

Subsidies.

Item—Buller Hospital Board, £150.
 „ Coromandel Hospital Board, £200.
 „ Inangahua Hospital Board, £450.
 „ Mercury Bay Hospital Trustees, £150.

679. We see no justification for the payment of special grants to these Hospital Boards, as we are of opinion that the general grant for maintenance payable from the Consolidated Fund should cover all purposes. **We accordingly recommend that these items be not renewed.**

Saving, £950.

Institutions under Control of Department.

680. It is unnecessary to quote the remaining items of the vote under this heading. The Department, however, controls the following institutions:—

St. Helens Hospitals, Auckland, Gisborne, Wanganui, Wellington, Christchurch, Dunedin, and Invercargill.

Hanmer Hospital.

King George V and Infectious Diseases Hospitals, Rotorua.

Otaki Sanatorium.

Pukeora Sanatorium.

681. The total expenditure on the maintenance of these institutions for 1930–31 was £136,173, while recoveries of patients' fees amounted to £79,173.

682. The opening of these institutions has been one of the contributing factors towards the increase in the expenditure of the Department. In 1914–15 the institutions under the control of the Department were confined to St. Helens Hospitals at Auckland, Wellington, Christchurch, Dunedin, and a small cottage hospital at Rotorua, and the Te Waikato Sanatorium. The appropriation in that year was only £12,800.

683. Three large institutions—namely, the Pukeora Sanatorium, King George V Hospital at Rotorua, and the Queen Mary Hospital at Hanmer—were taken over by the Health Department from the Defence Department in 1921–22, and, in addition, the activities of the Tourist Department at Hanmer Springs were also transferred to the Health Department.

684. The following figures, though not directly comparable, indicate closely enough that institutional activities account for an increase in the annual net expenditure out of vote Department of Health as between 1917–18 and 1931–32 of approximately £20,000:—

	Expenditure.	Recoveries.	Net Cash Outgoings.
	£	£	£
1917–18	27,400	10,600	16,800
1929–30	146,697	89,266	57,431
1930–31	134,290	83,047	51,243
1931–32 (estimate)	103,137	67,200	36,937

685. The general administrative expenses of the Department have naturally increased to a certain extent as a result of the administration of these separate institutions.

686. We shall now deal with the institutions separately and first consider the position in regard to the St. Helens Hospitals at Auckland, Gisborne, Wanganui, Wellington, Christchurch, Dunedin, and Invercargill. Many public hospitals throughout the Dominion now provide maternity wards, **and we see no reason why these special institutions controlled by the Health Department should not be handed over to the Hospital Boards in the centres affected.** This would result in a unified system, and should not in any way affect the efficiency of the service provided. If necessary, the Hospital Boards could take over the present institutions, but it may be found in some instances that the Boards can provide the necessary accommodation for maternity patients at the public hospitals. If this is found to be so, some or all of the present St. Helens Hospitals might be disposed of. **If special accommodation for maternity patients is required it should be the duty of Hospital Boards to provide it.** The taking-over of these institutions by the relative Hospital Boards would necessitate increased maintenance subsidies from the Government, but there would nevertheless be a direct economy to the State as local rates would provide a portion of the maintenance cost.

687. The excess of expenditure over income in respect of each of the St. Helens institutions after charging interest and depreciation is as follows:—

	£	s.	d.
Auckland	10,970	5	8
Christchurch	3,901	15	8
Dunedin	2,814	11	8
Gisborne	2,679	12	7
Invercargill	3,160	12	10
Wanganui	2,516	12	1
Wellington	7,453	8	1
	<u>£33,496</u>	<u>18</u>	<u>7</u>