

1910.
NEW ZEALAND.

HOSPITALS AND CHARITABLE AID IN THE DOMINION:

REPORT THEREON BY THE INSPECTOR-GENERAL OF HOSPITALS AND CHARITABLE INSTITUTIONS.

Presented to both Houses of the General Assembly in pursuance of Section 76 of the Hospitals and Charitable Institutions Act, 1909.

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The INSPECTOR-GENERAL OF HOSPITALS AND CHARITABLE INSTITUTIONS to the Hon. the MINISTER IN CHARGE OF HOSPITALS AND CHARITABLE AID DEPARTMENT.

SIR,—

Wellington, 14th September, 1910.

I have the honour to lay before you the following report on hospitals and charitable aid for the year ending 31st March, 1910.

On the whole the past year has been a satisfactory one. Hospital expenditure has only increased by £837. For this can be shown the upkeep of three new hospitals, and an average increase in the number of patients under daily treatment.

The cost of charitable aid has increased only by £15, and there has been a reduction in the total cost of institutional management, though the daily average number of inmates accommodated has increased.

The new Act is working well, and there is every reason for believing that it is an improvement on the old law. The *personnel* of the new Boards is good, and the members are disposed to work harmoniously with the Department.

HOSPITALS.		£
Total expenditure on general hospitals, 1908-9	...	236,803
„ „ 1909-10	...	237,640
Increase	...	£837

As hospital expenditure during the past ten years has advanced at an average rate of £12,000 per year, the increase in expenditure this year of £837 may be regarded as fairly satisfactory, especially as the returns of three new hospitals are shown, and 1,455 more patients were under treatment than was the case last year.

Receipts.—Table II shows the receipts, which in respect of general hospitals amounted to £276,805, made up as follows.—

	1908-9.	1909-10.
	£	£
From Consolidated Fund	100,255	89,007
„ rates	73,714	82,094
„ voluntary contributions, &c.	15,916	13,367
„ bequests	1,194	7,466
„ patients' payments	28,397	34,574
Balance from last year	18,621	32,836
From other sources	28,305	17,459
	£266,402	£276,805

Roughly, one-third of our hospital receipts are derived from the rates, one-third from the Consolidated Fund, and one-third from voluntary contributions, patients' payments, and other sources of revenue.

The increase of £6,177 in patients' payments is satisfactory, but we may reasonably look for a considerable increase under this item, which now only amounts to about one-seventh of the total expenditure.

There is a falling-off of £2,549 in subscriptions and donations, but the total voluntary contributions (£20,833), including bequests, show an increase over the previous year of £3,723.

It will be noted that the Board started the year with a large balance in hand (£32,836), but the miscellaneous receipts which came under the heading "Receipts from other sources" are less by £12,412, possibly owing to a better system of compiling accounts.

The cost to the taxpayer, as represented by the total contributions from the Government and the local authorities, is less by £2,868 than the previous year.

Expenditure.—The small increase in the general expenditure has already been referred to. Three newly opened hospitals have furnished returns. 1,455 more patients were under treatment than during the previous year, the average number of beds in daily occupation being 1,709, as against 1,566 in 1908-9.

	Cost per Occupied Bed.					
	1908-9.			1909-10.		
	£	s.	d.	£	s.	d.
The cost per occupied bed is lower by nearly £7, viz. :—						
Provisions	27	2	7	23	14	7
Surgery and dispensary	10	16	7	9	16	8
Domestic and establishment	26	3	2	25	17	10
Salaries	42	17	9	40	17	11
Total	£107	0	1	£100	7	0

The following table shows the expenditure of the past two years :—

	1908-9.	1909-10.
	£	£
Provisions	42,485	40,552
Surgery and dispensary	16,959	16,809
Domestic and establishment	40,965	44,304
Salaries and wages	67,160	69,837
Total maintenance	167,569	171,502
Administration	8,731	9,529
Capital expenditure	55,837	52,341
Miscellaneous expenditure	4,666	4,268
Total expenditure	£236,803	£237,640

A larger decrease in expenditure under some of these items was looked for, particularly in—

(a.) *Provisions*.—Though the returns show an increase in the average number of patients under treatment, a larger saving than £1,933 was looked for under this item. That this hope was justifiable may be gathered from a perusal of Tables III and IIIA, where the expenditure of hospitals that may reasonably be classified together can be compared.

Take, for example, our four chief hospitals. It will be seen that the total cost of some foodstuffs in the Dunedin and Christchurch Hospitals, with respectively an average of 151 and 111 daily occupied beds, was greater than that of the Auckland and Wellington Hospitals, with respectively 242 and 223 occupied beds.

For instance, it will be seen by Table IIIA that the actual cost of meat, fish and poultry, butter, eggs, and bread was greater in the Dunedin than in the Wellington Hospital. It is no doubt true that the fare in the smaller hospitals is more varied, but this cannot explain the discrepancy; nor could it be explained by the difference in the local prices of foodstuffs (see Table VI).

It is certainly curious that the cost of butter, eggs, and bread is greater in the Christchurch than in the Wellington Hospital, with more than double the beds.

The tables throughout show a similar disproportion, and they will well repay a careful perusal by those interested in hospital economics.

In last year's report it was pointed out that hospital authorities should take good care to get what they pay for, and that there is no waste. Some Boards have done good work in this respect, but others are still very slack, and some officials worse than slack; but they are gradually being got rid of.

(b.) *Surgery and Dispensary*.—The drug and dressing account for the Dominion is still stupendous. Though Hospital Boards have been circularized as to the reasonable cost of articles in daily use, and asked to submit tenders, there has not been the response that was hoped for. For fear of offending the local chemist, some authorities continue to pay highly—at times double the prices paid by others.

We must not be content with a small decrease in this item, and I fear that until the Department can initiate a bureau for the purchase and distribution of drugs and dressings the present high prices will rule.

(c.) *Domestic and Establishment*.—One of the chief items in "Domestic and establishment" is "Bedding, furniture, crockery, &c.," which in many of the hospitals needed considerable replenishing.

We can look for little reduction here, as better equipment in beds, bedding, and hospital furniture generally is much needed.

Some of the beds and lockers in the wards of our larger hospitals are badly designed, exceedingly shabby, and in some cases insanitary.

Much saving may be effected in "Fuel and light." Imagine a hospital of twenty-five beds with a gas-bill of £22 per month!

(d.) *Salaries and Wages*.—The increase in the item "Salaries" is due to the increase in the general staff, as may be noted in Table I.

Staff.	1908-9.	1909-10.	Increase.
Stipendiary medical	73	80	7
Nurses, trained	185	210	25
„ probationer	436	452	16
Domestic, female	262	282	20
„ male	153	155	2
Total	...	...	70

This increase in staff, and consequent expenditure on salaries, is not unwarranted, as is shown by the cost in salaries per occupied bed, which is less than in 1908-9.

Table III shows the cost per occupied bed under the various items, and to make the comparison clearer and fairer, hospitals of a similar size and constitution have been classified together, a separate classification being entirely reserved for those hospitals which are also Old People's Homes.

Table V shows the average cost per bed under the items "Provisions," "Drugs and dressings," "Fuel and light," for the past three years.

(e.) *Capital Expenditure*.—The decrease of £3,496 in capital expenditure, in the present state of our hospitals, is by no means a matter for congratulation. A very considerable increase in this item may be confidently looked for if our hospitals are to be efficiently found and equipped.

(f.) *Miscellaneous Expenditure*.—The column "Miscellaneous" in Table III needs some explanation. In this are included the rents paid by a few hospitals which could not fairly be included in a comparative-expenditure table; also returns of contractors' deposits and other little expenses not deemed to come in the proper expenditure of the institutions, but rather under those of the Boards.

The hospital returns this year have been compiled on the model system of hospital accounts recommended by Sir Henry Burdett. As the system was new to many secretaries, some of the returns were submitted too late to enable the tables to be properly analysed. It is proposed to issue to Hospital Boards during the year a further criticism of the tables appended.

SUMMARY.

Hospitals.—There are 2,689 beds in our public hospitals. 21,108 patients were treated in these beds last year. The average daily number of in-patients under treatment is 1,709.

The average mortality was 7·7 per cent. The average stay in hospital was thirty-five days per patient: but this includes the returns from the hospitals which are also old peoples' Homes.

Patients cost 5s. 7d. a day to be treated. Last year the cost was 6s. 0½d.; the year before that, 7s. 0½d. The average daily payment by patients was 1s. 2d. Therefore the average patient costs the taxpayer 4s. 5d. per diem.

The gross cost of hospitals is 4s. 10½d. per head of population, of charitable aid 2s. 3½d.—altogether 7s. 1½d.—as against 7s. 4½d. last year.

Nurses.—The names of 882 trained nurses are on the register.

There were 662 nurses in the public service—viz., trained, 210; untrained, 452.

There is one nurse to every 2·6 beds in our public hospitals.

There were 112 trained nurses registered last year. Eighty-nine of these were trained in the Dominion, and 23 were registered on oversea certificates.

A Matron is paid from £80 to £180; a staff nurse from £45 to £80; a third-year probationer from £30 to £36; a second-year probationer from £20 to £30; a first-year probationer from £12 to £20.

Midwives.—The names of 1,028 midwives are on the register—viz., trained, 283; untrained, 745.

Last year 74 trained midwives were registered—viz., trained in St. Helens Hospitals, 42; trained in other Maternity Homes, 10; admitted on oversea certificates, 22.

There are nine training schools for midwives in the Dominion.

There were 883 patients treated in St. Helens Hospitals last year: There were 4 deaths, 829 babies were born alive, 13 babies were stillborn, 4 babies died.

There were 353 mothers treated by St. Helens nurses as out-patients: There was 1 death, 339 babies were born alive, 13 babies were stillborn, 4 babies died.

Each baby born in the St. Helens Hospitals costs the country about £2.

To Hospital Committees: An officer is only worth keeping so long as he *knows* that he has something to learn. The "indispensable" officer does not exist—at any rate, no institution can afford to retain him.

No man is fit to sit on a Board who quotes what he hears through "a lady friend."

Doctors preach to persons outside a hospital that either a highly nitrogenous dietary, a stuffy room, or want of occupation is by itself an evil and a fruitful source of trouble: why, then, do they allow their patients inside a hospital to be subjected in the convalescent rooms to a combination of these three evils, and then wonder that complaints arise?

CHARITABLE AID.

Expenditure	1908-9.	1909-10.	Increase.
...	£112,818	£112,833	£15

This small increase in expenditure may be regarded as satisfactory, as for the last ten years the charitable-aid expenditure has increased at an average rate of £3,523 per annum.

Receipts.—These amounted to £142,456, the details being given in Table VII, but the following items are of special interest:—

	1908-9.	1909-10.	Increase.
	£	£	£
Receipts from Government	49,413	51,887	2,474
„ local bodies	40,774	42,468	1,694
„ voluntary contributions	3,520	10,184	6,664
„ persons relieved	14,633	15,024	391

The increase of £6,664 in voluntary contributions is satisfactory. Curiously enough, as is practically the case with hospitals, one-eighth of the total receipts for charitable aid is derived from payments by persons relieved.

<i>Expenditure,—</i>	1908-9.	1909-10.	Decrease.
	£	£	£
Indoor relief	68,012	64,335	3,677
			Increase.
Outdoor relief... ..	37,537	38,988	1,451
Administration	6,671	6,888	217
Other expenses	597	2,621	2,024
	<u>£112,817</u>	<u>£112,832</u>	<u>£15</u>

It will be noted that the expenditure on indoor relief is lower by £3,678 than the previous year, though there was an average of 1,169 inmates as against 1,055 of the previous year.

The increase of £1,451 in the cost of outdoor relief is lower than was expected, as there was a good deal of "unemployment" last year.

Table X shows the average cost of maintenance in the Old People's Homes; and the contrast of the cost per bed with that of our hospitals, though not surprising, may be of interest to Boards which, under the new law, have the control of all kinds of institutions.

Maintenance Expenditure.

	<i>Cost per Bed.</i>			Hospitals.			Old People's Homes.		
	£	s.	d.	£	s.	d.	£	s.	d.
Provisions	23	14	7	11	11	0
Surgery and dispensary	9	16	8	0	13	11
Domestic and establishment	25	17	10	9	3	5
Salaries and wages	40	17	11	6	4	7
Total	£100	7	0	£27	12	11

On the whole these Homes are very well managed as regards the comfort and care of the aged inmates, and visitors from other parts of the world never fail to speak highly of the housing and treatment as compared to similar institutions in other countries.

A certain section of the public is inclined to be somewhat hysterical about the management of these institutions, which materially hampers the Boards and their officials. It must be remembered that a very large proportion of the inmates have led dissolute and intemperate lives, and that a semblance of discipline is essential for efficient management.

It is a significant fact that some of the best-managed "Homes" are controlled by women, and it is to be hoped that Boards will gradually replace the "Master manager" and his wife by Matrons, who, as trained nurses, have had experience of men and women and the management of institutions.

Everything nowadays points to the need for employing persons who have been trained for a particular calling, and yet we continue to appoint—to deal with some of the most difficult persons to manage, and have the control of valuable property—untrained persons, whose only qualification for the position is that they are "such a deserving couple," the "couple" being judged on the estimate or hearsay of the man or the woman, but seldom of both.

Though during the past year there has been a decrease in the expenditure on these institutions, there is room for more economy. The country can afford to feed the inmates well, but, as is the case with some hospitals, there is unnecessary waste—if not something worse—in the management.

THE NEW ACT.

The past year has been rendered momentous in the history of social effort in the Dominion by the placing on the statute-book of the Hospitals and Charitable Institutions Act, 1909, the principal features of which are as follows:—

(1.) Election of members of Boards supersedes the previous system of nomination. A Hospital Board consists, as before, of representatives of the various contributory districts within the hospital district, the representation on the Board being proportionate to the population and the value of the rateable property in the contributory district. The representatives are, however, elected by the electors of the local authority of the contributory districts instead of being nominated by the local authorities themselves, who, however, have the power to fill casual vacancies. Small contributory districts may, as before, be combined together by the Governor and return a representative in common.

(2.) Continuity of office: Representatives elected at the first election of Boards under the Act will hold office for two years certain. Thereafter the representatives of any contributory district will retire at every general election of the local authority of that district, and their places will be filled by an election held at the same time as that general election. This arrangement preserves the continuity of the Boards by securing the retirement of groups of members at different times, and also prevents the necessity of any separate and special election by using the existing machinery of local elections. Provision is made for the Chairman of the Board to hold office for two years.

(3.) One body administers both hospitals and charitable aid in its district: The distinction between Hospital Boards and Charitable Aid Boards is abolished, and every Board possesses the double function of maintaining hospitals and administering charitable relief.

(4.) All existing separate institutions (except a few which are specifically exempted on the ground that they are self-supporting so far as the local authorities are concerned) are vested in the Hospital Boards of the districts in which they are situated, and they cease accordingly to exist as separate institutions.

(5.) No new separate institutions can be established. Charitable bodies desiring incorporation may, as the law now stands, register under the Unclassified Societies Act.

(6.) The existing separate institutions which are not transferred to the Boards retain their present corporate existence and independent management and their right to Government subsidies, but have no right to obtain financial assistance from the Hospital Board or the local authorities.

(7.) Every institution under the control of a Board is to be directly administered by a committee nominated by the Board. The committee may comprise persons who are not members of the Board. The powers of the committees are completely subordinate to those of the Board.

(8.) Infectious-diseases hospitals are made subject in all respects to the same law as ordinary hospitals, except that the Chief Health Officer can, as at present, require sufficient provision for infectious diseases to be made.

(9.) Under the repealed Act in two of the large centres no less than four different bodies administered hospitals and charitable aid, the functions of two of the Boards being simply to find the money, in the expenditure of which they had practically no voice.

(10.) Government subsidies: These remain as before as regards the 24s. in the pound granted on voluntary contributions and the 10s. in the pound granted on bequests. With a view, however, of helping poor districts, and at the same time penalizing extravagant administration, the previous subsidy of £1 for £1 on the amount collected by levies on local authorities is withdrawn, and subsidy is granted on the following basis:—

Rates of Subsidy for each Pound of Contributions levied from Contributory Local Authorities.

First Column.	Second Column.					
	Rate of Levy per Head of the Population.					
	Under 2s.	Under 2s. 6d., but not under 2s.	Under 3s., but not under 2s. 6d.	Under 3s. 6d., but not under 3s.	Under 4s., but not under 3s. 6d.	Not under 4s.
Rateable Value per Head of the Population.						
Under £100	s. d. 24 3	s. d. 24 0	s. d. 23 9	s. d. 23 3	[s. d. 22 3	s. d. 20 3
Under £150, but not under £100	23 3	23 0	22 9	22 3	21 3	19 3
Under £200, but not under £150	22 3	22 0	21 9	21 3	20 3	18 3
Under £250, but not under £200	21 3	21 0	20 9	20 3	19 3	17 3
Under £300, but not under £250	20 3	20 0	19 9	19 3	18 3	16 3
Under £350, but not under £300	19 3	19 0	18 9	18 3	17 3	15 3
Under £400, but not under £350	18 3	18 0	17 9	17 3	16 3	14 3
Under £450, but not under £400	17 3	17 0	16 9	16 3	15 3	13 3
Not under £450	16 3	16 0	15 9	15 3	14 3	12 3

It will thus be seen that a poor district with a low rateable value per head gets a higher rate of subsidy than a rich district, whose high rateable value also presupposes a less number of poor to be provided for, and if such rich district is extravagant in its expenditure and has to levy at a high rate per head of its population, it receives a still lower subsidy. The subsidy of £1 for £1 on loans for capital expenditure, however, remains as before.

(11.) Better provision is made for the very difficult matters of relief afforded by one Board to residents in the district of another.

(12.) A certain degree of Ministerial control is given in respect of medical and other appointments by Boards, the framing of by-laws, and expenditure on new buildings.

(13.) Two or more Boards may by agreement combine together to establish any hospital, sanatorium, or other institution, to be managed by a joint committee.

(14.) Boards' powers are extended to embrace public health: A Board may, with the consent of the local authorities in its district, be declared the local authority of such district for the purpose of the Public Health Act.

The First Elections.

Though it is a matter for regret that so little interest was shown in the first election, held on the 20th March, 1909, the Act came into operation under good auspices.

Contrary to expectation, there was little dissatisfaction expressed with the apportionment of representation of local bodies or Hospital Boards, especially with regard to the "grouping" of the smaller local bodies.

With a view to minimize the dissatisfaction that was anticipated on this very question of "grouping" for the purposes of representation, the Department submitted suggestions to the local authorities, and, though, as a result of the negotiations that followed, some of the Boards are larger than is necessary for the purposes of administration, it was considered wiser to risk an unwieldy Board than that the Department should be involved in a conflict with the local authorities at the very commencement of the Act.

A few local authorities neglected to hold elections, and their representatives on the Board were subsequently appointed by His Excellency.

Many members of the old Boards were elected, consequently the *personnel* of the elected Boards differs very little from that of Boards nominated under the old *régime*—a point which, at this particular stage of social development in this country, may be viewed with considerable satisfaction. In fact, there was a distinct disposition on the part of the newly elected Boards to avail themselves of the services of those who had seen the gradual development of our hospital system, and to appoint, as co-operative members of committee, persons who were recognized to have done good service under the old law, but who for one reason or another were disinclined to allow themselves to be nominated for election.

The new Boards have settled down to their work with a good deal of zeal. In many districts committees with limited powers have been appointed to carry out the details of the Boards' work, particularly with regard to institutional management and outdoor relief. As time goes on, the tendency will undoubtedly be to extend the powers of these committees. This must be carefully watched.

It is early yet to expect the Boards to recognize the significance of the new law, and extend its operations into wider fields. The machinery is available, but let it rest until the base of operations is made secure, for not until then should the general advance be sounded.

SUBJECTS WHICH SHOULD ENGAGE THE ATTENTION OF THE BOARDS DURING THE COMING YEAR.

(1.) *The Fixing of the Base of Operations.*

(a.) This should be the largest Hospital of the district, and the Board's offices should be as handy to this Hospital as is possible. By this means the cost of administration should be lessened, as it would tend to prevent reduplication of the clerical staff. The Board's Secretary would be in touch with the various executive officers, and therefore better able to supervise the conduct of the institution.

(b.) From the parent or base Hospital patients could be drafted to suitable outlying institutions—the chronic ward, the Old People's Home, the Convalescent Home, &c.

(c.) From the parent Hospital could also be drafted nurses to staff such outlying institutions, including the small country hospitals. By this means their training would be more varied, and would better qualify them for administrative work. It would enable nurses, who would otherwise have to be trained in country hospitals, to obtain the "mana" of having been trained in a large hospital. The larger Boards are now working in this direction.

(2.) *Self-contained Districts.*—The larger hospital districts should be self-contained—*i.e.*, should be in a position to provide accommodation for all classes of the sick and needy in suitable parts of the district, *viz.*,—

(a.) The acutely sick, including—

- (1.) The sick infant;
- (2.) The mentally defective (awaiting examination);
- (3.) The delirium tremens patient;
- (4.) The venereal patient.

(Classes that have been hitherto somewhat neglected.)

(b.) The chronic and incurable.

(c.) The "infectious" patient.

(d.) The consumptive—

- (1.) Curable.
- (2.) Incurable.

(A special branch of the out-patient department might be devoted to encouraging persons in the pre-phthisical stages to seek advice. Such measures, combined with a system of district nursing, might do good work in the fight against this disease.)

(e.) The maternity patient—

- (1.) By outside medical attendance;
- (2.) By district (midwife) nurses;
- (3.) By maternity wards attached to certain hospitals.

(f.) The aged and needy—

- (1.) Indoor and outdoor relief.

(g.) The out-patient, by means of a special department attached to the Hospital in conjunction with a system of district nursing. A district nurse in touch with an out-patient department could do great work in visiting those persons who are receiving treatment as out-patients, or who have recently been discharged from the Hospital, in seeing that they are conforming to the treatment prescribed, and that they are living under sanitary conditions.

Such a district nurse would also visit those cases of measles and whooping-cough which are necessarily excluded from the hospitals, and advise mothers as to the feeding of their children and the general hygiene of their home.

She would also advise the Board on many other matters relating to the circumstances of those receiving treatment or relief.

The suggested duties of a country district nurse have been fully gone into in other reports.

(3.) *Public Health*.—It would greatly facilitate the work of the Boards, and entail an economical administration, if they assumed the responsibilities of a local authority under the Public Health Act, as they are entitled to do under section 83 of the Hospitals Act, especially with regard to the control of infectious diseases.

All Hospital Boards, and almost all local authorities interviewed on this subject, have confirmed the principle that the authority responsible for the accommodation of the sick should be also responsible for those influences that are likely to cause or spread sickness. In some districts the local authorities have agreed to give up all their powers under the Public Health Act to the Hospital Boards, and the latter have cheerfully accepted the additional responsibility.

(4.) *Co-operation between Public and Private Philanthropy*.—It should be the aim of all Boards to co-operate with private societies, with a view to prevent the overlapping that is now going on.

A great deal could be done in this direction if those concerned would but approach the matter in an impartial spirit, and waive all local or sectarian prejudices.

A number of private philanthropic societies are doing good work in the country, but, as they are not in touch with each other—indeed, some are working in open antagonism—nor with the Hospital Boards, many undeserving persons are receiving relief which would not be given if there were some system of organization.

It would be quite proper for the Boards to give pecuniary assistance to those private societies which are doing good work that would otherwise have to be undertaken by the Boards, and by giving such assistance the Government subsidies would be given automatically. The Boards could allow societies thus subsidized to manage their own affairs, either as co-operative members of committees that Boards are entitled to set up, or altogether free of the Boards, provided the latter were made aware as to the exact ground each society was covering, so that executive officers could work in unison.

It is hoped that the ensuing year will see some dogged efforts made in this direction.

I would particularly direct the attention of those interested in the training of nurses and midwives, and the conduct of maternity hospitals, to the appended report of the Assistant Inspector.

I cannot conclude this report without thanking the officers of the Department for the help they have so loyally rendered me.

I take this opportunity to specially thank Miss Maclean for relieving me of much work in connection with the St. Helens Hospitals and Nurses and Midwives Registration Acts; Dr. Finch for good work done under section 83 of the principal Act; and to Dr. Frengley I am greatly indebted for many valuable suggestions with regard to the plans and specifications submitted to the Department. Nor must I forget the help I have received from Mr. Killick, Chief Clerk, and the zeal and industry he has ever displayed in the interests of the Department.

T. H. A. VALINTINE, Inspector-General.

The Minister in Charge of Hospitals and Charitable Aid Department.

REPORT ON NURSES REGISTRATION, MIDWIVES, AND PRIVATE HOSPITALS ACTS, ETC.

SIR,—

Wellington, April, 1910.

I have the honour to report concerning the administration of the Nurses Registration Act, the Midwives Act, and Part II of the Hospitals and Charitable Institutions Act, 1908.

THE NURSES REGISTRATION ACT.

During the twelve months which have elapsed since 31st March, 1908, two examinations have been held under the Nurses Registration Act.

The regulation under this Act, which came into force in January, 1909, whereby the preliminary examination in anatomy and physiology was relegated to the training schools, to be held at an earlier period of training than was heretofore the case—thus giving the pupils more time for the study of the more practical details of their nursing-work, in preparation for the final examination and registration—had been adopted by nearly all the training schools, so that there were a very limited number of nurses examined by the State in these subjects.

The teaching of invalid cookery has been warmly taken up by all the training schools, and has mostly been carried out by means of a special course of theoretical and practical teaching, with a final examination, at the technical schools.

There were during the year 100 candidates for the final examination: Eighty-nine passed, and their names were placed on the register.

The receipts of fees for examination and registration were £94, and the expenses in connection with examiners' and supervisors' fees amounted to £212.

The examiners have most kindly assisted in bringing before the candidates the points which they have failed to correctly answer in their examination questions, by sending valuable comments, afterwards published in the nurses' journal *Kai Tiaki*. This makes a means of educating the nurses in general, over and above the teaching at their training schools.

It has been endeavoured to eliminate as much as possible from the examination-papers questions which more distinctly bear on the knowledge required from students than from nurses. It must, however, be borne in mind that even with a question identically the same the answer from a nurse and from a student should be widely different. That of the nurse should be from the practical standpoint of the one who is to carry out the orders of a medical practitioner; that of a student from the standpoint of the medical practitioner who is to prescribe the treatment.

It is important that the teachers of nurses should keep this view before them, and, when lecturing on the syllabus issued by the Registrar of Nurses for their guidance, remember that a nurse, whose time is so largely occupied by the practical part of her training (and this is certainly the most important), cannot be expected to study and commit to memory the same intimate and scientific aspect of those subjects which is necessary for the medical student. The younger lecturers, especially on anatomy and physiology, are often too keen to impart their knowledge to the nurse in a much larger degree than is at all necessary for her work. This is one reason why that portion of the syllabus is now required to be got through during the first year of training. The nurse requires only certain main facts on which she can build up her knowledge of the human frame and its working, gradually gathered and adapted to her daily work through her whole course of training and after-work.

A very excellent innovation in the training of our future nurses will be made possible by the combination under one Hospital Board of the various institutions of a district. The chief hospital of the district will be the training school. All the pupils will be on the roll of that hospital, and will serve part of their term of training in a consumptive sanatorium or fever hospital, a chronic ward, a cottage or emergency hospital.

The varied experience of working in these different institutions (which should all be under the supervision of the one Matron) will be of great benefit to the nurses, and there will not be so many girls who cannot be qualified for State registration, or who, if they can get sufficient teaching in a cottage hospital to come up for examination and be registered, are still of limited experience.

It will be like one large hospital, the outside institutions being so many detached wards, to which a nurse is sent on duty for a certain period—no one pupil being allowed to spend more than six months out of her three years away from the main hospital.

The post-graduate training of our future Matrons will also be greatly aided by a term in charge of outside institutions. The work will not be so monotonous, and nurses will be enabled to keep up their knowledge of up-to-date surgery by returning, after a year as sister in charge of a cottage hospital, to charge of a hospital ward again. The staffing of the small hospitals and chronic and other institutions will no longer be a difficulty, as young women will be satisfied that they will get adequate training and experience.

Nothing further has been done during the year regarding the training of nurses in private hospitals. At a conference of representative nurses held in November, 1909, the question was very fully discussed, and a strong expression of opinion given that it would not be possible to give a good training, that discipline could not be enforced, and that private patients objected to the ministrations of unqualified nurses. On the other hand, it is argued that for the after-work of

private nurses a private-hospital training is of great value. If nurses could be arbitrarily divided into two classes—one for public service and one for private work—it would no doubt be possible to train well in both public and private hospitals for each separate purpose; but for sisters of wards or matrons of training schools it seems essential to have the training and discipline of a public hospital.

During the passage of the Hospitals and Charitable Institutions Act a clause regulating the hours of nurses in training was incorporated in the Act. Fortunately for the working of the smaller hospitals, maternity hospitals, and private hospitals, the eight-hour limit was confined to the pupils of the hospitals of 100 beds. In the smaller and special hospitals the work is so irregular, sometimes being very light and at others extremely heavy, that it would have been almost impossible to have kept a staff large enough to work eight hours a day only, without having at times very little indeed for them to do.

The nurses of the Dominion protested strongly against the inclusion of the registered nurses in such limitation of their hours of work. They considered that as professional women, whose work concerned the sick and suffering, they should be at liberty to work for longer hours when needed by the exigencies of their patients.

There is indeed no need for complaint as regards long hours or very exacting duties in the hospitals of the Dominion as a whole. The nurses are treated with consideration, usually very comfortably housed and catered for, and, in comparison with other countries, are well paid.

The backblocks district nursing scheme is opening out for the nurses of the Dominion a large field for their activities. It is slowly but surely developing, and women of high character and good training and experience will be required to undertake the great responsibility which will be laid upon them.

A similar scheme is shortly to be instituted in Australia, called "bush nursing," but it is more on private-charity lines. It is advocated by Lady Dudley, the wife of the Governor-General; and Miss Amy Hughes, the Lady Superintendent of the Queen Victoria Jubilee Nurses, is coming out to help to organize the work. Funds are being collected to finance the scheme.

In New Zealand the financial part of the scheme is on a surer basis. The people themselves in a backblocks district are to find the money for it—partly by a special guarantee, and partly by the rates which they already pay to the Hospital Board; the amount is then supplemented by the usual Government subsidy. Further, the nurse being actually settled in a district, those who require her services must, if they can afford it, pay for them. If she were not there, they would probably do without her rather than have the added expense of bringing her from a distant centre and waiting perhaps until their urgent need were over.

Twenty-three nurses from overseas hospitals were registered in New Zealand during the year, the total now on the register being 882.

Maori Nurses.

The training of the Maori nurses presents much difficulty, chiefly owing to the reluctance of the hospital authorities to take these girls into their training schools.

The two nurses who have so far been trained and obtained certificates, both for general and midwifery work, have been appointed to the staff of the Native Health Department. Their services have been utilized with good result in several outbreaks of illness in the pas, mostly typhoid. They endeavour to teach some of the first principles of sanitation, and the Natives have in some cases responded well, and drained and cleaned their pas. When stationed at a pa the sick are brought to them from the whole surrounding district, and, though frequently their treatment is abandoned for that of the tohungas, still little by little their influence will tell.

One nurse is stationed at New Plymouth, the other at Taupo; but for a recent outbreak of typhoid at Jerusalem, on the Wanganui River, both were required. They improvised a hospital, and had seven or more patients at a time—undoubtedly preventing a widespread outbreak of the disease.

There are also three pupils in regular training at the Napier, Wanganui, and Palmerston North Hospitals, and five or six girls who have gone through a preliminary training as day-pupils attending the Auckland and Napier Hospitals from the Native colleges. It is hoped to find vacancies shortly for these girls as regular trainees.

THE MIDWIVES ACT, 1908.

There have during the last year been two examinations of pupils trained at the State Maternity St. Helens Hospitals, the Medical School Maternity Hospital, and other institutions authorized to train in conjunction with lectures at the St. Helens Hospitals.

Fifty-two candidates came up for examination and passed, and are now registered as midwives. Twenty-two trained and certificated midwives from overseas were also registered during the year.

The standard of education of the women training as midwives varies more than that of those coming forward for general nursing, and frequently also the women are older, and find it more difficult to study. Despite these drawbacks, however, the examiners have expressed themselves as well satisfied with the general standard of the pupils' knowledge.

The medical officers and the matrons and submatrons are to be thanked for the whole-hearted way in which they devote themselves to the teaching of their pupils, both in theory and practice.

The charitable institutions, such as the Refuges for Single Women and the Salvation Army Maternity Home, have trained a few pupils; but these, if they pass the examinations at all, are not commented upon favourably by the examiners. Their practical knowledge is poor. The stimulus of a training school is missing, and, although they have the benefit of attending the

lectures of medical officers and matrons at the St Helens Hospitals, the constant bedside teaching is lacking.

The attempt at teaching in private hospitals has not been found successful.

A new training school has been added to the list in the Townley Maternity Hospital, Gisborne, opened in April. This was referred to in last year's report. A matron trained in general nursing at the Thames Hospital, and in midwifery at St. Helens Hospital, Auckland, was appointed, and, with the medical officer in charge, will give teaching to pupils on the same lines as the St. Helens Hospitals. The patients will be of much the same class, and there will also be a certain amount of outside work.

The inspection of midwives, and, with that, some instruction of the untrained women, has been carried on as last year, and we now have a very fair knowledge of the kind of nursing the women in different country parts have to depend on. In some places clean, respectable women, registered or not, with a very fair grasp of their work, and who have frequently been well coached by the doctors with whom they work, are found; and there is no desire to interfere with them. They are allowed privileges as to attending and receiving patients which appear necessary for the present from the needs of their particular districts. In other places there is either no registered midwife at all, or very ignorant and dirty women. It is endeavoured then to get a trained midwife to settle in such places.

When the Hospital Boards fairly realize the responsibility which has been put upon them to care for the general health of their districts, and to see that what is necessary in the way of nursing is available for the outlying parts, we may hope for improvement in this respect.

To supply midwives for the country parts it is proposed to give free training in the State Maternity Hospitals to certain pupils recommended by the Hospital Boards, who cannot afford to pay the usual fees, but who will be willing to settle where they are required for a specified time in return for this concession. Women who already have their homes in the district should be given the preference, as then, if they are not able to earn enough to live entirely by this nursing work, they can at least supplement their incomes, and are at hand for the cases which require them. In districts which will be supplied by a district nurse a great part of this difficulty will be overcome, as the district nurse, being also a trained midwife, can supervise the work of the untrained midwife or maternity nurse in a way which it would not be possible for the doctor to undertake.

It is proposed to increase the means of training midwives—firstly, by adding to the accommodation for nurses at the St. Helens Hospitals, so that as many pupils will be received as can obtain the necessary number of cases (the new hospital buildings proposed will accommodate many more cases); secondly, by establishing out-stations in working-men's localities, such as Petone and the Lower Hutt, where men engaged in the meat-preserving industries and the woollen-factories live. Here one or two nurses might live and work on district lines, attending those women in their homes who are too far away to be attended from the hospitals. This should benefit a large number of women.

The work of the maternity hospitals has been steadily growing, and the need of more up-to-date buildings and more accommodation is daily more clearly demonstrated, as will be seen by the detailed reports of each hospital. Patients are now coming into these hospitals for their third and fourth confinements. New-comers to the Dominion are recommended to the St. Helens Hospitals, and in Dunedin especially some of the immigrants have been the most complicated and abnormal cases.

A special feature of the St. Helens Hospitals is the great success with breast feeding. Many mothers of several children who have never nursed have been enabled to do so by the patient and painstaking care of the nurses. Every means is tried to establish breast feeding, and the pupils have the benefit of seeing what can be done with seemingly hopeless cases.

In Wellington, out of the 189 cases, only 4 babies were artificially fed, and 37 supplemented for a short time. On several occasions the few babies so fed were kept in for several months, partly with the object of teaching the pupils the practical care of infants for a longer term than the ordinary lying-in period. Premature and weakly infants from the district are often brought in too, to give them the best chance of survival; and the pupils thus have as much as possible of practical instruction in infant-feeding.

St. Helens Hospital, Wellington.

From the 1st April, 1909, to the 31st March, 1910, 205 cases were admitted, 189 children were born, and there were 13 stillbirths. There were two maternal deaths—one case being admitted in a moribund condition, and dying an hour after admission; the other case died from syncope. There were 3 deaths of infants.

