H.-31.

Thus, though the names of many untrained midwives disappear from the register each year, it will be possible to keep up the standard of one midwife to every 1,000 of the population. With the

present low birth-rate this proportion should be sufficient.

In previous reports comment has been made as to the difficulty of obtaining midwives for our backblocks. Though Hospital Boards have not taken the fullest advantage of the Department's proposal—to give free training to women specially recommended by Boards as likely to make suitable midwives, provided those trained guarantee to practise for two years in any part of the hospital district which has recommended them—it is satisfactory to note that several of our St. Helens nurses are "going back," and undertaking work in those parts of the Dominion where their services are particularly needed.

Our St. Helens Hospitals continue to do good work, and the demands on these institutions are increasing every year. The actual cost to the State of these four maternity homes was £1,820,

excluding capital expenditure.

District Nurses.

26. It is to be regretted that, despite the unanimous resolution of the recent Hospitals Conference, more Boards have not seen their way to appoint District Nurses. That they must effectively fill a gap in our hospital system is freely admitted. The Waikato Board has taken the matter up in earnest and appointed three District Nurses for work in its backblocks.

The Maori district nursing scheme bids fair to be a great success. So far eight nurses have

been appointed.

It is with no little pride that attention is directed to the Assistant Inspector's report on the work of these nurses. In this field, as Nurse Purcell writes, something akin to a "missionary spirit" is needed to make the work a success. The drawbacks and difficulties of doing good work amongst the Natives must be very clear to all those who have interested themselves in the habits and idiosyncracies of the Maori.

General.

27. As the Department is constantly in receipt of inquiries from other lands as to the many details of our hospital system, a full account of our hospital service is set forth in another portion of this report.

Speaking generally, the system is working well, but its efficiency would be materially increased if Boards would but adopt a comprehensive system of outdoor medical treatment, whereby the poorest in the land would receive adequate relief in their own homes. A departure of this sort would

undoubtedly involve the Boards in additional and possibly expensive responsibilities.

The present necessities of the Dominion, however, do not require a very elaborate system of outdoor medical treatment; nor would it be advisable at this juncture to put such a scheme into operation. Nevertheless, the Boards might very well consider the putting into operation of a subsidized medical service for the benefit of our settlers in the more remote country districts, and thus in some measure requite the settlers for the expense they are put to in maintaining a system in the benefits of which they can hardly participate to the same extent as the town-dweller.

It is undoubtedly the duty of either the Boards or the Government to ensure that even in the most remote parts of the Dominion a medical service is available which is not only within the means

of the less well-to-do, but also that the service in question is reliable and efficient.

A subsidized medical service for the backblocks could be put into operation with little or no alteration in our hospital machinery, and if administered with discretion it would not prove a costly venture, provided all persons receiving its benefits were made to pay—as is now the case with patients admitted to our hospitals—according to their means.

| Summary. | | | | | | | | | |
|---|------|--------|--|--|--|--|--|-------------|------------|
| Institutions controlled by Hospital Boards— | | | | | | | | 911-12. | 1910-11. |
| Hospitals | | | | | | | | 60 | 55 |
| Consumptive sanate | | | | | | | | 3 | 3 |
| Infectious-diseases hospitals | | | | | | | | 4 | 4 |
| Hospital for incural | oles | | | | | | | 1 | |
| Canvalescent home | | سو ٠٠٠ | | | | | | 1 | 1 |
| Female refuge | | • • | | | | | | 1 | 1 |
| Maternity hospital | | | | | | | | 1 | 1 |
| Children's home | | | | | | | | 1 | 1 |
| Reformatory refuge | • | | | | | | | 1 | 1 |
| Casual ward | | | | | | | | 1 | 1 |
| Old people's home | | | | | | | | 18 . | 18 |
| * * | | | | | | | | | |
| Total | | | | | | | | 92 | 8 6 |
| | | | | | | | | | |
| Separate institutions controlled by trustees— | | | | | | | | | |
| Hospitals | | | | | | | | 2 | 2 |
| Convalescent home | | | | | | | | 1 | 1 |
| Children's home | • • | | | | | | | 1 | 1 |
| Home for the blind | | | | | | | | 1 | 1 |
| Old people's home | | | | | | | | 1 | 1 |
| _ | | | | | | | | | |
| Total | | | | | | | | 6 | 6 |
| | | | | | | | | | _ |