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1912.
NEW ZEALAND.

PUBLIC HEALTH
AND
HOSPITALS AND CHARITABLE AID:

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

Presented in pursuance of Section 76 of the Hospitals and Charitable Institutions Act, 1909.

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REPORT.

The INSPECTOR-GENERAL OF HOSPITALS AND CHIEF HEALTH OFFICER to the Hon. the MINISTER OF PUBLIC HEALTH, HOSPITALS, AND CHARITABLE AID.

I HAVE the honour to lay before you the annual report of the Department for the year 1911-12.

PUBLIC HEALTH.

1. The birth-rate of the Dominion for 1911 was 25·97 per 1,000—the lowest recorded since 1902 (25·89). But for the low birth-rate recorded in Victoria for the year 1911 (24·84), New Zealand would have had the unenviable distinction of the lowest birth-rate in Australasia.

The death-rate for 1911 was 9·39—slightly lower than that of the previous year (9·71). The lowest death-rate recorded in New Zealand was that for 1896 (9·10).

The infantile death-rate—*i.e.*, the total number of deaths under one year per 1,000 births—was 56·31, the lowest infantile-mortality rate hitherto recorded in the Dominion.

The following table shows during the last ten years that there has been a noticeable decline in this rate in our four chief cities :—

Number of Infantile Deaths per 1,000 Births, Years 1902-11.

—	1902.	1903.	1904.	1905.	1906.	1907.	1908.	1909.	1910.	1911.
The Dominion	82·89	81·08	70·98	67·52	62·10	88·78	67·88	61·60	67·73	56·31
Auckland and suburban boroughs	140·74	121·48	70·12	91·52	85·80	97·19	81·87	61·85	79·02	63·02
Wellington and suburban boroughs	130·20	92·76	95·33	96·21	71·88	117·80	81·67	84·21	84·59	73·36
Christchurch and suburban boroughs	117·55	100·52	102·96	88·99	74·37	126·16	67·82	62·78	69·40	62·90
Dunedin and suburban boroughs	89·07	62·30	93·02	67·13	72·60	95·36	74·54	48·52	79·08	43·42

Tuberculosis.

2. In 1911, 738 persons died from some form or other of tubercular disease—the mortality-rate being 7·27 per 10,000, the lowest hitherto recorded. Of these 738 deaths, 536 were due to phthisis, the mortality-rate for the latter being 5·28 per 10,000. The decrease in this mortality-rate, which was commented on in last year's report, has therefore been maintained.

Though this is eminently satisfactory, it is to be hoped that during the ensuing year Hospital Boards and other public and private authorities will initiate a more rigorous campaign against this disease.

Three of the larger Hospital Boards have started anti-tuberculosis dispensaries with a view to catching and treating the early case of consumption, as well as arranging for the treatment of consumptive patients, in a more systematic manner than has been the case in the past. It is the intention of the Department to call at an early date a conference of medical practitioners who have made a special study of the control and treatment of consumption. By this means it may be possible to reopen the campaign against this disease with renewed vigour, and with all the armamentarium considered necessary by recent experience and research.

Cancer.

3. Those who may care to peruse the statistics attached to this report will note with concern the gradual increase in the mortality-rate from this disease, which was the cause last year of no less than 809 deaths, or a mortality-rate of 7·97—the highest hitherto recorded in New Zealand. At one time it was thought that the increase was due to more accurate diagnosis on the part of the profession, but no longer can this solace be allowed. The causes of cancer and the reasons for its increase are not known, and we can therefore only wait as patiently as we can the reports of the Cancer Research Commission.

Infectious Diseases.

4. 4,878 cases of infectious disease were notified last year, as against 4,153 in 1910. Chief of these were—(a) Scarlet fever, 2,362 cases with only 9 deaths; (b) diphtheria, 868 cases; (c) enteric fever, 792 cases with 67 deaths.

The District Health Officers' remarks as to the incidence of these diseases are contained in an appendix to this report.

Special attention may, however, be directed to the remarks of Drs. Makgill and Chesson with regard to the part that the Maori plays in the spread of typhoid fever. The epidemics at Waiapu, Ahipara, Te Puke, Ripia, Kawhia, and other places originated in Native settlements, and the epidemic at Gisborne was largely due to the same source. It is significant that of the 792 notifications, only 89 were from the South Island.

The District Nurses have undoubtedly been responsible for discovering many cases which would otherwise have been unnotified, especially in the Maori settlements mentioned above, and in this connection the following extract from a letter from Mr. Jones, Judge of the Native Land Court at Gisborne, may be read with some interest:—

“Many Natives have died, mostly, I think, from the neglect of proper treatment in the outset; and here I would like, if I might be permitted, to say a word of commendation of those brave and noble women sent out by the Department to assist in nursing the Natives. Apart from the ordinary risks of their profession, they take their lives in their hands, and put up with hardships and discomforts which only one who travels the same roads and crosses the same rivers can realize. And all this they do ungrudgingly and with a good moral effect on the Natives, whom they are continually schooling in the necessity and practice of sanitation. Were there more of these nurses available I think the course of the fever epidemic among the Natives would be checked if not stayed.”

Plague.

5. Attention is particularly directed to Dr. Makgill's interesting report on the outbreak of plague in Auckland during March, April, and May of last year. Fortunately the outbreak was limited to eight cases, one being a nurse who contracted the disease while on plague duty. To the credit of the nurses he it said that there was no difficulty in obtaining volunteers for this duty. Only two of the cases proved fatal. Though no cases have been reported since the 8th May, 1911, neither the Department nor the municipal authorities have relaxed any of the precautions considered necessary, though some of the suburban authorities have been somewhat apathetic in the matter. In connection with these the Department was particularly fortunate in having the assistance of the Mayor, Mr. C. J. Parr, who has ever been an enthusiast in sanitary matters, and who realizes that it is of little use to attempt to deal with a disease of this sort in a spasmodic and half-hearted manner. Auckland is a much cleaner city than it was this time last year.

Measles.

6. In addition to the infectious diseases notified, mention may be made of an epidemic of measles which was fairly general throughout the Dominion. The District Health Officer for Wellington (Dr. Chesson) refers to the carelessness displayed with regard to the precautions taken against this disease: “There is too great a tendency to look upon this as a childish complaint from which all children must suffer.” Nevertheless measles was the cause of forty-one deaths in the Dominion last year.

Administrative.

7. Much of the time of the District Health Officers was taken up in arranging with Hospital Boards as to the assumption of their new duties as local authorities under the Public Health Act. Almost without exception, the necessary officers—principally Sanitary Inspectors—have been appointed by the Boards.

The new scheme is working well. The advantage of vesting the responsibility for the prevention as well as the treatment of disease in the hands of one local authority (the Hospital Board) in each district is quite apparent to those who have given any attention to the subject. In addition to their duties as Sanitary Inspectors, these officers are also Inspectors under the Sale of Food and Drugs Act, and their reports on the circumstances of those in receipt of charitable aid in their respective districts have in several instances been the means of preventing considerable abuse and imposition.

Water and Drainage Schemes.

8. It will be seen by the District Health Officers' reports that local authorities—urban and rural—throughout the country are showing considerable enterprise in these directions. A full list of the water and drainage schemes in existence, and those in contemplation, is set forth in an appendix to this report.

Laboratory Work.

9. Special attention may be called to the reports of Dr. Champtaloup and Mr. Hurley as to the amount of work done in the Dunedin and Wellington laboratories during the past year. The use that medical practitioners are now making of these officers' services is such that their time is severely taxed—so much so that in the early part of the year it was feared that Dr. Champtaloup's health would break down under the strain. Fortunately, however, the recent appointment by the North Canterbury Board of Dr. Patterson will to some extent relieve Dr. Champtaloup of the bacteriological work of that district. Dr. Champtaloup's suggestion that local demonstrations should be given to medical practitioners with regard to the more simple laboratory methods of diagnosis and treatment, and in the modern uses of bacterial vaccines, sera, tuberculin, &c., is one very well worthy of consideration.

Vaccination.

10. Early in this year a report was submitted to the effect that the vaccination law has practically become a dead-letter in the Dominion. Though the births in the Dominion were 26,354, only 1,078 vaccinations were performed—viz., children under one year, 415; children over one year, 627; adults, 36: total, 1,078, or 1.6 per cent. of the total births; whereas the exemption certificates numbered no less than 6,754. In view of our increasing trade with the East, this neglect on the part of parents to have their children vaccinated becomes all the more serious. The Dominion has had one or two warnings of the danger that it is incurring—e.g., the “Knight of the Garter” during the past year. It will not always be possible to discover smallpox patients before they land in the country.

Medical Inspection of School-children.

11. Though the need for initiating a scheme for the medical inspection of school-children has been talked of for some years, it is only quite recently that it has been possible to put such a scheme into being. For this purpose Drs. Cawkwell, Gunn, and Patterson have been appointed, and will shortly take up their new duties. There is little doubt that their investigations and reports will show the need for making further appointments in this important branch of public-health work. In the meantime, however, these officers will cover as much ground as is possible.

Sale of Food and Drugs Act.

12. During the year fifty-one prosecutions were made, and forty-nine convictions recorded. When the regulations that have been compiled under this Act have been gazetted it will be possible to enforce them with the vigour that is undoubtedly needed, and this will be simplified by the fact that the Department has now in each hospital district an officer who is responsible (*inter alia*) for the due enforcement of this Act.

HOSPITALS AND CHARITABLE AID.

13. Though the financial year ends on the 31st March, it is unusual for Hospital secretaries to furnish the Department with any of their returns until June; indeed, some returns do not reach the Department until September, and even then have often to be referred for further information. Now, Parliament usually meets at the end of June, and, by statute, the report of the Department should be laid on the table of the House in July. It is difficult therefore to furnish the report by the statutory time, but still more difficult is it to make more than a passing comment on the information supplied.

To draw proper deductions from hospital statistics they must be studied and digested at leisure, and not under pressure of a report to be submitted on data but recently to hand—data, by the way, that are often supplied by underpaid officials, as is the case with most of our hospital secretaries.

Though the report shows the receipts and expenditure of hospital authorities for the last year, little attempt has been made to criticize the expenditure under the various items, it being considered wiser to defer such criticism until the returns can be further studied.

Receipts.

14. The total receipts for the past year on account of hospitals, charitable aid, and public health was £556,108—an increase of £61,123 over the previous year, the receipts for the past four years being—

	£
1908-9	414,158
1909-10	443,522
1910-11	494,985
1911-12	556,108

The following are the receipts from the principal sources of revenue :—

	£
Through Government contributions—	
1908-9	154,070
1909-10	152,856
1910-11	167,941
1911-12	189,011
Through local rates—	
1908-9	116,134
1909-10	129,012
1910-11	131,524
1911-12	149,203
Through voluntary contributions—	
1908-9	20,861
1909-10	31,061
1910-11	35,433
1911-12	31,656
Through payments by persons relieved—	
1908-9	47,777
1909-10	56,742
1910-11	61,983
1911-12	64,138

15. As compared with last year there has been a decrease of £3,777 in voluntary contributions. Prior to 1885, when the hospitals were maintained by voluntary contributions and Government subsidy, one-ninth of our total expenditure was met by voluntary contributions; to-day this proportion has fallen to one-fifteenth.

16. There has been a gradual increase in the payments by persons relieved, viz.,—

	Payments by Hospital Patients.	Payments by Inmates of Charitable Institutions.	Total.
	£	£	£
1908-9	34,414	13,363	47,777
1909-10	42,714	14,028	56,742
1910-11	44,625	17,290	61,983*
1911-12	47,338	16,698	64,138*

* Includes also district nursing fees.

It will be seen by the above returns that one-sixth of last year's receipts was derived from payments of persons relieved and by voluntary contributions. The general increase in payments by patients in hospitals under the control of Boards may be noted with satisfaction.

Expenditure.

17. The total expenditure by Hospital and Charitable Aid Boards was £445,121, viz.,—

	1911-12.	1910-11.
	£	£
Hospital maintenance	213,318	187,357
Charitable aid	91,009	88,091
Public health	5,468	197
Administration	19,813	19,228
Capital expenditure	98,092	80,501
Other expenditure	17,421	16,807
	<u>£445,121</u>	<u>£392,181</u>

the main increases being—

	£
(1.) Hospital maintenance	26,000
(2.) Capital expenditure (<i>i.e.</i> , expenditure on new buildings, extensions, &c.)	18,000
(3.) Public health	5,000

The total expenditure by separate institutions was,—

	1911-12.	1910-11.
	£	£
Hospital maintenance	2,878	2,955
Charitable aid	7,814	7,808
Administration	779	653
Capital expenditure	3,052	972
Other expenditure	911	393
	<u>£15,434</u>	<u>£12,781</u>

The expenditure on Government institutions (Te Waikato Sanatorium, St. Helens Hospitals, &c.) was,—

	1911-12.	1910-11.
	£	£
Maintenance	9,600	10,379
Administration	537	565
Capital expenditure	11,702	..
Other expenditure	251	478
	<u>£22,090</u>	<u>£11,422</u>

There was also expended by the Department on other means of medical and nursing relief a sum of £4,177, viz.,—

	£
(1.) Subsidies to medical men in backblocks	1,359
(2.) Medical and nursing attendance on Maoris	2,818

Apart, therefore, from the expenditure by private charitable organizations, the total expenditure by the Boards and the Department on relief of the sick and needy was £486,822.

Hospital Expenditure.

18. The total expenditure on account of hospitals for the last four years was,—

	£
1908-9	247,123
1909-10	262,241
1910-11	287,803
1911-12	329,513

Further examination shows that the moneys that have been expended on hospitals during the four years may be divided as follows:—

	Maintenance.	Administration.	Capital.	Miscellaneous.	Total.
	£	£	£	£	£
1908-9	175,098	9,146	57,935	4,944	247,123
1909-10	187,922	10,406	59,213	4,699	262,241
1910-11	199,573	11,586	70,814	5,830	287,803
1911-12	225,796	13,255	84,798	5,663	329,513

By "capital expenditure" is meant the sum devoted to new hospitals and extension of existing ones.

19. The increase in institutions and beds available is as follows:—

—	1908-9.	1909-10.	1910-11.	1911-12.
Number of institutions—				
General hospitals	53	56	57	60
Special hospitals	6	11	14	13
Number of beds available—				
General hospitals	2,502	2,689	2,863	3,057
Special hospitals	110	278	359	338

During the past year considerable extensions have been effected at the following hospitals: Wellington, Greytown, Whangarei, Christchurch, Dunedin, Wanganui, Hamilton, Waipukurau, Auckland; and a new cottage hospital will shortly be opened at Tapanui. The Cook and Taranaki Boards have decided to erect new hospitals, the former having accepted a tender approximating £46,000.

A special report on the probable expenditure on new hospitals during the next five years is attached as an appendix.

Hospital Maintenance Expenditure.

20. The gross cost of hospital "maintenance"—including special hospitals—last year was £225,796, as against £199,573 the previous year. For the increase in the expenditure on maintenance may be shown that there were 1,369 more patients under treatment in our hospitals, and an increase of 53 in the number of patients under daily treatment, as compared to the previous year.

—	Patients under Treatment.			Average Number under Daily Treatment.		
	General Hospitals.	Special Hospitals.	Total.	General Hospitals.	Special Hospitals.	Total.
1908-9	19,653	1,042	20,695	1,566	77	1,643
1909-10	21,108	1,420	22,528	1,709	138	1,847
1910-11	23,584	1,607	25,191	1,839	186	2,025
1911-12	24,681	1,879	26,560	1,900	178	2,078

General Hospitals.—The expenditure on "maintenance" of general hospitals was £203,010, or, in other words, £106·3 per occupied bed, similar expenditure for the previous year being £178,715 and £97 respectively—an increase of £9 in the cost per bed.

—	Provisions.	Surgery and Dispensary.	Domestic and Establishment.	Salaries and Wages.	Total Maintenance.
	£	£	£	£	£
1908-9	27·1	10·8	26·2	42·9	107·0
1909-10	23·7	9·8	25·9	40·9	100·3
1910-11	22·8	8·7	26·7	38·8	97·0
1911-12	24·2	10·3	29·5	42·3	106·3

21. *Surgery and Dispensary.*—A further reduction may well be looked for in this item; but it can only be brought about by combined action on the part of Boards with regard to the purchase of drugs, dressings, &c., which was unanimously approved by the delegates attending the recent Hospitals Conference. Nevertheless some Boards are reluctant to give effect to the substance of the resolution.

The decision of the Government to allow vaccines and sera to be imported duty-free should bring about a substantial reduction in the expenditure under this item.

Salaries and Wages.—There is little or no hope of a reduction under this item; on the contrary, a steady increase in expenditure must be anticipated. During the past year there has been a considerable increase in the domestic staff, which has increased from 437 to 532. On the other hand, the proportion of nurses to occupied beds has slightly decreased, viz.:—

—	Nurses.	Occupied Beds.	Proportion of Nurses to Beds occupied.
1908-9	621	1,566	1-2·5
1909-10	662	1,709	1-2·6
1910-11	736	1,839	1-2·3
1911-12	777	1,900	1-2·5

Fuel and Light.—Without doubt, in our larger hospitals much expenditure might be saved under this item. Many of our systems of lighting and heating are duplicated and generally faulty and wasteful.

Administration.—The relative cost of administration to expenditure, generally speaking, compares very favourably with that of local authorities. The following is the percentage of administration to maintenance expenditure: 1908-9, 4.9; 1909-10, 5.3; 1910-11, 5.4; 1911-12, 5.8.

Charitable Aid Expenditure.

22. As compared with last year there is an increase of £2,923 in this expenditure.

				Indoor Relief.	Outdoor Relief.	Total.
				£	£	£
1908-9	..	..	..	68,012	37,537	105,549
1909-10	..	..	..	64,335	38,988	103,323
1910-11	..	..	..	62,848	33,051	95,899
1911-12	..	..	..	64,651	34,171	98,822

Though this increase is a slight one, there is little doubt that charitable aid is costing the country more than it should. The larger Boards exercise some supervision over the manner in which charitable aid is dispensed, but in the country districts this supervision is by no means what it should be.

Public Health—£5,468.

23. This is practically the first year the cost of this new duty imposed on Hospital Boards has been made apparent. Taking all in all, the cost is very small, and is practically confined to the expenditure involved in the payment of the salaries and travelling-expenses of Sanitary Inspectors.

In some districts these officers' salaries are more than saved as a result of their reports on those in receipt of charitable aid. Many of these reports have shown the somewhat lavish manner in which poor-law relief has been administered in some districts, and the abuses that have been engendered by an indiscriminate doling-out of alms.

NURSES.

24. The names of 155 nurses were admitted to the register last year. Of these, 111 were trainees in New Zealand hospitals; the remainder were registered on oversea certificates. At this rate there is little need to fear that the Dominion will be short of nurses, as was anticipated last year.

Many hospital authorities now stipulate that applicants for probationerships must sign on for four years. By this means it will be possible for nurses, after passing the State examination at the end of their year, to devote the fourth year to the study of some special part of their profession. For example, no nurse should be appointed to an administrative position in a hospital unless she has a certificate of having given special study to, or having passed an examination in, hospital economics. The fourth year could be very well devoted to the study of specialties.

The pay of nurses in our public hospitals has been considerably increased during the past two years, the salaries varying from £56 to £100 per annum—the latter sum being paid Sisters in one of our larger hospitals.

A summary of the reports of Medical Superintendents and Matrons on the eight-hours system for nurses is embodied in the Assistant Inspector's report.

It will be seen that the general opinion of those responsible is to the effect that the eight-hours system is for the good neither of patient nor nurse. With three changes of nurses each day, the sense of responsibility is undoubtedly lessened, so that the treatment ordered by the medical staff is not carried out as efficiently as where there are fewer nurses. Moreover, when anything goes wrong it is practically impossible to sheet responsibility home; and again, when a nurse sees so little of her patient she can scarcely understand the course of disease as fully as would be possible if her hours of responsibility were longer.

MIDWIVES.

25. The names of 74 midwives were added to the register last year, 55 having been trained in the Dominion. There is now some hope of meeting the needs of the Dominion in this particular branch of work, especially as during the ensuing year three additional training-schools for midwives may be provided.

The total number of midwives on the register is 1,097, of whom 415 are fully trained, and 682 untrained. On the 31st March, 1907, the number was 891, of which 102 were trained and 789 untrained. It will be seen that the number of untrained midwives is gradually decreasing through death and other causes, whilst the increase in the number of trained midwives more than compensates for this decrease. The following shows the number of trained midwives for the six years ended the 31st March, 1912:—

Year.							Number of Trained Midwives.
1907	..	..	..	..	..	..	102
1908	..	..	..	..	..	..	143
1909	..	..	..	..	..	..	204
1910	..	..	..	..	..	..	276
1911	..	..	..	..	..	..	337
1912	..	..	..	..	..	..	415

Thus, though the names of many untrained midwives disappear from the register each year, it will be possible to keep up the standard of one midwife to every 1,000 of the population. With the present low birth-rate this proportion should be sufficient.

In previous reports comment has been made as to the difficulty of obtaining midwives for our backblocks. Though Hospital Boards have not taken the fullest advantage of the Department's proposal—to give free training to women specially recommended by Boards as likely to make suitable midwives, provided those trained guarantee to practise for two years in any part of the hospital district which has recommended them—it is satisfactory to note that several of our St. Helens nurses are "going back," and undertaking work in those parts of the Dominion where their services are particularly needed.

Our St. Helens Hospitals continue to do good work, and the demands on these institutions are increasing every year. The actual cost to the State of these four maternity homes was £1,820, excluding capital expenditure.

District Nurses.

26. It is to be regretted that, despite the unanimous resolution of the recent Hospitals Conference, more Boards have not seen their way to appoint District Nurses. That they must effectively fill a gap in our hospital system is freely admitted. The Waikato Board has taken the matter up in earnest and appointed three District Nurses for work in its backblocks.

The Maori district nursing scheme bids fair to be a great success. So far eight nurses have been appointed.

It is with no little pride that attention is directed to the Assistant Inspector's report on the work of these nurses. In this field, as Nurse Purcell writes, something akin to a "missionary spirit" is needed to make the work a success. The drawbacks and difficulties of doing good work amongst the Natives must be very clear to all those who have interested themselves in the habits and idiosyncracies of the Maori.

General.

27. As the Department is constantly in receipt of inquiries from other lands as to the many details of our hospital system, a full account of our hospital service is set forth in another portion of this report.

Speaking generally, the system is working well, but its efficiency would be materially increased if Boards would but adopt a comprehensive system of outdoor medical treatment, whereby the poorest in the land would receive adequate relief in their own homes. A departure of this sort would undoubtedly involve the Boards in additional and possibly expensive responsibilities.

The present necessities of the Dominion, however, do not require a very elaborate system of outdoor medical treatment; nor would it be advisable at this juncture to put such a scheme into operation. Nevertheless, the Boards might very well consider the putting into operation of a subsidized medical service for the benefit of our settlers in the more remote country districts, and thus in some measure requite the settlers for the expense they are put to in maintaining a system in the benefits of which they can hardly participate to the same extent as the town-dweller.

It is undoubtedly the duty of either the Boards or the Government to ensure that even in the most remote parts of the Dominion a medical service is available which is not only within the means of the less well-to-do, but also that the service in question is reliable and efficient.

A subsidized medical service for the backblocks could be put into operation with little or no alteration in our hospital machinery, and if administered with discretion it would not prove a costly venture, provided all persons receiving its benefits were made to pay—as is now the case with patients admitted to our hospitals—according to their means.

SUMMARY.

Institutions controlled by Hospital Boards—	1911-12.	1910-11.
Hospitals	60	55
Consumptive sanatoria	3	3
Infectious-diseases hospitals	4	4
Hospital for incurables	1	..
Convalescent home	1	1
Female refuge	1	1
Maternity hospital	1	1
Children's home	1	1
Reformatory refuge	1	1
Casual ward	1	1
Old people's home	18	18
Total	92	86
Separate institutions controlled by trustees—		
Hospitals	2	2
Convalescent home	1	1
Children's home	1	1
Home for the blind	1	1
Old people's home	1	1
Total	6	6

	1911-12.	1910-11.
Institutions directly controlled by Government—		
Maternity hospitals	4	4
Consumptive sanatorium	1	1
Total	5	5
Total number of institutions	101	97
Number of hospital patients treated during year—		
In Boards' institutions	25,173	23,815
In separate institutions	331	359
In Government institutions	1,056	947
Total	26,560	25,121
Average number of hospital patients under treatment daily—		
In Boards' institutions	1,997	1,938
In separate institutions	20	26
In Government institutions	61	61
Total	2,078	2,025
Average number of beds per 1,000 of the population	3.3	3.2
Average number of beds occupied daily per 1,000 of the population	2.0	2.0
General hospitals—		
Number of beds available	3,057	2,863
Number of patients treated	24,681	23,584
Average number of patients per diem	1,900	1,839
Average mortality per cent. of patients treated	7.6	7.2
Average days' stay (including hospitals used also as old men's homes)	28	28
Average cost of maintenance per occupied bed	£106.3	£97
Patients' payments per occupied bed	£21.6	£20.9
Number of trained nurses	249	234
Number of probationers	528	503
Average number of occupied beds to each member of nursing staff	2.5	2.3
Average number of occupied beds to each member of domestic staff	3.6	4.2
St. Helens Hospitals—		
Indoor—		
Number of confinements	886	871
Deaths	2	2
Number of babies born alive	847	827
Number of babies stillborn	31	16
Number of babies died	17	7
Outdoor—		
Number of out-patients confined	460	363
Deaths .. .. .	..	2
Number of babies born alive	456	334
Number of babies stillborn	14	15
Number of babies died	5	6
Old people's homes under control of Hospital and Charitable Aid Boards—		
Number of beds	1,521	1,545
Average number of inmates daily	1,139	1,115
Number of inmates during year	2,068	2,150
Average daily cost of maintenance and administration	1s. 9½d.	1s. 7¾d.

T. H. A. VALINTINE,
Inspector-General of Hospitals and Chief Health Officer.

THE PROBABLE CAPITAL EXPENDITURE ON HOSPITALS AND CHARITABLE INSTITUTIONS DURING THE NEXT FIVE YEARS.

During the past five years the capital expenditure—i.e., the sum spent on new buildings connected with our hospitals and charitable institutions—amounted to £380,000.

The recent acceptance by the Cook Hospital Board of a tender amounting to no less a sum than £45,866 for the erection of a hospital and other buildings required for the accommodation of the sick and needy of that somewhat remote district renders necessary a statement as to the possible requirements (with regard to building and equipment) of other hospital and charitable institutions in the Dominion. By this means the taxpayer will be in a better position to know what calls are likely to be made on the public purse under these items during the next five years.

There is little doubt but that the taxpayer will be somewhat taken aback at the figures submitted. Nevertheless, a plain statement of the position is necessary in order that those responsible may not be taken unawares when the necessary calls are made, whether through the rates or the Consolidated Fund.

It may not be inopportune to remind those who so loudly declaim against an increase in hospital expenditure that, apart from the wave of humanitarianism that is now going over the world, and the increased cost of labour, there are other factors contributing to the development, and therefore an increase in the expenditure on institutions. Indeed, this may be called the "Institution age."

There is a tendency on the part of all classes of the community to take advantage of our hospitals, and this tendency is rapidly growing. There is no longer that repugnance, either on account of fear, ignorance, or pride, to enter a public hospital that was so noticeable a decade or so ago. We seldom hear nowadays of "butcher-shops" or "experiments"; nor, on the other hand, do we notice that independence or pride that prevented many a sick person from seeking relief in a public institution through fear of being considered by his neighbours as "on the rates."

It naturally follows that as a larger proportion of the public seek admission to our hospitals, there must be an increased demand not only for new institutions and extension of existing ones, but that those institutions should be made as efficient and comfortable as possible—comparable, indeed, as regards design and equipment with the best hospitals in older and richer lands. The staffing must also be of the best; and in this connection it is well to point out that the eight-hours system for nurses makes it necessary to erect nurses' homes, so that accommodation for nurses can be provided at the rate at least of one bed in the nursing-home for every 2.5 beds in the hospital connected therewith.

The recent addition to the Nurses' Home in Auckland cost £15,000.

The equipment and appliances considered necessary in a modern hospital are becoming more costly every year, and though there may be some saving in the drugs administered, this saving is more than counterbalanced by the expenses incidental to serum therapy and vaccines.

Again, a large section of the public are fully alive to the fact that where possible persons with certain diseases should be treated in special wards—if not in special hospitals. No longer is it considered prudent to treat the typhoid patient and the consumptive, the diphtheria case and the patient with incurable cancer, in the same wards. Far from it. Special wards or hospitals are needed for such cases, and the public will have them—though we must carefully guard against that hysteria which in the near future will make the erection of a hospital for certain diseases a very difficult matter unless on sites quite remote from population.

From a departmental point of view also there is need for increasing hospital accommodation. It is no exaggeration to say that a very large proportion of the diseases that are treated in our hospitals is almost entirely preventable, and that there are many ailments which, if treatment is sought sufficiently early, can be prevented from developing into chronic if not fatal diseases. This is especially the case with consumption and other forms of tuberculosis, and slight nervous ailments.

It is absurd to talk about a crusade against consumption—and, for that matter, against any other disease—unless we have immediately available sufficient beds for early cases. For early cases of consumption alone a number of additional beds are needed; in fact, it is of little use trying to prevent any form of disease if an efficient medical service is not immediately available for treating the sick.

The need for additional beds will be all the more apparent when the Native population has overcome its prejudices against seeking treatment in our institutions.

From the District Nurses' reports it is quite plain that there is a great deal of sickness—especially tuberculosis and typhoid fever—among the Maoris, and as regards these and other diseases the Department must adopt the same methods towards the Natives as it is empowered to use in the case of the pakeha, where, in the opinion of the District Health Officer, adequate attention cannot be given other than in one of our public hospitals.

NEW ZEALAND HOSPITALS ACT.

PART I.

Statutory.

1. For the purposes of the Hospitals and Charitable Institutions Act, 1909, New Zealand is divided into thirty-seven hospital districts.

Each hospital district is controlled by a Board, the representatives being elected by the electors of the various contributory authorities in the hospital district—*i.e.*, Borough Councils, Town Boards, County Councils, and Road Boards, or a combination thereof.

The representation on a Board is proportioned to the population and the value of the rateable property in the contributory district.

The representatives of a contributory district retire at every general election of the local authority of that district, and their places are filled by an election held at the same time as that general election. By this means the continuity of Boards is somewhat preserved, by securing the retirement of groups of members at different times—*e.g.*, the borough elections are held every two years, in the month of April, and the County Council elections every three years, in November. The Chairman of the Board holds office for two years' certain tenure.

Subject to a modicum of Government control, a Board is responsible (a) For the local administration of public health; (b) for the management of hospitals; (c) for the administration of poor-law relief.

Revenue.

2. The revenue of Boards is derived from four principal sources—(a) Local rates; (b) Government subsidies; (c) payments by persons relieved; (d) voluntary contributions.

During the past four years the receipts from the above-mentioned sources were as follows:—

		£
(a.) Per Government subsidies	1908-9	154,070
	1909-10	152,856
	1910-11	167,941
	1911-12	189,011
(b.) Per local rates	1908-9	116,134
	1909-10	129,012
	1910-11	131,525
	1911-12	149,203
(c.) Per voluntary contributions	1908-9	20,861
	1909-10	31,061
	1910-11	35,433
	1911-12	31,656
(d.) Per payments by persons relieved	1908-9	47,777
	1909-10	56,742
	1910-11	61,983
	1911-12	64,138

In addition to the above, there are a few hospitals which are possessed of small endowments.

3. The rates are collected by a Board by means of levy on the local authority. The Hospital Board has no power to strike a rate, though the levy struck by the Board constitutes a debt payable by the corporation of the authority to the Board, and may be recovered in Court. If any local authority considers the levy excessive, it has the right to appeal to the Minister in charge of the Department, who may cause a commission to be set up to inquire into the circumstances. The opinion of the Minister is final.

