suitable point for a base hospital, the radius of the hospital district should next be determined, and if these principles are accepted the number of districts can be assessed with little difficulty.

79. It would probably be necessary in the first place to adopt some system of grading of the base hospitals, as it would not be reasonable to expect that if the number of districts were reduced to sixteen or eighteen, that each of them could maintain a base hospital of equal size and with equal equipment. For instance, it will be readily conceded that in the four main centres of the Dominion there should be what might be termed Metropolitan Hospitals, and that these should form the base for hospitals of varying grades in the surrounding districts.

80. The following statement which presupposes the establishment of eighteen hospital districts will clarify our suggestion :—

SCHEDULE OF HOSPITALS TO FORM THE CENTRE OF NEW HOSPITAL DISTRICTS.

Metropolitan Hospitals.	Base Hospitals served.
Auckland	Whangarei, Hamilton, Rotorua, Gisborne.
Wellington	New Plymouth, Wanganui, Palmerston North, Napier (or Hastings), Blenheim, Nelson.
Christchurch	Greymouth, Timaru.
Dunedin	Oamaru, Invercargill.

81. Naturally, the metropolitan hospitals will continue to be superior in equipment to the base hospitals, and in turn these base hospitals should not all be of the same grade.

82. As we have already stated, the base hospitals should not be established except where the density of population is sufficient to warrant it. If we adopt as a guide the principle that no town less than, say, ten thousand or twelve thousand inhabitants should be the headquarters of a hospital district of the first grade, it is relatively easy to determine where first-grade base hospitals should be located. These towns are already shown on the statement given above, but to make the matter more clear we suggest that base hospitals of first and second grades should be established in the following centres, and we give hereunder a list of the towns, with the borough population and the population of the area to be served by the base hospitals :—

BASE HOSPITALS.

First Grade.

	Population.	Population of Area served (approx.).
Hamilton	18,100	150,000
Gisborne	16,250	35,000
New Plymouth	18,200	70,000
Wanganui	27,850	65,000
Palmerston North	22,800	60,000
Napier-Hastings	36,030	76,325
Nelson	12,500	30,000
Wellington	143,000	200,000
Auckland	217,000	263,000
Christchurch	127,000	220,000
Timaru	18,350	48,000
Dunedin	86,500	160,000
Invercargill	24,000	73,000

Second Grade.

Whangarei	7,600	60,000
Rotorua	5,270	25,000
Blenheim	5,330	18,000
Greymouth	6,180	36,000
Oamaru	7,600	19,000

83. We have suggested tentatively five second-grade districts for geographical reasons. These may not all be necessary as, for instance, Oamaru might be included in the Dunedin District. We recommend that the whole question of the determination of the hospital districts and the location of the base hospitals should be entrusted to the Board of Hospitals, the constitution of which has been suggested. **We are not attempting to determine the exact limitation of the districts or the precise location of the base hospitals, but the latter point should be wholly determined by the density of population ; in other words, no town of less than, say, ten thousand to twelve thousand inhabitants should be considered as being capable of maintaining a base hospital of the first grade.**

ADMINISTRATION OF THE LARGER HOSPITAL DISTRICTS.

84. **The larger hospital districts should absorb the present hospital districts, and the present Hospital Boards should be abolished.** It is worthy of note that the Bill introduced in 1912 provided, *inter alia*, for the abolition of all the hospital districts and the abolition of the Hospital and Charitable Aid Boards. There has been no substantial change in the hospital districts since 1912, the date of the introduction of the Local Government Bill referred to, and the