Eighty patients were attended in their homes. There were 79 children born, 1 stillbirth, and 1 infant's death.

This shows an increase of 36 patients indoors and 20 patients outside. There has been no increase of accommodation, and the inconveniences and difficulty of working in a place never intended for a hospital are often very keenly felt. It has been necessary to refuse to book cases and to send away cases to private hospitals on several occasions.

A small ironing-room, which can also be used for drying clothes, was built during the year, and has been of great service.

A site has at length been obtained by the Government on lease, with a purchasing clause. It is hoped to erect on this site an up-to-date maternity hospital. A house on the grounds is to be added to, and used as a nurses' home. The property is in Coromandel Street, and is bordered by the Town Belt on one side and a gully on the other, so it cannot be built in. It is near the Constable Street tram, and is within easy reach of Kilbirnie and Miramar, as well as Newtown and Island Bay.

There has been no change in the staff of this Hospital, the work being carried on despite all disadvantages in a most satisfactory manner by Dr. Agnes Bennett, Miss Brown, and Sister Clarke.

There are now 11 pupils in course of training, and 11 were trained and registered during the year ending 31st March.

St. Helens Hospital, Dunedin.

From the 1st April, 1909, till the 31st March, 1910, 184 patients were admitted. There were 172 children born, no maternal deaths, 6 stillbirths, 2 deaths of infants.

Thirty patients were attended in their homes, and there were 29 children born.

In the beginning of the year an adjoining property was purchased, which will give ample room in the future for the extension of the Hospital, and, owing to the fact of a cottage on this land being used for accommodation for the nurses, seven more beds are now available in the Hospital. As in this town the Medical School Maternity Hospital divides the work of this class with St. Helens, this should be sufficient for some time. It is intended to erect an isolation ward on the new property.

There have been no changes in the staff, Dr. Siedeberg, Miss Holford, and Miss Gow still continuing their most successful work.

This Hospital has now been established four years and a half, and only one maternal death has occurred, though frequently patients are brought in in a most critical state.

Nine pupils have been trained during the year, and registered as midwives, while 8 are now training.

St. Helens Hospital, Auckland.

From the 1st April, 1909, to the 31st March, 1910, 237 patients were admitted. There were 232 children born, no maternal deaths, 6 stillbirths, 3 deaths of infants.

One hundred and sixty-four patients were attended outside the Hospital in their homes, and in the Door of Hope Refuge for single girls. There were 152 children born, no maternal deaths, 11 stillbirths, 2 deaths of infants.

The year has in this Hospital been uneventful as regards work. The accommodation has at times been stretched to the utmost, and it will be necessary ere long to build new hospital wards. The out-patient department has grown steadily, owing largely to the central position of the Hospital.

Tenders have been called for a new laundry, which is badly needed.

A room is rented, in which three additional pupil-nurses are accommodated, and there are now twelve on the staff.

Eleven pupils were trained and registered during the year ending 31st March.

Miss Peiper, who had been Matron of the Hospital since the commencement, was appointed Lady Superintendent at the Auckland General Hospital, and Miss Ludwig, Submatron of St. Helens, Christchurch, was appointed Matron. Dr. Tracy Inglis still continues his work as Medical Officer, and Sister Paul as Submatron, to the satisfaction of the Department.

St. Helens Hospital, Christchurch.

From the 1st April, 1909, to the 31st March, 1910, 251 patients were admitted into this Hospital, being 35 more than the year before. There were 2 maternal deaths, 236 children were born, there were 13 stillbirths, and 2 deaths of infants.

Seventy-nine patients were attended in their homes. There were 76 children born, 1 stillbirth, 1 maternal death, and 1 death of infant.

In August of last year there was septic trouble in the Hospital, the cause being quite unknown. A thorough bacteriological examination was made, but nothing was discovered which would justify condemnation of the building. A pneumococcic infection was found, and traced to a probable source in a patient who had been in the General Hospital with pneumonia. The Hospital was closed to intending patients and thoroughly fumigated, and there was no further trouble.

The plans are completed for a new building for patients, and it is hoped that the new hospital wards will before long be an accomplished fact. The present building will make a good administrative block and nurses' quarters. Some nurses are still sleeping outside.

Ten pupils were trained and registered during the year.

There are now 12 pupil-nurses on the staff, the last one being a woman over the regulation age, for whom a concession was made, as she intended returning to her home in Westland, where properly qualified midwives are badly needed.

During the year there have been several changes in the staff. Dr. Irving remains in charge, assisted by Dr. Eleanor Baker, and thanks are due to them for unremitting care and good work at the Hospital. Miss Inglis, who had been Matron since the Hospital was started, was transferred in January to the charge of Te Waikato Sanatorium. Miss Cameron is Matron in her place, and Nurse Heatley, a former pupil, is acting Submatron for three months.

Appended is the statistical report of the four State Maternity Hospitals, showing 1,229 patients—an increase of 108 patients since last report—1,165 children born alive, 39 stillborn, and 4 maternal deaths. Of the latter, one was an eclamptic case, brought into hospital in a moribund condition, and living only an hour after admission.

The average days' stay was 14, and the average daily number of patients, including the infants, 11.

The Medical School Maternity Hospital.

From the 1st April, 1909, to the 31st March, 1910, 141 patients were admitted, and there were 143 births, no maternal deaths, 4 deaths of infants, and 4 stillbirths.

The Hospital has been three times visited during the year, the last time being in February. Some improvements have been made in the laundry, and a drying-chamber has been provided.

There is no means of isolating patients properly.

The place is always found in good order. A great part of the work is done by the single girls who are taken in to wait.

The pupil-nurses attend outside cases with the students, but without qualified supervision. They send for a doctor in abnormal cases, but as a rule get their patients into the Hospital.

Dr. Closs was appointed Medical Officer and Dr. Ritchie assistant. Miss Rose Macdonald is still Matron, and there are 4 pupils.

Five pupils were trained during the year.

The Townley Maternity Hospital, Gisborne.

This Hospital, which has been established by the efforts of the Cook County Women's Guild, aided by a grant of land from the Government and a subsidy of £1,000, was completed early in the year, and formally opened in April by Lady Ward. It had, however, commenced work earlier.

Miss Anderson, trained in the Thames Hospital, and in midwifery at St. Helens, Auckland, was appointed Matron.

The Hospital is to be conducted on much the same lines as the St. Helens Hospitals, and is to be a training school for midwives; but there are a few private rooms for the more well-to-do patients. It is expected to be self-supporting.

Some outdoor work is to be done, pupils attending poor patients in their homes.

OTHER MATERNITY HOMES.

Alexandra Home, Wellington.

This Home was visited in June and December. There were on the last occasion 14 girls in and 10 babies.

About 25 confinements take place annually, and usually one pupil-midwife is trained, in conjunction with receiving lectures at St. Helens.

Miss Finch, who had been Matron for nine years, resigned during the year, and Miss Clarke, formerly in charge of the maternity ward at St. Mary's, Otahuhu, was appointed Matron.

The Linwood Refuge, Christchurch.

Visited on 29th March. There were 8 girls in, 1 in the maternity ward, only half of the accommodation being taken up.

The girls object to being obliged to remain for six months. There were only 6 babies, and of these five were bottle-fed, owing to the milk-supply having failed. The girls do laundry-work for the institution, and perhaps this is too much for them.

Victoria Home for Friendless Girls, Invercargill.

Visited on 20th March. This Home has been much improved by the addition of a labour-room, a ward off it for lying-in mothers, bath-rooms for patients and staff, and a small laundry.

There were 11 babies, from three months to two years, in, mostly looking bright and healthy. The mothers had left for situations, the rule as to remaining for six months having rather fallen into abeyance.

The Home is well kept.

Samaritan Home, Christchurch.

This Home, which has, besides taking in the criminal class of women and men, been the refuge for single girls not eligible for the Homes for first cases, such as the Salvation Army and the Linwood Refuge, will now come under the Charitable Aid Board, and it is to be hoped that some better arrangement will be made than has hitherto prevailed, and that possibly it may no longer be kept up as a separate institution, the building being neither suitable nor capable of much improvement.

St. Mary's, Otahuhu.

This Home is still in charge of Miss Handcock, with Mrs. Nixon for the maternity work. The latter, however, is now resigning.

The scope of the institution is to be enlarged by the addition of a children's wing, in which the babies will be placed after the first six months, when the mothers go out to work. They will be kept here for two years, under the charge of a trained nurse.

It is proposed by the President, Canon McMurray, to make this place a training school for midwives under the Midwives Act. As there are usually 25 to 30 girls received during the year, there should be sufficient material for a limited number of pupils.

Door of Hope, Auckland.

This Home continues its usual work under Miss Hutchinson.

Five girls were attended in confinement during the year by the St. Helens Hospital nurses.

Bethany Home, Napier.

The Bethany Home is still carried on under the same management. The new house is comfortably furnished, and affords some opportunity of teaching the girls household work.

SALVATION ARMY MATERNITY HOMES.

Wellington.

Visited in February, 1910. Adjutant Scholes is now in charge of the Home, and a pupil has been attending lectures at St. Helens Hospital. The teaching, however, with no Matron who has had hospital training, is not satisfactory.

The place itself is well managed and clean, and the babies well cared for. These are kept after their mothers leave until homes are found for them.

Auckland.

Visited on 3rd November, 1909. There were 15 girls and 10 babies in. The new Home which it was proposed to build is yet in the future. The present one is not at all suitable for the work, and the rooms are much too crowded. The place is kept as clean and airy as possible under the circumstances, and the need is too great for it to be closed.

No pupils are trained here.

Christchurch.

Visited in March, 1910. There were 13 girls in—three waiting confinement—and 14 babies. The Home was, as usual, in very good order. The girls were mostly engaged in needlework. The babies looked healthy.

One pupil midwife is training in this Home.

Dunedin.

Visited in March, 1910. There were 11 girls and 9 babies in. Four mothers were nursing their infants; the others were away at work, and paying for the maintenance of the infants.

The place was very clean and well kept.

THE PRIVATE HOSPITALS ACT, 1908.

During the year since the 1st April, 1909, the inspection of private hospitals has been carried out, and the regulations have been more stringently enforced now that people have become acquainted with the fact that they are under Government control. In the past, proprietors of private hospitals erred often through ignorance, and commenced taking in patients without applying for a license, pleading as excuse that they did not know it was necessary; or they would move from one house to another, or build additions, without references to the Department. When it is taken into consideration that of the 202 licensed private hospitals in the Dominion a large proportion—viz., 117—are small maternity homes, owned by some of the old-time untrained midwives, who do not read or understand regulations, this is not to be wondered at.

In these homes only about three or four patients are taken at one time, and the probable average would be one.

There are seventy hospitals for medical and surgical patients, and these are owned by trained and registered nurses, and some few by doctors in country places are allowed to receive maternity cases also.

On the whole these places are well equipped for their work and well conducted. Fifteen are conducted by trained and certificated midwives, and are larger and much better equipped than those owned by the old untrained midwives.

Two of these hospitals have lately been established in Christchurch by St. Helens pupils—Miss Cowper and Mrs. Bethune—and should fill a need there.

A very good private hospital was opened during the year at Gisborne by two trained maternity nurses from Sydney—Misses Wade and Wilbow. They also have medical and surgical patients under the charge of a certificated nurse from Sydney. Gisborne is very well equipped with private hospitals, and now has a maternity hospital conducted on the same lines as St. Helens as well.

In New Plymouth large additions have been made to two private hospitals. Miss Baker has built a new house for general cases, and Miss Pike has added a number of rooms for midwifery cases. A third has also been started with a certificated nurse as manager.

Several private hospitals have been transferred during the year, and some given up. The Flagstaff Sanatorium has been closed, and the Rock and Pillar taken over by the Dunedin Hospital and Charitable Aid Board.

The number of private hospitals licensed—

For medical and surgical patients	...	...	...	...	70
Beds available	...	...	...	...	503
For maternity cases only	...	...	...	...	132
Beds available	...	...	...	...	518
Hospitals licensed for medical, surgical, and midwifery cases	...	...	...	...	84

I must acknowledge with thanks the great assistance of Miss Bichnell and Miss Bagley in the inspection of private hospitals, and the visiting and instruction of the untrained midwives.

H. MACLEAN,

Assistant Inspector.

The Inspector-General of Hospitals.

STATISTICAL REPORT OF ST. HELENS HOSPITALS FROM THE 1ST APRIL, 1909, TO THE 31ST MARCH, 1910,
COMPILED FROM REPORTS FURNISHED BY PHYSICIANS AND LECTURERS AT ST. HELENS HOSPITALS.

		No.	Remarks.			No.	Remarks.
Total deliveries	In	865		Compound— <i>ctd.</i> Hydramnios ..	11	Delay in 3; 1 in premature birth, and 1 anencephalous.	
	Out	343					
		1,208		Hæmorrhage— Accidental ..	6	3 placenta præviæ, 2 inertia, 3 retained placenta, 1 lacerated perinæum, 1 debility.	
Sex ..	M.	647	1 vesicular mole.				Unavoidable ..	10	3 placenta præviæ, 2 inertia, 3 retained placenta, 1 lacerated perinæum, 1 debility.
Twins ..	F.	572					
		23	1 triplets (one alive and well).				
Presentations—				Secondary	2	1 an outside case.	
L.O.A. ..		805		Operations—			
R.O.A. ..		275		Induction ..	6	1 rapidly, by Bozzi's dilator—placenta prævia and concealed hæmorrhage; 1 by bougies—albuminuria with severe toxæmia—child alive; 1 at eighth month, masculine pelvis.	
R.O.P. ..		67					
L.O.P. ..		26		Version ..	8	2 transverse; 3 placenta præviæ; 1 eclampsia, face presentation.	
Breech ..		26		Perforation ..	1		
Footling ..		5	1 premature; dead some months.	Forceps ..	95	1 asphyxiated.	
Transverse ..		5	1 marginal placenta prævia.	Manual removal of placenta	18		
Face ..		4	1 very large child perforated.				
Compound—							
Head and hand ..		16					
Unknown, outdoor		26					
Prolapse of cord ..		3	1 vertex, forceps used, child born alive; 1 footling, child alive.				

Lacerated Perinæum				Primip.	Multip.	Instrum.
First degree ..	..	..	..	82	43	24
Second degree ..	..	..	..	27	4	9
Third degree ..	..	..	..	1	..	2
Other lacerations	..	..	..	9	..	4

Complications.

		No.	Alb. pres. on Discharge.	Alb. abs. on Discharge.	Some Accompanying Complications.
Albuminuria before labour	71	No. 10	No. 39	Alb. abundant in 3 cases—1 primip., uncomplicated; 1 3-para, anæmia, cardiac, fatal syncope; 1 9-para, adherent placenta. Alb. present in fair quantity in 3 cases—1 primip., premature birth; 1 primip., stillbirth and P.P.H. Alb. traces only in 10 cases—1 3-para, marginal placenta prævia; 1 primip., morbidity; 1 primip., pneumococcus sepsis, embolism, fatal termination. 1 twins. 6 retained placenta. 3 marginal placenta prævia. 1 vesicular mole. Several rheumatism, and several history of scarlet fever. 1 urine solid on admission, confinement normal, alb. cleared up six days. Labour induced by bougies in 1 owing to severe toxæmia. 1, owing to œdema, vulva sloughing when admitted; confinement normal; lactation established. 1 had marked subinvolution; 1 degenerate placenta. 4 had eclampsia on fifth day. 1 admitted moribund. 1 primipara, premature labour, macerated foetus, fatal.	
With toxic symptoms ..	12	5	4		
Eclampsia ..	4			1 chronic nephritis, foetus macerated. 1 admitted moribund; dead foetus delivered; patient died within fifteen minutes of entering hospital. 1 had fits during delivery; stillbirth. 1 fits on fifth day of puerperium; was treated A.P. three days.	

Complications—continued.

	Central.	Marg. with Hæm.	Without Hæm.	Remarks.
Placenta prævia ..	No. 1	No. 9	No. 2	1 primipara; central; two hæmorrhages before admission; eight months pregnant; labour induced; dilated Bozzi dilator; still-born child. 1 had P.P.H. as well as A.P.H. 1 profuse hæmorrhage. No deaths.

Morbidity List (with Day of Occurrences of Temperature).

Temp. for at least Two Consecutive Days.	Total Number.	Days.										Some Causes.
		1st.	2nd.	3rd.	4th.	5th.	6th.	7th.	8th.	9th.	10th and over.	
100 to 100·8 ..	31	9	4	10	8	1	2	1	2	..	2	13 sapræmia; 1 general tuberculosis; 1 colitis; 1 bronchitis; 1 acute tonsillitis; 7 mastitis; 1 auto-infection from B.C.C. due to faecal impaction in colon; 6 cellulitis; 1 phlebitis; 1 septicæmia due to B.C.C., in hospital thirty-five days; 5 influenza epidemic; 5 adherent chorion; 3 emotional; 1 cystitis; 1 severe constipation; 7 lactation excessive; 2 syphilitic ulcer; 2 abscess of mouth; 2 pneumococcus sepsis, epidemic.
100·8 to 102 ..	30	5	7	6	5	3	4	4	2	1	5	
102 to 103 ..	13	1	5	2	..	1	..	1	..	1	4	
Over 103 ..	15	2	4	3	1	1	..	2	1	2	1	

Mortality.

	No.	Remarks.
Maternal ..	5	1 placenta prævia, pelvic cellulitis, embolus; 1 pneumococcus septicæmia; 1 albuminuria, cardiac syncope; 1 eclampsia, admitted moribund; 1 syncope one hour and a half after delivery.
Infantile ..	11	1 pneumococccic pyæmia; 1 hæmatemesis; 1 patent foramen ova'le; 1 meningitis; 1 asphyxiated when born, lived eleven hours; 1 hæmorrhage from stomach and bowels; 1 delayed labour.
Stillbirths, full term ..	15	4 placenta prævia; 1 hydrocephalus; 3 eclampsia; 2 asphyxiated; 1 knotted cord.
Premature ..	8	1 anencephalous; 1 knee presentation; 1 ante-partum hæmorrhage; 1 placenta prævia.
Macerated ..	12	1 of set of twins, other healthy; 2 of triplets.

Inability to Nurse.

	No.	Some of the Principal Causes.
Complete (1·5 per cent.)	19	1 mania and epilepsy; 1 very neurotic patient, no milk secreted; 1 eclampsia; 2 phthisis; 1 advanced cardiac disease; 1 extreme pain on suckling, with treatment nervous breakdown; breasts undeveloped; large, flabby breasts, no milk secreted; albuminuria, no milk; extensive scars on breast; septicæmia; badly fissured nipples; malformation of infant's jaw, not able to suck; debility; poor milk; inverted nipples; malnutrition on part of mothers, which condition improved before leaving hospital; in 2 cases child weaned because was not thriving, and did much better on artificial feeding.
Partial (6·04 per cent.)	73	..
92·34 per cent. of the mothers nursed	..	..
Number of patients concerned ..	1,208	..

*Notes.**Wellington.*

Breast feeding has, as formerly, been especially emphasized. 2·01 per cent. did not suckle, all on account of constitutional disease (see above). One mother with depressed nipples, who had not nursed her previous eight children, successfully suckled. Another who had not nursed her previous four was the same. A third, who had always nursed on one breast, went out nursing in normal way on both. One case of mammary abscess, in which five incisions had to be made, nursed successfully on injured breast as well as the other.

An unusually large number of underfed anæmic women had to be dealt with in the winter of 1909. All improved very much in Hospital, and most of them nursed their children completely on leaving Hospital.

On several occasions the Hospital has been taxed to the utmost, and at one of these times of pressure the only cases of mastitis and cystitis that have occurred developed, giving a great deal of anxiety.

AGNES L. BENNETT, B.Sc., M.B., Ch.M.

Auckland.

The morbidity list this year of fourteen cases—*i.e.*, 3·5 per cent. of total cases—may be deemed satisfactory, especially as there was only one really serious case of septicæmia. This was due to infection by the *Bac. coli communis*, and was complicated by a slight phlebitis. The patient was discharged on the thirty-fifth day. One injection of an autobacterine of fifty millions was given. Four cases were due to an epidemic of influenza, and were probably not septic at all. Two were due to general tuberculosis. Two were due to mastitis. One interesting case of auto-infection occurred. Temperature and pulse went up on fourth day; bowels had been opened three times on previous day. On examination there was a hard mass just above fundus—felt like a tumour. On the seventh day a culture was made, and B.C.C. found. Two days later, after a good purge, two very large, very hard fæcal masses were passed. Temperature fell to normal, and patient was up on fourteenth day. The fæcal masses were probably felt in the colon, giving the tumour-like feel just above the fundus.

Injections of hyoscine, atropine, and morphine were used in twelve primiparæ and one multipara. In all the cases this was done to relieve ineffectual quick pains during the first stage, and with very good results. Without exception the patients slept for three or four hours, and at the end of that time in all but one case the os was fully dilated. In one case a second injection was used. Chloroform and forceps were applied in seven of these cases. In the remainder the labour was completed while the patient was drowsy, and with apparently little actual pain. In four cases the babies were drowsy on being born, otherwise no ill effects were observed. The effects of the injection were especially noticeable in elderly primiparæ, and were very successful.

I would, in conclusion, like to record my appreciation of the work of Matron Peiper and Sister Paul, also my regret at the transference of the former to Christchurch. Matron Ludwig has worked splendidly since her appointment, and her promotion seems to have been deserved.

TRACY R. INGLIS, M.B., C.B.

Dunedin.

There were 10 premature births, 4 being stillborn, and 1 born at six months and a half, dying shortly; the other 5 lived.

One infant had constriction of the pylorus, and was operated on at the Dunedin Hospital when about three weeks old, with good results.

One infant was born with considerable enlargement of the thyroid gland. About a dozen infants developed swollen and inflamed breasts.

In one patient emphysema of the face and neck was produced during labour, the face becoming swollen so quickly as to greatly alter her appearance. It slowly disappeared in the course of about three days.

EMILY SIEDEBERG, M.B.

HOSPITALS.

AUCKLAND HOSPITAL.

Governing body: Auckland Hospital and Charitable Aid Board.

Usual date of meeting: Alternate Tuesday evenings.

Secretary: F. J. Fenton.

Honorary medical staff: T. C. Savage, M.B., F.R.C.S.; T. R. Inglis, M.B., Ch.B.; G. Gore Gillon, F.R.C.S. Eng.; G. B. Sweet, M.B.; B. J. Dudley, M.B.; J. H. Neil, M.B., Ch.B., M.R.C.S.; J. C. Pabst, M.D.; C. Frost, M.B., Ch.B.; H. M. Goldstein, M.B.; A. Clark, F.R.C.S. Eng.

Stipendiary medical staff: J. J. Eade, M.B., Ch.B.; C. K. Smith, M.B.; R. J. English, M.B.

Matron: A. D. Peiper.

Localities, broadly, from which patients came: Auckland, 2,826; North Auckland, 102; Thames and Coromandel, 15; Waikato, 23; Bay of Plenty, 15; Waihi, 4; Waiapu, 1; Rotorua, 3; King-country, 22; Dunedin, 2; Taranaki, 5; Canterbury, 3; shipping, 122.

Visited several times by myself during the year, and by the Assistant Inspector in April and October.

The renovation of the central block has been completed, and is a very great improvement, both to the appearance and to the usefulness of the Hospital.

Plans for additions to the nurses' quarters, which are so badly needed, are in course of preparation; and it is to be hoped that the erection of the administration block will be shortly put in hand.

There have been many changes in the administration of the Hospital, and the result of new management has been that a very considerable saving has been effected. There is every reason for hoping that the new secretary, Mr. Fenton, will effect considerable economies in the several departments—in fact, as compared with last year the cost per bed has been much reduced; but I can hardly believe that he has already brought the cost as low as stated in the report—viz., £74—if he has adopted the same methods of computation as other hospitals.

The Matron, Mrs. Wooten, who has been in charge for nearly twelve years, was compelled through ill health to resign her position in December, and Miss Peiper, late Matron of St. Helens Hospital, Auckland, was appointed in her place.

WELLINGTON HOSPITAL.

Governing body: Wellington Hospital Board of Contributors.

Usual date of meeting: Alternate Tuesdays.

Secretary: J. Coyle.

Honorary medical staff: Honorary Consulting Physician—H. Adams, M.R.C.S. Eng., L.R.C.P. Lond. Honorary Consulting Surgeon—G. E. Anson, M.D., B.C. Cantab., M.R.C.S. Eng. Honorary Consulting Ophthalmic Surgeon—H. W. M. Kendall, L.S.A. Lond., M.R.C.S. Eng. Honorary Ophthalmic Surgeon—G. W. Harty, M.B., F.R.C.S., Edin. Honorary physicians—C. D. Henry, B.S., M.B. Camb.; C. M. Begg, M.D., M.R.C.P., F.R.C.S. Edin.; H. E. Gibbs, M.D., F.R.C.S. Edin.; W. E. Herbert, M.D., F.R.C.S. Edin. Honorary surgeons—W. E. Collins, M.B. Lond., M.R.C.S. Eng.; D. P. James, F.R.C.S. Eng., L.R.C.P. Lond.; H. C. Faulke, L.R.C.S. Edin., L.F.P.S. Glasgow; Dr. McLean, M.B., C.M. Edin. Honorary Dental Surgeon—W. H. Didsbury. Honorary Masseur—Royd Garlick.

Stipendiary medical staff: Resident Medical Superintendent—H. Hardwick Smith, F.R.C.S. Eng.; M.B., B.A. Cantab.; house surgeons—S. J. Simpson, P. S. Foster, W. Woodhouse.

Matron: F. K. Payne.

Localities, broadly, from which patients came: Wellington City, 1,902; Wellington suburbs, 303; Petone, 176; ships in port, 82; Hutt, 78; sundry small places in district, 59; Upper Hutt, 36; Wairarapa, 26; Levin, 17; Palmerston North, 14; Otaki, 13; Wairau, 13; Hawke's Bay, 12; North Canterbury, 12; not stated, 9; Westport, 6; Otago, 6; Porirua, 5; Rangitikei, 5; Taranaki, 5; Wanganui, 5; Auckland, 4; Grey, 3; Nelson, 3; Buller, 2.

The Hospital was visited several times during the year. On each occasion the wards were found full, and, with one exception, in good order, but the sanitary annexes and ward kitchens need to be brought up to modern requirements.

On one visit the men's quarters were far from clean.

The scarlet-fever ward is nearly completed, and when it is occupied a great blot on the administration of the Wellington Hospital will be removed, the present fever ward and children's ward being in much too close proximity.

For some time past the Board has recognized the necessity for erecting a children's ward, the present building being far from satisfactory; but it was obvious that the Board's first duty was to erect a proper infectious-diseases block. Now, however, owing to the generosity of the Wellington public, a new children's block is assured.

There is room for improvement in the manner in which meals are served, better measures being needed to keep the food hot during its distribution; and this is recognized by those in authority.

As regards the nursing staff, it would tend to increase its efficiency if the Board would but decide to promote no nurse to the position of sister until she has served for one year on the staff after obtaining her certificate, and it would also be to the advantage of the Hospital if two or more sisters could be appointed to the staff who had been trained in other nursing schools. In fact, an occasional draft of nurses from other training schools would be an advantage to all our hospitals.

The Hospital is very well managed, and the Medical Superintendent has effected considerable economies in the several departments.

The Hospital has lost the services of the Hon. C. M. Luke, who for many years proved a most painstaking and efficient Chairman.

In Mr. Kirk the Committee possesses a Chairman who is well experienced in hospital matters, and who is anxious to make this Hospital a model of its kind.

DUNEDIN HOSPITAL.

Governing body: Dunedin Hospital Trustees.

Usual date of meeting: Third Wednesday of each month.

Secretary: Hugh Miller.

Honorary medical staff: James MacPherson, M.B., C.M., Edin.; William Brown, M.B., C.M. Edin.; F. C. Batchelor, M.D. Durh.; D. Colquhoun, M.D., F.R.C.P. Lond.; M. MacDonald, B.Sc. N.Z., M.B., C.M. Edin.; F. Fitchett, M.D., C.M. Edin.; L. E. Barnett, M.B., F.R.C.S. Eng.; F. S. Batchelor, F.R.C.S. Eng.; E. J. O'Neill, M.B. N.Z., M.R.C.S. Eng., F.R.C.S. Edin.; H. L. Ferguson, M.D., F.R.C.S. Ire.; F. R. Riley, F.R.C.S. Eng.; J. O. Closs, M.D., C.M., Edin.; W. S. Roberts, M.R.C.S. Eng.; P. C. Cameron, M.D. Edin.; W. Newlands, M.A., M.B., F.R.C.S. Edin.; H. P. Pickerill, M.B., Ch.B., B.D.S., L.D.S. Eng.; W. A. Fleming, M.B., C.M. Edin.; S. C. Allen, M.D. N.Z., F.R.C.S. Eng.; E. H. Williams, M.B. Ch.B., M.R.C.S. Eng., D.P.H. Can.; S. A. Moore, M.D., C.M. Edin.; William Butement, M.B., M.R.C.S. Eng., L.R.C.P. Lond.; D. Burt, M.B., C.M. Edin.; R. Ritchie, M.B., M.R.C.S. Eng.; D. Edwin Booth (masseur).

Stipendiary medical staff: A. R. Falconer, B.A., B.Sc., M.B., Ch.B. N.Z., D.P.H. Eng.; L. H. McBride, M.B., Ch.B. N.Z.; M. H. Watt, M.B., Ch.B. N.Z.

Matron: Isabella Fraser.

Localities, broadly, from which patients came: Dunedin and suburbs, 1,199; Clutha, 120; Taieri, 159; Bruce, 49; Waihemo, 54; Waikouaiti, 72; shipping, 19; Peninsula, 20; Australia, 2; Auckland, 3; Buller, 7; Vincent, 39; Maniototo, 7; Oamaru, 23; Southland, 39; Canterbury, 20; Westland, 3; Tuapeka, 31; Wellington, 4; Lake, 4.

Visited frequently during the year.

The new out-patient department and the new operating-theatre were opened in March. The former was much needed.

No provision has yet been made for the patients receiving the benefit of fresh air on balconies or verandahs. This is a blot on the administration of the Hospital.

The cost per bed in provisions and drugs and dressings is lower than last year, but the expenditure under these items can be further reduced. The newly appointed Committee has settled down to its work very well, and I have no doubt that considerable attention will be paid to hospital economies during the coming year.

The wards were very full on each occasion of visiting, and the old wards above the administrative department have had again to be occupied by patients. A portion of these old wards has been renovated and fitted up as a library and study for the students.

The wards and their annexes have always been found in a most satisfactory condition, the staff being assisted in this by proper provision being made for all working-utensils, rubbish, soiled dressings and bed-linen, and excellent arrangements for the bestowal of patients' clothing.

The fever hospital is still being supplied with probationers from the main hospital, and now two or three probationers are sent to the chronic wards at Caversham during a part of their course of training.

FEVER HOSPITAL, DUNEDIN.

Visited on 24th March, 1910.

There was only one patient in—a little girl. A probationer from the Hospital was there, besides the Matron and staff nurse. This was the first time since the Hospital opened that there had been so few patients. Another case came in that night.

Since my last visit a fumigating-room and a morgue have been added, the ground enclosed, and road finished, and a neat gate erected.

The nurses' quarters were also finished, and are very comfortable.

CHRISTCHURCH HOSPITAL.

Governing body: North Canterbury Hospital Board.

Usual date of meeting: Fourth Wednesday in each month.

Secretary: Herbert Wells Wait.

Honorary medical staff: H. T. D. Acland, F.R.C.S. Eng., L.R.C.P. Lond.; J. A. Terras Bell, M.D. Edin.; J. F. Duncan, M.B., F.R.C.S. Edin.; P. C. Fenwick, M.B. Lond., M.R.C.S. Eng.; H. McLelland Inglis, M.B., C.M. Edin.; M. Louisson, M.B. Lond., M.R.C.S. Eng.; G. M. L. Lester, M.R.C.S. Eng., L.R.C.P. Lond.; C. L. Nedwill, M.R.C.S. Eng., L.R.C.P. Lond.; J. Stevenson, M.B., F.R.C.S. Edin.; F. G. Westenra, M.B., L.R.C.S. Edin.

Stipendiary medical staff: T. L. Crooke, M.D. Durh., L.R.C.P., L.R.C.S. Edin.; T. G. Short, M.B., Ch.B. Dunedin; G. W. Gower, M.B., Ch.B. Dunedin.

Matron: Mabel Thurston.

Assistant Matron: Susan Kitto.

Localities, broadly, from which patients came: Christchurch and suburbs, 1,205; Lyttelton Borough, 85; Rangiora Borough, 25; Kaiapoi Borough, 33; Sumner Borough, 9; New Brighton Borough, 9; Akaroa County, 23; Amuri County, 20; Cheviot County, 11; Kaiapoi, 7; Selwyn County, 272; Ashley County, 46; South Canterbury, 16; shipping, 12; West Coast, South Island, 6; North Island, 5; Tasmania, 1; no fixed abode, 37.

This Hospital has also been frequently visited during the year.

The improvement noted in last report has been fully maintained.

The accommodation at the Hospital has been heavily taxed, and it has still been necessary to use the old wards which were taken into occupation after the fire. These have been very useful for many cases of advanced phthisis and other cases for which very up-to-date wards were not necessary.

The children's ward, with a ward for women above, is now in course of erection, and should soon be ready for occupation.

Though the opening of these wards will relieve congestion, more accommodation is urgently required for nurses and patients, and the Board must be prepared to face a considerable expenditure to place this Hospital in its proper position as one of the leading hospitals of the Dominion. During the course of the next year the erection of a new administrative block should be put in hand, and also the erection of a new ward.

The Consumptive Sanatorium in the Cashmere Hills is now being staffed from the Hospital, and it is necessary to have a sufficient number of probationers and staff nurses to draw upon.

The Fever Hospital at Bottle Lake will probably also be nursed from the main institution.

Dr. Crooke, after ten years' work in charge of the institution, resigned in April, and was granted three months' leave of absence to take effect at the beginning of July. House surgeons are to be appointed to work under the direction of the honorary staff.

Considerable saving might be effected in the administration of this Hospital. The cost per bed in provisions, drugs and dressings, salaries, &c., is far above the average, and it is high time that the economics of this institution were carefully studied.

The late Chairman, Mr. Ingram, did excellent work in this direction, but unfortunately did not stand for re-election. In Mr. Tanner the Board has a Chairman who is thoroughly determined to go to the root of these matters. The small sums collected in patients' payments require explanation.

LYTTELTON CASUALTY WARD.

Governing body: North Canterbury Hospital Board.

Usual date of meeting: Fourth Wednesday in each month.

Secretary: Herbert Wells Wait.

Stipendiary medical staff: John A. Newell, M.B., Ch.B. N.Z.

Matron: D. Johnston.

Localities, broadly, from which patients came: Lyttelton (seamen from the ships).

This place is now being used for its proper purpose—a casualty ward—the patients not being detained so long as heretofore. Considerable improvements have also been made in the accommodation.

WANGANUI HOSPITAL.

Governing body: The Wanganui Hospital Board.

Usual date of meeting: Second Wednesday in the month.

Secretary: A. C. Ritchie.

Honorary medical staff: Charles Barclay Innes, M.B., consulting physician; Joseph McNaughtan Christie, M.D., C.M., F.R.C.S., consulting surgeon; John William Anderson, M.D., C.M., James Harper Reid, M.B., C.B., Alfred Herbert Wall, L.R.C.P., M.R.C.S., M.B., Alexander Wilson, M.D., C.B., F.R.C.S., visiting surgeons.

Stipendiary medical staff: James Reid, M.A., M.B., C.B.

Matron: Cecilia McKenny.

Localities, broadly, from which patients came: Wanganui Borough, 365; Wanganui County, 79; Waitotara County, 71; Rangitikei County, 53; Waimarino County, 22; Taihape Borough, 35; Marton Borough, 38; Hunterville, 23; Gonville, 10; Eastbrook, 7; Ohakune, 7; Bull's, 4; Patea, 7; Palmerston, 3; Wellington, 1; Woodville, 1: total, 726.

Visited in May, 1909, and in December.

The Hospital was, as usual, in excellent order.

The wards had been painted during the last year and looked very fresh, and the Hospital grounds have been much improved, money having been specially given for this purpose.

The Board quite recognizes the necessity for extending this Hospital, and plans are being prepared a feature of which will be special facilities for patients being treated in the open air. The plans of the new fever ward are also being prepared.

This Hospital is economically managed, but a saving could be effected in drugs and dressings.