4. Government subsidies are granted as follows:—

- (a.) Ten shillings for every pound of the value of all devises or bequests—the subsidy being limited to £500 in respect of the estate of a single testator.
- (b.) Twenty-four shillings for every pound of the value of all voluntary contributions, or gifts of money, land, or other property other than devises or bequests.
- (c.) For every pound levied by the Board from contributory local authorities—(1) £1 in respect of capital expenditure; (2) an amount determined in accordance with the subjoined table in respect of expenditure other than capital expenditure—*i.e.*, maintenance.

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

Rateable Value per Head of the Population.	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.
	s. d.	s. d.	s. d.	s. d.	s. d.	s. d.
Under £100	24 3	24 0	23 9	23 3	22 3	20 3
„ £150, but not under £100 ..	23 3	23 0	22 9	22 3	21 3	19 3
„ £200, „ „ £150 ..	22 3	22 0	21 9	21 3	20 3	18 3
„ £250, „ „ £200 ..	21 3	21 0	20 9	20 3	19 3	17 3
„ £300, „ „ £250 ..	20 3	20 0	19 9	19 3	18 3	16 3
„ £350, „ „ £300 ..	19 3	19 0	18 9	18 3	17 3	15 3
„ £400, „ „ £350 ..	18 3	18 0	17 9	17 3	16 3	14 3
„ £450, „ „ £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

The object of this schedule of subsidies is to help the poorer districts, while at the same time penalizing extravagant administration. 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.

Every claim for subsidy must be accompanied by a statutory declaration, made by the Chairman of the Board, verifying a statement of all material particulars.

5. *Payments by Persons relieved (i.e., by Hospital Patients).*—The amount derived from this source and from voluntary contributions last year met one-sixth of our total hospital expenditure.

There is no uniform hospital maintenance fee, the amount being fixed by each Board, and varying from one to three guineas per week. A Board has power to make persons pay according to their means for relief granted them.

6. *Voluntary Contributions.*—Prior to 1884, hospitals in the country were supported by voluntary contributions and Government subsidies. Since these institutions have been largely supported by the rates voluntary contributions have somewhat fallen. In 1883 voluntary contributions met one-seventh of our total hospital expenditure; last year voluntary contributions met one-ninth of this expenditure.

Government Control.

7. The Hospitals and Charitable Institutions, Public Health, Nurses and Midwives Registration, and allied Acts are administered by the Department of Public Health under the direction of the Minister of Public Health, with the Inspector-General of Hospitals (who is also Chief Health Officer for the Dominion) as the chief executive officer. This officer is assisted by District Health Officers, Assistant Inspectors, Sanitary Inspectors, &c.

The powers exercised by the Department over the Boards relate chiefly to matters of finance and audit. A certain degree of Ministerial control is given in respect to medical and other appointments by Boards, the framing of by-laws and expenditure on new buildings, and in regard to the more vital questions affecting the public health.

Subsidies are not given for purposes disapproved by the Department—*e.g.*, buildings not considered necessary. The Department has also power to withhold subsidies if Board neglect to provide institutions which the former considers necessary, the Department having the power in such respect to act in place of the Board.

All institutions in receipt of Government subsidy are open to inspection by the Inspector-General of Hospitals and his assistants. Hospital books are also open to the inspection of Government auditors.

8. *Mental Hospitals* are entirely under the control of the Mental Hospitals Department, and all expenditure on such hospitals is paid direct from the Consolidated Fund. The Department is under the control of the Minister of Public Health, the chief executive officer being the Inspector-General of Mental Hospitals. There are seven mental hospitals in the Dominion—six public and one private. A small charge is made to the friends of patients detained in these mental hospitals. The patients' friends are made to pay according to their means. The sum recovered from such fees only amounts to 32·61 per cent. of the total expenditure on these State-managed institutions.

PART II.

Executive.

9. So far as possible the Department acts in an advisory capacity, only exercising its prerogative where it is evident an abuse of the law is intended or has taken place.

Speaking generally, the Boards seem desirous of working with the Department, but are extremely jealous with regard to what they consider an invasion of their rights.

The Department on its part has ever recognized that local government—if efficient—is in the best interests of this country.

For the most part, the Boards have adhered to the policy outlined by the Department with regard to the establishment and management of their institutions.

10. In the larger hospital districts each Board is provided with—

- (a.) *A Base Hospital.*—This hospital is the centre of the Board's activities. The Board meetings are held in its immediate neighbourhood. It is thoroughly equipped in every department and provided with an adequate medical and nursing staff. The Medical Superintendent of the base hospital is in the position of supervisor of all the other institutions under the control of the Board, and makes periodical visits of inspection; and the Matron of the base hospital also exercises a similar supervision as regards her special department, and arranges for the staffing of the various institutions of the district with an adequate supply of trained nurses and probationers. Moreover, the base hospital is the training-school for nurses, and probationers are drafted therefrom for service in the various institutions, returning to the base hospital to complete their training. By this means it has been possible to make the best use of the clinical material for training purposes, and, what is of more importance, to limit the number of training-schools, many of the smaller hospitals not having sufficient beds for that purpose.
- (b.) *An Infectious-diseases Hospital.*—This is generally in the immediate neighbourhood of the base hospital, and is under the same medical and nursing administration. The smaller hospitals are also provided with isolation wards.
- (c.) *Annexes or Wards for Consumptive Patients in Curable and Incurable Stages.*—Most of our hospitals are provided with such annexes, where consumptive patients in the early stages can be treated pending admission to a sanatorium. These annexes or wards are also used for patients in the more advanced stages of the disease.
- (d.) *A Consumptive Sanatorium.*—Only three of our larger Boards are provided with these institutions, the smaller districts combining for their equipment and upkeep. To these institutions are sent cases in the early stages of consumption who have been treated in the hospital annexes referred to above. There is also a sanatorium, with sixty beds, under the entire control of the Department.
- (e.) *Incipient Mental Wards.*—It is hoped that each of our larger base hospitals will shortly be provided with wards for early mental cases in whom there is a prospect of cure, and, by this means, the patients saved the stigma attaching to persons who have been treated in duly recognized mental hospitals.
- (f.) *An Old People's Home.*—Most districts are provided with these institutions, the smaller districts combining with the larger for the purpose. Here are received the aged poor (of both sexes) of the district.
- (g.) Attached to the Old People's Home is a *Chronic Ward.*—In these wards are received all chronic and incurable indigent patients. Most of these institutions are provided with trained nurses, under the supervision of the Matron of the base hospital.
- (h.) *A Maternity Ward.*—The four chief towns of the Dominion are provided with a maternity hospital under the control of the Department—St. Helens Hospitals. It is hoped that in the course of the next few years all country hospitals will be provided with maternity wards.
- (i.) *Secondary Hospitals.*—These are situated in the smaller towns, and usually consist of some ten to twenty beds. Naturally, these hospitals are not as fully equipped as the base hospitals, being used more for cases of ordinary illness or emergency. For special work or major operations it is the desire of the Department and the Boards that patients needing such should be sent to the base hospital of the district, where they would have the advantages of the services—whether for consultation or operation—of several medical men.
- (j.) *A Cottage Hospital.*—Usually of some two to six beds, with a room attached for maternity cases. The functions of these institutions should be more for first aid until the cases can with safety be transmitted to the secondary or base hospital.

11. *The District Nurse* is a most important adjunct to our hospital system. For the most part these nurses are sent to the more remote country districts—the backblocks—where their services as nurses and midwives are much sought. It is by means of the services of such officers that we hope to bring the backblocks more in touch with our hospital system, of which the district nurse is the outpost. It is the hope of the Department and the Boards that backblock settlers will provide cottages for these nurses, not only for them to live in, but with an extra room or so in which emergency cases can be treated until they can with safety be forwarded to the secondary or base hospital of the district, or which could be used for maternity cases.

There are also special nurses appointed for work among the Maoris. These nurses are paid by the Department, but are controlled by the Boards, who are better able to decide in which part of the hospital district they should be stationed.

12. In conjunction with the services of these nurses the Department is considering a subsidized medical service in the backblocks, with a view to encouraging a good stamp of medical practitioner to settle in the more remote districts.

Medical Staff.

13. No uniform system prevails with regard to the medical staffing of our institutions. In a country such as this, where the conditions in the various hospital districts differ so much as regards population, medical men available, and other factors, it is difficult to see how uniformity—though much to be desired—can yet be attained.

In the larger hospitals the usual practice is to appoint an honorary staff, composed of certain medical practitioners residing in the neighbourhood. Among these medical men are usually specialists in various branches of medicine and surgery. The honorary staff is elected by the Hospital Boards for a term varying from one to three years, the practice of Boards in this respect not being uniform. The Department exercises no control over such appointments.

The honorary staff is assisted by a Medical Superintendent, who is elected and paid by the Board, subject to the approval of the Minister of the Department. The duties of this officer are principally executive. In some hospitals he is subject to the control and direction of the honorary staff, as well as to that of the Board; but his position with regard to the former greatly depends upon the personality of the officer concerned. As a general rule, the tendency of an honorary staff is to leave the Medical Superintendent—who is generally a man of considerable professional experience—a comparatively free hand with regard to the purely professional management of the hospital. The Medical Superintendent is assisted by junior medical officers, who are under his control. In our larger hospitals the average is one resident medical officer to about every fifty beds.

It is hoped that in the course of the ensuing year each base hospital will be provided with the services of a skilled bacteriologist, who, in addition to his ordinary duties, will be able to provide the medical men of his own and adjoining hospital districts with those vaccines and sera which now play so important a part in medical treatment.

14. In some of the provincial hospitals the medical service of the hospital is administered either by—

- (i.) A Medical Superintendent wholly paid by the Board, who attends to the requirements of the patients, with the assistance either of a paid junior or local medical practitioners who are called in when required, and who are paid by the Board for services actually rendered :
- (ii.) A medical officer who, in consideration of a certain sum paid by the Board, and the right to private practice, superintends the general management and medical service of the hospital, calling in such assistance as he may consider necessary—the medical practitioners assisting being paid for services rendered : or
- (iii.) A medical practitioner in private practice who, for a certain sum, attends the hospital regularly, calling in medical assistance when required.
- (iv.) In a few small hospitals the medical officer in charge, when in need of assistance, enlists the services of private practitioners, who give such in an honorary capacity.

Each of these systems has its drawbacks; but taking all in all, in hospitals of 100 beds and over, the honorary-staff system is undoubtedly the best. It is true that the medical practitioners elected by the Board are not always those who possess the confidence of their professional brethren, but on the whole it is comparatively rare that a bad appointment is made, though the tendency to favour certain applicants, irrespective of their professional worth, is sometimes to be noticed. Again, it is not unusual under this system to find that a medical officer who possesses the respect and esteem of his colleagues and patients, and who is loyal and energetic in the interests of the hospital, is viewed with suspicion by certain members of the Board, and when his time has expired his re-election is by no means secure.

The honorary-staff system has the great advantage of affording experience in the higher work of their profession to a relay of medical officers. The experience gained by them is thus of great advantage to that section of the public who do not seek medical relief in the public hospitals.

There is sometimes friction between the honorary staff and the Medical Superintendent, but this is comparatively rare, especially where the former recognize the abilities of the senior resident officer.

15. In the smaller hospitals a paid medical service appears to be the best. The districts surrounding the smaller hospitals are often not large enough to tempt a sufficient number of medical men to settle in the locality. Therefore, for the purposes of an honorary staff, the Board has not enough medical men to draw from. Moreover, in these small districts professional rivalry is often more acute than in the larger towns, and there is a tendency on the part of some medical men to make the hospital their battle-ground. There is no doubt that a medical officer who is wholly or partially paid by the Board is in an enviable position as regards the surgery of the district: if he is a good man he can practically command the whole of it, and this is not perhaps fair to the local practitioners whose professional services are not similarly subsidized.

It is also difficult for a Medical Superintendent appointed on these terms to successfully resist the tendency to hospital abuse. Unlike his *confrère* on the honorary staff of a large hospital, he cannot advance the plea that he only gives his services in an honorary capacity for the benefit of the poor. Under this system the Medical Superintendent is often adequately paid, and such being the case he can scarcely refuse to admit a well-to-do ratepayer who contends that he has a right to treatment in the hospital and to the services of the Medical Superintendent, provided he pays the customary fees for maintenance. A Medical Superintendent appointed under such circumstances is in a bad way to resist hospital abuse, unless loyally backed up by his Board.

Again, the surgery of the district being practically in the hands of one man, those residents who do not make use of the local hospital, and who require surgical assistance, are rather at a disadvantage. They have either to pocket their pride and make use of an institution which they regard in the light of a charity, or possibly submit to a serious operation at the hands of a practitioner who has not the skill that can only be acquired by constant practice.

16. *Nurses*.—A system of State registration of nurses has been in force since 1901. There are now 1,184 nurses on the register. No nurse is appointed a Matron of a hospital unless she possesses the New Zealand State certificate, or what is considered its equivalent.

There are 249 trained nurses in our hospitals, and 528 probationers under training.

17. *Midwives*.—There are 1,097 midwives on the register, of whom 415 are qualified by training and examination. No person can now be admitted to the register unless in possession of a certificate of training and of having passed an examination approved by the Department.

At one time it was anticipated that there would be a shortage of midwives, but by means of increasing the training-schools from four to eight, and giving girls free training at our maternity homes on the condition that they practise their art for two years in the backblocks, we have every hope that the need for properly qualified women is gradually being met in most parts of the Dominion.

18. *Sanitary Inspectors*.—Each Hospital Board has on its staff one or more officers who are responsible to the Board and the Department, through the District Health Officer, for the local administration of the Public Health and the Sale of Food and Drugs Acts. Their services are also used as poor-law inspectors.

These officers are qualified by examination in public-health work. Unless the Department approves their qualifications they are not gazetted Inspectors under the Public Health Act.

19. *Private Hospitals*.—These are subject to departmental control. No person receives a license to conduct a private hospital unless (a) The buildings and premises are approved by the Department; (b) the manager is a duly registered nurse or midwife or medical practitioner. A register of patients must be kept, and this is subject to examination by the officers of the Department.

Charitable Aid.

20. Charitable aid is usually administered by a special committee of the Board. Each application is dealt with on its merits, the committee deciding whether the applicant shall receive indoor or outdoor relief.

Outdoor relief is usually granted in provisions only, the Boards supplying the necessaries from their own stores. In the country districts the Boards arrange with local storekeepers to supply persons holding tickets for relief with certain necessaries at stated amounts and prices. These tickets must be signed by the Secretary or a local member of the Board.

The latter system has been subjected to many abuses, but since Boards have instructed their sanitary inspectors to report on the circumstances of those in receipt of charitable aid, and inquire into the doling-out of stores, a great deal of abuse has been checked.

Under special circumstances Boards make an allowance for house-rent, also for fuel.

Children.

21. The Education Act places the control and inspection of orphanages and kindred institutions under the Education Department.

The institutional treatment of indigent children does not find favour in New Zealand. Where possible the Boards and the Education Department prefer to board out children with specially selected families, and, generally speaking, the system works well. Those boarded out by the Education Department are regularly visited by its officers.

Where possible all children received into institutions attend the local State school. This, of course, does not apply to children who have been "committed" to industrial schools.

Difficulties and Abuses.

22. The chief difficulties in the administration of the Act are—

(a.) The hospital districts are too small. Each district should be large enough to be self-contained—*i.e.*, with sufficient rateable value to support the various institutions necessary: a fully equipped base hospital, a consumptive sanatorium, institutions for the aged poor, chronic incurable cases, &c. Some of the hospital districts are so small that they can scarcely support a hospital of twelve beds.

(b.) The Boards are too large. The Act ordains that a Board shall consist of not less than eight or more than twenty members. The latter number makes the Board unwieldy, and work is not so readily carried through as by a small Board. Though Boards have power to enlist the services of co-operative members who may be specialists in some of the problems with which a Board is confronted—persons who may not care for the rough-and-tumble of an election—there has been a distinct disinclination on the part of Boards to make such co-operative appointments.

(c.) Government subsidies: There is no doubt that the large Government subsidies given tend to abuse and extravagance on the part of Boards, and this is especially noticeable in the administration of poor-law relief. Of especially evil influence is the 24s. subsidy given on voluntary contributions. To obtain this extra 4s. from the Government there are some who exercise ingenuity that amounts to dishonesty. For example, a Board requires a new set of instruments, which for the sake of argument we will say would amount, at catalogue prices, to £100. The firm supplying the instruments charges the Board the full price, but the former returns £20 as a "donation." The Board thereupon claims 24s. subsidy on this donation. Thus the Board gets its instruments for £56. Transactions of this nature are going on every day, but unfortunately are very difficult to detect. Again, the 24s. subsidy often leads a Board into undertakings that it has not seriously contemplated. A body of well-intentioned persons decide that certain hospital extensions are necessary. A meeting is held; subscriptions pour in; the 24s. subsidy is claimed; but the subscribers attach such unreasonable stipulations to the handling of their subscriptions that the Boards are often embarrassed by their generosity. The sanatorium or ward, as the case may be, must be in a position that the subscribers consider proper; the question of efficient and economical administration is not their duty. In fact, speaking generally, Boards would at times be very much better off if they had erected the institutions out of their own funds—the rates and pound-for-pound subsidy allowed by the Government on capital expenditure. This abuse can now largely be checked by the Department withholding its approval of such expenditure.

It will be interesting to see what ingenuity will be displayed by those claiming subsidy under the graduated schedule. Of course, these claims are carefully checked by the Department, but they will have to be very closely watched, otherwise local officers will soon find a way of increasing these Government subsidies.

A careful audit is not only necessary with regard to matters of expenditure, but also as regards the data and statistics supplied by hospital authorities. The cost per bed is estimated by dividing the total expenditure by the average number of patients under daily treatment. Some Secretaries recognize that the larger the number of patients under daily treatment the lower the cost per bed. This tends to the "stuffing" of the patients register and to the increased stay (in days) of the patient.

The returns and statistics of a hospital need almost as careful supervision as its accounts, for many of these returns are so made as to be absolutely misleading to the ratepayers and the public generally.

INSTITUTIONS IN THE NORTH ISLAND UNDER CONTROL OF BOARDS.

INSTITUTIONS IN THE NORTH ISLAND UNDER CONTROL OF BOARDS.		Beds.	INSTITUTIONS IN THE NORTH ISLAND UNDER CONTROL OF BOARDS.		Beds.
1. Auckland Hospital District—			10. Cook County Hospital District—		
Base Hospital (Auckland)	} .. 301		Base Hospital (Gisborne), (isolation, 8)	} .. 68	
Infectious Diseases Hospital			Old People's Home		.. 26
Plague or Smallpox Hospital			11. Waipawa Hospital District—		
Old People's Home	.. .. 256	Waipawa Hospital	.. .. 52		
Chronic Ward	.. .. 40	Dannevirke Hospital	.. .. 40		
2. Wellington Hospital District—		12. Wairarapa Hospital District—			
Base Hospital (Wellington)	} .. 348	Base Hospital (Masterton), (isolation, 16)	.. .. 60		
Infectious Diseases Hospital			Secondary hospitals—		
Chronic Ward	 34	South Wairarapa (isolation, 6) 22	
Consumptive Sanatorium (Otaki)	.. .. 18	Pahiatua (isolation, 4)	.. .. 19		
Otaki Hospital (secondary)	.. .. 147	Renal Solway Home	.. .. 15		
Old People's Home		Chronic Ward	.. .. 16		
3. Hawke's Bay Hospital District—		13. Hawera Hospital District—			
Base Hospital (Napier), (isolation, 14)	124	Hawera Hospital (isolation, 6)	.. .. 39		
Old People's Home	.. .. 108	14. Patea Hospital District—			
4. Waikato Hospital District—		Patea Hospital (isolation, 6)	.. .. 28		
Base Hospital (Hamilton), (isolation, 13)	.. .. 120	15. Coromandel Hospital District—			
Cottage Hospital (Taumarunui)	.. .. 14	Coromandel Hospital (isolation, 4)	.. .. 24		
Old People's Home	.. .. 21	Mercury Bay	.. .. 10		
5. Wanganui Hospital District—		16. Marsden-Kaipara Hospital District—			
Base Hospital (Wanganui), (isolation, 12)	.. .. 84	Whangarei Hospital (isolation, 4)	.. .. 20		
Cottage Hospital (Taihape)	.. .. 12	Old People's Home	.. .. 31		
Old People's Home	.. .. 38	Northern Wairoa Hospital (secondary)	.. .. 17		
6. Taranaki Hospital District—		17. Stratford Hospital District—			
Base Hospital (New Plymouth), (isolation, 23)	.. .. 76	Stratford Hospital	.. .. 16		
Old People's Home	.. .. 57	18. Wairoa Hospital District—			
7. Thames Hospital District—		Wairoa Hospital	.. .. 23		
Base Hospital (Thames), (isolation, 6)	64	19. Bay of Islands Hospital District—			
Old People's Home	.. .. 38	Rawene Hospital	.. .. 11		
8. Palmerston North Hospital District—		Mangonui Hospital	.. .. 14		
Base Hospital (isolation, 17)	.. .. 70	20. Waiapu Hospital District—			
9. Waihi Hospital District—		Waiapu Hospital	.. .. 8		
Base Hospital (Waihi), (isolation, 6)	59	Camp Hospital (Tuparoa)	.. .. 2		
		Cottage Hospital (Te Araroa)	.. .. 2		
		21. Bay of Plenty Hospital District	.. Nil.		

INSTITUTIONS IN THE SOUTH ISLAND UNDER CONTROL OF BOARDS.

		Beds.			Beds.
1. North Canterbury Hospital District—			6. Nelson Hospital District—		
Base Hospital (Christchurch), (isolation, 2)	211		Base Hospital (isolation, 6)	64	
Infectious Diseases Hospital	37		Consumptive Annexe	12	
Consumptive Sanatorium	41		Old People's Home	54	
Cottage Hospital (Kaikoura)	6	7. Westland Hospital District—			
Cottage Hospital (Akaroa)	8	Base Hospital and Old People's Home			
Cottage Hospital (Lyttelton)	4	(Hokitika), (isolation, 2)	50		
Old People's Home (Christchurch)	99	Secondary Hospital and Old People's			
Old People's Home (Tuarangi)	107	Home (Kumara)	36		
Maternity Hospital	26	Cottage Hospital and Old People's			
2. Otago Hospital District—		Home (Ross)	20		
Base Hospital (Dunedin), (isolation, 18)	180	Cottage Hospital (Otira)	7		
Infectious Diseases Hospital	12	8. Waitaki Hospital District—			
Consumptive Sanatorium	46	Hospital (Oamaru)	48		
Cottage Hospital (Kaitangata), (isolation, 4)	10	Infectious Diseases Hospital	6		
Cottage Hospital (Lawrence)	25	Old People's Home	48		
Cottage Hospital (Port Chalmers)	4	9. Wairau Hospital District—			
Cottage Hospital (Tapanui)	6	Base Hospital (Blenheim), (isolation,			
Old People's Home	261	10)	42		
Maternity Hospital	13	Cottage Hospital (Havelock)	7		
3. South Canterbury Hospital District—		10. Ashburton Hospital District—			
Base Hospital (Timaru), (isolation, 6)	91	Ashburton Hospital (isolation, 10)	39		
Infectious Diseases Hospital	22	11. Inangahua Hospital District—			
Waimate Hospital (secondary), (isolation, 12)	39	Hospital and Old People's Home			
Old People's Home	37	(Reefton), (isolation, 2)	37		
4. Grey Hospital District—		12. Buller Hospital District—			
Base Hospital (Greymouth)	77	Base Hospital (Westport), (isolation, 2)	31		
5. Southland Hospital District—		Cottage Hospital (Dennistown)	6		
Base Hospital (Invercargill), (isolation, 4)	67	Old People's Home	30		
Secondary Hospitals—		13. Wallace and Fiord Hospital District—			
Arrowtown (isolation, 6)	17	Riverton Hospital	30		
Frankton (isolation, 7)	23	Infectious Diseases	14		
Gore	19	14. Picton Hospital District—			
Fever Hospital (Kew)	12	Picton Hospital (isolation, 2)	25		
Old People's Home	148	15. Maniototo Hospital District—			
		Naseby Hospital	20		
		16. Vincent Hospital District—			
		Dunstan Hospital	12		
		Cromwell Hospital	12		

MATERNITY HOSPITALS.

	Beds.
St. Helens Hospital (Wellington)	30
St. Helens Hospital (Dunedin)	16
St. Helens Hospital (Christchurch)	18
St. Helens Hospital (Auckland)	14
Medical School (Dunedin)	13
Alexandra Home (Wellington) .. .. .	..
Townley Maternity Home (Gisborne)	12
Linwood Refuge (Christchurch) for maternity and rescue work	26
St. Mary's Home (Otahuhu) .. .. .	..
Salvation Army Homes (four) .. .. .	..

CONSUMPTIVE SANATORIA.

	Beds.
Te Waikato Sanatorium (Cambridge)	56
Sanatorium (Otaki)	34
Sanatorium (Christchurch)	41
Sanatorium (Palmerston South)	38

REPORT ON NURSES REGISTRATION ACT, MIDWIVES, AND PRIVATE HOSPITALS.

By Miss H. MACLEAN, Assistant Inspector of Hospitals.

SIR,—

I have the honour to report concerning the administration of the Nurses Registration Act, 1901, the Midwives Act, 1904 (Consolidated Statute, 1908), and Part III of the Hospitals and Charitable Institutions Act, 1909.

THE NURSES REGISTRATION ACT.

During the year two examinations were held by the State. There were 124 candidates, of these 111 passed, and their names were placed on the register of trained nurses.

The receipts of fees for examination and registration were £167, the expenses in connection with the examination were £164 2s. 9d.

There has been little change in the manner of conducting the examinations or in the preparation of the nurses in the various hospital training-schools since my last report. The affiliated training in the district hospitals and the several dependent institutions, recommended by the Department, has been instituted by two more of the Hospital Boards—namely, the Waikato and the Wairarapa Boards.

Careful administration is needed by the superintendents of nursing to so allot the changes in duty from one institution to another that all probationers receive a fair share of the practical and theoretical teaching of the school. In some cases a double set of lectures is necessary. Co-operation of the principal Matron with the Matrons of the smaller hospitals is imperative, the principal Matron being responsible for the training of all the pupils of the school. So far as it has gone the system is satisfactory.

During the year twenty-seven nurses from Great Britain were registered in New Zealand and seventeen from Australia. Many of these nurses are travelling from place to place and remain but a short time.

The shortage of trained nurses for the various hospital staffs has considerably diminished, and there has not been the same difficulty in keeping a sufficient number of Sisters and charge-nurses, especially in the larger hospitals—no doubt the coming into force of the new rule for remaining a fourth year has affected this. At the same time the Hospital Boards have nearly all found it necessary to increase the salaries offered: these now range from £56 per annum for charge-nurses to £80 and £100 for Sisters.

There has been considerable delay in obtaining from England the twelve nurses for whom the Department was authorized to send, but, now that the offer of the Government is understood in nursing circles at Home, many more applications than are necessary have been received. A notice published in the *Nursing Mirror* has brought it prominently forward. The British Women's Emigration Association is assisting greatly in finding suitable nurses, and several well-trained, well-recommended women are to arrive in April, others in July. Some of these are sent through the High Commissioner's Office, in charge of the immigration girls for domestic service.

A discussion on the hours of duty for hospital nurses was brought up by a paper read at the Conference of Hospital Boards in June. In consequence of a request from the delegates a circular was sent to all the chief training-schools asking for the opinions of their officers as regards the following points:—

1. *Q.* The influence of the system on the carrying-out of treatment ordered by the medical staff. Is the system in the best interests of the patient? *A.* With the exception of two training-schools which maintain the opposite to be the result, all agree that this system is not in the best interests of the patient.

2. *Q.* The influence on the training of young women as nurses, especially with regard to the necessary qualifications of a nurse—viz., patience, gentleness, tact, observation, attention to detail, thoughtfulness as to comfort of their patients, trustworthiness, sense of responsibility, &c. *A.* It is considered by most that the cultivation of the necessary qualifications of a nurse is not affected by this system; others contend that short hours on duty mean a greater rush and worry, which, with long hours off duty, often spent till the last minute in running about from one place to another, make a nurse far more tired at the end of the day than if she worked for a longer period at lower pressure. Nurses who are on afternoon duty will often return just in time for duty after a long morning out, when most people would be fatigued—and nurses are no exception to this rule. Tiredness, of course, brings irritability, and irritability the converse of all those qualities we look for in a nurse.

3. *Q.* The influence on the length of training necessary in order to give in the larger schools adequate experience in all the branches of work. Can this be accomplished in the three years' course of training? *A.* Every one agrees that it would be an advantage for the period of training to be increased by one year, and that it is not possible to train nurses efficiently in all branches of their work in three years with an eight-hour system.

4. *Q.* Is it possible to give experience in theatre work during the time the nurses are actually on duty, or do the nurses attend operations in their hours off duty? *A.* Most training-schools have found that it is not possible to give adequate experience in theatre work to nurses while on duty.

5. *Q.* The influence on the health of the nurses since the system has been adopted. *A.* The health of nurses under either system does not differ materially. One Medical Superintendent emphasizes the necessity of nurses learning mental and physical endurance and suppressing self-consideration, and speaks of the great importance of the careful selection of nurses as regards their health, suggesting that candidates be examined by a doctor, who would be immediately responsible to the Hospital Board for them.

6. *Q.* The influence on the discipline and loyalty of the nurses to their training-school. *A.* One Matron contends that discipline and loyalty are affected by the system; all others say the contrary.

7. Q. Where the system has been extended to the more responsible officers, such as Sisters in charge of wards, the influence on their work as trainers of the probationers and as ward-managers. A. All agreed that if the Sisters and charge-nurses are no longer than eight hours with the patients for whom they are responsible, the patients suffer and the training of probationers must be neglected.

The backblocks nursing system, though it was accepted with enthusiasm by the delegates to the conference, has not progressed so fast as is desirable. Several Boards have decided to extend their work in this direction, but so far no new appointments have been made except in Stewart Island, where Mrs. Somerville is now district nurse.

The Wairarapa Board intends to appoint two nurses for country work, the Gisborne Hospital Board one for the Motu district.

At Seddon, Uruti, Waiapu, and Hastings the work is going on satisfactorily.

A dispensary nurse has been appointed by the Otago Board, who visits the tuberculosis cases in their homes after seeing them at the dispensary. There is a great deal to be developed in this work.

Maori nurses: Two nurses in training came up for examination during the year. One succeeded in passing and was registered; she was afterwards appointed assistant nurse under the Health Department. The second nurse will, it is hoped, pass her examination in June. The seven other Maori girls undergoing training are doing well at their respective schools.

NATIVE HEALTH NURSES.

In June, 1911, the care of the health of the Maoris was transferred from the Native Department to the Health Department, and a scheme was evolved to deal with the matter, in which the services of the nurse were especially required.

For a considerable time there had been some attempt to provide nursing treatment for the sick Maori—either through the Mission workers in different parts of the country (but unfortunately these nurses were seldom qualified), or by the detailing in times of epidemic of trained nurses to cope with the outbreak. These attempts, however, had no continuity, and it was frequently difficult to find suitable nurses for the work when they were wanted.

It was therefore decided to establish a special nursing service for work among the Natives, not only to attend them in actual illness, but to send nurses to live among them, help them with advice and example to live a more hygienic life and to bring up their children in a healthy manner. The nurse would detect illness and seek medical aid for it. She would largely prevent the spread of infection—now so common—by isolating the patients or by getting them into the local hospital, and by seeing that proper disinfection of premises and clothing is carried out. In this she would be aided by the Sanitary Inspector.

The scheme proposed was clearly put before the Hospital Boards at the conference in June, 1911, and was well received by the delegates.

Ahipara.—At the time of transfer of the care of the Maori health to this Department there was a serious outbreak of typhoid at Ahipara, in the far north, and Miss Bagley, a trained nurse of the Department, was sent to do what she could. A temporary hospital was established at a meeting-house, and patients brought in from the different pas. There was at one time sixteen patients in this extemporized place. A second nurse was sent by the Bay of Islands Board to assist Miss Bagley, and the outbreak was practically stamped out in the course of three months. In this Dr. Lunn, a subsidized medical officer under the Native Department, assisted, and the Sanitary Inspector of the district had the pas cleaned up and disinfected.

