

following is a summary of the plans thus vised and approved or prepared by the Department during the year, involving new buildings or additions to existing buildings :—

Description of Institution.						Number.	Estimated Cost.
							£
New general hospitals	..	..	..	..	..	3	118,275
Additions to hospitals	..	..	..	..	..	10	118,336
Maternity hospitals	..	..	..	..	..	7	33,370
Infectious-disease hospitals	..	..	..	..	..	1	1,600
Tuberculosis sanatoria	..	..	..	..	..	2	25,418
Old People's Homes	..	..	..	..	..	4	9,100
Nurses' Homes	..	..	..	..	..	6	38,712
Engineering services	..	..	..	..	..	10	28,958
							<u>£373,769</u>

In addition the purchase of land in six instances, amounting in all to £15,625, was approved.

#### HOSPITAL DISTRICTS.

The great advance in medical science which has been made in recent years, and the consequent elaboration of our hospital technique, reduces to obsolescence some of the existing methods of hospital administration. Thirty years ago it was to some extent immaterial that there were a great number of hospital districts, each supporting its own institution, comprising possibly little more than a ward each for male and female patients and an isolation ward for infectious cases. To-day the position is entirely different. To convert into a thoroughly equipped modern hospital at least one institution in each of the forty-four districts would cost more than the Dominion could afford—or would, indeed, be warranted. The tendency, therefore, is for patients from the smaller districts to enter the more up-to-date and efficiently equipped base hospitals of their neighbouring district, which results in innumerable disputes between the Boards concerned, the Board of the larger district naturally expecting to receive at least the full maintenance fee from the Board from whose district the patient has come. Moreover, this fee in no case represents the actual full cost of treatment. The Board receiving the account, on the other hand, resents the patient not having availed himself of the hospital facilities in his own district, but somewhat illogically objects either to become a contributory local authority to the larger district or to pay for such of its patients as enter the other Board's institution. However, to provide sufficient inducement for its own residents to patronize their own institution such Board would require to incur a great deal of expenditure upon the same, and the Department's consent is therefore frequently sought to expenditure which would not be contemplated if there were fewer districts. In districts of sufficient size to comprise both a base and secondary hospital we find little if any increase in expenditure or enlargement of the secondary institutions, which merely serve as feeders for the main institution. In neighbouring districts, however, where there is no base hospital, we find precisely similar secondary institutions developing into base hospitals, with all the resulting expensive buildings, equipment, staff, and technique. Nothing that the Department can do to keep hospital expenditure within reasonable limits, and so lighten the burden on the rates and the Consolidated Fund, can have any effect unless the clearly understood policy against the further splitting-up of districts is strongly adhered to. Further, this should be accompanied by a general recognition of the desirability of and a movement towards the amalgamation of many of the existing districts. The existing frame-work of our hospital organization is too massive for the needs of the Dominion, and even with a great increase in our population it is more than questionable whether some of the existing hospital districts could show any logical reason for an independent existence from the neighbouring district.

Amalgamations, however, are very difficult tasks to accomplish, and attempts in the past have resulted in failure. Local sentiment runs high, and the Department is expected to provide tangible facts and figures to support its proposals for amalgamation—arguments of a general nature, such as those above, not being sufficient, however obvious, to bring about the desired result. Briefly it may be stated that this is the only serious drawback and handicap to a hospital system which has been the subject of favourable comment the world over, and has been or is being adopted in other parts of the Empire.

#### SECTION 3.—PROPAGANDA.

The officers of the Department again took a prominent part in the initiation and carrying out of the Health Week campaign in the various centres. Dunedin and Wellington are particularly to be congratulated on the outstanding success of the efforts of their citizens in this direction. In these centres the campaigns were run on much the same methods. Lectures and demonstrations were given daily at the Town Hall, schools, factories, &c., by medical practitioners, nurses, dentists, and other recognized authorities. An exhibition provided by the Department, Plunket Society, the Red Cross Society, St. John Ambulance, and other organizations, and various firms, was open to the public, and the local authorities took the opportunity to have a good "clean up" of the city under their control. The Department freely circulated literature dealing with cancer, consumption, dental hygiene, school hygiene, nursing, and so on, to the public. A very fine series of "Health Talks" compiled by officers of the Department were read in the schools during each day of the campaign. The Department has availed itself of every legitimate available means of propaganda. In this direction our school medical officers, school nurses, health nurses, and the nursing services generally have performed excellent work, besides various officers of the Department.

Health films are being obtained, and by this means we hope to bring before the general public the essential principles underlying good health in the child and adult.