (3.) That the anthropometric survey and initial diagnosis of disease or defects can be carried out by teachers, who shall report to the Education Board. (4.) That teachers can be trained in this work by means of lectures at the training colleges. (5.) That advantage can be taken of the out-patient departments attached to our hospitals for carrying out the scheme. (6.) That pending the erection by Hospital Boards of suitable out-patient departments, the Education Boards should set aside special rooms for the medical examination of scholars. (7.) That, as Hospital Boards are responsible for the sick of their district who are not able to pay the ordinary fee for medical attendance, the cost of the scheme should be borne by the Hospital Boards, which are now subsidized from the Consolidated Fund according to expenditure incurred. (8.) That the children of all parents who are in a position to pay ordinary fees for medical attendance be referred by the Education Board to their family medical attendants, but that if possible a uniform fee for such examinations be agreed upon. (9.) That the Hospital

Board be entitled to charge fees for those children attended, if in their opinion the parents are in a position to pay them. (10.) That two medical inspectors be appointed—one of whom shall be a woman—to assist the teachers to carry out in a proper manner the duties assigned them, to report on the sanitation of school surroundings, &c., and to compile statistics. Such officers to be under the control of the Public Health Department. (11.) That the cost of the scheme should not exceed £14,500. (12.) That arrangements for the treatment of dental caries in children be conducted on the same lines, and be put in operation when the success of the above scheme is assured. (13.) In addition to the above, I may state that the difficulties surrounding the exclusion of scholars suffering from infectious diseases, or coming from infected houses, can be overcome by procedure on the above lines.

Details.—The suggested plan of working the scheme is as follows: (1.) Card with reference number is sent to a teacher by Board. (2.) Card is filled up by teacher during the first term. (3.) Card is returned to—Board 1 on 1st December; Board 2 promptly, if medical advice is required; Board 3 when child leaves school. (4.) Cards returned by—Board 1 before Easter term begins; Board 2 when doctor's report is obtained. (5.) If teacher advises medical advice for child—(1) Board notifies parent (Form 1); (2) parent fills in and returns Form 1; (3) Board—(*a*) sends card to doctor, or (*b*) arranges for child to attend hospital, and sends card to hospital; (4) doctor reports on back of card; (5) card returned to teacher when final report of doctor is to hand; (6) doctor's report shown to parent, or copy is sent to parent by Board.

Under this plan the working of this scheme and all correspondence is centralized in the Board, and the teacher is relieved of all further responsibility after the card is filled in.

Another plan would be to make the teacher responsible for carrying out the duties of advising the parent and carrying out the method as set out above. I think the plan of centralizing the work in the Board's office is the better one.

To avoid friction with parents the following points should be borne in mind: (1.) If the child is being attended by a doctor there is no necessity for the Board to interfere. (2.) In exceptional cases the doctor or parent might prefer that the result of the medical examination was not reported to the Board. (3.) It might be preferable for the doctor to report on a separate form from the card, which report would be private to the parent and the Board; the teacher would not know the result of the report. The instructions that the doctor might think necessary to give to the teacher would still be given on the back of the card. (4.) In any case the card should never leave the teacher's hands except to go to the parent, the Board, or the doctor.

Reference No.

Education Board.

School.

[Please fill up and return this form promptly.]

Mr. [Mrs.] ,—

I AM informed that your child appears to be suffering from , and you are strongly advised to obtain medical advice.

If you are going to your own doctor please fill in his name and address below, so that I can send him the child school card for his report.

I intend to take my child to Dr. , at , and wish him to report to you on the child's state of health.

Signature:

If you wish to send the child to the Hospital, you must sign the form below, and I will make arrangements for him [her] to attend the hospital, and will let you know when he [she] is to go.

I am unable to pay for medical advice for my child, and wish him [her] to attend the Hospital.

Signature:

Signed:

Secretary, Education Board.

Reference No.

(For School-teacher and Secretary only.)

Education Board. School.

Name of child:

Name of parent or guardian:

Address:

1. Date.
2. Age.
3. Standard.
4. Attendance.
5. Height in inches.
6. Weight in pounds
7. Chest-measurement—inspiration.
   ,, —expiration.
8. General health.
9. Sight.
10. Hearing.
11. Breathing.
12. Enlarged glands.
13. History (insert age of child at time of illness).
    Measles.
    Whooping-cough.
    Diphtheria.
    Scarlet fever (scarlatina).
    Rheumatism.
    Tuberculosis.
    Other illnesses.

I am of opinion that he [she] requires medical attention, as he [she] appears to be

Signed:

Date:

Parent informed:

Examined by Dr.:

Progress,—

Mr. HORRELL (North Canterbury) asked where was the necessity for bringing the Education Board into this, seeing that they paid none of the cost? Should not the report go straight to the Hospital Board, which was the local authority dealing with cases under the Public Health Act?

The INSPECTOR-GENERAL said it was desirable to keep the Education Boards in touch with the health of their school-children. Dr. Finch and he had talked the matter over, and had consulted the Education Boards, and it was thought this was the better way.

Discussion adjourned.

System of keeping Accounts.

The Chairman read the following report of the subcommittee appointed to report on the draft regulations and suggested system of accounts to be kept by Hospital and Charitable Aid Boards:—

"The subcommittee recommend that the draft regulations be adopted with the following amendments:—

"Clause 5 to be deleted.

"In clause 7 the words 'journals and ledgers' to be deleted and the word 'books' inserted in lieu thereof, and the words 'together with such other sources of profit and loss' to be deleted.

"In clause 10 the words 'and as may be approved by the Inspector-General of Hospitals' to be deleted.

"The subcommittee recommend that the draft regulations be submitted to an advisory accountant, and subsequently to the Audit Department.

"The subcommittee recommend that before being gazetted the draft regulations shall be circulated to the Boards.

"The subcommittee recommend that the suggested system of accounts be referred to a committee consisting of the Secretaries of the Auckland, Wellington, North Canterbury, and Otago Boards, the Medical Superintendents of the Wellington and Dunedin Hospitals, and the Chief Clerk of the Hospital Department."

Mr. London (Wellington) moved, and Mr. Young (Waikato) seconded, "That the report be adopted."

Hospital Finance.

Mr. Young (Waikato) moved, "That, where a Hospital and Charitable Aid Board has non-local-governing localities within its district, and has borrowed by way of overdraft for the purpose of capital expenditure in construction of buildings, &c., and the local-governing bodies within the hospital district desire to borrow under the State-guaranteed Advances Department to pay off such Hospital and Charitable Aid Board overdraft, the Government should make a direct grant to such Board towards the payment of its building-construction expenditure of a sum not less than the proportion which would be raised by such non-local-governing district had it been a locally governed district." The Waikato district was probably unique in one respect, or, at any rate, very few other Boards were similarly situated. A large portion of the Waikato district had no local-governing bodies or institutions within it. That created a difficulty in this way: They had erected at Hamilton probably the most modern hospital in the Dominion. The Government advanced £1 for £1 on the cost. The position now was this: The Board had no means of raising a loan on any security which they could give. They had arranged for a bank overdraft, but that could not be got at a low rate of interest. The overdraft amounted to a considerable sum, and the Board was about to expend £2,000 on an extension of the Nurses' Home, and they also contemplated erecting some consumptive shelters that would involve the Board in another £2,000 or £3,000 altogether. What they desired was set out in the resolution.

The Inspector-General said that section 46 provided that in certain cases the Valuer-General was deemed to be a contributory local authority. He thought that section dealt with the very point that had been raised. He thought that the contention of the mover of the resolution was a perfectly reasonable one, and he would suggest that he should write to the Department, and ask the Department to interview the Valuer-General on the subject. As far as he could see, they had a very good claim.

Mr. Young said it appeared clear from the Act that the Valuer-General was for every such district deemed to be the local governing authority.

Resolution, by leave, withdrawn.

Hospital Finance.

The Conference then proceeded to the consideration of the subject of "Hospital Finance," and the paper read by Mr. Mackay (Auckland).

Mr. Walker (Otago) congratulated the Chairman of the Auckland Board upon the paper he had read to the Conference. He considered that Mr. Mackay had dealt very fairly and in a general way with the subject. There were one or two points in connection with his paper which he thought might be taken exception to by some of the Boards. Mr. Mackay said in his paper that at least 10 per cent. more fees could be collected if a responsible man was put in charge who knew no friends. He (Mr. Walker) questioned very much whether that statement was a correct one; and he questioned very much whether the hospital which collected fewer fees than another hospital should be criticized adversely as not doing its duty in connection with the collection of fees. In his opinion hospitals were in the main established for indigent patients, and for those who could not afford to pay. He considered that the question of collecting fees largely depended upon the class of patients you got in a hospital. His experience had been that the class of patients who went to the Dunedin Hospital were very largely those who could not afford to pay full fees. Under the system in vogue in Dunedin the collector investigated every case that went into the hospital, and he was satisfied that very few fees were forgotten; but they did not wish to inflict a hardship upon any one who had not the wherewithal to pay. The point was raised in the paper that meetings should be held periodically to consider the question of the remission of fees. He might say that the system carried out in Dunedin was this: that at every fortnightly meeting of the hospital committee the collector's report was submitted to the committee, and that report stated the names of the patients who could not afford to pay full fees, so that the committee had full information as to all the patients who entered the hospital and as to their means, and the committee had power to remit. He certainly thought that was in the right direction; and he

might say, in passing, that the admissions to the hospital in Dunedin were all through the Medical Superintendent. He did not know whether that system was carried out in other centres, but in the past they had had a difficulty in making members of the Board responsible for the admissions. If they had a Superintendent they could trust he thought they had adopted the right course in making him absolutely responsible for the admissions. He thought that in justice to the Medical Superintendent that was the correct method, and that in justice to the members of the Board it was also the right method. Mr. Mackay also spoke of having medical representation on the Board. In Dunedin they carried that out. On the hospital committee in Dunedin they had a member of the honorary staff elected by the staff to represent them on the committee, and he was a most valuable member. They had another medical gentleman—the dean of the faculty—who represented the University on the hospital committee. He thought they had every reason to be proud of having those two gentlemen on the committee, for by their advice and knowledge of the special requirements they were able to help the committee very considerably. He thought the Conference was indebted to Mr. Mackay for the valuable paper he had read.

Mr. London (Wellington) joined with the last speaker in congratulating the introducer of this subject. It had struck him in his association with the members of the Conference as somewhat singular that what had been done in Wellington in respect to in-patients and out-patients had not been done elsewhere in the bigger institutions. In the treatment of in-patients they found it necessary as a first proceeding to discover the qualification of the patient, and to that end for the most part the patient had to consult a doctor, and the doctor had to state that the patient, in his opinion, was suitable for treatment at the hospital. That certificate was presented to any member of the Board, who was furnished with an admittance-ticket. That ticket set out that certain interrogations had been answered by the applicant or his deputy, and was signed by him. The member of the Board certified that in his opinion the patient was suitable for treatment in the hospital. That document was then, with the doctor's certificate, presented at the hospital, and the particulars contained in it were entered in the register. Then those papers were sent to the Head Office, where a loose-leaf account was prepared. It was then that the document, if the liability of the individual had not been satisfied, came into the possession of the collector. It then became the duty, if no response had come from the individual after reasonable time to the request of the Secretary, to interview the individual, and the several interviews were recorded upon a certain form. Each stage was reported to the Secretary, and if difficulties arose the paper, with all the evidence, was submitted to the members of the Board, and a decision was come to. This arrangement was found to work excellently. Naturally, the amount of revenue that had resulted from their efforts was not entirely satisfactory, and that was due to causes that a Dunedin delegate had mentioned—viz., that there were many poor people in the community. They had one collector at present doing excellent work, though probably there was rather too much for one man to do. If they put on another man, perhaps working half-time, he was disposed to think the extra expense would be fully justified. By taking these proceedings, following the individual, his manner of living, and the difficulties that beset him, they were able in a short time to dispose of the account, either by wiping it off or by coming to an arrangement within the ability of the individual to pay. Consequently they had at present very few floating accounts, having regard to the enormous volume of business that was done in a large public hospital. He had only dealt with one phase of the subject, but probably other members of the Board might be able to afford information as to other phases.

The Inspector-General also desired to thank Mr. Mackay for his paper. It had certainly paved the way towards the adoption of this system of accounts, which he thought would be of great value to Hospital Boards. Mr. Walker had asked if it was fair to compare and criticize the amounts received by different hospitals in the way of patients' payments. Well, he (Dr. Valintine) thought it was perfectly reasonable criticism, provided they took into consideration the conditions of the hospital. Of course, the amount of patients' payments depended, first of all, on the degree of confidence the public had in the institution, and on the nature of the population surrounding the hospital; and some districts were more healthy than others. He tried to be, as far as possible, fair in his comparison. Though he admitted that to compare possibly South Canterbury with Taranaki in regard to fees might not be altogether fair, he still maintained that a hospital of the size of that in South Canterbury, or even a smaller size, should get more in patients' fees.

Mr. Maslin —Not if you allow the doctor to exclude paying patients.

The Inspector-General would not enter into that phase of the question. He was glad to say that the amount received was gradually increasing. This year it was one-seventh of the total hospital expenditure, and he looked forward to the time when the patients' payments would equal a quarter of the total expenditure. In this connection he hoped also that, as time went on, the Hospital Boards would see the wisdom of adopting a uniform fee for patients. It was much easier to come down in your fees than to go up. If there was a charge of two guineas a week there was nothing to prevent cutting down to meet each individual case. Each case should be tried on its merits. On the other hand, if they fixed the fee at one guinea they would have wealthy men going into the hospital at a guinea a week. In one case a wealthy man was billed under a section of the Act, according to his means, at the rate of three guineas a week. The case was taken to Court, and the Magistrate decided that because one guinea appeared in the by-law that that was all the Board was entitled to recover. Under the circumstances it would be wise for the Boards to raise the fees all round, and cut down, if necessary, to meet the various cases.

Mr. Ewing (Otago) understood Mr. London to say that admissions to the Wellington Hospital were effected on the certificate of a member of the Board. The idea seemed so absurd that he wondered if he could have heard Mr. London aright.

Mr. London (Wellington) said it was perfectly true. The individual who desired admission to the hospital presented to a member of the Board a certificate from the medical officer. He was

then interrogated by the member of the Board as to his financial position, and the Board member gave a certificate which, with the doctor's certificate, admitted the patient into the hospital for treatment.

Mr. EWING (Otago) said that idea was carried out some time ago in the Dunedin Hospital, but it proved so unsatisfactory, and there was so much trouble all round, that it was discontinued. He was surprised that in a leading hospital like the Wellington institution there was such an old-time system in vogue. Imagine a member of the Board having from six to twelve or fourteen people in his office during a morning or afternoon asking for these certificates. This was clearly the duty of the Medical Superintendent. If the Wellington Board were wise they would place a little more confidence in their very excellent Medical Superintendent.

Mr. KIRK (Wellington) maintained that the system adopted in Wellington was a reasonable and proper one. Only the previous evening he was told by a delegate that the Board had no right to derogate their duties to other persons. Naturally, in technical matters they deferred to their Medical Superintendent, but the main question underlying this was, What was in New Zealand a suitable hospital patient? The Wellington Board considered that a person to be eligible for indoor hospital treatment must be unable to pay for medical fees and private nursing. He held that was the properly accepted definition of what was a hospital patient. In New Zealand, as everywhere else, they received enormous assistance from the medical profession acting as honorary staffs, and it was an abuse of hospital privileges that took from people only sufficient to pay actual cost of accommodation in the hospital, and let them have medical attendance free, if they were in a position to pay. If a patient was able to pay for medical attendance, but was not able to pay for private nursing, then they must give him the benefit of the doubt, and treat him in the public hospital. Then the responsibility devolved upon the members of the Board as to who should go into the hospital, subject to the doctor's approval. The members of the Board, when a patient came for a hospital ticket, inquired into the circumstances of his life, whether he was married, and so on, and if they were satisfied that that person was not in a position to pay for treatment and private nursing they gave him a ticket to the hospital, subject to the approval of the Medical Superintendent, on the professional side. Of course, in the case of accidents and urgent cases the patient was admitted without reference to anybody. It was not right to put the Medical Superintendent in the position of having to ask a patient what his means were.

A DELEGATE.—We do not ask him.

Mr. KIRK said if they took anybody the doctor chose to admit into the hospital, that hospital was not run on proper lines.

Mr. WALKER (Otago) said at the Dunedin Hospital they had an experienced officer whose duty it was to make inquiries as to the applicant's means and so on, and that officer, he contended, was far better able to judge as to whether the patient was able to pay than a member of the Board would be.

Mr. HORRELL (North Canterbury) said in his district the patient was admitted on the doctor's certificate always. When the patients went to the hospital, however, to sue for admittance the Secretary asked them various questions as to their circumstances, and on satisfactory answers being given they got their tickets. He thought it was a mistake to give members of the Board power to issue tickets of admission, as it must lead to disturbance. Under the Hospital and Charitable Aid Act the primary object of hospitals was to meet cases of indigent persons, but the position was so different in individual cases. A man who could pay ordinary medical fees might not be able to pay £50 or £100 for a serious operation and four guineas a week for private nursing. With regard to fees, since the amalgamation of the Boards there had been a considerable increase in fees by making the ordinary charge two guineas a week. If a patient signified that he could not pay that, they had an inquiry officer who went round and inquired into the patient's circumstances. If he were satisfied that the patient could not pay the two guineas, they accepted as much as he could pay. By this means they had increased the fees by some £600.

Mr. BELLRINGER (Taranaki) said, after the speech of Mr. Kirk he hoped the Inspector-General would let the Wellington Hospital Board know that they were not discharging their duty to the public as they ought to do. He was sorry anything in the nature of class distinction had been imported into the discussion, because the admission of any person into a hospital was a statutory right, and no Board had the right to refuse admission to any person, whoever he might be. The rich and poor alike contributed to the upkeep of the hospital, and the Government gave an annual subsidy, and it was unfair that anything in the nature of class distinction should be brought in. If they were to view the hospital as a charitable institution they would strike at the very root of the system. Then, was it fair to the nursing staff that only the poorer classes should be treated in the hospitals? It was not. The Wellington Board was practically a law-breaker in this respect, as the Inspector-General had given his opinion that they had no right to refuse any one admission, and their solicitor in New Plymouth had given a similar opinion.

Mr. HAWKE (Southland) said in his district the dispenser took all the particulars as to a patient's circumstances, and then showed them to the doctor. If the doctor considered the applicant a fit subject for the hospital he was admitted. The instructions from the Board to the doctor were that if the hospital was almost full he should only take in poor people who could not pay. The members of the Board were not asked to go into the circumstances of any applicant, but it was their privilege to do so if they pleased. As there was a doubt as to whether any patient could demand admission to the hospital, they asked the opinion of their lawyer on the subject, and he expressed the opinion that the hospital was not obliged to take in people unless they were unable to procure treatment at their own expense. The Southland Hospital, therefore, if the man was not at death's door, refused to accept him if he was able to pay. If, however, the hospital was not full, they usually gave him the benefit of the doubt, and asked him to pay the ordinary fee. One delegate had stated that patients were often kept too long in the hospital. Well, in Southland that matter was left to the doctor, too, and if he considered they had been there too long he reported to the Board.

Mr. YOUNG (Waikato) agreed that the question had always been, what was the right of the community in regard to entrance into hospitals? Now, the country settler contributed very largely towards the upkeep of the hospital through taxation to the local-governing bodies and also general taxation; and they recognized in the country that every man had a right to seek admission to the hospital if he desired it. They did not look upon a hospital as a purely charitable institution. In the Waikato many people went to a doctor privately for treatment, and if that doctor discovered that the patient was too poor to pay he sent him along to the hospital for treatment, and the hospital had to take risks of that sort. He considered the hospitals should be regarded as national institutions, for the benefit of all, because they all contributed towards their upkeep. He saw the time coming when the hospitals of the Dominion would be regarded as institutions for all sick people, when the people would expect to receive their treatment free of cost. The electors would come to realize the power which was now in their hands. The friendly societies and the labour unions would run their tickets for hospital elections and would get their members in, and would establish a policy that the whole charge should be upon levies made upon local bodies.

Mr. MOORE (North Canterbury) maintained that hospitals in the first instance were for those who could not afford to get medical attendance outside. If they were going to open the door to all and sundry it would open the door to a great deal of trouble. In the large centres the members of the honorary staff gave their services for nothing, and if the Boards were going to allow rich patients to go into the hospital to be treated for nothing, the first thing the honorary staff would say would be that they were not going to give their services under those conditions—that they were prepared to give their time to the poor, but they would not throw away their own living for the sake of patients who were quite able to pay. If the Boards were going to let all and sundry into the hospitals, it simply meant that the Government would have to take over these institutions and run them on public lines. He thought the members of the Conference ought to make up their minds as to what was a fair thing to do. In the first place, he thought their care should be for those who were not able to help themselves.

Mr. FRIEDLANDER (Ashburton) thought that Mr. Kirk had raised quite a new issue in connection with this matter. He raised the question if it was the duty of any Board to look after the interests of the honorary staff—of medical men who gave a good deal of their time to the hospitals. No doubt these gentlemen were entitled to every consideration, but he was not one who looked upon their services as being entirely gratuitous. They got experience by attending the hospitals. There was therefore a kind of *quid pro quo* which the honorary staff received for their services. There could not be any question that the primary reason or object in connection with hospitals was to provide for those who could not afford to pay; but he would say this, without fear of contradiction: that any person, if he was willing to pay, had got a perfect right to ask a Hospital Board to be admitted; but it might not be for the purpose of saving fees; he might think he would receive better treatment in the hospital than he would in his own home; and he (Mr. Friedlander) thought that for that reason the hospital should be open to all. On the previous day a member of the Conference asked the Inspector-General whether hospitals were for both the rich and poor, and the Inspector-General replied that anybody who thought it necessary to seek advice in a hospital would have a right to be admitted. Each Hospital Board had a perfect right to make its own by-laws. Members had naturally, in the first instance, to keep in view that the hospital should not be overrun by people who could afford to pay and who could go to a private hospital; and therefore the Boards had to protect themselves by passing by-laws saying that before any one was admitted he must have the consent of the surgeon in charge, or the Chairman, or a member of the Board; but that did not give the Board the absolute right of refusing any one the right to go there. The Wellington Hospital admitted numbers of patients who could afford to pay and who did pay; and Wellington, in respect to fees, stood second highest in the Dominion, Auckland being the highest; so that it was evident that Wellington looked after the £ s. d. even more than Dunedin did.