Rotorua District.—The first nurse directly appointed for this special work was Miss Purcell, a registered nurse and midwife. She first went to Ahipara, and when that outbreak was over took up her station at Rotorua, Miss Bagley having prepared the way in that district. For eight months Miss Purcell did excellent work—travelling from pa to pa in the Rotorua and Taupo districts. The work was carried on with a good deal of difficulty, as most pioneer work is—the difficulty of obtaining suitable quarters is very great. A Native nurse—Maud Mataira, trained at the Wanganui Hospital—was sent to assist Nurse Purcell, but, owing to an outbreak of typhoid, has been kept on duty in the isolation hospital.

Miss Purcell, owing to ill health, resigned her position after about seven months' work, and Miss Cora Anderson was then appointed to this district, and took up her work in March.

Hawera District.—The second nurse, appointed in August, was Miss Cicely Beetham, registered nurse and midwife. Miss Beetham has a wide range—from Hawera to Stratford—and there are a considerable number of pas. Her headquarters are at Okaiawa, and one of the chief difficulties is getting about from place to place. Miss Beetham uses a bicycle, but in the winter this will be difficult. Nurse Eva Wi Repa, trained at Napier Hospital, was appointed to assist Miss Beetham, but was not able to manage the work and was not in sympathy with the people. She resigned after a short trial. The cottage occupied by Miss Beetham is connected with the telephone, this being paid for by the Department.

In her reports Miss Beetham emphasizes the importance of a proper introduction by one of the chief men of the district, and a thorough explanation of the Native health scheme, as preparatory to commencing work of this kind. She says, "It proves the greatest help in working amongst the Maoris, and is always necessary as regards success; otherwise they will not receive me nor willingly accept nursing assistance. Some of the more enlightened of these people have received me well, but where superstition and bigotry exist, as in some parts of my district, my reception has been rather the contrary." On the suggestion of a Native clergyman a letter was afterwards sent from the Department, which was of assistance.

Monthly reports are sent by the nurse to the Hospital Board, and copies sent to the Department. These show a large amount of work among the adults and children—especially as concerns the latter in regard to diet and general treatment. There are many tubercular cases and some chronic cases of eczema and various accidents. There was also one enteric case and some pneumonia.

In November the nurse took advantage of a large tangi being held to meet a large number of the Natives together, and received a most hearty welcome.

In February Nurse Beetham was sent to report on the state of the pas in the Waitotara district, several cases of enteric having been reported from there. Her report showed the need for interference by the Sanitary Inspector. The two nurses were kept busy in February, spending some time with a typhoid patient, who recovered.

Miss Beetham reports: "At present the people are showing a keen interest in this nursing scheme. Many who were formerly opposed to it have now expressed approval of the nursing of their sick on pakeha principles, and have extended much gratitude for nursing assistance. Many of the people now send, wire, or write when assistance is required. The present stage is marked for the greatest hospitality and kindness received from the people. To stay in the kaingas and nurse the sick, thereby demonstrating instructions, is a wonderful help towards the progress of this work. Not only is the instruction beneficial, but by so doing the people clearly realize that the nurses have their welfare truly at heart and are deeply interested in the work and the people."

Cook Hospital District.—There being an outbreak of typhoid in this district, Miss Bagley was sent in November, 1911, to visit the pas round Gisborne and establish a Native nursing centre. She found that Te Karaka was the best place for a centre, and, as it was impossible to do much good work without having some place to which the Natives could come, she rented and furnished a small cottage for the nurse to live in. There was a large number of enteric cases, most of which were sent in to the Gisborne Hospital. Some of these were at Muriwai, and it was necessary for the nurse to be there a good deal.

In January Miss Jean Cormack, trained at the Dunedin Hospital, and also in midwifery at the Medical School, Dunedin, was appointed and sent to take charge of this district. Miss Bagley had previously been introduced to the Natives by some of the chief rangatiras and by Dr. Wi Repa, and was thus able to introduce her successor in a suitable manner. In March Nurse Cormack reported that she had been kept very busy at Muriwai, Waihirere, Te Karaka, and other pas, and nursed one patient with typhoid who was too ill to be moved to hospital. She has been very well received by the people and assisted in every way, is lent horses when she requires them, and has no difficulty in getting about. She has the assistance of Dr. Wi Repa and the Sanitary Inspector under the Hospital Board, and is more comfortably situated than some of the other nurses.

Waiapu District.—At Tuparoa a nursing-station was established in 1910 by the Native Department, and Nurse McElligott was sent to work there during an outbreak of typhoid among the Natives. A camp isolation hospital was established, and the cases were so numerous that it was kept open for over a year. Nurse Heni Whangapirita, trained in the Wellington Hospital and in the St. Helens Hospital (now married), assisted Nurse McElligott, and very excellent and devoted work was done until the sickness subsided. Although Nurse McElligott did not entirely fulfil the qualifications required by the Health Department, yet, when the work was transferred to that Department, her excellent work was recognized, and she was appointed one of the Department's nurses.

Te Araroa, another and an isolated part of the Waiapu District, is also to be a station for a nurse. The European residents and the Maoris of the district have established there a cottage admirably adapted for a residence for two nurses, with a room in which emergency cases can be taken. This district is much cut off from medical aid, but with a good nurse and a telephone to Waipiro—where Dr. Davis, the nearest doctor, resides—things would be much improved for the settlers. Miss Bagley was sent on to the district to report on its requirements and the possibilities for a nurse. Her report shows that a nurse is greatly needed, and will be warmly welcomed, and that this cottage would serve well as a centre. The people are willing and able to assist in keeping up the cottage, and in maintaining a probationer to help the nurse, who will be sent by the Department. The Waiapu Hospital Board, Miss Bagley reports, is ready to assume the responsibility of administering the cottage under a local committee. Mr. Henderson, one of the prime movers in the plan, has great influence with the Maoris. He and others have collected money enough to pay for a horse, trap, and saddle for the nurse, and have practically promised to collect the assistant's salary. A permanent nurse will shortly be appointed for the district, and, if possible, a Maori assistant. In the meantime Miss Bagley will carry on the work there, Miss Henderson living with and helping her. So much has been done by the residents of this isolated place that they deserve every help and encouragement. A nurse with midwifery certificate is essential. The women arrange to go to Gisborne, but frequently the weather is too bad for the boats to call, and they perforce must remain at home and do the best they can.

Otaki District.—A nurse has been appointed for this district, and sent to work under the Wellington Hospital Board. Nurse Lewis was trained in general and midwifery work at the Bristol Infirmary. There is not the great need in this district as in others, the hospital being near and the Natives more civilized. Still, no doubt useful work can be done here—especially in educating the mothers.

Many more nurses are wanted, but rather than jeopardize the success of the work by hasty appointments, nurses are carefully selected from time to time, and if possible the districts are organized by Miss Bagley, who has had considerable experience in dealing with the Natives.

THE MIDWIVES ACT.

During the last year there have been two examinations of pupils trained in the State maternity hospitals, the Medical School Maternity Hospital, the Linwood Refuge, the Alexandra Home, and the Townley Maternity Hospital. Sixty-three candidates came up for examination, and fifty-five passed and are now registered as midwives.

Six free pupils have been trained and are practising in various parts of the country: It has been proposed by one Hospital Board to subsidize the midwife who has agreed to practise two years in a country place in return for her free training. This is a fair thing, as she can then afford to wait until she has built up a sufficient practice. In some places this might at first be difficult.

It is a complaint from the country districts that the trained midwives remain in the towns where already the people have ready access to medical assistance as well as hospital treatment, but on the other hand doctors in town complain that there are not enough of the trained midwives and frequently it is impossible to get one. This must surely be remedied in a short time, as so many are added to the register each year. The former complaint is not entirely true, as a fair proportion of the pupils trained do settle in the country, and a good many have established nursing-homes in the smaller towns in which from two or three to six patients are received at one time. These midwives nearly all work under medical practitioners, the fact that they largely depend on the support of the doctors contributing to this. If, however, they are to be the assistance to the larger class of women that it is desirable they should be, they must by degrees exercise the full power conferred by their certificates—that is, assume the function which in older times and the middle ages was exclusively left to women—to act as accoucheuses, only calling in the physician in case of need. To be of much service in the backblocks district nursing it is essential that the nurse-midwife should so act, and she must accordingly recognize her responsibilities.

The midwives throughout the country have been visited by the two Inspectors of Midwives during the year. It has not been possible to see all of them, owing to long distances and women sometimes being away from home, also to some having changed their addresses and failed to notify the Department. A great improvement in the midwifery bags and outfit of the women was noticed, and many were glad to see the Inspectors and had many inquiries to make as to the proper methods of working. The scattered nature of the population and the great difficulty of gathering together any number of women has made it almost impossible to do much teaching by lectures, although an attempt was made, but individual teaching was much appreciated.

The number of suspensions on account of septic cases was not large. Ten women were taken off the register on account of death, or at their own request. Five women were prosecuted for acting as midwives though unregistered. Many have been warned for the same reason.

The number of midwives from overseas who have been registered is nineteen. There are now 1,097 on the register, 415 trained and 682 untrained.

The reports of the several maternity hospitals which follow show an increase in both indoor and outdoor work—in all 1,346 patients being treated. In the four St. Helens Hospitals there had only been two deaths—one admitted moribund, the other from eclampsia.

THE PRIVATE HOSPITALS ACT.

During the year the private hospitals, with one or two exceptions in very distant places, have all been visited and inspected, some more than once.

Many of the licensees find a difficulty in complying with the regulations in regard to the keeping of the register of patients. In some cases it is their own fault, in others a few of the doctors raise objections to entering and signing the particulars required. This objection has almost entirely been overcome, but still they appear to find difficulty in keeping the register at all up to date.

During the year fourteen new houses were licensed, sixteen gave up their licenses or allowed them to lapse, and two were transferred to a new holder. There are now, of private hospitals,—

Total number licensed	..	..	..	..	..	..	198
For medical and surgical cases	..	..	..	..	..	..	43
For medical, surgical, and midwifery	..	..	..	..	..	..	34
For maternity only	..	..	..	..	..	..	117
Medical and maternity	..	..	..	..	..	..	3
Surgical and maternity	..	..	..	..	..	..	1

REPORTS ON THE STATE AND OTHER MATERNITY HOSPITALS.

St. Helens Hospital, Wellington.

Stipendiary Medical Staff: Agnes Bennett, M.D., B.Sc., M.S., Univ. Edin.

Matron: Eleanor B. Brown.

From the 1st April, 1911, to the 31st March, 1912, 174 cases were confined, 147 children were born, and there were 14 still-births. There were no maternal deaths, 1 death of infant. 83 patients were attended in their own homes, 83 babies were born.

The new hospital is almost ready for occupation, and it is hoped to move into it within a few weeks. It is intended then to induce patients who will be the better for some ante-partum treatment and rest to come into the hospital for some weeks. Patients from the country will also be encouraged to come in good time and wait. The accommodation will be sufficient and comfortable, the surroundings pleasant.

During the absence on leave of Dr. Agnes Bennett, Dr. Elizabeth Gunn carried out her duties with satisfaction to the Department. Dr. Bennett resumed her charge in January.

The Matron, Miss Brown, was seriously ill for some time, and was granted three months' leave, during which the Sub-Matron, Miss Warnock, took charge. Miss Brown returned to her duties in March much restored in health.

Eleven pupils were trained during the year.

Note by Medical Officer.—From the 31st March, 1911, to the 31st March, 1912, the conditions of the Hospital have been very trying to the nursing staff—the want of proper supplies of washing and sterilizing-appliances has told severely on some of them, and the strain upon those in responsibility has been very great. It is absolutely necessary that there should be a good many more beds than the average number of patients per week seems to justify. The work comes in such rushes that at times the accommodation has been taxed to the utmost, and patients have had to leave the Hospital when a few more days' care would have been of great benefit to them. The staff look forward with relief towards the alleviation of these conditions in the new building, where we hope to have the work in full swing very shortly.

St. Helens Hospital, Dunedin.

Stipendiary Medical Staff: Dr. Emily Siedeberg, M.B., Ch.B., N.Z., L.R.C.P., Irel.

Matron: A. H. Holford.

From the 1st April, 1911, to the 31st March, 1912, 201 cases were confined, 195 children were born, and there were 5 still-births. There was 1 maternal death, 7 deaths of infants. 52 patients were attended in their own homes; 52 babies were born.

In this Hospital there have been no changes during the year. The isolation building is now being erected. In the course of the next two or three years it is intended to build a nurses' home, probably on the site of the present cottage, which, though old and out of date, is not uncomfortable.

The work of the hospital has considerably increased during the year. The garden party held to celebrate the birth of the thousandth baby was indirectly responsible for this, as, through the country papers illustrating and describing the function, many women have learnt of the existence of this hospital, and have since availed themselves of its privileges.

Dr. Emily Siedeberg has been granted leave of absence for nine months, and Dr. Sophia Child, late resident physician at the Women's Hospital, Sydney, has been appointed to take her place. Dr. Siedeberg leaves on the 16th April.

Miss Holford and Miss Gow are still Matron and Sub-Matron, and the success of the Hospital is largely due to their conscientious work.

Ten pupils have been trained during the year; one of these is a free pupil for country work.

Note by Medical Officer.—Babies' deformities: One anencephalic fœtus. One spina bifida, with paralysis of lower legs. One born with no thumbs. One had marked talipes varus, and was pigeon-chested. In one there was a peculiar deformity of the ribs: on the left side only the three upper ribs reached the sternum, the remainder stopped short at the auxiliary line, and with each inspiration the lungs protruded as a soft tumour on the chest-wall; the heart was on the right side. One child was born with a lower tooth. Notes on mothers: One mother gave the history of menses returning regularly every month and lasting three to five days; in another they came regularly for five months. The maternal death was from eclampsia. At seventh month she showed no alb. and no symptoms; admitted in labour at eighth month—no symptoms; when labour well advanced took one fit at 5 a.m.—slight hæm., rigid and unconscious, breathing stertorous; delivered easily with forceps; baby still-born and shrivelled; mother never conscious again; died 9 a.m.

St. Helens Hospital, Auckland.

Stipendiary Medical Staff: Tracy R. Inglis, Bach. Med., Univ. Melb.

Matron: C. Ludwig.

From the 1st April, 1911, to the 31st March, 1912, 249 cases were admitted, and 253 children were born; there were 3 still-births. There was 1 maternal death, 4 deaths of infants. 231 patients were attended in their own homes, and 231 children were born. There were no maternal deaths or infant deaths.

It will be necessary in the immediate future to build a new hospital for Auckland. The amount of work is steadily increasing, and necessitating a larger staff, for whom there is no provision. Efforts have been made to rent rooms or a small house near by for additional accommodation for the nurses, but without success. The present Hospital will do well for administration and staff quarters, and new wards must be provided.

The outdoor work is growing. Besides the Hospital patients many doctors apply for the services of the pupil nurses for their private cases. While this is gratifying and of value to the nurses, it can only be undertaken when private nurses cannot be obtained. So far, however, the number of trained midwifery nurses is not equal to the demand.

Dr. Tracy Inglis still continues as Medical Officer, and under his able superintendence and Miss Ludwig's careful and conscientious management the Hospital has been a great benefit to the poorer classes in Auckland.

Sister Paul's resignation early in the year was a very great loss, but, as she has established a private maternity hospital, her services are still at the command of the public. Miss Broadley has been appointed Sub-Matron.

Twelve pupil nurses were trained during the year, three free pupils for country work.

Note by Medical Officer.—I have to report a successful year at this Hospital. There were no very abnormal cases. The only maternal death was moribund on admission. In this case version was performed and the child delivered quickly, but the patient never rallied. Hyoscin was used in fifteen cases, all primipara. One patient had a bicornate uterus, and one had a double vagina. In this last case I could not determine whether there was a second uterus. There was a second undeveloped cervix. The Matron, Miss Ludwig, has worked hard and very successfully during the year, and has trained the nurses very well. The high position gained at the State examination was due in a great measure to her exertions. The Sub-Matron has also worked well. The pupil nurses, as a whole, have worked satisfactorily. The Hospital is very cramped for room, and the want of a proper sterilizing outfit and a good delivery theatre is often severely felt.

St. Helens Hospital, Christchurch.

Stipendiary Medical Officer: William Irving, M.R.C.S., Eng., L.R.C.P., Lond., M.B., B.S. Univ. Camb.

Matron: M. M. Cameron.

From the 1st April, 1911, to the 31st March, 1912, 262 cases were confined, 252 children were born, and there were 9 still-births. There were no maternal deaths, 5 deaths of infants. 94 patients were attended in their own homes, 94 babies were born.

The work of this Hospital has gone on very steadily; at times the accommodation has been severely taxed, and it is not too soon that tenders have been called for a new hospital. It is hoped the building will be erected by the beginning of 1913.

A complaint of long hours being imposed on the pupils was carefully investigated, with the result that it was proved that the ordinary hours of duty were eight, but that now and again it was necessary to arrange a ten-hour shift. This had only been necessary for one period of about ten days during the year, while at other times the Matron had been able to give pupils much longer time off. The uncertain nature of midwifery work renders it impossible to make a regular definite schedule of hours, and nurses may often be on duty merely waiting for their cases to come off.

Twelve pupils were trained and registered during the year; two free pupils were trained and have gone to the country.

Dr. Irving's capable conduct of the medical department of the Hospital, and the conscientious management of Miss Cameron, aided by Sister Newman, have been very satisfactory to the Department.

Note by Medical Officer.—The year has been successful, and work satisfactory. It is to be hoped that next year we shall be able to have all the patients and nurses under the same roof. The conditions under which the nurses live and their accommodation at present are not creditable.

Report of the St. Helens Hospitals from the 1st April, 1911, to the 31st March, 1912, compiled from Reports by the Physicians and Lecturers.

—	No.	Remarks.	—	No.	Remarks.
Total deliveries { In	886		Hæmorrhage—		
Out	460		Accidental ..	17	Nearly all had albuminuria; 1 eclampsia.
Infants born—			Unavoidable ..	11	
Sex .. { M.	723		Post partum ..	26	3 in twin cases; 1 precipitate, several albuminuria, 3 placenta prævia.
.. { F.	626		Secondary ..	1	Occurred in eclampsia.
Twins	24		Operations—		
Presentations—			Induction ..	2	1 small pelvis; 1 eclampsia.
L.O.A.	731		Version ..	12	3 placenta prævia; 2 transverse; 1 contracted pelvis.
R.O.A.	323		Forceps ..	116	
R.O.P.	114	3 persistent	Manual removal of	29	
L.O.P.	54	3 "	placenta		
Breech	24				
Footling	4				
Transverse	7				
Face	6				
Compound—					
Head and hand ..	5				
Breech and feet ..	2				
Unknown, outdoor	58				
Prolapse of cord ..	5				
Hydramnios	23				

Lacerated Perinæum.				Primip.	Multip.	Instrum.
First degree ..	..	..	..	71	39	23
Second degree ..	..	..	..	26	8	7
Third degree ..	..	..	..	..	1	..
Other lacerations	..	..	..	18	2	2

COMPLICATIONS.

	No.	Alb. pres. on Dis- charge.	Alb. abs. on Dis- charge.	Accompanying Complications.
Albuminuria before labour	104	No. 26	No. 74	1 case due to injury to kidney four days before labour; 1 had albuminuric retinitis; 5 adherent placenta; subinvolution, post-partum hæmorrhage, 6; retained placenta, 5; eclampsia, 2.
With toxic symptoms ..	16	1	1	1 secondary post-partum hæmorrhage; 1 child was anencephalic; one had bad talipes varus; 1 spina bifida with paralysis of lower legs.
Eclampsia	7	..	..

	Central.	Marg. with Hæm.	Without Hæm.
Placenta previa	No. 1	No. 8	No. 2 lateral.

MORBIDITY LIST.

(With Day of Occurrences of Temperature.)

Temp. for at least Two Consecutive Days.	Total No.	Days.										Some Causes.
		1st.	2nd.	3rd.	4th.	5th.	6th.	7th.	8th.	9th.	10th & over.	
100 to 100.8 ..	29	6	5	8	4	2	2	2	..	..	..	8 sapræmia; 10 albuminuria; 3 toxæmia; 1 influenza; 6 mastitis; 1 exophthalmic goitre; 1 cellulitis.
100.8 to 102 ..	19	9	1	1	3	..	..	1	..	2	1	2 sapræmia; 1 oval sepsis; 1 pneumonia; 1 influenza; 1 nephritis; 1 diabetes; 1 mental; 5 mastitis.
102 to 103 ..	10	7	2	..	2	..	1	..	..	..	1	2 inflamed varicose veins; 2 eclampsia; 1 influenza.
Over 103 ..	10	4	..	1	2	1	1	1	..	..	..	1 constipation; 1 influenza; 2 sapræmia; 1 scarlet fever; 1 cellulitis.

MORTALITY.

	No.	Remarks.
Maternal ..	2	1 primipara from eclampsia; 1 concealed hæmorrhage admitted moribund and died shortly after admission.
Infantile ..	17	1 patent foramen ovale; 1 anencephalic; 1 asphyxiated; 1 atelectasis; 1 cerebral hæmorrhage; 1 bronchitis and syncope; 1 malassimilation; 1 convulsions; 1 failure to establish circulation; 7 premature; 1 albuminuria in mother.
Still-births, full term	..	2 placenta prævia; 3 prolapse of cord; 1 deformed foetus; 1 cord many times round neck, not pulsating at birth.
Premature ..	11	6 under 7 months; 1 ante-partum hæmorrhage; and 1 eclampsia in mother.
Macerated ..	14	Mothers with albuminuria, eclampsia, &c.

INABILITY TO NURSE.

	No.	Remarks.
Complete ..	20	Due to anæmia; cicatrices due to burns; defective breasts; inverted nipples; heart and kidney trouble; acute diabetes; chronic nephritis; severe mastitis; 2 abscess of breast; consumption; general poor health; albuminuria; retracted nipples; prematurity.
Partial ..	113	Large number due to anæmia; supplementary feeds twice during day given; many able to nurse entirely at third week. Milk-and-water, humanized milk, milk and barley-water, and Glaxo were used.

In all four hospitals the success in establishing breast-feeding in cases who have never nursed before, and also in the rearing of premature infants, has been most satisfactory. Every advantage has been taken of keeping such infants in hospital for some months for the instruction of the pupil nurses.

MATERNITY HOMES.

The Townley Maternity Hospital.

The Hospital continues to do excellent work. There have been 92 patients during the year.

Miss Cora Anderson resigned her position in November, to the great regret of the Committee. Miss Siedeberg took temporary charge for some months, and in January, Miss Stubbs, trained at the Christchurch Hospital and in midwifery at Clapham School of Midwifery, was appointed Matron. Three pupil nurses were trained, and there are four now in training. Dr. Porter is still in charge.

Medical School Maternity Hospital.

(Under Otago Board.)

Visited on the 13th March. There were 7 women in—1 waiting; 5 of these were married women in the upstairs ward.

Miss Every is in temporary charge of the institution. There were four nurses in training. I consider that a second trained midwife should be added to the staff, and that some district work should be done, as that work is very important for the training of the pupils. The trained midwife is also needed to relieve the Matron.

The place was, as usual, in good order, but more accommodation is badly needed for the nurses. At the time of my visit two nurses—one on day and one on night duty—were sharing a room.

Linwood Refuge.

(Under North Canterbury Hospital and Charitable Aid Board.)

Visited on the 15th March. There were 10 girls and 6 babies—all in the new building. The old building is being prepared for the second-maternity cases from the Samaritan Home, and about 12 old women from the same institution.

It is proposed to treat the second-maternity cases during confinement and puerperium in the new building, afterwards transferring them to the old one for the six months that they are obliged to stay in the institution.

This institution does good work in training a few pupils in midwifery.

Victoria Home for Girls, Invercargill.

Visited on 9th March. There were 6 girls in, and 9 children.

The Matron was absent. The children looked well, but there was a lack of neatness and order about the Home. A young married woman, deserted by her husband, was in the maternity ward.

St. Mary's Home, Otakuhu.

Visited on 8th February, 1912. There were 27 girls in and 41 babies altogether—25 of these being in the children's ward and 16 in the Hospital with their mothers.

The place is beautifully kept. A portion of a grass court was being enclosed for the older babies.

Three babies were in the sick or infectious ward with gastroenteritis—under the charge of a girl from St. Mary's, Karori, who was under the supervision of Nurse Bennett. There was also a child who had been badly burned, and who had been brought in from outside.

Dr. Aubin attends the maternity cases, and the children when needed. Nurse Wilson is still in charge of the maternity wards.

There were three patients still in bed. All work together very harmoniously under Miss Handcock.

Door of Hope, Auckland.

Visited 6th February, 1912. There were 17 girls in—5 with their infants, and 13 babies in the babies' cottage being treated for malnutrition.

Dr. Sweet attends here, and there are very good results. A piece of ground has been bought next to the place, and better accommodation for the children and for the maternity cases is to be built.

Salvation Army Maternity Home, Wellington.

Visited on 31st October, 1911. There were 11 girls and 8 babies in. Everything was in good order. There were several girls waiting confinement.

Salvation Army Maternity Home, Christchurch.

Visited 16th March, 1912. There were 22 girls in and 20 infants; 6 babies had been left here by their mothers; there were 7 waiting patients.

There are no sick babies. They are kept out in the open air all day, and thrive well.

Salvation Army Maternity Home, Dunedin.

Visited on 13th March. There were 11 girls and 16 babies in. All looked well, and the place was, as usual, in excellent order.

Salvation Army Maternity Home, Auckland.

Visited in October, 1911. This is the least satisfactory of the Salvation Army Homes. The building is quite unsuitable for hospital work. It has long been intended to build or rent a new place.

To the Inspector-General of Hospitals,

H. MACLEAN.

APPENDICES.

APPENDIX I.—PUBLIC HEALTH.

GENERAL STATISTICS FOR THE YEAR 1911.

PART I.—VITAL STATISTICS.

A. GENERAL.

For the following statistics relating to births, death-rates, infant mortality, and causes of death the Department is indebted to the returns of the Registrar-General. They relate to the year 1911.

BIRTHS.

The number of births registered during 1911 was 26,354, or 25·97 in every 1,000 persons living. The number is 370 more than that for the year 1910, an increase of 1·42 per cent., the rate, however, being lower by 0·20 per thousand. From 1882 until the year 1899 there was a regular fall in the rate. The births registered in the year numbered 19,846 in 1884, and, after falling to 17,876 in 1892, have risen to the number first stated above.

The number of male children born during 1911 was 13,532, and of female children 12,822.

The following table shows the number registered, the birth-rate calculated on the total population, and comparison with the average rate for 1882–86 taken as 100. Indications of a gradual increase are apparent, the improvement since 1899 being 3·38 per cent. on the rate per 1,000 in that year.

Births, Number and Rate.

Year.	Total Number of Births registered.	Birth-rate.		Year.	Total Number of Births registered.	Birth-rate.	
		Per 1,000 of Population.	Compared with Rate in 1882–86 taken as 100.			Per 1,000 of Population.	Compared with Rate in 1882–86 taken as 100.
1882–86	19,410	35·40	100	1899	18,835	25·12	71
1887	19,135	32·09	91	1900	19,546	25·60	72
1888	18,902	31·22	88	1901	20,491	26·34	74
1889	18,457	30·07	85	1902	20,655	25·89	73
1890	18,278	29·44	83	1903	21,829	26·61	75
1891	18,273	29·01	82	1904	22,766	26·94	76
1892	17,876	27·83	79	1905	23,682	27·22	77
1893	18,187	27·50	78	1906	24,252	27·08	76
1894	18,528	27·28	77	1907	25,094	27·30	77
1895	18,546	26·78	76	1908	25,940	27·45	77
1896	18,612	26·33	74	1909	26,524	27·29	77
1897	18,737	25·96	73	1910	25,984	26·17	74
1898	18,955	25·74	73	1911	26,354	25·97	73

The average number of children to a marriage may be ascertained by comparing the number of legitimate births for a series of years with the marriages, but commencing with the marriages in the year preceding that for which the first number of births is taken. Calculating in this way the figures for the twenty-year period 1892–1911 show a decline from 4·54 to 3·07 as follows:—

Year.	Marriages.	Legitimate Births.	Proportion of Births to every Marriage solemnized in the Preceding Year.
1891
1892
1893
1894
1895
1896
1897
1898
1899
1900
1901
1902
1903

Year.					Marriages.	Legitimate Births.	Proportion of Births to every Marriage solemnized in the Preceding Year.
1904	...	...	...	...	6,983	21,737	3·22
1905	...	...	...	...	7,200	22,600	3·24
1906	...	...	...	...	7,592	23,120	3·21
1907	...	...	...	...	8,192	23,937	3·15
1908	...	...	...	...	8,339	24,835	3·03
1909	...	...	...	...	8,094	25,301	3·03
1910	...	...	...	...	8,236	24,822	3·07
1911	...	...	...	...	...	25,276	3·07

If the average result be taken out for the ten years 1892–1901, it will be found to represent 3·89 births to a marriage. Dealing similarly with the figures for 1902–1911, the result is an average of 3·14, so that regarded annually or decennially there is a decided fall to be observed.

New Zealand had in 1880 the highest birth-rate in Australasia (40·78); in 1900 the case was reversed; but in 1911 the New Zealand rate was higher than that of Victoria.

The movement over ten years is calculated as under:—

Birth-rates per 1,000 of Population.

Country.	1902.	1903.	1904.	1905.	1906.	1907.	1908.	1909.	1910.	1911.
Queensland ...	27·89	24·62	27·13	25·92	26·31	26·98	26·99	27·52	27·58	27·65
New South Wales ...	27·20	25·41	26·81	26·79	27·12	27·22	26·86	27·26	27·56	28·75
Victoria ...	25·23	24·46	24·65	24·83	25·14	25·16	24·71	24·55	24·12	24·84
South Australia ...	24·85	23·43	24·70	23·82	23·54	23·82	24·59	24·57	25·08	26·89
Western Australia ...	30·27	30·26	30·33	30·29	30·01	29·40	29·25	28·06	27·17	28·21
Tasmania ...	29·23	28·62	29·60	29·33	29·82	29·50	30·90	29·86	30·26	28·57
New Zealand ...	25·89	26·61	26·94	27·22	27·08	27·30	27·45	27·29	26·17	25·97

Sexes of Children born.

The figures show that during each year there has been a preponderance of births of male children. It would appear, however, that this excess of male births is not sufficient to compensate for the heavier mortality which occurs among that sex. Of the total population in 1871 there were 70·52 females to every 100 males, but in 1911 the proportion of the females to 100 males had risen to 89·59.

Year.	Number of Births of		Proportion of Births of Males to every 100 Females.
	Males.	Females.	
1888	9,641	9,261	104·1
1889	9,514	8,943	106·4
1890	9,293	8,985	103·4
1891	9,377	8,896	105·4
1892	9,101	8,775	103·7
1893	9,310	8,877	104·9
1894	9,472	9,056	104·6
1895	9,493	9,053	104·9
1896	9,511	9,101	104·5
1897	9,600	9,137	105·1
1898	9,615	9,340	102·9
1899	9,724	9,111	106·7
1900	10,107	9,439	107·1
1901	10,471	10,020	104·5
1902	10,653	10,002	106·5
1903	11,217	10,612	105·7
1904	11,762	11,004	106·9
1905	12,109	11,573	104·6
1906	12,397	11,855	104·6
1907	12,835	12,259	104·7
1908	13,369	12,571	106·3
1909	13,502	13,022	103·7
1910	13,442	12,542	107·2
1911	13,532	12,822	105·5

Plural Births.