That more fees have not been collected (only £534) requires a great deal of explanation on the part of the Secretary.

Dr. Miller resigned his position as Superintendent during the year. Dr. Reid, Medical Superintendent of the Mangonui Hospital, was appointed, and is giving much satisfaction.

NAPIER HOSPITAL.

Governing body: Napier Hospital Trustees.

Usual date of meeting: Second Monday of month.

Secretary: James Scheele.

Honorary medical staff: H. F. Bernau, M.R.C.S., L.R.C.P.; T. C. Moore, M.D., B.S.; J. J. Edgar, M.B., M.S. Glasgow; J. P. D. Leahy, M.B., M.S. Syd.

Stipendiary medical staff: J. S. Wilson, M.D., Ch.B. N.Z., M.R.C.S. Eng., L.R.C.P. Lond.; J. E. L. Simcox, M.B., Ch.B. N.Z.

Matron: E. K. Berry.

Localities, broadly, from which patients came: Napier, 310; Hawke's Bay County, 189; Hastings, 147; Taradale, 26; Park Island, 29; Wairoa County, 19; other districts, 19; seamen, 5.

During the last year the Hospital has been visited several times.

This Hospital has made great advances during a short period, and, instead of being the tenth hospital, is now the seventh in the Dominion.

The new chronic ward is completed, as well as the Nurses' Home.

The old building which was the Nurses' Home has been altered and adapted to make a women's medical ward, and in it a large number of typhoid cases have been treated, relieving the congestion of the women's ward, which can now be reserved for surgical cases.

The increased accommodation is made full use of, and it has been necessary to add considerably to the nursing staff.

The new children's ward erected through the generosity of the present Chairman, Mr. Shrimpton, is a model of its kind.

Last year I had occasion to severely criticize the management of this institution. A good deal yet remains to be done in the direction of economy, especially under the items "provisions" and "drugs and dressings." The newly appointed Medical Superintendent and Matron are giving these matters considerable attention.

WAIKATO HOSPITAL.

Governing body: Waikato Hospital and Charitable Aid Board.

Usual date of meeting: Every fourth Thursday.

Secretary: W. I. Conradi.

Stipendiary medical staff: Hugh Douglas, M.B., M.S. Edin.

Matron: E. M. Rothwell.

Localities, broadly, from which patients came: Counties—Waipa, 155; Waikato, 100; Raglan, 39; Piako, 21; Matamata, 32; Rotorua, 29. Boroughs—Hamilton, 135; Cambridge, 24; Te Aroha, 33. Towns—Huntly, 60; Morrinsville, 21; Frankton, 44. King-country, 144; other places, 43.

Visited in October and again in June, 1910.

The new Hospital is well kept up and its wards are well filled, and generally it is in excellent order.

During the past year the Board has very properly decided to provide Dr. Douglas with an assistant, and the former will now have more time to devote to a general supervision of the various departments, which, owing to stress of work in the past, has been practically impossible. For a hospital of this size the average cost of provisions for the last three years has been £28 per bed; last year it was £29. The cost of drugs and dressings is also comparatively high.

With these exceptions the institution is being well managed, and the district has every reason to be proud of its Hospital.

TIMARU HOSPITAL.

Governing body: South Canterbury Hospital and Charitable Aid Board.

Usual date of meeting: Third Thursday each month.

Secretary: H. S. Russell.

Honorary medical staff: N. V. Drew, F.R.C.S. Eng.; W. E. Gibson, M.B., C.B.; L. S. Talbot, M.B., C.B.; W. H. Unwin, F.R.C.S. Eng.; W. C. Burns, M.D., C.B. Glasgow.

Stipendiary medical staff: F. F. A. Ulrich, M.R.C.S., L.R.C.P. (resident).

Matron: Jean Todd.

Localities, broadly, from which patients came: Geraldine Borough, 10; Geraldine County, 21; Waimate Borough, 4; Waimate County, 34; Timaru Borough, 250; Temuka Borough, 30; Levels County, 129; Mackenzie County, 19; casually, 16; shipping, 3.

Visited three times, the last visit being on the 19th April, when I had an opportunity of meeting the Board.

The admissions at this Hospital have increased during the year.

I have always found the Hospital in excellent order.

I have had occasion to severely criticize the cost of administration of this institution, the cost per bed for provisions having been exceedingly high. Happily, however, there is a distinct diminution under this item from the returns of the past year, the actual cost of maintenance being about £1,000 lower, though the average daily number of patients under treatment last year was 48, against 36 the previous year. Nor can it be fairly said that the patients have suffered from this economy.

The Secretary has a deal to explain as regards the small amount of fees collected from patients (£630).

During the year Dr. Bett resigned, and Dr. Ulrich is now in charge of the Hospital.

SOUTHLAND HOSPITAL.

Governing body: Southland Hospital Trustees.
 Usual date of meeting: Third Monday in month.
 Secretary: H. D. Smith.
 Honorary medical staff: C. S. Cantrell, M.B.; A. F. Ritchie Crawford, M.B.; W. Ewart, M.D.; James Fullarton, M.B.; R. H. Hogg, M.B.; James Hunter, M.D.; J. G. Sale, M.B.; C. B. Snow, M.B.; James Young, M.D.; W. Stewart, M.B.; J. G. Macdonald (ophthalmic surgeon).
 Stipendiary medical staff: A. Hendry, M.B., Ch.B.
 Matron: J. Ewart.
 Localities, broadly, from which patients came: Invercargill and suburbs, 254; Gore and eastern district, 108; Bluff and Stewart Island, 55; Winton, Lumsden, 77; Wallace County, 13; Lake County, 7.

Visited several times during the year.

The new operating-theatre has been completed. This, with its adjuncts, is sufficient for a much larger hospital, and there is also a smaller theatre for septic cases. This should scarcely be necessary in a hospital of the class of the Southland Hospital, where there is no large honorary staff or rush of surgical work.

I was very disappointed with the finish of the theatre, and especially the drainage arrangements.

A portion of the old nurses' quarters upstairs has been utilized as a children's ward, and makes a very good ward for the purpose; but, unfortunately, the bath-room and sanitary annexes have been built off the ward without very adequate cross-ventilation. This is a mistake which might easily have been avoided.

A balcony is to be built off the ward, with a door out of which the cots can be wheeled.

An old building has been renovated for chronic consumptive patients.

The Hospital is always found in good order, but the sanitary arrangements need improvement. The inside pan system is most unsatisfactory.

As a whole, this Hospital is economically managed, but the attention of the Secretary may well be called to the small amount of fees collected from patients—£535—which is far too low for a hospital of this size.

Since writing this report I hear that Dr. Hendry has resigned his position as Medical Superintendent.

NELSON HOSPITAL.

Governing body: Nelson Hospital and Charitable Aid Board.
 Usual date of meeting: First Wednesday in each month, at 7.30 p.m.
 Secretary: S. Blomfield.
 Stipendiary medical staff: William J. Mackay, M.D.
 Matron: Ellen G. Gosling.
 Localities, broadly, from which patients came: Nelson, 218; Waimea, 59; Motueka, 8; Collingwood, 20; Richmond, 9; Takaka, 14; Murchison, 8; outside district, 19.
 Visited in September, 1909, and on 25th January, 1910.

The Hospital was not very full. There seems to be ample accommodation for the needs of the district, but certain improvements recommended by me and approved by the Board should be undertaken without delay, notably the provision of side rooms off the main wards, the lining of the latter with Wunderlich metal, erection of better sanitary accommodation, and the provision of better quarters for the nursing and domestic staff.

At the request of the Board, I held in September last an inquiry into the management of this Hospital. After spending some days at the institution, I reported to the Board that there was nothing to justify the complaints that had been made with regard to the management of the Hospital.

Dr. Mackay left for England in February on leave of absence, and Dr. W. J. Johnson was appointed *locum tenens*.

PALMERSTON NORTH HOSPITAL.

Governing body: Palmerston North Hospital and Charitable Aid Board.
 Usual date of meeting: Second Thursday in each month.
 Secretary: William Stubbs.
 Stipendiary medical staff: Arthur Anderson Martin, M.D., F.R.C.S. Eng.; Philip Timothy Putnam, M.D., Ch.B.; John Henry Lee Macintire, M.R.C.S., L.S.A.
 Matron: Mary McLagan.
 Localities, broadly, from which patients came: Palmerston North, 503; Wellington, 25; Wanganui, 20; Dannevirke, 3; Napier, 3; Masterton, 4; Gisborne, 1; Waipukurau, 1; Christchurch, 1.
 Visited in May, 1909, and April, 1910.

This Hospital was, as usual, in excellent order, and is very efficiently and economically conducted.

The institution has sustained a great loss owing to the retirement of Mr. Rutherford, who has been so able a Secretary since the institution was opened.

There are too many chronic cases in this Hospital, and it is high time that an Old People's Home should be erected in the district, which would not only relieve this institution to some extent, but would provide more suitable accommodation for the aged, who are sometimes boarded out under very unsatisfactory conditions.

It is proposed to increase the accommodation for female consumptives, a sum having been collected for this purpose; but the site of the new building has not been definitely decided on.

It will soon be necessary to open the unfinished ward in the new block.

THAMES HOSPITAL.

Governing body: Thames Hospital Trustees.

Usual date of meeting: First Monday in each month.

Secretary: John Ed. Banks.

Stipendiary medical staff: D. B. Walshe, M.B., B.Ch.

Matron: M. Stewart.

Localities, broadly, from which patients came: Thames Hospital District, 506; Auckland, 3; Bay of Islands, 3; Waikato, 16; Waihi, 4; Coromandel, 1; Westland, 1.

Visited on the 25th October, 1909.

The Hospital was, as usual, in excellent order.

The wards were full; but several of the cases were minor, and, but for the fact of being far from their homes, did not need to be kept in the Hospital.

The isolation ward was occupied by a case of scarlet fever.

The consumptive shelters were finished, but had not yet been occupied. They are very simply and well designed, and can easily be managed from the wards.

This is one of the most efficiently and economically managed hospitals in the Dominion. The attention of persons interested in hospital economics may be well directed to the various items of expenditure at this institution.

NEW PLYMOUTH HOSPITAL.

Governing body: Taranaki Hospital and Charitable Aid Board.

Usual date of meeting: Third Monday in month.

Secretary: C. M. Lepper.

Stipendiary medical staff: T. S. Wylie, F.R.C.S.; E. A. Walker, M.A., M.D., C.M.

Matron: Elizabeth Browne.

Localities, broadly, from which patients came: Taranaki County, 99; Egmont County, 56; Clifton County, 47; Fitzroy Town Board, 9; Auckland, 2; New Plymouth Borough, 139; Waitara Borough, 38; Inglewood Borough, 34; Hawera, 5; Stratford, 11; Napier, 1; Sydney, 1; Hokitika, 1; Hamilton, 1; Wellington, 1.

Visited several times.

The institution was always in excellent order, everything working harmoniously and well.

The Board has recognized that the district is deserving of a more modern institution—in fact, it has been much crowded during the past year, particularly on the female side.

Plans for a new building have been prepared, and new wards will be erected as opportunity offers.

During the year the Board has lost the services of Dr. Leatham, who has done such good work at the Hospital during the ten years he has been Medical Superintendent. His retirement is a loss to the district. Dr. Walker has succeeded Dr. Leatham, and Dr. Wylie has taken over Dr. Walker's duties.

I have pointed out to the Board on more than one occasion that the cost per bed in drugs and dressings is far too high, and economy in this item is distinctly indicated.

The £2,047 collected from patients for hospital and maintenance fees may very well be noted by hospital secretaries, and speaks volumes for the energy of the Secretary, Mr. Lepper.

GISBORNE HOSPITAL.

Governing body: Cook Hospital and Charitable Aid Board.

Usual date of meeting: Third Friday of each month.

Secretary: H. M. Porter.

Stipendiary medical staff: Medical Superintendent, W. Carlyle Wilson, M.A., M.B., F.R.C.S. Eng.; house surgeon, W. H. McKee, M.B., Ch.B.

Matron: Eva Godfray.

Localities, broadly, from which patients came: Cook County, 151; Borough of Gisborne, 295.

Visited in April, 1910.

There were thirty-seven patients in Hospital, all but two being proper hospital cases.

Considering the age and scattered nature of the buildings, the institution was in good order—in fact, the management of this institution has much improved since my first inspection, nearly four years ago.

I had an opportunity of meeting the Board and explaining that a district such as Gisborne should be provided with better hospital accommodation. In this the Board thoroughly concurred, and an excellent site on a plateau some two miles from the town has been selected, and plans for a new building are now being considered. The old hospital will probably be used as an Old People's Home.

WAIHI HOSPITAL.

Governing body: Waihi Hospital Trustees.

Usual date of meeting: Last Monday in every month.

Secretary: F. Bishop.

Stipendiary medical staff: Medical Superintendent, C. H. Robertson, F.R.C.S. Eng., M.B.

Lond.

Matron: Janet McGregor.

Localities, broadly, from which patients came: Waihi, 303; Thames, 143; Waikato, 22; Bay of Plenty, 15; Auckland, 3.

Visited on 26th October and on 10th May.

The new theatre, which had been badly needed, was finished, and is very satisfactory.

The wards were full, and are usually so. There were a good many major-operation cases, two consumptives in the outside shelters, and two female patients with scarlet fever in the isolation ward.

It is probable that additions will shortly be needed to this Hospital. Plans are now being prepared.

There is a large staff; but the work done, and the inconveniences of the building, rather necessitate this.

I had an opportunity of meeting the Board, and was able to express my appreciation of the manner in which the Hospital is being conducted.

WESTPORT HOSPITAL.

Governing body: Buller Hospital and Charitable Aid Board.

Usual date of meeting: Third Monday in month.

Secretary: Robert J. Mullan.

Honorary medical staff: E. D. Dunn, L.R.C.P. Edin., L.F.P.S. Glas., L.S.A. Lond.; James Simpson, M.B., B.S., Glas.

Stipendiary medical staff: Guy Hallwright, M.R.C.S., L.R.C.P.

Matron: M. McMillan.

Localities, broadly, from which patients came: Westport, 96; Buller County, 153.

Visited on the 27th January.

There were twenty-eight patients in, twenty-four being male.

The work in this Hospital continues to keep up its character, a larger number of acute and major surgical cases being treated here than in any other of the West Coast hospitals.

The sanitary annexes had been improved, but the place is damp, and in many parts the plaster is peeling off the walls and the cement cracking.

More accommodation for the staff is needed, and is to be provided by building over the kitchen.

A drying-room is also needed.

I am glad that this Hospital has been disconnected from the Old People's Home, and can only wish that other hospitals on the West Coast would follow the example of the Buller Board. I was glad to notice a reduction in the cost per bed for provisions.

WALLACE AND FIORD HOSPITAL.

Governing body: Wallace and Fiord Hospital Trustees.

Usual date of meeting: Thursday preceding third Friday of each month.

Secretary: George O. Cassels.

Stipendiary medical staff: N. G. Trotter, M.D. and C.M., Edin. (non-resident).

Matron: Charlotte Bird.

Localities, broadly, from which patients came: Wallace County, 141; Riverton Borough, 28; Otautau Town District, 18; Otago, 8; Southland, 7; Otautau Town District, 7.

Visited on the 27th May.

There were twenty patients in Hospital.

The Board has decided to erect a new operating-room, which is certainly needed.

Since my last visit an infectious-diseases hospital has been erected at a cost of some £2,000.

It is a pity that so much has been spent on such a badly designed structure, but it is scarcely fair to blame the Board.

In other respects the institution is well and economically managed.

WAIPAWA HOSPITAL.

Governing body: Waipawa District Hospital Board.

Usual date of meeting: Second Thursday in month, alternately at Waipukurau and Dannevirke.

Secretary: G. B. Ashley.

Stipendiary medical staff: S. C. Godfray, M.B. Edin.

Matron: M. E. Carston.

Localities, broadly, from which patients came: Dannevirke County, 75; Dannevirke Borough, 13; Waipawa County, 27; Patangata County, 55; Waipukurau Town District, 29; Waipukurau County, 24; Waipawa Borough, 32; other places, 50.

Visited on 10th April, 1910.

The Hospital was not by any means full, there being only twenty-two patients in. The influence of Dannevirke Hospital on the demands for admission is being felt.

The new wards for women and children were just completed, but not yet furnished. They are good wards, and a very great improvement on the former accommodation for women patients.

The old wards are to be used as a laundry and drying-room, and can very well be adapted for the purpose.

The Nurses' Home very badly needs renovation.

An economically administered institution.

WAIRAU HOSPITAL.

Governing body: Wairau Hospital and Charitable Aid Board.

Usual date of meeting: Second Thursday in each month.

Secretary: Lewis Griffiths to 31st March, 1910; A. J. Maclaine appointed Secretary 14th April, 1910.

Stipendiary medical staff (non-resident): James Freeborn Bennett, M.B., Ch.B.; David Matthewson Nairn.

Matron: W. S. Fulton.

Localities, broadly, from which patients came: Marlborough, 264; Nelson, 1; Christchurch, 1; Auckland, 1.

Visited in January, 1910.

There were seventeen patients in Hospital.

The wards were in good order, and so far the new operating-room is giving satisfaction.

I met the Board, and intimated that the staff was somewhat large for a hospital of this size.

The cost of provisions per bed (£35) is far too high, the average cost for hospitals of this size being £27.

Only £480 was collected in patients' payments: this wants looking into.

MASTERTON HOSPITAL.

Governing body: Masterton Hospital Trustees.

Usual date of meeting: Third Wednesday in each month.

Secretary: J. C. Boddington.

Honorary medical staff: P. R. Cook, M.B., Ch.B.; J. A. Cowie, M.B., C.M., B.Sc.; N. H. Prior, M.B., Ch.B.

Stipendiary medical staff: Archer Hosking, M.B., Ch.M. Edin. (non-resident).

Matron: Maud Hayward.

Localities, broadly, from which patients came: Masterton Borough, 129; Masterton County, 70; Mauriceville County, 10; South Wairarapa County, 10; Eketahuna County, 11; Akitio County, 10; Taihape, 3; Hawke's Bay, 3; Woodville, 1; Blenheim, 2; Christchurch, 2; Wanganui, 1; Upper Hutt, 1; New South Wales, 2; Victoria, 1.

Visited on 8th April and 21st June, 1910.

First visit, only eighteen patients in—the lowest number since the new Hospital has been open; last visit, there were twenty-nine.

There were three patients in the isolation ward—two scarlet fever and a diphtheria case.

The room intended for a dispensary is not used for that purpose, and medicines are made up in the town.

The cost for drugs and dressings, amounting to £19 15s., is too high, as is also the cost per bed for provisions—£30 15s.

The cost for gas is simply stupendous; it was £22 for the month previous to my visit.

There is rather a large staff for the average number of patients, but the place is scattered and difficult to manage.

The Hospital was in good order, and the grounds are being improved.

The Wairarapa Board must shortly decide what is to be done with the chronic and incurable patients, who now occupy beds to the exclusion of hospital patients proper.

DANNEVIRKE HOSPITAL.

Governing body: Dannevirke Hospital Trustees.

Usual date of meeting: Third Monday in each month.

Secretary: W. A. Ryan.

Stipendiary medical staff: T. Macallan, M.B., C.M. Aberdeen; W. H. Dawson, M.B., C.M., D.P.H., F.R.C.S. Edin.; F. R. Mackay, M.D., F.R.C.S. Edin.

Matron: G. Hopper.

Localities, broadly, from which patients came: Dannevirke Borough, 110; Dannevirke County, 75; Weber, 14; Wellington, 8; Masterton, 1; Waipawa, 3; Woodville, 3; Akitio, 4.

Visited on 9th April.

There were twenty-one patients in.

This Hospital has in the last year developed largely, there being now accommodation for forty patients.

There is a new ward for men, with two side wards and sanitary annexes. The women are now accommodated in the old male ward, so that there is ample room for them.

The Matron's quarters have been enlarged.

There is a very large verandah off the new ward—open in front and enclosed at both ends. Six patients were sleeping there, thus giving beds for many more male patients.

An up-to-date theatre has been built and was nearly finished.

The small room formerly used is now available as an office or waiting-room.

The new Matron, Miss Hopper, has made a special study of hospital economy, and matters in this direction have been put on an excellent footing. The Hospital was in very good order in spite of the building going on.

This is now to be a training school for nurses, and the lectures and ward teaching have been satisfactorily initiated.

A hospital of this size should obtain more than £325 in patients' payments.

WAIMATE HOSPITAL.

Governing body: Waimate Hospital Trustees.

Usual date of meeting: Last Wednesday in month.

Secretary: G. Cochrane.

Matron: E. Shanks.

Stipendiary medical staff: Herbert G. Barclay, M.D., F.R.C.S.

Localities, broadly, from which patients came: Waimate County and Borough. English, 22; Scotch, 5; Irish, 26; Australians, 5; New-Zealanders, 100.

Visited twice, the last visit being on 14th February.

On the occasion of my first visit I found the wards and annexes in fair order, but I had to comment severely on the cost of provisions for a hospital of this size. The bread was short in weight, and I impressed on the Matron the need for carefully weighing the stores.

On my last visit I was glad to find this precaution had been adopted, with results that must have been satisfactory to those who were interested in the welfare of the Hospital.

Only £158 was collected in patients' payments. This requires explanation.

ASHBURTON HOSPITAL.

Governing body: Ashburton Hospital Board.

Usual date of meeting: Board meets half-yearly; Committee monthly, on first Friday in month.

Secretary: F. Mainwaring.

Honorary medical staff: Nil.

Stipendiary medical staff: Hugh Hunter, M.B., B.Ch.; Charles Edward Maude, M.B., B.Ch.

Matron: E. M. Griffith.

Localities, broadly, from which patients came: Ashburton Borough, 47; Hampsted Town District, 17; Tinwald Town District, 5; Tinwald County, 133.

Visited on 1st September and 17th April.

There were nine patients in on the 17th April. It is a pity that the convalescent sitting-room cannot be used instead of the medical ward, which is not at all suitable for patients. I have referred to this in previous reports.

The isolation ward was empty.

The Hospital was in good order, and is well and economically managed.

OAMARU HOSPITAL.

Governing body: The Oamaru Hospital Trustees.

Usual date of meeting: Third Tuesday in each month.

Secretary: Walter Gibb.

Honorary medical staff: K. McAdam, M.B.; A. Garland, M.R.C.S.; James Whitton, M.D.; Alex. Douglas, M.B.

Stipendiary medical staff: F. L. Scott, M.D., M.Ch. Edin.

Matron: A. G. Keddie.

Localities, broadly, from which patients came: Waitaki County, 111; Oamaru Borough, 84; South Canterbury, 4; North Canterbury, 4; Otago, 6; shipping, 2; total, 211.

Visited on 27th August and on 23rd April.

There were seventeen patients in Hospital. The wards were in good order—better than I had ever seen them. I pointed out to the Chairman that new beds were badly wanted, and also that considerable renovations were necessary in the isolation ward. These suggestions were promptly acted on.

Only £276 was collected in patients' payments.

HAWERA HOSPITAL.

Governing body: Hawera Hospital and Charitable Aid Board.

Usual date of meeting: Third Monday in each month.

Secretary: C. E. Parrington.

Stipendiary medical staff: Dr. Thomson.

Matron: Gertrude Clapcott.

Localities, broadly, from which patients came: Manaia, 27; Hawera, 142; Eltham, 22; Kaponga, 12; Makoia, 15; Okaiawa, 12; other places, 17.

Visited in January and March.

There were twelve patients in Hospital. The wards were in good order, and there has been no trouble this year.

I had occasion to point out to the Board the high cost per bed for provisions (£42).

Dr. MacGibbon has just resigned, and Dr. Thomson, late of the Indian Medical Service, has been appointed.

GORE HOSPITAL.

Governing body: Southland Hospital and Charitable Aid Board.

Usual date of meeting: Thursday preceding second Friday in each month.

Secretary: Thomas Pryde.

Stipendiary medical staff: Joseph E. Rogers, M.D.

Matron: Mary Young.

Localities, broadly, from which patients came: Southland County, 38; Lake County, 3; Clutha County, 1; Borough of Gore, 9; Borough of Mataura, 3; Town District of Wyndham, 3.

Visited on 28th May, 1910, with Committee.

In the six-bedded women's ward were four women and one small boy. Four of the six beds in the male ward were occupied.

There has been a demand to enlarge this Hospital, but I pointed out to the local Committee that the Department would not sanction this—that the Hospital must be reserved for people of the Gore district only, and only those should be admitted who are not in a position to pay the ordinary fees for medical and nursing attendance.

Better arrangements are needed for providing hot water to the bath-room and lavatories.

Miss Young (the Matron) and Dr. Rogers look after this little Hospital very well. They would do well to watch the drug and dressing account.

WHANGAREI HOSPITAL.

Governing body: North Auckland Hospital and Charitable Aid Board.

Usual date of meeting: No fixed date.

Secretary: G. McKinnon.

Honorary medical staff: T. Hope-Lewis, M.R.C.S. Eng., L.S.A. Lond.; T. Copeland Savage, M.B. Lond., F.R.C.S. Lond.

Stipendiary medical staff: T. G. H. Hall, L.R.C.S. Irel., L.L. Midwif. Irel. (resigned 31st March, 1910); W. W. Baxter, M.R.C.S. Eng.

Matron: F. M. Dickson.

Localities, broadly, from which patients came: Whangarei, 101; Bay of Islands, 20; Hobson, 5; Otamatea, 3; Hokianga, 1; Auckland, 1; Thames, 1.

Visited on 2nd November, 1909.

There were seven male and four female patients. Three of the cases were major operations, which had been performed by Dr. Savage, from Auckland.

There had been trouble at the Hospital, causing the resignation of the medical staff, and Dr. Hall had only resumed work temporarily, but an agreement had fortunately been arrived at with the Board, and his services were retained.

The new infectious-diseases hospital was completed, with the exception of the installation of a water-service. In the meantime cases of diphtheria had been refused.

This addition is somewhat large for the requirements of Whangarei, as few infectious cases occur, and it is a pity some of the money had not been spent on a necessary store-room and dispensary accommodation, and a room for the gardener, who occupies the laundry.

The place was generally in very good order.

PICTON HOSPITAL.

Governing body: Picton Hospital and Charitable Aid Board.

Usual date of meeting: First Wednesday in the month.

Secretary: J. Blizzard.

Stipendiary medical staff: William Edward Redman, M.R.C.S. Eng., assisted by Dr. Ada Paterson, M.B., Ch.B.

Matron: Florence Scott.

Localities, broadly, from which patients came: Blenheim, 5; Australia, 1; Wellington, 2; Havelock, 3; Picton and Sounds district, 195.

Visited in December, 1909, and on 22nd January, 1910.

On the last occasion there were only seven patients in—three female, including a case of diphtheria in a side ward, and four men, one of whom was a consumptive in the annexe.

The Hospital was in good order.

The erection of an isolation ward is being considered by the Board.

The cost per bed for drugs and dressings is too high.

OTAKI HOSPITAL.

Governing body: District of Wellington Hospital Board.

Secretary: George S. Willis.

Honorary medical staff: Herbert Charles Faulke, F.R.C.S. Edin.

Stipendiary medical staff: William Henry Joseph Huthwaite, M.R.C.S. Eng., L.R.C.P. Lond.

Matron: E. M. Sealy.

Localities, broadly, from which patients came: Horowhenua County, 143; Wellington, 3; Wairarapa, 1; Hawke's Bay, 1; other places, 2.

Visited in June.

There were eleven patients in Hospital—eight men and three women. Two men were more fitted for accommodation in the Ohiro Home.

The wards were in good order.

The scope of this Hospital might very well be extended in the direction of providing accommodation for children from the Wellington Hospital, especially cases of dead bone and those requiring change. Adult patients requiring major operations should be forwarded to the main Hospital, though at present, owing to the kindness of Dr. Faulke journeying to assist Dr. Huthwaite at his own expense, these are undertaken at the Otaki Hospital.

STRATFORD HOSPITAL.

Governing body: Stratford District Hospital and Charitable Aid Board.

Usual date of meeting: First Wednesday in each month.

Secretary: J. Harry Penn.

Stipendiary medical staff: Thomas Lakin Paget, M.R.C.S., L.R.C.P., Medical Resident (non-resident); Andrew Dillon Carbery, L.R.C.P. and S. Irel., assistant (non-resident).

Matron: M. O'Brien.

Localities, broadly, from which patients came: Stratford County, 59; Whangamomona County, 35; Stratford Borough, 44; elsewhere, 4.

Visited in December and March.

On the first occasion there were nine patients in Hospital—all true hospital cases. The wards and buildings were in excellent order. A small isolation ward is, however, badly needed.

Considerable economies could be effected in the items, provisions, fuel and light, and drugs and dressings.

Miss Bennett resigned the Matronship during the year, and Miss O'Brien was appointed to take her place.

Like some other of our smaller hospitals, the question of hospital abuse has become very acute, and in the early part of the year the Medical Superintendent (Dr. Paget) came to an arrangement with the Board whereby he could charge patients who, in the opinion of the Board, were in a position to pay, a private fee in addition to the ordinary one for hospital maintenance. I pointed out to the Board that the Department would not approve of this arrangement. After much consideration it was decided to increase the Medical Superintendent's salary, but that he was to charge no private fees. So far so good; but nevertheless I cannot regard this arrangement as a permanent solution of the difficulty. There is a great deal to be said on both sides, and I hope to shortly be able to make some suggestions that will meet the requirements of places like Stratford, where the only hospital available for poor and well-to-do is the public hospital.

NORTHERN WAIROA HOSPITAL.

Governing body: Northern Wairoa Hospital Trustees.

Usual date of meeting: Second Monday in each month.

Secretary: A. Froot.

Stipendiary medical staff: — Young; H. W. Horton, M.B. Sydney.

Matron: K. L. Turnbull.

Localities, broadly, from which patients came: Hobson County, 93; Dargaville Borough (Hobson County), 20; Hokianga County, 4; Canterbury, South Island, 7; Auckland, 3; Otamatea County, 11; Sydney, N.S.W., 1.

Visited on 28th June.

There were eight patients in the Hospital—seven males and one female.

Dr. Young was in charge, having been appointed for three months pending a permanent appointment being made, for which the Board is inviting applications at £300 a year and private practice. The private practice, which, owing to the subscriber's ticket system, was very small, should now increase, as this system has been abandoned, and only those subscribers whose term will not run out until next February may continue to be treated on the old terms. There are also four life subscribers.

The male patients were all proper hospital cases. One had been there for about fourteen months, and has been under six operations for psosas abscess.

Another case should not be treated in the ward with the other patients, being far advanced in phthisis. It was suggested that a corner of the verandah might be enclosed for him.

The need for an isolation ward seems to be as badly felt as in Mercury Bay.

The Secretary now has his office at the Hospital instead of at Aratapu. It is a pity he does not see to the work of the porter outside the hospital. The grounds are by no means well kept.

The wards were neat and clean, and also the various offices. The cost per bed for provisions—viz., £36—is still high, but lower than in previous years. The cost of drugs is also relatively high.

Some facility for drying clothes in wet weather is badly needed, and the Matron has asked for an ironing-stove in the wash-house, which would be a help in this.

The Board and the doctor are anxious to train nurses here, and one probationer has been appointed on the understanding that she is to be trained. This, I pointed out, cannot be done unless there is a certificated and registered Matron.

The one empty bed in the male ward was filled the day I left, a man with typhoid being taken up the river in a launch.

SOUTH WAIRARAPA HOSPITAL.

Governing body: South Wairarapa Hospital Trustees.

Usual date of meeting: Second Wednesday in each month.

Secretary: A. L. Webster.

Honorary medical staff: D. Johnston, M.B., C.M.; W. Hosking, M.R.C.S.

Stipendiary medical staff: William Bey, M.B., C.M.

Matron: Florence Jean Derry.

Localities, broadly, from which patients came: Featherston Town Board, 20; Martinborough Town Board, 27; Carterton Borough, 25; Greytown Borough, 6; Featherston County, 5; South Wairarapa County, 8; Palmerston, 1; Wellington, 1.

Visited on 7th April, 1910.

There were only five patients in—all acute cases.

The proposed alterations and additions have not been commenced for this Hospital, but plans have been approved.

The women's ward is very shabby, but unless greater use is made of the Hospital it scarcely seems needful to do very much. Only twenty cases had been admitted in the first quarter of the year.

The Hospital was in fair order, but the grounds were not so, and not much use is made of them in supplying the Hospital with vegetables.

The high cost per bed of "fuel and light," £124, is noticeable as just double the average cost of institutions of this size, and would go to show that the lighting of small institutions by electricity is not economical.

PATEA HOSPITAL.

Governing body: Patea District Hospital Board.

Usual date of meeting: Second Tuesday in month.

Secretary: E. C. Horner.

Honorary medical staff: A. G. Harvey, M.D.

Stipendiary medical staff: W. T. Simmons, M.B. (non-resident).

Matron: Elizabeth Scolan.

Localities, broadly, from which patients came: Hawera County, 10; Patea County, 80; Patea Borough, 32; Wanganui, 1; Auckland, 1.

Visited in January and June. On the occasion of the last visit the new Hospital was open, there being eight patients under treatment.

The new institution is well situated and well found, and also well endowed. The new wards were in good order, but the infectious-diseases ward was in a very untidy state, as were the old grounds.

I had occasion to again draw the attention of the Board to the high prices paid for drugs and dressings.

The Matron has since resigned, and Miss Scolan, late Matron at Naseby Hospital, has been appointed.

PAHIATUA HOSPITAL.

Governing body: Pahiatua Hospital Trustees.

Usual date of meeting: Second Thursday in month, at 4 p.m., Borough Council Chambers.

Secretary: G. L. Hawley Drew.

Honorary medical staff: P. H. Mules, M.B., F.R.C.S. Edin.; George F. Chadwick, L.R.C.S., L.R.C.P.; James P. S. Jamieson, M.B., Ch.B.

Stipendiary medical staff: H. T. Dawson, M.B. Aberd., 1892 (non-resident).

Matron: Elizabeth Scolan.

Localities, broadly, from which patients came: Pahiatua County, 57; Pahiatua Borough, 16; Hawke's Bay, 7; Woodville Borough, 10; Wanganui, 3; Eketahuna Borough and County, 23; Rangitikei, 1; Akitio, 6.

Visited on 8th April.

There were only five male patients in, and no patients in the fever ward.

It is expected that a great saving will be effected by the sinking of a well for the water-supply for the Hospital. The charges by the Borough Council had been excessive.

A more satisfactory contract had been entered into for the supply of drugs and dressings, and medicines are made up at $\frac{3}{4}$ d. an ounce.

Mr. Drew, the Secretary, acts as engineer, and supervises the work of the man who keeps the grounds in excellent order.

The vegetable-garden and poultry-yard supply the needs of the Hospital.

The Hospital also was in good order.

ARROW HOSPITAL.

Governing body: Arrow District Hospital Trustees.

Usual date of meeting: First Saturday in every month.

Secretary: Hassett Graham.

Stipendiary medical staff: J. Bell-Thomson, M.B., C.M. Edin.

Matron: Francis Corry.

Localities, broadly, from which patients came: Arrowtown, 33; Gibbston, 8; Macetown, 7; Lake Hayes, 7; Cardrona, 6; Crown Terrace, 4; Wanaka, 4; Skipper's, 4; Arrow River, 2; Arrow Flat, 2; Frankton, 1; Arthur's Point, 1.

Visited November.

There were two patients in Hospital. Dr. Thomson looks after this little Hospital very well, but there is no need for its existence, as it is within eight miles of the Frankton Hospital. I hope that the Board will shut this little Hospital, and offer the appointment at Frankton to Dr. Thomson, on Dr. Douglas's resignation on account of ill health.

NASEBY DISTRICT HOSPITAL.

Governing body: Naseby Hospital Trustees.

Usual date of meeting: Last Tuesday in month.

Secretary: J. W. Reed.

Stipendiary medical staff: C. O. Lillie, M.B., Ch.B., M.R.C.S., L.R.C.P.

Matron: Jessie Diack.

Localities, broadly, from which patients came: Maniototo County and Borough of Naseby.

MERCURY BAY HOSPITAL.

Governing body: Mercury Bay Hospital Trustees.

Usual date of meeting: Second Saturday in every month.

Secretary: S. Edmonds.

Stipendiary medical staff: John Craig, F.R.C.S. Irel.

Matron: J. M. Hay.