Mr. MASLIN (South Canterbury) said if they were to run the hospitals on purely business lines, and with the view of making the income meet the expenditure, the first thing they would have to do would be to get rid of the honorary staffs, and get the highest qualified medical men they could, and throw the hospitals open to all who applied for admission who could pay; but if they did that the object for which hospitals were established would not be met. He maintained that in his district they were doing what hospitals were established to do, and in doing that they could not expect an institution to show a credit to profit and loss. He would like to draw the attention of the Inspector-General to the statistics in connection with the running of hospitals. He had had occasion to refer to a comparison which the Inspector-General drew between the expenditure of two hospitals. The information and figures were in parliamentary paper H.-22. In the case of the hospital held up as a model the figures were: £128 7s. 7d. per occupied bed; average payments, £55 7s. 10d.; cost per occupied bed, after deducting patients' payments, £72 19s. 9d. In the case of the institution which was condemned as a frightful example of bad management the figures were: Cost per occupied bed, £80 18s. 1d.; average payment of patients, £12; or £12 19s. 3d. against £55; but after you deducted patients' payments from the cost per bed there was a credit of £5 0s. 11d. in favour of the institution which the Inspector-General condemned over and above that which he eulogized as being managed in a most masterly manner. He referred to the New Plymouth and Timaru institutions, and there was a credit in favour of the Timaru institution of £5 as against the New Plymouth institution, which was held up as a model.

Mr. KIRK (Wellington) would like the Inspector-General to express an opinion as to what constituted proper eligibility for hospital treatment.

The INSPECTOR-GENERAL said that hospitals were established for those people originally who were not in a position to pay, but a hospital could not refuse, he submitted, if it had room, patients who were in a position to pay for ordinary medical attendance. But what he could not understand was this: why patients, ratepayers though they might be, should object to pay hospital maintenance fees.

Mr. WALKER.—They do not object.

The INSPECTOR-GENERAL.—A good many do.

Mr. WALKER.—They cannot pay.

The INSPECTOR-GENERAL said that a good many contended that because they paid rates they should not pay hospital maintenance fees. He never could understand that line of argument. If a municipality went in for a water-supply scheme the people were perfectly prepared to pay a water-rate. The same in the case of tramways; the ratepayers did not object to paying for riding on the trams. He never could see the force of the argument that patients, because they were ratepayers, should think they should be admitted to hospitals without paying maintenance fees. He admitted that the plea was not now raised so often as it used to be about two years ago. The Hospital Boards were very much better all round in getting fees from patients—in insisting upon them being paid; and he hoped the hospital authorities would be still more rigorous in getting these patients' payments, which, as he had stated, amounted to one-seventh of the total hospital expenditure, and he thought they might very well look forward to the time when these fees would amount to one-fourth of the hospital expenditure. He would look into the question raised by Mr. Maslin about the two hospitals he had mentioned.

Mr. ARMSTRONG (Wairau) said if the receipts were descending instead of rising it would be a strong proof that the destitute were being attended to, whereas if the fees received amounted to one-third or even higher it would be a proof that those who were able to pay were being attended to. If that system were carried to an extreme, you might have a hospital where all the fees were collected, and there would be no deficiency at all, but that would be only a proof that those were being attended to who could pay.

The CHAIRMAN said the average amount contributed by ratepayers was not a large amount for them to pay towards the hospitals, and should not give them the right to go into hospitals free.

Dr. FALCONER (Otago) said that if every person, rich and poor, were admitted into the hospitals free of charge it would mean that every medical man in the country would have to be paid by the State.

Mr. MACKAY (Auckland) thanked the members of the Conference for the manner in which they had received the paper which he had read, and also for their kindly criticism. With respect to Mr. Walker's kindly criticism, coming from an able gentleman like him, he valued it very much. With regard to the collection of fees, that subject was specially mentioned in the paper in order to promote a discussion and ascertain the opinions of the members of the Conference. In Auckland they had been able to collect about 30 per cent. of fees. They were not content with that, and thought they ought to get a little more. They desired also to know what was being done in other centres. With regard to the fees of patients in hospitals, he was at one with those who represented the larger centres. He believed that the hospitals were for the indigent poor. He sympathized with the position of the country settlers; he thoroughly sympathized with them in many respects. When a man in a city in a fair position entered a hospital and occupied a bed there, he thought that, to some extent, he lost his self-respect. He was at one with Dr. Falconer, that if the rich and poor were to be admitted into the hospitals and treated free, then the sooner they advanced a step farther and let the State take over all the medical gentlemen, and made them paid officials, the better. Reference had been made to the fact that a suggestion had been made that a commission should be set up to consider the question of fees. That was not in his paper. What he referred to was that all chronic cases should be periodically reviewed by a commission consisting, say, of the Chairman, a representative of the honorary staff, a representative of the Department, and the senior resident medical officer, and such commission should have power to discharge patients without their decision being called in question. Medical men were, as a rule, very soft-hearted and impressionable, and sometimes when a patient appealed to a member of the honorary staff to be allowed to stay in the hospital a little longer the request was acceded to. If such cases were dealt with by a commission he thought it would result in reducing the expenditure very much. He considered that the time spent in the preparation would be well rewarded if the main recommendation which it contained were adopted by the Conference.

MATERNITY WARDS FOR COUNTRY HOSPITALS.

Mr. STEWART (Bay of Islands) read the following paper:—

In a Conference such as this, composed of hospital representatives from all parts of the Dominion, it naturally follows that many present have strong convictions that in some particular direction our hospital system needs extension or reform. In the Hospitals Act of 1909 we have, I believe, a measure provided with sufficient elasticity to meet the needs of the Dominion for some years to come. It can be accommodated to meet the requirements of all classes of illness, disability, or indigence, and the various causes contributing thereto. This is as it should be, but there is, however, strong evidence—at any rate, in my district—of an urgent need for providing better facilities for the nursing and medical attendance on maternity patients.

Now, I am not one of those persons who think that the disaster of a declining birth-rate can be averted by providing special funds, and so forth, to encourage women to face the inconveniences of maternity; but I do think we should do what we can to afford expecting mothers every reasonable assistance at the period surrounding their being brought to bed. Now, in my district there is much to be done in this direction. In the four counties—Mongonui, Hokianga, Bay of Islands, and Whangaroa—there are thirteen registered midwives. They, however, have not been trained in their art, but were admitted to the register on the certificates of medical men when the Midwives Act of 1904 came into force. Of this number, six are practising in the neighbourhood of Kawakawa and Mongonui, the remainder being scattered about this wide district. Some of these midwives, I may say, are past work. A woman who has had five children informed an inquirer

that she generally employed a Maori woman to attend her, and would do so again rather than trust herself to the one registered but untrained midwife in her neighbourhood. The woman in question is some twenty miles from the nearest doctor.

Now, I do not wish to say anything unfair concerning these midwives, who are, for the most part, very excellent and deserving women. They have done their best for their fellow-settlers; but now the time has come, I take it, when hospital authorities should see that their districts are supplied with sufficient trained women for the needs of the settlers, And how can this best be brought about? It is apparent that, in the first place, we must afford additional facilities for the training of midwives; and, secondly, we must afford inducements to trained women to settle in the country districts. I believe that the Central Department has this matter in hand, and, in fact, so far as my district is concerned, the Board has cordially welcomed the suggestions of the Department to devote some beds in the Mongonui and Rawene Hospitals for the reception of maternity patients, and for arranging for the training as midwives of the matrons of these institutions, so that the latter can be used as training-schools for midwives.

As regards encouraging midwives to settle in country districts, the Department is acting wisely in affording free training to women specially recommended as likely to make suitable midwives, provided they engage to practise their art in the district of the Hospital Board recommending them. This is as it should be, but I think we must go farther, especially if there are other hospital districts similarly circumstanced to the Bay of Islands. I am told that, as compared to the South, there is considerable dearth of midwives in the North Island.

I find that at present there are 1,022 midwives on the register. Of this number, only 343 are trained. Some sixty trained midwives are admitted to the register every year on their passing the State examination, and in connection therewith it is reassuring to note that the trained midwives are more than replacing the registered, but untrained women, who are gradually dropping out of their work. This is contrary to the experience in other lands where registration of midwives has become law.

It will be interesting to hear whether delegates from other districts have had experiences such as my own as to the shortage of midwives, and, if so, the best means of rectifying a defect that must have a prejudicial effect on the country not only from the declining birth-rate, but also on account of many of those unfortunate women who, having faced the dangers of maternity, have been maimed and rendered lifelong invalids as a result of incompetence and neglect.

I beg to move, "That with a view to offering relief to settlers of the outlying districts, and also to facilitate the training of maternity nurses, this Conference considers it advisable that maternity wards be attached to country hospitals of twenty beds."

Mr. London (Wellington) seconded the motion

Mr. Blundell (Bay of Islands) said the Inspector-General, in his reports, had alluded to the scarcity of nurses in the northern districts; and he hoped this motion would receive the sympathetic consideration of the Conference. This was a matter that affected his distirct, he believed, more than any other part of the Dominion. Although the Bay of Islands was one of the oldest settled districts they were most backward as regards hospital facilities, and he would like to mention one or two cases to illustrate the difficulties that they had to contend with. A week or two ago a case came under their notice of a woman in one of the back settlements who was expecting confinement. She was living with her husband and brother-in-law and one or two small children far away from any other house, and, as sometimes happened, her trouble came on sooner than was expected. The husband went in one direction and the brother-in-law in another direction for assistance, and while they were away the only child able to walk was sent out to find the husband and brother-in-law. That woman was confined with twins. One child died, and the other was expected to die, and it was possible that the mother might die. In such cases it sometimes happened that the husband had to attend to his wife himself. There were other cases, as Mr. Stewart had said, where a Maori woman without any qualifications at all had to do the work. The provision alluded to during the discussion of another paper, as to free training for girls being provided by Hospital Boards on condition that they went back to their districts for two years, had not been found to work at all so far as his district was concerned. The Bay of Islands Board had nominated four women, but unfortunately they had not been able to get one of them to come back to the district, so that fifteen months had practically been wasted without one maternity nurse coming from the St. Helens Home. Dr. Valintine some time ago had noticed this, and had made a suggestion for which the North had very much to thank him. It was that beds should be devoted to maternity cases; and to the Rawene and Mongonui Hospitals nurses with proper qualifications had been sent, and had already started work. The scheme was in its experimental stage at present, and so far there were no results to go upon. Dr. Valintine had already signified his willingness to assist by erecting a cottage hospital for the Bay of Islands County, and it was hoped under the motion now proposed they would be enabled to train nurses in their own district. If they were allowed to train nurses as Dr. Valintine had suggested they would soon have six nurses undergoing training in that district. Then it was expected that they would have a great many more patients coming into the hospital when these beds were provided. As every one knew, they had a lovely climate up in the north, and the amount of sickness was not great, but the number of babies arriving was a great deal larger in proportion. He hoped the Conference would pass this motion.

Mr. Horrell (North Canterbury) asked if it was not provided in the Act that any Board could establish a maternity home in connection with its hospital.

The Inspector-General said any Board could erect a maternity ward. It had rather been the policy of the Department in the past to object to maternity cases being taken into our hospitals. He himself was strongly of that opinion when he took over his present duties, and he pursued the policy of his predecessor in that respect, but he had reason lately to see that he was making a

mistake. In 1904 a Midwives Act was passed under which none but qualified women after a certain time could be admitted to the register. The consequence had been that the old untrained women were dying out, and they were not getting a sufficient number of midwives to replace them. Consequently it was necessary to increase their training-schools for midwives. There were now four St. Helens Hospitals for training midwives, and they wanted five more. The trouble was that although these St. Helens Hospitals were started for the training of midwives for the backblocks, it was found when they were trained they would go into the towns. Now, the Department was making this offer to the Hospital Boards: that if they could recommend any country woman as likely to make a suitable midwife she would be given her training free at a St. Helens Hospital, provided she would give an agreement to go back to the hospital district that recommended her to work in that district for not less than two years. By that means they hoped to reduce to a minimum such difficulties as beset the Bay of Islands. The North of Auckland did not correspond in any particular to any other hospital district in the Dominion. There they had to have four small hospitals instead of one large one, and, much as he was in favour of big hospitals, it was not possible to carry out that policy in the North of Auckland. When he visited the Rawene Hospital last year there were only two patients there, and neither of them were proper hospital cases. It seemed, therefore, that that was just the place which might be used with advantage to the settlers for receiving maternity cases as well. He hoped several of the country hospitals of under twenty beds would adopt this idea, which was being taken in hand so vigorously by the Bay of Islands Board, because they would then be able to increase their output of midwives.

Mr. Maslin (South Canterbury) said in his district, if the Department would give a little encouragement for training midwives, the Board could render some assistance. They had a large ward already set apart for maternity cases, and if some financial encouragement were given they might be able to convert it into an institution for the training of nurses for some of these backblocks. He threw out the hint to the Inspector-General.

Mrs. Wilson (North Canterbury) wished to say a word or two in support of Mr. Stewart's plea. She knew something of the North of Auckland and its peculiar situation and needs, as well as of the terrible anxiety and hardship to which women were put at such times. On more than one occasion her own father-in-law had been called in to attend women in their extremity, and on one occasion he was actually obliged to go to the local blacksmith to get an instrument forged before he could relieve the woman. She did not think Mr. Stewart had in any way exaggerated the hardship of women in those remote districts, and she would very much like to see something done for them.

Mr. Marfell (Stratford) said this was a very serious difficulty in country districts, and it struck him it could to some extent be met by either the Boards or the Department subsidizing nurses who would remain always in the smaller country townships. One of the chief reasons why country people did not go to the towns for treatment at this critical period was expense. For a small country settler whose income was exceedingly limited to send his wife to town some fifteen or twenty miles away was a very big item; and the wife, rather than put the husband deeply in debt, as a rule, preferred to stay at home and run the risk. He thought that if in some of the larger townships they could establish maternity homes with fully qualified nurses it would, to some extent, relieve the position, and he did not see any good reason why either the Boards or the Department should not subsidize them to some extent. The trouble was to get women to go into the country districts. In his particular district they did invite applications to take advantage of two years' special training; but no one applied, not because there were no women there, but because the women would not come and learn under the conditions laid down.

Mr. Rutherford (Auckland) considered they should treat a matter like this very seriously. The difficulty was that nowadays they could not get women to go into the backblocks. If a woman did go there she would have to remain for the whole winter, because it was almost impossible to get either out or in during the winter months. In dealing with a question like this, the life of the woman in many cases was at stake, and it was a wonder to him that women would go into the backblocks under the conditions they had to put up with at the present time. If it was impossible for the Government to assist or for the people themselves to raise the necessary funds it would be very much better for the Government to load the land to a certain extent for, say, fifteen or twenty years, for this purpose. By this means they could have telephones and nurses as well, and he felt sure that if that were done the land would be taken up much more readily, and they would have a great many more settlers in the country.

Mr. Harper (Ashburton) said it seemed to him it would be a good thing if some of the members of the Boards qualified themselves to act on such occasions. He had been called in himself on such occasions fifty years ago. In those days the settlers helped themselves, but now it appeared to him they wanted the Government to do everything. People who went into the backblocks would get on much better if they showed a little more self-reliance. He did not know what they would be appealing to the Government for next; he supposed, boots and shoes, and that kind of thing.

Mr. Stewart (Bay of Islands) expressed pleasure that his motion had been received so favourably, and that most of the delegates seemed to be in favour of maternity wards being attached to these small country hospitals.

Motion agreed to.

Burial Expenses.

Mr. Wilson (Palmerston North) moved, "That the Health Act should be so amended as to define who is responsible for burial in cases of death where there is not sufficient money and no relations." In his district there had been cases where a patient had died suddenly at a hospital, and the police took charge of the case. The police said the body should be buried at the expense of the Hospital and Charitable Aid Board. Well, the Board did not object to that, and they had, in fact, a contract for the burial of their patients, but the police went to unreasonable expense in

connection with this, and the Board thought there ought to some clear definition as to who was responsible. In country districts death occurred sometimes away from the centre, and it was difficult for an officer to go at once and see to the case, so that the police took it in hand. Although the police thrust the whole responsibility upon the Board, the Board had no control over the expenditure. The question was, should the police or the Board be responsible for such cases?

The Inspector-General.—The local authority.

Mr. Wilson said the local authority refused to accept the responsibility; the Borough of Feilding had so refused, and it was thrown upon the Board.

Motion agreed to.

Committing Children to Industrial Schools.

Mr. Walker (Otago) moved, "In regard to section 85 of the Hospitals and Charitable Institutions Act, 1909, *re* the maintenance of children in an industrial school, that the same be amended to provide that Boards may have more authority in regard to the committal of such children, by receiving notice of intention to bring such children before the Court, so that evidence may be adduced, if possible, of ability of 'near relatives,' as defined in the Destitute Persons Act, 1910, to contribute towards the cost of maintenance of such children." The members of the Conference knew that under the Industrial Schools Act a child was committed to the school by a Magistrate. The Magistrate made the order, and the Board had to pay a certain sum per week for the maintenance of the child. He thought that the Boards should receive notice when such applications to the Magistrates were about to be made, so that they might have an opportunity, through their Inspector, whether some person or relative other than the Board should be made liable for the maintenance of the child—that was, to make persons who came within the definition of "near relative" liable for the cost of maintenance.

Mr. Friedlander (Ashburton) seconded the motion. The course which his Board adopted was this: they approached him and asked that when cases of this kind came up that the Board be notified, and the Magistrate always did so. His Board had no difficulty in the matter at all.

Mr. Horrell (North Canterbury) said that in Christchurch the police always notified the Board when such cases were to be brought before the Magistrate, and that gave the Board opportunity to make inquiries.

Mr. Ewing (Otago) said the Board had no right to demand notice from the Magistrate; it was only a matter of courtesy on the part of the Magistrate.

Mr. Young (Waikato) said it was desirable that such inquiries should be made, and he had much pleasure in supporting the remit.

Mr. Pryde (Southland) suggested that the following remit from Southland be taken together with the one under consideration: "That section 85 subsection (1) of the Hospitals Act, 1909, should be amended by striking out the words at the close of the section after the word 'district,' and substituting the words 'wherein the child is or has been domiciled prior to the making of the order.'"

Leave given.

In moving the resolution, Mr. Pryde (Southland) said that the position under the law was this: that children were sometimes brought into Invercargill, say, from Riverton, and that was done to suit the convenience of the Court. The children were committed to an industrial school by the Magistrate, and then the Southland Board received a notice from the Education Department that the Southland Board would be charged for the maintenance, whereas the children were really domiciled in Riverton. He thought it was only fair that the Riverton Board should be called upon to pay for the maintenance of the children.

Both motions were agreed to.

Children with Evil Environments.

Mr. Macmahon (Nelson) moved, "That the powers of Hospital and Charitable Aid Boards be enlarged so as to enable them (on a certificate being granted by a Magistrate) to reclaim and educate children living in the midst of evil environments." There were many cases where a wife was deserted by her husband, and where the wife was doing her best to bring up the children under proper conditions, but was not able to do so, the environments not being good. If the Boards had the power he suggested, it would mean that in many cases children would be brought up in such a way that they would be a credit to the country, and they would become good citizens, but the same children, if neglected, might have a criminal tendency.

Mr. Hawke (Southland) seconded the motion.

Mr. Horrell (North Canterbury) thought the point was met by the Industrial Schools Act.

Mr. Macmahon (Nelson) said that Act did not do so.

Motion agreed to.

Old-age Pensioners.

Mr. Friedlander (Ashburton) moved, "That it be a recommendation to the Government to alter the Old-age Pensions Act in the direction of an old-age pensioner being convicted a second time for drunkenness his pension certificate be handed over to the Charitable Aid Board where such offender resides." Under the circumstances mentioned a man became a case for charitable aid, and he thought if the man could not take care of his pension it ought to be handed over to the Charitable Aid Board.

Mr. Walker (Otago) seconded the motion.

Motion agreed to.

REPRESENTATION.

Mr. WILSON (Palmerston North) moved, "That sections 12, 13, 14, 15, and 16 of the Hospitals and Charitable Institutions Act, 1909, and section 7 of the Hospitals and Charitable Institutions Act 1909 Amendment Act, 1910, be repealed, and that the Act be altered so that representatives shall be appointed by the contributing local authorities." In the country the old mode of appointment was much superior to the present one. The local authority had to find the funds, and if there was an election it involved considerable expense at present to the local bodies. Under the old system those who found the money had the right of selecting their representative; and the former system gave them a very good Board indeed. Then, in the combined districts the present system was not altogether satisfactory. He knew of cases where a small borough was connected with a large county, and in that case the voters in the small borough, although the borough was only paying one-twentieth part of the larger body, would have the right of electing the whole of the members for those two districts; and that seemed to him to be altogether unreasonable. He thought the old system of representation was very much superior to the present one, and he hoped the Conference would give an expression of opinion in that direction.

Mr. RITCHIE (Wanganui) seconded the motion.

It was agreed to take the remit from Maniototo together with that of Palmerston North.

Mr. INDER (Maniototo) moved, "That this Board remits to proposed Conference resolution to consider the question of the advisability of selection of members elected by the contributing local bodies, and that the Act be amended in this direction." Mr. Wilson had pretty well explained the case. In Maniototo they had a large county and a small borough, and it was possible for the people of the smaller body to put whom they liked on the Board. He thought that members might be appointed instead of elected.

The INSPECTOR-GENERAL said there would not be any expense at the next election, because the election would be held at the same time as the county or borough election.

Mr. INDER (Maniototo) said that some members of Hospital Boards had to travel twenty or twenty-five miles to attend the meetings, and that meant great expense.

Mr. RITCHIE (Wanganui) thought that bodies with the same franchise should be grouped together in some way. He thought the old system was better than the present one.