There were 300 cases of twin births (600 children) and 2 cases of triplets registered in 1911. The number of children born was 26,354; the number of mothers was 26,050: thus, on an average, one mother in every 86 gave birth to twins, against 89 in 1910, 99 in 1909, 90 in 1908, and 102 in 1907. The proportion of plural births per 1,000 of all births during the past five years was,—

Year.	All Births.	Plural Births	Plural Births per 1,000 of all Births.
1907	25,094	244	9.72
1908	25,940	286	11.03
1909	26,524	266	10.03
1910	25,984	290	11.16
1911	26,354	302	11.46

Illegitimacy.

The births of 1,078 children were illegitimate: thus 41 in every 1,000 children born were born out of wedlock, against 45 in 1910.

Proportion of Illegitimate Births in every 100 Births.

Year.	Queensland.	New South Wales.	Victoria.	South Australia.	Western Australia.	Tasmania.	New Zealand.
1901	5.93	7.16	5.58	3.96	3.88	5.94	4.57
1902	6.04	6.60	5.51	4.35	3.96	6.12	4.46
1903	6.79	6.71	5.73	4.16	4.70	5.61	4.55
1904	6.90	7.12	5.74	4.02	4.36	5.82	4.52
1905	6.97	7.37	5.61	4.35	4.19	5.52	4.57
1906	7.68	7.04	5.58	4.00	4.78	5.78	4.67
1907	7.68	6.92	5.62	4.09	3.86	5.78	4.61
1908	7.54	6.80	5.76	4.47	4.35	5.24	4.26
1909	7.05	6.44	5.92	4.22	3.95	5.45	4.61
1910	6.39	6.28	5.59	4.38	4.13	5.33	4.47

These figures show the proportion of illegitimate births to every 100 births for New Zealand to be fairly steady during the period 1901–10.

Births and Birth-rates in the Four Chief Cities and their Suburbs.

The total number of births registered as occurring in the four chief centres and suburbs in 1911 was 7,473, as against 7,221 for the previous year.

The birth-rates for last year were,—

	Birth-rates per 1,000 of Mean Population.
Auckland City	30.03
" and eight suburban boroughs	27.25
Wellington City	26.67
" and four suburban boroughs	26.08
Christchurch City	28.45
" and four suburban boroughs	26.84
Dunedin City	27.45
" and six suburban boroughs	26.52

By the inclusion of the suburbs the rate is lowered in the case of all four centres. Excluding the suburbs, it will be observed that Auckland has the highest rate, Dunedin next highest, Christchurch and Wellington following. The birth-rate for the Dominion last year was 25.97 per thousand, so that each of the four centres is above the average.

The birth-rates for the four central boroughs last year are higher than those of 1910. In Auckland the rate rose from 27.75 to 30.03; in Wellington from 24.13 to 26.67; in Christchurch from 27.10 to 28.45; in Dunedin from 27.22 to 29.45. The rates for five years, 1907 to 1911, are,—

	Births per 1,000 of Population.				
	1907.	1908.	1909.	1910.	1911.
Auckland (without suburbs)	29.63	30.56	29.73	27.75	30.03
Wellington	27.53	27.60	26.62	24.13	26.67
Christchurch	30.47	28.43	28.55	27.10	28.45
Dunedin	25.69	25.48	28.34	27.22	29.45

MARRIAGES.

The marriages for 1911 show an increase on the number for the previous year. The number was 8,825, or 589 more than in 1910. The rate per 1,000 of the population was 8·70, as against 8·30 in 1910. It is shown by the table following that there has been considerable increase in the marriage-rate, which has been above the standard during each of the last fifteen years :—

Marriages, Number and Rate.

Year.	Total Number of Marriages registered.	Marriage-rate.		Year.	Total Number of Marriages registered.	Marriage-rate.	
		Per 1,000 of Population.	Compared with Rate in 1882-86 taken as 100.			Per 1,000 of Population.	Compared with Rate in 1882-86 taken as 100.
1882-86	3,663	6·68	100	1899	5,461	7·28	109
1887	3,563	5·97	89	1900	5,860	7·67	115
1888	3,617	5·97	89	1901	6,095	7·83	117
1889	3,632	5·93	89	1902	6,934	8·01	120
1890	3,797	6·12	92	1903	6,748	8·23	123
1891	3,805	6·04	90	1904	6,983	8·26	124
1892	4,002	6·23	93	1905	7,200	8·28	124
1893	4,115	6·22	93	1906	7,592	8·48	127
1894	4,178	6·15	92	1907	8,192	8·91	133
1895	4,110	5·94	89	1908	8,339	8·82	132
1896	4,843	6·85	103	1909	8,094	8·33	125
1897	4,928	6·83	102	1910	8,236	8·30	124
1898	5,091	6·91	103	1911	8,825	8·70	130

The marriage-rate, measured by the total population, does not show the true position when, as in the case of New Zealand, the age-constitution of the people fluctuates considerably. A more satisfactory standard is found in the number of persons of marriageable age, defined as meaning the unmarried and widowed of males aged 20 years and upwards and of females aged 15 years and upwards. The rates are given for six census years :—

Year of Census.	Proportion of Unmarried per 1,000 of Total.		Proportion of Marriages per 1,000 of the			
	Males.	Females.	Marriageable Men.	Marriageable Women.	Marriageable Persons.	Total Population.
1886	235·0	238·2	47·32	54·56	25·36	5·99
1891	238·2	268·5	47·78	47·97	23·94	6·04
1896	258·8	308·9	50·14	47·00	24·26	6·85
1901	275·5	331·8	54·11	49·78	25·93	7·83
1906	291·3	328·2	54·36	54·93	27·72	8·48
1911	286·5	314·9	57·60	58·38	28·99	8·70

The total number of marriages solemnized does not include marriages where both parties are of the aboriginal Native race, such persons being exempted from the necessity of complying with the provisions of the Marriage Act, although at liberty to take advantage thereof. Forty-five marriages in which both parties were Maoris were contracted in 1911 in terms of the Act, the greater portion (27) being solemnized before Registrars. In addition, the Registrar-General received returns of 228 marriages solemnized under the provisions of section 191 (1) (b) of the Native Land Act, 1909.

Ages of Persons Married.

Of the persons married in 1911, 172 bridegrooms and 1,326 brides were under 21 years of age. Of the bridegrooms, two were between 17 and 18, and sixteen between 18 and 19. Of the brides, ten were between 15 and 16, and forty-nine between 16 and 17 years of age. The proportion of men married is greatest at the ages of 25 to 30, and of women at from 21 to 25 years.

DEATHS.

The deaths in 1911 numbered 9,534, a rate of 9·39 in every 1,000 persons living, as against 9·71 in 1910. This is below the average of the previous ten years, 9·83 per 1,000.

The following table shows the number of deaths, and the death-rate per 1,000 of the living population; also a comparison with the average rate for 1882-86 :—

Year.	Total Number of Deaths.	Death-rate.		Year.	Total Number of Deaths.	Death-rate.	
		Per 1,000 of Population.	Compared with Rate in 1882-86 taken as 100.			Per 1,000 of Population.	Compared with Rate in 1882-86 taken as 100.
1882-86	5,944*	10.84	100	1899	7,680	10.24	94
				1900	7,200	9.43	87
1887	6,137	10.29	95	1901	7,634	9.81	90
1888	5,708	9.43	87	1902	8,375	10.50	97
1889	5,772	9.44	87	1903	8,528	10.40	96
1890	5,994	9.66	89	1904	8,087	9.57	88
1891	6,518	10.35	95	1905	8,061	9.27	86
1892	6,459	10.06	93	1906	8,339	9.31	86
1893	6,767	10.23	94	1907	10,066	10.95	101
1894	6,918	10.19	94	1908	9,043	9.57	88
1895	6,863	9.91	91	1909	8,959	9.22	85
1896	6,432	9.10	84	1910	9,639	9.71	89
1897	6,595	9.14	84	1911	9,534	9.39	87
1898	7,244	9.84	91				

* Average for five years.

The death-rates of males and females for the last ten years are shown separately in the next table, and also the number of male deaths to every 100 female deaths :—

Year.	Deaths per 1,000 of the Total Population.			Deaths of Males to every 100 Females.
	Males.	Females.	Total.	
1902	11.64	9.23	10.50	140
1903	11.43	9.24	10.40	138
1904	10.64	8.37	9.57	143
1905	10.18	8.24	9.27	139
1906	10.40	8.08	9.31	145
1907	11.81	9.98	10.95	133
1908	10.62	8.38	9.57	143
1909	10.18	8.14	9.22	141
1910	10.67	8.63	9.71	139
1911	10.46	8.21	9.39	142

Males of tender years are more delicate than females, and, later in life, more liable to accident. These disadvantages are partly compensated by the preponderance of male births, but were it not for the fact that excess of immigration over emigration gives the country many more males than females the tendency would be for the female population to exceed the male.

For the purpose of considering the mortality in New Zealand more closely than can be done by means of crude death-rates, it is desirable to ascertain the rates at different age-periods of the population.

Death-rates per 1,000 living at Various Age-periods.

Ages.	Average 1902-6.	1907.	1908.	1909.	1910.	1911.	Decrease per Cent. in 1911 compared with 1902-6.
Under 5 years	21.75	27.14	20.38	18.77	19.48	16.67	23.36
5 years and under 10 years	2.07	2.15	1.76	1.96	1.85	1.89	8.70
10	1.64	1.84	1.64	1.35	1.21	1.48	9.76
15	2.64	2.85	2.03	2.23	2.06	2.19	17.05
20	3.69	3.80	3.42	3.08	2.82	2.95	20.05
25	4.55	4.73	4.37	4.43	4.54	4.09	10.11
35	6.30	6.22	6.24	6.71	6.06	5.64	10.48
45	10.35	10.41	10.47	9.73	9.54	9.82	5.12
55	20.26	20.17	18.06	17.97	19.53	19.54	3.55
65	47.06	47.93	44.75	42.62	45.60	47.76	+1.49
75 and upwards	124.65	145.45	132.36	125.91	162.03	126.53	+1.51
All ages	9.81	10.95	9.57	9.22	9.71	9.39	4.28

Besides advantages of climate, New Zealand possesses a population younger in age-constitution than that of most other countries—conditions favourable to a low rate of mortality. Another table is given comparing death-rates at twelve age-periods for 1909 with those of England and Wales. Here the extremely low rate of mortality among children under five years of age is remarkable, and the difference at some of the groups at the more advanced ages is considerable. The New Zealand rate for males is higher than that for females at all groups excepting 5–10, 10–15, 35–45; while for England and Wales the female rate is greater than that for males at 5–10 and 10–15 years, and is lower in every other instance.

Death-rate per 1,000 Persons living, according to Sex, for the Year 1909, compared with England and Wales.

Ages.	Deaths per 1,000 Persons living.			
	New Zealand.		England and Wales.	
	Males.	Females.	Males.	Females.
Under 5 years	20·7	16·7	40·3	33·2
5 years and under 10 years	1·9	2·02	3·2	3·3
10 " 15 "	1·3	1·4	1·9	2·0
15 " 20 "	2·6	1·8	2·8	2·6
20 " 25 "	3·2	2·9	3·7	3·1
25 " 35 "	4·4	4·4	5·3	4·4
35 " 45 "	6·6	6·9	9·1	7·4
45 " 55 "	10·3	8·9	16·4	13·0
55 " 65 "	19·5	15·9	32·8	25·7
65 " 75 "	43·2	41·7	73·5	61·4
75 " 85 "	127·2	92·2	141·8	129·9
85 and upwards	236·2	202·5	321·4	300·0
All ages	10·2	8·1	15·4	13·7

Index of Mortality in New Zealand for 1911.

Ages.	Estimated Mean Population, 1911.	Number of Deaths, 1911.	Death-rate per 1,000, 1911.	Percentage of Population of Sweden, 1890 (Standard).	Index of Mortality in New Zealand per 1,000.
Under 1 year	24,560	1,484	60·42	2·55	1·54
1 and under 20 years	382,311	1,029	2·69	39·80	1·07
20 and under 40 years	365,972	1,465	4·00	26·96	1·08
40 and under 60 years	170,807	1,650	9·66	19·23	1·86
60 years and upwards... .. .	71,246	3,906	54·82	11·46	6·28
Totals	1,014,896	9,534	9·39	100·00	11·83

A similar calculation for the States of the Australian Commonwealth has been made for 1910. The results, when compared with the actual rates, exhibit to what degree the age-constitution of the population affects the death-rate. The figures for New Zealand are also given.

	Year 1910.	
	Index.	Actual.
New South Wales	12·36	9·89
Victoria	14·11	11·49
Queensland... .. .	12·44	9·71
South Australia	12·39	10·21
Western Australia	13·31	10·11
Tasmania	13·59	11·10
New Zealand	12·04	9·71

Comparative Death-rate for the Period 1902 to 1911.

Country.	1902.	1903.	1904.	1905.	1906.	1907.	1908.	1909.	1910.	1911.
New Zealand ...	10.50	10.40	9.57	9.27	9.31	10.95	9.57	9.22	9.71	9.39
Queensland ...	12.15	12.33	10.06	10.40	9.50	10.31	10.26	9.70	9.71	10.65
New South Wales ...	11.98	11.67	10.67	10.18	9.95	10.63	10.20	9.89	9.89	10.37
Victoria ...	13.40	12.94	11.97	12.17	12.55	11.86	12.71	11.45	11.49	11.45
South Australia*	11.97	10.98	10.46	10.45	10.71	10.30	10.26	9.82	10.21	9.82
Western Australia ...	13.79	12.69	12.04	10.98	12.12	11.47	11.17	10.27	10.11	10.19
Tasmania ...	10.93	11.73	10.79	10.00	10.91	10.81	11.36	9.68	11.10	10.13
England and Wales ...	16.2	15.4	16.2	15.2	15.4	15.0	14.7	14.5	...	...
Scotland ...	17.2	16.6	16.9	15.9	16.0	16.2	16.1	15.3	...	...
Ireland ...	17.5	17.5	18.1	17.1	17.0	17.7	17.6	17.2	...	...
Denmark ...	14.6	14.7	14.1	15.0	13.5	14.2	14.5	13.3	12.9	...
Norway ...	13.8	14.8	14.3	14.8	13.7	14.2	14.3	13.4	13.5	...
Sweden ...	15.4	15.1	15.3	15.6	14.4	14.6	14.9	13.7	14.0	...
Austria ...	24.7	23.8	23.7	25.0	22.4	22.6	22.3	...	...	...
Hungary ...	27.0	26.1	24.8	27.8	24.8	25.2	24.8	25.1	23.5	...
Switzerland ...	17.2	17.6	17.8	17.9	17.0	16.8	16.2	16.1	...	...
German Empire ...	19.5	20.0	19.6	19.8	18.2	18.0	18.0	17.1	...	...
Netherlands ...	16.3	15.6	15.9	15.3	14.8	14.6	15.0	13.7	13.6	...
France ...	19.5	19.2	19.4	19.6	19.9	20.2	19.0	19.3	17.9	...
Italy ...	22.2	22.4	21.1	21.9	20.8	20.8	22.6	21.4	19.6	...

* Excluding the Northern Territory.

Considering the range of this statement New Zealand is conspicuous as showing the lowest death-rate. The rates for the principal Australian States are a little higher, but, generally speaking, far below those for the United Kingdom or the European Continental States mentioned in the table.

Ages at Death.

The deaths occurring during 1911 are tabulated below in single years up to five years, and from thence in groups, showing males and females separately:—

Ages.		Males.	Females.	Total.
Under 1 month	.. ..	447	304	751
1 month and under 3 months	.. ..	130	87	217
3 months	6 ..	135	99	234
6 "	12 ..	147	135	282
Total under 1 year		859	625	1,484
1 year	.. ..	90	116	206
2 years	.. ..	66	56	122
3 "	.. ..	56	43	99
4 "	.. ..	39	30	69
Total under 5 years		1,110	870	1,980
5 years and under 10 years	.. ..	111	91	202
10 "	15 ..	82	54	136
15 "	20 ..	93	102	195
20 "	25 ..	137	148	285
25 "	30 ..	181	211	392
30 "	35 ..	225	184	409
35 "	40 ..	223	156	379
40 "	45 ..	223	145	368
45 "	50 ..	216	152	368
50 "	55 ..	278	163	441
55 "	60 ..	283	190	473
60 "	65 ..	336	222	558
65 "	70 ..	504	281	785
70 "	75 ..	548	320	868
75 "	80 ..	519	300	819
80 "	85 ..	330	198	528
85 "	90 ..	136	94	230
90 "	95 ..	44	51	95
95 "	100 ..	13	7	20
100 years	.. ..	1	..	1
103 "	.. ..	1	..	1
110 "	.. ..	1	..	1
Totals		5,595	3,939	9,534

The average age at death of persons of either sex, in each of the ten years 1902–11, was as follows :—

	Males.	Females.		Males.	Females.
1902	41·07 years	34·88 years.	1907	40·43 years	36·66 years.
1903	39·56 "	35·43 "	1908	42·50 "	39·14 "
1904	41·47 "	38·44 "	1909	42·76 "	38·78 "
1905	43·03 "	39·13 "	1910	44·47 "	42·25 "
1906	44·39 "	39·35 "	1911	46·17 "	42·37 "

Deaths and Death-rates in the Four Chief Cities and their Suburbs.

The total number of deaths registered for the four centres in 1911 was 2,932—viz., 2,308 in the cities, and 624 in the suburbs.

By including the suburbs the death-rate for last year is lowered at all of the four centres. The rates for the year are :—

	Death-rates per 1,000 of Mean Population.
Auckland City	13·68
" and seven suburban boroughs	10·93
Wellington City	10·32
" and three suburban boroughs	10·08
Christchurch City	10·95
" and three suburban boroughs	10·36
Dunedin City	11·79
" and five suburban boroughs	10·43

The death-rates for the cities, including suburban boroughs, for five years are as below :—

	Deaths per 1,000 of Population.				
	1907.	1908.	1909.	1910.	1911.
Auckland (including suburbs)	11·43	10·41	9·30	9·73	10·93
Wellington "	11·28	9·10	9·11	8·95	10·08
Christchurch "	14·37	9·52	9·33	10·41	10·36
Dunedin "	12·02	10·50	9·95	10·24	10·43

If the number of deaths of infants under one year be excluded, the mortality among the rest of the population is found to have been for 1910 and 1911 in the following ratio to the 1,000 living :—

	1910.	1911.
Auckland (including suburbs)	7·67	9·21
Wellington "	6·91	8·17
Christchurch "	8·62	8·67
Dunedin "	8·24	9·28

INFANTILE MORTALITY.

Subjoined is a classified statement of the deaths of infants under one year during 1911, with the ratio of the deaths in each class to the 1,000 births during the year :—

Year.	Sex.	Under 1 Month.	1 and under 3 Months.	3 and under 6 Months.	6 and under 12 Months.	Total under 12 Months.
<i>Number of Deaths.</i>						
1911	Male	447	130	135	147	859
	Female	304	87	99	135	625
<i>Deaths to the 1,000 Births.</i>						
1911	Male	23·03	9·61	9·98	10·86	63·48
	Female	23·71	6·78	7·72	10·53	48·74

Sixty-three out of every thousand of male children born, and forty-nine of every thousand females, are found to have died before attaining the age of one year. The mortality was thus one in sixteen of male children and one in twenty-one of females in New Zealand.

It will also be seen from the figures that the chances of living during the first year of age are greater for female than for male infants. Thus, during the year 1911 there were—

100 deaths of males to	72 deaths of females	under 1 month of age ;
100	71	from 1 to 3 months of age ;
100	77	from 3 to 6 months of age ;
100	97	from 6 to 12 months of age ;
100	77	under 12 months of age.

Dealing with the result for ten years, the deaths of infants under one year are in the large proportion of three-fourths of the total deaths under five, as might be expected, the first year being the tenderest period. (See notes to tables.)

Deaths of Infants under One Year, and Proportion to Births.

Year.	Deaths of Infants under 1 Year of Age. (Totals for each Year, and Means of 10 Years.)					Total Births registered in each Year, and Mean of 10 Years.	Proportion of Deaths of Infants under 1 Year to every 1,000 Births.
	Under 1 Month.	1 Month and under 3 Months.	3 Months and under 6 Months.	6 Months and under 12 Months.	Total under 12 Months.		
1902	665	344	313	390	1,712	20,655	82.89
1903	692	346	367	365	1,770	21,829	81.08
1904	669	260	356	331	1,616	22,766	70.98
1905	714	285	290	310	1,599	23,682	67.52
1906	717	247	244	298	1,506	24,252	62.10
1907	763	446	500	519	2,228	25,094	88.78
1908	810	242	347	362	1,761	25,940	67.88
1909	794	285	258	297	1,634	26,524	61.60
1910	786	298	333	343	1,760	25,984	67.73
1911	751	217	234	282	1,484	26,354	56.31
Means of ten years ...	736	297	324	350	1,707	24,308	70.22

NOTE.—The total number of deaths of infants for the period included in the table is 17,070.

Deaths of Children under One Year to 1,000 Births.

Country.	Deaths per 1,000 Births.	Country.	Deaths per 1,000 Births.
Chili (1908)	320	Scotland (1908)	121
Hungary (1909)	212	Finland (1909)	111
Ceylon (1909)	202	England and Wales (1909)	109
Jamaica (1909)	174	Switzerland (1908)	108
Prussia (1909)	164	Netherlands (1909)	99
Servia (1908)	158	Ireland (1909)	92
Japan (1908)	157	Sweden (1908)	85
Italy (1908)	153	Norway (1908)	76
Belgium (1908)	147	Australian Commonwealth (1910)	75
Denmark (1908)	123	New Zealand (1911)	56

The principal causes of mortality in children under one year for New Zealand are given, with the numbers of deaths for five years from such causes. Premature birth stands first in order of importance, diarrhoea and enteritis next, followed by marasmus or debility. Here it is seen how much mortality is attributed to these causes according to the medical certificates.

Causes of Deaths of Children under One Year.—1907-11.

Causes.	Number of Deaths from each Cause.					Percentage of Total.				
	1907.	1908.	1909.	1910.	1911.	1907.	1908.	1909.	1910.	1911.
Whooping-cough	207	31	28	101	12	9.29	1.76	1.71	5.74	0.81
Convulsions	84	76	107	80	89	3.77	4.32	6.55	4.54	6.00
Bronchitis and pneumonia	269	148	168	157	161	12.08	8.40	10.28	8.92	10.85
Diarrhoea and enteritis	557	418	249	343	244	25.00	23.74	15.24	19.49	16.44
Premature birth	359	388	347	407	337	16.11	22.03	21.24	23.12	22.71
Marasmus, &c.	303	264	256	281	263	13.60	14.99	15.67	15.97	17.72
Other causes	449	436	479	391	378	20.15	24.76	29.31	22.22	25.47
Totals	2,228	1,761	1,634	1,760	1,484	100.00	100.00	100.00	100.00	100.00

The proportions of deaths of children under one year of age to every 100 births for 1910 and 1911 at the chief centres are,—

Auckland (including suburbs)	...	...	1910.	7.90	1911.	6.30
Wellington	"	...	...	8.45	...	7.33
Christchurch	"	...	...	6.94	...	6.29
Dunedin	"	...	...	7.91	...	4.34

The percentage of deaths of children under 5 to the total number of deaths is—in Dunedin, 15.18; in Christchurch, 20.36; in Auckland, 22.31; in Wellington, 26.73.

CAUSES OF DEATH.

A comparison of the causes of deaths in 1910 and 1911 arranged according to an abridged classification, the percentage of each group to the total deaths, and the proportion per 10,000 persons living, is given in the following table:—

Class.	Number of Deaths.		Proportion to Total Deaths.		Proportion per 10,000 living.	
	1910.	1911.	1910.	1911.	1910.	1911.
I. General diseases	Total. 2,393	Total. 2,288	Per Cent. 24·83	Per Cent. 24·00	24·10	22·54
II. Diseases of the nervous system and of the organs of special sense	1,008	940	10·46	9·86	10·15	9·26
III. Diseases of the circulatory system ..	1,412	1,444	14·65	15·15	14·22	14·23
IV. Diseases of the respiratory system ..	911	988	9·45	10·36	9·18	9·74
V. Diseases of the digestive system ..	1,026	918	10·64	9·63	10·34	9·05
VI. Diseases of the genito-urinary system and adnexa	436	461	4·52	4·83	4·39	4·54
VII. Puerperal condition	117	114	1·21	1·20	1·18	1·12
VIII. Diseases of the skin and of the cellular tissue	33	41	0·34	0·43	0·33	0·40
IX. Diseases of the organs of locomotion ..	18	23	0·19	0·24	0·18	0·23
X. Malformations	65	56	0·67	0·59	0·65	0·55
XI. Infancy	719	674	7·46	7·07	7·24	6·64
XII. Old-age	660	661	6·85	6·93	6·66	6·51
XIII. Violence	667	714	6·92	7·49	6·72	7·04
XIV. Ill-defined causes	174	212	1·81	2·22	1·75	2·09
Totals	9,639	9,534	100·00	100·00	97·09	93·94

The next table shows the number of deaths from each principal cause for the five years 1906-10, and the proportion per 10,000 of the population.

Cause.	Number of Deaths.					Proportion of 10,000 of Mean Population.				
	1907.	1908.	1909.	1910.	1911.	1907.	1908.	1909.	1910.	1911.
Typhoid fever	53	90	55	62	67	0·58	0·95	0·57	0·62	0·66
Measles	101	19	26	1	41	1·10	0·20	0·27	0·01	0·40
Scarlet fever	25	60	26	13	9	0·27	0·63	0·27	0·13	0·09
Whooping-cough	307	42	41	148	17	3·34	0·44	0·42	1·49	0·17
Influenza	223	64	47	141	63	2·43	0·68	0·48	1·42	0·62
Tuberculosis of the lungs ..	612	607	588	550	536	6·66	6·42	6·05	5·54	5·28
Other forms of tuberculosis	244	232	212	181	202	2·65	2·45	2·18	1·82	1·99
Cancer	674	657	711	742	809	7·33	6·95	7·32	7·47	7·97
Diabetes	87	100	104	123	129	0·95	1·06	1·07	1·24	1·27
Simple meningitis	130	136	131	142	138	1·41	1·44	1·35	1·43	1·36
Convulsions of children under 5 years of age	104	96	131	107	109	1·13	1·02	1·35	1·08	1·07
Apoplexy	330	341	316	389	352	3·59	3·61	3·25	3·92	3·47
Pneumonia	572	453	458	448	522	6·22	4·80	4·71	4·51	5·14
Gastritis and enteritis	518	478	362	457	374	5·64	5·06	3·73	4·60	3·69
Diarrhoeal diseases	314	198	102	164	94	3·42	2·20	1·05	1·65	0·93
Cirrhosis of liver	42	52	47	38	44	0·46	0·55	0·48	0·38	0·43
Appendicitis	86	81	66	98	103	0·93	0·86	0·68	0·99	1·01
Bright's disease and acute nephritis	268	263	261	256	277	2·92	2·78	2·69	2·58	2·73
Violence, suicide	102	103	118	100	124	1·11	1·09	1·21	1·01	1·22
„ accident	611	570	660	567	590	6·65	6·03	6·79	5·71	5·81
Other causes	4,663	4,401	4,497	4,912	4,934	..	..	..	..	..
Totals	10,066	9,043	8,959	9,639	9,534	109·52	95·69	92·19	97·09	93·94

TYPHOID FEVER.

Deaths from this cause numbered 67 in 1911, against 62 in the previous year, the average for five years being 65.

MEASLES.

There was an outbreak of this complaint in 1907, causing 101 deaths. In 1910 only 1 death was recorded, but in 1911 the number was 41.

SCARLET FEVER.

The number of deaths from scarlet fever in 1911 was 9. The average annual mortality for the five years 1907-11 was 27.

WHOOPING-COUGH.

There were only 17 deaths in 1911, as against 148 in 1910, 41 in 1909, 42 in 1908, and 307 in 1907.

INFLUENZA.

This was less prevalent in 1911 than in 1910, 63 deaths being recorded, as against 141.

TUBERCULOSIS.

Deaths from phthisis numbered 536 or 5.28 per 10,000 of the population, against 550 or 5.54 in 1910, and 588 deaths or 6.05 per 10,000 in 1909. The average for the past ten years was 573, or 6.36 per 10,000.

Year.	Deaths from Phthisis.	Rate per 10,000.	Year.	Deaths from Phthisis.	Rate per 10,000.
1902	617	7.73	1907	612	6.66
1903	570	6.95	1908	607	6.42
1904	598	7.08	1909	588	6.05
1905	496	5.70	1910	550	5.54
1906	556	6.21	1911	536	5.28

Reference to the following table will show that 306 persons known to have been born in the Dominion died during 1911 from phthisis, a proportion of 4.33 per 10,000 of the estimated native-born white population, and 145 persons resident for fifteen years or over succumbed to the disease.

Deaths from Phthisis, 1911.

Length of Residence in New Zealand.	Age at Death.										Total.
	Under 5 Years.	5 to 10.	10 to 15.	15 to 25.	25 to 35.	35 to 45.	45 to 55.	55 to 65.	65 to 75.	75 and upwards.	
<i>Males.</i>											
Under 1 month	1	...	...	...	...	...	1
1 month and under 6 months	1	...	1	1	...	...	3
6 months and under 12 "	1	1	1	1	...	...	...	4
1 year and under 2 years	2	1	2	...	...	...	...	5
2 years and under 3 "	3	2	1	2	...	...	8
3 " 4 "	1	1	3	2	...	...	...	7
4 " 5 "	2	2	1	1	...	...	...	6
5 " 10 "	1	8	5	1	1	...	...	16
10 " 15 "	7	7	1	...	...	...	15
15 " 20 "	1	2	4	...	...	...	...	7
20 " 25 "	3	5	1	...	...	9
25 years and upwards	3	13	19	16	16	1	68
Not known	1	2	1	3	4	2	...	13
Born in Dominion	2	1	4	29	45	35	10	3	...	...	129
Totals...	2	1	4	38	77	77	45	28	18	1	291
<i>Females.</i>											
1 year and under 2 years	1	...	...	...	...	...	1
2 years and under 3 "	3	...	...	...	...	...	3
3 " 4 "
4 " 5 "
5 " 10 "	1	6	4	1	2	...	...	14
10 " 15 "	1	...	1	...	...	...	...	2
15 " 20 "	3	1	...	...	...	...	...	4
20 " 25 "	1	1	...	...	...	...	2
25 years and upwards	6	8	5	5	7	2	33
Not known	2	2	2	2	1	...	9
Born in Dominion	3	1	4	70	72	18	8	1	...	...	177
Totals...	3	1	4	75	92	34	16	10	8	2	245
Totals of both sexes	5	2	8	113	169	111	61	38	26	3	536

The mortality from all forms of tuberculosis for the past ten years has decreased from 10·05 per 10,000 of population in 1902 to 7·27 in 1911, and the percentage of total deaths from all causes has decreased during the same period from 9·58 to 7·74.

Deaths and Death-rates from Tuberculosis, and Percentage of Total Deaths, 1902-11.

Year.	Mean Population.	Number of Deaths from Tubercular Diseases.	Rate per 10,000.	Percentage of Total Deaths from all Causes.
1902	797,793	802	10·05	9·58
1903	820,217	769	9·38	9·02
1904	845,022	799	9·46	9·88
1905	870,000	678	7·79	8·41
1906	895,594	720	8·04	8·63
1907	919,105	856	9·31	8·50
1908	945,063	839	8·87	9·28
1909	971,784	800	8·23	8·93
1910	992,802	731	7·36	7·58
1911	1,014,896	738	7·27	7·74

Ages of Persons who died from Tubercular Diseases, 1911.

Ages.	Males.			Females.			Total.		
	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.
Under 5 years	29	28	57	45 years and under 50	36	13	49		
5 years and under 10	11	8	19	50 " 55	18	5	23		
10 " 15	9	9	18	55 " 60	22	9	31		
15 " 20	16	39	55	60 " 65	14	3	17		
20 " 25	37	55	92	65 " 70	12	6	18		
25 " 30	48	71	119	70 " 75	6	5	11		
30 " 35	54	34	88	75 " 80	1	2	3		
35 " 40	52	25	77	Total deaths	405	333	738		
40 " 45	40	21	61						

In comparison with England and Wales and the States of the Australian Commonwealth the deaths from tuberculosis per 1,000 of the population was lower in Queensland than in New Zealand.