Localities, broadly, from which patients came: Whitianga, 41; Tairua, 24; Auckland, 1; Guntown, 13; Kuaotunu, 9; Whangamata, 1; Stony Creek, 3; Greymouth, 1.

Visited on 25th June, 1910.

There were five patients in the Hospital—four male and one female—and one consumptive in a tent.

The Hospital is at times very overcrowded, patients being put in the corridors and operating-room. The Chairman and doctor explained that they desired to build a ward for four patients, so that clean surgical cases, of which for so small a hospital there are a fair number, might be treated apart from medical or suppurating cases. The other alternative was to enlarge the present wards; but it appeared to me that it would be better not to touch them, as the enlargement would not be very satisfactory. Their idea is to get a builder to submit a simple plan of a room with adjoining sanitary annexe, and they believe they can meet the necessary expense without aid. They also intend to provide a bath-room for the staff, which is very necessary; the present small bath-room, which is the only one, to be reserved for the use of patients, and to manage with it for the present.

The Board and doctor are very strongly of opinion that some provision should be made for infectious cases. They are frequently at a great loss to know what to do with non-resident cases arriving in steamers and with the people living in the hotels. They hope that the Government will make this provision, as they are too poor a community to undertake it, their rates being small, and, owing to a shifting population, very irregular.

The last grant they had from Government was spent in laying on a supply of water to the Hospital, improving the drainage, and painting the building. They now also desire to improve the lighting of the hospital, now done by kerosene-lamps, by installing an acetylene-gas plant.

DUNSTAN HOSPITAL.

Governing body : Dunstan District Hospital Trustees.

Usual date of meeting : First Tuesday after 2nd of month.

Secretary : George Fache.

Honorary medical staff : George Alexander Morris, Cromwell ; John Lovell Gregg, Alexandra.

Stipendiary medical staff : John Galbraith Hyde, Clyde.

Matron : F. D. Lee.

Localities, broadly, from which patients came : Alexandra, 30 ; Black's, 4 ; Matakama, 5 ; Ida Valley, 6 ; Moutere, 3 ; Earnsclough, 5 ; Bald Hill Flat, 5 ; Waikerikeri, 2 ; Nevis Valley, 2 ; Dunedin, 1 ; Wanaka, 1 ; Clyde, 8.

WAKATIPU HOSPITAL.

Governing body : Wakatipu District Hospital Trustees.

Usual date of meeting : Second Saturday in month.

Secretary : A. H. Hiddleston.

Stipendiary medical staff : James Douglas.

Matron : Ethel Clare.

Localities, broadly, from which patients came : Lake County, 45 ; Queenstown, 26 ; Arrowtown, 1 ; Dunedin, 1 ; Southland, 1.

Visited in November.

There were five patients in Hospital. The wards were in good order. Dr. Douglas, the Medical Superintendent, was away on sick-leave, and has since resigned. Dr. Stewart was there as *locum tenens*.

COROMANDEL HOSPITAL.

Governing body : Coromandel Hospital Trustees.

Usual date of meeting : Third Monday in each month.

Secretary : Richard Simmonds.

Medical staff : John Craig, consulting surgeon.

Stipendiary medical staff : R. B. Stanley-Smith, M.D. (non-resident).

Matron : Mary Eleanor Graham.

Localities, broadly, from which patients came : Coromandel County, 84 ; Thames, 1 ; Rotorua, 1.

Visited on 1st July.

There were eight patients in the Hospital, all male, and four were children.

Dr. Smith had left, and was much regretted in the district. A *locum tenens* was in charge pending the arrival of the newly appointed Medical Superintendent.

The little Hospital was in good order. It is much appreciated by the residents, who do their best to keep it up, but the Board can only just meet the necessary expenses. Mr. James, the new Chairman of the Board, said the question of building a residence for the doctor on a small section of land, which had been given, was under consideration. It is difficult to get a suitable house without building.

The cost per bed of provisions—£48—and drugs—£57—might certainly be very much reduced. The latter item requires considerable explanation.

WAIROA HOSPITAL.

Governing body : Hawke's Bay Hospital and Charitable Aid Board.

Usual date of meeting : Second Friday in month.

Secretary : N. Shaw.

Stipendiary medical staff : John Miller, L.R.C.S.E., L.R.C.P.E., L.F.P., and S.G.

Matron : Alice J. Bull.

Localities, broadly, from which patients came : Wairoa County, 39 ; Wairoa Borough, 28 ; Hawke's Bay County, 2 ; Wanganui, 1 ; Christchurch, 1.

TUAPEKA HOSPITAL.

Governing body : Tuapeka Hospital Board.

Usual date of meeting : Second Friday in the month.

Secretary : John J. Woods.

Stipendiary medical staff : William Sutherland, M.B., M.R.C.S.

Matron : Johanna Drew.

Localities, broadly, from which patients came : Tuapeka County, 97.

MANGONUI HOSPITAL.

Governing body: North Auckland Hospital and Charitable Aid Board.

Usual date of meeting: When required (no fixed day).

Secretary: H. C. Blundell.

Stipendiary medical staff: W. D. Perry, M.R.C.S. Eng., L.R.C.P. Lond. (resident).

Matron: Edith M. Clark.

Localities, broadly, from which patients came: Mangonui County, 41; Whangaroa County, 1. Visited 4th November.

The Matron, Miss Beetham, had resigned, but was still there. Miss Clark, one of the staff of the Waipukurau Hospital, had been appointed to take her place.

There were eight patients under treatment—six men and two children. Of the men, two were waiting admission to the Old People's Home, Whangarei, and one, a phthisical case, was treated in a room outside. The others were not serious cases.

The little Hospital, which is most conveniently planned and easily worked, was beautifully clean and neat. One great difficulty here is keeping the nursing staff. There were two probationers, who had been there for about four months, and one of these was leaving.

Dr. Reid, who was in charge, has since resigned, and Dr. Perry has been appointed.

RAWENE HOSPITAL.

Governing body: North Auckland Hospital and Charitable Aid Board.

Usual date of meeting: When required (no fixed date).

Secretary: H. C. Blundell.

Stipendiary medical staff: D. Forest.

Matron: Helen B. Lones.

Localities, broadly, from which patients came: Hokianga County, 31.

Visited on 21st June, 1910.

Only one patient, who has been in for six weeks. Had been without a patient, but had had as many as five, and usually three.

The Hospital is a cottage, with two wards; four beds in the female and six in the male ward. The Matron would like to take maternity cases in the female ward, as it is rarely wanted for other work, and, as the need for such accommodation is great, it might be allowed pending the building of a maternity ward.

The Hospital is very well equipped for its size, and is fairly convenient. The Matron—a trained nurse—is married, and has two children, and her husband attends to outside work. A cow is kept. The husband was engaged in building a small morgue and a wood-shed. Some people object to the children being there; but, in view of the isolation of the Hospital—more than a mile from the township, and over a very bad road—it is probable that a nurse with no home ties would not stay long. Mrs. Lones is interested in her work, and, I am told, is an excellent nurse. The place was in very good order.

There is no isolation ward. The need is felt at present, when there are some cases of scarlet fever at Rawene.

There is a small dispensary, and quite a good little theatre. Dr. Forest has been in charge for the last month.

CROMWELL HOSPITAL.

Governing body: Cromwell Hospital Trustees.

Usual date of meeting: Second Tuesday in every month.

Secretary: George Stumble.

Honorary medical staff: J. G. Hyde, M.B. (non-resident).

Stipendiary medical staff: G. A. Morris, M.B., C.M.

Matron: Nurse Kennedy.

Localities, broadly, from which patients came: Bannockburn, 10; Cromwell, 9; Newburn, 9; Upper Clutha Valley, 25; Taieri, 1; Waitiri, 1.

When I visited this Hospital I was not satisfied with the nursing arrangements, and informed the Chairman to that effect.

Mrs. Underwood has resigned her position as Matron, and a trained and registered nurse, Sister Kennedy, of Hawera Hospital, has been appointed.

A small maternity ward might very well be erected in connection with this little Hospital.

WAIAPU DISTRICT HOSPITAL.

Governing body: Waiapu Hospital and Charitable Aid Board.

Usual date of meeting: Fourth Monday in every month.

Secretary: A. P. Durrant.

Stipendiary medical staff: Cyril Stephen Davis, M.D., D.P.H., M.R.C.S. Eng. (non-resident).

Matron: E. M. Shillington.

Localities, broadly, from which patients came: Waiapu District, 21; Australia, 2; Waihi, 1.

The Board is about to erect a maternity ward in connection with this Hospital.

TAUMARUNUI HOSPITAL.

Governing body: Hospital and Charitable Aid Department.

Stipendiary medical staff: Ernest Henry Howard, M.B., B.S.

Matron: D. Gill.

Visited in October, 1909.

The accommodation in this Hospital has not been so much in demand during the second year of its existence, there being sometimes only one or two patients in, and consequently its expenses per bed have relatively increased.

Dr. Agatha Adams-Monfries resigned her position of Medical Officer, and Dr. Howard is now in charge.

The grounds, owing to the interest and energy of the Taumarunui people, have been nicely laid out, and the vegetable-garden and poultry-yard supply the Hospital.

Undoubtedly the Hospital will be of great service at times to the people of the neighbourhood, but it is likely that the number of patients will greatly fluctuate.

Miss Gill is doing good work as Matron.

AKAROA HOSPITAL.

Governing body: North Canterbury Hospital Board.

Usual date of meeting: Fourth Wednesday in each month.

Secretary: Herbert Wells Wait.

Stipendiary medical staff: Percy George McReddie, M.B., C.M. Glas.

Matron: Elizabeth Ann Penrose.

Localities, broadly, from which patients came: Tikon, 1; Little Akaloa, 1; Wainui, 4; Hilltop, 1; Flea Bay, 1; German Bay, 2; Halswell, 1; Duvauchelle, 1; Long Bay, 2; Akaroa, 3; Le Bon's, 3; Robinson's Bay, 1.

Visited 18th April.

This little Hospital had one patient. The wards were in good order considering the age of the building. I suggested that it would be as well to remove carpets from the ward.

KAITANGATA COTTAGE HOSPITAL.

Governing body: The Otago Hospital and Charitable Aid Board (with Advisory Committee at Kaitangata; D. P. Clements, Secretary).

Usual date of meeting: Fourth Tuesday in each month, 2.15 p.m.

Secretary: John Jacobs.

Honorary medical staff: J. Fitzgerald, B.A. N.Z., M.B., C.M. Edin., F.R.C.S. Edin.

Matron: Fanny Clements.

Localities, broadly, from which patients came: Warepa, Port Molyneux, Wangatua, Lovell's Flat, Benhar, Kaitangata.

Visited on 22nd March.

No patients in at the time; no outside cases.

The Matron has done useful work in attending cases outside.

There is no accommodation for women, the Hospital being intended only as an accident ward in connection with the mines.

Women have, however, been sent in on three occasions, and the Matron has had to give up her sitting-room.

As it may at any time be possible to have an accident of which a woman is the victim, or to have an urgent case from other cause, one room should be provided for such cases.

The isolation ward was empty, but had recently been used for diphtheria cases.

HAVELOCK HOSPITAL.

Governing body: Picton Hospital and Charitable Aid Board.

Usual date of meeting: First Wednesday in the month.

Secretary: J. Blizzard.

Stipendiary medical staff: Richard Bridgeman Williams, M.R.C.S. Eng., L.R.C.P. Lond.

Matron: Mrs. E. Price.

Localities, broadly, from which patients came: Blenheim, 2; Palmerston North, 1; Havelock and Sounds District, 28.

GREY RIVER HOSPITAL.

Governing body: Grey River Hospital Board of Trustees.

Usual date of meeting: Third Tuesday in the month.

Secretary: Michael Phillips.

Honorary medical staff: James W. McBrearty, F.R.C.S., L.R.C.S. Ed.; James McBrearty, L.F.P.S., G.L.M.; William McKay, M.D., F.R.C.S. Ed.

Stipendiary medical staff: Charles G. Morice, M.D., F.R.C.S. Eng.

Matron: M. Andrews.

Localities, broadly, from which patients came: Grey Borough, 111; Grey County, 230; Brunner Borough, 15; other districts and shipping, 11.

Visited in January, 1910.

Both Medical Superintendent, Dr. Morice, and the Matron, Miss Andrews, were away on extended leave. Dr. Telford was in charge.

The Hospital was not very full.

The new ward for women was occupied by the male surgical patients while their own ward was undergoing renovation.

The nurses' quarters were finished, and were very comfortable.

The large additions to the Hospital scarcely seem to have been justified by the use made of them, as there were very few acute cases in, and the beds were filled by chronic cases from the Old Men's Home.

A good deal of alteration in drainage and fitting-up has been made in the old Home, which is now quite comfortable, and good enough for any but really acute medical and surgical cases.

More effort should be made to keep the chronic cases in the old part, for which the services of the nursing staff are available at any time.

A rather extravagant arrangement had been made for laundry-work, but was only on trial.

Dr. Morice resumed the charge of the Hospital in April.

This Hospital, as regards buildings, is one of the best in the Dominion, and it is consequently a pity that it is partly used as an Old People's Home. It is to be hoped that the Hospital Boards of the West Coast—the Buller excepted—will combine for the purpose of erecting a suitable Old People's Home for the whole of the West Coast.

WESTLAND HOSPITAL.

Governing body: Westland Hospital Trustees.

Usual date of meeting: First Wednesday in each month.

Secretary: J. H. Wilson.

Stipendiary medical staff: Ebenezer Teichelmann, F.R.C.S. Eng. (non-resident).

Matron: M. R. Little.

Localities, broadly, from which patients came: Hokitika Borough, 66; Ross Borough, 1; Westport Borough, 2; Wanganui Borough, 2; Westland County, 99; Greymouth County, 4.

Visited on 1st February.

Dr. Rogers was acting as *locum tenens* for Dr. Teichelmann, who was away on leave.

The second new ward has been completed, but was not in occupation.

Some of the old building had been removed, and altogether the Hospital was much improved.

Another portion of the old Hospital was also to be removed when this second ward was occupied.

It is a pity that part of the verandah at the building, which is now occupied only by nurses, should still be used as a smoking-room by some of the old men.

The wards were in very good order, and the old sanitary offices clean and well kept.

My remarks with regard to the Greymouth Hospital apply to this institution, inasmuch as it is now time that the Hospital Boards of the West Coast combined for the erection of an Old People's Home, so that the aged inmates can be provided with special accommodation.

KUMARA HOSPITAL.

Governing body: Kumara Hospital Trustees.

Usual date of meeting: First Tuesday in every month.

Secretary: W. B. Gilbert.

Stipendiary medical staff: Michael Charles Frederick Morkane, M.B., Ch.B. N.Z.

Matron: A. C. Stewart.

Localities, broadly, from which patients came: Westland County, 56; Kumara Borough, 35; Grey County, 20; other districts, 17.

Visited on 1st February, 1910.

There were twelve male patients and three women, besides fifteen old men in the outside quarters.

The new ward was nearly completed, and the old women's ward is to be utilized as a store-room. It is a pity it cannot be entirely removed.

A new dispensary was being built, and a room had been added to the nurses' quarters.

Dr. Morkane has resigned his position as Medical Superintendent: Dr. Phillips has taken his place.

REEFTON HOSPITAL.

Governing body: Reefton Hospital Trustees.

Usual date of meeting: Last Thursday in each month.

Secretary: Charles Nevin.

Stipendiary medical staff: W. A. Conlon, B.A., M.B., Ch.M.

Matron: J. Barry.

Localities, broadly, from which patients came: Lyell, 1; Murchison, 2; Laudny, 2; Reefton, 73; Globe Hill, 15; Big River, 6; Blackwater, 12; Barrytown, 1; Grey Valley, 8; Cronadun and Capleston, 8.

Visited on 29th January, 1910.

There were only six patients in—the rest of the eighteen inmates being old people.

The building of the new administrative block and nurses' quarters was being proceeded with, and in the meantime a cottage near the Hospital was rented, in which the cooking was done.

The place was in very fair order, considering the difficulties of management under the circumstances.

It is difficult to arrive at the relative cost of this Hospital, as it is partly an Old People's Home.

ROSS HOSPITAL.

Governing body: Westland Hospital and Charitable Aid Board.

Secretary: W. J. Caulfield.

Stipendiary medical staff: A. C. Thomson, M.B.

Matron: A. S. Phillips.

Localities, broadly, from which patients came: Ross Borough, 15; Westland County, 12; Grey County, 1.

CHARLESTON HOSPITAL.

Governing body: Charleston Hospital Trustees.

Usual date of meeting: Last Saturday in each month.

Secretary: K. P. Kittson.

Stipendiary medical staff: Thomas Joseph Galligan, F.R.C.S. Ire.; L.R.C.P. Ire.

Matron: K. Mills.

Localities, broadly, from which patients came: Charleston, 7; Westport, 2; Addison's, 1; Brighton, 1; Invercargill, 1.

CHARITABLE INSTITUTIONS.

COSTLEY HOME, AUCKLAND.

Governing body: Auckland Hospital and Charitable Aid Board.

Secretary: H. N. Garland.

Medical Superintendent: Dr. A. C. Storey.

Matron: Mrs. J. A. Hattaway.

Visited on 1st November.

The Master had recently left, and the work was going on, the women's part under the charge of a trained nurse from the Hospital, who was there temporarily, and the male under the charge of the acting-manager.

The nurse who was to be appointed Matron seemed to have very restricted duties, and the housekeeping was not included in them.

The place itself was in very fair order, but I observed very great waste of food in both the women's and men's chronic wards. Large quantities of meat and potatoes were served to the patients and simply thrown away.

Under the new management of a Medical Superintendent and trained Matron great improvement should take place in the institution, which in itself offers great possibility of development. The chronic wards should be entirely under the care of nurses, with the necessary assistance of porter and wardsman.

OTAGO BENEVOLENT INSTITUTION, CAVERSHAM.

Governing body: Nine Trustees.

Usual date of meeting: Monday.

Secretary: A. Chulee.

Stipendiary medical staff: J. O. Closs, M.D. (non-resident).

Master: Ed. J. Mee.

Matron: Lucy Mee.

I inspected the Home on the 16th March, 1910.

There were fifty-eight women and 143 men—only two empty beds in the chronic wards.

Since my last visit the two downstairs wards have been put under the charge of the nurses.

Sister Morgan, recently Plunket Nurse in Christchurch, is now in charge, and there are Nurse Lyale, who was trained in Ashburton Hospital, and three probationers from the Dunedin Hospital serving a part of their training-time here.

The improvement in the general order of the whole of the male side of the institution was great. Mr. Mee, now being relieved from the work of inspecting outdoor cases, has time to attend to the work of the place. The women's side, as usual, was in good order, and the old people seemed content.

In the chronic wards there were several bad cases—two were dying.

Here everything was satisfactory, and Sister Morgan will, I think, do well.

OHIO BENEVOLENT HOME, WELLINGTON.

Governing body: Wellington Benevolent Institution Trustees.

Usual date of meeting: Tuesday in each week.

Honorary medical staff: Dr. Fell.

Master: A. H. Truebridge.

Matron: Mrs. Truebridge.

Localities, broadly, from which patients came: City of Wellington.

Visited 2nd June, 1910.

There were seventy men and thirty women in the Home, and in the intermediate ward twenty-one men, eight of whom were casual occupants. Since the last report this casual ward has been used as a place in which to put the old men from the Home who have a tendency to wander away, or are otherwise troublesome among the other inmates.

The place was, as usual, in excellent order, and is well and economically managed. There is one woman cook for the main establishment, who manages with the assistance of some of the inmates. An inmate who is unable to work outside cooks for the intermediate ward.

In the sick-ward there were several men who were more fit for the Victoria Ward for chronic patients than for this Home, where people should not be kept who need so much nursing attention by night as well as day. Now that the institutions are under the same management it may be possible to effect an exchange of those chronic patients who do not need such attention with the more helpless ones.

LORNE FARM, SOUTHLAND.

Governing body: Southland Hospital and Charitable Aid Board.
 Usual date of meeting: Thursday preceding second Friday in month.
 Secretary: Thomas Pryde.
 Stipendiary medical staff: Alexander Hendry, M.B., Ch.B.
 Master: Charles H. Cole.
 Matron: Mrs. C. H. Cole.
 Localities, broadly, from which patients came: Southland County, 49; Lake County, 13; Wallace County, 2; Invercargill, 39; South Invercargill, 9; Gore, 15; Campbelltown, 5; Winton, 1; Gisborne, 3; Dunedin, 2.
 Visited on 27th May.

There were forty-eight children, thirty-eight men, and eleven women—a total of ninety-six—in the institution.

As mentioned in previous reports, I do not like the indiscriminate mixing-up of children with the aged and the infirm, although it is true that some of the defects of the system are to a certain extent minimized by the fact that the children attend the State school.

It is absolutely wrong to accommodate sixteen boys in the male quarter.

The place was in very good order.

PARK ISLAND OLD PEOPLE'S HOME, NAPIER.

Governing body: Hawke's Bay United District Charitable Aid Board.
 Usual date of meeting: Second Monday of month.
 Secretary: James Scheele.
 Stipendiary medical staff: J. S. Wilson, M.D., Ch.B. N.Z., M.R.C.S., L.R.C.P.; J. E. L. Simcox, M.B., Ch.B. N.Z.
 Master: William Bannerman.
 Matron: L. M. Bannerman.

Localities, broadly, from which patients came: Woodville County and Borough, 9; Dannevirke County and Borough, 19; Waipawa County and Borough, 17; Waipukurau County, 8; Weber County, 18; Patangata County, 7; Hawke's Bay County, 38; Napier, 29; Hastings, 19; Wairoa County and Borough, 10; other districts, 23.

MEMORIAL HOME, WOOLSTON, CHRISTCHURCH.

Governing body: Ashburton and North Canterbury United Charitable Aid Board.
 Secretary: Thomas C. Norris.
 Stipendiary medical staff: G. S. Clayton, M.D.
 Matron: Margaret Higgins.
 Localities, broadly, from which patients came: Christchurch, 54; Selwyn County, 15; Lyttelton Borough, 4; Woolston Borough, 3; Ashburton County, 2; Kaikoura County, 1; Akaroa County, 2; Amberley Town District, 1; Oxford Road District, 2.
 Visited on 31st August.

As usual, everything was in good order in the Home, and the old people were comfortable and contented.

There were sixty-seven inmates, six of these being men—three in married quarters, and two whose wives had died, and one who had been here for many years. One of the men was a professional gardener, who still occupied himself with gardening, and has done a great deal in the Home flower-garden.

The new chronic wards are completed and almost ready for occupation. The Board is trying to get two trained nurses to take charge, with two probationers as assistants. There is accommodation for forty patients. The wards are very good, but no suitable provision has been made for emptying or rinsing sinks in the lavatories, which are so small and narrow that it will be difficult to assist any patient into them.

There are several old women and chronic invalids scattered through the old building who are badly in need of nursing, and these will shortly be put in one of the wards. The old women in the single rooms all seemed happy. Miss Higgins makes the place as homelike as possible for them, and allows them to have their little personal possessions about; and, although the rooms are crowded-looking, they are clean, and keeping them tidy and clean gives occupation which tends to make their owners content.

The dinner, in course of preparation, was well served.

"TUARANGI" HOME, ASHBURTON.

Governing body: Ashburton and North Canterbury Charitable Aid Board, Christchurch.
 Secretary: Thomas C. Norris.
 Stipendiary medical staff: Dr. Maude.
 Master: F. H. Knight.
 Matron: E. Knight.

Localities, broadly, from which patients came: Ashburton Borough, 12; Ashburton County, 11; Christchurch, 57; Lyttelton, 6; Selwyn County, 8; Akaroa Borough, 1; Rangiora Borough, 2; Kowai Road District, 1; Mandeville and Rangiora Road District, 1.

Visited on 1st September, 1909.

There were sixty-four patients in.

The new wards for chronic patients were finished, but, as in the Jubilee Home for women in Christchurch, the sanitary arrangements left much to be desired. This is, I believe, to some extent to be rectified. There is no bath-room for the nursing staff which is to be attached to these wards, and I was also sorry to see that two of the staff-rooms were being occupied by the cook and his assistant. The cook receives £84 per annum, and his assistant £65. This is a large sum, together with board of two men, to pay for the cooking required in this institution, which should be of the plainest description.

A trained nurse has been engaged for the chronic wards.

HOME FOR THE AGED NEEDY, WELLINGTON.

Governing body: Trustees, nine in number.

Secretary: C. P. Powles.

Master: P. Mackenzie.

Matron: Miss E. Mackenzie.

Visited on 6th June.

There were forty inmates—nineteen women. Among the inmates was one married couple. One woman was in the Hospital with bronchitis; the others were all in fairly good health—no one in bed.

The women were in their comfortable sitting-room, with a bright fire, and seemed very contented. I afterwards saw the men at tea, which was a good meal of cold meat and bread-and-butter and tea.

The Home is well managed by Mr. Mackenzie and his daughter. The latter, however, is resigning her position, and Miss McKay, from the Ohiro Home, has been appointed.

THE TARARU HOME, THAMES.

Visited on 25th October, 1909.

Found everything in good order. The old people seemed contented.

The Master and Matron have been there for about two years, and seemed to be giving satisfaction.

When sick the old men are sent into the Hospital.

ALEXANDRA HOME, NELSON.

Governing body: Nelson Hospital and Charitable Aid Board.

Usual date of meeting: First Wednesday in each month, 7.30 p.m.

Secretary: S. Blomfield.

Master: Frank Liley.

Localities, broadly, from which patients came: Nelson Provincial District.

TIMARU OLD PEOPLE'S HOME.

Governing body: South Canterbury Hospital and Charitable Aid Board.

Usual date of meeting: Third Tuesday in each month.

Secretary: H. S. Russell.

Master: James Young.

Matron: Grace Young.

Visited in April.

An insanitary and altogether unsuitable place. This the Board recognize, and are taking steps to erect a new Home.

NORTH OTAGO CHARITABLE INSTITUTION, OAMARU.

Governing body: The North Otago Benevolent Trustees.

Usual date of meeting: First Monday in each month.

Secretary: Walter Gibb.

Stipendiary medical staff: K. McAdam, M.B.

Matron: Margaret Dormer.

Localities, broadly, from which patients came: Waitaki County, 44; Oamaru, 18; Otago, 5; South Canterbury, 2.

Visited on 27th August.

Twenty-nine men and four women in.

The place is now under the charge of a young woman who was working in the chronic wards at Caversham under the trained nurse, and who has some knowledge of nursing. She has the

entire management, with the assistance of a man, who acts as porter and looks after the cows and garden. She says the old men have given her no trouble, and do as she wishes, and the Trustees seem satisfied.

There have been five deaths among the old people since she went there in April, so her hands have been full with nursing. None of the women are laid up, but there were two or three men in the side ward.

The place was in very fair order.

OLD PEOPLE'S HOME, NEW PLYMOUTH.

Governing body: Taranaki Hospital and Charitable Aid Board.

Usual date of meeting: Third Monday in each month.

Secretary: C. M. Lepper.

Stipendiary medical staff: E. A. Walker, M.A., M.D., C.M.

Matron: Mrs. Bayley.

Localities, broadly, from which patients came: Taranaki, Hawera and Stratford.

Visited several times: always well conducted.

During the year the Matron, Mrs. Farrar, has resigned, and Mrs. Bayley, a late Matron of the New Plymouth Hospital, has been appointed.

JUBILEE HOME, ARAMOHO.

Governing body: The Patea and Wanganui Charitable Aid Board.

Usual date of meeting: Second Wednesday in the month.

Name of Secretary: A. C. Ritchie.

Stipendiary medical staff: James Reid, M.A., M.B., C.B. (House Surgeon, Hospital).

Master: Samuel Jennings Allen.

Matron: Mrs. Allen.

Localities, broadly, from which patients came: Wanganui Borough, 34; Wanganui County, 6; Rangitikei County, 6; Marton Borough, 3; Patea Borough, 3; Taihape Borough, 2; Hunterville, 3; Bull's, 2; Waimarino County, 1; Waitotara County, 1.

WESTPORT OLD PEOPLE'S HOME.

Governing body: Buller Hospital and Charitable Aid Board.

Usual date of meeting: Third Monday in month.

Secretary: Robert F. Mullan.

Stipendiary medical staff: Guy Hallwright, M.R.C.S., L.R.C.P.

Master: Alfred Kearns.

Matron: Mrs. E. Kearns.

Localities, broadly, from which patients came: Westport, 22; Buller County, 10.

The alteration has not yet been commenced in this place.

There were twenty-two people in—only one woman. Mrs. Kearns has a difficulty in getting any assistance. There is a great deal to do in keeping the old place even moderately clean. This will be easier when the improvements are carried out.

WHANGAREI COTTAGE HOME.

Governing body: North Auckland Hospital and Charitable Aid Board.

Usual date of meeting: No fixed date.

Secretary: C. McKinnon.

Stipendiary medical staff: T. G. H. Hall, L.R.C.S. Irel., L.R. Midwif. Irel. (resigned 31st March, 1910).

Master: James Harker.

Matron: Mrs. Harker.

Localities, broadly, from which patients came: Whangarei, 17; Hobson, 7; Bay of Islands, 5; Mangonui, 4; Otamatea, 4.

Visited on 2nd November.

Here extensive additions were being put up, which should accommodate the old people very comfortably, and also provide quarters for the Manager in the old part; also store-rooms, which are badly needed.

There are two dormitories for twelve patients each, and off the bath-room two small rooms for dirty cases. The dining-room is being enlarged by one end being thrown out, and a smoking-room is to be put at the back.

The women will remain where they are now, and where they are very comfortable; but the whole place is to be painted and cleaned up. It should then be a very complete and comfortable Home.

There were fifteen men and four women in, and all seemed very content. The beds and dormitories were beautifully clean. Mr. and Mrs. Harker work hard, and keep the place very well. They have one servant to help, and the gardener at the Hospital is supposed to help in the garden and grounds.

OLD MEN'S HOME, HAMILTON.

Governing body: Waikato Hospital and Charitable Aid Board.

Usual date of meeting: Every fourth Thursday.

Secretary: W. I. Conradi.

Stipendiary medical staff: Dr. Douglas.

Master: J. Beck.

Matron: Mrs. Beck.

Localities, broadly, from which patients came: Board's district.

It is to be hoped that arrangements will be made with the Auckland Board to receive the inmates from this institution, which is scarcely fitted for its present purpose.

OLD MEN'S HOME, GISBORNE.

Governing body: Cook Hospital and Charitable Aid Board.

Usual date of meeting: Third Friday in each month.

Secretary: H. M. Porter.

Medical staff: House Surgeon, Hospital.

Master: R. C. Vigis.

Matron: Mrs. Vigis.

Localities, broadly, from which patients came: Cook County, 16; Waikohu County, 7; Gisborne Borough, 20.

RENALL SOLWAY HOME, MASTERTON.

Governing body: South Wairarapa Benevolent Society.

Usual date of meeting: Second Wednesday in every month.

Secretary: C. A. Tabuteau.

Matron: Mrs. Urwin Johns.

Localities, broadly, from which patients came: England, 10; Ireland, 3; Scotland, 1; New Zealand, 1.

Visited on 8th April.

There were only four old men in, but usually the number increases very much in the winter.

Six new rooms had been added, but have not yet been used. The kitchen had been enlarged and a scullery added.

Mrs. Johns keeps the place beautifully clean, and the old men seemed very content.

WALTHAM ORPHANAGE.

Governing body: Ashburton and North Canterbury United Charitable Aid Board.

Secretary: Thomas C. Norris.

Stipendiary medical staff: G. S. Clayton.

Matron: Jean Donaldson.

Visited on 2nd September, 1909.

The Matron, Miss Donaldson, conducted me over the institution. Everything was clean and orderly.

There are fourteen children at present, being one more than the correct limit, Miss Donaldson said. Three children of one family had to be provided for recently, an extra bed being put in one of the dormitories. There are nine boys and four girls, three children under five years. They were all at school except the little ones, who were playing in the outside room, and looked well and happy.

ST. ANDREW'S ORPHANAGE, MOTUEKA.

I visited the orphanage at Motueka on the 24th January. There were forty-three children in, eleven of these being girls. The children were just coming out of school. This being a Board school, outside children attend, and the schoolmaster comes out from the village. Mr. Haycock being away on leave, this master was residing temporarily at the orphanage.

Two of the girls who had been brought up there were now on the staff, one acting as cook under Mrs. Haycock.

One boy still lives here and attends the High School, his brother paying for him. Several children who are not orphans are here, their parents being unable to manage them: Mrs. Haycock said she had no trouble with them.

They all looked a happy and healthy lot of children, and are neatly dressed and well-mannered. Their ages varied from seven to sixteen. They all have their house duties, and the boys chop wood and do a good deal of outside work, such as milking, gardening, &c.

When the hop-picking begins they are to help in this, and at Easter they are always taken for a holiday, camping out.

The dormitories were beautifully fresh and clean, and well ventilated.

There had been a case of serious illness during the year, one of the boys having developed rheumatic fever, and subsequently severe bleeding from the nose. A nurse had been engaged for six weeks. He was convalescent at the time of my visit.

HAWKE'S BAY CHILDREN'S HOME, GREENMEADOWS.

Governing body: Six Trustees, assisted by Ladies' Committee of Management.
 Usual date of meeting: Committee meets first Monday each month.
 Secretary of Trustees: J. W. Craig.
 Secretary of Committee: Miss H. C. Davenport.
 Honorary medical staff: Dr. T. C. Moore; Mr. Frost, dental surgeon.
 Matrons: Mrs. Macgregor and Miss England.
 Assistant Matrons: Miss Pollock, Miss Kyle.
 Localities, broadly, from which patients came: Napier, 31; Clive, 2; Weber, 2; Hastings, 10; Dannevirke, 8.

CHRISTCHURCH SAMARITAN HOME.

Governing body: Samaritan Home Trustees.
 Secretary: A. Lindsay.
 Honorary medical staff: Dr. Orchard.
 Master: Maurice Roche.
 Matron: Minnie Roche.
 Visited on 2nd September, 1909.
 There were sixty-three inmates—twenty-two women, thirty-eight men, and three babies.
 This institution is one of those of which I utterly condemn the principle—of providing in the same place, even if under a different roof, for the criminal, the inebriate, and the fallen woman.
 The women's quarters were clean, though not very tidy. The men's quarters in the adjoining building are ill-ventilated, falling to pieces, and dirty.
 I hope the new Board will close this institution.

ARMAGH STREET CHARITABLE INSTITUTION, CHRISTCHURCH.

Governing body: United District Charitable Aid Board, Christchurch.
 Secretary: T. C. Norris.
 Stipendiary medical staff: Dr. Clayton (non-resident).
 Master: Andrew Russell.
 Localities, broadly, from which patients came: Ashburton County, 4; Christchurch City, 11; Kaikoura County, 1; Lyttelton Borough, 2; Selwyn County, 4; swaggers, 12; outside districts, 4.

JUBILEE INSTITUTE FOR THE BLIND, AUCKLAND.

Governing body: Jubilee Institute for the Blind Trustees.
 Usual date of meeting: Second and fourth Wednesday in each month.
 Secretary: R. Leslie Hunt.
 Honorary medical staff: A. Marsack, L.R.C.S., L.R.C.P. Edin.; A. C. Purchas, M.R.C.S.
 Principal: Charles H. Frayling.
 Matron: Kate S. Minchin.

WELLINGTON CONVALESCENT HOME.

Governing body: Wellington Convalescent Home Trustees.
 Usual date of meeting: First Wednesday in each month.
 Secretary: Ethel Nathan.
 Matron: Miss Oakley.
 Visited on 13th July, 1909.
 Nine patients were in. Everything in excellent order. The patients, three of whom were from the Hospital, were looking well, and said they were most comfortable and well cared for.
 There have been some small improvements: the path up from Oriental Bay is better, and the ground has been enclosed in front with a brushwood fence, and a little garden made.

ALEXANDRA CONVALESCENT HOME, AUCKLAND.

Governing body: Auckland Hospital and Charitable Aid Board.
 Honorary medical staff: D. W. Murray, M.D.
 Matron: A. D. Peiper.
 Localities, broadly, from which patients came: Auckland Hospital District.
 Visited on 29th October.
 Eight patients in all, but one from the Hospital.
 Everything was satisfactory. Since my visit I hear that the Board has decided to manage this institution as a branch of the Hospital, sending a nurse there for short periods. They will still, as heretofore, take outside cases as well.
 Dr. Williams has resigned his position of medical attendant, but I believe the Hospital staff will visit when required.