The INSPECTOR-GENERAL.—You cannot satisfy the House about it.

Mr. RITCHIE thought the members of the Conference should say what they thought. Personally he thought the old system of nomination was the best. The men representing the county which found the money could surely be better trusted in respect to expending it. He thought that some alteration should be made in the matter.

Mr. WILSON (Maniototo) moved, as an amendment, "That this Conference is of opinion that the election of members to minor Hospital and Charitable Aid Boards having six or a lesser number of contributing bodies is unnecessary; that members of these Boards be nominated by the contributing bodies and approved by the Governor; that an amending measure be passed this ensuing session to give effect to this resolution." It was not so much a matter of the cost of the elections as the cost of the travelling-expenses that required an alteration where there were only two or three contributing bodies.

Mr. EWING (Otago) thought it was only a waste of time considering motions of this sort. In this democratic age it was impossible to get Parliament to make such an alteration in the law.

Mr. BELLRINGER (Taranaki) thought it was absolutely futile to pass such resolutions at the present juncture. In a democratic country like this every man had a right to vote for representation on such Boards.

Mr. KIRK (Wellington) hoped the Conference would not waste time in seeking to bring about an alteration by doing away with election and substituting the old system of nomination. He was not certain that the change had not been a good thing in some respects. He was quite with Mr. Bellringer in believing that Parliament, after so short an experience of the elective system, would not agree to alter it. He thought, however, every effort should be made by the Conference to bring about a cessation of the anomaly that existed in connection with the election of members. It was absurd that a small borough should have a voting-power that would far outweigh the population on the ratepayers' roll of a large county contributing four or five times the amount of revenue. That was a real grievance, and if the Conference would pass a strong resolution on the subject it might have some effect upon Parliament.

Mr. MACMAHON (Nelson) said at the Conference held three years ago he voted against the elective system, but since then he had changed his mind entirely. In Nelson at the last election two ladies were returned as members of the Board. Well, there had been a great difference of opinion as to the advantage of having ladies on the Board. Some members thought it would interfere with free discussion on some subjects, but that had not been the case. Their experience had been that in many instances the ladies had been of immense assistance, particularly with regard to charitable-aid work. The only trouble was the grouping of districts. If that could be avoided by having one member for each ward there would be very little to complain of, and by holding the election on the same day as the local election the expense would be very little more. If the electors wished to save expense they could elect the person they were electing on the other body. If they wished to elect some one else whom they thought would be more suitable for hospital and charitable-aid work they would be ready to bear the expense. He thought the only alteration that was required was as regards the grouping.

The INSPECTOR-GENERAL said it was a very difficult thing to bring about. They had tried to keep the county elections apart from the borough elections, but sometimes it was almost impossible. The grouping was the difficult problem. As a matter of fact, it had not altered the *personnel* of the Boards very much, as he noticed the same old friends around him as he had seen at the Conference a few years ago. He at one time was in favour of the nominated system, but he had come to think the present system was preferable. He quite agreed with Mr. Kirk that there was an element of danger in it, but it was a danger they tried to avoid as much as possible.

Mr. Gray (Gisborne) said the present system had been a success in his district, but one reason why they would not go back to the old system was that members selected for two bodies could not afford the necessary time to attend to the work of both.

Mr. Mackay (Auckland) thought it would be a waste of time to discuss this motion at any length. Not only was it a reflection upon the Boards, but it would be a retrograde step. He was a firm believer in the one-man-one-vote principle, and he would not like to go back to the system of nomination. If this went before Parliament for an alteration of the franchise, he did not think it would have "Buckley's chance" of getting through. If there was an anomaly between the boroughs and counties, those who felt themselves aggrieved should approach their parliamentary representatives, and get them to introduce an amendment of the law to put the matter right.

Mr. Young (Waikato) said he could speak with authority on this subject. In his district they had Town Boards which worked on the same local franchise as a borough; and as these Town Boards were associated with the County Councils in regard to this, they had the anomaly of any occupier of a house who paid £10 a year having a vote as well as his wife, whereas in the county it was only the ratepayer, and not his wife, who had a vote. He did not think they would ever return to the old system of nomination, and, in fact, the new system had made no difference in the *personnel* of the Waikato Board. He thought, however, there should be some equitable adjustment of the franchise itself, because it was quite an anomaly to have two kinds of franchise in one constituency.

The Chairman said it was apparently the city members who objected to the motion and the country members who were in favour of it.

Motion negatived.

Mr. Kirk (Wellington) moved, "That the Government be requested to consider the advisability of substituting the parliamentary franchise for the local franchise in counties, so as to make it as nearly as possible the same as that in boroughs."

The Inspector-General said if delegates would refer to page 67 of the annual report they would see that, as far as possible, the grouping of counties with boroughs had been avoided.

Mr. Kirk said quite close to Wellington there was the large Horowhenua County, extending fifty or sixty miles in length, and which contributed £1,200 a year to the Hospital and Charitable Aid Board. With it was grouped at the present time the Borough of Levin, which contributed perhaps £100 a year. Surely it was only fair that the county should have a greater voting-power than the little borough. Yet at present it was the same in each case. If this grouping must continue, surely it would be easy enough to substitute the parliamentary franchise for the present franchise in counties.

Mr. Norris (North Canterbury) said in his district there were two boroughs in one county, and under the present system those two boroughs could utterly outvote the county ratepayers for three members. He therefore thought Mr. Kirk's suggestion was a very reasonable one.

Mr. J. D. Wilson (Wairarapa) pointed out that Mr. Kirk's suggestion, if carried out, would necessitate special rolls, and he did not see how it could be very well carried out. The only way, so far as he could see, was to group the districts, and no doubt that had been done as far as possible.

Mr. W. Ritchie (Wanganui) thought the position could best be met by grouping those districts which had the same franchise. There was no doubt that the present system was unjust and inequitable.

Mr. Blundell (Bay of Islands) said in his district there was a floating population of about 450 employees who had no interests in these questions. If the parliamentary franchise were adopted they would all be entitled to vote.

Amendment negatived.

Mr. Rutherford (Auckland) moved, as an amendment, "That the elections be carried out on the lines adopted in connection with Education Board elections." It was inexpensive, and each member of the local body would have a vote. There would be no necessity for a poll, as the ballot-papers could be sent to the Secretary.

Mr. Ewing (Otago) seconded the amendment, in order to speak against it. He considered it a most improper method of election.

Amendment negatived.

The motion was then put and negatived.

Disqualification of Members.

Mr. J. G. Wilson (Palmerston North) moved, "That all the words after 'Board' in clause (*e*) of subsection (2), section 19, of the Hospitals and Charitable Institutions Act, 1909, be repealed." The words in the Act were as follows: "or who holds a paid office under any contributory local authority within the hospital district." There was a special case in his district which would explain what they required. The Secretary of their Board was Mr. Rutherford, who was a most capable and excellent Secretary. That gentleman had to resign owing to pressure of business, but he happened to be also Secretary of one of the contributing Boards. Now he (Mr. Wilson) did not see why Mr. Rutherford should not occupy a seat on the Board if he thought fit. He lived in the Borough of Palmerston, and he was satisfied the borough would elect him at the top of the poll at any time. They were, however, debarred from the benefit of his services because he happened to be Secretary of an adjoining county.

The Inspector-General said he did not know that there was any special reason for this.

Mr. J. G. Wilson hoped, therefore, that this motion would be carried, so that the Palmerston North Board might have the benefit of the services of the gentleman he had referred to.

Mr. Moore (North Canterbury) asked how the section of the Act referred to would apply to the Mayor of a borough who was drawing £300 or £400 a year?

Mr. KIRK (Wellington) said the Mayor would not be holding a paid office under the Board.

Mr. BELLRINGER (Taranaki) seconded the motion. He knew the loss of Mr. Rutherford's service would be a loss to the community, and in that respect he thought the law was at fault.

Mr. MACKAY (Auckland) protested against any alteration of section 19 at all. If they commenced tinkering with the section it might lead to further alterations. While in the particular case mentioned there might be hardship, he thought they should not pass a motion recommending the alteration of a provision which was, no doubt, inserted with the object of securing purity in public life.

Mr. HORRELL (North Canterbury) thought this would open up the whole question of whether surveyors, clerks, and so on, in the service of a Board should have the right to be on that Board.

Motion negatived.

PAYMENT OF CHAIRMAN.

Mr. EWING (Otago) moved, "That the Hospitals and Charitable Institutions Act, 1909, be amended by the addition of a clause in the following terms: 'Notwithstanding anything contained in sections nineteen and twenty of the principal Act, the Chairman may be paid such annual allowance, at a rate not exceeding two hundred pounds, as the Board from time to time determines.'" The Chairman had to devote a large amount of time to the business of the Board. In his district they had eight or nine institutions, and each of them had to be regularly visited. That interfered with one's private business, and the Boards should, he thought, be given the right, if they thought proper, to grant the Chairman some small honorarium for carrying out the numerous duties of the office. Under the resolution the matter was left entirely to the option of the Boards.

Mr. PRYDE (Southland) seconded the resolution. The Chairman of his Board had a great deal of work to do, and if he did not do it it would mean that the staff would have to be increased.

Mr. KIRK (Wellington) supported the motion. Mayors of boroughs and Chairmen of Harbour Boards were paid for their services, and he thought it was only right that the Chairmen of large hospital districts should also be paid. The work of the Board made tremendous inroads into the time of the Chairman, who occupied a very responsible position. The honorarium would only be granted if the Board thought fit.

Mr. MOORE (Canterbury North) moved, "That 'two hundred pounds' be deleted, and 'one hundred pounds' be inserted in lieu thereof." The Chairman of the North Canterbury Board had to give up about half his time to the work of the Board. The honorarium suggested would only be a slight recognition of his services. The Chairman had often to bear little expenses which other members of the Board had not to pay.

Rev. Mr. CLOSS (North Canterbury) seconded the amendment.

Rev. Mr. EVANS (Wellington) would be sorry to see the resolution carried, because he thought it would be the introduction of a possible condition of affairs that they might regret in the future. It seemed to him that men who could afford the time regarded it an honour to occupy positions of this kind, and they regarded the time they gave to the position as part of their contribution to the State as good citizens. He would be sorry if the Conference committed itself even to the £100 honorarium, because once the door was opened they did not know where it would stop. As Chairman for the time being of the Wellington Hospital and Charitable Aid Board, he might say that £100 or £200 would be very welcome to his pocket, but he would rather resign his position than accept such a payment for any such services he might render to the community of which he was a citizen.

Mr. WILSON (Palmerston North) said he took exactly the same view as the Rev. Mr. Evans. He could not possibly give a silent vote on this subject. This was, he thought, the one position in public life in which they could do some good to others, and he thought it would be a great misfortune if the Conference decided that payment should be made to the Chairmen. If payment was attached to the office the position would then be coveted by some persons who probably would not discharge the duties of the office as well as the present Chairmen. He would vote against both the motion and the amendment.

Mr. MACKAY (Auckland) said that, as Chairman of the Auckland Hospital and Charitable Aid Board, he could not give a silent vote on this motion. With him the work was a labour of love. He thought that if any honorarium was attached to the office it would detract very much from the position of Chairman. If the Chairman of the Board were granted a honorarium, what about the chairmen of the hospital committee and the charitable-aid committee, or the chairman of the committee that managed the Costley Home. Of course, the position entailed work; but he felt very strongly on this matter, and he would be sorry if the resolution were carried by the Conference.

Mr. RUTHERFORD (Auckland) intended to vote against the motion. He did not think it was necessary that they should pay men when they could get them to do the work voluntarily. It would involve an expenditure of some £6,000 or £8,000 a year. He thought the proposal was ridiculous, and they ought not to waste time in discussing it.

Mr. BELLRINGER (Taranaki) said the payment would be optional with the Board, and the Chairman could even hand it back again. He did not see why they should not give the Boards the option of offering the honorarium, and they were the best judges—not the Conference.

Mr. EWING (Otago) said he would leave the matter entirely in the hands of the Conference.

Amendment negatived, and motion negatived.

SUBSIDIES.

Mr. WALKER (Otago) moved, "That the following portion of subclause (*c*) of subsection (2) of section 38 of the Hospitals and Charitable Institutions Act, 1909, namely, '(i) One pound in respect of capital expenditure,' be deleted. That the Government be requested to draft a new

clause in the Hospitals and Charitable Instituions Act, 1909, to provide a simpler method of calculation of subsidy on levies than that provided in paragraph (ii) of subclause (*c*) of subsection (2) and the Fourth Schedule, and that a uniform amount of subsidy be payable to Boards on all levies on local authorities."

Motion agreed to.

GUM LICENSES AND BOARDS' REVENUE.

Mr. BLUNDELL (Bay of Islands) moved, "That an extra charge be made for gum licenses; extra revenue derived to go to Hospital Boards in districts in which money is collected." He had been asked to bring this motion forward, but he might say that he was not in sympathy with it. He considered that if it were carried there would be a howl from the gum-diggers. It was well known that numbers of people left the cities and towns in the north and drifted on to the gumfields, and if they stopped in a district for twelve months they might become in some instances a charge on the Charitable Aid Board. The suggestion had been made that that could be met by putting a tax upon gum, but the kauri-gum merchants stated that in the present state of the gum-market kauri-gum would not stand a tax, because there were other substitutes which now competed with the article. If the gum was taxed they said it would injure the industry. It had been suggested that an extra tax might be put on the gum licenses. He moved the resolution *pro forma*.

Mr. EWING (Otago) seconded the motion *pro forma*.

Mr. MACKAY (Auckland) said the life of the gum-digger was one of hardship, and many of the men only made a bare living, and therefore it would be a hardship to increase the license fee, and would press unnecessarily upon a great number of these men.

Motion negatived.

"CURFEW LAW."

Mr. WALKER (Otago) moved, "That the Conference of Hospital and Charitable Aid Boards take into consideration the question of asking the Government to introduce legislation whereby what is known in some countries as 'curfew law' may be enforced in this Dominion." At the instigation of the Eugenic Society in Dunedin the Otago Board undertook to bring on this remit. It was recognized by all those who had to do with the social welfare of children that a great increase of crime was going on in the cities at the present time; and it was also recognized, more especially in the United States, where the curfew was rung in five thousand cities—the last city to adopt it being San Francisco. It was recognized there that it had a most important bearing on the problem of how to save the children. Any one who had moved about in the centres of the Dominion must have been struck at times at the number of children under the age of sixteen roaming about the streets. That was recognized as a most serious evil by all who made a study of the question, and it must be evident to all who were interested in the social welfare of the children of New Zealand that this was a most important topic. A superintendent of the New York police attributed a large proportion of crime to the results of children roaming about the streets at night. If 50 per cent. of the children could be saved and improved by the adoption of such a law, was it not worth a trial? He understood that Sir John Findlay was likely to move in regard to this question in Parliament. He trusted the Conference would agree to the resolution unanimously. He understood that under the proposed law children under the age of sixteen not attended by parents or guardians found wandering about the streets after a certain hour at night were liable to be arrested and taken home; and if they were arrested on a second occasion their parents or guardians were fined, and they then took good care in the future that the children did not roam about the streets at night. He took it that they were all animated by a desire to do all they possibly could to save the children.

Mrs. WILSON (North Canterbury) supported the resolution.

Motion agreed to.

The Conference then adjourned till next day.

FOURTH DAY (FRIDAY, 30TH JUNE, 1911).

TUBERCULAR DISEASE.

The Rev. Mr. CLOSS (North Canterbury) moved, "That this Conference recommend the adoption of the extended plan of campaign as set out in the Public Health Report of 1910, as follows: (1.) Rigorous enforcement of notification by the medical profession of all forms of tubercular disease. (2.) A wider dissemination of literature as to the causes of the disease, and its prevention. (3.) Whole-hearted attempts to encourage the 'early' case, and also those who had been in contact with consumptives, to seek treatment by means of—(*a*.) Extension of the out-patient departments of our general hospitals, with a special branch devoted to the diagnosis and treatment of chest-complaints; from such a department the patient could be drafted for treatment to an institution suitable for his case; this department should also keep under supervision patients who have returned from sanatoria. (*b*.) District nurses, who will keep in touch with the patients treated in the out-patient department, and see that they conform to the rules of life laid down by the medical attendant, arrange for the examination of suspected cases or 'contacts,' and keep the out-patient department informed of those who have returned from sanatoria. (*c*.) Medical inspection of school-children. (4.) Extension of 'sanatorium' accommodation for the educative treatment of suitable cases; the smaller Hospital Boards should combine for the purposes of erecting and maintaining such. (5.) Provision by Hospital Boards of suitable accommodation

for patients in the chronic and 'incurable' stages of the disease, special wards being needed for these classes. (6.) Establishment of a 'working' sanatorium, where patients could be taught outdoor occupations—farming, bee-culture, forestry, the planting of fruit-farms, &c. (7.) By co-operation between public and private philanthropic agencies, whereby a nursing system could be developed at a maximum of efficiency with a minimum of cost; and also a system of relief, whereby the dependants on those isolated would be well cared for during the absence of the bread-winner. (8.) By co-operation with the Agricultural Department, as heretofore, in matters relating to the control of dairies and dairy herds, and the storage, conveyance, and distribution of milk." This question of tuberculosis had been before the various Boards for some time past. A remit on very much the same lines as the one he had moved had been forwarded on to him by his Board after Mr. London moved his motion that sanatoria should be started in the four main centres of the Dominion. That motion was thrown out, and a resolution had been passed to the effect that they should practically agree to do anything that the Department told them to do. He thought members of the Conference were disappointed that they should have got into that condition of affairs and should not have succeeded in doing something more practical. He knew the North Canterbury members were disappointed, because they realized the importance of this work against tuberculosis. According to official reports, there were so many cases of tuberculosis in New Zealand that if they returned from the Conference without passing anything but the colourless resolution he had referred to they would return discredited. This plan of campaign which had been read to the Conference practically covered the whole ground, and it was left to the various Boards to carry out the work in the best way they could. The plan was clear and definite, and if any Board wished to cope with this tremendous evil in any real way, and overcome it, here was the plan of campaign the Boards should adopt. Dr. Blackmore, of Canterbury, who had taken this matter into serious consideration, completely approved of this scheme, and he understood that Dr. Hardwick Smith also approved of it. It had the approval of the Inspector-General, and since they could not get the Government to arrange for the four sanatoria that had been suggested they could not do better than adopt this plan of campaign, submit it to the Boards, and urge them to carry it out as far as they possibly could.

Mr. MASLIN (South Canterbury) seconded the motion. Although the previous motion was a colourless one, it practically embodied all that this motion contained. This motion practically reaffirmed that the Boards were ready to carry out what the Department suggested.

Mr. EWING (Otago) did not think there could be any two ideas about the necessity for adopting a plan of campaign of this nature, and no doubt the Conference would be unanimously of the opinion that it should be adopted by the Department and by the Conference. The question, however, that arose in his mind was this: At whose expense was the carrying-out of such a vast campaign to be? and in order to come to a conclusion regarding expense, it was his intention, if this resolution was carried, to move, "That in the opinion of the Conference it is imperative that the Government place such sum upon the estimates and frame such regulations as will enable the Hospital Boards of the Dominion to effectively stamp out tuberculosis."

Mr. BELLRINGER (Taranaki) said in clause 5 of this motion there were the words "provision by all Hospital Boards of suitable accommodation." He would like to know whether all Boards were to be allowed to do this, or whether there was to be some arrangement in provincial districts.

The INSPECTOR-GENERAL said the larger districts provided for their own incurable cases, but the small Boards could combine with the larger ones. For instance, in the Taranaki District there was an arrangement for Stratford and Hawera to combine with Taranaki for the erection of an incurable ward.

Mr. BELLRINGER said it seemed to him that the word "all" before "Boards" should be struck out.

Mr. HORRELL (North Canterbury) said if it was decided that the four large centres should do something, and that the smaller ones should join in, the smaller ones would want some representation upon the managing body. They would want their say if they contributed. For that reason he thought the Government should undertake the carrying-out of the scheme. Now, the Conference had already dealt with the question of nurses, and had definitely decided that there was an absolute necessity for more trained nurses. Now, hospital nurses had not, as a rule, been trained in the care of consumptives, and there should be some centre at which they could get their training. Mr. Maslin, during a previous discussion on the subject, stated that the object of the North Canterbury delegates in moving a certain remit was that they wanted to get rid of their obligation with regard to the sanatorium at Christchurch. It was nothing of the kind. They felt that instead of tinkering with the business something more definite should be done, and consequently they brought forward their remit. Then, with regard to what had been called Canterbury's "white elephant" by Mr. Maslin—namely, the Cashmere Hills Sanatorium—that was doing more good in the shape of fighting consumption than any other institution in the Dominion. Though they were doing their share towards fighting the disease, they were not doing as much as they ought to. They now contemplated building an incurable ward for consumptives which would cost between £6,000 and £7,000. The reason why North Canterbury had brought forward their remit was in order to get some more definite plan for fighting the disease, and he was still of the opinion that the Government should take the matter up. The Inspector-General had said that the Government would give £100,000 to the various Boards to do the work themselves, but if they divided £100,000 amongst thirty-six Boards they could do practically nothing with it; whereas if there were only two sanatoria he guaranteed that Drs. Blackmore and Hardwick Smith with £50,000 would establish a sanatorium in each Island, and do it well. It was no good talking about each hospital district providing for their own cases, and his objection to the proposed combination was the friction that was likely to arise as regards representation, admissions, and so forth. The Government should take over the whole scheme, and carry it out in a comprehensive way.

Mr. MACKAY (Auckland) said at one time a sanatorium was a place at which consumptives resided. The sanatorium of the future he understood would be a place where the consumptive would be educated with regard to his own disease, the care of himself, and the care of the general public. He would ask the Inspector-General if that was not so?