Death-rates from Tuberculosis, and Percentage of Total Deaths, 1910.

	Death-rates (per 1,000) from Tuberculosis.	Percentage of Total Deaths.
England and Wales (1909)	1·52	10·50
New South Wales	0·75	7·62
Victoria	0·97	8·49
Queensland	0·59	6·06
South Australia	0·99	9·72
South Australia	0·86	8·50
Western Australia	0·81	7·31
Tasmania	0·73	7·58
New Zealand		

CANCER.

There were 809 deaths assigned to this cause in 1911, a proportion of 7·97 per 10,000 persons, the average number and rate for the five years 1907-11 being 719 and 7·41 respectively. Deaths of males numbered 448, and of females 361. The death-rate from cancer is greater than that from tubercular diseases, and its increasing tendency is a matter of grave concern.

Number of Persons who died from Cancer, the Proportion per 10,000 Persons living, and the Percentage of all Deaths.

Year.	Deaths from Cancer.	Total Deaths, all Causes.	Deaths from Cancer per 10,000 of Living Persons.	Percentage of Total Deaths due to Cancer.
1902	536	8,375	6·72	6·40
1903	582	8,528	7·10	6·82
1904	571	8,087	6·76	7·06
1905	566	8,061	6·51	7·02
1906	623	8,339	6·96	7·47
1907	674	10,066	7·33	6·70
1908	657	9,043	6·95	7·27
1909	711	8,959	7·32	7·94
1910	742	9,639	7·47	7·70
1911	809	9,534	7·97	8·49

The part of the body mostly affected is the stomach, and among females the generative and mammary organs.

Cancer: Seat of Disease.

Seat of Disease.	Males.	Females.	Total.
Mouth, lip, tongue, throat, neck	102	20	122
Stomach	141	76	217
Intestines, rectum	83	62	145
Kidneys, bladder, urethra, &c.	18	13	31
Liver	66	40	106
Female genital organs .. ..	..	65	65
Breast .. ..	..	42	42
Other organs	38	43	81
	448	361	809

Ninety-five per cent. of the deaths were at the ages 35 years and upwards, and 60 per cent. at the ages 60 years and upwards.

Ages of Persons who died from Cancer, 1911.

Ages.	Males.	Females.	Total.	Ages.	Males.	Females.	Total.
Under 5 years	2	2	4	50 years and under 55	48	35	83
5 years and under 10 .. ..	..	1	1	55	60	39	90
10 .. ..	..	1	1	60	65	44	106
15	2	..	2	65	70	52	130
25	4	7	11	70	75	43	115
30	7	8	15	75	80	30	74
35	9	22	31	80 years and upwards	31	28	59
40	20	19	39				
45	18	30	48	Totals	448	361	809

The proportion of deaths from cancer to the 1,000 persons living in some of the principal European countries as shown below leads to the conclusion that there is a general tendency to increase.

Cancer Death-rates per 1,000 living in some Principal Countries.

Country.	Average, 1901-5.	Years.			
		1906.	1907.	1908.	1909.
Switzerland	1.10	1.12	1.06	1.11	..
The Netherlands	0.85	0.88	0.89	0.90	0.90
England and Wales	0.86	0.92	0.91	0.92	0.95
Scotland	0.83	0.94	0.94	0.94	..
Austria	0.69	0.73	0.72	0.72	..
Victoria	0.76	0.77	0.82	0.81	0.82
Ireland	0.56	0.64	0.62	0.62	0.65
New Zealand	0.75	0.79	1.82	0.79	0.82
South Australia	0.76	0.84	0.80	0.77	0.86
Prussia	0.64	0.69	0.72	0.73	0.74
New South Wales	0.80	0.85	0.87	0.84	0.90
Belgium	0.49	0.49	0.51	0.54	..
Queensland	0.79	0.76	0.90	0.71	0.83
Tasmania	0.68	0.63	0.77	0.82	0.82
Italy	0.45	0.51	0.50	0.53	0.53
Western Australia	0.74	0.98	0.83	0.86	1.09
Spain	0.38	0.41	0.41	0.44	0.44
Hungary	0.38	0.39	0.41	0.42	0.43

DIABETES.

There were 129 deaths in 1911, a rate of 1.27 per 10,000, the average for the five years being 1.09 and 1.12 respectively.

SIMPLE MENINGITIS.

This disease caused 138 deaths in 1911, the average of the past five years being 135.

CONVULSIONS OF CHILDREN.

It would appear that the mortality from this cause shows a decreasing tendency, although the rate, measured by the total population, was exceptionally high in 1909. The proportion of deaths per 10,000 children living under five years of age was 11.52 in 1905, 11.65 in 1909, 9.32 in 1910, and 9.17 in 1911.

APOPLEXY.

The average number of deaths from this cause during the past five years was 346, and the rate per 10,000 3.57. Last year the number of deaths was 352, and the rate 3.47 per 10,000.

PNEUMONIA.

There were 522 deaths in 1911, against 448 in 1910. Excepting occasional fluctuations due to exceptional climatic conditions, the rate per 10,000 remains fairly constant.

GASTRITIS AND ENTERITIS AND DIARRHOEAL DISEASES.

Although shown separately in the table, it may be advisable to consider these causes together. The number of deaths recorded in 1911 was 468, a rate of 4.62 per 10,000, as compared with an average of 6.12 and 6.39 respectively for the past five years.

CIRRHOSIS OF LIVER.

There were 44 deaths in 1911, as compared with an average of 45 for the five years 1906-10.

APPENDICITIS.

There were 103 deaths ascribed to this cause in 1911, the average number for five years being 87.

BRIGHT'S DISEASE AND NEPHRITIS.

Of the 277 deaths last year, 209 were certified as Bright's disease and 68 as acute nephritis. The rate per 10,000 living for 1911 was 2.73, against an average of 2.74 for the last five years.

PUERPERAL DISEASES.

In 1911 the deaths certified to these causes numbered 114. Included in the number were: Accidents of pregnancy, 43; puerperal septicaemia, 27; other accidents of childbirth, 44. The number of deaths to every 1,000 confinements for each of ten years is shown.

Year.	Deaths of Mothers to every 1,000 Confinements.	Year.	Deaths of Mothers to every 1,000 Confinements.
1902	5.33	1907	4.62
1903	5.86	1908	4.64
1904	4.66	1909	5.14
1905	4.22	1910	4.55
1906	3.91	1911	4.38

VIOLENCE.

The deaths from external violence, apart from suicide, numbered 590 in 1911—males 470, females 120. The rate per 10,000 living was 6.65 in 1907, 6.03 in 1908, 6.79 in 1909, 5.71 in 1910, and 5.81 in 1911. The various forms of accidental deaths in 1911 are shown in the following table:—

Accidental Deaths, 1911.

Cause of Death.	Males.	Females.	Total.
Poisoning	12	5	17
Burns and scalds	29	40	69
Suffocation, gas, &c.	5	3	8
Drowning	141	21	162
Shooting	18	..	18
Cutting or piercing instruments	2	1	3
Falls	19	3	22
In mines and quarries	25	..	25
By machinery	14	..	14
By vehicles, railways, &c.	83	16	99
Injuries by animals	24	2	26
Starvation or exposure	3	..	3
Sunstroke	..	2	2
Electrocution	3	..	3
Homicide	4	3	7
Fractures	30	11	41
Asphyxia by chloroform or other anæsthetic	12	7	19
Other external injuries	45	5	50
Murder or manslaughter	1	1	2
Total deaths	470	120	590

SUICIDE.

The suicidal deaths in 1911 were 124—males 102, and females 22. The rate per 10,000 living was 1.22 in 1911, against an average of 1.13 for the past five years.

B. LOCAL VITAL STATISTICS.

AUCKLAND HEALTH DISTRICT.

For the second time the whole of the statistics are for the year ending the 31st December. The statistics dealing with births and deaths, the deaths and death-rates from infectious diseases, are those of the Registrar-General, and deal only with the City of Auckland and the eight surrounding boroughs of Birkenhead, Devonport, Grey Lynn, Mount Eden, Mount Albert, Newmarket, Northcote, and Parnell, a population of 83,280, being an estimated mean for 1911. Mount Albert, having become a borough, is included for the first time. The effect of the inclusion of successive suburban districts in "Auckland and suburban boroughs" is to reduce both the birth and death-rates of that area.

Population.

The mean population for the year is taken to be,—

Auckland City	..	..	..	..	..	..	40,790
Suburban boroughs	..	..	..	..	..	..	42,490
							<u>83,280</u>

The actual population of Auckland, with its suburbs, as at the census of the 2nd April, 1911, is stated by the Registrar-General to have been 102,676, but these figures do not include the Borough of Onehunga, which is now essentially a part of Greater Auckland, and, if included, brings the total population of that area to 107,327; and the estimate to 31st December is 104,728, or with Onehunga's population at the census, 109,379.

NOTE.—In every case throughout this report where comparison is made with previous years the period referred to is that from January to December inclusive, the figures given in previous reports having been brought into unison with the calendar year. The earlier reports related to the yearly period 1st April to 31st March.

Birth-rate.

						Per 1,000 of Mean Population.
Auckland City	..	..	..	..	..	30.03
Auckland and suburban boroughs	..	..	..	..	..	27.25
The average birth-rates for ten years, 1902–11, are,—						
Auckland City	..	..	..	..	..	30.13
Auckland and suburban boroughs	..	..	..	..	..	28.12

The rate of Auckland City exhibits an apparent increase of 2.28 over the previous year, but this is partly discounted by reason of the mean population of Auckland City for 1910 being overestimated by 2,893. The rate in the suburbs (24.57) is a very low record, and the composition of our population as to age would produce results in favour of a higher birth-rate here.

Death-rate.

						Per 1,000 of Mean Population.
Auckland City	..	..	..	..	..	13.68
Auckland and suburban boroughs	..	..	..	..	..	10.93
The average death-rate for the ten years, 1902–11, are,—						
Auckland City	..	..	..	..	..	12.86
Auckland and suburban boroughs	..	..	..	..	..	10.99

These figures, though actually correct, do not form a fair basis of comparison with other places. For instance, the death-rate for Auckland City, when corrected to the standard index of mortality, would exhibit a higher rate than should be expected, having regard to the rate for England and Wales in the same year being 14.6, and of London 15.8.

Natural Increase of Population.

	Births.	Deaths.	Natural Increase.	Increase per 1,000 of Mean Population.
Auckland City
Suburban boroughs
Auckland and suburban boroughs

The natural increase thus shown is based upon practically an accurate enumeration of the population, and may best be compared with the figures for 1906, the census having been made in the two years 1906 and 1911.

The increases for ten years are (Auckland and suburban boroughs),—

1902	..	..	..	10.96	1907	..	..	..	16.03
1903	..	..	..	18.67	1908	..	..	..	18.07
1904	..	..	..	19.60	1909	..	..	..	18.28
1905	..	..	..	17.36	1910	..	..	..	16.78
1906	..	..	..	17.32	1911	..	..	..	16.32

Infant Mortality.

In Auckland and suburban boroughs,—

Deaths of infants under 1 year were	143
Deaths of infants between 1 and 5 years	60
	203

Deaths of children under 1 year per 100 births,—

Auckland City and suburban boroughs	6.30
---	------

This is satisfactory when compared with the mean for the five years, 1907–11—namely, 7.66— and for previous quinquennial periods, as the following table shows:—

	Auckland City.	Auckland and Suburban Boroughs.
Mean for five years, 1901–5	11.22	10.45
Mean for five years, 1906–10	9.23	8.12

Mean for the whole Dominion, 1901–10, 7.26.

Causes of Death.

Zymotic Diseases.

Deaths in Auckland and suburban boroughs	102		
For the last five years,—	Deaths.	Deaths.	
1907	103	125	
1908	139	102	
1909	74		
The 102 deaths were from—			
Diarrhoeal diseases	69	Whooping-cough	2
Influenza	10	Measles	2
Diphtheria	6	Other zymotic diseases	2
Enteric fever	8	Puerperal septicaemia	2
Plague (pneumonic)	1		102

Cancer.

Auckland and suburban boroughs	56 deaths.	
For the last five years,—	Deaths.	Deaths.
1907	50	59
1908	55	56
1909	76	

Phthisis and other Tubercular Diseases.

Auckland and suburban boroughs	51 deaths.	
For the last five years,—	Deaths.	Deaths.
1907	66	44
1908	52	51
1909	58	

Rainfall and Temperature, 1911. (Auckland Museum Observations.)

	Rainfall.		Mean Temperature.	
	1911.	Average previous 44 Years.	1911.	Average previous 44 Years.
	In.	In.	Deg.	Deg.
January	1.25	2.77	66.2	67.1
February	1.76	3.18	65.9	67.4
March	2.32	2.75	66.3	64.3
April	7.43	3.05	62.5	61.6
May	5.52	4.50	57.7	57.1
June	5.39	4.53	53.3	53.9
July	1.63	4.95	51.3	52.0
August	3.23	4.19	52.4	52.4
September	2.70	3.42	54.2	54.8
October	4.67	3.42	56.2	57.0
November	4.14	3.09	58.5	60.4
December	5.06	2.62	59.8	64.3
Totals and means	45.10	42.47	58.9	59.4

C. CLIMATE AND METEOROLOGY.

(Being extracts from article in "New Zealand Official Year-book.")

[By D. C. BATES, Director, Meteorological Office, Wellington, New Zealand.]

The climate of New Zealand is to be considered in relation to four main features—(1) Its position, stretching for nearly a thousand miles southward of latitude 34° S.; (2) its insular condition, situated as it is in the widest ocean of the world from which no part of the country is distant more than seventy-five miles; (3) its physical features, mountain-chains running mostly north and south and affording different aspects; and (4) the weather-changes to which these parts of the earth are subject.

SUNSHINE.

The latitudes in which the chief cities of New Zealand lie in the Southern Hemisphere correspond with the cities in the North from which the possible amount of sunshine may be gauged. Auckland's latitude corresponds to that of Cape Passaro in the south of Sicily; Wellington to Naples; and Dunedin to Venice. The following table gives the period during which the sun is above the true horizon on the days of midsummer and midwinter:—

Possible Sunshine on the	At Auckland.		At Wellington.		At Dunedin.	
	Hr.	min.	Hr.	min.	Hr.	min.
Longest day	14	40	15	10	15	46
Shortest day	9	38	9	13	8	39

The actual hours of bright sunshine recorded in Wellington average nearly six hours per day throughout the year, and few indeed are the days when a brilliant sun does not at some time or other score a definite trace upon the recording-chart. Other districts much more protected from cloud-formation, as Nelson, in the Tasman Gulf; Napier, on the east coast of the North Island; and Lincoln, near Christchurch, on the east coast of the South Island, have higher records. Some of the west coast districts, on the other hand, record less bright sunshine; but Wellington, the capital city, is in the middle position, and affords a good mean both for the sunshine and the rainfall of the whole Dominion. Wellington is also in a critical position with regard to atmospheric disturbances, Cook Strait being usually the dividing-line between the cyclonic storms and westerly lows, generally partaking of the changes due to both. The actual results are as follows:—

Hours of Sunshine.

Year.	Gisborne.	Napier.	Moumahaki.	Wellington.	Lincoln.	Nelson.
	Hr. min.	Hr. min.	Hr. min.	Hr. min.	Hr. min.	Hr. min.
1907	1939 20	2610 35	1897 34	1853 53	2133 53	.. ..
1908	2259 20	2806 42	2001 40	2009 3	2185 11	.. ..
1909	1965 40	2203 20	1856 17	2223 31	2112 9	2562 58
1910	2293 4	2530 47	1869 15	2157 3	2083 42	2571 34
1911	2147 20	2406 56	1692 25	2276 37	2326 0	2506 56
Average ..	2120 57*	2511 40*	1864 15*	2104 01*	2168 11*	2547 09†

* For five years.

† For three years.

These results bear comparison with some of the most favoured regions of the world, where, in order to produce the best results, sunshine and shower hold sway in turn. For instance, over the northern parts of the British Isles the annual average of bright sunshine is 1,200 hours, or 27 per cent. of the possible; and in the south it is 1,600 hours, or 36 per cent.; while Italy has averaged from 2,000 to 2,400 hours, or from 45 to 54 per cent. of the possible.

TEMPERATURE.

Latitude, insolation, proximity of the ocean, and the height of a locality are the determining factors with regard to temperature. The oceanic influences are recognized as the dominant feature with regard to both summer heat and winter cold, upon both of which they exercise a moderating effect. The west coast of the South Island especially is open to the prevailing westerly winds, and it is more humid and equable than the eastern coastal districts, which at times present an almost Continental type with considerable range of temperature. In the cities of Auckland and Wellington frosts on the grass are of rare occurrence, though further south and inland they are often experienced. Showing the influence of the ocean in moderating temperature, we may contrast the records of a Continental city with the capital city of Wellington.

Temperatures (Degrees Fahrenheit).

Mean.	Wellington. Lat. 41° 16' S.	Mean.	Vienna. Lat. 48° 12' N.
January, maximum	.. .. 69.4	August, maximum	.. .. 91.2
July, minimum	.. .. 42.1	January, minimum	.. .. 10.2
Mean annual range	.. .. 27.3	Mean annual range	.. .. 81.0

The meteorological seasons are regarded as later than the solar or astronomical seasons. Thus, in the Southern Hemisphere July is usually the coldest and wettest month of the year, while January is the driest and warmest. The seasons are thus roughly divided :—

Winter—June, July, August.
 Spring—September, October, November.
 Summer—December, January, February.
 Autumn—March, April, May.

The following table gives seasonal and annual means computed from several stations in the various "provinces" into which the Dominion was once politically as well as naturally divided :—

Mean Temperatures in Shade (Degrees Fahrenheit).

	Spring.	Summer.	Autumn.	Winter.	Annual.
Auckland—					
Mean	56.9	65.7	59.8	51.0	58.4
Maximum.. ..	65.2	75.2	68.3	58.5	66.8
Minimum	48.6	56.3	51.3	43.6	49.9
Hawke's Bay—					
Mean	57.3	65.6	59.0	50.0	58.0
Maximum.. ..	66.5	74.8	67.3	58.1	66.7
Minimum	48.3	56.5	50.7	42.0	49.4
Taranaki—					
Mean	55.0	62.4	58.0	49.9	56.3
Maximum.. ..	63.0	71.0	66.0	57.3	64.3
Minimum	47.1	53.7	50.0	42.4	48.3
Wellington—					
Mean	54.1	62.1	56.4	47.9	55.1
Maximum.. ..	61.7	71.0	64.8	55.4	63.3
Minimum	46.2	53.3	48.2	40.5	47.0
Nelson and Marlborough—					
Mean	55.6	63.5	57.6	48.7	56.3
Maximum.. ..	63.7	72.2	65.6	55.9	64.3
Minimum	47.5	55.0	49.8	41.5	48.4
Westland—					
Mean	49.7	58.1	51.4	41.2	50.1
Maximum.. ..	57.5	66.2	59.1	48.6	57.8
Minimum	42.0	49.9	43.7	33.7	42.3
Canterbury—					
Mean	52.5	60.8	53.2	43.1	52.4
Maximum.. ..	61.9	70.9	62.3	51.2	61.6
Minimum	43.1	50.9	44.3	35.1	43.3
Otago—					
Mean	50.4	57.9	51.0	41.5	50.2
Maximum.. ..	59.5	67.5	59.1	48.1	58.5
Minimum	41.5	48.2	43.0	35.0	41.9

NEW ZEALAND RAINFALL, 1911.

As in 1910, so again in the year 1911, the rainfall was less than the average over the greater portion of New Zealand; but the difference was not to such an extent as to cause any great inconvenience to the farmer. Except in South Taranaki and in small scattered districts along the east coast, nearly the whole of the North Island shows a slight deficit. In the South Island the western and southern districts had below, but the whole of Canterbury, Nelson, and Marlborough, on the other hand, had considerably above, the average, portions of Canterbury along the coast having from 20 to as much as 99 per cent.

The following table shows the difference, above or below the mean, for each month in the year :—

North Island Rainfall, 1911.

Means for 1911, compared with the Averages for Six Previous Years.

Jan.	Feb.	Mar.	April.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.
+ ..	3.63	..	6.12	5.09	..	..	..	..	..	4.05	5.34
Av. 3.92	2.99	5.50	3.62	4.96	4.61	6.00	4.52	4.23	4.60	3.28	3.58
- 1.61	..	1.25	..	..	4.08	5.47	2.75	3.16	3.44	..	..

+ Above the average.

- Below the average.

Mean Number of Days with Rain, compared with the Averages for Six Years.

Jan.	Feb.	Mar.	April.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.
+ ..	8.3	..	17.2	..	..	..	..	..	..	18.3	17.4
Av. 10.5	8.0	12.4	12.6	14.8	15.8	17.8	14.4	16.3	16.0	12.5	12.1
- 6.6	..	5.7	..	12.7	15.6	15.1	13.3	14.1	13.1	..	..

South Island Rainfall, 1911.

Monthly Means compared with the Averages for Six Previous Years.

Jan.	Feb.	Mar.	April.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.
+ ..	..	..	3.44	..	4.77	..	..	..	..	5.25	7.02
Av. 3.92	2.39	4.48	3.36	3.68	4.52	4.18	3.79	4.33	4.35	2.97	3.91
- 3.66	1.77	1.59	..	1.86	..	3.99	1.50	3.61	3.50	..	..

Mean Number of Days with Rain, compared with the Averages for Six Years.

Jan.	Feb.	Mar.	April.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.
+ ..	..	..	..	13.6	..	..	..	..	..	17.6	18.8
Av. 12.5	7.4	12.6	12.3	12.1	13.7	14.0	14.2	15.5	15.9	12.6	13.6
- 11.0	6.3	7.2	..	8.4	13.5	11.6	8.0	14.0	12.2	..	..

+ Above the average. — Below the average.

Following on a somewhat dry December, the beginning of January, when precipitation was also lacking, caused some anxiety to the agriculturist, especially in the east coast districts of the South Island. After the 8th, however, this anxiety was relieved, for between this date and the 13th some copious downpours occurred on this coast, with the passage of a westerly low pressure across the country. Generally, the month of January was not visited by storms of any great intensity, cyclonic disturbances from northern latitudes not having developed for a longer period than usual, and westerly low pressures also showing a tendency to diminish.

February also showed a generally low rainfall, but the east coast and about Cook Strait had more rainfall than is usual in February, this being accounted for by the storms experienced being mostly confined to these districts, while the west coast of the South Island was only one-seventh the usual for this month, as there was an absence of westerly low pressure. Three disturbances of an extratropical nature were in evidence, the centre of which passed through Cook Strait on two occasions, and once off East Cape. The most remarkable disturbance was a cyclone whose centre passed down the west coast of the North Island and through Cook Strait on the night of the 25th. This storm caused heavy rains and high winds over the North Island, the rainfall at Wellington for twenty-four hours—viz., 6.32 in.—being the greatest day's fall recorded for the fifty-four years since records had been taken.

March was a dry and fine month, the barometer being above the normal for the month in all parts of the Dominion, owing both to the absence of low-pressure systems of any extent, and to anti-cyclonic conditions holding sway over the greater part of the month.

April, on the other hand, was subject to frequent changes of atmospheric conditions. Extensive low-pressure areas from northern latitudes three times overspread the northern districts, bringing heavy rains in many parts of the North Island. No less than four westerly low-pressure areas passed southward of New Plymouth and Castlepoint, so that the rainfall was nearly everywhere above the average, but more especially over the North Island. Cloudy and foggy weather was much in evidence, but, on the other hand, owing to the prevailing winds being from warmer northern regions, the temperature was considerably above the average for this season of the year.

Owing to a monsoonal depression between the 1st and 4th of May, and an extratropical disturbance whose centre passed to the eastward of East Cape on the 19th, the rainfall in this month was slightly in excess of the average in the northern and east coast districts of the North Island, but elsewhere it was less than the average. Three anti-cyclones of short duration passed over the Dominion, the highest barometer readings being recorded in the vicinity of Cook Strait on the 8th, 16th, and 23rd.

June was remarkable for two intense and extensive storm areas, one holding sway between the 7th and 13th, whose centre appeared to pass through Cook Strait on the 11th. Gales were frequent and widespread during this period, and most parts of the country reported one or more days of heavy rain. The second, a westerly "low," which passed in the south on the night of the 21st,

brought northerly and westerly gales in its front and southerly gales in its rear. Snow fell at this time in the back country. The rainfall was in excess of the average in the northern districts and on the east coast districts of both Islands, but below the average on the west coast of the South Island.

July proved a fair mid-winter month, but with an unusual number of hard frosts both in the North and South Islands. Some heavy rain fell on the 10th, due to a cyclone from the west, and unsettled and boisterous conditions were experienced between the 20th and 26th during the passage of an extropical cyclone down the east coasts. The heaviest falls of rain occurred on the 24th, in Marlborough and Canterbury, many rivers in these districts flooding the low-lying country through which they flowed.

In August very little rain fell, and Canterbury especially experienced one of the driest Augusts on record. A small portion of Hawke's Bay appeared to be the only district in the Dominion where a slight excess of the average took place. Except between the 4th and 9th, when abnormally high atmospheric pressure ruled, the barometer, though very unsteady, was nearly everywhere about the normal until the 30th, when a small westerly "low" passed to the southward.

The beginning of September was ushered in with somewhat squally weather, especially on the west coast and southern district of the South Island, but anti-cyclonic conditions followed on the 5th, lasting until the 9th, when a westerly disturbance brought more unsettled weather, with rain on the west coast and in the southern districts. While the barometer rose rapidly in the South, it continued to fall in the North Island, with a cyclone of moderate intensity developing to the westward of this Island, and between the 14th and 15th considerable and general rain fell. On the 18th a cyclonic disturbance of remarkable intensity overspread the country, and its centre passed through Cook Strait on the evening of this date. During its passage across the Dominion stormy weather prevailed, with considerable rain, and some heavy snowfalls occurred inland in the South Island. The total fall for the month was below the mean throughout most of the North Island, and generally about the average in the South.

Anti-cyclonic conditions, with the usual accompanying fair weather, prevailed from the 1st to the 9th of October, but thereon to the end of December there was an almost total absence of well-developed atmospheric phenomena of this description.

On the other hand, westerly disturbances of the A-shaped depression and cyclonic types were frequent, and some of long duration. The result was a predominance of strong westerly winds generally, and an excess of rainfall in those districts having a westerly aspect. The most remarkable feature was the intense westerly "low" that enveloped the country on the 6th December, with a barometric pressure of 28.47 in. at the Bluff, which is the lowest reading ever recorded in New Zealand

Comparative Table: Year 1911.

Stations.	Temperature in Shade.					Rainfall.		Mean Height of Barometer.	Prevailing Winds.
	Highest, and Date.	Lowest, and Date.	Mean Max. Temp. for Year.	Mean Min. Temp. for Year.	Mean Temp. for Year.	Days on which Rain fell.	Greatest Fall, and Date.		
Auckland ..	° Fahr. 80.0, 22 Jan.	° Fahr. 37.5, 8 July	° Fahr. 65.2	° Fahr. 52.6	° Fahr. 58.9	No. 205	Inches. 2.17, 20 April	Inches. ..	SW, NE, S.
Gisborne ..	87.0, 21 Jan.	28.0, 19 June	66.9	48.2	57.5	142	6.10, 17 May	..	W, S.
Greenmeadows (Napier)	84.0, 20 Jan.	28.8, 19 June	64.8	47.9	56.3	113	4.52, 18 May	29.946	S, W, W.
New Plymouth ..	81.0, 3 Mar.	33.0, 15 June	69.8	50.1	60.0	169	2.48, 14 April, 26 May	..	SE, SW, E.
Levin ..	82.0, 30 Jan., 17 Feb.	27.5, 7 July	65.4	45.9	55.7	158	2.70, 9 July	..	W, NE, E.
Wellington ..	76.0, 24 Jan.	35.4, 16 June	61.0	50.2	55.6	180	6.32, 25 Feb.	29.944	N, S, NW.
Nelson ..	84.0, 21 Jan.	31.0, 29 June	64.8	47.4	56.1	115	1.87, 20 June	..	SW, N, S.E
Hokitika ..	79.0, 3 Mar.	26.0, 27 June	63.1	44.8	53.9	156	3.80, 20 June	29.937	SW, E, NW.
Christchurch ..	85.9, 21 Mar.	24.6, 17 July	61.3	43.1	52.2	127	2.94, 12 June	29.907	NE, SW.
Hanmer ..	85.0, 17 Feb.	12.0, 12 July	60.7	40.7	50.7	120	6.40, 24 July	..	NW, SW.
Lincoln ..	85.4, 21 Mar.	27.3, 18 & 19 May	62.8	44.2	53.5	122	4.16, 11 June	29.922	NE, SW.
Dunedin ..	82.0, 22 & 23 Mar.	29.0, 26 & 27 June	58.1	43.0	50.5	140	1.75, 22 Nov.	29.879	SW, NE.

PART II.

A. GENERAL REPORTS OF THE DISTRICT HEALTH OFFICERS FOR THE YEAR 1911.

AUCKLAND.

To the Chief Health Officer.

I have the honour to present the eleventh annual report for the Auckland Health District for the year 1911.

The work of the Department during the year 1912 was exceptionally heavy owing to the outbreak of plague in Auckland, the many epidemics among the Maoris, the transfer of Native-health supervision from the Native Department to the Health Department, and the inauguration of the new system of inspection whereby the Hospital Boards became sanitary authorities in charge of infectious outbreaks. The correspondence in connection with the latter item alone was very large, and, further, it entailed many trips to lay the scheme before the various Boards. Had it not been for the appointment of an assistant so experienced in sanitary questions as Dr. H. G. H. Monk it would have been impossible to deal with the work. It has, however, been a useful year in many respects, and one which is marked by the establishment of several important reforms.

The change in the method of administering the clauses of the Public Health Act relating to infectious disease (section 5 of the Hospitals Amendment Act, 1910), the establishment of Inspectors in the several hospital districts, and the various negotiations and arrangements with Hospital Boards, all of whom (except the Waihi and Coromandel Boards) have delegated their powers thereunder to the Department for execution, the outbreak of plague, the various outbreaks of typhoid, &c., in Native settlements, and the very numerous orders made in relation to repair or removal or cleansing of insanitary buildings, have largely increased the work of the office, necessitating the employment of an additional typiste and a messenger.

Details of the office-work include: Letters outwards, 4,803; circular letters, 506; telegrams, 1,374; parcels, 48; 145 orders for admission to the infectious-disease hospital; 984 tubes of vaccine lymph were distributed to public vaccinators and medical practitioners; 324 accounts were made out in favour of medical practitioners for notifying infectious diseases.

Mr. Taylor has continued to have charge of the accounts of St. Helens Hospital as of those of the district office.

Appendices are attached giving tables and data upon the following matters: Notifiable infectious diseases, plague, provision for infectious diseases, water-supplies and sewage systems, sanitary condition of the Maoris.

I have, &c.,

R. H. MARGILL, M.D., D.P.H.,

District Health Officer.

NAPIER.

To the Chief Health Officer.

I have the honour to lay before you the annual report of the Borough of Napier Health District.

Infectious Diseases notified.—Scarlatina, 10; diphtheria, 15; enteric, 9; tuberculosis, 15; erysipelas and blood-poisoning, 2.

Dangerous Infectious Diseases.—None under this heading, such as plague, leprosy, or small-pox, have occurred in this health district.

Provisions made for the Accommodation of those suffering from Infectious Diseases.—At the Napier Hospital there are isolation wards for the treatment of cases of diphtheria and scarlatina; also, in the same institution there are shelters provided for consumptive patients. On an island in the Inner Harbour, situated about four miles from Napier, is an isolated hospital for the reception of dangerous infectious diseases, such as plague, smallpox, &c.

Midwives Act.—No women have been suspended from practice.

Disinfection of Oversea Goods.—Two packages of second-hand clothes *ex* "Indragari."