Class VI—under 10 beds—continued.

	2	1	3	1	2	1	6	4	16	8	2	67	26	93	7	31	164	18	4	29	8	3	135	10	1	£1 to £1/10	..	5-6							
32. South Wairarapa*							
33. Patea ..	1	1	1	1	1	1	12	10	25	8	2	85	39	124	4	25	190	16	5	19	19	3	170	17	2	..	..	5-3					
34. Pahiatua*	3	..	..	..	..	..	5	5	19	7	1-7	84	39	123	9	20	167	5	11	34	11	7	132	14	4	..	..	..	7-6	
35. Naseby*	8	8	19	6	1-5	65	28	98	8	25	188	7	2	42	4	5	146	2	9	..	..	..	6-3						
36. Mercury Bay*	6	6	11	6	6	78	15	93	6	25	180	0	11	27	18	10	152	2	11	464	(g) 792	5-2							
37. Dunstan*	8	8	13	6	6	57	15	72	9	33	176	17	6	38	11	7	138	5	11	(f) 110	0	..	9-5						
38. Tuapeka	6	6	27	5	5	62	35	97	5	20	157	3	0	52	3	0	105	0	0	(f) 110	0	..	50	6-9					
39. Arrowtown*	6	6	17	5	5	44	35	79	8	21	185	0	4	36	11	10	149	8	6	(h) 110	0	..	27	7-6					
40. Wakatipu*	5	5	23	5	5	53	31	74	6	27	193	16	8	45	16	10	151	19	10	(f) 110	0	..	37	6-4					
41. Coromandel*	15	4	24	5	1-6	70	16	86	11	20	304	11	10	39	18	6	264	13	4	(f) 115	0	..	4,001	4-8					
42. Wairoa	6	6	11	5	1-3	48	23	71	2	35	195	14	3	22	14	11	175	1	4	(f) 110	0	..	..	8-4					
43. Mangonui	6	6	13	4	1-3	42	10	42	3	34	197	16	3	32	14	11	175	1	4	(f) 110	0	..	..	8-4					
44. Cromwell*	3	3	12	3	1-5	49	6	55	3	20	318	6	11	40	18	2	277	8	9	(f) 110	0	88	7-1				
45. Waiapu	8	8	8	2	1	18	13	34	1	46	498	7	1	43	16	0	457	8	11	(f) 110	0	..	..	3-2					
46. Kawene	4	4	10	2	1	18	13	31	4	28	317	0	2	39	0	0	278	0	2	(f) 110	0	10	5-9				
47. Akaroa	4	4	8	1	1	17	4	21	2	20	407	13	9	27	4	0	380	9	9	(f) 110	0	..	..	9-4					
48. Kaikangata	6	6	9	1	1-5	15	6	21	2	10	295	14	10	13	16	0	281	18	10	(f) 110	0	..	..	4-8					
49. Taumarunui	4	2	6	3	1-5	52	16	68	4	17	283	13	0	37	6	2	196	6	10	(f) 110	0	..	..	..		
<i>Hospitals which are also Old Men's Homes—</i>																																			
Grey River*	69	9	80	51	4-2	313	54	367	48	51	86	17	1	18	14	1	68	3	0	1	1	0	430	5-2					
Westland*	3	36	12	50	34	4-8	112	62	174	18	72	80	0	7	18	2	2	61	8	5	1	10	0	..	524	8-6				
Kumara	2	2	30	3	4	97	31	128	13	89	65	8	2	22	5	2	43	3	0	1	0	0	..	200	6-1				
Reefton*	5	6	34	21	4-2	105	23	128	10	59	83	4	5	15	3	11	68	0	9	1	10	0	..	414	6-2				
Ross	1	5	15	11	11	27	1	28	4	148	99	11	8	15	15	11	83	15	9	1	0	0	5-3				
Charleston*	1	5	12	7	7	..	..	..	2	209	96	12	10	26	2	1	70	10	9	(h) 110	0	..	..	5-3					
Havelock	3	3	6	1	1	26	5	31	..	11	184	14	2	50	2	8	134	11	6	(h) 110	0	..	..	9-4					
Totals and averages ..	101	26	54	210	452	282	1551	429	864	2,689	1,709	2,613	4,007	7,082	1,081	635	35	104	18	5	21	10	1	83	8	4	(p) 1	6	0	13,745	53,884	5-3			
<i>SPECIAL HOSPITALS.</i>																																			
<i>Maternity Homes—</i>																																			
St. Helens Hospital, Christchurch			
Auckland	2	10	3	18	11	0-9	15	107	15	11	70	17	7	36	18	4	1	10	0	..	76	..	4-4			
Wellington	2	10	3	14	10	0-8	15	135	4	5	67	4	9	67	19	8	1	10	0	..	152	..	5-8			
Dunedin	2	10	4	14	16	0-8	15	142	4	10	73	17	5	66	7	5	1	10	0	..	70	..	6			
Dunedin Medical School	1	2	3	16	16	0-7	14	169	10	0	84	3	10	85	6	2	1	10	0	..	30	..	6-4			
Totals and averages ..	1	..	6	10	41	15	4	..	78	90	4-9	16	124	14	10	72	0	2	52	14	8	1	10	0	..	358	..	5-2			
<i>Consumptive Sanatoria—</i>																																			
Cambridge		
Ohaki	
Christchurch†	
Totals and averages ..	2	1	9	15	15	15	17	70	58	80	2-2	138	88	226	9	(p) 119	(p) 135	12	8	(p) 27	5	0	108	7	8	(p) 1	10	0	5-2		
<i>Infectious Diseases Hospital—</i>																																			
Dunedin	
Timaru
Christchurch
Totals and averages	2	3	1	4	2	12	6	13	(p) 2-5	62	65	127	2	39	153	18	3	(p) 2	8	7	151	9	8	1	15	0	4-0

† Gore Hospital opened 2nd November, 1909. † Christchurch Sanatorium opened 10th March, 1910.
 employed also. (c) Two dispensers employed also. (d) Includes five casuals. (e) One part time.
 (k) 8s. to pensioners. (l) Roughly. (m) No fixed charge. (n) In computing this the figures regarding Christchurch Sanatorium have not been considered. (o) Staff supplied from other districts. (p) Average for Dunedin and Christchurch Infectious Diseases Hospitals, as figures for Timaru not available. (q) £1 15s. to persons from other districts. (r) £1 to subscribers. (s) Unregistered. (t) £1 to subscribers. (u) Average for

TABLE II.—Showing RECEIPTS on account of HOSPITALS during the Year ended 31st March, 1910.

Hospital. (Those marked with an asterisk were separate institutions.)	Contributed by the Government.				Voluntary Contributions.					Rents, Interest, and Dividends.	Patients' Payments (other than those mentioned in Columns 4, 14, and 15).	Net Receipts from Old-age Pensioners.	Payments made on Account of Patients by other Governing Authorities.	Receipts from other Sources.	Total Receipts.	Hospital. (Those marked with an asterisk were separate institutions.)		
	Balance from last Year.	Ordinary Subsidies.	Special Grants.	Payments on Account of Patients.	Total Government Contributions.	From Local Authorities Ordinary Levies.	Subscriptions and Donations.	Hospital Saturday and Sunday Collections.	Net Proceeds of Band Collections, Entertainments, &c.								Bequests.	Total Voluntary Contributions.
Class I—100 beds and over—																		
Auckland	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	Auckland.	
Wellington*	1,412 1 5	8,303 18 9	..	..	8,303 18 9	8,303 18 9	55 6 6	..	..	55 6 6	1,491 13 0	4,659 19 6	..	..	7 0 0	22,821 16 6	Wellington.*
Dunedin*	..	8,810 0 5	..	89 14 8	8,810 0 5	8,382 0 0	139 14 6	..	362 7 10	553 0 4	3,234 10 10	3,524 9 1	181 15 10	..	3,392 8 0	29,490 5 11	Dunedin.*	
Christchurch	10,268 3 10	6,220 5 5	..	..	6,310 0 1	5,975 13 6	186 3 11	..	..	186 3 11	39 18 0	2,998 19 8	117 16 3	45 2 6	418 4 5	16,091 18 4	Christchurch.
Christchurch	..	8,325 17 2	..	..	8,325 17 2	11,875 10 1	105 10 9	..	..	110 10 8	..	1,617 3 6	25 3 4	..	395 2 0	32,617 10 7	Christchurch.
Class II—40-99 beds—																		
Wanganui	1,196 9 9	2,922 16 11	2,922 16 11	1,696 2 6	1,191 16 10	..	14 14 0	5,701 4 1	6,907 14 11	1,245 12 3	534 12 9	9 2 5	150 0 0	55 15 3	14,718 6 9	Wanganui.
Napier*	1,856 1 5	4,514 8 11	4,514 8 11	2,450 0 0	1,322 3 7	212 3 10	203 3 8	..	1,746 11 1	67 6 6	1,087 1 10	..	280 10 0	2 2 0	12,004 1 9	Napier.*
Waikato	155 10 8	3,864 18 3	..	..	3,864 18 3	4,703 18 8	127 10 0	..	..	127 10 0	230 11 6	1,821 9 4	..	..	61 0 0	10,964 18 5	Waikato.
Timaru	..	1,813 18 1	..	..	1,813 18 1	1,607 15 4	26 7 0	..	59 10 10	..	4 0 0	630 8 9	..	..	1 12 6	4,143 12 6	Timaru.
Southland*	2,514 1 11	2,769 6 11	200 0 0	..	2,969 6 11	2,147 10 0	58 16 7	458 10 0	..	517 6 7	85 11 7	535 8 7	63 8 10	33 1 6	194 4 4	8,700 0 3	Southland.*	
Nelson	..	1,458 15 4	..	..	1,458 15 4	1,039 5 0	74 11 4	..	7 16 3	600 0 0	682 7 7	759 2 7	..	..	54 0 8	4,207 9 8	Nelson.
Palmerston North	637 4 11	3,506 7 10	180 0 0	6 1 0	3,692 8 10	3,137 10 11	142 4 10	102 9 5	23 18 5	200 0 0	3 2 0	829 4 0	4 6 2	..	49 2 10	8,821 12 4	Palmerston North.	
Thames*	976 2 10	1,455 11 7	..	..	1,455 11 7	900 0 0	93 0 5	..	46 10 0	448 16 1	588 6 6	1,222 1 1	..	..	15 8 0	5,188 16 0	Thames.*
Class III—30-39 beds—																		
New Plymouth	..	1,538 14 3	..	..	1,538 14 3	1,193 15 11	113 9 5	158 4 8	..	271 14 1	40 0 0	2,047 11 7	..	199 8 0	29 6 0	5,320 9 10	New Plymouth.
Gisborne*	..	559 2 11	..	..	559 2 11	3,740 0 0	8 9 1	232 13 4	175 13 5	..	416 15 10	45 3 0	787 10 2	..	..	5,548 11 11	Gisborne.*
Class IV—20-29 beds—																		
Waihi*	799 1 6	1,556 15 3	..	..	1,556 15 3	1,500 0 0	57 8 3	..	158 9 2	..	210 17 5	997 18 0	..	..	16 18 0	5,081 10 2	Waihi.*
Westport	..	402 19 10	400 0 0	..	862 19 10	433 5 0	41 0 6	..	..	20 10 1	61 10 7	79 4 3	763 6 6	448 8 5	..	2,648 14 7	Westport.
Wallace and Fiord*	..	1,370 0 0	26 10 0	..	1,396 10 0	1,115 0 0	14 17 1	244 7 11	..	..	259 5 0	430 5 7	19 3 4	..	19 0 6	3,239 4 5	Wallace and Fiord.*
Class V—10-19 beds—																		
Waipawa	1,737 0 2	2,555 10 7	..	1 0 0	2,556 10 7	2,254 14 4	232 8 4	..	3 0 10	..	235 9 2	669 1 3	..	..	0 7 0	7,453 2 6	Waipawa.
Wairau	801 11 5	925 2 1	33 1 1	..	958 3 2	991 15 10	27 10 11	..	..	..	27 10 11	480 14 8	141 16 8	165 18 4	17 14 6	3,617 2 1	Wairau.
Masterton*	685 1 10	1,116 3 5	..	2 0 0	1,118 3 5	900 1 6	153 17 10	20 8 4	40 6 6	..	214 12 8	784 5 0	14 13 4	..	14 12 6	3,731 10 3	Masterton.*	
Dannevirke*	1,196 15 5	2,010 18 3	..	3 14 0	2,014 12 3	991 0 0	176 13 9	14 4 9	621 14 0	..	812 12 9	325 9 8	..	..	5 19 1	5,362 10 2	Dannevirke.*
Waimate*	..	145 1 9	..	..	145 1 9	1,568 13 11	5 1 0	..	14 0 0	..	19 1 0	158 7 1	..	14 0 8	1,905 4 5	1,905 4 5	Waimate.*
Ashburton	145 1 11	849 1 1	..	2 0 0	851 1 1	770 0 0	4 14 5	..	..	..	4 14 5	399 14 6	37 10 10	..	9 17 8	2,218 0 5	Ashburton.
Oamaru*	1,228 4 3	180 9 0	..	0 14 3	181 1 3	..	131 17 6	..	20 16 0	..	152 13 6	276 13 6	43 5 9	..	34 1 10	3,008 8 9	Oamaru.*	
Hawera	522 0 2	917 12 11	..	..	917 12 11	1,048 2 7	45 1 0	..	..	..	45 1 0	497 8 2	..	..	15 2 4	3,045 7 2	Hawera.
Gore†	..	805 1 7	..	..	805 1 7	626 3 5	..	..	..	..	..	117 17 3	..	..	10 5 6	1,559 7 9	Gore.
Picton	460 8 10	533 13 1	..	..	533 13 1	590 6 5	46 4 6	..	204 9 8	..	250 14 2	265 1 9	8 0 0	23 3 0	114 15 0	2,249 2 3	Picton.
Class VI—Under 10 beds—																		
Otaki	..	911 4 10	..	..	911 4 10	911 4 10	10 0 0	..	5 0 0	..	15 0 0	155 17 5	..	..	..	1,993 7 0	Otaki.
Stratford	422 3 6	541 6 9	..	..	541 6 9	659 14 10	14 3 7	..	128 0 6	..	142 4 1	479 16 5	..	..	137 18 0	2,396 14 2	Stratford.
North Wairoa	17 17 1	522 2 8	150 0 0	..	672 2 8	413 0 0	273 11 0	..	..	..	273 11 0	367 9 6	..	..	17 1 3	1,761 1 3	North Wairoa.
Whangarei*	..	735 8 2	..	..	735 8 2	571 19 0	48 1 3	..	88 3 10	..	186 5 1	422 10 7	..	..	..	1,866 2 10	Whangarei.*
South Wairarapa*	295 7 4	530 12 6	..	..	530 12 6	729 5 3	5 17 8	..	..	25 0 0	30 17 8	235 5 10	..	..	2 11 2	1,823 19 9	South Wairarapa.*
Patea	2,414 11 9	1,283 12 1	..	44 14 4	1,328 6 3	440 0 0	32 0 7	..	600 0 0	192 6 8	824 7 3	159 14 1	159 14 1	..	0 3 3	5,186 0 4	Patea.	
Pahiatua*	72 3 0	638 17 6	..	1 15 0	640 12 6	638 17 6	20 18 0	..	..	..	20 18 0	8 0 0	..	..	11 1 3	1,633 13 5	Pahiatua.*
Naseby*	..	538 3 3	..	..	538 3 3	428 7 8	108 15 10	..	..	..	108 15 10	247 14 6	7 12 2	..	8 8 9	1,339 2 2	Naseby.*
Mercury Bay*	217 15 9	691 5 11	..	..	691 5 11	285 16 7	285 16 7	183 15 7	..	..	469 12 2	13 13 0	..	..	..	1,608 7 3	Mercury Bay.*
Dunstan*	2 15 6	424 5 4	..	..	424 5 4	228 3 4	165 2 8	..	10 11 3	5 0 0	180 13 11	191 10 2	39 19 4	..	0 16 4	1,068 3 11	Dunstan.*
Arrowtown*	85 5 10	364 8 11	..	16 5 0	380 13 11	262 16 1	96 19 0	..	..	..	96 19 0	158 9 1	19 10 0	..	2 9 6	1,006 3 5	Arrowtown.*
Wakatipu*	173 6 11	375 11 6	..	..	375 11 6	231 13 7	101 14 2	..	..	..	101 14 2	206 0 9	28 3 4	..	6 10 6	1,123 0 10	Wakatipu.*
Coromandel*	311 7 9	686 4 3	..	..	686 4 3	200 10 0	324 12 2	..	95 18 6	..	420 10 8	199 12 5	..	..	11 0 0	1,829 5 1	Coromandel.*
Wairoa	142 16 9	332 11 6	..	..	332 11 6	393 0 9	64 18 8	15 17 6	246 5 7	..	327 1 9	178 19 0	..	..	0 6 0	1,374 15 9	Wairoa.
Tuapeka	..	260 2 6	..	..	260 2 6	260 2 6	1 8 0	..	..	..	1 8 0	250 15 0	..	..	12 3 6	794 11 6	Tuapeka.
Mangonui	..	370 13 0	..	..	370 13 0	370 13 0	..	..	..	..	..	90 19 8	..	..	..	832 5 8	Mangonui.
Cromwell*	574 12 7	344 3 9	..	..	344 3 9	120 3 8	164 7 11	..	..	..	164 7 11	98 14 9	23 19 8	..	3 6 0	1,361 14 7	Cromwell.*
Waipau	453 6 9	788 12 3	..	..	788 12 3	400 0 0	325 3 1	..	..	..	325 3 1	131 8 0	..	..	7 12 2	2,056 2 11	Waipau.
Taumarunui	..	597 1 7	597 1 7	..	597 1 7	..	81 7 10	..	..	..	81 7 10	111 18 6	..	..	2 2 0	792 9 13	Taumarunui.
Rawene	70 0 0	547 10 8	..	..	547 10 8	539 7 7	6 16 0	..	..	..	6 16 0	78 0 0	..	..	2 7 0	1,247 19 3	Rawene.
Akaroa	..	182 14 10	..	..	182 14 10	182 14 11	..	..	..	..	..	27 4 0	..	..	..	392 13 9	Akaroa.
Kaitangata	..	350 0 0	..	..	350 0 0	350 0 0	..	..	..	..	..	13 16 0	..	..	..	713 16 0	Kaitangata.
Hospitals which are also Old Men's Homes—																		
Grey River*	86 16 11	1,636 5 11	..	..	1,636 5 11	1,100 0 0	188 18 0	..	174 3 8	..	363 1 8	417 2 0	536 18 4	..	113 5 1	4,253 9 1	Grey River.*
Westland*	977 2 1	1,632 17 1	..	..	1,632 17 1	791 13 4	468 6 10	29 0 8	48 10 6	206 19 1	752 17 1	150 12 8	441 2 5	..	96 15 7	4,904 14 10	Westland.*
Kumara*	104 5 8	610 8 5	439 0 0	..	1,049 8 5	364 11 8	209 15 8	..	..	..	209 15 8	328 1 7	360 18 9	..	38 0 2	2,455 1 11	Kumara.*
Reefton*	125 11 0	664 19 0	433 6 8	..	1,098 5 8	850 0 0	504 16 9	..	..	..	504 16 9	149 9 0	169 12 5	..	4 3 3	2,901	

TABLE III.—Showing HOSPITAL EXPENDITURE for the YEAR ENDED 31st MARCH, 1910.

Table with columns: Hospital, Average Number of Occupied Beds, Provisions, Surgery and Dispensary, Domestic and Establishment, Salaries and Wages, Maintenance, Administration, Total Maintenance and Administration, Capital Expenditure, Miscellaneous Expenditure, Total Expenditure. Rows include Class I-100 beds and over, Class II-40 to 99 beds, Class III-30 to 39 beds, Class IV-20 to 29 beds, Class V-10 to 19 beds, Class VI-under 10 beds, Hospitals which are also Old Men's Homes, Special Hospitals-Maternity Homes, Consumptive Sanatoria, and Infectious Disease Hospitals.

† Including rents, returns of contractors' deposits, and other expenditure not connected with true hospital expenditure. † Gore Hospital was opened on the 21st November, 1909. This accounts for the apparently very low expenditure in every item. † Christchurch Sanatorium opened only twenty-one days prior to 31st March, 1910. † In comparing these figures reference should be made to Table IIIA and notes thereto which show that some hospitals obtain a considerable quantity of their provisions from their own grounds, with the effect that the cost of provisions is lowered and that of domestic and establishment raised.

TABLE IIIA.—Giving DETAILS of Item "PROVISIONS" in Table III.

(NOTE.—In many cases the items have not been separate—e.g., "Milk" and "Eggs" appearing with "Butter," or "Eggs" with "Grocery." It is hoped to obtain complete information next year.)

Hospitals.	Average Number of Occupied Beds per Diem.	Meat.	Fish, Poultry, &c.	Butter.	Milk.	Eggs.	Bread and Flour, &c.	Vegetables and Fruit.	Grocery.	Total Provisions.
		£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
<i>Class I—over 100 beds—</i>										
Auckland ..	242	784 18 0	672 6 4	597 18 10	841 3 0	297 7 6	435 1 10	347 3 10	861 17 3	4,837 16 7
Wellington ..	223	951 17 6	335 9 6	353 3 7	1,187 2 7	112 17 7	257 17 10 ⁽¹⁾	424 17 9	1,194 11 6	4,817 17 10
Dunedin ..	151	1,069 3 10	376 15 8	420 7 9	543 3 0	302 3 9	286 8 4	271 17 7	511 6 4	3,781 12 3
Christchurch ..	111	782 16 5	246 11 0	394 1 3	534 6 7	215 17 1	276 17 10	112 10 6 ⁽²⁾	557 1 6	3,120 2 2
<i>Class II—40-99 beds—</i>										
Wanganui ..	66	245 17 3	64 5 8	196 4 8	287 14 1	83 1 6	125 6 6	109 11 9	270 4 2	1,382 5 7
Napier ..	64	325 7 0	138 13 4	286 2 0	334 15 2	52 7 0	126 9 4	199 19 0	277 5 11	1,740 18 9
Waikato ..	62	428 7 2 ⁽³⁾	47 0 0	183 0 0	62 1 3 ⁽⁴⁾	..	128 16 5	65 0 0	914 18 0	1,809 2 10
Timaru ..	48	248 9 1	51 14 10 ⁽⁵⁾	119 15 1	225 19 8	..	94 16 3	77 19 7 ⁽⁶⁾	163 18 1	1,016 7 1
Southland ..	47	224 0 5	64 16 8	147 12 6	145 10 3	51 16 11	118 14 6	64 8 10 ⁽⁷⁾	199 7 11	1,046 8 0
Nelson ..	47	143 14 7	13 11 4	141 15 1	222 11 6	27 3 4	108 16 11	63 16 2	224 18 4	956 7 3
Palmerston North ..	42	205 14 9	40 19 0	117 7 6	84 17 2	15 10 6	78 16 7	59 12 10	140 7 4	743 5 8
Thames ..	41	74 0 4	34 16 2	59 1 11	122 16 7	20 12 10	59 1 11	11 8 7 ⁽⁸⁾	125 3 3	507 1 7
<i>Class III—30-39 beds—</i>										
New Plymouth ..	36	197 10 10	21 9 8	152 19 0	143 1 4	48 4 6	75 0 9	44 6 2	208 8 1	891 0 4
Gisborne ..	34	162 1 11	13 17 8 ⁽⁹⁾	114 12 6 ⁽¹⁰⁾	145 1 0	6 0 8 ⁽¹¹⁾	93 6 5	44 1 10 ⁽¹²⁾	226 7 7	805 9 7
<i>Class IV—20-29 beds—</i>										
Waikato ..	29	158 9 7	51 11 7	98 19 2	215 7 0	21 4 5	60 1 11	40 14 0 ⁽¹³⁾	190 14 7	837 2 3
Westport ..	25	154 0 0	5 0 11 ⁽¹⁴⁾	72 13 4	159 5 11	12 16 6 ⁽¹⁵⁾	68 8 4	14 15 2	192 11 6	679 11 8
Wallace and Fiord ..	21	82 13 1	19 16 0 ⁽¹⁶⁾	40 19 0	65 18 0	1 10 9 ⁽¹⁷⁾	46 8 2	2 6 10 ⁽¹⁸⁾	108 19 11	368 11 9
<i>Class V—10-19 beds—</i>										
Waipawa ..	19	105 19 6	17 10 10	76 7 6	15 14 2 ⁽¹⁹⁾	0 3 0 ⁽²⁰⁾	53 14 0	23 10 8 ⁽²¹⁾	139 0 2	431 19 10
Waipara ..	18	140 18 2	17 2 0	..	117 17 6	..	57 3 11	17 18 7	290 4 1	640 14 3
Masterton ..	17	114 16 10	23 3 3	72 0 9	85 17 1	13 0 1	72 11 8	60 13 5	102 15 7	544 18 8
Dannevirke ..	16	81 16 11	28 11 7	51 3 4	..	..	44 12 2	21 4 3	153 18 5	381 6 8
Waimate ..	14	71 1 1	7 4 6 ⁽²⁴⁾	19 17 11 ⁽²⁵⁾	0 14 0 ⁽²⁶⁾	1 7 11	44 0 11	2 7 0 ⁽²⁷⁾	64 13 5	211 6 9
Ashburton ..	14	89 4 2	14 12 8 ⁽²⁸⁾	11 18 4 ⁽²⁹⁾	29 9 0	3 18 9 ⁽³⁰⁾	78 6 6	227 9 5
Oamaru ..	14	110 5 3	14 9 6 ⁽³¹⁾	52 13 11	3 1 0 ⁽³⁴⁾	3 18 4 ⁽³²⁾	47 7 5	7 7 2 ⁽³³⁾	72 8 1	311 10 8
Hawera ..	12	124 5 7	19 2 5	63 9 8	68 1 8	..	55 15 3	12 8 8	166 0 2	509 3 5
Gore ..	12	14 2 5	2 14 5	8 8 5	7 2 11	..	10 14 0	3 19 11	30 3 3	79 17 10
Picton ..	10	41 0 7	..	46 0 11	65 11 2	6 9 8 ⁽³⁷⁾	25 16 7	1 2 8 ⁽³⁸⁾	80 19 7	267 1 2
<i>Class VI—Under 10 beds—</i>										
Otaki ..	9	60 0 0	12 0 0 ⁽³⁹⁾	28 0 0	..	..	27 0 0	14 0 0 ⁽⁴²⁾	90 4 8	231 4 8
Stratford ..	9	42 0 0	8 18 0	38 6 10	49 10 9	3 14 6 ⁽⁴³⁾	20 11 10	14 8 9 ⁽⁴⁴⁾	56 13 9	234 4 5
North Waikato ..	9	83 16 4	11 17 6	30 18 4	44 18 0	2 0 0	27 13 0	36 7 6	90 8 10	327 19 6
Whangarei ..	8	59 11 3	3 19 0	26 3 4	37 5 11	3 19 9	27 3 10	10 13 1	42 9 7	211 5 9
South Waikato ..	8	60 2 4	0 7 3	37 11 10	35 16 11	14 18 6	23 16 4	18 2 0	52 15 5	243 10 7
Patea ..	8	57 6 6	4 3 8	26 13 1	44 13 5	7 16 4	21 6 7	31 1 1	100 1 1	293 1 9

TABLE IIIA.—Giving DETAILS of Item "PROVISIONS" in Table III—continued.

Hospitals.	Average Number of Occupied Beds per Diem.	Meat.	Fish, Poultry, &c.	Butter.	Milk.	Eggs.	Bread and Flour, &c.	Vegetables and Fruit.	Grocery.	Total Provisions.
		£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
<i>Class VI—Under 10 beds—continued.</i>										
Pahiata ..	7	48 6 10	6 19 7 ⁽⁴⁵⁾	30 7 0	10 4 10 ⁽⁴⁵⁾	2 15 2 ⁽⁴⁷⁾	20 3 11	6 11 4	78 11 4	201 4 10
Naseby ..	6	37 12 6	5 11 0	27 3 3	41 9 3	2 10 2	26 5 6	12 4 2	52 19 6	206 0 4
Mercury Bay ..	6	86 4 8	4 14 6	34 8 11	34 10 11	1 10 2	22 0 4	2 1 4	97 13 5	283 4 3
Dunstan ..	6	40 14 10	1 7 0	13 12 0	34 15 4	5 6 6	19 3 4	3 15 8 ⁽⁴⁸⁾	54 7 10	173 2 6
Arrowtown ..	5	46 4 8	.. 7 0	12 11 3	26 3 3	7 0 0	8 9 10	5 13 2	45 19 6	152 1 8
Wakatipu ..	5	41 19 6	5 5 7	18 13 4	49 11 7	.. 0 0	17 3 3	4 19 0	44 17 6	182 9 9
Coromandel ..	5	60 9 7	3 12 3 ⁽⁴⁹⁾	34 13 0	39 16 7	16 2 0 ⁽⁵⁰⁾	19 1 4	1 2 2 ⁽⁵¹⁾	64 12 11	239 9 10
Wairoa ..	5	31 10 11	1 2 0	16 19 0	26 17 6	.. 3 6	15 14 7	.. 5 6	49 5 11	141 9 11
Tuapeka ..	5	64 19 9	4 5 2	16 12 8	33 14 1	.. 3 6	10 14 11	0 5 6	34 16 2	173 11 9
Mangonui ..	4	.. ..	.. 1 ⁽⁵²⁾	209 15 6
Cromwell ..	3	30 16 10	14 7 1 ⁽⁵³⁾	11 15 10	.. ..	.. ..	12 9 0	0 16 4 ⁽⁵⁴⁾	104 9 6
Waipatu ..	3	31 18 11	0 13 0	.. ..	.. ..	.. ..	16 9 0	1 18 11	52 2 1	114 17 9
Taumarunui ..	3	36 11 8	5 2 7	13 14 4	29 17 2	0 7 5	15 14 4	6 18 3	31 16 6	137 19 6
Rawene ..	2	18 9 9	3 18 8	7 11 10	16 14 7	1 6 3	9 17 0	9 4 4	32 10 1	93 12 6
Akaroa ..	1	20 19 10	2 17 6	6 7 0	10 13 6	2 6 6	6 9 3	2 17 6	22 0 6	74 11 7
Kaitangata ..	1	13 0 8	1 12 7	.. ..	5 7 2	.. ..	2 13 5	0 17 9	58 10 9	82 2 4
<i>Hospitals which are also Old Men's Homes—</i>										
Grey River ..	51	360 9 2	11 12 0	100 0 0	168 0 0	20 0 0	112 1 3	39 15 9 ⁽⁵⁷⁾	288 2 11	1,100 1 1
Westland ..	34	184 14 9	5 19 11	85 12 4	146 4 2	18 12 5	74 7 0	1 16 3 ⁽⁵⁸⁾	192 2 9	709 9 7
Kumara ..	31	126 16 8	0 15 6 ⁽⁵⁹⁾	79 7 2	142 10 4	.. ..	69 7 3	17 12 6	189 8 11	625 18 4
Reefton ..	21	110 12 2	2 1 0	52 19 11	103 12 6	.. ..	51 6 11	5 10 6	186 2 7	512 5 7
Ross ..	11	69 19 4	4 11 1	23 2 1	53 11 10	6 0 4	29 14 2	22 11 5	69 12 8	279 2 11
Charleston ..	7	56 7 0	.. ..	23 2 1	40 7 4	4 1 3	26 1 3	6 18 9 ⁽⁶¹⁾	73 0 3	229 17 11
Havelock ..	1	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	30 16 3

(1) Bread baked on premises. (2) Estimated £250 worth of vegetables also supplied from hospital grounds. (3) This includes expenditure under poultry. (4) This includes expenditure under eggs. (5) About £5 worth also received from Taihō Hospital. (6) Estimated £33 worth of vegetables also supplied from hospital grounds. (7) Estimated £80 worth of vegetables also supplied from hospital grounds. (8) Estimated £75 worth of vegetables also supplied from hospital grounds. (9) About £5 worth also obtained from own poultry. (10) About £8 worth also obtained from own cows. (11) About £12 worth also obtained from own poultry. (12) Estimated £40 worth of vegetables also supplied from hospital grounds. (13) Estimated £10 worth of vegetables also supplied from hospital grounds. (14) About £3 worth of poultry also obtained from own grounds. (15) About £18 worth of eggs also obtained from own poultry. (16) About £4 worth of poultry also obtained from own cows. (17) About £3 worth of eggs also obtained from own poultry. (18) Estimated £30 worth of vegetables also supplied from hospital grounds. (19) About £36 10s. worth also obtained from own cows. (20) About £23 worth also obtained from own poultry. (21) Estimated £15 worth of vegetables also supplied from hospital grounds. (22) About £6 worth of eggs also obtained from own cows. (23) Estimated £18 worth of vegetables also supplied from hospital grounds. (24) About £15 worth of poultry produced from own grounds. (25) About £15 worth of butter also obtained from own cows. (26) About £15 worth of poultry also obtained from own grounds. (27) Estimated £45 worth of vegetables also supplied from hospital grounds. (28) About £50 worth of poultry also obtained from own grounds. (29) About £18 worth of eggs also obtained from own cows. (30) About £25 worth of milk also obtained from own cows. (31) About £18 worth of eggs also obtained from own poultry. (32) Estimated £30 worth of vegetables also supplied from hospital grounds. (33) About £5 worth of poultry also obtained from own grounds. (34) About £50 worth of poultry also obtained from own grounds. (35) About £5 worth of eggs also obtained from own poultry. (36) Estimated £15 worth of vegetables also supplied from hospital grounds. (37) About £5 worth of milk also obtained from own cows. (38) Estimated £10 10s. worth of eggs also obtained from own poultry. (39) About £4 worth of poultry also obtained from own grounds. (40) About £30 worth of milk also obtained from own cows. (41) About £5 worth of eggs also obtained from own poultry. (42) Estimated £20 worth of vegetables also supplied from hospital grounds. (43) About £3 worth of poultry also obtained from own grounds. (44) Estimated £8 worth of vegetables also supplied from hospital grounds. (45) About £3 worth of poultry also obtained from own cows. (46) About £50 worth of milk also obtained from own grounds. (47) About £9 worth of eggs also obtained from own poultry. (48) Estimated £12 worth of vegetables also supplied from hospital grounds. (49) About £18 worth of butter included under this item. About £10 8s. worth of poultry obtained from own grounds. (50) See note 52. About £17 10s. worth of butter obtained from own cows. (51) Estimated £12 worth of vegetables also supplied from hospital grounds. (52) Expenditure for butter included under this item. About £10 8s. worth of eggs obtained from own poultry. (53) Poultry obtained from own cows. (54) About £18 worth of milk obtained from own cows. (55) About £20 worth of vegetables also supplied from own grounds. (56) Poultry obtained from own grounds. (57) Estimated £40 worth of vegetables also supplied from hospital grounds. (58) Estimated £32 10s. worth of vegetables also supplied from hospital grounds. (59) Estimated £40 worth of vegetables also supplied from hospital grounds. (60) All eggs consumed are produced by own poultry. (61) Estimated £6 worth of vegetables also supplied from hospital grounds.

TABLE IIIB.—Giving DETAILS of Item "SURGERY AND DISPENSARY" in Table III.

(NOTE.—In many cases "Aerated Waters" have been included in "Wines and Spirits," and "Dressings" with "Drugs." It is hoped to get complete information next year.)

