

that Board when it is noted that the amount of hospital rate will only be about $\frac{1}{16}$ d. in the pound. The Waiapu Hospital is, moreover, a somewhat expensive luxury for the district, costing no less than £704 per occupied bed. The Bay of Islands, on the other hand, is a poor and scattered district which has to maintain two hospitals, and the amount of hospital rate to be levied will come to about $\frac{1}{2}$ d. in the pound. The average cost of the Rawene and Mongonui Hospitals combined is only £198 per bed, and therefore it is only fair that this district should receive greater assistance on account of its greater economy and the lower rateable value of its land.

As regards capital expenditure, the estimated expenditure for 1911-12 of Hospital Boards is £123,594, and the net estimated expenditure £75,479, of which half is raised by levy and the other half by the fixed Government subsidy of £1 for £1.

Appended is an interesting report by the Assistant Inspector on the administration of the Nurses' Registration and the Midwives Acts.

That many of the Boards have adopted the Department's suggestions with regard to the classification of their institutions, and the training of the nurses, and the staffing of their hospitals, is eminently satisfactory. Using the base hospital as the training-centre, and supplying nurses from the base for staffing the outlying institutions under the control of the Board is, for the reasons Miss Maclean gives, likely to benefit the patients, the nurses, the Boards, and all concerned. To bring about these changes without friction will require a good deal of tact on the part of the Matron of the base hospital, but when once the scheme is established it will be found to work well.

In previous reports I have referred to the shortage of trained nurses and midwives. As regards the former, I obtained the permission of your predecessor to offer, through the Colonial Nursing Association, assured positions to a limited number of nurses who might care to try their fortunes in the Dominion. On arrival these nurses will be drafted to vacancies on the permanent staff of the general hospital, or take (as per agreement) any duties assigned them.

During the past year the exigencies of the Department have shown the need for increasing the headquarter's nursing staff, nurses in the permanent employment of the Department being necessary for relieving-work of varying kinds, and especially for emergency work in the event of epidemics among the Natives. The excellent work done by Miss Bagley, Assistant Inspector, during an outbreak of typhoid among the Natives at Ahipara clearly showed what could be done by a capable and devoted nurse at the scene of an epidemic, with the occasional advice and assistance of a medical man.

Since the Department took over the Native medical service in March last I have arranged for the appointment of nurses for special work amongst the Maoris. These nurses, though paid by the Department, will be under the control of Boards, and will be stationed in those parts of each district which the Board may consider most central for their work. Copies of their reports to the Board will be forwarded the District Health Officer. By this means co-operation between the officers of the Department and the Board should be assured.

It is not claimed that the appointment of nurses will do away with the need for medical assistance—far from it; but it will ensure that cases of early illness, whether typhoid, consumption, &c., are sought for, and medical assistance obtained as soon as possible, and when once obtained that the directions of the medical man are carried out by the nurses on the spot.

Midwives.

Mention has been made in previous reports that Inspectors under the Midwives Act have been visiting various parts of the Dominion to inquire into the working of the Act of 1904, and particularly as to the work of the midwives and the number available in each district.

A report from one of our Inspectors who had been visiting the far north only too clearly showed that settlers' wives in that part of the Dominion were most unhappily circumstanced not only as regards skilled assistance, but any assistance whatever, in their time of need. I therefore determined, after visiting the district, and finding only one patient respectively in the Mongonui and Rawene Hospitals, to sanction these institutions receiving maternity patients. My suggestion met with the cordial approval of the Board, and these hospitals are being used accordingly.

The erection of a special maternity hospital at Kawakawa is also contemplated by the Bay of Islands Board. By these means it will not only be possible to obviate one of the drawbacks of life to settlers in the far north, but there will be three additional training-schools for midwives.

Hospitals Conference.

In June last there was held in Wellington a Hospitals Conference. This Conference, which was the second of its kind held in the Dominion, was attended by some sixty delegates from all parts of the country. It was opened by His Excellency, who gave an introductory address, and who attended some of the subsequent meetings, which were spread over four days. Mr. J. G. Wilson, Chairman of the Palmerston Hospital Board, was elected Chairman.

The Conference was called largely at the instance of certain Boards, which shared with the Department the anxiety to obtain more uniform methods of local administration in matters relating to the control of institutions and charitable aid. Many delegates were also anxious to hear the views of the Department with regard to the local administration of the Public Health Act, certain duties under this Act having recently devolved on Hospital Boards by section V of the Hospitals Amendment Act of last year.

In connection with these new responsibilities, it was very gratifying to learn from the discussion that followed the paper read by Mr. Walker, Chairman of the Otago Hospital Board, that delegates fully recognized the principle that the prevention as well as the treatment of disease, and the relief of the indigent, should be in the hands of one authority, and that much overlapping and expense would be obviated thereby. On the shoulders of Boards must ultimately fall wider responsibilities with regard to the public health, and though, for the present at any rate, it may