Water-supplies and Sewage Systems.—Napier has a population of between nine and ten thousand. The water-supply is derived from artesian wells, and the water is pumped up on to the hills from a central pumping-station, and distributed by gravitation.

The sewage-disposal is by water-carriage. At present there are several outfall sewers, the main one being into the Tutaekuri River, others into the Inner Harbour and the open sea. The improvements in the drainage scheme suggested by Mr. Midgley Taylor some years ago are now being given effect to. This system provides for main and intercepting sewers combined with a central pumping-station and ejector-tanks. The sewage is to be carried to a large receiving-tank near the western pier, where it will be released at ebb tide. The works are being carried out in such a manner as to allow of considerable improvements being made in the gradients of all the contributing sewers, which are being relaid more in accord with modern views. The collection of all sewage towards one outfall into the open sea, where it will be subject to a swift tide race which will carry it out to sea expeditiously, is also a very great advantage.

Tenders have been accepted by the Council for the work in connection with a refuse-destroyer.

Sanitary Inspections.—These have already been sent in under the heading of the Hawke's Bay Hospital District as a whole, so it appears superfluous to duplicate them here.

Section 83, Hospital and Charitable Institutions Act, 1909.—The Napier Borough, having a population of over nine thousand, and its own staff dealing with sanitation, this section would appear inapplicable.

Section 5, Charitable and Hospitals Institutions Amendment Act, 1910, has been given effect to by the Napier Borough Council.

Legal Proceedings in Sanitary Matters.—These have been compiled by Inspector Gardiner, and are enclosed on separate sheets.

No modifications or improvements have been made in the borough by-laws during the year.

Medical Inspection of School-children.—One inspection of the children of the Catholic school with reference to an outbreak of diphtheria was made.

Insanitary Buildings.—Buildings wholly condemned, 15; condemned pending repairs being effected, 50; buildings pulled down, 9; buildings condemned and now unoccupied, 5; buildings repaired as requisitioned, 27.

The number of deaths registered in the Napier office for 1911 were 435, but all of these did not occur in the borough, as deaths occurring in Napier South, Greenmeadows, Taradale, and Clive are registered in Napier. One death was registered from blood-poisoning, one from hydatids, and fourteen from cancer.

Napier continues to be one of the cleanest towns in Australasia; other towns may equal it in this respect, but I believe that none excel it. This, coupled with the fact that it enjoys a large proportion of possible sunshine (2,600 hours on an average per annum), makes it a healthy place of residence, and accounts for its low death-rate.

During the year Mr. F. B. Gardiner took over the duties of Sanitary Inspector for the Hawke's Bay Hospital District. I am glad to be able to place on record that I have found him capable, conscientious, energetic, and tactful.

I have, &c.,

FRED DE LISLE, L.R.C.P., D.P.H.,

District Health Officer.

WELLINGTON, HAWKE'S BAY, NELSON, AND MARLBOROUGH.

To the Chief Health Officer.

During the year the various Hospital Boards in the district took over the work of controlling infectious disease imposed upon them by section 5 of the Hospitals and Charitable Institutions Amendment Act, 1910, and appointed Inspectors for that purpose: To Waiapu, Inspector Terry was appointed, having been transferred from the Mental Hospitals Department; to Hawke's Bay, Inspector Gardiner was transferred from Stratford; to Wairarapa North, Inspector Cairns was transferred from Masterton Borough; to Wairarapa South, Inspector Miller (previously the Department's Inspector in that district); to Wellington, Inspectors Reed and York appointed; to Palmerston North, Inspector O'Brien, formerly Department's Inspector in that district; to Wanganui, Inspector Pargeter; to Hawera-Stratford, Inspector Gray, from Wellington; to Taranaki, Inspector Kendall, formerly Borough Engineer, New Plymouth; to Wairau-Picton, Inspector Johnston, formerly departmental Inspector in that district.

No appointments have been made in the Cook, Waipawa, Patea, Nelson, or Buller Hospital Districts; but before the end of the year the Cook Hospital Board were taking steps to fill the position.

During the year Wairoa ceased to be a portion of the Hawke's Bay District, and became a separate hospital district, and, unfortunately, has since been without an Inspector. It is hoped that an appointment will soon be made.

In many districts arrangements have been made, under section 94 of the Public Health Act, between the Hospital Board and the various local authorities within its boundaries, whereby the Hospital Board's Inspector has been also made Sanitary Inspector (Inspector of Nuisances) for the local authorities concerned, thus at small cost providing efficient inspection by a properly-trained Inspector in localities where the local authority could not afford to provide such service by itself, and at the same time relieving the Hospital Board of part of its burden.

Section 83 of the Hospitals and Charitable Institutions Act has not been taken advantage of in the district, though in one instance negotiations are in progress.

Chief Inspector Schauer and Inspector Wilson are both retained by the Department for special work, the latter being also Inspector for several local bodies in the Rangitikei County.

It is to be noted with regret from the year's vital statistics that, although the general death-rate of Wellington is lower than any of the chief centres, the infantile death-rate is still considerably higher. The death-rate of children under five is also high. This points to some local conditions especially affecting the very young, and of these the milk-supply is naturally the most important, this forming the greater portion of the natural food at these ages.

That the milk-supply is not satisfactory is well known, and is borne out by the number of warning letters and prosecutions rendered necessary after analysis of samples taken. This Department has systematically taken samples from all parts of the city, and where necessary action has been taken; but, unfortunately, the fines imposed have been so low as to make it almost pay a vendor to run the risk—at any rate, the result of prosecution does not seem to have materially improved the supply. The Health Committee of the City Council is now considering a new proposal by which it is hoped the Council may be able to ensure the provision of a good milk-supply, at least, so far as infants and young children are concerned. The carriage and storage of milk are very important items, both in the vendor's distributing depot and in the home, and I regret to say that faults apparently exist in both, so that should the former become perfect, it still remains to educate the public as to the necessity for the greatest care in cleanliness of household utensils and the selection of a suitable place to keep this sensitive and readily decomposable food. As regards the vendors, it seems incredible that, knowing that human life is dependent on a healthy supply of milk, persons, for the sake of greedy gain, should tamper with this article.

In addition to the notifiable infectious diseases, measles has been very prevalent, and has principally affected children of school-age. Great carelessness is apparent with regard to precautions taken to prevent spread; there is too great a tendency to look upon this as a childish complaint from which all children must suffer. From the vital statistics it will be noted that nine children have succumbed to this disease in Wellington and the suburban boroughs, and it is impossible to estimate the number who are suffering from or have succumbed to sequelæ.

There seems to be a great tendency amongst school-teachers to permit the return to school of pupils absent from this disease too soon after recovery and before danger of infection has ceased, and I have deemed it necessary in a few instances to call the attention of Education Boards to this when they have applied for the 10-per-cent. certificate. The reason appears to be the system of remuneration of school-teachers on the attendance basis, and consequently anything which appears to them to cause a reduction in attendance is not favoured.

Remarks in connection with notifiable infectious diseases are attached to the appendix on that subject.

Works in connection with new sewerage schemes are in progress at Marton, Gisborne, Hastings, and Woodville, and it is proposed to extend the existing schemes at Feilding and Wanganui.

Blenheim, Mangaweka, Westport, and Waitara propose installing new schemes of sewerage. A poll of ratepayers has been taken at Blenheim, and definite schemes are being considered. At Mangaweka a scheme has been approved, and is being put into operation.

New water-supply works are being installed in connection with the sewerage scheme at Mangaweka. At Blenheim it is proposed to install a public water-supply, and this is being considered in conjunction with the sewerage scheme. Marton is also installing a new supply.

At Wellington a new dam has been completed at Wainuiomata, which will greatly improve the city supply.

With regard to dangerous infectious diseases, none having occurred in the district during the year, I have not made out an appendix for this. The only case regarding which any suspicion arose was one brought under notice by the medical attendant on account of slight pustular skin trouble having arisen.

Attached hereto are appendices, being tables and data upon the following matters relating to this district: Notifiable infectious diseases, arranged in geographical order of hospital districts, with counties, boroughs, and town districts contained therein; provision for infectious diseases; Midwives Act; disinfection of oversea goods; water-supplies and sewage-disposal; sanitary inspections; special inspections by District Health Officer; special reports by District Health Officer; sanitary condition of Native race; legal proceedings; by-laws; quarantine; immigration restriction; Sale of Food and Drugs Act; legal proceedings under Sale of Food and Drugs Act.

HERBERT CHESSON, M.R.C.S.(Eng.), D.P.H. (Lond.), &c.,
District Health Officer.

CANTERBURY AND WESTLAND.

To the Chief Health Officer.

I have the honour to submit the following report for this district for the year ending 31st December, 1911.

The district under my charge now comprises the whole of the South Island except the District of Marlborough and of that portion of Nelson north of Inangahua County.

Dr. Champtaloup is still responsible for the administration of the Public Health Act in regard to infectious diseases in the Otago District, but the administration of the district in respect to general sanitary matters was handed over to me shortly before the end of the year. Dr. Champtaloup is reporting on this district for this year.

The most important work of the year has been the entire reorganization of the administration of the Public Health Act rendered necessary by the provisions of the Hospitals and Charitable Institutions Act, 1909, and its Amendment, 1910, which gave the Hospital and Charitable Aid Boards entirely new powers under the Public Health Act. This change has caused a greater advance to be made in this district in the administration of public-health matters than has taken place since the passing of the Public Health Act and the institution of the Health Department.

The Hospital Boards, with the exception of Westland, accepted and carried out my recommendations with regard to the appointment of Inspectors and the carrying-out of their duties. I owe the Hospital Boards many thanks for co-operating so willingly with the Department in this matter.

With one exception, whose period of office was very short, these appointments have, I believe, been entirely satisfactory to the Boards; and I think the Boards and the Department are to be congratulated on having been able to obtain as Inspectors an exceptionally good lot of men, who carry on their duties with tact and enthusiasm. Some of these Inspectors are proving very "handy" men, as, in addition to their routine duties, they have been able to assist the Boards in matters of heating, lighting, and drainage of institutions under the control of the Board. More use might be made of them in some districts in inquiring into the circumstances of persons in receipt of charitable aid, or who are indebted to the Board for Hospital treatment.

The dual control of the Inspectors by the Hospital Boards and the Department, which might have been given as a theoretical objection to the scheme, has not as yet given rise to any friction, and, although no hard-and-fast rules are laid down on the matter, any difficulty in this way, may, I hope, continue to be an imaginary one.

In carrying out this reorganization I received invaluable assistance from Miss Symes, as clerk, in rearranging files and dealing with the increased correspondence with local bodies. Miss Symes, who

has been in this office since its commencement, has now, for private reasons, permanently severed her connection with the Department. After an interval a satisfactory substitute has been found in Miss E. L. Rowe.

To secure instruction for Sanitary Inspectors a class for Inspectors of Nuisances was at my request arranged for by the Technical College in Christchurch, and was attended by twenty-six students. The lectures and practical demonstrations were given by Inspector Kershaw and myself. An examination by the New Zealand Branch of the Royal Sanitary Institute was held in Christchurch in December. It is to be hoped that now facilities are given for the obtaining of this certificate local bodies will only appoint persons holding this certificate as Inspectors for full-time appointments.

Inspector Kershaw has given great assistance in training Inspectors who have been temporarily attached to this office before being permanently appointed to hospital districts: he has also assisted in the compilation of by-laws for local bodies.

Inspector Middleton has been attached to this office for special work since leaving the West Coast in July. He was at first fully occupied in seeing to the enforcement of the Plague Regulations and in carrying out special inspections. After Miss Symes left he assisted in the office in keeping going the office routine until Miss Rowe was appointed and became accustomed to the office routine.

I attach herewith appendices dealing with the following matters: Notifiable infectious diseases; dangerous infectious diseases; provision for infectious diseases; private hospitals and midwives; water-supplies, &c.; sanitary inspections, with Inspector's returns; special inspections; insanitary buildings; special reports; sanitary condition of Native race; instruction for Sanitary Inspectors; by-laws; Quarantine Immigration Restriction Act; Sale of Food and Drugs Act, with table of returns and legal proceedings; offensive trades.

I have, &c.,
H. E. FINCH, M.B., B.S., D.P.H.,
District Health Officer.

OTAGO.

To the Chief Health Officer.

Since the Department issued complete sets of outfits in which to forward specimens to the laboratories for report considerable advantage has been taken by medical practitioners of the facilities afforded. Still, however, a number of practitioners will not take the trouble to forward specimens to confirm their diagnosis in diphtheria, typhoid-fever, and pulmonary tuberculosis, and on several occasions the Hospital Board has been put to the expense of sending Inspectors long journeys to investigate or disinfect in cases which have turned out to be incorrectly diagnosed. We have made it a practice now, however, to request material for laboratory diagnosis in all cases where these infectious diseases are notified without the diagnosis being confirmed.

The notification of hydatids has almost fallen into abeyance, and it would be well if the medical profession were circularized drawing their attention to the fact. The public-health aspects require attention in this district, but no scheme could be complete without a survey of its incidence on the whole Dominion.

As I have previously pointed out, School Committees and headmasters are far too prone to close their schools when an epidemic of infectious disease appears amongst the scholars. In some cases this school closure is quite unnecessary and can serve no useful purpose.

On two occasions during the year I consulted with the Christchurch Hospital Board concerning the appointment of a Clinical Pathologist and Bacteriologist. The Board has now very wisely made a full-time appointment, and in Dr. Pearson, who is shortly to take up his duties, the Canterbury District has secured the services of an energetic and capable officer.

Owing to the limited opportunities which the Inspectors in any one centre have of furthering their experience, it might be advisable to interchange Inspectors for a few weeks every two or three years, or even to send them in turn to Sydney or Melbourne.

Regarding the instruction of medical practitioners in the more recent methods of therapeutic immunization such as bacterial vaccines, tuberculins, sera, &c., owing to the difficulty which medical practitioners experience in getting away for post-graduate instruction, it might be well if the departmental bacteriologists organized some scheme of instruction in their districts at central places. Small outfits could be carried, and instruction given by arrangement in the more simple laboratory methods of diagnosis and treatment, and in the modern uses of bacterial vaccines, sera, tuberculins, &c. Such instruction would, I have no doubt, be welcome to the practitioners, and indirectly of great good to the community.

The scope of the work covered by the laboratory continues to enlarge, but all purely pathological material is examined in Professor Roberts's laboratory, and is not included in the attached report.

A growing feature of the work, and one which I think should be encouraged, is the correspondence passing between medical practitioners and the laboratory in the matter of diagnosis and treatment by tuberculins, bacterial vaccines, and sera. It is our aim to have available the most recent information on these subjects, and to advise those seeking our help.

I think the time has come when the Department should make arrangement for the manufacture and supply locally of the more commonly used bacterial vaccines and tuberculins. Numerous requests are received for freshly prepared material, and until the matter is put on a proper footing we cannot cope with them.

Owing to the want of space in the rooms available, new laboratories in the Dunedin Hospital buildings were equipped during July of this year. The new accommodation consists of a large general laboratory, culture media room, centrifuge room, work-room, and waiting-room for patients, and practical class-room to accommodate eighteen students.

There are branches of the laboratory work bearing on public-health questions which ought to be undertaken, but which we cannot face without increased assistance and accommodation. For instance, only one sample of milk was received for detection of tubercle, whereas, under the Sale of Food and Drugs Act, the Department should be responsible for the examination of the milk as delivered in Dunedin from over three hundred dairymen.

Owing to the increased demand on my time for University, Hospital, and Laboratory appointments, towards the end of the year you relieved me of the administrative control of my district, that duty being taken over by Dr. Finch. This enables me to devote more time to the scientific branches of the departmental work.

Inspector Cameron, who was until recently stationed at Invercargill, has been promoted to Dunedin, and from here undertakes such departmental work in the Otago Province which does not fall within the duties of the Hospital Board's Inspectors.

In January, James Craighead, and in April, W. M. Armour, were appointed Sanitary Inspectors by the Hospital Board, and have discharged their duties faithfully and well during the year.

During the year my laboratory assistant, Mr. Andrew Logan, has yielded faithful service, and during my enforced absence from work during two months of the year the greater part of the work was efficiently and satisfactorily carried out under his supervision.

I have likewise to thank my colleagues on the University and Hospital staffs for their co-operation and advice.

Appended hereto is a detailed laboratory report, and tables and data relating to other matters.

I have, &c.,

SYDNEY T. CHAMPTALOUP, M.B., Ch.B., B.Sc. (P.H.).

B. APPENDICES TO THE REPORTS OF THE DISTRICT HEALTH OFFICERS FOR THE YEAR 1911.

INFECTIOUS DISEASES.

The diseases declared to be infectious diseases in the meaning of the Public Health Act, and consequently notifiable, are as follows: Scarlet fever, scarlatina, diphtheria, enteric fever, tuberculosis, puerperal fever (including milk-fever, sapræmia, acute sepsis, septicæmia), plague, smallpox, leprosy, cholera, actinomycosis, hydatids, beri-beri, blood-poisoning, cerebro-spinal meningitis (including cerebro-spinal fever, cerebral typhus, spotted fever, petechial fever, malignant purpuric fever), typhus fever.

The following table shows the number of cases of infectious disease notified throughout the Dominion:—

Nature of Disease.	Health District.				Total.
	Auckland.	Wellington, Hawke's Bay, Marlborough, and Nelson.	Canterbury and Westland.	Otago and Southland.	
Scarlet fever	367	1,061	589	345	2,362
Diphtheria	223	322	202	121	868
Enteric fever	346	357	51	38	792
Tuberculosis	177	278	130	134	719
Blood-poisoning	55	34	15	8	112
Hydatids .. .. .	..	11	2	4	17
Plague	8	..	..	..	8
Totals	1,176	2,063	989	650	4,878

The following table shows infectious diseases more prevalent in hospital districts during the year ended 31st December, 1911 :—

Health District.	Hospital District.	Scarlet Fever.	Diph- theria.	Enteric Fever.	Tuber- culosis.	Blood Poison- ing.	Total.
Auckland	Bay of Islands ..	3	9	3	7	1	23
	Marsden-Kaipara ..	28	3	38	2	4	75
	Auckland	185	116	120	108	31	560
	Waikato	58	59	89	38	7	251
	Thames	64	14	63	9	1	151
	Coromandel	2	4	3	3	..	12
	Waihi	19	14	16	4	4	57
	Bay of Plenty ..	8	4	14	6	7	39
Wellington, Hawke's Bay, Nelson, and Marlborough	Cook	31	2	123	6	5	167
	Waiapu .. ..	..	..	100	1	..	101
	Wairoa	1	6	9	17	2	35
	Hawke's Bay ..	122	17	18	29	8	194
	Waipawa	7	6	2	4	..	19
	Taranaki	12	4	14	13	2	45
	Stratford	4	..	5	2	1	12
	Hawera	25	1	2	9	1	38
	Patea	7	4	..	10	..	21
	Wanganui	292	37	17	45	3	394
	Palmerston North ..	86	25	2	16	2	131
	Wellington	310	184	40	89	8	631
	Wairarapa	63	18	15	28	..	124
	Picton	22	11	4	4	..	41
	Wairau	36	1	3	5	..	45
Nelson	29	6	2	..	..	37	
Buller	14	..	1	..	2	17	
North Canterbury and Westland	Westland	5	..	1	1	1	8
	Inangahua	2	11	1	16	2	32
	Grey	8	..	5	3	..	16
	North Canterbury ..	418	134	28	95	10	685
	Ashburton	48	10	..	12	1	71
South Canterbury ..	108	47	16	3	1	175	
Otago and Southland ..	Waitaki	9	..	1	17	..	27
	Otago	229	61	16	74	3	383
	Vincent	18	..	12	5	..	35
	Maniototo .. ..	..	3	..	..	..	3
	Southland	71	54	9	32	7	173
Wallace and Fiord ..	18	3	..	6	..	27	
		2,362	868	792	719	114	4,855

The following tables show the notifications per month of the infectious diseases more prevalent in local authorities' districts during the year ended 31st December, 1911.

The following return shows the incidence of the more prevalent notifiable infectious diseases in boroughs during the year ended 31st December, 1911:—

Hospital District.	City or Borough.	Population.	Scarlet Fever or Scarlatina.		Diphtheria.		Enteric or Typhoid Fever.		Tuberculosis.		Blood-poisoning.	
			Cases.	Removed to Hospital.	Cases.	Removed to Hospital.	Cases.	Removed to Hospital.	Cases.	Removed to Hospital.	Cases.	Removed to Hospital.
<i>Auckland Health District.</i>												
Marsden-Kaipara ..	Whangarei ..	2,664	5	3	..	..	..	..	..	..	..	..
	Dargaville ..	1,291	1	..	..	..	..	..	..	..	..	..
Auckland ..	Auckland ..	40,536	61	20	31	22	58	27	46	7	10	3
	Birkenhead ..	1,703	5	1	1	1	..	..	..	..	1	..
	Devonport ..	7,041	6	3	4	..	3	..	4	..	2	..
	Grey Lynn ..	7,454	13	1	9	6	6	3	4	..	..	..
	Mount Albert ..	6,700	18	2	9	6	13	7	8	..	2	..
	Mount Eden ..	9,381	8	1	20	13	8	2	6	..	6	2
	Northcote ..	1,422	..	..	..	..	..	..	..	..	..	..
	Newmarket ..	2,780	1	1	3	1	2	1	1	..	1	1
	Onehunga ..	4,651	2	..	6	6	1	1	3	..	..	..
	Parnell ..	5,465	5	2	5	3	2	1	4	..	..	..
Waikato ..	Hamilton ..	3,542	11	4	13	7	9	4	5	..	..	..
	Taumarunui ..	1,128	..	..	3	..	8	8	..	..	1	..
	Cambridge ..	1,463	2	..	1	..	..	..	..	..	..	..
	Te Aroha ..	1,298	..	..	..	..	..	..	..	..	1	1
	Te Kuiti ..	1,266	1	1	2	..	1	1	3	..	1	..
Thames ..	Thames ..	3,591	10	5	5	3	11	8	7	4	..	..
Waihi ..	Waihi ..	6,436	19	19	14	14	16	14	4	1	4	4
Bay of Plenty ..	Tauranga ..	1,346	2	..	..	..	1	..	..	..	5	..
<i>Wellington Health District.</i>												
Cook ..	Gisborne ..	8,196	27	..	2	..	35	..	2	..	3	..
Wairoa ..	Wairoa ..	1,097	1	1	2	1	3	2	5	1	..	..
Hawke's Bay ..	Napier ..	10,537	10	6	15	7	9	4	15	3	..	..
	Hastings ..	6,286	65	7	2	2	4	4	9	2	2	1
Waipawa ..	Waipawa ..	1,083	1	..	..	..	..	..	..	..	..	..
	Dannevirke ..	3,368	6	..	..	..	..	..	2	..	..	..
	Woodville ..	1,165	..	..	3	..	..	..	1	..	..	..
Taranaki ..	Waitara ..	1,452	..	..	..	..	..	..	1	..	..	..
	New Plymouth ..	5,238	..	..	..	..	2	2	6	..	..	..
	Inglewood ..	1,273	8	..	1	..	..	..	..	..	..	..
Stratford ..	Stratford ..	2,639	2	..	..	..	5	..	1	1	1	1
Hawera ..	Hawera ..	2,685	4	4	..	..	..	..	3	1	..	..
	Eltham ..	1,737	1	1	1	..	..	..	4	1	..	..
Patea ..	Patea ..	919	1	1	1	..	..	..	4	1	..	..
Wanganui ..	Wanganui ..	10,929	66	27	11	5	6	4	23	6	1	..
	Wanganui East ..	1,737	21	11	2	..	..	..	1	1	..	..
	Marton ..	1,438	9	3	1	..	..	1	2	..	..	..
	Taihape ..	1,577	23	..	2	..	..	..	1	1	1	..
Palmerston North ..	Feilding ..	3,161	4	..	..	..	..	..	4	..	..	..
	Foxton ..	1,637	2	..	1	..	1	..	3	..	..	..
	Palmerston North ..	10,991	37	32	19	..	..	..	3	2	1	1
Wellington ..	Levin ..	1,608	3	..	1	..	4	1	..	..	..	..
	Petone ..	6,640	18	1	5	2	3	1	1	1	..	..
	Lower Hutt ..	4,240	21	3	1	1	..	..	1	..	..	..
	Eastbourne ..	560	3	..	1	..	..	..	1	..	..	..
	Wellington ..	64,372	187	127	143	62	20	14	70	26	6	3
	Miramar ..	1,630	3	2	13	6	1	..	2	1	..	..
	Karori ..	1,449	5	3	6	1	..	..	1	..	1	1
	Onslow ..	1,789	4	2	3	..	2	1	4	..	1	1
Wairarapa ..	Pahiatua ..	1,358	5	..	1	1	1	1	3	3	..	..
	Eketahuna ..	806	..	..	2	..	8	8	..	..	..	..
	Masterton ..	5,182	13	8	..	..	1	..	10	5	..	..
	Carterton ..	1,546	3	2	4	1	..	..	..	..	..	..
	Greytown ..	1,042	3	..	1	..	..	..	1	..	..	..
Marlborough ..	Blenheim ..	3,771	21	8	..	..	2	2	2	2	..	..
Picton ..	Picton ..	1,361	5	..	1	1	..	..	1	1	..	..
Nelson ..	Nelson ..	8,051	9	..	1	..	..	..	..	..	..	..
	Richmond ..	703	..	..	..	..	..	..	..	..	..	..
	Motueka ..	1,229	2	..	..	..	2	..	..	..	4	..
Buller ..	Westport ..	4,729	..	..	..	..	..	..	..	..	1	..
<i>Canterbury and Westland Health District.</i>												
North Canterbury ..	Rangiora ..	1,834	..	..	1	..	..	..	1	..	..	..
	Kaiapoi ..	1,823	5	1	1	..	2	..	2	..	..	..
	Christchurch ..	53,116	188	111	69	45	18	14	49	37	6	3
	Woolston ..	3,412	44	28	8	6	..	..	3	1	..	..
	Akaroa ..	622	..	..	..	..	..	..	..	..	..	..
	Spreydon ..	3,286	5	2	5	1	1	..	5	1	..	..
	Sumner ..	1,751	17	12	3	..	..	..	1	..	1	1
	New Brighton ..	1,696	5	2	1	..	..	..	5	..	..	..
	Lyttelton ..	4,058	9	4	3	1	1	1	6	1	..	..
Ashburton ..	Ashburton ..	2,671	10	..	2	1	..	..	6	1	1	..

Hospital District.	City or Borough.	Population	Scarlet Fever or Scarletina.		Diphtheria.		Electric or Typhoid Fever.		Tuberculosis.		Blood-poisoning.	
			Cases.	Removed to Hospital.	Cases.	Removed to Hospital.	Cases.	Removed to Hospital.	Cases.	Removed to Hospital.	Cases.	Removed to Hospital.
<i>Canterbury and Westland Health District—continued.</i>												
South Canterbury	Geraldine	945	12	1	2	..	1	..	1	..	..	..
	Temuka	1,741	..	..	1	..	..	..	2	..	..	..
	Timaru	11,280	46	34	30	22	9	6	..	5*	..	..
Westland	Waimate	1,762	..	..	..	..	2	..	..	..	..	..
	Kumara	783	3	..	..	..	..	..	..	..	..	..
	Hokitika	2,291	..	..	..	..	..	..	..	..	..	..
	Ross	643	..	..	..	..	..	..	..	..	1	..
Grey	Brunner	1,007	..	..	..	..	..	..	..	..	..	..
	Greymouth	5,469	..	..	..	..	2	..	1	..	..	..
<i>Otago and Southland Health District.</i>												
Otago	Palmerston	792	1	..	..	..	..	..	2	1	..	..
	Port Chalmers	2,100	3	..	..	..	..	..	2	..	..	..
	West Harbour	1,651	..	..	..	..	..	..	1	..	..	..
	Waikouaiti	688	1	..	..	..	..	..	..	..	..	..
	Dunedin	41,529	104	30	26	17	6	3	25	41*	2	1
	Roslyn	5,744	19	4	21	10	3	1	4	..	..	..
	Maori Hill	2,216	6	..	..	..	..	..	4	..	..	..
	Mornington	4,679	14	3	2	1	..	..	8	..	..	..
	St. Kilda	4,137	11	1	2	1	..	..	4	2	..	..
	Green Island	1,872	17	3	1	..	..	..	..	..	..	..
	Mosgiel	1,596	..	..	2	..	..	..	2	3*	..	..
	Milton	1,347	2	..	1	..	..	..	..	..	..	..
	Kaitangata	1,567	7	..	..	..	..	..	2	2	..	..
	Balclutha	1,261	1	..	1	..	..	..	2	..	..	..
	Lawrence	911	1	..	1	..	..	..	1	..	..	..
	Roxburgh	441	2	..	..	..	..	..	1	1	..	..
	Tapanui	332	3	..	..	..	1	1	..	..	..	..
Waitaki	Oamaru	5,152	7	..	..	..	1	..	9	3	..	..
	Hampden	346	..	..	..	..	..	..	..	..	..	..
Vincent	Alexandra	772	12	..	..	..	5	..	3	5*	..	..
	Cromwell	587	..	..	..	..	..	..	..	..	..	..
Maniototo	Naseby	310	..	..	..	..	..	..	..	..	..
Southland	Queenstown	696	..	..	..	..	..	..	1	..	..	..
	Invercargill South	1,388	..	..	..	..	..	..	..	..	..	..
	Invercargill	12,782	17	7	7	4	3	1	15	3	4	..
	Arrowtown	406	..	..	..	..	..	..	..	..	..	..
	Gore	3,258	1	..	29	..	..	..	4	1	1	..
	Campbelltown	1,780	3	..	..	..	..	..	1	..	..	..
	Mataura	1,199	4	..	..	..	..	..	..	..	..	..
Wallace and Fiord	Winton	564	1	..	1	..	..	..	..	..	..	..
	Riverton	936	..	..	..	..	..	..	1	..	..	..
		505,598										

* In some cases the number of cases of tuberculosis removed to hospital is greater than those notified, owing to cases from previous years being included.

SUMMARY.

	Number of Cases.	Removed to Hospital.	Rate of Incidence per 1,000 of Population.
Scarlet fever	1,345	545	2.660
Diphtheria	588	281	1.163
Enteric fever	305	147	0.603
Tuberculosis	456	179	0.902
Blood-poisoning	72	24	0.014

General.

Dr. Makgill (Auckland) reports:—

The notification of infectious disease, though 471 fewer than in 1910, are still some couple of hundred in excess of the normal number, the excess being accounted for by the tardy abatement of the scarlet-fever epidemic in 1910, and by the somewhat heavy record of enteric fever, but which increase occurred in country districts, and of which the Maori epidemics, referred to in another place, account for 85 of the 194 recorded in country districts. The total number of notifications is 1,176.

For five years,—

1907	877	1910	1,640
1908	970	1911	1,176
1909	629		

Comparing last year's notifications with those of the previous year we find,—

Scarlet fever	Decrease	627	Blood-poisoning	Decrease	4
Diphtheria	..	34	Plague	..	Increase 5
Enteric fever	Increase	149	Net decrease	..	(cases) 471
Tuberculosis	..	40			

The following cases were sent to the General Hospital at Auckland by order of the District Health Officer :—

Scarlet fever	..	..	41	Blood-poisoning	..	..	2
Diphtheria	..	..	41	Plague	..	..	7
Enteric fever	..	..	52				
Tuberculosis	..	..	2				145

Dr. Finch (Canterbury) reports :—

As the Hospital and Charitable Aid Board were constituted the local authority for the purpose of the Public Health Act, so far as it relates to the prevention of infectious disease by section 5 of the Hospital and Charitable Institutions Amendment Act, 1910, a considerable amount of time was occupied in interviewing Hospital Boards and arranging for the appointment of suitable Inspectors to carry out the duties in relation to the prevention of infectious diseases. These arrangements were practically completed by the 1st April, 1911, so that the Hospital Boards were able to take over these duties throughout the district on that date. There is no doubt that this arrangement has been extremely useful and beneficial, as now practically every case of infectious disease notified is promptly investigated, and arrangements made for removal to hospital or isolation at home.