The INSPECTOR-GENERAL said that was so. In fact, they had been using the Cambridge Sanatorium rather as an educative institution than as a curative one. Until the Canterbury and Palmerston institutions were opened the demands on the Cambridge Sanatorium were so large that by the time patients were admitted they were too far gone in the disease to be likely to derive much benefit from the treatment there. The Department therefore ordained that they would only admit patients for three months for educative treatment. By that time it was hoped that the patients would be in a position to follow up their treatment in their own homes, live under the conditions laid down in the sanatorium, and observe the necessary precautions. By limiting the time to three months they were able to receive a larger number of patients. Now that the Happy Valley Sanatorium at Palmerston and the North Canterbury Sanatorium were open, and both doing excellent work, there were not such great demands on the Cambridge Sanatorium. No one failed to recognize the excellent work that was being done at the Canterbury Sanatorium, and, for that matter, at the Otaki and Palmerston Sanatoria. He understood one delegate to say that if hospital districts combined for the erection and maintenance of sanatoria it would lead to conflict between the controlling Boards. That had not been the case with regard to the Happy Valley Sanatorium. There had been no dissatisfaction expressed by the contributory Boards as regards patients sent from their several districts. In a matter like this it seemed to him essential that the smaller Boards should combine. He did not want each district to have a sanatorium. He suggested that each Board should have a small annex at which cases could be kept until it was decided whether they should be sent to the sanatorium or to one of the incurable wards. Mr. Horrell had referred to the £100,000 which, speaking figuratively, he (Dr. Valintine) had mentioned, and he went on to say the money could be much better utilized by having only two sanatoria. But he would point out to Mr. Horrell that the whole thing could not be run from Wellington, and it was most essential that the hospital districts should have the machinery for bringing into action preventive as well as curative treatment. If there was one sanatorium in each Island the Boards would have to put into operation the machinery for preventing the disease from spreading, wherever the funds might come from.

Mr. HORRELL said if the administration were placed in the hands of a capable Superintendent the Boards need not bother about the administration.

The INSPECTOR-GENERAL said the local administration could not be managed by a Medical Superintendent, however capable. All the arrangements, for instance, about district nurses going out and hunting up early cases must be under the Hospital Boards of the several districts.

Mr. HORRELL said the North Canterbury people did not want to shirk their responsibility.

Mr. FRIEDLANDER (Ashburton) asked if the Inspector-General would give the Conference a lead in regard to the motion which Mr. Ewing intended to move recommending the Government to place a large sum on the estimates for this purpose. The Conference ought to know Dr. Valintine's mind on this point before coming to a vote on Mr. Close's motion.

The CHAIRMAN thought that was a question more for the Minister to consider.

The INSPECTOR-GENERAL said there was a principle involved in this. It did not matter where the funds came from, the plan of campaign should be the same. Were they going to change their plan of campaign because there was some doubt as to where the funds were to come from?

Mr. MACKAY (Auckland) said when his attention was first directed to this matter he was of the opinion that only two sanatoria were needed—one for the South Island and one for the North; but after going more carefully into the matter he was forced to the conclusion that two sanatoria would not be in the best interests of the community, and would have very little effect in the treatment of tuberculosis. They must have provincial sanatoria to work with the district nursing scheme and the dispensaries. To get the best results those three institutions must co-ordinate. The only question was that raised by Mr. Ewing with regard to the sinews of war. If they wanted to fight this disease they must have money, and to fight it successfully they ought to be in a position to start off with a million. As that, however, seemed to be out of the question, it was better to accept half a loaf than no bread, and if the Government was prepared to hand over funds to the Boards to administer, they would probably be better administered than would be the case under the Health Department.

Mr. HAWKE (Southland) said it seemed to him that the proper thing to do was to decide upon the plan of campaign, where the sanatoria should be, and so on, and then go into the question of raising the funds. If the larger Boards could not raise the necessary funds with the Government subsidy, then they should get assistance from the smaller Boards. If then there was not sufficient money to carry on the scheme, the Government could be approached. The great thing was to get on with the campaign now, and they would be doing good work. With regard to incurables, it would not be desirable to have one place for them in the North and one in the South, because if a man knew he was going to die he wanted to be as close to his friends as possible. If the incurables were accommodated in an annex close to the hospital there would be no danger of infection, and the cost would not be very great. That was what he thought should be done.

Mr. HORRELL (North Canterbury) said he had purposely left out the incurable cases, because he thought those cases should be looked after by the local bodies themselves.

Mr. WALKER (Otago) said they were all in perfect agreement as to the plan of campaign, and it would be as well to come to a vote at once. He deprecated one institution being against another, because every Board was alive to the necessity of combating this scourge, and they were all ready to do good work.

Mr. McLaren, M.P. (Wellington), said with regard to clause 8 of the motion, which referred to the handling of milk, it would be noted that this plan of campaign was to be carried out with the co-operation of the Agricultural Department. He thought the assistance of the Railway Department might well be asked, as they would be able to provide the proper vans for the carriage of milk from the various distributing centres.

Motion agreed to.

Mr. Ewing (Otago) moved, "That in the opinion of this Conference it is imperative that the Government place such a sum upon the estimates, and frame such regulations, as will enable the Hospital Boards of the Dominion to endeavour to effectually stamp out tuberculosis." He did not think it was necessary for him to say anything further than that this was a large undertaking, and one which would entail the expenditure of a large sum of money, which could not be found by the Hospital Boards of the Dominion. He thought, therefore, the Government should step in.

Motion agreed to.

Hospital Districts.

Mr. Shrimpton (Hawke's Bay) moved, "(1.) That endeavours be made to have section 3 subsection (2), Hospitals and Charitable Institutions Act, 1909, amended as follows: After the word 'county' in the third line of the subsection the word 'may' be inserted in place of 'shall'; and after the terminal word 'district' the following be added: 'or the adjoining hospital district.' The subsection will then read: 'When at any time after the passing of this Act a new county is created the limits whereof are wholly within one hospital district, the new county may be included within and form part of that hospital district or of the adjoining hospital district.' (2.) That provision be made in the Hospitals and Charitable Institutions Act whereby a county may be divided between two or more hospital districts." He would deal with the second part first. This was a matter, of course, for legislation, but he thought any recommendation from a large and influential body like this would materially assist in the passing of any legislation, and that was his reason for asking the Conference to affirm this motion. In allocating the Hawke's Bay hospital district under the principal Act, Wairoa was properly included, on account of such a large portion of that district lying close to a part of the country that could only be served by the Napier Hospital. In the Mohaka Riding, the southern boundary of which came within ten miles of Napier Hospital, patients would have to go over sixty miles by bad roads to get to Wairoa; so that it must be apparent such a subdivision was not a wise one. Almost the whole of the cases in that riding must go to Napier, and the Napier Hospital must make provision for them, as they could not be taken to Wairoa It might be thought that a case like this could be met by arrangement between the two Boards; but he thought it was necessary the Act should be amended. The Napier Hospital had provided separate beds for patients from that riding, and they obtained a portion of the rates from that district. The Government settlement at Tongoio was within fourteen miles of the Napier Hospital and sixty miles distant by road from Wairoa. All those people must go to Napier. It might be said that they could under the Act make a claim upon Wairoa in respect to residents that were served by the Napier Hospital. That, however, applied to residents only, and there was a large number of working-men who travelled about and who were not residents. Some of them might stay twelve months in the district and then go away. Those cases had to be provided for by the Napier Hospital.

The Inspector-General thought it would be as well for Mr. Shrimpton to place the position before the Minister before he left Wellington.

Mr. Shrimpton said he would do so. The Act was only introduced in the last day or two of the session, and the Napier people knew nothing about it.

Mr. Hawke (Southland) seconded the motion. He thought it could do no harm to pass it.

The Chairman said he thought the first portion of the resolution was all right, but the second portion would be dangerous. It meant splitting up districts, and that the Conference had no right to recommend.

Mr. Shrimpton (Hawke's Bay) said he would content himself with moving the first resolution, and would ask leave to withdraw the second.

First resolution agreed to, and second resolution, by leave, withdrawn.

Subsidies.

Mr. Maslin (South Canterbury), in referring to the following remit, "Section 38 (1), Hospitals and Charitable Institutions Act, 1909, provides for the payment of certain subsidies—'such sums as the said Minister thinks sufficient by way of subsidy'; provision should be made for payment of subsidy without the Minister's option in the matters, as at present Boards have no assured income from subsidies," said he wanted to draw attention to the very large discretionary power given to the Department in respect of subsidies. It meant that the Boards had really no assured finance; it rested entirely with the authorities what amount of subsidy they actually paid. He did not say that in many cases there had been deductions, but his Board held that the Department should have no power to withhold the payment of any subsidies authorized by Parliament. Such action might disorganize the finance of the Boards, or lead to extravagance, in order to get the full amount of the subsidy payable. He moved that the words he objected to giving the Minister discretionary power be deleted. Section 38 provided for the payment of subsidies in "such sums as the Minister thinks sufficient." Section 77 provided that where a Board failed to perform its duty, or "has done or intends to do any illegal act," the Governor in Council may recommend the Minister "to withhold the whole or any part of the subsidy." The provision he had drawn attention to in section 38 was a most iniquitous piece of legislation, for it gave the Department power to withhold the whole of a subsidy. He did not think that such a provision existed in any other enactment. In the section he had referred to the Governor in Council simply

meant their worthy friend the Inspector-General. Was it a satisfactory state of things that the finance of the Boards should rest absolutely on the will of their friend the Inspector-General? He did not say that that officer would act in an arbitrary manner; still it was not a position that he ought to occupy. No officer of the State should have such arbitrary powers as were given by section 77.

The INSPECTOR-GENERAL.—Have I abused them?

Mr. MASLIN said he was not going into particulars; but that provision opened the door to abuse, and there was danger of abuse creeping in. He thought it ought to commend itself to the Inspector-General that such arbitrary powers should never be possessed by an officer of the Crown. In order that the Boards should have assured finance, he moved that the whole of the section be expunged.

Leave was given to add the words "section 77" to the motion.

Mr. GILLINGHAM (South Canterbury) seconded the motion. He need hardly point out the absurdity of the provision. How was the Governor in Council to say what a Board "intended to do"?

The INSPECTOR-GENERAL said a Board might intend to erect an absolutely unsuitable and unnecessary building. He knew what was at the back of all this. The South Canterbury Board objected to the holding-up of a subsidy which in his opinion and in that of the Solicitor-General and the Auditor-General was not entitled to the ordinary £1 4s. in the pound. At times—he regretted to say so—they found men, most respectable citizens, who in the conduct of their ordinary private affairs were men of the utmost integrity, but who when it came to a question of a Government subsidy did not observe those little niceties that they most assuredly observed in the conduct of their private business. Let him mention a case or two, and he would then put it to the members of the Conference whether it was not well to give the Minister of the Department discretionary power, or the Minister of Finance, as the case may be. A very well known firm intimated to a Hospital Board which wanted certain things that the firm was willing to provide the things at a certain price.

Mr. MASLIN.—It was not South Canterbury.

The INSPECTOR-GENERAL said it was not. The firm stated that they were willing to provide the things at a certain price—at the full price; but the firm were willing, if the goods were taken at the full price, to give the Board a substantial donation, so that they could take the Government down for the £1 4s. subsidy. It was in cases like that that the Minister wanted—and he submitted that he should have—discretionary power. The Government was being "taken down" all along the line over the £1 4s. subsidy, and he knew it; and unfortunately he happened to drop on his friends in South Canterbury in respect to one matter. He thought it was a matter of £260. He considered that it was his duty to look after the funds of the country.

A DELEGATE.—You may make mistakes.

The INSPECTOR-GENERAL said he might make mistakes, and he did not think any one could accuse him of being afraid to admit it if he did make a mistake. That gave him an opportunity of referring to another matter that Mr. Maslin brought up the previous night. It was intimated by Mr. Maslin that he (Dr. Valintine) had not been fair in his criticism of the hospital at Timaru, and that he had made an odious comparison between the Timaru Hospital and another one. He would ask members of the Conference to turn to page 56 of the Hospitals Report of last year. They would notice that the hospitals were classified according to expenditure per bed. They would see in Class 2—hospitals with from forty to forty-nine beds—that the average of provisions per bed was £27, whereas Timaru was £36. The average cost for fuel and lighting was £9 5s., whereas Timaru was £12 10s. At the Timaru Hospital two years before that the average cost of provisions per bed was £52. He had occasion then to strongly criticize the cost of provisions per bed in the Timaru Hospital, and that criticism still rankled in the minds of the members of the Board. The Board inquired into the cause of the very high cost of provisions per bed, and the result was that they found that in the kitchen department the meat was being bought so fat that it was being used as a trying-down establishment for the benefit of the cook.

Mr. MASLIN.—Quite right.

The INSPECTOR-GENERAL said as a result of that criticism the cost of £52 per bed had been brought down to £36 per bed. Was that not so?

Mr. MASLIN.—Quite right.

The INSPECTOR-GENERAL said that in his last report he acknowledged that. In that report he wrote as follows in regard to the Timaru Hospital: "I have always found the Hospital in excellent order. I have had occasion to severely criticize the cost of administration of this institution, the cost per bed for provisions having been exceedingly high. Happily, however, there is a distinct diminution under this item from the returns of the past year, the actual cost of maintenance being about £1,000 lower, though the average daily number of patients under treatment last year was 48, against 36 the previous year. Nor can it be fairly said that the patients have suffered from this economy. The Secretary has a deal to explain as regards the small amount of fees collected from patients (£630)."

Mr MASLIN.—Read the footnote to New Plymouth.

The INSPECTOR-GENERAL.—You said I did not criticize New Plymouth.

Mr. MASLIN.—Very mildly, considering that their charges are in excess of ours.

The INSPECTOR-GENERAL said he reported on New Plymouth Hospital as follows:—

"The institution was always in excellent order, everything working harmoniously and well. The Board has recognized that the district is deserving of a more modern institution—in fact, it has been much crowded during the past year, particularly on the female side. Plans for a new building have been prepared, and new wards will be erected as opportunity offers. During the year the Board has lost the services of Dr. Leatham, who has done such good work at the Hospital

during the ten years he has been Medical Superintendent. His retirement is a loss to the district. Dr. Walker has succeeded Dr. Leatham, and Dr. Wylie has taken over Dr. Walker's duties. I have pointed out to the Board on more than one occasion that the cost per bed in drugs and dressings is far too high, and economy in this item is distinctly indicated. The £2,047 collected from patients for hospital and maintenance fees may very well be noted by hospital secretaries, and speaks volumes for the energy of the Secretary, Mr. Lepper."

He left it to the opinion of the Conference as to whether that was not a fair criticism of the two institutions, and as to whether he was not amply justified in criticizing the cost per bed of the provisions at the Timaru Hospital, and whether, after bringing down the cost to just half, that criticism was not amply justified?

Mr. MASLIN.—We stand £5 in a better position than the hospital you laud.

The INSPECTOR-GENERAL.—I do not deny that, but I lauded your hospital last year.

Mr. GILLINGHAM (South Canterbury) said that the Inspector-General admitted that he made mistakes. He said also that he happened unfortunately to drop upon Timaru in respect to withholding a subsidy. He would like to ask the Inspector-General if that was one of the mistakes that he had made.

The INSPECTOR-GENERAL.—No.

Mr. MASLIN (South Canterbury) said this was not a matter simply of local importance: it was a matter of importance to the whole of the Hospital and Charitable Aid Boards. Three years ago a man died leaving a woman destitute with seven small children, and they would have been an absolute charge on the funds of the South Canterbury Board. The public, in sympathy with the woman's destitute condition, collected about £200. They offered that money to the Board, asking the Board to use the money for the benefit of the woman. The Board said, "No; we cannot receive the money on such conditions; we recognize our duty to look after that woman and children, but if we accept the money it must be absolutely unconditionally." That was borne out by the correspondence between the parties. Ultimately that money was handed over to the Board unconditionally, and paid into their account, and they got a subsidy on it, as they were legally entitled to get. Subsequently to that they purchased a house for £400 or £500, and placed the woman and her children in the house, and they were living there to-day. After the lapse of two years they got an intimation that in the opinion of the Inspector-General the Board acted illegally, and that it was intended to deduct an amount from the Board's subsidy this year, and £400 was so deducted. If that was a fair way to treat a Board that was doing its best in the interests of the institution they served, then he did not know what fair treatment was.

The INSPECTOR-GENERAL.—I have only just found it out.

Mr. MASLIN said the Inspector-General said that he had been assured that the money would be paid to the Board if it were not for the fact that it would involve a considerable amount of red-tape and trouble. The Board had got legal advice, and if the money was not paid they would take action in the interests not only of their own Board, but also of every Board in the country. He thought what he had stated was quite right.

The INSPECTOR-GENERAL.—You are quite correct. It involves no explanation on my part. You have stated the position quite fairly.

Mr. MASLIN said that when such powers were exercised by the Inspector-General it was time that those powers were taken away. The Inspector-General was a strong man, but a strong man might become dogmatic, and in the present case he thought his wings needed clipping a bit.

The INSPECTOR-GENERAL desired to explain that it had been held by the Audit Department that none of the £1 4s. subsidy was payable for the benefit of any particular person or persons. The subsidy referred to was for the benefit of particular persons. Was that not so?

Mr. MASLIN.—No; we paid it into the Board's general account.

The INSPECTOR-GENERAL.—No; it was for the benefit of two persons, and as such it was stuck up by the Audit Department. He freely admitted that if that subsidy had not been given, in the expenditure that the Board would have undertaken it would have been entitled to the ordinary pound-for-pound subsidy. The Board had not, as it were, bested the Government for the £1 4s., but for the difference between the £1 subsidy and the £1 4s.

The Conference divided: Ayes, 12; Noes, 19; majority against, 7. Motion negatived.

The INSPECTOR-GENERAL.—I hope I will do my duty honourably by you, and not abuse my authority during the time I have the honour to hold my position.

BORROWING-POWERS OF BOARDS.

Mr. MOORE (North Canterbury) brought up the following remit from North Canterbury: "The extension of borrowing-powers for the purpose of erecting additional buildings, such powers being at present restricted because Boards are not 'local bodies.'" Members of the Conference were quite well aware of the limited powers of Boards with respect to capital expenditure. The Boards had practically no valid security to give: they had no rating-powers, and they could not give good security to any one who might make an advance to them. The question of business had been very much to the fore during the Conference, and that touched one of the main factors in connection with the carrying-out of large works in connection with their institutions. At the present time the Boards had the power to levy on the contributing bodies both for maintenance and for capital expenditure, but the Boards themselves had no powers of borrowing. The local bodies could borrow under the Local Bodies' Loans Act, but they had no power to borrow under the Government Loans to Local Bodies Act. If power were given to local bodies to borrow under that Act, that would in all probability get over the difficulty. If the provisions of the Act were extended to that extent the Boards might, so far as capital expenditure was concerned, be placed in a very much better position. He contended that the health of the community was of more importance than any works for which they could at present borrow under the Act. Some relief

should be given in the direction indicated. He moved, in accordance with the remit, "That the Government arrange for the extension of borrowing-powers for the purpose of erecting additional buildings, such power being at present restricted because Boards are not local bodies."

Mr. MACKAY (Auckland) seconded the motion. The Auckland Board went in for a large extension of buildings, and they thought they could borrow under the Loans to Local Bodies Act, but they found they could not do so. They had power to levy contributions, but they had no power to rate. The Hospitals and Charitable Aid Boards Act required slight amendment with regard to borrowing. He would not go into that question just at present; but he might say that even if a Board had an endowment there was a difficulty in raising money upon it, there not being any power to sell in the Act. One or two financial institutions which the Auckland Board approached pointed that out to the Board at once; and though the Auckland Board, thanks to that far-seeing man Sir George Grey, were in the happy condition of having an endowment valued at present at £225,000, and only £25,000 had been borrowed upon it, yet they had a great difficulty in dealing with financial institutions to get the sum of £50,000 to carry on necessary works in connection with the Hospital. He thought that strong representations should be made in respect to this matter. He might state that he had personally approached the powers that be on the subject, with the view of Hospital Boards being given the power he had indicated, but the excuse given was that too much money would be required. As the mover of the resolution had pointed out, the health of the community was the first consideration, and the question of funds should not stand in the way when the expenditure was going to improve the health of the community.

Mr. KIRK (Wellington) failed to see that the facilities sought by Mr. Moore in his resolution were practicable. When the Act was conceived last year the difficulty of saddling local bodies with large sums for capital expenditure levied upon them suddenly, so as not to disjoint their finance, was provided for, and they were allowed certain powers to borrow. They had a similar position in Wellington before the provision referred to came about, and the Board thought it would be wrong for them to ask the local bodies for a sum of £17,000 when the Board wanted to build a nurses' home; consequently the Board borrowed first £14,000, and then another £3,000 for an extension from the Public Trust Office under mortgage upon some of the rentals of their endowments. They paid back £1,500 a year in liquidation of that, and the local bodies had been asked to contribute to the Board a sufficient sum to repay the £1,500 a year. That obviated the local bodies' finance becoming disjointed owing to a sudden levy being made upon them for a large sum. The local bodies did not now have their finance put out of joint by having to find the money in a lump sum—they had had power given to them under the Act to borrow for the purpose. Consequently he did not see that it was germane to the present discussion to ask for a further authority for local bodies to borrow. If the local bodies found themselves in an awkward position it was for them to ask for an extension of their powers. The Legislature had given the Boards ample power to borrow on their endowments and to levy upon the local bodies which had the power to borrow. He hardly thought that what was asked for was needed, and he did not think it was practicable. He thought they should leave the scheme of finance as it was. If the Boards wanted capital they could get it from the local bodies, and the local bodies could borrow and spread the expenditure or repayment over a great number of years.

Mr. FRIEDLANDER (Ashburton) said the principle underlying the Hospitals and Charitable Aid Boards Act in not giving them power to borrow was a right one, for this reason: Hospital and Charitable Aid Boards were to all intents and purposes the trustees for the contributing bodies, and if the money was required the trustees should not have the power, without consulting the contributing bodies, to borrow money; they should go direct to the contributing bodies, which could raise the money required. He did not think the suggested alteration in the law was right in principle, and he would vote against the proposition.

Mr. HORRELL (North Canterbury) thought the Conference probably misunderstood Mr. Moore and Mr. Kirk. Hospital Boards were not borrowing bodies, and he did not think it was desirable they should be. The question was, Could the local bodies obtain the money under the State-guaranteed Advances Act? The Boards wanted powers given to the local bodies to borrow at the cheapest rate.