Hospitals.	Aerated Waters and Ice.	Drugs, Chemicals, and Disinfectants.	Dressings, Bandages, &c.	Wines, Spirits, and Malt Liquors.	Surgical Instruments and Apparatus.	Totals: Surgery and Dispensary.
<i>Class I—over 100 beds—</i>						
	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
Auckland	38 7 4	796 5 1	708 8 7	90 2 6	183 3 10	1,816 7 4
Wellington	51 7 1	925 9 9	..	189 1 6	47 13 6	1,213 11 10
Dunedin	119 6 0	774 11 2	469 18 11	26 12 6	193 1 0	1,583 9 7
Christchurch	49 7 2	758 16 11	203 19 1	149 7 5	304 10 11	1,466 1 6
<i>Class II—40-99 beds—</i>						
Wanganui	24 11 8	418 0 1	173 0 10	50 8 0	164 9 7	830 10 2
Napier	84 10 6	437 0 9	140 6 0	31 6 9	226 5 5	919 9 5
Waikato	5 11 0	448 17 6	..	5 0 0	245 2 11	704 11 5
Timaru	17 8 4	154 15 10	51 3 6	20 2 11	38 1 5	281 12 0
Southland	6 19 1	155 8 0	130 6 11	10 6 6	62 19 11	366 0 5
Nelson .. .. .	..	..	..	..	..	455 1 2
Palmerston North	9 2 0	184 17 10	142 14 10	37 13 0	31 5 1	405 12 9
Thames	2 9 0	141 10 0	7 14 0	2 3 6	50 8 6	204 5 0
<i>Class III—30-39 beds—</i>						
New Plymouth	0 17 8	231 2 3	215 2 10	18 17 6	128 12 6	594 12 9
Gisborne	11 15 0	210 15 11	79 1 7	20 6 8	153 1 5	475 0 7
<i>Class IV—20-29 beds—</i>						
Waihi	11 19 9	152 3 3	103 12 2	24 2 7	141 17 11	433 15 8
Westport .. .. .	..	170 12 0	97 15 3	19 8 0	75 12 5	363 7 8
Wallace and Fiord	0 6 0	70 0 9	38 4 11	4 7 9	14 3 3	127 2 8
<i>Class V—10-19 beds—</i>						
Waipawa	0 7 2	52 18 6	29 6 5	7 5 6	44 14 5	367 8 5
Wairau .. .. .	..	113 7 6	76 7 4	32 0 6	27 16 7	249 11 11
Masterton	11 14 7	166 18 0	100 2 11	5 13 9	58 11 5	343 0 8
Dannevirke .. .. .	..	100 14 2	34 1 8	7 15 0	15 4 8	157 15 6
Waimate .. .. .	..	46 19 6	19 7 1	5 6 0	21 2 8	92 15 3
Ashburton	0 15 0	65 16 4	27 4 10	..	6 5 5	100 1 7
Oamaru	2 9 0	79 6 9	54 4 10	5 7 3	37 17 7	179 5 5
Hawera .. .. .	..	99 2 7	..	11 13 3	30 1 8	140 17 6
Gore	1 18 6	12 1 6	1 18 0	0 10 6	..	16 8 6
Picton .. .. .	..	169 10 3	10 0 0	..	2 0 0	181 10 3
<i>Class VI—under 10 beds—</i>						
Otaki .. .. .	..	..	92 17 0	..	..	92 17 0
Stratford .. .. .	..	79 1 6	11 12 9	4 18 6	33 1 7	128 14 4
North Wairoa .. .. .	..	112 8 6	32 17 0	4 3 8	13 10 0	162 19 2
Whangarei	0 10 4	43 9 1	13 11 10	6 16 6	13 16 2	78 3 11
South Wairarapa .. .. .	..	23 14 2	21 7 1	0 6 6	18 13 8	64 1 5
Patea	0 4 0	94 0 2	72 4 6	8 8 8	114 1 11	238 19 3
Pahiatua .. .. .	..	37 7 8	3 16 9	0 10 0	13 9 0	55 3 5
Naseby	0 15 0	31 19 7	31 14 9	1 8 0	29 3 1	95 0 5
Mercury Bay	0 11 11	13 6 0	9 4 4	3 16 0	26 5 7	53 3 10
Dunstan	7 13 6	50 8 7	12 19 2	13 19 0	5 19 2	90 19 5
Arrowtown .. .. .	..	18 5 8	3 14 1	2 5 0	2 16 2	27 0 11
Wakatipu .. .. .	..	28 6 6	15 5 5	8 13 0	15 9 2	67 14 1
Coromandel .. .. .	..	205 7 0	53 14 8	15 3 6	14 9 3	288 14 5
Wairoa .. .. .	..	40 5 2	..	1 11 6	..	41 16 8
Tuapeka .. .. .	..	10 5 7	0 4 6	0 3 6	3 2 9	16 18 10
Mangonui .. .. .	..	13 11 2	4 6 11	0 5 8	2 10 1	20 13 10
Cromwell .. .. .	..	36 15 4	9 14 10	11 17 0	5 17 3	64 4 5
Waiapu .. .. .	..	15 13 10	4 1 3	1 3 0	3 17 5	24 15 6
Taumarunui	0 16 7	28 2 9	2 13 3	4 4 0	17 15 9	53 12 4
Rawene	0 2 6	10 6 5	9 10 6	2 4 6	6 9 6	28 13 5
Akaroa .. .. .	..	25 4 4	3 12 2	8 15 0	8 9 0	46 0 6
Kaitangata .. .. .	..	8 7 9	..	..	21 9 4	29 17 1
<i>Hospitals which are also Old Men's Homes—</i>						
Grey River .. .. .	..	199 16 0	36 15 2	30 3 3	40 9 0	307 3 5
Westland .. .. .	..	140 5 0	26 12 6	35 18 6	17 13 5	220 9 5
Kumara	0 16 6	70 11 8	53 0 1	3 18 0	24 19 8	153 5 11
Reefton	6 3 0	53 6 5	19 0 11	17 8 0	14 2 2	110 0 6
Ross .. .. .	..	33 13 9	10 0 0	25 6 9	20 12 1	89 12 7
Charleston	2 14 0	14 15 7	6 15 3	14 6 6	..	38 11 4
Havelock .. .. .	..	0 10 4	..	..	..	0 10 4

TABLE IIIc.—Giving DETAILS of ITEMS "DOMESTIC AND ESTABLISHMENT" in TABLE III.

(NOTE.—In some cases the first three items have not been separated, and in others it is evident that "Cleaning and Chandlery" has been included in "Groceries." It is hoped to have this information uniform throughout next year.

Hospitals.	Average Number of Occupied Beds per Diem.	Renewal and Repairs of Furniture.	Renewal and Repair of Bedding, Linen, and Drapery.	Renewal and Repair of Hardware, &c.	Washing done off Premises.	Cleaning and Chandlery.	Water.	Fuel and Light.					Total Fuel and Light.	Uniforms.	Repairs to Buildings.	Grounds.	Printing and Stationery.	Insurance.	Sundries.	Total Domestic and Establishment.	
								Coal.	Wood.	Gas.	Electric Light.	Oil, Candles, &c.									
Class I—over 100 beds—																					
Auckland	242	£ 588 12 2	£ 442 14 0	£ 63 6 3	£ 715 5 1	£ 93 5 8	£ 311 10 0	£ 805 3 2	£ ..	£ 787 0 9	£ ..	£ 1,592 3 11	£ 151 19 3	£ 547 13 4	£ 247 0 10	£ 177 2 3	£ 56 5 6	£ 219 8 1	£ 5,206 6 4		
Wellington	223	91 19 3	484 12 6	580 4 2	..	104 9 0	267 10 6	1,084 8 8	..	846 19 10	50 0 0	1,981 8 6	..	1,303 14 0	364 1 0	102 6 6	136 10 11	177 14 0	5,594 10 4		
Dunedin	151	118 0 7	279 18 6	198 12 1	..	274 3 9	296 3 0	1,193 5 11	..	478 13 4	128 5 10	1,830 10 1	1 16 0	340 16 5	170 12 3	108 15 8	92 10 0	60 11 0	3,772 9 4		
Christchurch	111	268 9 4	450 3 0	223 13 9	..	79 7 2	..	1,203 12 11	..	31 9 10	6 15 2	1,249 19 5	30 8 11	864 13 4	532 8 4	30 5 5	131 19 3	56 9 3	3,917 17 2		
Class II—40-99 beds—																					
Wanganui	66	87 4 8	218 3 3	105 5 2	..	85 19 2	163 7 8	182 0 10	42 15 0	121 12 0	203 11 0	4 14 4	554 13 2	28 3 1	87 14 5	175 9 11	18 5 3	25 16 1	83 17 0	1,633 18 10	
Napier	64	35 8 10	160 2 5	43 1 6	..	75 0 11	79 13 6	289 2 7	..	174 10 10	..	8 15 0	472 8 5	49 13 1	475 10 7	167 13 2	57 8 6	88 6 1	70 15 11	1,775 2 11	
Waikato	62	161 15 3	105 4 2	..	..	..	46 9 8	248 15 2	..	249 18 5	..	..	198 13 7	..	99 6 4	49 16 7	8 0 0	45 18 8	76 1 6	1,091 5 10
Timaru	48	24 1 9	128 6 4	74 14 7	..	68 5 8	76 6 6	275 18 3	..	132 16 7	..	1 10 0	410 4 10	15 2 7	38 18 6	77 4 1	21 2 1	38 15 2	31 11 6	1,004 13 7	
Southland	47	91 6 10	106 0 0	111 8 9	..	63 11 2	20 1 0	234 19 6	22 4 7	340 5 11	..	..	597 10 0	39 12 8	76 12 3	140 15 9	8 7 9	39 17 4	33 0 5	1,334 3 11
Nelson	47	88 13 2	94 5 10	75 15 6	..	..	17 0 0	85 7 0	34 19 0	194 16 2	..	..	315 2 2	27 18 3	67 15 4	70 8 0	8 18 6	20 5 2	9 14 4	795 16 3
Palmerston North	42	32 9 1	65 13 0	24 4 1	89 14 1	27 8 10	23 8 9	162 15 10	39 18 0	226 8 1	..	..	429 1 11	20 14 2	111 5 7	252 14 11	25 7 8	78 19 0	51 19 0	1,233 0 1
Thames	41	14 0 11	45 7 11	17 11 5	..	10 0 0	..	77 3 3	(a)	82 1 9	..	2 0 0	161 15 0	..	150 7 0	59 14 9	14 7 9	28 1 0	33 3 9	534 9 6	
Class III—30-39 beds—																					
New Plymouth	36	118 15 3	85 7 9	5 7 4	115 4 0	30 9 9	10 0 0	129 19 0	31 10 0	129 13 4	146 15 11	..	487 18 3	49 5 11	97 0 1	49 2 5	5 18 3	26 16 2	20 18 4	1,052 3 6	
Gisborne	34	137 6 3	126 3 11	50 8 8	..	99 16 4	12 0 0	49 2 1	114 17 6	240 4 9	..	4 9 6	408 13 10	47 0 0	167 5 6	2 12 0	5 9 7	47 19 5	107 15 0	1,212 10 6	
Class IV—20-29 beds—																					
Waihi	29	18 7 9	111 13 6	57 15 7	..	28 13 1	5 0 0	132 18 0	3 8 0	271 14 3	..	21 10 2	429 10 5	20 9 0	98 14 11	102 7 11	12 0 1	30 8 11	83 6 1	998 7 3	
Westport	25	29 1 3	36 10 9	6 3 0	..	35 8 9	20 0 0	60 12 11	..	120 12 5	..	..	181 5 4	16 3 7	56 14 6	..	..	5 0 0	21 11 0	407 18 2
Wallace and Fiord	21	1 12 4	47 1 6	13 0 0	..	2 15 3	0 2 6	55 14 6	36 8 8	..	..	12 12 0	104 15 2	3 0 0	35 0 4	36 4 11	1 18 6	13 18 8	6 9 6	265 18 8
Class V—10-19 beds—																					
Waipawa	19	47 3 3	28 10 7	31 5 0	..	10 4 2	35 2 6	69 9 9	40 2 9	30 0 8	..	20 15 4	160 8 6	..	38 10 8	112 3 3	..	32 8 0	..	495 15 11	
Wairau	18	140 18 3	(b)	(b)	(b)	(b)	..	151 9 6	(c)	73 8 0	(d)	(d)	224 17 6	42 3 1	59 15 2	79 15 4	17 7 3	25 9 8	36 9 0	626 15 3	
Masterton	17	81 5 11	60 13 3	33 14 11	..	28 2 8	16 0 4	87 19 7	..	164 3 3	..	13 16 7	265 19 5	32 14 10	29 11 3	67 1 9	10 6 2	25 5 10	17 0 2	667 16 6	
Dannevirke	16	49 18 8	(e)	(e)	..	..	..	38 17 4	48 0 0	91 16 1	..	..	178 13 5	14 11 2	27 11 6	100 11 8	26 3 10	29 14 0	47 17 3	475 1 6
Waimate	14	49 0 7	38 13 2	3 0 0	..	27 10 2	20 0 0	65 2 0	(f)	66 5 0	..	2 0 6	133 7 6	9 0 0	116 13 7	39 6 4	8 13 9	17 7 3	89 1 4	551 13 8	
Ashburton	14	10 9 6	35 12 4	2 9 4	..	12 19 1	..	59 0 9	22 0 0	(g) 90 16 9	..	3 5 2	175 2 8	..	42 6 0	58 7 0	4 13 8	11 11 5	16 18 11	370 9 11	
Oamaru	14	61 11 0	65 10 0	16 1 10	..	26 5 5	..	106 12 0	4 0 0	61 2 11	..	3 11 11	175 6 10	34 17 2	48 6 5	90 16 9	6 19 2	8 6 7	16 19 3	551 0 5	
Hawera	12	18 12 1	47 19 4	..	..	..	37 12 0	..	101 11 6	114 11 5	..	..	220 0 10	29 2 10	97 0 9	50 7 1	..	30 14 5	13 2 9	544 12 1
Gore	12	..	..	..	..	5 6 6	3 10 3	12 16 0	1 17 6	..	..	..	25 8 5	..	9 16 3	77 11 9	17 11 8	5 10 10	9 18 6	154 14 2
Pictou	10	69 6 2	32 16 5	30 0 4	6 10 2	3 10 0	3 10 0	37 5 6	7 16 6	49 3 0	..	1 10 7	95 15 7	..	111 16 0	7 0 0	..	12 14 8	33 11 2	406 10 6	
Class VI—under 10 beds—																					
Otaki	9	30 12 6	(h)	(h)	..	..	..	88 10 3	(i)	..	(i)	..	88 10 3	..	30 0 0	95 0 0	..	13 19 0	51 7 1	309 8 10
Stratford	9	6 14 4	8 6 11	13 15 6	5 6 9	19 7 1	6 0 0	104 16 4*	22 12 10	2 1 9	129 10 11	3 16 11	26 17 1	93 2 9	..	9 19 7	14 1 9	28 11 1	365 10 8
Northern Wairoa	9	3 13 0	28 2 8	8 6 7	..	7 13 8	11 12 6	28 9 8	..	32 16 8	..	..	61 6 4	..	10 11 2	11 8 11	0 8 10	17 18 5	0 12 6	162 6 7
Whangarei	8	9 0 4	35 1 11	10 3 0	..	9 3 8	..	14 12 0	5 15 6	32 17 4	..	0 17 8	54 2 6	6 7 0	8 12 6	5 16 5	5 1 7	8 19 2	33 0 9	185 8 10	
South Wairarapa	8	8 4 6	47 8 3	8 17 0	13 18 4	16 5 4	..	29 17 10	22 10 0	..	..	..	123 18 8	..	64 16 3	1 2 0	..	11 18 2	4 8 2	300 16 8
Patea	8	215 9 11	37 18 9	13 19 9	42 19 6	..	..	24 3 9	3 6 0	..	..	..	50 10 0	..	5 10 0	..	1 9 9	14 4 0	4 8 4	386 10 0
Pahiatua	7	6 2 10	14 17 3	13 12 4	22 16 0	(k) 60 0 0	(k) 60 0 0	35 13 7	..	38 0 2	..	..	73 13 9	5 0 0	44 19 10	4 19 0	0 13 10	15 7 9	28 18 4	284 5 8
Naseby	6	16 8 7	11 12 1	6 15 6	..	12 3 0	9 10 6	74 5 6	..	..	..	19 1 10	93 7 4	..	1 7 0	8 1 8	1 8 9	6 2 9	29 4 11	196 2 1
Mercury Bay	6	47 14 9	14 4 11	5 5 1	..	13 13 8	..	9 8 0	2 18 0	..	..	15 9 7	27 15 7	..	5 2 2	0 8 0	..	5 19 7	..	120 3 9
Dunstan	6	20 15 4	25 18 4	4 15 5	2 5 0	..	10 0 0	36 10 9	..	..	..	7 12 0	44 2 9	..	59 1 10	2 8 0	..	8 8 5	..	185 0 4
Arrowtown	5	3 8 6	6 11 3	0 18 6	..	1 18 10	..	59 8 0	6 0 0	..	..	..	6 14 6	..	20 7 4	11 18 7	..	9 12 2	19 19 9	146 17 5
Wakatipu	5	45 11 10	11 14 11	8 2 6	21 7 6	..	..	45 7 6	..	..	..	..	6 13 2	..	52 0 8	..	..	13 15 9	18 0 0	182 8 8
Coromandel	5	11 18 6	28 6 0	17 0 0	..	56 2 5	..	57 14 6	15 17 3	73 11 9	14 6 0	46 19 5	9 12 0	..	7 0 0	21 8 9	286 4 10
Wairoa	5	105 4 9	24 1 10	6 14 11	2 12 6	22 10 0	12 14 0	18 12 9	4 10 6	58 7 3	..	7 10 9	2 13 2	12 7 7	9 6 0	10 15 0	239 13 9
Tuapeka	5	..	9 6 8	1 6 6	53 15 11	14 0 6	67 16 5	..	2 4 5	50 14 6	1 5 0	5 14 8	36 6 0	193 18 5
Mangonui	4	52 12 4
Cromwell	3	56 3 4	30 13 0	14 8 3	..	7 17 2	17 4 6	29 0 0	(l)	(l)	(l)	..	29 0 0	..	32 19 3	90 13 2	4 2 6	3 8 0	6 19 10	293 9 0	
Waiapu	3	0 7 9	1 2 1	0 1 6	..	12 16 11	..	87 13 0	44 19 0	44 18 6	..	1 13 0	179 3 6	..	150 11 2	..	..	10 6 9	23 17 3	378 6 11
Taumarunui	3	18 7 5	23 6 10	1 12 11	..	7 1 10	16 11 4	31 11 3	(m)	16 5 2	..	(n)	..	2 16 0	1 14 9	3 2 9	0 3 3	6 15 3	30 0 8	159 9 5	
Rawene	2	0 9 6	4 6 10	13 16 11	..	6 8 5	..	1 10 6	0 9 0	..	..	..	7 1 3	9 0 9	1 17 10	16 9 9	6 19 2	18 4 0	78 12 5	
Akaroa	1	3 10 0	8 13 11	0 13 0	..	1 11 9	3 10 0	17 18 5	..	..	..	..	1 18 0	19 16 5	..	1 8 9	8 11 0	2 8 4	6 15 0	56 18 2
Kaitangata	1	..	..	..	..	..	..	17 1 7	..	..	..	..	17 1 7	..	..	11 11 0	0 12 6	6 9 2	..	35 14 3
Hospitals which are also Old Men's Homes—																					
Grey River	51	456 8 10	157 12 1	56 10 10	..																

TABLE III.—Giving PARTICULARS of the Item "SALARIES AND WAGES" in Table III.
(NOTE.—In some cases the cost of the engineers, porters, &c., has been included in the cost of the domestic servants.)

Hospitals.	Average Number of Occupied Beds per Diem.	Medical.	Nursing.	Engineers, Porters, Gardeners, &c.	Domestic Servants.	Total Salaries and Wages.
		£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
<i>Class I—100 beds and over—</i>						
Auckland	242	(a)943 3 3	2,514 6 9	907 17 7	1,657 8 1	6,022 15 8
Wellington	223	(b)1,285 0 0	3,437 3 4	(c)3,760 5 0	..	8,482 8 4
Dunedin	151	1,054 3 9	2,048 14 8	1,182 14 11	829 5 0	5,114 18 4
Christchurch	111	1,081 9 7	1,693 8 0	1,314 4 6	1,249 4 9	5,338 6 10
<i>Class II—40 to 99 beds—</i>						
Wanganui	66	354 14 4	823 9 1	135 6 0	437 15 8	1,751 5 1
Napier	64	441 4 11	854 15 9	180 3 4	624 13 0	2,100 17 0
Waikato	62	927 19 0	906 17 1	260 0 0	351 0 0	2,445 16 1
Timaru	48	307 8 3	557 9 2	183 6 8	427 11 7	1,475 15 8
Southland	47	590 0 8	704 16 3	85 0 0	357 9 10	1,737 6 9
Nelson	47	488 18 0	507 2 3	467 0 5	..	1,463 0 8
Palmerston North	42	276 1 0	670 7 8	26 0 0	256 15 6	1,229 4 2
Thames	41	422 13 0	591 17 1	57 0 0	239 14 4	1,311 4 5
<i>Class III—30 to 39 beds—</i>						
New Plymouth	36	649 15 4	799 1 2	233 8 8	184 19 0	1,867 4 2
Gisborne	34	629 19 0	602 10 8	143 16 9	324 12 10	1,700 19 3
<i>Class IV—20 to 29 beds—</i>						
Waihi	29	507 18 0	575 14 7	65 0 0	262 10 0	1,411 2 7
Westport	25	370 7 0	348 16 10	..	277 14 11	996 18 9
Wallace and Fiord	21	332 5 4	293 11 4	61 2 0	128 17 6	815 16 2
<i>Class V—10 to 19 beds—</i>						
Waipawa	19	250 0 0	436 3 3	91 0 0	274 2 8	1,051 5 11
Wairau	18	331 10 0	358 13 2	52 0 0	292 10 0	1,034 13 2
Masterton	17	125 0 0	453 12 10	..	330 19 3	909 12 1
Dannevirke	16	150 0 0	358 11 6	..	270 13 1	779 4 7
Waimate	14	200 0 0	169 13 0	228 17 6	94 17 6	693 8 0
Ashburton	14	217 10 0	249 16 9	174 4 0	143 0 0	784 10 9
Oamaru	14	200 0 0	334 10 7	34 3 0	177 4 5	745 18 0
Hawera	12	321 8 8	390 17 4	..	313 4 0	1,025 10 0
Gore	12	89 15 6	83 17 8	24 16 0	44 14 4	243 3 6
Picton	10	250 0 0	240 8 0	..	140 5 6	630 13 6
<i>Class VI—Under 10 beds—</i>						
Otaki	9	(d)	(d)	(d)	(d)	633 12 4
Stratford	9	471 12 8	315 16 0	..	179 16 3	967 4 11
North Wairoa	9	342 1 8	187 11 8	65 4 9	133 6 9	728 4 10
Whangarei	8	399 2 0	237 1 4	72 18 4	104 19 2	814 0 10
South Wairarapa	8	125 0 0	294 12 5	130 0 0	87 7 6	636 19 11
Patea	8	165 12 0	188 1 10	70 11 8	52 13 4	476 18 10
Pahiatua	7	120 9 6	221 3 10	105 5 0	79 7 6	526 5 10
Naseby	6	300 0 0	127 3 10	62 10 0	73 0 5	567 14 3
Mercury Bay	6	366 13 4	139 4 2	31 17 7	84 5 4	622 0 5
Dunstan	6	250 0 0	140 0 4	72 16 6	53 19 6	516 16 4
Arrowtown	5	300 0 0	123 17 0	52 0 0	54 3 4	530 0 4
Wakatipu	5	366 13 4	83 9 4	..	49 14 2	499 16 10
Coromandel	5	389 13 4	186 13 11	123 5 0	..	699 12 3
Wairoa	5	241 13 4	159 17 9	41 1 0	81 8 8	524 0 9
Tuapeka	5	200 0 0	110 0 0	..	40 10 0	350 10 0
Mangonui	4	138 13 4	176 3 0	81 7 9	44 13 0	440 17 1
Cromwell	3	250 0 0	135 5 4	..	45 11 11	430 17 3
Waiapu	3	612 10 0	173 2 0	31 15 0	110 9 0	927 16 0
Taumarunui	3	88 8 10	116 16 8	46 8 0	64 7 3	316 0 9
Rawene	2	136 0 0	113 14 0	64 16 8	45 5 0	359 15 8
Akaroa	1	55 5 0	136 1 0	..	15 1 0	206 7 0
Kaitangata	1	..	84 0 0	..	35 12 11	119 12 11
<i>Hospitals which are also Old Men's Homes—</i>						
Grey River	51	500 6 8	486 16 4	245 10 0	283 0 0	1,515 13 0
Westland	34	378 9 4	313 7 2	..	333 13 11	1,025 10 5
Kumara	31	325 0 0	163 8 4	1 5 0	138 12 4	628 5 8
Reefton	21	261 11 0	188 7 6	114 5 0	192 9 6	756 13 0
Ross	11	277 15 6	93 12 11	7 10 0	49 8 8	428 7 1
Charleston	7	213 0 0	1 10 0	..	90 1 4	304 11 4
Havelock	1	60 0 0	38 17 5	..	20 19 4	119 16 9

(a) Includes dispensers' salaries, £235 19s. 11d.

(b) Includes dispenser's salary, £200.

(c) Includes domestic staff salaries.

(d) Particulars not available.

TABLE III.—Giving the DETAILS of the Item "ADMINISTRATION" in Table III.

(NOTE.—In one or two cases "Office Printing and Stationery" and "Postage, Telegrams, and Telephone" have been combined.)

Hospitals.	Board's Travelling-expenses.	Secretary's Salary.	Office Printing and Stationery.	Postage, Telegrams, and Telephone.	Office-rent.	Advertising.	Sundries.	Total Administration.
	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
<i>Class I—100 beds and over—</i>								
Auckland	21 5 0	344 17 7	29 8 0	49 5 8	.. ..	.. ..	501 4 2	946 0 5
Wellington .. ..	.. ..	698 0 0	34 2 2	49 11 10	.. ..	.. ..	108 12 3	890 6 3
Dunedin .. ..	.. ..	510 19 11	74 9 2	29 19 10	.. ..	18 18 6	12 9 0	646 16 5
Christchurch	63 14 0	600 13 8	73 12 7	44 4 7	.. ..	10 4 11	10 18 4	803 8 1
<i>Class II—40 to 99 beds—</i>								
Wanganui	29 18 10	197 18 4	23 15 2	11 14 0	65 0 0	24 9 8	26 14 6	379 10 6
Napier	1 6 0	165 10 11	29 5 3	18 12 6	.. ..	82 18 1	68 6 11	366 19 8
Waikato	54 0 0	148 0 0	18 12 0	21 11 3	.. ..	.. ..	1 0 0	243 3 3
Timaru	39 0 0	46 13 4	7 15 0	12 14 11	9 0 0	17 0 0	.. ..	132 3 3
Southland	8 0 0	110 16 0	6 17 6	2 9 11	.. ..	13 1 6	.. ..	141 4 11
Nelson	59 5 0	58 6 8	9 18 9	.. ..	.. ..	.. ..	.. ..	127 10 5
Palmerston North	34 16 2	175 0 0	23 11 6	32 15 10	.. ..	5 19 0	2 3 4	274 5 10
Thames	15 0 0	130 0 0	(a)23 14 6	.. ..	.. ..	3 0 0	2 2 0	173 16 6
<i>Class III—30 to 39 beds—</i>								
New Plymouth	41 17 0	120 0 0	8 11 7	13 4 1	15 0 0	5 18 9	12 1 6	216 12 11
Gisborne .. ..	.. ..	100 0 0	12 4 4	9 4 8	.. ..	25 0 9	0 10 6	147 0 3
<i>Class IV—20 to 29 beds—</i>								
Waihi	1 2 6	168 11 4	10 7 10	24 11 11	.. ..	4 13 0	8 3 9	217 10 4
Westport .. ..	.. ..	50 0 0	10 12 9	15 9 9	.. ..	10 14 0	17 10 6	104 7 0
Wallace and Fiord	16 0 0	51 18 6	4 14 6	13 0 3	.. ..	2 6 9	.. ..	88 0 0
<i>Class V—10 to 19 beds—</i>								
Waipawa	45 16 3	100 0 0	20 6 6	9 10 7	.. ..	4 3 6	10 19 0	190 15 10
Wairau .. ..	.. ..	37 10 0	(a)18 13 4	.. ..	.. ..	3 10 6	2 15 0	62 8 10
Masterton	6 16 6	146 11 0	10 9 0	21 13 2	.. ..	4 9 6	13 14 0	203 13 2
Dannevirke	13 6 7	40 0 0	.. ..	17 14 7	.. ..	15 15 0	23 13 8	110 9 10
Waimate .. ..	.. ..	28 6 8	7 17 9	6 15 9	.. ..	.. ..	.. ..	43 0 2
Ashburton	21 12 9	76 14 11	1 12 0	6 1 10	.. ..	7 11 6	31 9 6	145 2 6
Oamaru .. ..	.. ..	66 5 0	5 14 3	7 6 3	.. ..	16 2 3	2 8 7	97 16 4
Hawera	57 0 0	125 0 0	27 0 5	27 4 10	.. ..	.. ..	.. ..	236 5 3
Gore	5 2 6	.. ..	4 1 0	2 5 6	.. ..	20 11 0	.. ..	32 0 0
Picton	34 4 8	25 0 0	3 1 0	5 0 0	.. ..	2 7 0	33 0 0	102 12 8
<i>Class VI—Under 10 beds—</i>								
Otaki	10 0 0	50 0 0	10 0 0	4 0 0	.. ..	1 0 0	.. ..	75 0 0
Stratford	24 1 0	60 13 4	5 7 11	4 1 3	11 9 8	4 5 7	29 10 0	139 8 9
North Wairoa .. ..	.. ..	92 18 4	14 3 6	11 5 7	8 0 0	10 5 6	30 6 0	166 18 11
Whangarei	27 16 8	48 11 6	9 4 1	6 9 7	2 15 8	4 15 0	8 1 0	107 13 6
South Wairarapa .. ..	.. ..	43 6 8	4 18 6	11 10 0	.. ..	5 2 0	9 0 10	73 18 0
Patea .. ..	.. ..	60 0 0	6 6 7	7 0 4	.. ..	6 4 10	1 9 8	81 1 5
Pahiatua .. ..	.. ..	52 0 0	7 3 1	11 1 0	4 0 0	13 13 6	.. ..	87 17 7
Naseby .. ..	.. ..	40 0 0	4 14 9	12 17 11	.. ..	11 18 9	2 7 2	71 18 7
Mercury Bay	1 0 0	30 0 0	.. ..	5 2 9	.. ..	.. ..	23 0 6	59 13 3
Dunstan .. ..	.. ..	40 0 0	3 15 0	5 10 0	.. ..	22 19 6	29 17 6	102 2 0
Arrowtown	20 0 0	30 2 6	11 1 5	6 17 8	.. ..	3 10 0	.. ..	71 11 7
Wakatipu	16 2 6	29 19 2	8 13 5	5 13 3	.. ..	4 3 1	.. ..	64 11 5
Coromandel .. ..	.. ..	62 10 0	2 9 4	7 3 3	.. ..	.. ..	4 2 8	76 5 3
Wairoa .. ..	.. ..	20 0 0	.. ..	9 9 0	.. ..	.. ..	2 3 6	31 12 6
Tuapeka .. ..	.. ..	25 0 0	5 9 6	3 9 4	.. ..	4 16 0	16 8 6	55 3 4
Mangonui	27 16 8	24 5 8	4 12 0	3 4 9	1 17 1	2 7 5	3 2 10	67 6 5
Cromwell	2 15 0	39 3 4	3 8 3	3 0 0	1 0 0	15 13 6	2 10 6	68 0 7
Waipatu .. ..	.. ..	29 17 3	3 13 2	15 2 9	.. ..	.. ..	0 12 2	49 5 4
Taumarunui .. ..	.. ..	.. ..	0 14 5	1 10 10	.. ..	0 12 0	0 19 8	33 16 11
Rawene	27 16 8	24 5 8	4 12 0	3 4 9	1 17 1	2 7 5	3 2 10	67 6 5
Akaroa .. ..	.. ..	15 0 0	.. ..	5 10 0	.. ..	0 16 6	2 10 0	23 16 6
Kaitangata	5 0 10	.. ..	.. ..	.. ..	.. ..	.. ..	23 7 5	28 8 3
<i>Hospitals which are also Old Men's Homes—</i>								
Grey River .. ..	.. ..	100 0 0	5 12 6	7 7 0	.. ..	76 0 3	43 5 1	232 4 10
Westland	26 8 6	132 1 8	9 13 9	12 16 8	3 16 0	31 17 6	22 2 0	238 16 1
Kumara	2 2 0	82 11 8	8 8 10	6 7 9	8 0 8	16 2 6	.. ..	123 13 5
Reefton .. ..	.. ..	40 0 0	5 9 8	.. ..	.. ..	54 5 0	2 10 6	102 5 2
Ross	10 18 0	26 5 0	4 5 0	1 5 0	.. ..	15 7 6	.. ..	58 0 6
Charleston .. ..	.. ..	23 6 8	2 9 5	1 1 8	.. ..	8 10 0	1 0 0	36 7 9
Havelock	3 0 0	7 10 0	0 10 0	0 8 6	.. ..	.. ..	.. ..	11 8 6

(a) Includes expenditure under "Postage, Telegrams, and Telephones."

TABLE IV.—Showing Cost, &c., of OUT-PATIENTS DEPARTMENT.

Hospital.	Number of Patients.	Number of Attendances.	Estimated Cost of Attendance at 2s. 6d. per Patient.			Receipts from Out-patients.			Net Estimated Cost.		
			£	s.	d.	£	s.	d.	£	s.	d.
Auckland ...	306	2,192	38	5	0	40	0	0	1	15	0*
Wellington ...	4,216	15,828	527	0	0	349	18	5	177	1	7
Dunedin ...	2,150	6,710	268	15	0	172	3	7	96	11	5
Christchurch ...	2,204	10,615	275	10	0	189	10	6	85	19	6
Wanganui ...	118	746	14	15	0	...	...	...	14	15	0
Grey River ...	89	430	11	2	6	...	...	...	11	2	6
Southland ...	720	830	90	0	0	...	...	...	90	0	0
Nelson ...	173	736	21	12	6	3	19	0	17	13	6
Napier ...	560	2,750	70	0	0	20	0	0	50	0	0
Westland ...	200	524	25	0	0	...	...	...	25	0	0
Thames ...	485	2,873	60	12	6	...	...	...	60	12	6
Timaru ...	218	1,405	27	5	0	8	5	0	19	0	0
Gisborne ...	12	31	1	10	0	...	...	...	1	10	0
Reefton ...	91	414	11	7	6	...	...	...	11	7	6
Waimate ...	23	195	2	17	6	...	...	...	2	17	6
Wallace and Fiord ...	35	82	4	7	6	1	6	0	3	1	6
Westport ...	12	72	1	10	0	0	8	0	1	2	0
Oamaru ...	78	406	9	15	0	...	...	...	9	15	0
Hawera ...	18	198	2	5	0	...	...	...	2	5	0
Tuapeka ...	35	50	4	7	6	2	10	0	1	17	6
Naseby ...	53	177	6	12	6	2	0	0	4	12	6
North Wairoa ...	800	1,600	100	0	0	...	...	...	100	0	0
Arrowtown ...	20	27	2	10	0	1	0	0	1	10	0
Wakatipu ...	23	37	2	17	6	0	15	0	2	2	6
Mercury Bay ...	464	792	58	0	0	...	...	...	58	0	0
Coromandel ...	539	4,001	67	7	6	...	...	...	67	7	6
Cromwell ...	48	88	6	0	0	...	...	...	6	0	0
Dunstan ...	55	75	6	17	6	...	...	...	6	17	6
	13,745	53,884	1,718	2	6	791	15	6	926	7	0

* Excess of receipts over estimated cost.

TABLE V.—Showing AVERAGE EXPENDITURE per OCCUPIED BED on Principal Items of Expenditure for the Three Years ended 31st March, 1910, in Hospitals divided into Classes, and the AVERAGE EXPENDITURE for the CLASS.

