

THE PROBABLE CAPITAL EXPENDITURE ON HOSPITALS AND CHARITABLE INSTITUTIONS DURING THE NEXT FIVE YEARS.

During the past five years the capital expenditure—i.e., the sum spent on new buildings connected with our hospitals and charitable institutions—amounted to £380,000.

The recent acceptance by the Cook Hospital Board of a tender amounting to no less a sum than £45,866 for the erection of a hospital and other buildings required for the accommodation of the sick and needy of that somewhat remote district renders necessary a statement as to the possible requirements (with regard to building and equipment) of other hospital and charitable institutions in the Dominion. By this means the taxpayer will be in a better position to know what calls are likely to be made on the public purse under these items during the next five years.

There is little doubt but that the taxpayer will be somewhat taken aback at the figures submitted. Nevertheless, a plain statement of the position is necessary in order that those responsible may not be taken unawares when the necessary calls are made, whether through the rates or the Consolidated Fund.

It may not be inopportune to remind those who so loudly declaim against an increase in hospital expenditure that, apart from the wave of humanitarianism that is now going over the world, and the increased cost of labour, there are other factors contributing to the development, and therefore an increase in the expenditure on institutions. Indeed, this may be called the "Institution age."

There is a tendency on the part of all classes of the community to take advantage of our hospitals, and this tendency is rapidly growing. There is no longer that repugnance, either on account of fear, ignorance, or pride, to enter a public hospital that was so noticeable a decade or so ago. We seldom hear nowadays of "butcher-shops" or "experiments"; nor, on the other hand, do we notice that independence or pride that prevented many a sick person from seeking relief in a public institution through fear of being considered by his neighbours as "on the rates."

It naturally follows that as a larger proportion of the public seek admission to our hospitals, there must be an increased demand not only for new institutions and extension of existing ones, but that those institutions should be made as efficient and comfortable as possible—comparable, indeed, as regards design and equipment with the best hospitals in older and richer lands. The staffing must also be of the best; and in this connection it is well to point out that the eight-hours system for nurses makes it necessary to erect nurses' homes, so that accommodation for nurses can be provided at the rate at least of one bed in the nursing-home for every 2·5 beds in the hospital connected therewith.

The recent addition to the Nurses' Home in Auckland cost £15,000.

The equipment and appliances considered necessary in a modern hospital are becoming more costly every year, and though there may be some saving in the drugs administered, this saving is more than counterbalanced by the expenses incidental to serum therapy and vaccines.

Again, a large section of the public are fully alive to the fact that where possible persons with certain diseases should be treated in special wards—if not in special hospitals. No longer is it considered prudent to treat the typhoid patient and the consumptive, the diphtheria case and the patient with incurable cancer, in the same wards. Far from it. Special wards or hospitals are needed for such cases, and the public will have them—though we must carefully guard against that hysteria which in the near future will make the erection of a hospital for certain diseases a very difficult matter unless on sites quite remote from population.

From a departmental point of view also there is need for increasing hospital accommodation. It is no exaggeration to say that a very large proportion of the diseases that are treated in our hospitals is almost entirely preventable, and that there are many ailments which, if treatment is sought sufficiently early, can be prevented from developing into chronic if not fatal diseases. This is especially the case with consumption and other forms of tuberculosis, and slight nervous ailments.

It is absurd to talk about a crusade against consumption—and, for that matter, against any other disease—unless we have immediately available sufficient beds for early cases. For early cases of consumption alone a number of additional beds are needed; in fact, it is of little use trying to prevent any form of disease if an efficient medical service is not immediately available for treating the sick.

The need for additional beds will be all the more apparent when the Native population has overcome its prejudices against seeking treatment in our institutions.

From the District Nurses' reports it is quite plain that there is a great deal of sickness—especially tuberculosis and typhoid fever—among the Maoris, and as regards these and other diseases the Department must adopt the same methods towards the Natives as it is empowered to use in the case of the pakeha, where, in the opinion of the District Health Officer, adequate attention cannot be given other than in one of our public hospitals.