The CHAIRMAN.—You are asking to give the Hospital Boards the right to borrow at that rate.

Mr. MASLIN (South Canterbury) suggested that the motion be withdrawn. It must be evident that it would be unwise to give Hospital Boards the right to saddle the local contributing bodies in respect to loans they had never been consulted about.

The CHAIRMAN said he was entirely opposed to the proposal. It would be a very dangerous thing. It would be creating a new rating body. The question was fully discussed in the House, and there was great objection raised to it.

Mr. MOORE (North Canterbury) said he had no desire to erect Hospital and Charitable Aid Boards into new rating bodies. If members of the Conference looked at the matter from the contributing local bodies' point of view they would see that those bodies were under a disadvantage under the Act when the Boards made a large demand on them for hospital expenditure. Under the present law the local bodies could get moneys under the Government Loans to Local Bodies Act for specified works, such as roads, drainage-works, &c.; but if the Hospital Boards made a demand on the local bodies for, say, £20,000 in one year for the erection of buildings, the local bodies had no power to get the money under the State-guaranteed Advances Act. They had the power to borrow the money outside, but they were under a disadvantage in respect to the particular works he had mentioned; and the only desire was to make it as easy as possible for the local bodies to finance in the same way as the local bodies could finance in respect to other works in their district.

Mr. FRIEDLANDER (Ashburton).—Why not alter your resolution to read "for the extension of the borrowing-powers to the contributing local bodies"?

Mr. Moore (North Canterbury) said he was quite willing to alter the resolution in that direction, and strike out anything in connection with giving Hospital and Charitable Aid Boards power to raise loans on their own account. It had been a great hardship to some local bodies that during one year they had had to raise large sums for capital expenditure when a demand was made upon them by the Hospital and Charitable Aid Boards. They wanted to make it as easy as possible for the local bodies to finance. He asked leave to amend his motion in the direction he had indicated.

Leave to amend motion refused, and motion negatived.

Election of Representatives.

Mr. Ritchie (Wanganui) moved, "That the law be so altered that country districts can elect representatives to the Board so long as those elected are qualified by residence in any part of the hospital district." The Waimarino County belonged to the Wanganui district, and it took residents of that district four days to come to Wanganui to attend the meetings of the Board and return to their homes. It also involved considerable expense. Formerly Waimarino elected a gentleman who lived in or near Wanganui to represent the district, but now that had been done away with under the Act. It would be a very simple matter to rectify. The person elected must be an elector of the district.

The Inspector-General thought the suggestion was a reasonable one.

Mr. Ewing (Otago) seconded the motion.

Mr. Eton (Wairarapa) said the people of the district would take care to appoint some one who was well acquainted with the requirements of the district.

Mr. Horrell (North Canterbury) would oppose the motion. The country districts contributed the bulk of the money, and he thought they should be fairly represented on the Boards; and, moreover, he thought that residents of country districts should make it their special care to be on these Boards. The question of travelling-expenses was a mere item; they should endeavour to retain their country representatives.

Mr. Walker (Otago) entirely concurred with the mover of the motion. Under the resolution it would not be mandatory on the part of the country districts to give their powers to a resident of the towns; it was optional. He might point out that the major part of the work of the Board was done by committees and by the town members. That was his experience—that the time of country members, though they lived within a radius of twelve miles of the town, was too occupied to attend to the committee work of the Board.

Mr. Ritchie (Wanganui) said the resolution left it optional with the country districts: if they wanted a man from their own district they could appoint him. He thought it only right that country districts should have the option.

The Conference divided: Ayes, 25; noes, 11: majority for, 14. Motion agreed to.

Qualifications of Dispensers' Assistants.

Mr. Kirk (Wellington) moved, "That the services of the assistants in the hospital dispensaries in the four large centres be counted as a qualification for obtaining their certificates as chemists." It would be within the knowledge of those who had experience of large hospitals that a great deal of dispensing had to be done, and it was therefore necessary to have qualified dispensers, who, in turn, required assistants. Now it was almost impossible to get suitable assistants if they could not have the time they served at the hospital counted just as if they were in a chemist's shop. At the present time a chemist had to serve three years in an open shop, and the Wellington Board asked that provision be made that the period served by an assistant at a hospital be counted in the same way. This would apply only to the four large centres, and these assistants would, of course, have to pass their examination in due course.

Mr. Friedlander (Ashburton) seconded the motion.

Mr. Mackay (Auckland) moved, as an amendment, "That this remit be referred to the Pharmacy Board for consideration." It was only right when they were dealing with an Act which practically made the chemists and druggists of the Dominion a corporation that body should be shown some consideration in the matter. The Act distinctly provided that an apprentice must have served three years in an open shop. On a previous occasion, when the opinion of the chemists and druggists was taken throughout the Dominion on this question, they were almost unanimously against it. An assistant learned no business methods in a hospital dispensary as he would in an open shop. Dispensing was only one side of the trade or profession, and when a hospital assistant had served his three years in the dispensary he had practically to learn his business over again, with the exception of the dispensing part. Then, in a hospital the assistant did not get the same variety of dispensing that he would in an open shop.

Mr. Eton (Wairarapa) seconded the amendment. He thought it only right that the matter should be referred to the Pharmacy Board. The Board had already gone into the matter fairly closely, but had not come to any decision upon it. He considered a matter like that was altogether outside the scope of the Conference, and for the Conference to recommend legislation upon the subject would, in his opinion, be wrong.

Mr. Friedlander (Ashburton) thought this was one of the most selfish amendments he had ever heard. Here was a proposal to assist some of the youths of New Zealand to learn their trade, and it seemed they were not able to do so because the Pharmacy Board had caused to be inserted in the Act a provision to the effect that these youths must go to the chemists for their training, so that the chemists could get the premium.

Mr. Mackay said premiums were done away with long ago.

Mr. FRIEDLANDER was glad to hear it. In a free and independent country like New Zealand they ought to be the last people to deprive any one from trying to earn his living. He hoped the Conference would not support the amendment proposed by Mr. Mackay.

Mr. MOORE (North Canterbury) thought the mover of the amendment was paying a poor compliment to the large hospitals, and was practically attempting to do an injustice to the young people of the Dominion. As regards the experience the assistants got, it had to be remembered that his work was not only confined to hospital work, but there was also the dispensing for the outside relief work. Therefore the assistant got a varied experience of dispensing. As regards the commercial side, he did not think that ought to count for very much. If a man had served his three years in a hospital dispensary and then passed his examination, surely it ought to be a sufficient safeguard for the public.

Mr. WALKER (Otago) did not agree with the seconder of the amendment that this was a question outside the business of the Conference. These dispensers' assistants were the servants of the Boards, and he thought they had a right to protect them to the best of their ability. He maintained that the practical training in a hospital was more thorough than the training in a shop. He would be sorry to see this referred to the Pharmacy Board without a straight-out recommendation. In his opinion, there were too many of these close corporations in the Dominion. He hoped Mr. Kirk's motion would be carried.

Mr. MCLAREN, M.P. (Wellington), said, although the opinion of members might be strongly towards trades-unionism, it must be admitted that it was a great hardship to youths who entered the hospital service that after they had given three or four years of their life to the dispensing business their services were no longer required because they had not the required status. He considered it a social evil to have services where skill was required made into close corporations. The tendency of that was to lower industry generally throughout the country, and increase the number of people thrown upon charity. He thought this service should be just as open as any trade in the country—to the poorest man's son as well as the richest. He was satisfied this motion was in the right direction.

Mr. HORRELL (North Canterbury) thought a youth going into a service of this kind gained more experience than he would in a chemist's shop. Many medical men sought appointment on the honorary staffs simply in order to gain a varied experience, and he believed the assistants in the dispensaries gained a wider experience there than they would outside.

A DELEGATE.—They keep stock preparations in the hospitals.

Mr. KIRK (Wellington) said at the Wellington Hospital they found it paid them better in the dispensary to make up what might be called the "stock lines" themselves. They could be manufactured cheaper than they could be bought from any one, and the dispenser and his assistants had large experience in these matters. In regard to engineering, he had a boy who had just gone through his time. Part of his time was put in at one of the freezing company's works, and another part in foundry workshops. All that time was allowed to be counted, and it seemed to him that the same thing should apply to dispensers' assistants in the hospitals.

On the amendment being put, the Conference divided: Ayes, 5; noes, 30: majority against, 25. Amendment negatived, and motion agreed to.

Mr. HORRELL (North Canterbury) moved, "That section 36 of the Act be amended to read that all the words after 'except' in the second line be omitted, and the following substituted, viz.: 'by authority of a resolution of the Board, and attested by two members.'"

Mr. KIRK (Wellington) seconded the motion.

Motion agreed to.

REPRESENTATION OF BOARDS AT CONFERENCES.

Mr. NOLAN (Hawera) moved, "That at future Conferences of Hospital and Charitable Aid Boards it is advisable that not more than three delegates from any one Board should attend."

Mr. WALKER (Otago) said that some Boards would be well represented by three delegates, while others would not. When the Medical Superintendent and the chairman of the hospital committee were invited to attend a Board would require to send one or two other members. He objected to making a hard-and-fast rule that only three delegates should attend.

The CHAIRMAN said there should be some alteration in the voting-power of Boards, as at the present Conference the country districts had on many occasions been completely outvoted by the town members. He, personally, would like to see as many members of Boards as possible at a Conference, but he thought the voting should be on proper lines.

The motion lapsed for want of a seconder.

NOTICES OF CONFERENCES.

Mr. NOLAN (Hawera) moved, "That it be a recommendation to the Inspector-General that when a Conference is to be held a copy of the remits be sent out to the various Boards in time for consideration by the Boards."

Mr. BELLRINGER (Taranaki) seconded the motion.

The INSPECTOR-GENERAL said he would be only too glad to submit the remits early, provided the Boards would send in their remits in good time.

Motion agreed to.

SOME CHARITABLE-AID PROBLEMS: THE NEED OF UNIFORMITY.

Mr. EVANS (Wellington) said, as it was the desire of a large number of members to bring the business to a close, he would ask leave to hand his paper in as though it had been read, so that it could appear in the official report of the proceedings.

Leave granted.

Mr. EVANS then submitted his paper on "Some Charitable Aid Problems: The Need of Uniformity," as follows:—

The problems arising out of a serious effort to distribute charitable aid in a sane and enlightened manner are many and intricate, and therefore a frank and free interchange of ideas between those who have been engaged in this work for years will prove of incalculable value in the direction of, if not solving these problems, at least supplying the data that will materially contribute toward their solution. These problems are of such a character as exist only for those who have been engaged in the work for years and have been in direct contact with its difficulties from within. To those who have approached the general question from without, who have studied it as second-hand through the observations and conclusions of others, there are no problems: all is comparatively simple and straightforward. True, there is room for experts of all kinds, for statisticians, economists, sociologists; but their data must be supplied by those who are in personal contact with the facts, who have first-hand knowledge of the factors; and only as the observations are accurate, and the classification of the cases dealt with is sound, will the conclusions arrived at have a scientific value.

Now, the first fact that is patent to all who have approached this work intelligently is this: that all applicants for relief are human beings; they are species of the genus man; they are not merely cases that may be dealt with in a uniform way—each has a history involving elements that are personal and individual. That is so obvious as not to require any further consideration. But is it so obvious? Are we not sometimes tempted to pass it over as without significance, and so fall into the fallacy of doling out relief without any attention being paid as to the effect of the dole on the present and future history of the recipient? Once the mind becomes infected with this insidious fallacy the administration of charitable aid is changed from being a genuine aid to restore the beneficiary to self-respect and independency into a means of pauperization of the most deadly kind. The function of the charitable department is practically the same as that of the hospital department of the Hospital and Charitable Aid Board. While the latter is concerned with the health of that portion of the community that cannot afford to engage the skill of the doctor, the former is concerned with the welfare of that portion of the community that is unable, through various causes, to provide for their own living. And the duties arising out of these functions are similar. Every patient admitted to the hospital is placed in the hands of the Medical Superintendent and his staff of experts, and their duty is to apply their skill to the cure of that patient. Every applicant for charitable aid is in the same category—the causes of his present position should be ascertained, his life history discovered, his social connections as well as his personal habits examined. Without a thorough investigation into all these factors it is utterly impossible to afford any effective relief.

Thus the first problem that presents itself for solution is how to adjust relief so as to make the relief granted a means to self-extinction: how to help the applicant so as to render the applicant independent of relief. Now, this raises many questions. First comes the question of method, involving the joint method of investigation and classification. I need not draw the attention of members of this Conference to the difficulties that are involved in obtaining accurate information from the applicants for relief. These difficulties are twofold, arising from the applicant and from the personality and temperament of the members and officers of the Board. There are gradations of sensitiveness among applicants—from the timid, pallid, heart-broken woman who has exhausted all possible sources of income, who has sacrificed herself for her children and her delicate husband, even to the selling of her household goods and her wedding-ring, to the proud, defiant pauper who regards the State and its resources as existing for his benefit.

It would thus seem that at the very outset we are face to face with difficulties that might well seem insurmountable. How to get at the facts! for it is in the interest of the applicant to conceal them for various reasons. In the first instance, the feeling of humiliation and shame would hide them; in the last, the assertion of absolute right. And then there are the difficulties arising from the *personnel* of the Board. To some the applicants are in the same category, and must be treated alike; humanity is looked at through the eyes of the economist, and its needs estimated by the pocket of the taxpayer; for others the vision of humanity determines the situation—a vision determined, however, by a sentiment that is bordering upon a sentimentalism that excludes every species of discrimination and streams forth in equal volume to deserving and undeserving alike. And so, where so many and varied interests clash, it is very difficult indeed to get at the facts and handle them satisfactorily.

But difficult though the situation is, the magnitude of the issues involved demands that it should be met with courage and insight. When we realize that we are dealing with men and women and children, and that upon our decision depends very largely not only their immediate present, but their future, and the future of the State, the problem assumes a new meaning, and is endowed with a new value. For our methods must necessarily act upon that portion of the community with which we are specifically interested, either in the way of raising or depressing them. First, our investigation must be as exhaustive as possible. I cannot speak of the forms that obtain in other parts of the Dominion, but in Wellington we have endeavoured to secure a form that answers the demands of the conditions of the problem as we see them.

I should be very glad if the Conference sets up a committee to consider this important aspect of the question, with a view to devising a form that may be applicable to most parts of the Dominion. This investigation should be checked and corrected by careful visitation of the homes and surroundings of the recipients. Hence the necessity for tactful relieving officers and assistants —men and women of education, who have eyes to see and power to seize the salient facts of the conditions they are investigating. Hence, too, the necessity that the relation of the Boards to their officers should be one of confidence, so that the reports furnished from time to time shall receive the attention and intelligent appreciation they deserve. For the ultimate decision in each case must rest with the Board, and in order that such decision should bear its due weight of responsibility the members should be possessed of all the facts of the case.

The necessity for the careful sifting of the facts is further supported by the reflection that where a decision has to be materially changed the effect on the applicant for relief is decidedly unfavourable. We find, as a matter of experience, that relief continued without exhaustive investigation is in most cases injurious to the recipient, and indicates a loose method on the part of the committee. The rule "No relief without careful investigation" is a sound one, both from the point of view of the committee and the recipient. And the second rule follows naturally from the first, "The relief of every person shall correspond to the person's need," such need to be estimated by the circumstances and character of the applicant.

As the result of a rigid application of the method suggested it has been found that not a few who were on the border-line of pauperism have been helped to a position of self-reliance and independency of State aid. But if the duties devolved upon the Hospital and Charitable Aid Boards are to be effectively carried out the Board must be acknowledged as the central authority in the district, and all private and semi-private organizations should be brought into touch with its methods.

All members of the department of the Board's work will bear me out in this: that among the most difficult persons we have to deal with are those who have been accustomed to receive doles outside, and when those administering the doles have grown tired of their beneficiaries they are advised to come to the Charitable Aid Board. We have endeavoured in Wellington to bring all institutions of this kind into co-operation with the Board's activities, but have not succeeded in working out a satisfactory scheme. We are hopeful, however, to do so shortly. Uniformity of method among all institutions that administer relief is essential to the successful grappling with the problems involved. It would be interesting to find how other Boards have met this difficulty. There is no influence more pernicious in its results on the life and character of the poor than that exercised by overlapping, because it encourages the tendency to depend upon external aid to attain that which should come from within.

So far I have been dealing simply with outdoor relief, and that in the briefest possible form. With regard to indoor relief the question is more simple, though the same care is necessary with regard to proper investigation as regards the history of the applicant. Unfortunately, there are some who regard the "home" as the place where they may be relieved of their responsibilties to their relatives who have become too old to be of any material benefit to them. I think that we are all agreed that the home does not exist as a dumping-ground to receive the rejects of such selfish, heartless individuals. Primarily the home exists for the aged destitute who have no relatives capable of affording them shelter and a measure of comfort in their declining days. But old age is not always the return of innocency and simplicity; it is doubtless the time of fruition; and a percentage of those who seek the shelter of the home are not angels. But beside the old we have some in middle life whose health is shattered and who are unable to provide for themselves. Now, as far as the Ohiro Home is concerned, we have found it necessary to classify the inmates according to character and disposition. And so we have a main home and an intermediate ward. The intermediate ward is for casuals, and for those who are not amenable to discipline. It is also used for observation purposes. The very doubtful cases who are fit subjects for the home are sent into the intermediate ward, and if their conduct is satisfactory they are in due course promoted to the main home. If there be any in the main home that are not amenable in discipline they are sent into the intermediate ward. We have found that such an arrangement works out very satisfactorily.

I hope that the members will visit the Ohiro Home during the present session, and examine the arrangements for themselves. It seems to me that such a classification as we have made in this connection is essential to the effective carrying-out of our duties. To mix those amenable to discipline with the refractory is to reduce the home to confusion, and leave the well-behaved and deserving poor to the mercy of the defiant and the degenerate.

There yet remains one aspect of the question which should occupy the attention of the Conference—namely, the treatment of destitute children. As a Board, we have adopted the policy to transfer the charge of destitute children to the Education Department; that department has an admirable system, matured as the result of many years' experience, by which the Dominion is divided into districts, and visitors appointed in each district for the purpose of keeping in touch with the homes in which the children are boarded out, and for seeing that the regulations of the department are carried out. And, personally, I think such a policy is a wise one, because when a system has been devised by a department of the State and is proved a success it is waste of energy and of money to set up another system. Relieved of this responsibility we are better able to concentrate our energies upon the problems that arise directly out of our functions as Hospital and Charitable Aid Boards.

The Uses of Radium and Modern Hospital Appliances.

Mr. Wilson (Palmerston North) read the following paper on this subject:—

This subject may be thought to be one more for a medical conference than the present one; also that it is a piece of presumption on my part to bring it forward. After all, although we lay no claim to expert knowledge in medical or surgical science, we have the power of the purse, and are in the responsible position of having to provide the best means of caring for and curing the sick—"the halt, the maimed, and the blind."

As no medical representative of our Board is present, I venture to offer a few suggestions, and later some valuable information gleaned by our Senior Medical Officer, on the subject of this paper.

More and more as science and investigation give further knowledge the cases in the primary or base hospitals are to a large extent surgical. It is at these hospitals that the best sugical skill can be procured, and operations take place under the best possible conditions. Every case the

surgeon is able to save is so much gain, even from an economic standpoint. Great numbers of cases cannot be treated at their homes, nor can they afford to pay the fees charged. The duties cast upon us is to provide means whereby these cases can have the best skill and aid. To the credit of the medical profession it must be said they give their skill freely; the hospital provides the opportunity.

In no science has there been greater strides than in surgery; what were considered proper appliances yesterday are superseded to-day, only to be obsolete to-morrow. Amongst the most recent appliances to assist the surgeon is that mysterious substance—radium.

Cancer in its many forms is the most dreaded of all diseases, the most deadly. Investigations already made in the treatment of this disease show that no hospital can be regarded as properly equipped unless a supply of radium is available to afford treatment to patients suffering from cancer in its varying stages and other kindred diseases, which that substance is reported to modify, if not cure. One cannot take up even a lay newspaper without seeing authentic reports of success in some form or other. Here is one extract:—

"The discovery of a cure for the dread and malignant cancer is probably the most desired result of all scientific investigations. Recently it was cabled from Sydney that three cases had been recorded in which permanent cures had been effected by the agency of radium. Even more satisfactory is the knowledge that here in Auckland quite a number of permanent cures have been established in cases of cancer of the skin, commonly known as rodent ulcers. In the past it has been customary to have recourse to excision for all cases of the kind. Invariably and inevitably, however, the cancerous growth has extended and become more malignant, extending ever over the whole side of the face, and ultimately causing the death of the sufferer. In Auckland last year one of the best known and respected medical men in this city tried a new form of treatment, in which the X rays were brought into operation in conjunction with the use of metal. Other leading surgeons were impressed with the possibility of the new treatment, and sent their patients to the brother practitioner, with the result that quite a number of permanent cures have now been recorded to the satisfaction of members of the profession in Auckland. The first patient so treated was a man suffering from cancer of the skin in the region of the eye. He had had it removed three times, and there was the usual operation scar characteristic of the rodent ulcer. After the X rays and metal treatment there were speedy signs of improvement, and by July, four months later, there were no traces of the growth left. The man submitted himself for observation three weeks ago, and there was nothing beyond a smooth scar to show the cancer had ever existed. The second case so treated was that of a rodent ulcer, which had eaten so deeply into the side of the nose that the whole nasal cavity was exposed. The man submitted himself for treatment in August, and by the end of October the treatment had been effective. On the 6th February the patient presented himself for the last time. He was then quite recovered and the wound was perfectly healed. In a third case, although a speedy cure was not established, the result was exceedingly satisfactory. It was a case of cancer or sarcoma of the tonsil. Silver wires were placed in the throat and the X rays employed. The whole of the sarcoma came away, the tonsils being sloughed out. The enlarged glands in the neck went down, and had the patient, a woman, not been very weak when brought for treatment a more speedy recovery would, no doubt, have taken place. In using silver foil and the X rays the effect secured is much the same as that obtained by the use of radium. The rays reflected from the metal seem to produce similar effects to the emanations of radium. Professor Thomas, in his experiments before the last British Medical Association Conference in London, showed the secondary radiations set up by the impact of the X rays on different metals. Those excited in the case of silver were apparently similar to the radiations of radium. The treatment in Auckland has only been successfully applied in the case of external cancerous growths. When it is remembered that last year 711 people in New Zealand died of cancer, 123 more than from tuberculosis of the lungs, it will be realized how much this advancement of science in the successful treatment of cancer of the skin is to be appreciated, and how this success may be gauged as a hopeful augury for the ultimate cure of even the most virulent and deep-rooted cases."