Now that sufficient Inspectors are available in different parts of the district it is possible to make the routine of investigations and precautionary measures more complete.

The Hospital Boards have now direct knowledge of the number of infectious diseases in their district, whereas before they were only acquainted with the number that were removed to the infectious-diseases hospital under their control.

Dr. Champaloup (Otago) reports :—

An outstanding feature of the infectious diseases generally in this district is the mild character of the attacks in the great majority of cases, which is in marked contrast to what pertains in the Old Country.

Three cases of cerebro-spinal meningitis, all fatal, occurred in the district during the year. Two of the cases were admitted to the Dunedin Hospital, where a complete bacteriological investigation was made, and the meningococcus found in the cerebro-spinal fluid. No cause could be detected, and none of the patients or contacts had been out of this country.

In view of the recent epidemic of acute poliomyelitis in the Old Country, in some cases confused with cerebro-spinal meningitis, it is interesting to note that there were two cases, both fatal, in the Otago Hospital District during the year. No connection could be traced between the two. The cerebro-spinal fluid appeared sterile to all laboratory investigation. The pathological finding was that of an acute ascending myelitis resembling Landry's paralysis.

Scarlet Fever.

Dr. Makgill (Auckland) reports :—

The cases notified from the health district during the last five years are,—

1907	..	..	266	1910	..	..	994
1908	..	..	195	1911	..	..	367
1909	..	..	124				

The monthly returns show that during the earlier part of the year we still were suffering from the general epidemic of scarlet fever which started in March of the previous year. Subsequent to June the notifications fell to one-half those received during the six months previous, and now the epidemic seems to be well under control. Town and country seem to have suffered alike, only the most isolated districts escaping. Again it is satisfactory to record the mildness of type, since no deaths are recorded as from scarlet fever.

Dr. Chesson (Wellington) reports :—

The total number of reported cases for this year—viz., 1,061—shows a marked increase on that of last year, which was only 443. The epidemic has affected the whole district, but naturally the greater number of cases have occurred in the more densely populated centres. The outbreak has, fortunately, been of a very mild nature—so much so that many cases have escaped observation until in the peeling stage, and there can be little doubt that a great number have escaped observation altogether; and this no doubt accounts for the extent of spread, the unrecognized cases having, of course, continued to mix with other children. Many cases have also been diagnosed by parents and others as measles, and, having received no medical attention, have not been isolated until some officer of this Department or of the Hospital Boards has noticed suspicious symptoms, and has either brought the case under my notice or obtained an outside medical opinion. Following on a report from Inspector Wilson, I visited Turakina and there discovered five cases of undoubted scarlet fever previously unrecognized, one being a fruit and sweetstuff vendor.

The outbreak was at its height in May, having gradually increased during the preceding months and declined equally gradually during the latter months of the year.

Dr. Finch (Canterbury) reports :—

A widespread outbreak of scarlet fever commenced in April and continued in most of the districts until the end of the year. In North Canterbury it was chiefly confined to Christchurch and suburbs, and in South Canterbury to Timaru; whereas in Ashburton and Southland there were more cases in the country districts than in the towns of Ashburton and Invercargill.

The last epidemic of scarlet fever in Christchurch occurred in 1903 and 1904, in which years there were respectively 433 and 453 cases notified in Christchurch and suburbs; whereas this year there were 338 cases. There will not presumably be another epidemic for about another five years.

The epidemic was of a mild type with a few exceptions, and there were only two fatal cases in Canterbury and none elsewhere.

Dr. Champtaloup (Otago) reports:—

In March and April an outbreak of a mild type occurred at Beaumont. A similar outbreak occurred at Green Island in November and December, and was traced to three mild cases which were not diagnosed until the stage of desquamation. Only one death occurred in the district out of 229 cases notified.

Diphtheria.

Dr. Makgill (Auckland) reports:—

The cases of diphtheria recorded throughout the health district for the last five years are:—

1907	..	..	159	1910	..	..	257
1908	..	..	109	1911	..	..	223
1909	..	..	122				

Diphtheria was, unfortunately, again above the average incidence, though somewhat lower than in 1910. The monthly returns show that in April, May, June, and July the cases were most frequent. The first three of these were very wet cold months. With the warmer drier weather in early spring the incidence declined. There was no very definite epidemic, but cases were fairly evenly distributed over town and country districts. The outlying suburbs of Auckland escaped fairly well, but among the more populous suburban boroughs cases were frequent, Mount Eden Borough especially suffering. It is probable that lack of drainage facilities and the consequent continued pollution of the soil near the houses has much influence in spreading diphtheria.

Of the country districts the Waikato suffered most severely, Cambridge Borough alone escaping lightly. No cases occurred in Te Aroha, which is now well drained. On the other hand, in Waihi, which has no drainage facilities, 14 cases were notified.

The mortality was again low throughout, only six deaths from diphtheria being recorded.

Dr. Chesson (Wellington) reports:—

The incidence of this disease is slightly less than last year—viz., 322, as against 341. Only five deaths have been recorded—1.55 per cent. Of the total number of cases, Wellington City contributed 143, other large centres—viz., the Boroughs of Napier, Wanganui, and Palmerston North—contributing a further 47 cases, the remainder of the cases being spread in a more or less isolated manner over the country districts, the only county at all badly affected being Wanganui, with 11.

As far as monthly incidence is concerned, this appears to have been fairly evenly distributed, with slight increase between the months of May and September.

Dr. Finch (Canterbury) reports:—

There has been a considerable increase in the cases of diphtheria in both Christchurch and Timaru.

In Christchurch City there was one death, but there were six fatal cases from the country districts. There was an epidemic of a mild type in Gore without any deaths occurring.

Dr. Champtaloup (Otago) reports:—

An outbreak occurred during April and May in the Kaikorai district of Roslyn, which was traced to a fatal case primarily diagnosed as quinsy. Though confined to a small area, considerable difficulty was experienced in stamping out this outbreak, partly owing to the insanitary condition of the area in question. Diphtheria is endemic in the Kaikorai district, and will not be satisfactorily controlled till the drainage scheme which is in contemplation is completed.

Enteric Fever.

Dr. Makgill (Auckland) reports:—

The cases of enteric fever recorded throughout the health district for the past five years are:—

1907	..	..	193	1910	..	..	197
1908	..	..	391	1911	..	..	346
1909	..	..	206				

The somewhat heavy record of enteric fever, showing an increase of 149 over the previous year, is largely attributed to the outbreaks in various Native settlements and the European contacts therewith. This is shown best as follows:—

	1910.	1911.	Increase.
City and suburban cases	100	110	10
Rural districts	92	231	139

Of these 139 cases, we can attribute many to the outbreaks in Native camps at Ripia, Ahipara, and Kawhia. Considerable epidemics among Maoris were notified from Te Puke and Ohinemuri in the autumn, while 11 cases occurred in a Native bushfelling camp near Rotorua in November and December. The outbreak at Ahipara was exceptionally severe, some 35 cases being known, while many others had either died or recovered before we were made aware of the existence of the disease. In the Northern Wairoa district 24 Native cases were notified, and doubtless many others also occurred of which we knew nothing. At both these places it was found necessary to organize temporary hospitals for the treatment of these cases owing to the isolation and the number to be dealt with; while, again, at Kawhia this was done in a smaller epidemic owing to the impossibility of getting the cases to the

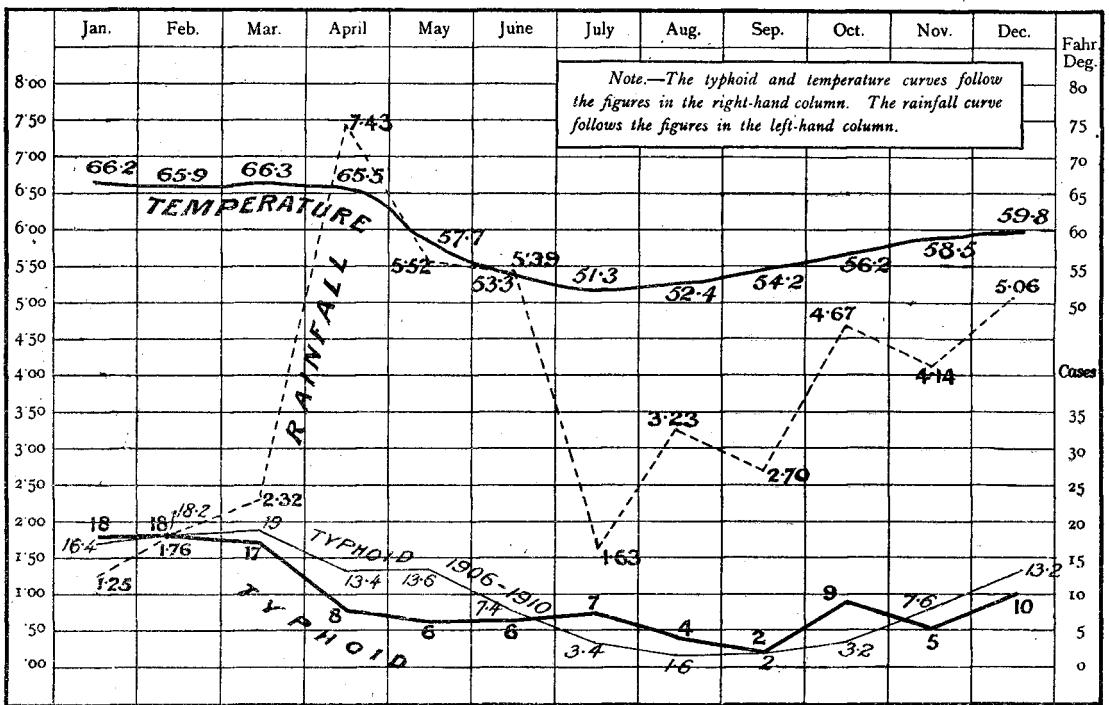
Waikato Hospital. It is probable that quite a third of the cases notified during the year were Maoris. Among the European population, therefore, there was no very alarming increase, and the high figures for the year can in part be attributed to the fact that the Health Department has taken over the administration of the Native medical service, and consequently there is now some systematic investigation into the sanitary condition of these people. A number of cases which were formerly ignored are therefore now being notified.

Apart from this, typhoid was prevalent in the district, especially during the first four months of the year. An examination of the meteorological table shows that the first three months were exceptionally dry, and doubtless this had the effect of increasing the typhoid rate. The heavy rainfall in April and May appeared to check the disease, but the very dry winter was followed in spring by a recrudescence of the disease. It is interesting to note that in spite of the generally high incidence Auckland City had only 58 cases, or one less than last year. In the suburban boroughs, however, there were 35 cases, compared with 14 the previous year, Mount Eden and Mount Albert suffering most severely. Onehunga had but 1 case, possibly a result of the thorough cleansing which was necessitated by the appearance of plague there early in the year. Rotorua and Thames Counties and Waihi Borough suffered severely largely owing to the Native element. In the Boroughs of Cambridge, Te Aroha, and Whangarei no cases were notified.

The accompanying chart shows the relation of temperature, rainfall, and typhoid so far as Auckland and the suburban boroughs and road districts are concerned.

Typhoid Fever.

Auckland and Suburban Boroughs and Road Districts, 1911.—Typhoid, Temperature, and Rainfall Curves.



The thin typhoid line exhibits the average monthly cases during five years, 1906-10.

Dr. Chesson (Wellington) reports:—

There have been more cases this year—viz., 357, as against 233 last year.

An epidemic of somewhat serious proportion occurred in the Waiapu and Cook Hospital Districts, the former having 100 and the latter 123 reported cases. This was chiefly confined to the Maori population, and was due to the habits and insanitary surroundings of the Maoris as regards their habitations and total disregard of ordinary care and cleanliness. In Waiapu, where, on the advice of the Department, active measures were taken by the Hospital Board—isolation camps being established and an Inspector appointed to carry out measures of isolation, disinfection, &c.—the disease was speedily reduced from 35 cases in April to 8 in the two following months, and gradually down to only 1 in October and 2 in November and December, and at the time of writing this report there are no cases in that district.

I regret having to point out that in the neighbouring district of Cook—where at no time did the total cases in one month equal those in Waiapu—the disease still kept up, and in December 19 cases were reported. Since then, however, an Inspector has been appointed, and active measures put into operation.

Another outbreak occurred in the Taranaki District, but did not assume such large proportions, and was speedily checked by active measures. Hawke's Bay, Wairoa, Wanganui, and Wellington

were also affected to a lesser extent. A series of cases at Eketahuna amongst Europeans was traced to a convalescent from Masterton visiting a boardinghouse and sleeping with his brother while there. As regards this disease amongst the Maoris, there is no doubt that the appointment of the nurses for Maoris will tend to bring to light cases in their early stages, and thus check further infection.

Dr. Finch (Canterbury) reports :—

There were 28 cases of typhoid fever notified in the North Canterbury Hospital District, including 18 in Christchurch, a larger number than usual, but there were no fatal cases.

In the Vincent Hospital District there were 12 cases, including 5 in Alexandra. There was 1 fatal case from the Vincent County.

As most of the cases were employed on dredges, and possibly got the infection from drinking water from the Molyneux River, placards were this year posted on the dredges and in public places in the district warning persons not to drink water from the Molyneux River or its tributaries.

Dr. Champtaloup (Otago) reports :—

Sixteen cases occurred in the district during the year, 1 being fatal. Medical practitioners in the affected areas have been advised of the advantage of prophylactic inoculation against typhoid fever, and several have availed themselves of the facilities which the Department has offered, and have inoculated those in their charge who are most likely to be exposed to the infection. The risks which members of the nursing profession run in nursing enteric cases in hospital and elsewhere have been pointed out, and in the Dunedin Hospital 16 of the nurses attached to the enteric wards offered themselves for prophylactic injection.

Tuberculosis.

Dr. Makgill (Auckland) reports :—

The cases notified from the health district in the last five years are,—

1907	..	..	..	190	1910	..	..	..	137
1908	..	..	..	191	1911	..	..	..	177
1909	..	..	..	118					

Dr. Chesson (Wellington) reports :—

The increase in reported cases—from 199 last year to 278 this year—is probably due in a large measure to a greater proportion of the cases coming under the observation of medical practitioners being notified by them than has previously been the case.

Dr. Finch (Canterbury) reports :—

The notification of tuberculosis continues to be very unsatisfactory, especially as far as the notification of the earlier cases are concerned. It is to be hoped that a tuberculosis dispensary will be started in Christchurch during this year. There is a great need for the person who is in the early stages of tuberculosis to be given every encouragement to present himself for examination to a medical man or at the dispensary.

Dr. Champtaloup (Otago) reports :—

One hundred and thirty-four cases have been notified, with 84 deaths. Last year 138 cases were notified, and 107 deaths. No comparison can be made, however, as last year's figures include the whole of Otago and Southland.

During the year a tuberculosis dispensary was started in connection with the bacterial vaccine out-patient department of the Hospital, and a nurse was trained at the Palmerston Sanatorium to undertake the investigation of all cases attending the dispensary. Until, however, a permanent medical officer is appointed at the Palmerston Sanatorium, who shall control all cases of tuberculosis in the Otago Hospital District, and attend to the work of the dispensary, no great good can come from this movement.

A much-felt want has been supplied by the Hospital Board in providing shelters in the Hospital ground for cases of pulmonary tuberculosis which are too advanced to be sent to the Palmerston Sanatorium.

Blood-poisoning and Puerperal Fevers.

Dr. Makgill (Auckland) reports :—

The cases notified during the last five years are,—

1907	..	..	..	66	1910	..	..	..	52
1908	..	..	..	84	1911	..	..	..	55
1909	..	..	..	59					

The 56 cases in 1911 were,—

Puerperal septicaemia	..	..	..	22	Ptomaine poisoning	..	..	..	5
Erysipelas	..	..	..	15	Plague	..	..	..	8
Tetanus	..	..	..	2	Unclassified	..	..	..	3

Dr. Chesson (Wellington) reports :—

The incidence of puerperal fever shows very little change from last year—34, as against 35.

Dr. Champtaloup (Otago) reports :—

Three cases of puerperal septicaemia were notified, with 2 deaths. Nine cases of erysipelas were notified, with 1 death.

Hydatids.

Dr. Champtaloup (Otago) reports :—

Four cases were notified during the year.

An unusual number of cases of this disease come from that portion of South Dunedin supplied from the Silverstream Reservoir. The water-supply is brought from the gathering-ground to the reservoir in an open water-race, and is liable to animal pollution. On various occasions analyses of this water-supply have been made, and its inferior quality pointed out to the Corporation.

An investigation of all cases of hydatids which have been under treatment at the Dunedin Hospital for the last twenty years is now in progress, with a view to determining the factors concerned in the incidence of this disease.

DANGEROUS INFECTIOUS DISEASES.

The infectious diseases declared to be dangerous infectious diseases in the meaning of the Public Health Act are : Plague, smallpox, leprosy, and cholera.

Plague.

Dr. Makgill (Auckland) reports :—

The past year has been a memorable one in Auckland, in that we have had the first indication of anything approaching to an epidemic of plague. In previous years we have never had more than two or three cases ; this year there were 8, 3 of which came from the outlying suburb of Onehunga, indicating a wider spread of the infection than heretofore.

The outbreaks in previous years are shown thus :—

1901	1	1907	3
1902	0	1908	0
1903	3	1909	0
1904	2	1910	3
1905	0	1911	8
1906	0		

The last evidence of plague had been a case in the city, reported on the 8th June, 1910, and during the next nine months no infection was discovered in human beings or in rats. During this period of immunity it is to be feared that the precautions in the city had been relaxed to a great extent, although some poisoning was carried on by both City Council and Harbour Board.

Infection among Human Beings.—In February we issued a circular to the harbour and shipping authorities asking for a renewal of precautions against rat-infestation, and this matter was also brought to the notice of the City Council. This action was justified when a month later, on the 20th March, Dr. Scott, of Onehunga, reported a suspicious case in a woman in charge of a fruit-shop in that suburb. She was at once removed to the observation ward at the Hospital, and as there was no doubt as to the diagnosis, immediate precautions were taken at the fruit-shop, which was closed to the public and thoroughly disinfected. On inspection next day I found it to be a dilapidated and insanitary building, much infested by rats. The patient also gave a history of finding dead rats among some rubbish at the back of the shop a few days before her illness. Owing to the insanitary condition of the building I signed a certificate of condemnation, and it was subsequently pulled down on the order of the Magistrate. It seemed probable that the infection had been introduced from the wholesale fruit-stores in the city from which cases of fruit were daily carted, therefore at our request the Council began a systematic inspection and cleansing of these stores, in many of which the fruit was kept in very insanitary cellars about the lower parts of the city, in the neighbourhood of which most of the cases had been traced in previous years.

On the 22nd March, two days after the first case was reported, we were notified of two other suspects—the husband of the first case, and their assistant in the shop. They were removed to hospital, where, in the latter case, the disease developed as one of the pneumonic type, and, in spite of due precautions, one of the nurses who attended him also developed pneumonic plague four days after his death on the 29th March. Fortunately, in the nurse's case the disease was of a less acute type, recovery taking place after a very severe illness, while the infection spread no further among the nursing staff.

The fifth case was reported on the 30th March, the patient being a boy working in a bottling-store in Customs Street, City, in the centre of the plague area. In this case, as in all others, the history showed the presence of mortality among rats, the boy having handled two dead rats found in the cellar of the store. This cellar was itself in a very satisfactory sanitary state, and not greatly rat-infested, but it was found that rats could gain access to the building through various openings, and doubtless the infested ones had come there when ill to take refuge. Ordinary cleansing and disinfection of these premises was deemed sufficient, and the place was not closed down.

During April no further cases were reported, but on the 3rd May Dr. Harke reported a sixth case, the patient again living at Onehunga. On inquiry, however, it was found that he worked in a large warehouse in the city, and as the same evening Dr. Frost reported a seventh case, the suspect also being an employee in this warehouse, and living in Mount Eden, it seemed probable that the infection was received not at their homes but at the place of work. This warehouse, while in an excellent sanitary condition, was subject to invasion by rats during wet weather, when they were driven from the sewers, and, as usual, there was a history of mortality among these rats shortly before these cases developed. During the cleansing precautions at the warehouse dead rats were found in the linings of part of the buildings, but too decomposed to enable diagnosis to be made. Further evidence that infection arose at this warehouse was received when on the 8th May Dr. Murray reported the eighth case, the patient

being a boy employed as a gasfitter on these premises. The diagnosis here was long delayed owing to peculiar complications, but it ultimately proved to be undoubtedly an infection by *pestis bubonicus*. A fourth employee at this warehouse was reported on the 10th May as suffering from suspicious symptoms—namely, a bubo with some febrile disturbance. A bacteriological investigation by Dr. Monk of the fluid drawn by an aspirating-needle from the bubo, however, proved negative, and as the symptoms rapidly cleared up the case was not considered to be one of plague. The warehouse was a large one, employing over a hundred hands, and the question of closing it during cleansing was a serious one. The building was not permanently infested by rats, and it was considered probable that, as in the case of the bottling-store, the outbreak was due to the chance access of infected rats from an old sewer below the building. The flooding of this sewer a few days before had caused trouble, and rats had been at that time driven to take refuge in the basement. In view of this, and the excellent general sanitary state of the place, and the ease with which thorough disinfection could be done, it was decided not to close the premises, and the result justified this attitude, for no cases arose among those working in or visiting the warehouse subsequent to its disinfection.

As usual, a large number of suspected cases required investigation, most of which were readily proved to be conditions other than plague. Two, however, must be regarded as suspicious, one being a man working in a flour-mill in the city who had a femoral bubo and some slight febrile disturbance. He had not, however, laid up, and only obtained medical advice when he was quite convalescent. The bubo was clearing up when we saw him, and no bacterial diagnosis was possible. This probably was a case of *pestis minor*. The other may have been a case of plague of the septicæmic type, the history being merely a rapidly supervening high temperature, ending fatally on the fifth day. The *bacillus pestis* was not found in blood or sputum. The patient lived in a good suburb under the best sanitary conditions, and there was nothing to connect the case with any other case or any suspected area. The matter, therefore, must remain in doubt.

There were, then, probably nine—possibly ten—cases in all, the last being that reported on the 8th May. Some fourteen other cases reported as suspicious on investigation proved negative.

Infection among Rats.—Only a limited number of rats could be obtained for examination in the first four months of the year, therefore it is not very surprising that no infection was demonstrated among them till the 4th May, when an infected carcase was sent in by the Harbour Board rat-catcher from the Hobson Street wharf. In none of the premises from which patients came had we been able to get any carcasses except those which were too decomposed to make any satisfactory bacteriological examination. During April, however, the City Council, at the instance of His Worship the Mayor, organized their sanitary department, and appointed two special rat-catchers, and the suburban local bodies also took up the question of rat-destruction and collection, so that we were enabled to obtain a good many more specimens from all parts. Later in May I was granted permission to appoint two departmental rat-investigators and a man to prepare the dissections, and to make arrangements with Mr. Armitage, of the clinical laboratory, to conduct the bacteriological examination. We were now in a position to put the work on something like a systematic basis. In all, 4,181 rats were examined at the laboratory during the year, and of these 14 were proved to be suffering from plague. At Onehunga, save for the dead rats found in the fruiterer's shop where the first cases arose, there was no evidence of epizootic, and none of the carcasses obtained from that suburb were found infected, nor could we obtain any evidence of unusual mortality among rats in any part of the city or suburbs till the 27th May, when the manager of the Singer Sewing-machine Company in Queen Street reported that a number of dead rats had been found in their cellars. A specimen was obtained, and the *bacillus pestis* found in the spleen and inguinal glands. This information led to important results, for, while the cellar in which the rat-mortality was first reported was in good sanitary condition, subsequent investigations revealed a number of gross sanitary defects in the block of buildings of which it formed a part, and large numbers of dead and dying rats were found in the basements. All of these which were brought to the laboratory for examination were found to be suffering from plague-infection, and numbers of decomposed bodies were undoubtedly similarly affected. Indeed, it seems possible that this block had been for many years a centre for the epizootic, as seven years before a case of plague was reported in a man working in one of the cellars, and in the process of reconstruction necessitated in a particularly insanitary restaurant there were found the mummified bodies of many rats which had probably been lying for years. It is a remarkable fact that, despite the number of infected rats found in this block of buildings, no cases occurred among human beings. On the 30th May the last infected body was obtained from this restaurant. Since this time, although on the average over 100 rats have been each week examined at the laboratory, no further infection has been detected.

We cannot, however, build too many hopes on such failure to find plague. In Sydney, where the examination of rats was much more searching, the infection seemed to disappear for long periods, only to break out afresh; while during 1908 and 1909 no cases in rat or man were known in Auckland, although the evidence is in favour of the germ having been dormant all the time. We are at all times handicapped by the suppression of evidence by business firms and shopkeepers, who fear to report disease among rats lest their business suffer should it prove to be plague. The manager of the sewing-machine firm who reported the outbreak in the City Chambers is, therefore, to be congratulated on his sense of public duty in reporting the matter, as it undoubtedly led to the removal of at least one focus of infection, possibly the main focus in the city.

General Precautions.—The occurrence of so many cases of plague within a few weeks, and the fact that two were of the dreaded pneumonic type, made a considerable impression on the local sanitary bodies, with the result that more effectual sanitary reforms were made than on any previous outbreak. The Harbour Board had steadily kept up a campaign against rats, but redoubled their efforts, so that rats are now comparatively scarce along the city waterfront. The substitution of ferro-concrete wharves for the old wooden structures, which has been proceeding for some years, must be regarded

as an important sanitary improvement. In addition to this, the Board carried out some special work in concreting the open stone facing of some parts of the foreshore where rats were known to exist, and removed various accumulations offering a harbourage for rats. Refuse-bins on the wharves, into which rubbish from the shipping can be placed, were provided, instead of the former method of throwing it into the sea, where it drifted to the beaches and so provided food for rats. At Onehunga, where the wharves are under the control of the Marine Department, we were, unfortunately, unable to secure any corresponding improvements. Some poison-laying was, however, carried out.

The sanitary measures taken in 1910 by the City Council were, from motives of economy, relaxed, so that the outbreak this year found them more or less unprepared. Fortunately, in the Mayor, Mr. C. J. Parr, we had an enthusiast in sanitary matters, under whose auspices the City Engineer and Chief Inspector were enabled to organize an effective sanitary staff, the city being divided into blocks, with a special Inspector responsible for the sanitary condition of each block. A rat catching and poisoning staff was appointed, and worked on an organized system, taking the danger areas block by block, and ridding them as far as possible of rats. The most satisfactory feature is that these appointments are on a permanent basis, and the work is still proceeding. It is to be hoped that the spasmodic and half-hearted efforts of previous years are now a thing of the past.

The actual cleansing and disinfection of buildings was chiefly done by the city sanitary staff, but when extra help was required the departmental staff and the Inspectors appointed for the Hospital Board took part in the work, which sometimes took up the greater part of the night. A large amount of good work has been done in the matter of the removal of accumulations of rubbish in the cellars and basements of business premises, and an improved system of scavenging and refuse-removal has been inaugurated, properly constructed metal refuse-receptacles being now in use. Better supervision of the various refuse-tips in the city was arranged, but these places must always be regarded as weak spots in the system of refuse-disposal. A most important improvement has been the concreting of the cellars and basements in Queen Street and the neighbourhood. Some of these were in a very bad condition, subject to flooding from defective sewer-connections below the floors, wet, foul, and rat-infested. The work of rendering these dry and rat-proof is still proceeding, and much yet remains to be done. Many old defective drains have been removed, and one very important result of the outbreak among the rats in the City Chambers block has been the removal of many old sewer-connections which entered an old watercourse known as the "Ligar Canal." This was a partly bricked channel passing under the City Chambers block, and also under the warehouse of Messrs. Smith and Caughey, and I believe it to have been an important source of infection. A new sewer has now been laid, to which the drains connect, and this unsavoury channel will shortly be completely abolished. The very dirty condition of some of the kitchens belonging to hotels and restaurants was the subject of much comment. Some of these were situated in dark, ill-ventilated underground cellars, subject to flooding from the sewers, and infested with rats. One such cellar kitchen was in a restaurant adjoining the City Chambers block, and from it many infected rats were removed. The condition of these premises was so bad that I deemed it wise to close it entirely, and the interior of the building has since been entirely reconstructed. Another restaurant in that block was closed down temporarily during disinfection and rat-proofing operations. In two hotels the kitchens have been removed from the cellars, but much work in this direction yet remains to be done, as in several hotels the food is prepared under the most unsatisfactory conditions. To enable the local authorities and the Health Department to enforce these reforms it was necessary to supplement the ordinary powers to condemn or to secure repairs to a building. To this end, on the 7th April the Governor in Council authorized the bringing into force in Auckland of section 18 of the Public Health Act, giving the Department extended powers, and subsequently regulations were gazetted dealing specially with rat-infested buildings. These proved of service; but, as a rule, the owners of property readily acquiesced in the demands of the sanitary officers. The City Council have now adopted a series of excellent by-laws dealing more particularly with the sanitary condition of places wherein food is stored or prepared. These will enable the city officials to secure the abolition of the insanitary kitchens mentioned above, and can be enforced at all times, whether plague be present or not.

In the suburbs there was a more or less spasmodic effort to deal with the rat problem. At Onehunga poison was freely distributed, and a systematic house-to-house inspection was made, which resulted in the removal of much accumulated rubbish—a cart being provided by the Council for the purpose—and the pulling-down of a large number of antiquated buildings, mostly merely sheds. It is to be regretted that latterly the Onehunga Borough Council has refused to continue the work of removing decayed buildings, alleging that they were advised by the late Minister of Public Works that the certificate of the Health Officer should be ignored if they wished to avoid liability for compensation. That this is not in accordance with the Health Act is evident to any one who studies the matter.

A proposal to appoint a rat-catching staff for the combined suburban bodies was made by the Department, but it fell through, only the Boroughs of Grey Lynn and Mount Albert supporting the scheme.

Several of the more energetic suburban and country bodies took advantage of the plague outbreak to secure improved methods of dealing with house-refuse, among these being Grey Lynn, Mount Albert, and Mount Eden Boroughs. At the Thames a rat campaign was undertaken, and attention paid to refuse-accumulations.

Quarantine Precautions.—A system of bulletins reporting the occurrence of cases among human beings, and detailing the rats examined and the number found infected, was instituted, the Consuls of foreign countries and the various British Dominions being so supplied.

The bills of health were indorsed till September—three months after the last infected rat had been found.

Precautions at the Hospital.—As in previous outbreaks, the patients were treated at the Hospital in the special isolation wards, both buildings being used for the purpose, the nursing staff at one time being accommodated in tents. Dr. Laurie undertook the medical supervision of the cases and resided in the isolation block for some weeks. There was no difficulty in getting nurses to volunteer for duty in these wards, and a special word of praise is due to these women who, knowing the risk in the matter of pneumonic plague, bravely remained at their posts, although the fact that one of their number contracted the disease showed only too clearly that the danger was not merely theoretical.

The bacteriological work was in the capable hands of Dr. Frost, who, as formerly, devoted much of her time to these investigations.

Frequent visits to the wards were paid by Dr. Robertson (honorary physician), Dr. Monk, and myself.

The following is a brief account of the eight cases in which the diagnosis was confirmed:—

1. Mrs. R.: Fruitshop-proprietor, Onehunga. Lived about half a mile from the shop. Reported by Dr. Scott, 20th March, and sent in to hospital at once, where she was examined in the evening, and a preliminary diagnosis of plague made. Had been ill three days. Right femoral bubo and high temperature. *B. pestis* found in serum from bubo next day. A guinea-pig inoculated developed the disease on the third day, and died forty-eight hours later, showing typical *post-mortem* appearances of plague, while pure cultures were obtained from the spleen. Patient was at no time a severe case, and began to improve about the eighth day, but had a very prolonged convalescence owing to suppuration of the glands and extreme prostration. Discharged, 2nd June, after ten weeks in hospital.

