

was in the direction of enlarging the charge on those who were related to the destitute person—that was, of bringing in as liable brothers and sisters. In many cases they found these people were a charge upon the charitable aid when they had relations who were well to do. There was a special case of this kind in Dunedin at the present time, where a person who received £7 a week was only sufficiently generous to donate the sum of 1s. 6d. for his relative. They asked that the charge in these cases should be enlarged. He had much pleasure in moving the adoption of the clause.

Dr. COLLINS (Cook) would like to say a few words upon this subject. He agreed with the suggestions in their entirety except in one particular. If they looked at subsection (a) of clause 2 they would see that it provided for "the alteration of boundaries either by enlargement or otherwise." He desired to move, That the term "otherwise" be struck out, and in support of that would like to say that it had been the aim of the medical profession throughout the Dominion always as far as possible to lay down some basis for the centralization of the treatment of diseases; and unless they legislated in the direction of centralization they would find at a later period that the treatment of these diseases throughout the Dominion would not be satisfactory. Now, by the term "centralization of the treatment of disease" he meant that the hospital boundaries should be sufficiently large so that at a later period they could offer to the people who were living within those boundaries all the advantages that were laid down under section 124 of the Local Government Bill—viz., a hospital for the reception of persons requiring medical or surgical treatment; a charitable institution for the reception or relief of children or of aged, infirm, incurable, or destitute persons; a maternity home and a convalescent home; a sanatorium for the reception or relief of persons suffering from consumption or other disease; an institution for the reception of habitual inebriates; and a reformatory institution for the reception of women and girls. The time would come when these recommendations under clause 124 of the Bill must of necessity, for the safety of the population of this Dominion, be carried out in their entirety. Now was the time for the Conference to lay down a basis for the centralization of the treatment of disease, which was necessary, and he thought the Inspector-General would bear him out in this opinion, as would also the entire medical profession throughout the Dominion. He did not say this as a delegate, but as a medical man who was interested in and concerned for the interests of the sick. It was a matter which concerned the profession throughout New Zealand, and he therefore trusted they would strike out the term "otherwise," for it was necessary that hospital boundaries should be enlarged, and the only alteration of boundaries should be in the direction of enlargement, and not of restriction.

Mr. WILLIAMS desired to ask Dr. Valintine if the word "otherwise" did not apply only to one district, the intention being to amend the boundaries of that district?

The PRESIDENT said there might be not merely a question of enlargement but of the adjustment of boundaries that would be purely a minor matter. Of course, the word "otherwise" was only intended to apply where boundaries required adjustment. The outstanding feature in connection with the proposal was an indication on the part of the Conference that wherever possible the hospital and charitable-aid districts should be regrouped in the direction of enlargement, so as to take a smaller district into a larger one.

Dr. COLLINS asked whether, that being so, it would not be practicable to have the matter expressed in better terms.

The PRESIDENT thought the clause was quite clear. The idea was to work on the system laid down by Dr. Valintine, and supported by the Government—viz., that they should have one large well-equipped and up-to-date scientific base hospital in every district, and having that, they should not attempt to have too many hospital districts, but rather to bring the smaller ones into the larger districts for that purpose.

Mr. QUIN (Hawera) said in that case they would make the others cottage hospitals, he supposed. He agreed with the proposal to wipe out some of the smaller hospitals, and to have a larger one.

The PRESIDENT said that would be a matter for the Hospital Boards to consider. He had stated the policy of the Department and the Government.

Mr. BAILEY (Waikato) wished to speak on the question of boundaries. Some time ago the boundaries had been enlarged, the Waikato district being practically doubled by Rotorua being added. He desired to impress upon them that this had been a very unfair thing for the Government to do at the time. When speaking outside he had mentioned Dr. Valintine's name in this connection, but he wished it to be clearly understood that he had no desire to say anything against Dr. Valintine. He had always found the Inspector-General courteous and obliging, and willing to help them, but the Government had passed an Act putting Rotorua in their district, and Dr. Valintine had had to go to the district and do his best to get it.

The PRESIDENT remarked that the matter Mr. Bailey was alluding to had nothing whatever to do with the Bill or with these proposals. He was quite familiar with the subject, and it might be the Government would be desired to reconsider the point. However, the Government had determined to pay the entire cost of the hospital set up at Rotorua.

Clause 2 agreed to.

#### EDUCATION.

Mr. J. H. WALKER (Dunedin), as Chairman of the Hospitals and Education Committee, moved the adoption of clause 3—namely, "Your Committee recommends that Part X of the Local Government Bill be eliminated."

Clause agreed to.

Mr. J. H. WALKER moved the adoption of clause 4—namely, "Your Committee suggests that the Minister should take steps to ascertain whether the boundaries of the various education districts cannot be improved"