And here is another:—

"The radium treatment of rodent ulcer at the Melbourne Hospital is proving a great success. Dr. Mackay, Medical Superintendent of the Hospital, states that in two years Dr. Herman Lawrence has treated about a hundred cases, and there have been what seems to be very satisfactory results. Some cases have been apparently cured, but they could not yet tell whether these cases had been permanently cured. That remained to be seen. The patients practically attended to themselves. They came to the hospital twice a week, and in the majority of cases received one hour's treatment on each occasion. There was room for hope that radium would prove a permanent cure for ulcer, and if this hope was realized they might in the near future consider the advisability of treating other forms of cancer in this way. Dr. Mackay also stated that Dr. Clendinnen, in conjunction with the X ray department of the hospital, had, as well as Dr. Lawrence, been successfully using radium for the treatment of cases of rodent ulcer, &c. The supply used by Dr. Lawrence in the skin department, although large, is a private supply, but there is also at the hospital a second supply, which has been given by the Wilson Estate trustees. This second supply is the property of the hospital, and is the one used by Dr. Clendinnen in the treatment of patients who attend the X ray department. The results with radium have been equally satisfactory in both departments of the hospital."

Our senior surgeon has supplied me with the following:—

"In introducing the subject of radium to this Conference it is not my purpose to deal in detail with the actions of this great agent. It is simply to bring forward an opinion on the advisableness or otherwise of procuring radium for use in hospitals. Is radium a necessity for the complete equipment of a hospital dealing with a large population? Has radium proved itself

to be a useful and valuable agent in the treatment of disease? I will briefly traverse the views of a few of the leading authorities on the subject, and shall not enter into details of the action of radium on particular diseases, for that is a matter which must be left entirely in the hands of the medical profession. My first argument in favour of the purchase of radium is this: All the large hospital centres—London, Edinburgh, Glasgow, Paris, Vienna, New York, Boston, Baltimore, &c.—have installed institutes for radium for the treatment of disease. A large radium-factory has been established in New York, and it is proposed to establish a clinical department for the free treatment of the poor. A radium institute on a large scale has been established in London. It has on its committee Lord Iveagh, Sir Ernest Cassel, Sir Frederick Treves, Sir Malcolm Morris, Sir William Ramsay, and Professor Sir J. J. Thompson. Sydney Hospital has an outfit costing about £4,000. The fact of these various institutes having been established in such large centres of population is indeed a very strong argument in favour of an establishment in New Zealand. The question must have been very thoroughly threshed out and the utility of the agent must have been admitted before the various centres entered on such costly undertakings. Sir Frederick Treves said that he saw in Paris several cases of rodent ulcer cured by radium where X rays and Finsen light have failed. He saw one case of cancer in Paris which had remained cured at the end of two years from the date of treatment. Treves strikes a very optimistic note about the value of radium, but also sounds a warning-note about raising false hopes in discussing the potentialities of a little-known remedy. The editor of the *British Medical Journal*, in one leading article, says, 'The question of the hour in medicine is the healing-power of radium. It has made its entrance on the stage of medical life in a glow of publicity of which there are a few instances on record. Enough has been said to make out a *prima facie* case for radium as at least a useful adjunct in the treatment of cancer.' Dr. Morton, Lecturer on Radiology, West London Post Graduate College, and in charge of the X ray department at the West London Hospital, says, 'Radium is one of the most remarkable substances that has been discovered in the history of the world; the more one learns about it the more one marvels at its wonderful properties, and when it came to be used in the treatment of disease the temptation to draw the long-bow was well-nigh irresistible. If the medical profession find it impossible to bring a calm and sober judgment on a matter of this kind there is every excuse for the public not doing so.' Dr. Dawson Turner, of Edinburgh, has found it useful in rodent ulcer, cicatrices, and fibrous contractions, warty growths, simple ulcers, and malignant growths. Abbé says that radium has its greatest field of usefulness in the treatment of non-malignant or slightly malignant growths, especially when they are situated in the more inaccessible parts of the body. He has described a case of an extensive growth of the throat of a non-malignant type which has been cut away many times and had recurred. Three applications of radium effected a cure. Can radium be described as in any sense a cure for cancer? Abbé again says small cancers of the skin and away from moist surfaces can be made to disappear by radium, and are to all intents cured, with few exceptions. But when we come to examine what has been done in the cases of cancer of the moist parts of the body, such as the mouth, gullet, &c., we are where we were before the discovery of radium. Wickham, the great Parisian authority, says, 'To speak of the cure of cancer by radium without explaining the circumstances is to make use of unscientific language, and that a too great enthusiasm in radium is apt to lead him who possesses it to use it too much, and thus deprive the patient of the benefit of other forms of treatment which have already proved their utility.' He says—(*a.*) In cancers of the skin which are localized, superficial, non-inflammatory, and of rather small dimensions, radium is of great benefit, and he can without exaggeration assure the patient of a cure, but only on condition that the patient binds himself to come once each month for a long period to catch the first sign of relapse; but the patient must be told also that many other means exist, such as surgery, X rays, &c., which cure just as well. (*b.*) In all other cancers, whatever their nature, the doctor must first of all consider if these other means cannot do better. If surgery can do better, for example, in removal of a breast for operable cancer, or in removing a commencing cancer of the tongue, then radium can be suggested to consolidate the cicatrix after the operation. Treatment by radium is then an auxiliary to surgery, and it is better than X rays on account of its penetrating-power. If surgery is powerless because the cancer is too advanced, and consequently hopeless, then radium can be employed as a last resource to alleviate pain and prolong life. It can also be applied after the chief part of the growth has been removed by the knife, but in these cases the patient's friends must be duly warned of the temporary nature of the relief. If the surgeon is unable to intervene on account not of the gravity of the cancer, but because the condition or age of the patient prevent, or because he refuse an operation, then radium can be applied. It is in these rare conditions in which radium can be applied to less advanced lesions that this method should progress and show what results it can produce, and give statistics which would warrant a bolder intervention in other cases. Mr. Butler, a well-known London surgeon, has said recently, 'Radium is admirably adapted for rodent ulcers of small or moderate extent. Its application is painless; there seems to be very little danger to life or health; the result is far superior to that which can be achieved by surgery. It is possible by means of radium to procure the healing of cancerous ulcers of small extent.' Dr. Mackenzie Davidson, President of the School of Radiology at the British Medical Association, says, 'If radium has not so far fulfilled all the hopes that were entertained of it, it has, at any rate, accomplished something. It is encouraging to turn for a moment to a new field in which it has yielded good and definite results—namely, in certain superficial diseases of the eye. Its action in some external diseases of the eye is very remarkable, and I feel sure that radium will take a high place in ophthalmic therapeutics.' Dr. Berry, late lecturer on diseases of the eye, Edinburgh University, says, 'It is perhaps too soon to attempt to define the sphere of radium. It seems at least to have the advantage over X ray treatment in being more readily and safely circumscribed in its action. The future will, no doubt, show an extension of its application in the treatment of ocular diseases.'

Dr. His, Professor of Pathology and Therapeutics, University of Berlin, in speaking of the treatment of gout and rheumatism by radium, speaks with all necessary reserve, but he has become convinced that in radium, properly applied, we have a valuable adjunct in the treatment of chronic rheumatism and gout. In old-standing cases, where advanced structural changes have taken place, it is of little service, but in the earlier stages he has pointed out its great value. Dr. Wickham, of Paris, who has been mentioned before as the leading authority on the medical application of radium, says: '(1.) Radium should not be in the hands of a single man; it should be in the hands of a society, a hospital, or institute. (2.) A very large quantity of radium is needed for the work; for instance, in treating a cancer of the breast 1 gramme of radium should be used. (3.) Radium must chiefly work when other means, especially X rays, have failed or cannot be used. (4). Radium must not be used for one specialty, as skin-disease, for example; it must offer its help to all sorts of specialities. (5.) Radium for grave cancerous growths, or where it can in many cases relieve the patient, prolong life, and do much good, and is a great means of charity and philanthropy. (6.) The more radium you have at your disposal the more useful it will be to the patient.' To do the work in Palmerston we want £3,000 worth of radium."

Not that I should suggest that all hospitals should be equipped with a supply of this remarkable substance.

It would seem from the above evidence from reliable sources that very soon it will be looked upon as a necessary appliance in all the larger or base hospitals. In our own district we hope shortly to make an appeal to the public for funds to purchase sufficient for our use. Radium is, however, so expensive that it might be advisable for several Boards to combine to purchase enough for remedial purposes. By combination an expert might be employed, or a medical man who had gone through a course of training at the Paris Institute, which is the most advanced school yet in existence. Any danger there may be in its use would thus be avoided.

Many of the hospitals are already equipped with X rays; but here, again, there is great need for an expert knowledge of its use. The effects on the person in charge are more understood now, and precautions taken for his safety, but except in the very largest of our hospitals it is of very little service. They are being used, as we have seen, in conjunction with radium, and another use is in diagnosing tubercular trouble in the earliest stages; but this has not gone beyond the experimental stage, and requires a very skilled expert to manipulate it.

It is possible, too, that a high frequency apparatus may be of use at the base hospitals, although most medical men are somewhat sceptical as to its use except in very few cases.

There is another branch, however, which, whilst it cannot be called an appliance, will still become necessary in large hospitals—the appointment of skilled bacteriologists. The need for such assistance not only for the prevention, but for the cure of diseases, is recognized by us all, and the necessity will soon be with us. Hospital Boards are now responsible for the public health of their districts, and they must look forward to this additional expenditure. I notice Mr. Fowlds urged the Christchurch Board to make such an appointment at the opening of the children's ward. Whilst there is thus likely to be additional expense thrust upon Boards to find appliances, there might be some set off by cheaper buildings. Hospital authorities have come to the conclusion that elaborate operating theatres are not essential. Plain rooms that can be kept sweet and clean by natural ventilation and lighting are all that are required for operating theatre and its annexes. New wards require no elaboration either exterior or interior, and I think the Public Health Department might do much to help Boards to keep down expenditure in this direction. A set of plans for—(1) Domestic portion suitable for a given number of patients; (2) ward for a given number of beds; (3) operating theatre, which could be supplied to each Board, and which would form the basis of the plan, would be of great service. Architects, in order to make a building outwardly attractive, are too apt to make an elaborate exterior. Given sufficient space and shelter, a great deal can be done at a small expense, and especially in our climate, the tendency in hospitals will be less expensive buildings and more open air.

Another question the Health Department might consider and help in is the cost of vaccines and sera, which is now increasing to the Boards, owing to their greater use. The tendency of modern times is to discard medicines, and rely on the vaccine or serum: the cost is increased by the duty of 20 per cent. on these necessary methods of prevention and treatment of sickness. Surely we have a right to ask that these should be admitted free. It is too ridiculous to think that the Government should charge themselves and the Boards this additional cost.

I think I have given enough evidence in the case of radium to show that the time has come when Hospital Boards, either themselves or in conjunction with other Boards, should have a supply for cases which may come under their care that may be benefited by its use.

There are, I believe, in a few instances small quantities of radium in use in the Dominion, but the latest evidence we have points in the direction that greater benefits accrue from fairly large quantities being used.

I hope, therefore, that what I have been able to put before you will result before long in sufficient radium being obtained, so as to enable cases of cancer to be treated in various centres of the Dominion. The configuration of our Islands and the unfortunate increase of the disease, make it certain that we cannot expect its use to be confined to our large cities only, still less so in one institution.

I move, "That it is desirable that a radium institute be established in some suitable place in the Dominion for the treatment of cancer and kindred diseases."

Mr. Mackay (Auckland) had very great pleasure in seconding the resolution. At present in Auckland they were awaiting the return of one of their surgeons, whom they had commissioned to make full inquiries into the question of radium while in London

Dr. Hardwick Smith (Wellington) said he had not much more to add to the valuable paper read by the Chairman. As a doctor, he always liked to have things for the purpose of experiment

in the cure of disease, but as a hospital administrator one always had to think twice before buying—for instance, a large amount of a substance like radium. It was true, as the Chairman had pointed out in his paper, that some arguments were in favour of the use of radium, and there were also some arguments against its use. Radium was a substance which had enormous potentialities, but as far as he knew it could only be used with advantage in cases which were not malignant. Dr. Wickham said that, speaking on the question of the curability of growths by radium, it was only in the case of innocent growths that radium could be of use; and he also said at the same time that you must tell the patient that X rays and surgery would do just as well. If X rays and surgery would do just as well in innocent growths as could radium, he would ask, Why did they want to spend more money in getting radium? That seemed to him to deal with the side of innocent growths, and that was the side where radium did the good. Dr. Wickham also said that in the case of growths in inaccessible parts, or in parts where it was difficult to operate, radium might give relief, but you must tell the patient that it would not cure. It would alleviate pain and perhaps prolong life, but the patient would die in the end. He maintained that there again X rays and surgery could do just the same. He had seen a patient's pain alleviated by means of X rays, and he had seen it also alleviate pain in the case of malignant disease. He was rather doubtful at present whether radium should be introduced into all the big hospitals. But he agreed with the Chairman in this: that if it was placed in one hospital in the Dominion it would be of use, because medical men would then be able to judge as to its results; but he did not think it was necessary at present to place it in several hospitals. If a certain amount of radium was placed in the Dunedin Hospital, for instance, they had a medical school there and a medical faculty where the records could perhaps be better taken than in any of the other hospitals. As far as he could see at present, there was no need to have radium in several hospitals when there were so many approved methods of treatment which such institutions really did need and which they knew they could cure with. Then there were so many things which they now lacked, like X rays, children's hospitals, consumptive annexes, &c., which they needed, and which they had not got, and he thought these more necessary things should be secured first before they expended money for purely experimental purposes.

Dr. Falconer (Otago) supported Dr. Hardwick Smith's contention that the consensus of opinion was that the time was not ripe to purchase a large quantity of radium. It would mean going in for an expensive plant. They were in touch with centres which had those plants, and they could give us the information later.

The Chairman.—We reckon it would cost £6,000.

Mr. Horrell (North Canterbury) asked, supposing they got a certain amount of radium, was it suggested that it should be sent to one hosuital, or could it be transported from one hospital to another.

The Inspector-General said it would have to be at one hospital. He thought that Dr. Hardwick Smith hit the nail on the head when he said that we wanted money for several other things before we provided money for experimental purposes; and he thought that particularly applied to the question as to whether it was advisable for the hospitals of the Dominion to purchase radium so as to enable a radium institute to be initiated. He certainly thought if a radium institute was to be initiated it should be started at Dunedin, as the location of the medical school of the Dominion. There they had a large teaching staff, and there were men there who had had, he thought, considerable experience with radium. He thought the Chairman was rather unfair in saying that there were now no facilities for getting bacteriological reports on specimens. He maintained, with all possible respect, that that statement was absolutely incorrect.

The Chairman.—I am glad to hear it.

The Inspector-General said they had now Dr. Champtaloup, in Dunedin, Dr. Makgill, and Mr. Hurley: there were three bacteriologists in the Department. The hospitals had been circularized offering to make certain sera for them. The returns showed that the work of the Department in this direction had been very considerably increased.

The motion was agreed to.

Duty on Material for Hospitals.

Mr. J. G. Wilson (Palmerston North) moved, "That it is desirable that the duty on the various materials required for hospitals be removed." He had intended to move that the previous day, but omitted to do so. When he visited the Children's Hospital in Wellington the previous day he found they were arranging for some handsome panels for the walls, which he was informed would cost about £800. Well, it did seem ridiculous that duty should be charged upon that £800 when practically the Government were paying half of it. But he thought all material for hospitals should be admitted free—first, because it was for a very desirable public object; and secondly, because the Government had practically to pay half the duty.

Mr. Walker (Otago) had much pleasure in seconding the motion. He hoped the Government would agree to the admission of materials for hospitals duty-free.

Motion agreed to.

Bacteriologists for Chief Centres.

Mr. Mackay (Auckland) moved, "That four skilled bacteriologists be appointed, one for each of the four centres." He thought the Inspector-General would accept this motion, and a few words on the subject from that gentleman would be much more convincing than anything he (Mr. Mackay) could say.

The Inspector-General thought the suggestion of the Chairman of the Auckland Board was an excellent one. Without bacteriologists they could not, as Boards of Health, embark on the schemes for the prevention and treatment of disease that had been outlined during the discussions

by the Conference. And in view of the fact that so much serum and vaccine treatment was being introduced into the hospitals, it was all the more essential that there should be at the disposal of the Boards skilled bacteriologists, who could not only make sera and vaccines but who would be able to give the Hospital Boards the benefit of their advice as regards preventive treatment in matters of public health. In fact, the appointment of bacteriologists was practically a corollary to the decision the Conference had arrived at to assume the functions of Boards of Health. Such appointments would mean a saving of time, and he felt sure in many cases the saving of many valuable lives. At present all tissues and matter requiring bacteriological examination had to be sent to Dr. Champtaloup in Dunedin, and, though everything was done to expedite transmission, a certain amount of time was lost which might be detrimental to the patient. In Wellington they had Mr. Hurley and in Auckland Dr. Makgill, but a great deal of Dr. Makgill's time was taken up by his ordinary duties as District Health Officer. Half the cost practically of these four bacteriologists would, through the subsidy, be borne by the Government.

Mr. Horrell (North Canterbury) said this proposal had his entire sympathy. Only the other day the honorary staff of his hospital had drawn his attention to the necessity for a bacteriologist in Christchurch, and it was felt that if the Government would not appoint one, they should do it themselves. The bacteriologists, if sent to the four centres, would be of the greatest assistance to the outside profession, for examining specimens, and so on; in fact, he believed the medical men in Christchurch had stated that they would subscribe towards the salary of a bacteriologist.

The Inspector-General said he had omitted to mention that he had received a letter from the Canterbury Division of the British Medical Association to the effect that if such an officer were appointed the medical men in the district would give all their private work to him, so as to help the Board and to justify the appointment.

Motion agreed to.

Medical Inspection of School-children.

Adjourned discussion on paper read by the Inspector-General.

The Inspector-General hoped that the discussion would be devoted, first of all, to the principles of the suggestions he had outlined, and, secondly, to the details. He would like an expression from the delegates as to the principle embodied in these suggestions. The details could always be adjusted to suit local circumstances. He would like the Conference first to come to a conclusion as to whether the scheme was justifiable, and then as to whether it was practical. The details of the scheme had been carefully gone into by Dr. Finch and by the Chairman and Secretary of the North Canterbury Board. He had also placed the scheme before the education authorities in various parts of the Dominion, and they had, without exception, approved of it. There was at present about 30 per cent. of the school-children of the Dominion under some form or other of medical treatment, and there was no doubt if those children could be taken in hand early and treated, it would mean the saving of a great waste of life and maiming of life, as it were, and there would also be a saving to the charitable-aid rates. If they could get early at these children he thought they would be able to show ample reason in the future to justify a scheme such as he had the honour to submit.

Mr. J. G. Wilson (Palmerston North) moved, "That this Conference considers it advisable that some such scheme as that outlined by Dr. Valintine should be adopted for the medical inspection of school-children." He considered it almost a reproach that some such system had not been adopted long before. Those who took an interest in our schools knew that there were universal ailments amongst school-children, and for that alone there should be inspection. It could not be done by the teachers, he supposed, but certain instruction could be given to the teachers, who, having trained minds, could easily absorb it, and it would be for them to report when they noticed any obvious trouble, and say whether a child should be examined or not.

Mr. Bellringer (Taranaki) seconded the motion, and he asked leave to read the following paper he had prepared upon another phase of the subject:—

A Plea for the Dissemination of a True Knowledge of the Laws of Health among Boys and Girls as Future Parents.

One of the strangest and saddest things in the experience of those who have had to do with hospital administration is the number of infants that are brought to be treated in our institutions, chiefly owing to the utter ignorance of many young mothers of the elementary principles of maternity. If some system of education could be devised whereby the elder girls in our schools could receive instruction in the matter, surely it would be good. For every profession and trade there has to be training save that of mother and fatherhood. The most important and vital facts are generally veiled from the young folks, who usually learn them from lewd and careless fellows, instead of doing so in a proper manner. A good many parents can, and do, give some knowledge and training, but the majority themselves have very little really scientific training and knowledge, or little time to impart it.

The question arises, Could not some system be arranged whereby the Hospital Boards and technical schools could introduce some class, continuation or otherwise, wherein duly qualified and tactful persons could give lectures on the great experiences that will of necessity come to most young girls in their duties as mothers of the coming generation?

There is a great difficulty in the way. Parents are the ones to give this instruction, and boys and girls budding into manhood and womanhood are apt to be self-conscious, and it is not easy to approach the subject so that it will be regarded as a vital matter, not for jesting and improper joking. Partly because of this diffidence in dealing with the matter, our nurses in daily contact with mothers and prospective mothers find absolute ignorance very often of the first cares of infant life. In this, at least, instruction should be given.

Such lectures and demonstrations as are given in the Highcliff School at Scarborough, where a special house is used, wherein the girls learn cookery, bedmaking, scullery-work, looking after babies under the direction of a trained nurse, making clothes for them, feeding and washing them, learning the meaning of the various cries of hunger, pain, &c.

In some schools part of the domestic economy course is theory and part practical, celluloid dolls of life size being used for demonstration purposes.

In the courses the instruction would naturally be framed so that only information in keeping with the ages of the pupils would be given, general personal hygiene for the younger ones, with information as to the great change at puberty for the older ones, and the vital principles of life and motherhood for those about to go into the world.

A very great deal is done with regard to cookery, and something is attempted in hygiene and domestic economy, but there is a lack of instruction which can only be imparted by a tactful and skilled trained nurse.

