

Again, the surgery of the district being practically in the hands of one man, those residents who do not make use of the local hospital, and who require surgical assistance, are rather at a disadvantage. They have either to pocket their pride and make use of an institution which they regard in the light of a charity, or possibly submit to a serious operation at the hands of a practitioner who has not the skill that can only be acquired by constant practice.

16. *Nurses*.—A system of State registration of nurses has been in force since 1901. There are now 1,184 nurses on the register. No nurse is appointed a Matron of a hospital unless she possesses the New Zealand State certificate, or what is considered its equivalent.

There are 249 trained nurses in our hospitals, and 528 probationers under training.

17. *Midwives*.—There are 1,097 midwives on the register, of whom 415 are qualified by training and examination. No person can now be admitted to the register unless in possession of a certificate of training and of having passed an examination approved by the Department.

At one time it was anticipated that there would be a shortage of midwives, but by means of increasing the training-schools from four to eight, and giving girls free training at our maternity homes on the condition that they practise their art for two years in the backblocks, we have every hope that the need for properly qualified women is gradually being met in most parts of the Dominion.

18. *Sanitary Inspectors*.—Each Hospital Board has on its staff one or more officers who are responsible to the Board and the Department, through the District Health Officer, for the local administration of the Public Health and the Sale of Food and Drugs Acts. Their services are also used as poor-law inspectors.

These officers are qualified by examination in public-health work. Unless the Department approves their qualifications they are not gazetted Inspectors under the Public Health Act.

19. *Private Hospitals*.—These are subject to departmental control. No person receives a license to conduct a private hospital unless (a) The buildings and premises are approved by the Department; (b) the manager is a duly registered nurse or midwife or medical practitioner. A register of patients must be kept, and this is subject to examination by the officers of the Department.

Charitable Aid.

20. Charitable aid is usually administered by a special committee of the Board. Each application is dealt with on its merits, the committee deciding whether the applicant shall receive indoor or outdoor relief.

Outdoor relief is usually granted in provisions only, the Boards supplying the necessaries from their own stores. In the country districts the Boards arrange with local storekeepers to supply persons holding tickets for relief with certain necessaries at stated amounts and prices. These tickets must be signed by the Secretary or a local member of the Board.

The latter system has been subjected to many abuses, but since Boards have instructed their sanitary inspectors to report on the circumstances of those in receipt of charitable aid, and inquire into the doling-out of stores, a great deal of abuse has been checked.

Under special circumstances Boards make an allowance for house-rent, also for fuel.

Children.

21. The Education Act places the control and inspection of orphanages and kindred institutions under the Education Department.

The institutional treatment of indigent children does not find favour in New Zealand. Where possible the Boards and the Education Department prefer to board out children with specially selected families, and, generally speaking, the system works well. Those boarded out by the Education Department are regularly visited by its officers.

Where possible all children received into institutions attend the local State school. This, of course, does not apply to children who have been "committed" to industrial schools.

Difficulties and Abuses.

22. The chief difficulties in the administration of the Act are—

(a.) The hospital districts are too small. Each district should be large enough to be self-contained—i.e., with sufficient rateable value to support the various institutions necessary: a fully equipped base hospital, a consumptive sanatorium, institutions for the aged poor, chronic incurable cases, &c. Some of the hospital districts are so small that they can scarcely support a hospital of twelve beds.

(b.) The Boards are too large. The Act ordains that a Board shall consist of not less than eight or more than twenty members. The latter number makes the Board unwieldy, and work is not so readily carried through as by a small Board. Though Boards have power to enlist the services of co-operative members who may be specialists in some of the problems with which a Board is confronted—persons who may not care for the rough-and-tumble of an election—there has been a distinct disinclination on the part of Boards to make such co-operative appointments.