Hospitals.	Average No. of Beds.	Average Expenditure per Occupied Bed for Three Years.				
		Provisions.	Surgery and Dispensary.	Fuel and Light.	Bedding and Furniture.	Salaries and Wages.
<i>Class I: 100 beds and over—</i>		£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
Wellington	238	21 5 0	5 15 0	8 0 0	4 5 0	37 15 0
Auckland	217	24 5 0	8 10 0	6 10 0	6 15 0	26 15 0
Dunedin	134	25 15 0	11 5 0	11 0 0	7 10 0	34 0 0
Christchurch	108	27 5 0	12 10 0	11 15 0	7 5 0	48 15 0
Average for class ... ..	...	24 15 0	9 10 0	9 5 0	6 10 0	36 15 0
<i>Class II: 40-99 beds—</i>						
Wanganui	63	22 0 0	10 10 0	8 0 0	4 5 0	25 15 0
Waikato	54	28 0 0	11 5 0	7 15 0	6 5 0	39 10 0
Napier	50	34 10 0	14 5 0	10 5 0	5 5 0	41 10 0
Southland	49	25 5 0	6 15 0	10 5 0	8 10 0	36 0 0
Nelson	49	21 0 0	7 5 0	6 15 0	6 0 0	30 15 0
Timaru	40	36 5 0	8 5 0	12 10 0	6 10 0	42 0 0
Average for class ... ..	...	27 15 0	8 0 0	9 5 0	6 0 0	36 0 0
<i>Class III: 30-39 beds—</i>						
Thames	39	13 0 0	8 5 0	4 5 0	3 5 0	31 5 0
Palmerston North	36	20 0 0	10 5 0	12 0 0	7 0 0	35 15 0
New Plymouth	36	24 15 0	17 10 0	11 15 0	6 10 0	43 0 0
Gisborne	34	22 15 0	12 10 0	9 0 0	8 5 0	45 15 0
Average for class ... ..	...	20 0 0	12 0 0	9 5 0	6 5 0	39 0 0
<i>Class IV: 20-29 beds—</i>						
Waihi	26	28 10 0	18 5 0	14 10 0	6 15 0	49 5 0
Westport	23	32 15 0	15 10 0	8 0 0	3 5 0	39 0 0
Waipawa	23	24 15 0	11 5 0	7 15 0	6 15 0	53 0 0
Average for class ... ..	...	28 15 0	15 0 0	10 0 0	5 10 0	47 0 0
<i>Class V: 10-19 beds—</i>						
Wairau	19	34 5 0	11 5 0	14 0 0	22 5 0*	43 10 0
Wallace	18	20 15 0	8 5 0	5 15 0	4 5 0	44 0 0
Masterton	18	30 15 0	19 15 0	13 15 0	30 10 0	49 5 0
Waimate	16	23 15 0	9 10 0	8 15 0	9 0 0	44 10 0
Ashburton	16	18 15 0	6 15 0	11 5 0	5 15 0	46 10 0
Hawera	13	38 5 0	13 15 0	11 10 0	11 0 0	74 5 0
Dannevirke	12	29 5 0	10 10 9	9 10 0	3 5 0*	62 0 0
Otaki	10	22 10 0	9 10 0	7 15 0	2 10 0	65 10 0
Average for class ... ..	...	27 5 0	11 5 0	10 5 0	11 0 0	53 15 0
<i>Class VI: 5-9 beds—</i>						
Picton	9	30 0 0	18 0 0	14 5 0	7 15 0	69 10 0
Stratford	8	30 5 0	21 0 0	14 0 0	15 15 0	88 5 0
Northern Wairoa	8	40 15 0	1 5 0	11 10 0	3 5 0	97 0 0
Whangarei	8	24 10 0	11 15 0	6 0 0	7 5 0	79 5 0
South Wairarapa	7	34 10 0	8 5 0	24 10 0	5 10 0	85 0 0
Patea	7	39 5 0	25 15 0	7 10 0	19 5 0	59 15 0

* Average for 1908 and 1909 only, as 1910 figures are not available.

TABLE V.—Showing AVERAGE EXPENDITURE per OCCUPIED BED, ETC.—*continued.*

Hospitals.	Average No. of Beds.	Average Expenditure per Occupied Bed for Three Years.				
		Provisions.	Surgery and Dispensary.	Fuel and Light.	Bedding and Furniture.	Salaries and Wages.
<i>Class VI: 5-9 beds—continued.</i>		£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
Pahiatua	7	33 0 0	9 10 0	13 15 0	11 0 0	70 5 0
Naseby	7	33 15 0	17 10 0	14 10 0	4 15 0	87 15 0
Tuapeka	6	38 0 0	3 15 0	11 15 0	1 5 0	69 10 0
Mercury Bay	5	41 10 0	16 10 0	3 15 0	8 0 0	134 10 0
Arrowtown	5	36 0 0	6 5 0	7 10 0	4 15 0	102 5 0
Wakatipu	5	32 5 0	9 10 0	10 0 0	6 15 0	94 5 0
Coromandel	5	44 0 0	51 15 0	16 0 0	10 15 0	138 0 0
Average for class ... ..	...	35 5 0	15 10 0	12 0 0	8 5 0	90 10 6
<i>Class VI: under 5 beds—</i>						
Dunstan	4	31 15 0	14 0 0	7 15 0	5 5 0	116 0 0
Wairoa	4	43 5 0	14 10 0	19 5 0	17 10 0	133 5 0
Mangonui	3	43 5 0	2 0 0	5 15 0	1 0 0	125 5 0
Cromwell	3	34 0 0	17 5 0	10 0 0	11 10 0	159 5 0
Waiapu	3	47 5 0	14 10 0	41 0 0	73 15 0	180 10 0
Rawene	2	47 0 0	10 10 0	5 15 0	5 10 0	130 5 0
Akaroa	2	58 5 0	24 10 0	13 10 0	4 0 0	125 5 0
Havelock	2	38 10 0	5 0 0	10 0 0	1 0 0	94 5 0
Average for class ... ..	...	43 0 0	12 15 0	14 0 0	15 0 0	133 0 0
<i>Hospitals, also used as Old Men's Homes—</i>						
Greymouth	53	18 15 0	4 15 0	4 10 0	7 10 0	26 15 0
Westland	36	22 5 0	5 5 0	6 5 0	3 5 0	25 10 0
Kumara	28	20 5 0	8 5 0	4 5 0	3 5 0	21 15 0
Reefton	21	25 5 0	4 5 0	5 15 0	3 15 0	36 10 0
Ross	10	26 0 0	6 15 0	5 15 0	11 5 0	41 15 0
Charleston	8	25 0 0	3 0 0	2 5 0	1 10 0	34 0 0
Average for class ... ..	...	23 0 0	5 10 0	4 15 0	5 0 0	31 0 0

TABLE VI.—PRICES PAID FOR SOME OF THE PRINCIPAL ARTICLES CONSUMED IN VARIOUS HOSPITALS DURING THE YEAR 1909-10.

Hospital.	Meat.		Fish.	Poultry	Butter.	Milk.	Eggs.	Bread.	Flour.	Sugar.	Oatmeal.	Tea.
	Fresh Beef.	Corned Beef.											Mutton.
	Per lb.	Per lb.	Per lb.	—	Per lb.	Per Gallon.	Per Dozen.	Per 4lb. Loaf.	Per 100lb.	Per Bag.	Per 100lb.	Per lb.
Auckland	3d.	3d.	2½d. to 3½d.	8d. lb.	11½d.	9d.	8½d. lb.	5½d.	11s. 3d.	15s. 9d. to 16s. cwt.	9s. 9d.	8d. to 1s.
Wellington	3d. to 4½d.	3d. to 3½d.	3d.	3s. 3d. pair.	11d. to 11½d.	8½d.	10½d.	4½d.	9s. 9d.	16s. 6d. to 100 lb.	9s. 9d.	11d.
Dunedin	3d.	3d.	4d. to 4½d.	2s. 10d. to 9s. pair.	1s. 1d.	8d.	Market price.	4½d.	11s. 3d.	16s. 1d. to 100 lb.	10s. 6d.	1s. 2d.
Christchurch	3½d.	3d.	4d.	3s. 6d. pair.	11½d.	9d.	1s. 1½d.	4½d.	10s. 6d.	8s. 6d. to 56 lb.	12s.	1s. 3d.
Wanganui	2½d.	2½d.	3d.	2s. each.	11½d.	9d.	1s. 9d.	5½d.	12s.	14s. 10d. to 100 lb.	12s.	11d.
Napier	2½d. to 3d.	2d. to 3d.	1½d. to 3½d.	5s. pair.	1s.	7d.	9d. to 2s. 3d.	4½d.	9s. 6d.	16s. 6d. cwt.	11s. 9d.	1s. 4d.
Grey River	3½d.	3½d.	Very little used.	None.	11d.	11d.	1s. 6d.	4½d.	6s.	8s. 3d. to 8s. 6d. 56 lb.	6s.	1s. 6d.
Timaru	5d.	2½d.	..	Fowls, 2s. each; ducks, 9s. each.	9d. to 1s. 0½d.	9d.	1s.	5½d.	11s. 6d.	..	10s. 8d.	1s. 2d.
Southland	2½d.	2½d.	2d.	4s. pair.	..	7d.	..	5d.	9s. 6d.	15s. 6d. to 100 lb.	9s.	1s.
Nelson	3d.	3d.	No contract.	3s. 6d. pair.	9d. to 1s.	1s.	1s. 4d.	6d.	10s.	9s. 3d. to 9s. 6d. 56 lb.	14s.	1s. 7d. to 1s. 9d.
Palmerston North	4d.	4d.	2½d.	1s. 6d. each.	1s. 2d.	10d.	1s. 4d.	5d.	12s. 6d.	9s. 56 lb.	3s. 9d. to 25 lb.	1s. 6d.
Thames	3½d.	3d.	1d.	2s. each.	11½d.	9d.	10d.	6d.	10s. 6d.	15s. 2d. to 112 lb.	3s. 2d. to 25 lb.	1s. 1d.
New Plymouth	3½d.	3½d.	No tender.	4s. 6d. pair.	11½d.	8d.	1s. 2d.	7½d.	11s. 9d.	15s. 9d.	3s. 25 lb.	1s.
Gisborne	3½d.	3½d.	4d.	..	11½d.	8½d.	..	3½d.	12s. 3d.	15s. 2d. to 100 lb.	14s. 7d.	1s. 2½d.
Waihi	5d.	4½d.	4d.	..	1s. 1d.	1s. 2d.	1s.	6d.	13s. 6d.	18s. cwt.	3s. 6d. to 25 lb.	1s. 4d.
Westport	3½d.	3½d.	..	..	1s. 0½d.	1s. 2d.	2s.	6½d.	11s. 10d.	9s. 7d. to 56 lb.	11s. 2d.	1s. 2d.
Reefton	4d.	4d.	No tender.	No tender.	1s.	1s.	..	8d.	11s. 3d.	9s. 25 lb.	3s. 25 lb.	1s. 8d.
Wallace and Fiord	5d.	4½d.	9d.	Rear their own.	1s.	10d.	..	6d.	11s. 8d.	9s. 56 lb.	11s. 8d.	1s. 5d.
Waipawa	3½d.	2½d.	..	1s. each.	1s. 1d.	1s. 4d.*	..	3d.	12s. 6d.	9s. 6d. to 56 lb.	14s. 8d.	1s. 4½d.
Wairau	4d.	4d.	..	4s. 6d. pair.	1s. 1½d.	1s.	11½d.	6½d.	10s.	15s. 8d. to 100 lb.	14s. 8d.	1s. 10d.
Masterton	3½d.	3½d.	..	5s. pair.	11d.	9d.	1s.	4d.	12s. 6d.	17s. 2d. to 100 lb.	3s. 25 lb.	7s. 6d. 5 lb. box
Waimate	5d.	5d.	3d. to 4d.	..	1s. to 1s. 4d.	Cows kept.	..	5d.	11s.	18s. 9d.	12s.	1s. 4d.
Ashburton	4½d.	4d.	4d. to 10d.	..	1s. 1d.	Cows kept.	7d.	5½d.	11s.	18s. 9d.	6s. 6d.	1s. 3d.
Oamaru	4d.	4d.	No contract.	4s. pair.	1s. 2d.	1s.	1s. 2d.	8d.†	12s. 6d.	15s. 7d.	16s.	1s. 8d.
Hawera	2d. to 4d.	2d. to 4d.	4d.	5s. pair.	9d.	Cows kept.	1s. 6d.	5½d.	12s. 9d.	17s. 2d. to 100 lb.	11s. 9d.	1s.
Gore	4d.	4d.	..	..	1s.	10d. to 1s.	1s. 6d.	6d.	9s.	18s. 8d. to 18s. 6d.	12s. 6d.	1s. 6d.
Stratford	4d.	4d.	..	..	1s. 0½d.	10d.	1s.	5½d.	11s. 9d.	16s. to 17s.	15s. 4d.	1s. 11d.
Whangarei	3½d.	3½d.	3½d.	None supplied.	1s. 2d.	8d.	10d. to 1s.	7d.	13s.	9s. 6d. to 9s. 9d. 56 lb.	13s.	1s. 4d. to 1s. 10d.
S. Wairarapa	4½d.	4d.	..	..	1s. 0½d.	9d.	1s.	6d.	12s.	2½d. lb.	9s. 25 lb.	6s. 6d. 5 lb.
Patea	4d.	4d.	..	..	11½d.	8d.	10d. to 1s. 6d.	7d.	13s.	..	12s. 4d.	1s. 3d.
Pahiatua	4½d.	4½d.	3½d.	..	1s.	..	1s.	7d.	12s. 4d.	18s. 9d.	13s. 4d.	1s. 3d.
Arrow	5d.	5d.	..	..	1s. 2d.	2s.	1s.	7d.	12s.	19s.	13s. 4d.	1s. 3d.
Wakatipu	5d.	5d.	6d.	..	1s. 2d.	1s.	1s.	7d.	14s.	8s. 6d. 56 lb.	20s.	1s. 6d.
Coromandel	6d.	6d.	8s. doz.	..	1s. 2d.	1s.	1s. to 1s. 6d.	8d.	14s.	20s. cwt.	16s. 8d.	1s. 7d. to 1s. 9d.
Mangonui	4d.	4d.	1s. bundle.	..	1s.	1s.	1s. to 1s. 6d.	10d.	14s.	20s. cwt.	16s. 8d.	1s. 7d. to 1s. 9d.
Rawene	4d.	4d.	1s. bundle.	None used.	1s.	1s.	1s. to 1s. 6d.	9d.	14s.	17s. 10d. to 100 lb.	14s.	1s. 3d.
Akaroa	5d.	4d.	..	..	1s. 1d.	1s.	1s.	7d.	11s. 6d.	..	14s.	1s. 3d.

* When necessary; and cows kept. † Less 2½ per cent.

TABLE VI.—PRICES PAID FOR SOME OF THE PRINCIPAL ARTICLES CONSUMED IN VARIOUS HOSPITALS DURING THE YEAR 1909-10—continued.

Hospital.	Rice. Per lb.	Potatoes. Per Sack.	Coal. Per Ton.	Coke. Per Bag.	Gas. Per 1,000 ft.	Cotton Wool. Per lb.	Lint. Per lb.	Chloroform. Per lb.	Lysol. Per Gallon.
Auckland	15s. 8d. cwt.	£5 ton.	£1 2s. to £1 7s.	£1 7s. ton.	4s. 3d.*	9½d.	1s. 5d.	B.W., 3s. 6d.	8s. 6d.
Wellington	14s. cwt.	£4 10s. to £6 5s. ton	Boiler, 16s.; house, £1 6s. 6d.	£1 3s. ton.	4s. 7d. net.	10d.	1s. 4½d.	P.D., 3s. 6d.; B.W., 4s. 4½d.; D.F., 7s.	1s. pint.
Dunedin	14s. 6d. cwt.	3s. to 4s. cwt.	10s. to £1 3s. 3d.	£1 8s. ton.	5s.	11½d.	1s. 6d.	P.D., 4s. 6d.	8s. 6d.
Christchurch	14d.	No contract.	18s. 6d. to £1 0s. 9d.	..	7s. 6d.	11½d.	1s. 3d.	B.W., 5s.	1s. 5d. pint.
Wanganui	14d.	4s. 6d. cwt.	£1 9s.	1s. 6d.	7s.	1s. 1d.	1s. 8d.	B.W., 3d.	1s. 6d. pint.
Napier	17s. 100 lb.	6s. to 7s. cwt.	£1 12s. 6d.	1s. 4d.	4s. 7d.	1s. 1d.	1s. 6d.	B.W., 4s. 8d.	1s. 3d. pint.
Grey River	6s. cwt.	6s. cwt.	18s.	6d.	5s. 10d.	1s. 4d.	1s. 9d.	B.W., 5s. 6d.; D.F., 9s. 6d.	15s.
Timaru	..	..	£1 9s. to £1 11s.	1s. 6d.	5s.	8½d.	1s. 1d. to 1s. 5d.	B.W., 5s.	2s. pint.
Southland	14d.	..	19s.	Not used.	5s. 10d.	1s. 2½d.	1s. 11d.	8s. 6d.	3s. 6d. quart.
Nelson	14d.	Market rates.	£1 9s. 6d. to £1 11s. 6d.	1s.	6s. 8d.	1s.	1s. 8d.	None purchased.	2s. 6d. pint.
Palmerston North	8s. 6d. 56 lb.	6s. cwt.	£1 19s.	£1 10s. ton.	6s. 9d. §	1s. 6d. to 1s. 9d.	2s. 3d.	9s. 6d.	2s. 5d. quart.
Thames	13d.	5s. 6d. cwt.	£1 6s.	£1 10s. ton.	7s. 9d. §	1s. 1d.	1s. 1d.	7s. 9d.	14s. 6d.
New Plymouth	7s. 9d. 56 lb.	No tender.	State, £1 17s.; Westport, £2.	1s. 9d.	6s. 8d.	1s. 6d. to 2s.	1s. 5d. to 1s. 9d.	5s.	10s. 6d.
Gisborne	2d.	6s. cwt.	£1 16s.	2s.	7s. 6d.	1s.	1s.	£2 0s. 10d. doz.	1s. pint.
Waikato	8s. 56 lb.	8s. 6d. cwt.	£1 8s.	1s. 9d.	7s. 11d.	1s.	1s. 9d.	4s. 9d.	2s. 3d. quart.
Westport	17d.	6s. 6d. cwt.	18s.	6d.	5s. 10d.	11d.	1s. 7d.	3s.	£1 16s., doz. qrts.
Reefton	13s. 4d. cwt.	7s. cwt.	17s.	..	..	1s. 3d.	2s.	3s.	2s. 6d. lb.
Wallace Ford	14d.	Own grown.	17s.	..	..	1s. 3d.	2s.	D.F., 9s. 6d.	11s. 6d.
Waipawa	9s. 56 lb.	11s. 6d. to £1.	£1 19s. 4d. to £2 1s. 10d.	1s. 6d.	4s. 6d.	1s. 3d.	2s. 3d.	P.D., 6s.	..
Wairau	2d.	4s. 6d. cwt.	£1 19s. 6d.	..	Acetylene.	2s. 6d. †	2s. 3d.	4s. 6d. to 7s. 6d.	12s.
Masterton	2d.	7s. cwt.	£1 19s.	..	6s. 8d.	1s. 4d.	1s. 7d.	D.F., 9s. 6d.	3s. quart.
Waimate	2d.	Own grown.	£1 8s. to £2.	1s.	10s.	1s. 6d.	1s. 9d.	P.D., 6s.	3s. pint.
Ashburton	19s. cwt.	4s. 6d. to 12s.	£1 9s. 4d.	..	8s. 4d.	1s. 2d.	1s. 8d.	4s. 6d. to 7s. 6d.	2s. 6d. pint.
Oamaru	2d.	No contract, now 15s.	£1 9s. 4d.	None bought.	7s. 6d.	1s. 2d.	1s. 8d.	D.F., 9s. and 4s. 6d.	13s.
Hawera	2d.	9s.	Westport, £2 3s.	1s. 3d.	6s. 9d.	1s. 3d.	1s. 8d.	D.F., 9s. 6d.	2s. 6d. pint.
Gore	2d.	7s.	19s. 6d.	None used.	None.	2s.	2s.	D.F., 9s. 6d.	13s.
Stratford	14d.	6s. 9d. cwt.	16s. and 12s. 4d. railage.	1s. 4d.	..	1s. 5d.	2s. 3d.	D.F., 10s.	2s. lb.
Whangarei	14d.	6s. 6d. cwt.	18s. 6d.	1s. 6d.	10s.	1s. 5d.	1s. 9d.	D.F., 10s.	11s. 6d.
South Wairarapa	24d.	Current rates.	£1 6s. 6d.	1s. 6d.	..	1s. to 1s. 8d.	1s. 6d.	£1 17s. 5d. 12 lb.	14s. 9d.
Patea	2d.	9s. 6d.	16s. on truck.	..	..	1s. 4d.	2s.	8s. 6d.	2s. 3d. pint.
Arrow	2d.	Market rates.	£1 17s. 6d. to £2 0s. 6d.	..	..	2s. 6d.	3s.	9s.	None purchased.
Pahiatua	2d.	7s. 11d.	16s. on truck.	1s. 7d.	7s. 6d.	2s. 6d.	2s. 9d.	D.F., 10s.	None purchased.
Arrow	24d.	..	£1 4s.	None used.	None.	1s. 6d.	2s.	D.F., 10s.	10s. 6d.
Wakapu	24d.	6s. 8d.	£1 16s.	None used.	None.	1s. 9d.	2s.	None purchased.	2s. 3d. pint.
Coromandel	24d.	13s. 6d.	£1 14s. 6d.	£1 12s. ton.	None.	1s. 1d. †	2s.	D.F., 9s.	None purchased.
Mangonui	2d.	9s. cwt.	None used.	None used.	None.	1s. 3d.	2s.	D.F., 9s.	8s. 6d. quart.
Rawene	2d.	9s. cwt.	None used.	None used.	None.	1s. 3d.	2s.	2s. 9d.	10s. 6d.
Akaroa	13d.	No contract.	£2 1s.	..	..	11½d.	1s. 3d.	2s. 9d.	10s. 6d.

* Less 20 per cent. † Carbolyzed. ‡ Carbolized. § 5s. 5d. for cooking.

TABLE VII.—Showing RECEIPTS and EXPENDITURE of CHARITABLE AID BOARDS and BENEVOLENT INSTITUTIONS under the Act in the undermentioned Charitable Aid Districts for the Year ended 31st March, 1910.

Charitable Aid District (including Separate Institutions).	RECEIPTS.										EXPENDITURE.						Percentage of Cost of Administration on																																
	Balance from Previous Year.		From Government.		From Local Authorities, Ordinary Levies.		Voluntary Contributions and Bequests.		Rents, Interest, Dividends.		Payments on Account of Persons relieved.				Total Receipts.			Indoor Relief.		Outdoor Relief.		Administra-tion.		Other Expenses.		Total.																							
	£	s. d.	£	s. d.	£	s. d.	£	s. d.	£	s. d.	£	s. d.	£	s. d.	£	s. d.		£	s. d.	£	s. d.	£	s. d.	£	s. d.	£	s. d.	£	s. d.																				
North Auckland	127	9	3	2057	10	11	2198	6	0	10	10	0	143	16	4	169	2	8	312	19	0	4,732	7	3	1,658	3	2	1,731	9	10	96	13	4	11	3	5	3,497	9	9	28			
Auckland	881	3	6	7113	15	8	4660	5	3	2097	18	5	594	2	1	673	8	9	244	2	0	1,927	11	4	2,845	2	1	1,197	2	7	2,200	166	9	11,276	8	9	4,359	8	3	669	14	1	1,257	9	6	17,563	0	7	32
Thames and Coromandel	214	1	7	1386	1	11	979	16	4	68	0	6	125	6	9	380	15	9	506	2	6	249	9	9	3,403	12	7	1,508	8	5	1,014	19	0	263	10	7	24	8	5	2,806	6	5	94		
Waikato	4	9	10	175	0	0	366	11	4	22	0	6	208	6	4	230	6	10	6	19	9	179	9	10	180	18	8	30	18	10	161	17	6	191			
Bay of Plenty	546	12	9	268	10	2	443	2	5	1,268	1	4	101	15	9	50	16	6	307	10	5	460	2	8	111						
Waipuu	29	5	0	29	5	0	14	2	3	0	2	9	0	2	3	0	2	3	16	8	0	90				
Cook	69	3	8	1164	15	0	188	10	0	37	18	6	2	3	0	163	2	3	203	3	9	5	0	0	1,620	12	5	758	16	11	71	8	0	27	13	0	2	3	0	1,316	14	7	54		
Hawke's Bay and Waipawa	329	10	7	4275	19	10	3509	19	10	647	8	3	1	10	0	212	11	1	616	5	0	828	16	1	92	8	0	9,685	11	10	5,248	12	7	1,227	4	1	337	1	6	316	19	3	7,129	17	5	47	
Taranaki	557	13	2	557	13	2	10	0	0	27	4	0	62	5	0	187	8	6	365	7	5	615	0	11	20	12	6	1,788	3	9	1,109	13	1	186	16	1	217	0	9	115	2	4	1,628	12	3	133
Stratford	163	14	1	163	14	1	14	8	0	1	8	4	133	4	6	15	16	4	343	4	6	190	1	10	20	2	2	343	4	6	58					
Hawera	316	2	11	316	2	11	146	10	4	259	0	6	25	0	0	201	15	0	9	5	0	632	5	10	39							
Patea and Wanganui	1742	11	7	440	5	8	778	16	2	13	4	6	30	0	0	89	14	11	12	7	8	173	15	3	275	17	10	16	19	10	3,297	15	7	1,159	2	4	429	1	11	223	18	9	5	0	0	1,816	3	0	123
Palmerston N. and Wellington	91	4	9	519	13	5	519	13	5	0	5	0	3	16	10	108	2	10	111	19	8	1,242	16	3	178	3	0	891	11	0	265	5	5	1,334	19	5	198				
Wellington and Wairarapa	7948	11	11	8498	3	9	5930	12	5	493	5	6	351	9	10	156	12	6	162	10	10	1,239	5	2	1,558	8	6	141	11	0	24,942	2	11	6,880	1	9	8,404	19	7	1047	11	2	79	8	2	16,412	0	8	64
Wairarapa	356	9	6	356	9	6	712	19	3	386	4	8	254	10	7	37	10	0	34	14	0	712	19	3	53			
Pieon	220	0	0	237	0	0	67	1	3	67	1	3	583	1	3	143	7	11	200	15	4	8	0	165	8	4	517	11	7	15				
Nelson	68	11	5	2208	0	1	1733	15	0	1371	8	11	8	17	10	535	9	10	361	11	0	597	19	5	1,495	0	3	168	12	0	7,054	5	6	5,135	15	10	1,139	2	0	188	9	2	32	2	1	6,495	9	1	29
Buller	674	5	11	674	6	0	1,348	11	11	726	13	6	420	17	8	51	0	0	1,198	11	2	42				
Inangahua	359	13	5	424	1	4	152	6	4	103	1	6	0	10	0	2	0	0	1,040	12	7	50	9	3	472	5	6	89	5	11	10	0	10	622	1	6	143		
Grev	28	19	8	1828	16	4	1434	16	11	4	7	0	17	13	10	3,329	5	5	316	19	3	608	18	3	111	15	7	8	17	9	1,046	10	10	107			
Westland	2	5	0	662	19	5	437	18	3	581	16	0	8	13	10	10	0	0	1,765	0	6	298	13	5	1,163	19	9	195	10	5	1,658	3	7	118			
Ashburton and N. Canterbury	2425	15	3	7781	2	3	7487	2	4	3951	19	6	138	2	11	176	10	2	1,878	6	7	2,049	16	9	113	11	3	11,323	19	10	11,395	16	0	1234	1	2	18,267	17	4	62					
S. Canterbury	1180	18	7	1180	18	7	90	6	11	360	13	6	451	0	5	2	0	10	2,814	18	5	872	13	10	1,719	7	1	205	10	0	17	7	6	2,814	18	5	73			
Waitaki	514	17	4	566	6	6	519	2	4	26	0	8	5	13	0	89	17	11	431	4	10	521	2	9	1	16	6	2,154	19	1	947	9	1	618	5	6	184	13	8	4	3	6	1,754	11	9	105	
Otago	1656	12	3	6710	13	0	6402	15	8	313	6	2	752	9	8	401	4	7	1,639	1	3	2,040	5	10	406	16	2	18,282	18	9	10,028	13	2	5,926	6	8	862	15	10	16,817	15	8	51		
Maniototo	166	17	0	184	7	5	166	17	0	16	5	6	183	2	6	87						
Southland	1552	8	4	1207	8	1	487	18	2	103	2	6	145	11	6	647	2	1	817	3	10	58	1	6	4,226	2	5	3,088	1	8	884	7	2	233	13	7	4,226	2	5	60		
Wallace and Fiord	371	15	8	286	13	10	31	11	0	47	3	4	47	3	4	779	16	1	26	5	3	270	10	3	104	13	3	401	8	9	259				
Totals	17412	14	5	51387	10	0	42468	13	7	10184	5	6	2119	14	2	3012	13	11	996	1	7	11015	6	3	15024	1	9	3359	19	5	142456	17	0	64,335	16	4	38988	5	0	6888	7	11	2621	6	6	112333	15	9	61

TABLE VIII.—Showing CHILDREN'S PORTION of EXPENDITURE set forth in Table VII.

Charitable Aid District and Separate Institutions.	In Industrial Schools.			Boarded out.			Total.		
	Number of Children in Industrial Schools.	Cost.	Average Weekly Cost per Head.	Number of Children boarded out.	Cost.	Average Weekly Cost per Head.	Number of Children.	Cost.	Average Weekly Cost per Head.
North Auckland Hospital and Charitable Aid Board	8	£ 78 10 2	s. d. 5 3	..	£	s. d. ..	8	£ 78 10 2	s. d. 5 3
Auckland Hospital and Charitable Aid Board..	69	885 13 7	6 4	78	530 12 2	7 3	147	1,416 5 9	6 10
Thames and Coromandel Charitable Aid Board	10	182 18 9	6 10	..	..	..	10	182 18 9	6 10
Bay of Plenty Hospital and Charitable Aid Board	2	45 0 0	8 1	..	..	..	2	45 0 0	8 1
Cook Hospital and Charitable Aid Board ..	..	..	..	8	107 13 6	7 6	8	107 13 6	7 6
Waikato Hospital and Charitable Aid Board ..	5	202 18 0	7 1	3	20 0 0	10 0	8	222 18 0	8 2
Taranaki Hospital and Charitable Aid Board ..	1	19 10 0	7 6	2	62 16 6	8 0	3	82 6 6	7 10
Stratford Hospital and Charitable Aid Board ..	6	78 17 6	5 3	3	66 16 0	8 0	9	145 13 6	6 2
Hawera Hospital and Charitable Aid Board ..	6	146 10 4	9 6	..	..	..	6	146 10 4	9 6
Patea and Wanganui Charitable Aid Board ..	21	158 15 3	7 6	7	95 2 9	7 6	28	253 18 0	7 6
Palmerston North Hospital and Charitable Aid Board	16	269 10 0	6 5	2	36 8 0	7 0	18	305 18 0	6 6
Wellington and Wairarapa Charitable Aid Board	50	900 0 0	7 8	219	3,060 0 0	5 4	269	3,960 0 0	5 9
Wellington Benevolent Institution ..	..	..	..	3	54 12 0	7 0	3	54 12 0	7 0
Hawke's Bay and Waipawa Charitable Aid Board	16	197 3 7	6 7	5	44 13 0	7 6	21	241 16 7	6 9
Hawke's Bay Children's Home ..	39	779 0 0	7 8	..	..	..	39	779 0 0	7 8
Picton Hospital and Charitable Aid Board ..	1	22 19 8	8 10	..	..	..	1	22 19 8	8 10
Wairau Hospital and Charitable Aid Board ..	6	100 13 8	6 11	..	..	..	6	100 13 8	6 11
Nelson Hospital and Charitable Aid Board ..	2	31 4 0	6 0	48	337 4 8	6 0	50	368 8 8	6 0
St. Andrew's Orphanage, Nelson ..	66	1,087 0 0	6 4	..	..	..	66	1,087 0 0	6 4
Buller Hospital and Charitable Aid Board ..	6	87 17 9	7 6	..	..	..	6	87 17 9	7 6
Inangahua Hospital and Charitable Aid Board	3	37 4 3	5 8	..	..	..	3	37 4 3	5 8
Grey Hospital and Charitable Aid Board ..	12	216 11 5	6 11	35	216 10 5	2 4	47	433 1 10	3 6
Westland Hospital and Charitable Aid Board..	1	16 18 0	6 6	13	200 15 0	5 11	14	217 13 0	5 11
Ashburton and North Canterbury United Charitable Aid Board	154	2,164 15 10	5 4	34	645 11 2	7 3	188	2,810 7 0	5 9
South Canterbury Hospital and Charitable Aid Board	9	112 11 9	4 9	29	386 15 0	5 2	38	499 6 9	4 11
Waitaki Hospital and Charitable Aid Board ..	13	224 3 10	7 6	..	..	..	13	224 3 10	7 6
Otago, Central Otago, and Tuapeka Charitable Aid Board	79	1,524 18 0	7 5	167	3,194 2 0	7 4	246	4,719 0 0	7 4
Southland Hospital and Charitable Aid Board..	1	14 12 6	5 7	1	26 0 0	10 0	2	40 12 6	7 9
Totals and averages ..	602	9,585 17 10	6 10	657	9,085 12 2	7 0	1,259	18,671 10 0	6 10

TABLE IX.—CHARITABLE INSTITUTIONS—Statistical.

Governing Body.	Name of Institution.	Staff.				Number of Beds.			Number of Inmates during Year.			Individual Average Days Stay.	Average Cost of Maintenance and Ad-occupied bed.	Weekly Maintenance Fee charged.	Percentage of Cost of Administration and Maintenance.											
		Medical, Non-resident.		Nurses.	Master.	Matron.	Domestic.		For Males.	For Females.	For Children.					Total.	Males.	Females.	Total.	Deaths.						
		Hono-rary.	Stipendi-ary.				Cooks, House-maids, &c.	Porters, Gardeners, &c.																		
Old People's Homes—Auckland Hospital and Charitable Aid Board	Costley Home	..	1	4	..	1 ^(a)	7	12	203	53	..	256	222	381	84	415	52	196	31	11	6	10	0	0	2	2
Otago Benevolent Institution	Otago Benevolent Institution	..	1	4 ^(b)	..	1	5	..	237	87	..	324	211	50	188	22	3	10	8	0	10	4	4
Wellington Benevolent Society	Ohio Home	..	1	1	..	1	3	2	117	35	..	154	119	257	44	301	7	145	23	13	11	10	0	2	1	
Southland Hospital and Charitable Aid Board	Lorne Farm*	..	1	1	..	1	8	2	90	39	16	148	94	109	29	138	4	248	22	3	10	8	0	1	0	
Hawke's Bay and Waipawa Charitable Aid Board	Old People's Home, Park Island	..	2	..	..	2	2	5 ^(d)	78	14	..	92	79	168	22	190	2	152	37	7	1	7	0	10	7
Ashburton and North Canterbury United Charitable Aid Board	Memorial Home, Woolston	..	1	3	..	1	5	3	4	106	..	110	70	7	77	84	14	306	31	1	3	(e)	..	5	9	
Wellington Society for the Relief of the Aged and Needy	Tuarangi Home, Ashburton	..	1	..	..	1	3	..	107	..	..	107	64	99	..	99	16	235	38	18	11	(e)	..	5	9
Thames and Coromandel Charitable Aid Board	Institute for the Relief of the Aged Needy District Home, Taranaki	..	1	..	..	1	2	..	22	21	..	43	38	21	19	40	3	282	26	19	4	8	3	7	3
Nelson Hospital and Charitable Aid Board	Old People's Home, Nelson	..	..	..	..	1	2	..	40	5	..	45	35	41	5	46	6	277	26	12	1	10	0	8	6
South Canterbury Hospital and Charitable Aid Board	Old People's Home, Tamaru	..	..	..	..	1 ^(a)	2	..	28	9	..	37	34	92	12	104	2	119	24	4	7	(e)	..	2	4
North Otago Benevolent Institution	North Otago Benevolent Institution	..	1	..	..	1	2	1	38	11	..	49	34	58	11	69	6	182	23	8	6	8	0	10	2
Taranaki Hospital and Charitable Aid Board	Old People's Home, New Plymouth	..	1	..	..	1	2	..	36	19	..	55	32	45	7	52	3	223	35	17	8	12	0	10	7
Patea and Wanganui Charitable Aid Board	Jubilee Home, Aromoho	..	1	..	..	1	2	..	30	6	..	36	31	53	8	61	8	187	35	1	8	10	0	10	9
Buller Hospital and Charitable Aid Board	Old People's Home, Westport	..	1	..	..	1	1	..	20	6	..	26	21	29	3	32	..	237	32	2	8	(e)	..	5	3
North Auckland Hospital and Charitable Aid Board	Whangarei Cottage Home	..	1	..	..	1	1	..	27	4	..	31	19	32	5	37	5	195	37	6	2	10	0	9	7
Waikato Hospital and Charitable Aid Board	Old Men's Home, Hamilton	..	1	..	..	1	1	..	24	..	..	24	16	33	..	..	1	176	39	16	8	8	0	4	2
Cook Hospital and Charitable Aid Board	Old Men's Home, Gisborne	..	1	..	..	1	..	..	17	6	..	23	9	35	8	..	2	73	69	13	7	12	0	11	3
North Wairarapa Benevolent Society	Renall Solway Home	..	1	..	..	1	..	..	14	..	..	14	5	15	..	..	2	130	79	10	11	Nil	..	7	8
Children's Homes—Ashburton and North Canterbury United Charitable Aid Board	Waltham Orphanage	..	1	..	..	1	1	2	..	..	14	14	13	9	6	15	..	318	33	11	8	..	..	6	4
Hawke's Bay Children's Home	Hawke's Bay Children's Home	..	2	..	..	2	3 ^(h)	..	10	36	..	46	39	11	42	53	..	267	19	19	6	2/6-10/	..	2	4
Retormatory Refuge—Samaritan Home	Samaritan Home	..	1	..	..	1	..	..	38	38	..	76	73	36	31	67	4	100	16	10	8	..	..	4	1
Casual Ward—Ashburton and North Canterbury Hospital and Charitable Aid Board	Armagh Street Depot	..	1	..	..	(f)	(f)	..	16	..	..	16	5	38	..	..	..	49	31	14	3	(e)	..	6	4
Blind Institute—Jubilee Institute for the Blind	Jubilee Institute for the Blind	..	2	..	..	1	5	2	43	21	..	64	58	46	24	70	..	301	55	16	5	10	0 ^(h)	11	4
Convalescent Home—Wellington Convalescent Home	Wellington Convalescent Home	..	..	..	..	1	1	..	6	5	..	11	6	(e)	(e)	124	..	18	66	6	1	15	0	2	5
Auckland Hospital and Charitable Aid Board	Alexandra Convalescent Home	..	1	..	..	1	2	1	..	13	..	13	6	..	..	..	..	22	92	10	8	Nil	..	2	3

* Lorne Farm is also a Children's Home. (a) Registered nurse, and gives part time only. (b) Is also a registered nurse. (c) Includes two probationers. (d) Includes two porters. (e) Includes one sewing-teacher. (f) Charge varies. (g) Charge varies. (h) Charge varies.