With regard to the boys, there is little or nothing done. The body of scouts, it is true, are supposed to receive instruction from their scout-master and others in the matters of manly self-restraint, but even here there is apt to be the same kind of diffidence. Sometimes an occasional White Cross lecturer gives a single lecture to a practically unprepared class of boys. Much good may be done this way, but there should be some attempt made to give organized instruction.

Many boys have been shipwrecked in early life through want of this knowledge. As a national matter we have only to think of the tremendous saving to the Dominion in prisons, asylums, &c., if the youth of New Zealand had clearly put before them the dangers of not keeping a healthy body and of disregarding the consequences of abuse of their natural privileges. It would be a good thing for Hospital Boards, &c., to subsidize some such classes as indicated, and to see that every boy possesses some knowledge of the evils of indiscretion in early life, and not be later at the mercy of any quack who advertises. Many of the cases which go to fill asylums and hospitals may be almost entirely attributed to want of knowledge, or of knowledge impurely imparted. This being so, surely it is the right thing for representatives of Hospital Boards to move in the direction of remedying the defect.

Yet another serious matter which should peculiarly appeal to us as a young nation. How many marriages are wilfully sterile? No other fact is a surer sign of the decay of a nation. In the days of a nation's prime there is no question of the birth-rate. As prosperity and luxury increases, so has it been shown in the history of the nations in past days the lessening birth-rate has at last thrown the degenerate, luxurious peoples at the feet of the less civilized and more virile. Is this to occur with us?

The international treaties, agreements, and so forth are mere paper, and hold good so long as it suits the strongest nation to keep them. "The sword cuts parchment very readily," said a famous Dutchman in dark days of Holland. So will it happen to us if we allow this "creeping paralysis" of birth-rate decay to bind us down. How far this can be helped by legislation has been shown in the past. It has been futile; the only way is by proper education, by driving home in the future citizens the fact that a nation's best defence is a numerous and healthy population. To this end the Hospital Boards should use their best endeavours to get our boys and girls trained. There is not a doubt that were some comprehensive scheme devised by them, both the Education Department and all local Boards would support it to the utmost of their powers.

Rev. W. A. Evans (Wellington) regretted that they had not the admirable scheme of the Inspector-General in print, because it was almost impossible for members of the Conference to keep the whole scheme in their minds as it was unfolded in Dr. Valintine's paper. It seemed to him that the first thing necessary for the Conference to consider in connection with a scheme of this kind was to try to discover its relative portions, and the way in which those parts were intended to be carried out. As far as he could see, in the first place, there was a part of the scheme to be carried out by the Education Department, and another part was to be carried out by the Public Health Department. The first, of course, was simple and clear, because it meant enlarging the functions of the training colleges in the direction of simple lectures with regard to anthropometry and physiology, and perhaps including a special department of psychology, which students now were supposed to take as part of their curriculum. But coming to the Conference's own side of the scheme. In the first place, they found the Inspectors necessary—were those Inspectors to be appointed by the Public Health Department or by the Education Boards?

The Inspector-General.—By the Education Department, and they would be controlled by the Public Health Department.

Rev. W. A. Evans asked where the Hospital and Charitable Aid Boards came in. As far as the cost of the scheme was concerned, were the Boards to contribute one-half and the Department the other by way of subsidy?

The Inspector-General.—Yes, by way of subsidy; but in addition to that it was proposed to supply the weighing and measuring machines.

Mr. Hogben (Inspector-General of Schools).—The weighing-machines would cost about £3,500.

The Inspector-General.—The Education Department paying for the whole time and travelling-expenses of two Inspectors—a man and a woman.

Rev W. A. Evans said they now began to understand the scheme a little more thoroughly. The contribution of the Hospital Board was in the actual treatment. What responsibility did the scheme devolve upon the Hospital Boards besides the responsibility of finding that one-half? He looked upon the matter from this point of view: When a responsibility devolved upon an individual or body they should have certain functions to discharge. If he was to have certain responsibilities he wanted to have certain rights.

The Inspector-General.—So you would.

Rev. W. A. Evans.—What are they?

The Inspector-General.—The right and privilege of treating cases that required treatment; and also as a public health body they would have the right—nay, it would be their duty—to express an opinion upon any of these matters calculated to influence the health of the children that might come to your notice as a Board of Health.

Rev. W. A. Evans said he fully appreciated that. Hospital Boards were declared to be local authorities as far as certain public health matters were concerned—for instance, in respect to infectious diseases. It seemed to him that all reports with regard to the children should be sent in to the Hospital Boards.

The Inspector-General—Most distinctly.

Rev. W. A. Evans said he thought they might be sent in to the Education Department.

The Inspector-General said that copies of the reports would be sent to the Education Department also; but if a parent did not do his duty the responsibility with regard to further action would devolve upon the other Boards. The District Health Officer would relieve as far as possible the Education Department from any of the disagreeableness in respect to enforcing the law. Of course, legislation would be wanted. If there was a parent who, after being informed that his child wanted medical treatment, refused to bring his child for medical treatment, then it would be for the Education Department to interfere.

Rev. W. A. Evans said he wanted to understand the relationship of the scheme as clearly as possible. He had felt that for some time past there had been an effort to devolve upon the local bodies duties and responsibilities which the local bodies had not been called upon to perform in the past. It seemed to him to be more satisfactory to devolve duties upon local bodies. There had been no scheme devised since he had been in New Zealand that tackled so many problems of this nature as the scheme which had been submitted by the Inspector-General. If the scheme was to be carried out satisfactorily they must have the duties clearly defined.

Mr. Ewing (Otago) moved as an amendment, "That this matter be discussed at the Municipal Conference."

A Delegate.—No.

Mr. Ewing said this question had been submitted to the Conference at the eleventh hour, and it was a question which required a great amount of thought. He did not think the scheme had been thoroughly grasped by all the members of the Conference.

The Chairman.—The resolution says, "some such scheme."

Mr. Ewing said he would have no objection if the words were added, "and that the cost of carrying out such a scheme be borne by the Health Department."

Mr. Friedlander (Ashburton) thought that the principle of the scheme should be first dealt with, and then the question of cost could be dealt with afterwards.

Mr. Ewing said he was willing to withdraw his amendment in the meantime, and move it as a further resolution afterwards.

The Inspector-General said the amendment, if carried, would throw the whole machine out of gear. It would be better to throw the scheme out altogether than do what was now suggested.

Mr. Ewing said he would not press the amendment at present.

Mr. Friedlander said this paper was receiving similar treatment to all the other papers which had been submitted to the Conference. In the first place, he desired to congratulate the Inspector-General upon having brought forward one of the most important matters which had been considered at the Conference. They had dealt with a large number of problems, and, to his mind, they had dealt with them at the wrong end; but in this case, with the inspection of school-children, they were beginning at the right end. It was a question which affected the health, and he might also say the prosperity of the future generations in New Zealand. He was not born a Britisher; he was born in a country which now took one of the leading parts in the world, not only as regarded education, but also as regarded the treatment of children at school; and if he was not mistaken every child in Germany was trained and treated right from the beginning in order that it should be healthy and efficient when it grew up, and he thought they ought to follow that course here. He therefore heartily supported the principle of the medical examination of school-children. If the system was carried out on proper lines, future generations would thank their forefathers for what they had done.

Mr. Hogben (Inspector-General of Schools) said he had been asked to attend the Conference just to put a few facts before it from the point of view of the Education Department. This was an important question, and he might be allowed at the outset to say one or two words with regard to the subject Mr. Ewing was speaking upon when he came into the room—the subject of the education of boys and girls, and the subject—it was not the same subject but was cognate to it—the education of boys and girls in sex knowledge, and the education of girls especially in questions of domestic science. Dealing with the last question first, he might say that under the Act of last session local School Committees and Education Boards might set up classes for girls who had left the primary school—continuation classes—and might require their attendance. And he thought they might — as was done in Switzerland and in some parts of Germany — compel every girl between the ages of fourteen and seventeen, living within a reasonable distance, to attend such classes. It was urged by some that this might be a hardship with regard to employers and others, but he confessed he could not see why it should be. There could be no hardship in compelling young girls who were unemployed, at all events, to attend continuation classes in practical domestic science. The Education Department was going to pay for this by capitation. Wherever there were sufficient girls in a community he could see no objection to compelling them to attend afternoon classes at some convenient time to learn the lessons which were taught to the girls in Switzerland and to the girls in half the States in Germany. With

regard to the other point, sex education, that had been a subject of thought to him for at least thirty years. One of the most difficult questions to decide was as to who should give the instruction—as to the proper time to begin giving the instruction and as to the proper person to give it. The proper person, if rightly instructed and minded, would be nobody else but the fathers and mothers. He would say, if they were going to begin sex education, let them begin and educate the young fathers and mothers. He was quite certain that within certain limits there should be this education; but the instruction should not begin at too early an age; and he did not think that for that education the primary school was the place. The secondary school might be the proper place to give it. Wise fathers and mothers would give the instruction if the question was only brought home to them thoroughly. With regard to the medical inspection of children in schools, that was a most important question. He had the advantage four years ago of attending the International Conference on School Hygiene. The mistake that was made in Germany as far as we were concerned, and to some extent in England, was in separating the medical man who made the inspection from the medical man who dealt with the treatment. He was surprised at that in Frankfurt. The best place he had seen so far as medical inspection of schools was concerned was Frankfurt. He saw the whole system of school inspection there—the inspection of the schools and the inspection of the individual pupils. He was actually in the room at the time of the individual inspection. He was introduced by mistake as a doctor. Only doctors were admitted. The system was most admirable, but the one weakness was the point he had indicated, and it came out clearly on that day. All the good points and virtues of that system had been included in the system which had been outlined to the present Conference. The anthropometrical measurements were taken by the teachers. There is no special difficulty in that respect. The measurement cards were kept as school records, and once a year they were sent to the Education Department and collated so as to be made into statistics, and those statistics were kept by the Health Department for their use; and copies would be sent, he took it, to every Hospital Board and to every Education Board—that was, the anthropometrical part only. That was done in all the German schools in the large towns and in a certain number of the country schools—in Saxony, Wurtemberg, and one or two other places in the district in which Frankfurt was situated. There was a general medical inspection of the schools and the pupils by medical officers. The cost of that would be about £30,000, without any treatment at all. He reckoned that the inspection, apart from the treatment, did not belong to the Hospital Boards. It would take the medical inspectors, in the country schools, nearly as long as it took an ordinary Inspector of Schools to examine the children. There were about forty Inspectors for the primary schools, and the medical inspection would take nearly as long. If those present reckoned it up they would find that £30,000 was not an outside estimate for the thorough inspection of every pupil medically once a year. That was not what was now proposed. The proposed scheme was to do what the German schoolmaster did at the intermediate period when there was no medical man coming round. He was trained to observe certain things that were obvious generally to any wise father or mother, but which were not as a matter of common knowldege discovered by ordinary fathers and mothers. He looked for serious defects of hearing and sight, signs of serious throat trouble, and for various signs which he thought every teacher should be able to recognize. He might not be able to recognize the disease, but he might know that particular cases were cases for a medical man to see. When they got to those cases in which in the judgment of the teacher a medical man should be called in he filled up a special card with the pupil's name, and a copy of that card was sent to the Education Board, which simply becomes a medium of communication. The Education Board sent to the parent and asked the parent—if it was not an immediately urgent case—whether he was prepared to have the child treated by his own medical officer. If the parent was not prepared or able to do that, then that child, as he understood it, would be in exactly the same position as any other indigent or partly indigent child, and he became the care of the Hospital Board. The Board could make the parent pay, he supposed, to the extent the parent was able to pay, and make all the arrangements necessary to treat him. The work of the education authorities was, he presumed, simply to report to the Hospital Boards all the cases that they knew to be dealt with as regards health. Even now, he understood, the Hospital Boards had health powers, and if the school-buildings were dangerous to the community, they would have the right to call upon the Education Board to put the matter right; but under this scheme, he took it, they would have a quicker means of knowing any trouble or defect that existed. It would be, he assumed, for the Hospital Department and the Education Department to undertake the training of teachers, not only those in the training colleges, but also those outside, to do the five or six simple things they were expected to do. The Department would undertake to pay for the training of those teachers, and they were paying a large sum now. The work was not being neglected in the training colleges, and was being done pretty well. They were really getting the teachers ready for the final adoption of this scheme. From the course of training required for teachers' certificates they were cutting out the more theoretical subject of physiology, and were substituting "School Hygiene," and they were making it a compulsory subject. They were putting pressure wherever they could to have these health subjects taught thoroughly in the schools. In the district high schools they were giving an extra £5 10s. to every pupil who took the full course, which included home hygiene and the other parts of domestic science, and a good many of the schools had taken it up. Some of the Education Boards even were not fully aware of what they could do to further the subject which this Conference seemed to have most at heart, but a good deal could be done, and he thought some such scheme of medical inspection as this would be quite workable except perhaps in the smaller schools, and without too large expenditure upon any one. It would embrace 83 per cent. of the children. It would be difficult to reach the other 17 per cent. at first.

Mr. HORRELL (North Canterbury) heartily approved of the motion. The scheme, as he understood it, put in a nutshell, amounted to this: that the Education Department undertook the training of the teachers and the examination of the pupils, and the Hospitals Department undertook the treatment. The Health Department were to do the administration work, with the assistance of the Hospital Boards.

Mr. SHRIMPTON (Hawke's Bay) would like to give an instance to show the value of the medical inspection of school-children. Only the other day, on the reassembling of a school in his district, at which there were about two hundred children, the doctor of the hospital was requested to examine the children. There had previously been an outbreak of scarlatina in the district, but it was supposed to have sufficiently subsided to enable the children to attend school. The examination of those children showed that there were no less than nine children with infection, which would have spread the disease again.

Mr. MACKAY (Auckland) would give this motion his most hearty support. He had been intimately connected with education in Auckland for a number of years, and he had been forced to the conclusion that something was absolutely necessary with regard to the medical inspection of school-children, and also, as a natural corollary, with regard to the examination of the teeth. Some time ago in Auckland Dr. M. Herz, a well-known bloodless surgeon, offered to examine the children of the State schools, and he (Mr. Mackay) entered heartily into the idea. Unfortunately, however, one or two of the headmasters objected so strongly and raised so much opposition amongst the parents that he had to desist. However, they had a report from Dr. Herz, who examined for curvature, and it was surprising to find there was such a great tendency to curvature—lateral curvature especially. The question then arose as to whether the furniture in the schools was the best that could be procured in the interests of the health of the pupils. Then, with regard to the examination of the teeth of the children, no scheme would be complete without that.

The INSPECTOR-GENERAL said that would come subsequently. He agreed that the scheme would not be complete without dental examination.

Mr. MACKAY said in Auckland they were already doing splendid work in connection with the children's teeth. There had been 2,573 sets of teeth examined, and there were many cases treated in the Auckland Dental Hospital. He suggested that Dr. Valintine's scheme be printed and circulated as soon as possible amongst the Hospital and Charitable Aid Boards, the Education Boards, and the School Committees as well, because it was the Committees that came most in touch with the parents.

Dr. FINCH (District Health Officer, Canterbury) said he could throw very little fresh light on this subject. He agreed with Mr. Hogben that in New Zealand they should be able to treat the child, whereas in other countries, at the start, at all events, they only inspected the children. Ten years ago, when inspection was started in England, they flooded the voluntary hospitals with school-children, who wanted their eyes, and so on, seen to, and the hospitals strongly objected. Of course, in this country the system was totally different. We were going in for medical inspection of school-children, and were paying more attention to their treatment. In England, of course, they had serious difficulties to face, but he thought they were paying far too much attention to inspection and not enough to treatment. Mr. Horrell was correct in stating that the Education Boards would provide the machinery for inspecting the children, while the Hospital Boards were responsible for treating those who were indigent, or those going to hospitals who were able to pay the fees.

Mr. WALKER (Otago) did not altogether agree with his colleague, Mr. Ewing, on this question. Although it would be realized that the carrying-out of this scheme of inspection would throw a certain amount of expense on the Hospital Boards, he thought it would be admitted it would save a large amount of trouble in the future. As in consumption they were anxious to get at the incipient cases, so in the diseases of children they set at them early and endeavoured to arrest them in the early stages. He did not at all agree with Mr. Ewing that this was a question to be looked at entirely from the "money" point of view, because he recognized there was a higher thing than money. They had to regard these children as their special property, and if the troubles of these children could be arrested in the early stages, they would be doing really good work for the State. Dr. Valintine had stated that the cost would be about £7,500, distributed over the whole of the Hospital Boards of the Dominion. Well, that was not a very serious matter. And he presumed as time went on the cost would be lessened.

The INSPECTOR-GENERAL.—That is so.

Mr. WALKER did not think any Board would grudge the expenditure. As for the details, they would be in able hands.

Dr. HARDWICK SMITH (Medical Superintendent, Wellington Hospital) did not think much could be added to what had already been said on this subject. The scheme had been placed before the Conference most lucidly, and it was not the details so much that the Inspector-General wanted them to discuss as the principle. The Conference was asked to affirm the principle, and he believed the principle would be unanimously affirmed by the delegates present. This was a scheme of paramount importance, because, to his mind, the fostering of public health in the young was of more importance than the stamping-out of disease that already existed. They wanted to take the boys and girls of to-day and mould them, and build them up to become the strong men and women of to-morrow. The Defence Department took the boy at puberty, but educational and public health institutions wanted to take him in infancy, so that at puberty he could be taken over by the State, and could go and fulfil his destiny in the country. They wanted also to get the girl, and mould her character, build her up, and make a healthy woman and a healthy mother of her; because if our mothers were not healthy and sound, the race was going to degenerate; and we should not

have them unless we had healthy boys and girls to-day to make the strong men and women of to-morrow. It would, therefore, be real economy to the Hospital Boards if this scheme were put into effect, as in a few years' time the first cost would be more than repaid. There would be fewer cases in the hospitals, less disease, less out-patient treatment, if they built up the children and prevented disease, rather than attempt to cure it when the damage was already done. As Superintendent of a fairly large hospital, he saw a great many cases of preventable disease. He saw disease, for example, brought on by dental caries—ulcerated stomach, ulcerated glands, and ill health generally—all brought about by bad hygiene of the mouth. That was only one thing. There were deformities in children, such as curvature of the spine, and so on, which in the early stages could be easily remedied, but while later on in life became so bad that they could not be corrected. He hoped the Inspector-General included in his scheme "physical culture" and the employment of experts in that subject to teach the children. He hoped also dental experts would be included. In this connection they were very shortly going to build a dental department, and a great many of these children would no doubt go into that department, and he thought it would be of great use to the hospital and to the community. It was important both to the Education Boards and the Hospital Boards who were going to pay the expense that a good deal of this work should be done by the outside medical practitioner. He understood the Inspector-General was going to make arrangements with those gentlemen to see the patients at a fixed price. As time went on the more they saw the less they would eventually have to pay, and it seemed to him the arrangement would be a very suitable one. He could only say further that he congratulated the Inspector-General upon having brought down such a scheme. It was, in his opinion, the most important proposal that had been laid before the Conference.

Motion agreed to unanimously.

Casualty Wards near Wharves.

Mr. McLaren, M.P. (Wellington), desired to ask the leave of the Conference to submit a motion dealing with a matter which appeared to him to be one of importance. He wished to move, "That this Conference advises the several Boards concerned to take into consideration the advisability of establishing casualty wards at or near the wharves at the chief ports of the Dominion, for the purpose of dealing promptly with the numerous accidents that occur in the shipping and allied industries." This question seriously affected about four thousand men employed in these industries.

The Inspector-General said he did not see the use of doing what was suggested unless there was a medical officer constantly on the spot.

Leave refused.

Votes of Thanks.

Mr. Walker (Otago), in moving a hearty vote of thanks to the Chairman, said he was sure he was voicing the feelings of the Conference in saying that the Chairman had presided over their meetings with judgment and good temper; in fact, they had every reason to be proud of the way in which business had been conducted.

Mr. Mackay (Auckland) indorsed the sentiments expressed by Mr. Walker with respect to the excellent manner in which the proceedings had been conducted by the Chairman. He thought they should at the same time express their thanks to the Inspector-General. Courtesy and kindness were characteristics of Dr. Valintine.

Mr. Horrell (Canterbury North) indorsed the remarks of Mr. Walker and Mr. Mackay.

Mrs. Wilson (Canterbury North) said the results of the Conference in some respects had been a little disappointing—more particularly in respect to their treatment of the question of consumption, in which the Canterbury North Board was particularly interested; but it had been a great pleasure to her to meet earnest-minded men and women in touch with subjects of vital importance to the country. She was very glad to note that there seemed to be growing up some recognition of the claims of the future. They were beginning to understand what it meant to attend to the children, to arrest disease in the early stages, and to deal with moral delinquencies in the early stages. That was an augury for the country's future good.

Rev. W. A. Evans (Wellington) would like, on behalf of Wellington, to add their meed of praise for the courtesy and dignity with which the Chairman had carried on the onerous duties in presiding at the Conference. The Inspector-General had also been a great help to them in the work done at the Conference.

The resolution was carried by acclamation.

The Chairman, in briefly returning thanks, said he thought they ought to very cordially thank the medical officers who had given the Conference such valuable assistance. They were also much indebted to the officers of the Hospitals and Health Departments—Dr. Valintine, Dr. Frengley, Dr. Finch, Miss Maclean, and Mr. Killick; also to Mr. Hogben, Inspector-General of Schools.

The Inspector-General, in returning thanks on behalf of himself and the officers of the Department, said they very much appreciated the work that was being so very ably done by the members of the various Hospital and Charitable Aid Boards, in many cases to the absolute sacrifice of their own interests. No one who was connected in any way with public work in the Dominion could fail to recognize the great public-spiritedness which prevailed throughout the length and breadth of the country. They had a great work in hand, and they had gone further forward at that Conference than they had hitherto advanced; but they still had to go ahead. They were all working on the same lines, and had before them the same ideals. The Conference of 1911 was likely to have a most important bearing on the future of the Dominion.

DRAFT REGULATIONS.

Governor.

ORDER IN COUNCIL.

At the Government , at Wellington, this day of , 1911.

Present :

IN COUNCIL.

