

SECTION 7.—GENERAL.

Since the presence of plague was reported from Australia the efforts of the Department have been directed mainly towards the destruction of rats and the removal of conditions favourable to the introduction and spread of the disease. While the campaign towards this end has been most actively prosecuted in the four main cities, the smaller centres have not been neglected. The result is that to-day the Dominion is probably in a more sanitary condition than ever before.

In addition to the above, the usual routine work has been carried out in the direction of supervision of water-supplies and of refuse and sewage-disposal schemes, inspection of buildings, inspection of hotels, abatement of nuisances, &c.

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PART III.—HOSPITALS.

During the year ended 31st March, 1922, the majority of the hospitals of the Dominion were visited by me.

In my last report the importance of certain aspects of hospital work and development was stressed, and I desire to call attention to certain of them again, and to point out others.

I regret that the task of taking over the military hospitals—viz., the Pukeora Sanatorium, Waipukurau; King George V Hospital, Rotorua; Queen Mary Hospital, Hanmer; and the Orthopædic Hospital, Trentham—has necessitated the performance of a volume of work which has prevented me from devoting that close attention to general hospital inspection which would otherwise have been given.

SECTION 1.—GENERAL SURVEY.

(1.) BASE HOSPITALS.

In my opinion one of the most important steps which has to be accomplished in the programme of hospital betterment in New Zealand is the organization of the four chief hospitals of the Dominion as base hospitals. To effect this, with its contingent annual special subsidy, means the amending of existing hospital legislation, to which, unfortunately, the present economic conditions are a stumbling-block. To take two matters alone—namely, the treatment of orthopædic cases, and the treatment of cases of cancer, requiring diathermy, the use of radium, or the application of X rays: At present adequate facilities do not exist for efficient treatment in our hospitals, save in those which will be in the future classed as “base hospitals”; and even in these hospitals many improvements have yet to be initiated and carried out before they can be regarded as wholly satisfactory.

(2.) HOSPITAL RECORDS.

The still unsatisfactory condition of the patients' records at many hospitals must be stressed, as also the importance of improving them at the earliest moment. It may safely be said that the better the way in which records are kept at any hospital the more efficient will be the treatment received by the patients at that hospital. Assistance, clerical and otherwise, should willingly be given by Boards to Medical Superintendents requiring it for the purpose of improving their records, and those of the largest hospitals which have not already done so should at the earliest moment possible appoint Assistant Medical Superintendents, one of whose chief duties would be to act as registrar of his hospital. These officers should be men senior in years and experience to the ordinary house surgeon, and, apart from other things, be able to assist the Medical Superintendent in supervising and co-ordinating the clinical work done by the hospital residents.

The difficulty in keeping records in the smaller hospitals, where there are often only part-time medical officers available for the work, is fully appreciated, but I am of opinion that much more could be done by the use of better organization and by devoting definite times to the carrying-out of what must be regarded as a measure designed to safeguard the interests of patients and practitioner alike.

The operation registers are much more carefully kept than they were two years ago, and are of a much more satisfactory pattern.

(3.) THE ADOPTION OF THE POLICY OF THE “MINIMUM STANDARD” AS ADVOCATED BY THE AMERICAN COLLEGE OF SURGEONS.

It is regretted that during the past year so little advance has been made in this matter in New Zealand, for there is convincing evidence to show that in Canada and the United States of America its adoption has been attended by the happiest results so far as hospital efficiency is concerned. The following description of the minimum standard is a very apt one:—

The minimum standard safeguards the care of every patient admitted to the hospital adopting it by insistence upon competence on the part of the doctor by thorough study and diagnosis in writing from every case, and by the checking up at least once each month of the clinical service of the hospital. It fixes responsibility throughout the hospital. It calls for the production sheets of the hospital. It encourages and even compels research. It is practicable, workable, and constructive. It costs effort rather than money. It defines the minimum service to the patient, which beyond all debate is considered essential. Above all, the minimum standard is designed to bring a sense of responsibility to those who have to do with the hospital that each patient admitted receives care scientifically sound. It is on this basis that a hospital should seek the confidence, good will, and support of its community.

The minimum standard involves the adoption of the following essentials:—

- (1.) That the physicians and surgeons privileged to practice in the hospital be organized as a definite group or staff.