TABLE X.—Showing EXPENDITURE of CHARITABLE INSTITUTIONS under the Control either of District Boards or Separate Institutions.

Governing Body.	Name of Institution.	Average Number of Patients per Bed.	Provisions.		Surgery and Dispensary.		Domestic and Establishment.		Salaries and Wages.		
			Total Cost.	£ s. d.	Total Cost.	£ s. d.	Total Cost.	£ s. d.	Total Cost.	£ s. d.	
											Cost per Occupied Bed.
Old People's Home—	Costley Home	222	2,336 6 4	10 15 6	160 12 7	0 14 6	2,448 16 3	11 0 8	1,400 5 5	£ s. d.	£ s. d.
Auckland Hospital and Charitable Aid Board..	Otago Benevolent Institution	211	2,224 11 7	10 10 10	98 6 6	0 9 4	1,297 9 9	6 2 11	572 3 9	6 6 1	6 6 1
Otago Benevolent Institution ..	Ohio Home	119	1,206 17 11	10 2 10	51 13 11	0 8 8	1,055 12 9	8 17 5	445 11 2	2 14 3	2 14 3
Wellington Benevolent Institution ..	Lorne Farm	94	702 0 11	7 9 4	23 19 4	0 5 1	1,055 12 9	7 8 2	634 17 6	3 14 11	3 14 11
Southland Hospital and Charitable Aid Board ..	Old People's Home, Park Island	79	871 11 5	11 0 8	56 2 7	0 14 2	865 9 6	10 19 1	840 7 4	6 15 1	6 15 1
Hawke's Bay United Charitable Aid Board ..	Memorial Home	70	522 1 0	7 9 2	86 4 9	1 4 8	902 7 3	12 17 9	534 7 3	10 12 9	10 12 9
Ashburton and North Canterbury Charitable Aid Board	Tuarangi Home	64	807 5 5	12 12 3	106 7 0	1 13 3	831 9 9	12 19 10	599 8 0	7 12 8	7 12 8
Wellington Society for the Relief of the Aged Needy	Institute for the Relief of Aged Needy	38	506 5 6	13 6 6	1 13 6	0 0 11	188 6 1	4 19 1	253 8 1	9 7 3	9 7 3
Thames and Coromandel United Charitable Aid Board	District Home, Taranu	36	596 17 6	16 11 7	29 10 6	0 16 5	434 13 4	12 1 6	253 0 10	7 0 7	7 0 7
Nelson Hospital and Charitable Aid Board ..	Old People's Home, Nelson	35	468 7 3	13 7 7	..	..	178 13 0	5 2 1	204 4 5	5 16 8	5 16 8
South Canterbury Hospital and Charitable Aid Board	Old People's Home, Timaru	34	451 1 3	13 5 4	..	..	207 16 10	6 2 3	144 14 0	4 5 1	4 5 1
North Otago Benevolent Institution ..	North Otago Benevolent Institution	34	280 11 4	8 5 0	4 9 9	0 2 8	238 3 2	7 0 1	192 14 0	5 13 3	5 13 3
Taranaki Hospital and Charitable Aid Board ..	Old People's Home, New Plymouth	32	420 7 4	13 2 9	6 2 6	0 3 10	265 11 1	8 5 11	333 13 8	10 8 7	10 8 7
Patea and Wanganui Charitable Aid Board ..	Jubilee Home, Aronoho	31	318 4 7	10 5 4	150 0 0	4 16 9	286 2 8	9 4 6	214 15 0	6 18 6	6 18 6
Buller Hospital and Charitable Aid Board ..	Old People's Home, Westport	21	361 2 1	17 3 11	11 8 6	0 10 11	132 19 10	6 6 8	133 5 4	6 6 11	6 6 11
North Auckland Hospital and Charitable Aid Board	Whangarei Cottage Home	19	241 5 9	12 14 0	16 4 2	0 17 1	188 7 5	9 18 3	193 18 0	10 4 1	10 4 1
Waikato Hospital and Charitable Aid Board ..	Old Men's Home, Hamilton	16	334 18 7	20 18 8	..	..	110 17 8	6 18 7	164 10 0	10 5 8	10 5 8
Cook Hospital and Charitable Aid Board ..	Old Men's Home, Gisborne	9	245 7 2	27 5 3	1 13 0	0 3 8	204 14 3	22 14 11	104 0 0	11 11 1	11 11 1
North Wairarapa Benevolent Society	Renall-Solway Home	5	106 8 9	21 5 9	6 13 3	1 6 8	188 8 11	37 13 9	65 6 8	13 1 4	13 1 4
Children's Homes—		1,163	13,501 11 8	11 11 0	811 1 10	0 13 11	10,722 11 0	9 3 5	7,284 10 5	6 4 7	6 4 7
Ashburton and North Canterbury Charitable Aid Board	Waltham Orphanage	13	87 15 4	6 15 0	0 17 8	0 1 4	163 17 0	12 1 2 1	156 17 6	12 1 4	12 1 4
Hawke's Bay Children's Home ..	Hawke's Bay Children's Home	39	316 15 0	8 2 5	2 0 9	0 1 1	237 14 7	6 1 11	208 1 1	5 4 2	5 4 2
Reformatory Refuge—	Samaritan Home, Christchurch	73	*	..	*	..	*	..	300 10 5	4 2 4	4 2 4
Casual Ward—	Armagh Street Depot	5	87 15 10	17 11 2	0 19 11	0 4 0	39 17 9	7 19 7	19 13 0	3 18 7	3 18 7
Ashburton and North Canterbury Charitable Aid Board	Jubilee Institute for the Blind	58	792 16 7	13 13 5	28 16 5	0 9 11	817 15 7	14 2 0	1,227 12 0	21 3 4	21 3 4
Blind Institute—	Wellington Convalescent Home	6	178 16 6	29 16 1	..	..	77 0 8	12 16 9	132 2 3	22 0 4	22 0 4
Convalescent Home—	Alexandra Convalescent Home	6	200 14 8	33 9 1	2 0 0	0 6 8	146 19 5	24 9 11	192 13 2	32 2 2	32 2 2

* Particulars of expenditure under these items not available.

TABLE XI.—NUMBER of OLD-AGE PENSIONERS maintained in HOSPITALS and CHARITABLE INSTITUTIONS on the 31st March, 1910, together with the Amounts paid to such Institutions during the Year.

Location.	Institution.	Payments, Year 1909-10.	Number of Pensioners in Institu- tion on 31st March, 1910.	Amount handed to Pensioners after Deduction of Maintenance.
		£ s. d.		
Whangarei	Old Men's Home	187 18 8	9	4s. per month.
Auckland	Costley Home	2,283 13 9	98	6s. 6d. "
"	Veterans' Home	948 18 4	36	2s. 6d. per week.
Thames	Old Men's Home	465 6 8	18	5s. per month.
Hamilton	"	227 1 8	8	4s. "
Gisborne	"	157 18 11	6	1s. per week.
Napier	Refuge, Parke Island	786 9 10	27	10s. 4d. per month.
New Plymouth	Old Men's Home	390 13 5	14	10s. "
Wanganui	Jubilee Home	196 0 3	8	5s. "
Wellington	Ohiro Home	627 19 5	25	1s. 6d. per week.
"	Home for Aged Needy	754 8 7	29	7s. 7d. per month.
"	Home for Incurables	246 17 9	10	5s. "
Palmerston North	No institution	110 12 4	2	Nil.
Masterton	Solway Home	60 13 4	3	"
Nelson	Alexandra Home	752 4 1	29	2s. per week.
Picton	Hospital	80 5 3	3	6s. per month.
Blenheim	Old Men's Home	140 16 8	6	1s. per week.
Christchurch	Jubilee Home	907 9 10	36	1s. "
"	Samaritan Home	179 5 0	7	4s. per month.
"	Nazareth House	488 2 7	23	5s. "
"	Mount Magdala Home	23 16 8	1	Nil.
Ashburton	Tuarangi Home	873 3 4	30	1s. per week.
Timaru	Old Men's Home	459 13 8	16	1s. 6d. "
Westport	Hospital	568 16 3	24	2s. "
Charleston	"	165 14 1	5	11s. 4d. per month.
Reefton	"	205 9 1	10	5s. "
Greymouth	"	691 18 4	32	10s. "
Hokitika	"	617 11 6	24	7s. 6d. "
Ross	"	204 14 4	9	13s. 4d. "
Kumara	"	398 18 11	19	13s. 4d. "
Oamaru	Victoria Home	578 19 5	24	8s. 8d. "
Dunedin	Benevolent Institution	2,071 0 2	72	13s. 4d. "
"	Home for Aged Poor	727 10 0	39	13s. 4d. "
Invercargill	(Bowmont Street Home	796 9 8	16	4s. 6d. "
"	Lorne Farm		12	8s. 6d. "
Riverton	No institution	60 13 4	2	Nil.
		18,437 5 1	732	
	HOSPITAL PATIENTS ONLY ..	737 2 0	32	
		£17,700 3 1	764	

TABLE XII.—Showing COMPARISON of HOSPITAL AND CHARITABLE-AID EXPENDITURE since 1894-95 and the Cost per Head of the Population.

Year.	Mean Popula- tion.	Hospital Expendi- ture.	Proportion of Ex- penditure per Head of the Population.		Charitable- aid Expendi- ture.	Proportion of Ex- penditure per Head of the Population.		Hospital and Charitable- aid Expendi- ture.	Proportion of Cost per Head of the Population.	
			£	s. d.		£	s. d.		£	s. d.
1894-95	683,111	91,169	2	8½	86,555	2	6½	177,724	5	2½
1895-96	696,331	92,927	2	8½	106,536	3	0½	199,463	5	8½
1896-97	710,418	96,379	2	8½	89,668	2	6½	186,047	5	2½
1897-98	724,681	95,700	2	7¾	86,073	2	4½	181,773	5	0
1898-99	739,193	105,752	2	10½	93,071	2	6	198,823	5	4½
1899-1900	752,644	108,257	2	10½	77,603	2	0¾	185,860	4	11½
1900-1	765,668	117,535	3	1	79,873	2	0¾	197,408	5	1¾
1901-2	781,356	123,366	3	1¾	88,849	2	3½	212,215	5	5
1902-3	802,419	138,027	3	5¼	93,158	2	3¾	231,185	5	9
1903-4	826,902	153,768	3	8½	89,232	2	2	243,000	5	10½
1904-5	851,964	166,277	3	10¾	93,339	2	2¼	259,616	6	1
1905-6	877,469	167,437	3	10	103,273	2	4	270,710	6	2
1906-7	901,920	185,942	4	1¼	102,866	2	3¼	288,808	6	4½
1907-8	925,727	210,780	4	6½	104,417	2	3½	315,197	6	10
1908-9	945,063	236,803	5	0	112,818	2	4¼	349,621	7	4½
1909-10	977,906	237,588	4	10¼	112,834	2	3½	350,422	7	1¾

TABLE XIII.—Showing estimated HOSPITAL and CHARITABLE AID EXPENDITURE for 1910-11, the AMOUNT to be LEVIED on Contributory Local Authorities, and the AMOUNT to be PAID by Government Subsidy.

Name of Board.	Capital Expenditure.				Other Expenditure.				Amount to be Claimed as Subsidy at £ for £.	Less Estimated Receipts.	Estimated Expenditure.	Amount to be Levied on Local Authorities.	Net Estimated Expenditure.	Amount to be Levied on Local Authorities.	Amount to be Claimed as Subsidy.	Rate of Subsidy per Pound of the Rate of Subsidy in the Month of the Year.														
	£	s.	d.	£	s.	d.	£	s.									d.	£	s.	d.	£	s.	d.	£	s.	d.				
Bay of Islands											
Marsden-Kaipara	900	0	0	299	14	2	600	5	10	300	2	11	4,283	5	1	1,879	6	9	1,086	10	4	1,317	8	0	1	4	3			
Auckland	3,000	0	0	..	..	..	3,000	0	0	1,500	0	0	6,174	14	10	1,924	15	0	2,255	15	9	2,594	3	3	2,594	3	3	1	4	3
Waikato	1,000	0	0	..	..	..	1,000	0	0	500	0	0	45,470	0	2	18,147	14	1	27,322	6	1	13,010	12	5	14,311	13	8	1	2	0
Thames	8,961	0	0	2,535	13	6	7,000	0	0	3,393	18	9	3,606	1	3	1	1	3
Waikato	5,341	17	7	1,961	0	0	2,806	4	1	1,268	6	10	1,537	17	3	1	1	3
Thames	4,880	0	0	1,330	0	0	3,500	0	0	1,739	2	7	1,760	17	5	1	0	3
Waikato	1,939	5	0	1,275	10	0	663	15	0	300	0	0	963	15	0	1	4	3
Thames	550	0	0	50	0	0	500	0	0	236	13	8	263	6	4	1	2	3
Waikato	6,589	0	0	2,879	0	0	3,710	0	0	2,019	1	0	1,690	19	0	0	16	9
Thames	1,350	0	0	450	0	0	900	0	0	503	10	0	396	10	0	0	15	9
Waikato	1,410	0	0	4,376	0	0	7,820	0	0	4,142	0	11	3,677	19	1	0	17	9
Thames	6,840	0	0	2,019	0	0	4,821	0	0	2,697	1	3	2,123	18	9	0	15	9
Waikato	6,000	0	0	2,167	0	0	3,833	0	0	1,858	8	6	1,974	11	6	1	1	3
Thames	2,646	0	0	657	0	0	1,989	0	0	1,020	0	0	969	0	0	0	19	0
Waikato	3,901	0	0	971	0	0	2,930	0	0	1,542	2	11	1,387	17	1	0	18	0
Thames	1,448	0	0	580	0	0	868	0	0	482	4	5	385	15	7	0	16	0
Waikato	8,871	7	8	3,460	0	2	5,411	7	6	2,688	17	8	2,722	9	10	1	0	3
Thames	6,540	0	0	1,745	11	7	4,794	8	5	2,443	0	4	2,351	8	1	0	19	3
Waikato	42,455	0	0	17,675	0	0	24,780	0	0	12,390	0	0	12,390	0	0	0	1	0
Thames	8,248	0	0	3,040	0	0	5,208	0	0	2,796	4	10	2,411	15	2	0	17	3
Waikato	3,625	0	0	560	0	0	3,065	0	0	1,645	12	9	1,419	7	3	0	17	3
Thames	2,095	0	0	1,145	0	0	950	0	0	510	1	4	439	18	8	0	17	3
Waikato	6,650	0	0	2,650	0	0	4,000	0	0	1,893	9	10	2,106	10	2	1	2	3
Thames	7,428	0	0	3,576	0	0	3,852	0	0	1,914	19	0	1,937	1	0	1	0	3
Waikato	4,770	0	0	953	0	0	3,817	0	0	1,806	17	4	2,010	2	8	1	2	3
Thames	2,197	0	0	1,292	2	2	3,041	17	10	411	6	3	493	11	7	1	4	0
Waikato	6,347	8	10	2,547	8	10	3,800	0	0	1,737	2	10	2,062	17	2	1	3	9
Thames	29,637	0	0	816	0	0	29,637	0	0	14,818	10	0	14,818	10	0	1	0	0
Waikato	3,306	0	0	816	0	0	2,490	0	0	1,373	15	10	1,116	4	2	0	16	3
Thames	10,509	16	10	5,565	13	8	4,944	3	2	2,585	7	2	2,358	16	0	0	18	3
Waikato	1,857	5	0	711	9	10	1,145	15	2	569	6	5	576	8	9	1	0	3
Thames	28,400	0	0	1,217	3	5	28,400	0	0	13,233	16	2	14,876	3	10	1	2	0
Waikato	2,654	15	7	1,437	12	2	1,437	12	2	653	9	2	784	3	0	1	4	0
Thames	1,440	0	0	400	17	6	1,039	2	6	510	0	0	529	2	6	1	0	9
Waikato	15,144	0	0	3,193	0	0	11,951	0	0	5,829	14	11	6,121	5	1	1	1	0
Thames	2,405	0	0	1,233	0	0	1,172	0	0	568	4	10	603	15	2	1	1	3
Totals	68,113	5	10	23,548	12	8	44,564	13	2	22,282	6	7	31,300	16	7	94,384	7	4	218,716	9	3	108,225	6	0	110,491	3	3	1	0	5

TABLE XIV.—CONSTITUTION OF DISTRICT HOSPITAL AND CHARITABLE AID BOARDS.

District Boards.	Institutions under their Control.	Separate Institutions within their Boundaries.	Contributing Local Authorities.	Representation on Board.	Contribution for Year 1909-10.	Approximate Rate per Pound on Rateable Capital Value.
				Members	£ s. d.	d.
<i>Hospital Boards—</i>						
Coromandel	Coromandel Hospital	Coromandel County Council	8	150 0 0	1-6th.
Thames	Mercury Bay Hospital	Thames Borough Council	2	138 16 10	1-7th.
	Thames Hospital	Thames County Council	3	235 13 1	
		Ohinemuri County Council	4	350 16 11	
Patea	Patea Hospital	Patea County Council	9	400 0 0	1-22nd.
		Patea Borough Council	5	40 0 0	1-13th.
Wanganui	Wanganui Hospital	Wanganui County Council	2	274 17 8	1-25th.
		Waimarino County Council	1	149 6 0	
		Waitotara County Council	2	201 8 4	
		Rangitikei County Council	4	653 0 8	
		Wanganui Borough Council	3	243 12 10	
		Marton Borough Council	1	41 11 6	
		Tairāpapa Borough Council	1	21 14 4	
		Eastbrook Borough Council	4	48 4 6	
		Bull's Town Board	9	9 17 9	
		Hunterville Town Board	11	11 4 11	
		Gonville Town Board	36	36 11 8	
		Ohakune Town Board	4	4 12 4	
Wellington	Wellington Hospital	Makara County Council	298	1 0	
		Johnsonville Town Board	65	3 0	
		Horowhenua County Council	1,146	8 0	
		Levin Borough Council	95	2 0	
		Hutt County Council	655	0 0	
		Lower Hutt Borough Council	629	14 0	
		Petone Borough Council	525	10 0	
		Miramar Borough Council	343	0 0	
		Karori Borough Council	231	7 0	
		Onslow Borough Council	181	1 0	
		Eastbourne Borough Council	72	17 0	
		Wellington City Council	7,563	2 0	
Wairarapa	South Wairarapa Hospital	Masterton County Council	617	14 8	
	Masterton Hospital	Featherston County Council	605	19 0	
	Pahiatua Hospital	Wairarapa South County Council	383	7 4	
		Pahiatua County Council	436	17 0	
		Pahiatua Borough Council	52	14 4	
		Castlepoint County Council	150	14 4	
		Akitio County Council	186	6 8	
		Eketahuna County Council	178	17 0	
		Mauriceville County Council	105	1 8	
		Eketahuna Borough Council	38	1 4	

TABLE XIV.—CONSTITUTION OF DISTRICT HOSPITAL AND CHARITABLE AID BOARDS—continued.

District Boards.	Institutions under their Control.	Separate Institutions within their Boundaries.	Contributing Local Authorities.	Representation on Board.	Contribution for Year 1909-10.	Approximate Rate per Pound on Rateable Capital Value.
<i>Hospital Boards—continued.</i> <i>Wairarapa—continued.</i>						
Waipawa	Waipawa Hospital	Dannevirke Hospital	Masterton Borough Council Carterton Borough Council Greytown Borough Council Martinborough Town Board Featherston Town Board .. Patangata County Council Waipawa County Council .. Waipukurau County Council Dannevirke County Council Woodville County Council .. Weber County Council .. Dannevirke Borough Council Woodville Borough Council Waipawa Borough Council Waipukurau Town District	Members. 2 1 for combined district Unrepresented " .. 2 2 1 2 1 1 1 1 1 Unrepresented " .. 4 1 3 1 Unrepresented " .. 9 10 4 4 2 1 for combined district " .. 1 for combined district " .. 1 for combined district	£ s. d. 273 12 4 63 7 4 36 12 8 22 19 0 16 15 0 640 9 4 492 1 4 113 0 8 416 3 4 246 16 0 81 10 8 151 3 4 22 15 0 46 11 0 44 3 8 1,154 8 5 393 0 9 348 3 3 304 0 0 27 4 8 21 13 4 660 0 0 110 0 0 4,479 18 8 4,337 5 10 2,518 10 10 1,434 15 3 1,066 1 8 774 7 9 67 17 0	d. 1-16th. 1-18th. 1-20th. 1-41st. 1-17th. 1-9th. 1-13th.
Hawke's Bay	Wairoa Hospital	Napier Hospital	Hawke's Bay County Council Wairoa County Council .. Napier Borough Council .. Hastings Borough Council .. Taradale Town Board .. Clyde Town Board ..	4 1 3 1 Unrepresented " ..	1,154 8 5 393 0 9 348 3 3 304 0 0 27 4 8 21 13 4	1-20th.
Ashburton	Ashburton Hospital		Ashburton County Council Ashburton Borough Council	9 10	660 0 0 110 0 0	1-41st. 1-17th.
North Canterbury	Christchurch Hospital Akaroa Hospital Lyttelton Casualty Ward Bottle Lake Infectious Diseases Hospital North Canterbury Consumptive Sanatorium		Selwyn County Council .. Christchurch City Council .. Ashley County Council .. Amuri County Council .. Cheviot County Council .. Kaikoura County Council .. Akaroa County Council .. Mount Herbert County Council Akaroa Borough Council .. Lyttelton Borough Council Woolston Borough Council Summer Borough Council .. New Brighton Borough Council Rangiora Borough Council Kaapoi Borough Council ..	4 4 2 1 for combined district " .. 1 for combined district	4,479 18 8 4,337 5 10 2,518 10 10 1,434 15 3 1,066 1 8	1-9th.
Otago	Rock and Pillar Consumptive Sanatorium	Dunedin Hospital	Bay Town Board	Unrepresented	67 17 0	1-13th.

TABLE XIV.—CONSTITUTION OF DISTRICT HOSPITAL AND CHARITABLE AID BOARDS—continued.

District Boards.	Institutions under their Control.	Separate Institutions within their Boundaries.	Contributing Local Authorities.	Representation on Board.	Contribution for Year 1909-10.	Approximate Rate per Pound on Rateable Capital Value.	
				Members.	£ s. d.	d.	
Charitable Aid Board— Hawke's Bay United—cont.	..	..	Woodville Borough Council Dannevirke Borough Council Patea County Council Weber County Council Dannevirke County Council Waipukurau County Council Waipawa Borough Council Waipukurau Town Board Taradale Town Board Clyde Town Board	1 for combined district " " 1 1 Unrepresented " "	15 14 11 104 13 0 443 8 2 73 16 9 290 14 7 78 5 3 32 7 6 28 19 2 20 19 0 16 13 4	1-26th.	
	Ashburton and North Canterbury	Tuarangi Home, Ashburton .. Memorial Home, Christchurch .. Female Refuge, Christchurch .. Armagh Street Depot, Christchurch Waltham Orphanage]	Samaritan Home, Christchurch ..	1 for combined district " 1 2 for combined district Unrepresented	363 1 4 12 12 4 58 4 0 262 6 8 170 3 4 151 8 0 1,223 4 8 86 17 0 23 16 10 13 17 6 1,823 3 8 1,765 3 0 33 18 0 90 6 0 22 10 0 37 14 6 64 2 2 66 12 0 1,024 19 0	1-22nd.	
	Central Otago, Tuapeka, and Otago	..	..	Vincent County Council Alexandra Borough Council Gromwell Borough Council Tuapeka County Council Lawrence Borough Council Papanui Borough Council Roxburgh Borough Council Milton Borough Council Kaitangata Borough Council Bruce County Council Clutha County Council Balclutha Borough Council	1 for combined district " 1 1 " 1 " 1 " 1 1	188 1 0 35 6 0 23 14 0 430 14 0 44 12 0 11 17 0 10 14 0 49 9 0 41 5 0 431 11 0 519 9 0 41 2 0	1-30th.
		..	..	Boards of the Road and Town Districts in Ashley County	1 for combined district	1,024 19 0	
		..	..	Lyttelton Borough Council New Brighton Borough Council Rangiora Borough Council Summer Borough Council Woolston Borough Council	1 for combined district	90 6 0 22 10 0 37 14 6 64 2 2 66 12 0	
		..	..	Kaipoi Borough Council	1 for combined district	33 18 0	
		..	..	Tinwald Town Board	Unrepresented	86 17 0	
		..	..	Hampstead Town Board	Unrepresented	23 16 10	
		..	..	Selwyn County Council Christchurch City Council	" 4	13 17 6 1,823 3 8	
		..	..	Ashburton Borough Council	4	1,765 3 0	
..		..	Ashburton County Council	1	33 18 0		
..		..	Otago Benevolent Institution	1 for combined district	90 6 0		

TABLE XIV.—CONSTITUTION OF DISTRICT HOSPITAL AND CHARITABLE AID BOARDS—continued.

District Boards.	Institutions under their Control.	Separate Institutions within their Boundaries.	Contributing Local Authorities.	Representation on Board.	Contribution for Year 1909-10.	Approximate Rate per Pound on Rateable Capital Value.
<i>Hospital and Charitable Aid Boards—continued.</i>						
Waihi .. .. .	.. .. .	Waihi Hospital	Waihi Borough Council	Members. 6	£ 1,500 0 0	d 1 in £.
Bay of Plenty .. .. .	.. .. .	.. .. .	Tauranga County Council Opotiki County Council Whakatane County Council Tauranga Borough Council Opotiki Town District Part of East Taupo County	3 3 2 1 Nil "	125 19 0 55 10 0 48 16 6 19 16 0 11 8 0 74 19 0	1-20th.
Waiaapu	Te Puia Hospital .. .. .	.. .. .	Waiaapu County Council	Unrepresented	400 0 0	1-18th.
Cook	Old People's Home, Gisborne.. .. .	Gisborne Hospital	Cook County Council Gisborne Borough Council.. .. . Waikohu County Council	5 4 2	1,218 0 0 360 10 0 480 0 0	1-11th.
Waikato.. .. .	Hamilton Hospital Old Men's Home, Hamilton .. .. .	.. .. .	Waikato County Council Waipa County Council Raglan County Council Piako County Council Matamata County Council Hamilton Borough Council Cambridge Borough Council Kawhia County Council Te Aroha Borough Council Huntly Town Board Franklin Town Board Morrinsville Town Board	3 3 2 3 1 1 Unrepresented Unrepresented "	920 6 0 741 9 0 621 9 0 495 5 0 450 14 0 279 11 0 149 8 0 98 0 0 93 7 0 72 1 0 59 15 0 18 15 0	1-5th.
Taranaki	New Plymouth Hospital Old People's Home, New Plymouth .. .. .	.. .. .	New Plymouth Borough Council Inglewood Borough Council Waitara Borough Council Taranaki County Council Clifton County Council Egmont County Council	2 1 3 1 1	411 4 1 50 7 4 49 17 9 805 16 2 258 4 11 172 .. 9	1-11th.
Stratford	Stratford Hospital .. .. .	.. .. .	Stratford County Council Stratford Borough Council Whangamomona County Council	4 1 Unrepresented	570 8 0 144 13 0 118 5 0	1-9th.
Hawera	Hawera Hospital .. .. .	.. .. .	Hawera County Council Eltham County Council Waimate West County Council Eltham Borough Council Hawera Borough Council	3 2 1 1 1	634 4 0 495 3 4 396 0 8 98 8 8 141 2 8	1-12th.

TABLE XIV.—CONSTITUTION OF DISTRICT HOSPITAL AND CHARITABLE AID BOARDS—continued.

District Boards.	Institutions under their Control.	Separate Institutions within their Boundaries.	Contributing Local Authorities.	Representation on Board.	Contribution for Year 1909-10.	Approximate Rate per Pound on Rateable Capital Value.
<i>Hospital and Charitable Aid Boards—continued.</i>						
Westland	Ross Hospital	Westland Hospital (Hokitika) .. Kumara Hospital .. Hokitika Benevolent Society ..	Westland County Council .. Hokitika Borough Council .. Kumara Borough Council .. Ross Borough Council ..	Members. 5 3 1 for combined district	\$ 1,288 0 0 668 0 0 89 0 0 70 0 0	d. 5-6ths.
South Canterbury	Timaru Hospital Old Men's Home, Timaru .. Talbot Infectious Diseases Hospital	Waimate Hospital	Timaru Borough Council .. Levels County Council .. Mackenzie County Council .. Waimate County Council .. Waimate Borough Council .. Geraldine County Council .. Temuka Borough Council .. Geraldine Borough Council ..	2 2 1 3 for combined district 3 " .. 3	722 10 10 1,175 14 4 515 15 8 2,151 0 4 77 15 0 1,338 19 10 66 2 2 52 1 10	1-8th.
Waikato .. .. .	.. .. .	Oamaru Hospital North Otago Benevolent Institution ..	Waitaki County Council .. Oamaru Borough Council .. Hampden Borough Council ..	9 5 2	430 2 0 86 10 0 2 10 4	1-31st.
Maniototo .. .. .	.. .. .	Naseby Hospital	Maniototo County Council .. Naseby Borough Council ..	4 1	315 2 4 14 14 3	1-9th.
Southland	Gore Hospital Lorne Farm Home	Southland (Invercargill) Hospital .. Arrow Hospital .. Wakatipu (Queenstown) Hospital ..	Southland County Council .. Lake County Council .. Arrow Borough Council .. Queenstown Borough Council .. Stewart Island County Council .. Campbelltown Borough Council .. Winton Borough Council .. Gore Borough Council .. Mataura Borough Council .. Invercargill Borough Council .. Arenal Borough Council .. Gladstone Borough Council .. North Invercargill Borough Council .. South Invercargill Borough Council .. East Invercargill Wyndham Town Board	4 1 for combined district " .. 1 1 for combined district Unrepresented	3,269 11 4 146 0 0 8 13 4 30 9 8 17 1 6 108 8 3 29 3 0 225 7 6 74 7 8 814 6 8 38 12 4 58 4 0 107 4 0 62 9 2 27 13 4	1-7th.
Wallace and Fiord .. .. .	.. .. .	Wallace and Fiord Hospital (Riverton)	Wallace County Council .. Riverton Borough Council .. Otautau Town Board	7 1 for combined district	1,075 17 4 38 0 0 32 13 8	1-8th.

TABLE XV.—CONSTITUTION OF BOARDS OF SEPARATE INSTITUTIONS.

Part I.—Summary.

Total number of institutions	...	...	...	...	...	41
Total number of Trustees	...	...	...	...	...	326
Average number of Trustees for each institution	...	...	...	...	...	8
Number of Trustees representing contributors	...	...	...	...	...	129*
Amount subscribed by such contributors	...	...	...	...	£10,371 17s. 6d.	
Number of Trustees representing contributory local authorities	...	...	...	...	...	197
Amount contributed by such local authorities	...	...	...	...	£45,681 14s. 1d.	

* Of this number four Trustees of the Jubilee Institute for the Blind are chosen by the Governor in Council.

Part II.

Institution.	Total Number of Trustees.	Number of Trustees representing Contributors.	Amount subscribed by Contributors.			Number of Trustees representing Contributory Local Authorities.	Amount contributed by Local Authorities.		
			£	s.	d.		£	s.	d.
Northern Wairoa Hospital	9	6	223	0	1	3	826	0	0
Jubilee Institute for the Blind	9	5	1,326	18	5	Nil	Nil		
Mercury Bay Hospital	9	9	469	12	2	4*	Nil		
Coromandel Hospital	9	3	324	12	2	6	200	10	0
Waihi District Hospital	9	2	38	8	3	7	1,500	0	0
Thames Hospital	9	2	139	10	5	7	900	0	0
Wellington District Hospital	9	2	129	14	6	7	8,382	0	0
Wellington Benevolent Institute	9	2	6	10	0	7	2,250	0	0
Wellington Convalescent Home	6	..	101	4	6	Nil	Nil		
Wellington Society for Relief of Aged Needy	9	9	116	10	9	Nil	Nil		
Wellington Ladies' Christian Association	9	9	168	12	9	Nil	Nil		
South Wairarapa Hospital	9	2	30	17	8	7	858	10	6
Masterton Hospital	9	2	214	12	8	7	1,800	3	0
North Wairarapa Benevolent Society	6	Nil	Nil			6	600	0	0
Pahiatua District Hospital	9	1	20	18	0	8	638	17	6
Dannevirke Hospital	9	2	812	12	9	7	991	0	0
Napier Hospital	6	2	1,746	11	1	4	1,833	16	4
Gisborne Hospital	8	2	416	15	10	6	2,740	0	0
Hawke's Bay Children's Home	6	6	274	8	3	..	..
St. Andrew's Orphanage	6	6	124	19	2	Nil	..		
Reefton Ladies' Benevolent Society	9	9	102	1	6	Nil	Nil		
Reefton Hospital	9	3	504	16	9	6	850	0	0
Greymouth Benevolent Society	6	Nil	Nil			6	150	0	0
Grey River Hospital	9	3	188	18	0	6	1,100	0	0
Kumara Hospital	9	3	209	15	8	6	364	11	8
Hokitika Benevolent Society	7	3	367	19	6	4	171	13	4
Westland Hospital	9	3	752	17	1	6	791	13	4
Oamaru Hospital	6	6	152	13	6	Nil	..		
Waimate County Hospital	9	2	2	15	0	7	1,568	13	11
Samaritan Home, Christchurch	9	2	33	7	11	7	380	0	0
North Otago Benevolent Society	9	2	26	0	8	7	960	0	0
Otago Benevolent Institution	9	2	213	6	2	7	4,166	13	4
Dunedin Hospital	9	2	133	19	6	7	6,325	13	6
Cromwell District Hospital	7	2	164	7	11	3	120	3	8
Naseby District Hospital	9	2	108	15	10	7	428	7	8
Charleston Hospital	5	5	100	1	0	Nil	150	0	0
Dunstan District Hospital	9	2	175	13	11	7	456	6	8
Arrow District Hospital	9	2	96	19	0	7	262	16	1
Southland Hospital	7	Nil	Nil			7	2,147	10	0
Wakatipu District Hospital	9	2	101	14	2	7	231	13	7
Wallace and Fiord Hospital	6	2	259	5	0	4	1,455	0	0
	326	129	10,371	17	6	197	45,681	14	1

* These are chosen by the Governor in Council.

Approximate Cost of Paper.—Preparation, not given; printing (2,000 copies), £87 10s.

By Authority: JOHN MACKAY, Government Printer, Wellington.—1910.

Price 1s. 6d.]