IN pursuance and exercise of the power and authority conferred upon him by the Hospital and Charitable Institutions Act, 1909, His Excellency the Governor of the Dominion of New Zealand, acting by and with the consent of the Executive Council of the said Dominion, doth hereby make the regulations and provisions hereinafter set forth in respect to the accounts to be kept by Hospital and Charitable Aid Boards.

REGULATIONS.

1. "BOARD" means a Hospital and Charitable Aid Board under the Hospitals and Charitable Institutions Act, 1909.

2. Each Board shall keep a cash-book showing all moneys received and expended by such Board.

3. All money received by a Board shall, as soon after receipt as possible, be paid into the Board's banking account.

4. Receipts on proper printed forms numbered consecutively shall be given for all moneys received by a Board.

5. All expenditure over 10s. in amount shall be made by cheque.

6. Receipts to be obtained for all payments made by a Board over 5s. in amount, and the same to be attached to an account clearly showing the nature of the expenditure.

7. A Board shall keep such journals and ledgers as will enable its secretary to produce a statement of income and expenditure and a balance-sheet for each financial year. Such a statement of income and expenditure shall be deemed to mean a statement showing all moneys received by and due to a Board, and all moneys expended and owing by a Board, together with such other sources of profit and loss, for such financial year only.

8. A copy of such statement and balance-sheet, and also a statement of expenditure for each institution under the Board's control, in the form set forth in the Schedule hereto, shall be forwarded to the Inspector-General of Hospitals not later than the 1st day of May in each year, whether the same shall have been audited or not, and a copy thereof shall be forwarded to the Inspector-General of Hospitals as soon as may be after it has been duly audited.

9. A Board shall further keep such books or forms as shall show, *inter alia*,—

(*a.*) The average number of inmates per diem in each institution;
(*b.*) The number admitted and discharged during each financial year;
(*c.*) The individual average day's stay;
(*d.*) Prices paid for articles consumed;
(*e.*) The number of applicants for charitable relief;
(*f.*) The causes which led to the poverty of such applicant;
(*g.*) The nature and amount of relief given in each financial year:

and shall furnish the Inspector-General of Hospitals with this information, and such other returns and statistics as he may require, not later than the 1st day of May in each year.

10. Every Board shall keep for each of its institutions a proper record of stores received and given out, in such form as is suited to the requirements of each institution, and as may be approved by the Inspector-General of Hospitals.

11. The foregoing regulations apply in all respects to separate institutions under the Hospitals and Charitable Institutions Act, 1909.

SCHEDULE.

Expenditure for Year ending 31st March, 19 .

	£ s. d.	£ s. d.
(*a.*) MAINTENANCE.		
I. Provisions.		
1. Meat		
2. Fish, poultry, &c. (*) ..		
3. Butter .. .. (*) ..		
4. Milk .. .. (*) ..		
5. Eggs .. .. (*) ..		
6. Bread and flour, &c. (*) ..		
7. Vegetables and fruit (*) ..		
8. Grocery (provisions only, not including chandlery)		
Total provisions		
II. Surgery and Dispensary.		
9. Drugs, chemicals, disinfectants, &c. ..		
10. Dressings, bandages, &c.		
11. Wines and spirits and malt liquors ..		
12. Aerated waters and ice		
13. Surgical instruments and appliances		
Total surgery and dispensary ..		
III. Domestic and Establishment.		
14. Renewal and repair of furniture ..		
15. Renewal and repair of bedding, linen, and drapery		
16. Renewal and repair of hardware, crockery, brushes, &c.		
17. Laundry		
18. Cleaning and chandlery		
19. Water		
20. Fuel and light—		
(*a.*) Coal		
(*b.*) Wood		
(*c.*) Gas		
(*d.*) Electric light ..		
(*e.*) Oil, candles, &c. ..		
Total fuel and light ..		
21. Uniforms		
22. Repairs to buildings		
23. Grounds* (including gardener's wages)		
24. Printing, stationery, &c.		
25. Insurance		
26. Annual cleaning		
27. Ambulance		
28. Funerals		
29. Sundries (principal items) :—		
Total sundries ..		
Total domestic and establishment ..		
IV. Salaries and Wages.		
28. Medical		
29. Dispensers, &c.		
30. Nursing		
31. Engineers, porters, &c. (gardener's and laundress's wages are not to be included)		
32. Domestic staff		
Total salaries and wages ..		
Total maintenance		
(*b.*) ADMINISTRATION.		
33. Board's travelling-expenses, &c. ..		
34. Secretary and assistant's salaries ..		
35. Office printing and stationery ..		
36. Postage, telegrams, and telephone ..		
37. Office rent		
38. Advertising		
39. Sundries (principal items) :—		
Total sundries ..		
Total administration		
Total maintenance and administration		
(*c.*) CAPITAL EXPENDITURE.		
40. Land		
41. Buildings		
42. Equipment		
43. Other capital expenditure (principal items) :—		
Total of other capital expenditure ..		
Total capital expenditure ..		
(*d.*) MISCELLANEOUS EXPENDITURE.		
44. Rent, rates, and taxes		
45. Interest		
46. Pensions		
47. Sundries (principal items) :—		
Total sundries ..		
Total miscellaneous expenditure ..		
Total expenditure ..		£

[* NOTE.—Please state within these brackets the approximate value of any poultry, butter, milk, eggs, vegetables, &c., produced on premises. This amount should be included also in the total of the item—*e.g.*, if £10 worth of eggs were purchased and £20 worth produced in grounds, the expenditure under "Eggs" would be £30. Please also state whether bread is baked on premises.]

* From the amount of this item should be deducted the estimated amount of eggs, butter, milk, vegetables, &c., produced from the grounds and consumed in the institution.

Clerk of the Executive Council.

AGENDA PAPER.

CONFERENCE OF HOSPITAL BOARD DELEGATES.

The above Conference will open on Tuesday, the 27th June, at 11 a.m., when His Excellency Lord Islington, Governor of New Zealand, will address the delegates.

Proposed order of business:—

Address by His Excellency the Governor.
Address by the Hon. Minister in Charge of the Department.
Address by the Inspector-General of Hospitals.

The various remits will be considered under the undermentioned sections:—

SECTION I.—PUBLIC HEALTH.

(a.) The Powers and Responsibilities of Hospital Boards under the Public Health Act, 1908.

Discussion introduced by Mr. Walker, Chairman of the Otago Hospital Board.

REMITS.

Otago:

That the Conference be requested to express its views as to working of section 5 of the Hospitals and Charitable Institutions Amendment Act, 1910, and to continuance or otherwise of this duty being imposed upon Hospital and Charitable Aid Boards.

That the Conference consider the question of its being made mandatory on Hospital and Charitable Aid Boards to take over the sanitary inspection in their respective districts, in addition to the inspection in connection with prevention of infectious diseases.

Waipawa:

That it is desirable that the respective positions of the Health Department and the Hospital and Charitable Aid Boards in respect of the Inspector of Infectious Diseases be more clearly defined, in view of the fact that Hospital and Charitable Aid Boards are now the local authority for notifying such cases, while they have no power to appoint the necessary Inspectors to enforce the provisions of the Public Health Act.

(b.) The Administrative Control of Tuberculosis.

Discussion introduced by Mr. Horrell, Chairman of the North Canterbury Hospital Board.

REMITS.

Otago:

That the Government be requested to introduce further amending legislation to give the various Hospital and Charitable Aid Boards power of detention over inmates of benevolent homes, hospitals, sanatoria, or other institutions under the Boards' control.

Ashburton:

Power to detain persons suffering from tuberculosis, especially charitable-aid cases sent for treatment and returned as incurable from Palmerston or any other hospital or sanatorium.

Coromandel:

That the Government provide homes for indigent consumptives and incurables in such numbers and localities as are deemed desirable. Under existing circumstances and conditions the cases cannot be efficiently treated in ordinary hospitals, and, if they are so treated, become a menace to other patients and the community. In many districts consumptives are given out-door relief by Charitable Aid Boards. In the case of either of the parents being the diseased person it becomes a national calamity, as they go on bringing diseased children into the world. This is considered a real menace to the people of the Dominion, and requires immediate action.

Consideration of provision of sanatoria for consumptives on the lines laid down in Dr. Blackmore's report—namely, one sanatorium for the North Island and one for the South Island. In this connection the Government to be asked, as a step towards stamping out consumption, to bring this disease within the scope of infectious diseases for compulsory treatment; also to give powers to Hospital and Charitable Aid Boards of legal detention of all patients in infectious hospitals and institutions during the periods medically declared necessary for the recovery of such patients.

North Canterbury:

Visiting of out-patients at their homes by qualified nurses, and consideration of the question of setting up dispensaries elsewhere than at public hospitals.

(c.) The Health of the Native Race.

A discussion on this subject will be introduced by Mr. Powell, of the Waipiro Hospital Board.

SECTION II.—HOSPITAL ADMINISTRATION.

(a.) The Incipient Mental and D.T. Patient.

Discussion introduced by the Inspector-General.

REMITS.

Otago:

That the question of making provision for treating incipient mental cases at the base hospitals in the principal centres be considered.

That the question of making provision for D.T. cases at the base hospitals in the principal centres be considered.

Hawke's Bay:

That homes for indigent imbeciles be provided by the State.

North Canterbury:

The necessity of founding a State school for defective girls similar to that established for boys at Otekaike, and a State home, with powers of detention, for women of feeble character whose proclivities are a source of danger to the community, both from physiological and moral point of view.

(b.) The Hours of Work and Duties of Hospital Nurses.

Discussion introduced by Mr. Shrimpton, Chairman of the Hawke's Bay Hospital Board.

REMITS.

Palmerston North:

That in future the State-nursing examination should be conducted in its entirety at the hospital where the nurse or nurses is or are in residence.

Waipawa:

That, in view of the greater inconvenience which the smaller hospitals have in providing the necessary lectures and training for probationers, it is desirable that some system be inaugurated by which this difficulty can be diminished.

Wairarapa:

That all nurses serving a stated time as probationers should qualify by examination for further service.

North Canterbury:

The question of the reasonable claims of sick members of the Trained Nurses' Association to obtain the benefit of treatment at their own local hospital at reduced charges, in consideration of their agreeing to assist, when able, in nursing at public institutions at reduced rate of payment.

For interchange between all Boards of information relating to the number of inmates in the several institutions, salaries or other emoluments paid to employees of every description and grade, showing length of service, &c., with a view to comparison and approximation of duties and remuneration; also, the mutual exchange of annual balance-sheets throughout the Dominion.

(c.) A State Hospital Service.

By request of the North Canterbury Board the Inspector-General will introduce a discussion on this subject.

REMIT.

North Canterbury:

Consideration of the desirableness of instituting or extending hospitals so as to provide for the reception and treatment of all classes of patients, rich and poor.

(d.) Hospital Economics.

Discussion introduced by Mr. Clement Kirk, Chairman of the Wellington Hospital Committee.

Hospital Finance.

Discussion introduced by Mr. P. M. Mackay, Chairman of the Auckland Hospital Board.

REMIT.

Otago:

Section 69 of the Hospital and Charitable Institutions Act, 1909—Accounts: That the Government be requested to gazette regulations as provided in this section. (This may be done prior to the Conference, and, if so, same is withdrawn.)

(e.) Modern Hospital Appliances.

Discussion introduced by Mr. J. G. Wilson, Chairman of the Palmerston North Hospital Board.

SECTION III.—SOCIAL.

(a.) The District Nurse.

Discussion introduced by Mr. Bellringer, Chairman of the Taranaki Hospital Board.

(b.) The Maternity Nurse and Midwives Act, 1904.

Discussion introduced by Mr. Stewart, Chairman of the Bay of Islands Hospital Board.

(c.) The Medical Inspection of School-children.

Discussion introduced by the Inspector-General.

(d.) The Undesirable Citizen.

Discussion introduced by Mr.

REMITS.

North Canterbury:

Urging the Government to take more active measures for arresting deserters of wives and children and parents of illegitimate children, and setting them to remunerative work; the balance of their earnings (after defraying the first charges for maintenance) to be applied towards the support of those dependent on them who may be in receipt of relief out of public funds.

Otago:
That the Government be requested to forthwith gazette the regulations provided for in the Crimes Amendment Act, 1911, so that wages may be earned by criminals, and so enable Boards to take advantage of the provisions of this Act.

Coromandel:
That the Government legislate to compel criminals to work on some appointed Government work to earn sufficient to keep their wives and families who are, under the existing law, a charge on the Hospital and Charitable Aid Board of district in which they live. It very often happens that some incorrigible criminal leaves his family destitute, and, although every remedy the law provides is taken to compel the man to support them, the remedies seem to fall short of the end desired, and the family becomes a heavy burden on the district Board. The support of such cases, it is considered, should not be parochial, but a direct charge on the consolidated revenue.

Nelson:
That this Conference considers it desirable that an Act of Parliament be passed to provide State farms, industrial homes, or other suitable places of healthy restraint for the detention and enforced labour of confirmed drunkards or other self-indulgents who, having wife and family, incapacitate themselves from wage-earning or spend an undue share of their earnings on themselves, thus leaving the maintenance of aforesaid wife and family to the Charitable Aid Boards of their districts; that the time spent in such homes, &c., be in proportion to the number of convictions; and that the earnings of such individuals be handed to their respective Boards for the benefit of their families.

Section IV.—Charitable Aid.

(a.) Some Charitable-aid Problems—the Need for Uniformity.

Discussion introduced by the Rev. W. A. Evans, Chairman of the Wellington Hospital Board.

REMITS.

Waipawa:
That it is desirable that a more uniform course of action be pursued by the various Hospital and Charitable Aid Boards in relation to the admission of patients from outside districts to the various hospitals and other benevolent institutions, and the apportionment of liability therefor. The present custom is to charge a fixed sum to all alike, which in some cases is greater than the actual cost per patient to the Board having charge of the hospital. This Board considers that only the actual cost should be charged to other Boards.

Otago:
That a form to be used by all Boards in interrogating applicants for relief be adopted at this Conference, and the Government be requested to incorporate same as a Schedule of the Act.

North Canterbury:
The adoption of some uniform policy between the several Boards, in order to meet cases of applicants from one district applying to another for relief.

Bay of Islands:
That Hospital Boards charge kindred societies the net cost only for treating charitable-aid patients from their respective districts.

South Canterbury:
Section 72 (1), Hospitals and Charitable Institutions Act, 1909, provides for recovery of maintenance paid by a Board on account of resident from another district. Provision should be made for recovery of maintenance paid on account of children born of parents whilst resident in such alien district, more particularly where such children are committed to an institution under the Industrial Schools Act.

Otago:
That section 72, with its subsections, of the Hospital and Charitable Institutions Act, 1909, be amended by the following additions—viz.: To provide for the Inspector-General being appointed sole arbitrator in any dispute that may arise between any two Boards in regard to liability for relief granted, his award to be binding on both Boards; and that the Treasury, on receipt of award from the Inspector-General, if in favour of petitioning Board, shall be authorized to pay such petitioning Board the amount stated in such award out of any subsidy that may be due to the other Board.

Southland:
That provision be made by an amendment of the Hospitals Act giving Hospital Boards power to recover the cost of hospital or other maintenance from money due to patients under the Workers' Compensation Act.

South Canterbury:
That the present Act be amended to debar any hospital patient, while his maintenance account (incurred as the result of an accident) remains unpaid, from making any compromise with any accident insurance company without first having obtained consent of the Hospital Board to whom the maintenance account is due.

Ashburton:
Power to obtain amount of credit, if any, at Post-office Savings or other bank in regard to applicants and recipients of charitable aid.

Wallace and Fiord:
That provision be made giving Board first right to lift money from accident insurance companies which may become due to patients under treatment in hospitals.

Palmerston North:
That the Health Act should be so amended as to define who is responsible for the burial in cases of death where there is not sufficient money and no relations.

North Canterbury:
Differentiation of relief with regard to widows and children.

Otago:
In regard to section 85 of the Hospitals and Charitable Institutions Act, 1909, *re* the maintenance of children in an industrial school, that the same be amended to provide that Boards may have more authority in regard to the committal of such children by receiving notice of intention to bring such children before the Court, so that evidence may be adduced, if possible, of ability of "near relatives." as defined in the Destitute Persons Act, 1910, to contribute towards the cost of maintenance of such children.

Nelson:
That the powers of Hospital and Charitable Aid Boards be enlarged so as to enable them (on a certificate being granted by a Magistrate) to reclaim and educate children living in the midst of evil environments.

North Canterbury:
The relations of Boards to children committed under the Industrial Schools Act.

Ashburton:
The Old-age Pensions Act requires amendment. As it stands now, if a pensioner is convicted a second time (within a certain period) for drunkenness, &c., the Magistrate has no option but to cancel his pension-certificate for a term of six months, equal to a fine of £13. Then the Charitable Aid Board has to keep him. The pension-certificate in such case should be made over by the Magistrate to the Hospital Board in whose district the pensioner resides, and the pension paid out at the discretion of the Board in rations, clothing, &c., as needed from time to time during the term of cancellation.

Hawke's Bay:
That some uniform scale of refunds to old-age pensioners who are inmates of institutions be adopted by all bodies interested.

Section V.—General.

REMITS.

Hospital Districts.

Hawke's Bay:
That endeavours be made to have section 3, subsection (2), Hospitals and Charitable Institutions Act, 1909, amended as follows: After the word "county" in the third line of the subsection the word "may" be inserted in place of "shall"; and after the terminal word "district" the following be added: "or of the adjoining hospital district." The subsection will then read: "When at any time after the passing of this Act a new county is created the limits whereof are wholly within one hospital district, the new county may be included within and form part of that hospital district or of the adjoining hospital district."

Representation.—Nomination instead of Election.

Palmerston North:
That sections 13, 14, 15, and 16 of the Hospitals and Charitable Institutions Act, 1909, and section 7 of the Hospitals and Charitable Institutions Act 1909 Amendment Act, 1910, be repealed, and that the Act be altered so that representatives shall be appointed by the contributing local authorities.

Maniototo:
That this Board remits to proposed Conference resolution to consider the question of the advisability of selection of members elected by the contributing local bodies, and that the Act be amended in this direction.

Quorum.

Otago:
That subsection (4) of section 31 of the Hospitals and Charitable Institutions Act, 1909, wherein is provided that "A quorum shall consist of a majority of the members of the Board for the time being," be amended to read as follows: "A quorum shall consist of half the whole number of members of the Board for the time being when that number is even, and the majority of the whole of the members when such number is odd."

Disqualification of Members.

Palmerston North:
That all the words after "Board," in clause (*e*) of subsection (2), section 19, of the Hospitals and Charitable Institutions Act of 1909 be repealed.

Payment of Chairman.

Otago:
That the Hospitals and Charitable Institutions Act, 1909, be further amended by the addition of a clause in the following terms: "Notwithstanding anything contained in sections 19 and 20 of the principal Act, the Chairman may be paid such annual allowance, at a rate not exceeding two hundred pounds (£200), as the Board from time to time determines."

Subsidies.

South Canterbury:

Section 38 (1), Hospitals and Charitable Institutions Act, 1909, provides for payment of certain subsidies—"such sums as the said Minister thinks sufficient by way of subsidy." Provision should be made for payment of subsidy without the Minister's option in the matter, as at present the Boards have no assured income from subsidies.

Otago:

That the following portion of subclause (*c*) of subsection (2) of section 38 of the Hospitals and Charitable Institutions Act, 1909—namely, "(i) One pound in respect of capital expenditure"—be deleted.

That the Government be requested to draft a new clause in the Hospitals and Charitable Institutions Act, 1909, to provide a simpler method of calculation of subsidy on levies than that provided in paragraph (ii) of subclause (*c*) of subsection (2) and the Fourth Schedule, and that a uniform amount of subsidy be payable to Boards on levies on local authorities.

Gum Licenses and Boards' Revenue.

Bay of Islands:

That an extra charge be made for gum licenses. Extra revenue derived to go to Hospital Boards in districts in which money is collected.

"Curfew Law."

Otago:

That the Conference of Hospital and Charitable Aid Boards take into consideration the question of asking the Government to introduce legislation whereby what is known in some countries as "Curfew Law" may be enforced in this Dominion.

SUPPLEMENTARY AGENDA PAPER.

FURTHER REMITS.

TO BE TAKEN WITH SECTION II.

Under "Hours of Work and Duties of Hospital Nurses."

Southland:

That this Conference affirm the principle that a uniform scale of salaries should be paid to hospital nurses by the different Boards of the Dominion.

Under "Hospital Economics."

North Canterbury:

The policy of directly importing supplies for the requirements of hospitals and charitable institutions.

Under "Hospital Finance."

Waikato:

That, where a Hospital and Charitable Aid Board has non-local governing localities within its district, and has borrowed by way of overdraft for the purpose of capital expenditure in construction of buildings, &c., and the local governing bodies within the hospital district desire to borrow under the State-guaranteed Advances Department to pay off such Hospital and Charitable Aid Board overdraft, the Government should make a direct grant to such Board towards the payment of its building-construction expenditure of a sum of not less than the proportion which would be raised by such non-local-governing district had it been a locally governed district.

North Canterbury:

The extension of borrowing-powers for the purposes of erecting additional buildings, such powers being at present restricted because Boards are not "local bodies."

TO BE TAKEN WITH SECTION IV.

Under "Some Charitable-aid Problems."

Southland:

That section 85, subsection (1), of the Hospitals Act, 1909, should be amended by striking out the words at the close of the section after the word "district," and substituting the words, "wherein the child is or has been domiciled prior to the making of the order."

TO BE TAKEN UNDER SECTION V.

General.

Hawke's Bay:

That provision be made in the Hospitals and Charitable Institutions Act whereby a county may be divided between two or more hospital districts.

Wanganui:

That the Board should appoint its own quorum.

That the law be altered so that country districts can elect representatives to the Board so long as those elected are qualified in any part of the hospital district.

Wellington:

That the services of the assistants in the hospital dispensaries in the four large centres be counted as a qualification for obtaining their certificates as chemists.

North Canterbury:

That section 36 be amended to read that all the words after "except" in the second line be omitted and the following substituted—viz., "by the Chairman on the resolution of the Board, and attested by two members."

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