2. J. R.: Husband of first case. Reported by Dr. Scott on the 22nd March, and admitted same day. Had been ill only twenty-four hours before admission. Very high temperature, delirium, right femoral and inguinal bubo. *B. pestis* found in serum, and confirmed by culture and inoculation of a guinea-pig. Case was very acute at first, but improved rapidly after the sixth day. Uninterrupted convalescence. Discharged 21st April, after four weeks and a half in hospital.

3. D. F.: Assistant in fruit-shop at Onehunga, from which cases 1 and 2 came. Lived near shop. Had been engaged in cleansing the premises on day subsequent to Mrs. R.'s removal to hospital. Became ill the same evening. Reported by Dr. Scott, and admitted to hospital 22nd March. High temperature, but no glandular enlargements. Slight cough noticed on second day after admission, and pneumonic symptoms rapidly developed. On the 28th March—the fourth day of his illness—the sputum showed typical swarms of *B. pestis*, and a guinea-pig inoculated from the sputum died on the fourth day with the usual appearance of plague. Patient rapidly developed delirium, and became comatose five days after admission, and died on the 29th March, the seventh day of his illness.

4. F. T.: Age, 17. Storeman in Great Northern Brewery bottling-store, Customs Street. Reported from the hospital by Dr. Laurie on the 30th March. Suffering from right femoral bubo and high temperature. Admitted on fifth day of illness, first symptoms being the development of bubo, with great pain. Lived in Epsom district. Gave history of handling some dead rats a few days before illness began in the lift-well of the cellar in which he worked. Serum drawn from bubo by aspirating-needle showed *B. pestis*, confirmed by culture and inoculation of a guinea-pig, which died on the second day from the date of inoculation. *Post mortem* showed abundant *B. pestis* in every organ, but there was little mottling of the spleen. The patient was at no time in a dangerous state, though the temperature rose high on the sixth day of his illness. Thereafter he had an uninterrupted recovery, and was discharged on 10th May, after being five weeks in hospital.

5. Nurse C.: Was in charge of case 3 to the time of his death, on the 29th March. Began to feel ill three days later, on the night of 1st April, when she had a rigor. On examination next day was found to be feverish, but no enlarged glands. On the 3rd April was delirious, with high temperature. Next day showed a slight improvement, but on the 5th April was worse, and slight cough developed. On the 6th April physical signs of pneumonia were reported by Dr. Laurie, resident physician in the plague wards, and on examination of the sputum *B. pestis* was found. Next day there was slight improvement, which was still more marked on the following morning. Thereafter patient steadily improved, and was discharged cured on the 4th May, after five weeks in hospital. A guinea-pig inoculated from the sputum on the 6th April died five days later, with all the usual appearances of plague, and *B. pestis* was present in bubo and spleen.

6. P. L.: Age, 18 years. Assistant in Messrs. Smith and Caughey's warehouse. Living at Onehunga. Reported on 3rd May by Dr. Harke. Visited with Dr. Monk at patient's house, and found him delirious, with high temperature, and left inguinal and femoral bubo. First symptom was vomiting, which began four days previously. Patient removed same day to hospital, where, on examining the serum removed by needle from the bubo, Dr. Frost reported the presence of *B. pestis*. This diagnosis was confirmed later by the positive result from inoculation of a guinea-pig. Illness became extremely acute on the 4th and 5th May, with very high temperature and delirium. Slight improvement was noticed on 7th May—the eighth day of his illness—and thereafter he slowly but steadily gained ground. Illness was prolonged by suppuration of the bubo. Examination of the discharge on the 15th May—twelve days after admission—failed to reveal the presence of any *B. pestis*. One noticeable feature during convalescence was the partial paralysis of the muscles about the larynx interfering with his power of speech, a symptom which remained some time after his discharge on the 2nd June.

7. Miss C.: Age, 20. Working in same warehouse as case 6, but living at Mount Eden. Reported on 3rd May by Dr. Frost, and sent to hospital same day. On examination, was found to be suffering from a small right femoral bubo, and temperature of 102°. Had been ill three days. Examination of the serum from the bubo showed the presence of *B. pestis* somewhat scanty. Diagnosis confirmed by inoculation of guinea-pig. The temperature in this case never rose very high, and all through the illness remained of a mild type, although convalescence was somewhat slow. Patient was not fit for discharge till 11th July, after ten weeks in hospital.

8. R. T. H.: Age 15. Gasfitter's apprentice, working in Messrs. —'s warehouse at the end of April. Lived in Nelson Street, City. Reported on 8th May by Dr. Murray. Only marked symptom at the time of examination was temperature and general typhoidal symptoms. No enlarged glands. Had been ill about five days. Was sent to hospital for observation same day, and next day an examination of the blood gave a positive Widal reaction. Thereafter the patient was placed in the typhoid wards. Here he rapidly developed a high temperature, with vomiting and delirium, which increased in severity during the first week. On the 15th May, about the twelfth day from the beginning of his illness, patient showed acute pneumonic symptoms, and a careful examination of the sputum was made, but only the pneumococcus was found. The pneumonic symptoms increased in severity during the next four days till the patient was almost moribund. On the 19th May another examination was made of the sputum, with negative results so far as *B. pestis* was concerned, and a guinea-pig was inoculated, but failed to develop plague. During the next three days patient showed slight improvement, but on the 22nd May—in the third week of his illness—a superficial abscess formed on the chest-wall near the sternum, and the glands in the submaxillary region enlarged, and later broke down. An examination of the pus from the sternal abscess showed the presence of a bacillus of the pestis type, and a guinea-pig inoculated from this pus became rapidly ill and died in two days, the *post mortem* showing typical plague symptoms and the presence of *B. pestis* in the spleen and lungs and at the seat of inoculation. The pyæmic condition of the patient continued, and pus formed over the right knee-cap on 29th May. Dead bone was found here as in the sternal abscess. After the 31st May patient showed marked improvement, and he gained thereafter steadily, although several slight operations were required for the removal of dead bone from the various sinuses. On the 12th July examination of the discharge from these sinuses failed to reveal the presence of *B. pestis*, and the patient was released from quarantine, although he remained many months in hospital on account of the necrosis of the bones in the knee-cap. The case was a very unusual one, and suggests a double infection of plague and typhoid. It is hard otherwise to account for the Widal reaction in the blood and the absence of plague symptoms during the first three weeks of the illness.

Dr. Finch (Canterbury) reports:—

There were no suspects, either among rats or man, in this district.

Smallpox.

Dr. Finch reports:—

The case of smallpox that arrived in the s.s. "Knight of the Garter" at the end of 1910 made a satisfactory recovery, and no further cases occurred among the persons on board.

Leprosy.

Dr. Finch (Canterbury) reports:—

The three cases of leprosy on Quail Island are still living there, and are being carefully attended to by Dr. Upham. A case of suspected leprosy occurred on the West Coast, but after it was treated in the Greymouth Hospital the suspicious symptoms disappeared, and the person subsequently left New Zealand.

DISINFECTING-APPARATUS.

For some time back District Health Officers have had under consideration the simplifying of room-disinfection by formaldehyde vapour, having due regard to efficiency.

Considerable expense is incurred in the use of the ordinary alformant lamps—initial cost, added to the travelling-expenses incurred, and the loss of time involved in collecting the lamps after use.

A simple apparatus has now been devised, which removes many of the disabilities of the older system. This apparatus, as set out in the diagrams on next page, consists of three parts—a flat thin sheet of tinned iron (A) cut in such a way that when bent as shown in the lowest diagram it supports the tablet container (B) at a definite height above the flame of the candle (C).

The apparatus, before lighting up, should be placed in a saucer so as to avoid any chance of setting fire to the house or its effects, and, as an additional precaution, water should be poured into the saucer up to a height level with the bottom of the candle.

The portability of the apparatus is apparent. A dozen frames, candles, and full tablet-containers occupy but little space, and can easily be carried at one time, if need be, by an Inspector.

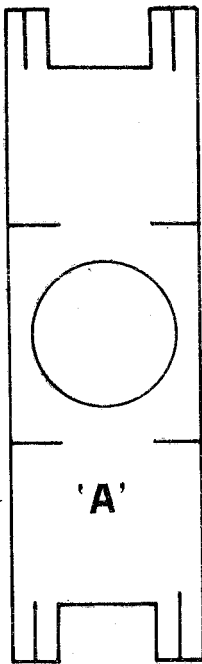
Arrangements have been made to enable Hospital Boards to obtain complete sets of the apparatus, without tablets, at £1 10s. per gross. The small cost of a single apparatus, therefore, does not warrant its being collected by the Inspector, hence the name—L.B. (Leave Behind) Paraformaldehyde Fumigator.

PROVISION FOR INFECTIOUS CASES.

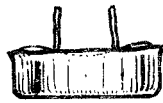
Dr. Makgill (Auckland) reports:—

Sanatorium for Consumptives.—The Auckland Hospital Board resolved in 1910 to make provision for all classes of consumptives, but so far nothing has been done. A meeting of medical men, held to advise the Board as to the method of procedure, decided that such a sanatorium was required. With the sub-committee of the Hospital Board we visited a large number of sites offered, and it was generally agreed that that offered by the Knox trustees was in all respects suitable. As the Knox trustees had, on the advice of their medical advisers, decided not to deal with consumptives, but are prepared to erect on this site accommodation for other classes of incurables, it seemed desirable that some sort of agreement should be entered into by the trustees and the Board as to the mutual use of this very suitable bit of land. So far the Board have not taken any steps, though the trustees are quite ready to do their part. The economy of administration to be gained by such an amalgamation is obvious,

— L.B. (Leave behind) —
Paraformaldehyde FUMIGATOR.



— **Frame** —

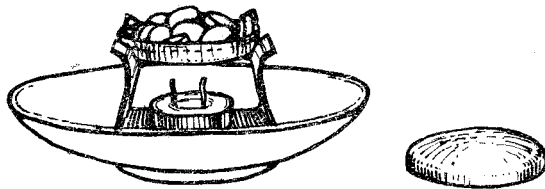


'B'
 — **Candle** —



'C'
Tin to contain tablets

Sufficient for the fumigation
of 1000 Cubic Feet.



— **Ready for use.** —

and it will be a matter of great regret if the Board fail to secure the land that offers such undoubted advantages for the treatment of consumptives, and also affords ample space for the erection of houses for chronic invalids and convalescents.

Provision for Tubercular Patients.—In the Auckland District whenever a case of phthisis occurs in a family the first idea seems to be send him or her up to the Cambridge Sanatorium. This would be all very well if the sanatorium was equipped for nursing acute cases. It is not, and the great use of the sanatorium at present is to provide a place where the consumptives can be taught to care for himself after the first or acute stage of the disease is over.

It will not be denied that phthisis is more common amongst the working population than amongst those who are better provided with the necessities of life. In the working-man's home at present, if one of the family develop phthisis, one of three things happens—(1) The patient is nursed at home as well as means permit; (2) is sent to the general hospital; or (3) in a very exceptional case is sent to the Costley Home. Only those who are constantly amongst such cases know the trouble and anxiety these patients are to all their relatives.

When the acute stage is over—and nursing in acute cases of consumption means just about the same as nursing an acute case of pneumonia—then is the time for the sanatorium. This is what is needed near Auckland so that the patient can be taught what his duty is to himself, and more so to his neighbours, and by teaching him to take all necessary precautions reduce to a minimum the danger that he may be to others. With a building near Auckland relatives could visit the patient without having to devote three days' time to paying such a visit, as is the case at present when the patient is at the Cambridge Sanatorium.

In other countries tuberculin-dispensaries have been established and are doing very good work. Such an establishment attached to the sanatorium in the larger centres of New Zealand would do equally good work, probably better, when the genial climate of this country is compared with the cold, foggy, and damp atmospheres that prevail in some parts of the globe.

Whilst writing these notes the following particulars of a phthisical family have come under my notice. Mrs. A and her two daughters, aged 9 and 11 years respectively, all suffered from consumption, the mother being the first attacked. The mother died on the 5th May, one daughter on the 6th June, and the death of the second child is hourly expected. The timely removal of the mother would in all probability have resulted in saving the lives of the two children. Surely this is sad enough example to stir those whose duty it is to provide the requisite accommodation to do something more than "consider" the proposals for an Auckland District sanatorium, the provision of which has been urged from time to time by the Chief Health Officer, the Health Department, the medical profession, and now, in addition, by the knowledge of such a case as the one above related.

At the Waikato Hospital a site for a consumptive-annexe has been chosen near the hospital, and the work of erecting shelters will shortly be undertaken.

At Rotorua a site for the infectious disease hospital has been secured, and an agreement made between the Board and the departments concerned as to the cost of running this institution as well as the cottage hospital. There now should be no further difficulty in completing the long-needed work.

Dr. Chesson (Wellington) reports :—

The Stratford Hospital Board have decided upon erecting accommodation for six cases of infectious disease. Sketch plans were submitted to the Board for its guidance.

There is evidence that the Wanganui Board would have been well advised to proceed with the extension of the existing infectious-diseases cottage to the whole extent of the plans as approved by the Department. The partial accommodation provided has been taxed to its fullest on occasions. In an important educational centre, such as Wanganui, it is of manifest importance that the facilities for speedy hospital isolation of infectious diseases be ample.

The Palmerston North Hospital Board has decided to proceed with an extension for females to the annexe provided for male consumptives. That such a demand should come to be urged is satisfactory evidence of the value of the accommodation already provided for men.

At Wellington the scarlet-fever wards continue to be an object-lesson in special designing for infectious diseases wards.

The Waipawa Hospital Board has requested and has been furnished with a sketch plan of an infectious-diseases ward suitable for the needs of the Dannevirke Hospital.

A temporary hospital for enteric-fever cases amongst Maoris was erected by the Waiapu Hospital Board and gave excellent results.

Dr. Finch (Canterbury) reports :—

The accommodation at Bottle Lake Hospital was severely taxed, but it was only on one or two occasions that Inspectors had to be instructed to limit as far as possible the removal of cases to Bottle Lake, and no case was refused that it was advisable to isolate. 263 cases were admitted during the year.

At Ashburton and Timaru the accommodation was adequate.

In Southland, as most of the cases occurred in the country, and the epidemic was not so prevalent in Invercargill, there was ample accommodation at the fever hospital.

There is no separate and proper accommodation in the Christchurch Hospital for diphtheria cases, and the erection of an isolation block is contemplated.

In Gore there were 29 cases, and there is no provision made in the hospital for these cases.

Accommodation for Consumptives.—With the Canterbury Sanatorium at Cashmere and the Pleasant Valley Sanatorium near Palmerston, and the Cambridge Sanatorium available for odd cases, the curable consumptive is fairly well provided for. At the Canterbury Sanatorium there were 31 patients in

on the 1st January, 1911, 45 cases were admitted during the year, and 36 remained in on the 31st December.

The most urgent requirement now is provision for the chronic consumptive. The members of the North Canterbury Hospital Board were fortunate in being able to impress the urgency of this matter on the King George Memorial Committee in Christchurch, who approved of the suggestion that the memorial should take the form of a home for chronic consumptives. The sum of about £4,000 was collected from the public, which, with the Government subsidy, will be ample for putting up suitable accommodation for chronic consumptives. The site selected will probably be on the land adjoining the present sanatorium.

Existing Accommodation for Chronic Consumptives.—At Christchurch Hospital the men are accommodated in an old ward, and the women in temporary shelters that were erected for the purpose. This accommodation is not suitable in either case as a permanent arrangement. During the year 44 cases of consumption were admitted to the Christchurch Hospital, and only a few of these went on to the sanatorium.

At Ashburton it was proposed to put up suitable shelters for chronic consumptives of both sexes. Further action has been postponed pending the erection of the memorial home in Christchurch and the possibility of making arrangements for the taking-in of chronic cases from Ashburton at this home.

The shelters at Timaru Hospital which were erected some years ago are generally fully occupied.

At Oamaru the Trustees are considering the provision of two shelters for each of the sexes.

At Invercargill a verandah was added to the old infectious-diseases ward and some alterations made to the building, and it is now very comfortable and suitable for the accommodation of these cases.

Dr. Champtaloup (Otago) reports :—

Scarlet-fever cases are accommodated at Logan's Point fever hospital (12 beds), near Dunedin, and on several occasions the accommodation has been fully taxed. Cases which could not gain admission had to be kept under supervision in their own homes.

Cases of diphtheria, if certified by laboratory examination, are admitted to the isolation wards at the General Hospital, a practice which entails some difficulty, and which calls for better provision for those cases of this disease not requiring surgical interference.

A suggested addition of 8 beds to the present fever hospital has not gone further than the preparation of plans, but it is a matter which requires the active consideration of the Hospital Board.

Typhoid-fever cases were nursed in the general wards of the Dunedin Hospital. Now a special side room is set apart for these cases, of which there have been very few this year.

For pulmonary tuberculosis additional shelters have been erected at the Pleasant Valley Sanatorium, Palmerston South, and all early cases can now be accommodated there. Beds for 22 males and 18 females are available.

The need for provision for chronic and advanced cases has been urgently felt during the year, and numerous suggested schemes have been considered. The difficulty has been temporarily dealt with by using open-air balconies on the grounds of the General Hospital, where 10 male patients can be accommodated.

SANITARY CONDITIONS.

Dr. Makgill (Auckland) reports :—

Auckland City.

The outbreak of plague, distressing as it was, had as a result the placing of sanitary matters in the city on a more satisfactory basis than ever it has been before. The appointment of six permanent Sanitary Inspectors, each having charge of a special district and each being a trained man, was in itself a most important step. The general work of cleansing and refuse-removal has already been mentioned in the report on the plague cases.

The Council's staff availed themselves of the new regulations under the Health Act to secure many reforms in the matter of the structure of buildings, the removal of insanitary kitchens and cellars, and the compulsory destruction of rats—subjects which in the absence of by-laws they had been hitherto unable to touch. By-laws dealing with the conditions under which food may be prepared, framed on the lines adopted in Australia, are now in course of adoption.

An agreement was made at a conference called by His Worship the Mayor between the police, City Council, and Health Department as to the method of securing improved sanitary conditions at hotels—a matter in which many reforms are required. Reports for the Licensing Committees are now being prepared. The purity of foodstuffs was left to the Department to deal with under the Food and Drugs Act, while the city undertook the sanitation of the stores, kitchens, and shops.

There was the usual difficulty in getting the Council to act in the matter of certain condemned buildings, and in some cases the buildings so condemned by the Department were permitted to be repaired and patched up. While, doubtless, these patchwork places are for the time being sanitary, it is to be regretted that the Council should not take the opportunity to rid the city of such unsightly and slum-like areas. A scheme for securing a large area of land at the back of Grey Street—at present lying idle—and utilizing it for workers' dwellings was laid before the Council, but so far nothing has been done.

The long-vexed question of a morgue-site has at last been settled, a site on the hospital grounds being chosen, and plans prepared and approved.

The Drainage Board has progressed with the sewer-laying work considerably, and many large contracts have been let. Important sewerage improvements have been effected in Queen Street and Fort Street, some old defective structures being taken out.

Suburbs.

Drainage.—At Onehunga the sewerage scheme is approaching completion, and already some house-connections have been made.

There seems to be some prospect that the Arch Hill Gully sewer, after lying idle for eighteen months, will shortly be used for the purpose for which it was constructed. The work of connecting the city and Mount Albert sewers is proceeding. Loans have been obtained for Eden Terrace and Arch Hill, to enable them to similarly connect, but so far the work has not been begun.

At Remuera the sewer-laying has made some progress.

Newmarket is now nearly completely sewered.

At Northcote difficulty has arisen with regard to the school drainage, the boroughs interested being unwilling to spend the small sum which would be required.

Nightsoil-removal.—The scheme for a comprehensive nightsoil service has advanced a little further, and a sub-committee is now engaged in drawing up a form of contract. The difficulty about a depot still continues, the Minister of Marine having finally decided against permitting the use of an area of waste land on the Manukau Harbour Reserve, which would have been most suitable. The Drainage Board have been approached to sanction the erection of a dumping station or stations, so that the nightsoil can be placed in the sewer when the outfall-works are complete. This scheme, if properly carried out, would offer a satisfactory solution of the problem. Four meetings of the delegates have been held during the year, and several meetings of the sub-committee.

At Grey Lynn the position has become very difficult, owing to the depot in use becoming over-taxed. A temporary depot was found outside the borough, which may serve till the sewerage-work has advanced far enough to enable the water-carriage system being introduced.

Overcrowding.—Several local authorities have had the foresight to adopt by-laws preventing the overcrowding of land with houses.

The Waitemata County Council have none too soon adopted a quarter-acre minimum for Takapuna, thus saving what is now a very pleasant suburb from becoming an insanitary area.

West Tamaki have adopted a similar area.

Epsom and One-tree Hill Road Boards have reduced their former minimum of one-quarter acre to one-fifth, possibly justifiable in view of the porous nature of the soil in their districts affording a natural outlet for the drainage-disposal.

Remuera Road Board have raised what was formerly the very low minimum of one-twelfth of an acre to one-sixth—too late to prevent some overcrowding, but in time to save a good residential suburb from becoming a potential slum area. The evil effects of overcrowding in undrained districts have already shown themselves here, where difficulties as to nightsoil-removal and drainage-disposal have been found. In one block of shops the only method of removing the nightsoil was by carrying the pans through the shops—a disgraceful state of affairs in such a district.

Onehunga Borough Council have fixed a minimum building area of one-fifth of an acre, with a 50 ft. frontage to a public road.

Some stimulus to the movement to stop overcrowding was given by a series of lectures on town-planning by Mr. Reid, of the *Star* office, who illustrated his remarks by lantern-slides, showing some of the slums already in existence in this country, and the conditions leading to slum-formation. The Press generally have given every support to the movement to prevent such conditions in future.

Several of the by-laws adopted during the year have made special provision for large sections which cannot secure the full frontage required in the by-law. This is perfectly justifiable. The frontage is not the essential item from the sanitary point of view; therefore, where there is a section with, say, one and a half times the minimum area, there can be no harm in allowing a building to be erected on it even if the frontage to the road be below the minimum. So long as the air-space is secured, a frontage sufficient for the egress of drain-connections and the access of carts for scavenging, &c., is really all that need be asked.

Some improvements in suburban sanitation were the outcome of the feeling created by the plague outbreak.

At Mount Eden and Mount Albert a system of scavenging of house-refuse was adopted.

Some ruinous buildings were pulled down in Parnell, Mount Eden, and Remuera.

At Onehunga a very comprehensive effort was made to rid the borough of many decayed rat-infested structures which were to be found there. The manner in which this desirable work was checked has been commented on in the report on plague.

The establishment of a zoological garden in the best residential part of the suburb was the subject of much comment. Various works have been carried out by the owner at the request of the Department to minimize any nuisance; but it seems desirable that regulations should be made requiring the approval of the local authority and the Health Department before such business can be established.

At Mount Roskill a systematic effort has been made to secure better sanitation in the many piggeries that are to be found in that district.

At Mount Wellington the pollution of the foreshore by the deposits from the meat-works and abattoirs has engaged attention. The remedy is somewhat difficult, owing to the lack of drainage facilities.

Country Districts.

Steady progress is being made in the sanitation of the various country boroughs. The chief trouble in the outlying districts has been the prevalence of typhoid among the Maoris, owing to the dry autumn.

Hamilton: The sewerage system is being extended, and parts of the borough where the clay soil has hitherto given trouble in the matter of household-waste disposal are now sewered. There have

been complaints as to the position of the sale-yards, which, with the rapid growth of the borough, are now in too close proximity to dwellings. The provision of a public abattoir is much needed, and when this is made doubtless the sale-yards will be removed to the same place.

Frankton is growing quickly, and by-laws dealing with overcrowding have been adopted. Unfortunately, a very small building area is permitted—too small for an unsewered town.

Cambridge: There is a scheme in progress for a small extension of the sewerage system. Certain improvements have been effected in the septic tank. As usual, Cambridge maintains its freedom from infectious disease.

Te Kuiti: The water-service is now well forward, the mains having reached the borough.

The obstruction to the much-desired acquisition of a depot for sanitary purposes continues, and no progress has been made as to this.

Taumarunui: Little progress has been made with the water-supply scheme. A good source of supply has been acquired, analysis showing that it is a water of good quality. An outbreak of typhoid here shows the necessity for progress in sanitary matters.

The extension of settlement in the Waikato district has been great, and the resulting growth of the townships has greatly increased the work of the Inspector.

Thames continues to make steady progress in sanitation, and has quite lost the somewhat odorous condition of ten years ago. The use of septic tanks discharging into the rapidly running streams has proved a great success. The plumbing is now all done on satisfactory modern lines. There is need for the extension of the nightsoil service to those parts of the town lying in Thames County.

Te Aroha: The sewerage scheme has been greatly extended. Great improvements in streets and water-tables are in progress in this energetic little town. It has been singularly free from infectious outbreaks.

Waihi remains unsewered, and, as a result, typhoid and diphtheria are too prevalent. This town is too big for primitive sanitary services.

Morrinsville: A short sewerage system is being laid to serve the centre of the town. The sanitary service is being well carried out.

Rotorua is still without the much-needed infectious-disease hospital. Typhoid has fortunately not been so prevalent among the Natives here as in many districts this year. An agreement has been entered into with the Waikato Hospital Board as to the terms on which patients shall be treated at Rotorua Hospital. This should clear the ground for the establishment of the necessary accommodation for infectious disease.

Pukekohe has become a borough, and a water-supply is being introduced. The presence of the two sale-yards in the centre of the town has given rise to some trouble, owing to lack of drainage facilities.

At Mercer some drainage improvements are being carried out.

Helensville remains in a very backward sanitary condition. A thorough inspection revealed many very unsatisfactory conditions as to drainage and nightsoil-disposal.

Hobson County suffered from a very severe outbreak of typhoid among Natives—fortunately not greatly affecting the white population. A temporary hospital had to be organized at Te Ripia Native Settlement.

In Mangonui County also a very extensive outbreak among Maoris necessitated the equipment of a temporary hospital, which had to be maintained for three months.

SANITARY CONDITIONS OF THE MAORIS.

Dr. Makgill (Auckland) reports:—

In the Auckland District outbreaks, principally of typhoid, in Native settlements as under were investigated and dealt with,—

	County.	
Ripia	Hobson ..	January to May.
Te Puke	Tauranga ..	February and September.
Takahiwai and Whananaki ..	Whangarei ..	February.
Waitetuna	Raglan ..	”
Otorohanga	Waitomo ..	April.
Maketu	Tauranga ..	”
Kawhia	Kawhia ..	”
Ahipara	Mangonui ..	May to August.
Parengarenga	” ..	September
Te Teko	Whakatane ..	October.
Waima	Hokianga ..	”

An epidemic was reported at Whaiti, which, upon investigation, proved to be skin-disease.

From the above list of outbreaks it will be seen that during the year 1911 there was much sickness amongst the Native population, and in three instances it was found necessary to establish temporary hospitals for their benefit. This was done at Ripia, Kawhia, and Ahipara, where all the cases were of typhoid fever. The Maoris were very disinclined to make use of the hospital at first, but after seeing the way in which their children were cared for, soon appreciated the many advantages of hospital treatment. The scheme that has been inaugurated by the Department for establishing nursing centres in various parts of the Dominion where the Maori population is thickest should prove of great benefit. At the present time the average Maori knows very little about sickness, and still less about nursing; whilst their ideas about feeding a typhoid patient are absolutely opposite to what should be done.

The Native is quick to observe, and many of them learned useful experience from watching how the sick were attended in the temporary hospitals above mentioned. It will be the duty of the nurses appointed to look after the Maoris, to instruct as much as possible as well as nurse. Amongst other matters, care and feeding of infants, instruction in elementary sanitary knowledge, keeping of dwellings clean and free from garbage, and the uses of clean water and fresh air will be subjects that the nurses will strive to teach. The Maori must not expect that he has only to look on and see the nurse do all the work, but to make the scheme a success will have to lend his aid and assist as much as possible by explaining to his people (who do not always understand English) the various wants and commands of the nurse.

During the year 1911 the care of the health of the Natives has been transferred from the Native to the Health Department. This change should be beneficial in many ways, one especially, that the Health Department will now obtain timely notice of sickness amongst the Maoris, whilst formerly only belated information used to reach us, often too late to be of any value. In addition, the question of responsibility is now definitely settled.

As outlined above, a comprehensive scheme has been worked out for placing nurses in various centres where the Native population is thickest, and when the full complement of nurses is obtained the Native will have an excellent system of nursing and doctoring at his disposal. That they appreciate the efforts of the nurses who have been working amongst them was very manifest both in Ahipara and Rotorua, where Nurses Bagley and Purcell did excellent work during the typhoid-fever outbreak during May and June of 1911.

In the Hot Lakes district, where there are many Natives, and which is one of the most frequented tourist resorts, Inspector Sargeant has special charge of the sanitary condition of the Maoris.

The supervision of the health of the Maori is often a troublesome subject to deal with, and will greatly increase the work of those health districts where there are many indigent Maoris, as we have already found out in the Auckland District. The Maori is often a wandering individual, and goes from place to place attending tangis and other gatherings, and when ill does not take any heed or care to prevent sickness spreading from one member of his tribe to another. They are reported here to-day, but when the place is visited it is often found that the sick have been removed, and endless time is wasted following up the trail. Once they get to understand the benefit of careful nursing, a great deal of this wandering will cease, and as the younger and better-educated generation grow up the old habits and holding of tangis, which hitherto have been such fruitful sources of sickness and infection, will die out.

Dr. Chesson (Wellington) reports :—

Enteric fever has been very prevalent among the Maoris this year, especially in the Waiapu and Cook Hospital Districts, whilst smaller epidemics have occurred in the Hawke's Bay and Taranaki Districts.

The conditions under which these people live is not conducive to health. Many of the whares in which they live are not fit for habitation; ventilation is not provided for, and I fear that in most cases, even if it were, it would not be taken advantage of. Privies are rarely found, and the habits of these people in depositing their excreta about the outskirts of the pas and settlements constitute a serious menace to the public health not only of the Maori race, but of the Europeans near whom they live. In districts where Inspectors have been appointed by Hospital Boards active measures are being taken to enforce the erection of sufficient privies, and generally to improve the surroundings. The average condition of the pas as regards accumulations of garbage, the keeping of animals, &c., is most unsatisfactory. Overcrowding is of common occurrence, whole families living often in one small room.

The appointment of nurses for the Maori race now being made will tend to gradually educate the race to a better standard of living and cleanliness, and will bring to light the existence of epidemic disease in its early stages, and thus render it possible to take preventive measures before it has spread to the alarming extent to which enteric fever has done this year.

The active measures now being taken by the Hospital Boards through their Inspectors, in enforcing the provisions of the Public Health Act amongst the Maori population, will do away with a great amount of the existing insanitary conditions. So much, however, has to be done in this direction that it will require time and constant attention to get matters on a satisfactory basis.

Dr. Makgill, in last year's report on the condition of the race in the Auckland District, calls attention to the necessity for the registration of births and deaths, and I am of opinion that the same remarks can be applied to the Wellington District.

Dr. Finch (Canterbury) reports :—

There are a great many cases of tuberculosis among the few Natives in this district. An attempt was made in the pas near Kaikoura to get overcrowding diminished and the sanitary and housing conditions improved, but with very little result. Little good can be done by the visits of Inspectors, as, if improvements are asked for, a plea of no money is always advanced. There is no doubt that more good would be accomplished by the visits of a nurse. In Kaikoura these duties might be carried out by the nurse in charge of the new hospital which has lately been built. In the other parts of the district a nurse could be appointed to visit these pas for a few weeks at a time for, say, a year; after the first year shorter periodical visits should be sufficient.

Dr. Champtaloup (Otago) reports :—

There are three centres for Natives in this district—the Peninsula, Puketeraki, and Moeraki. Those on the Peninsula and at Puketeraki are living under fairly favourable conditions, but at Moeraki there is a good deal of phthisis, and hydatid disease is rife. The services of a Native nurse would be beneficial from an educative standpoint.

SANITARY INSPECTIONS.

Dr. Makgill (Auckland) reports :—

The work of transferring to the Hospital Boards their new duties as local authorities under section 5 of the Hospitals and Charitable Aid Amendment Act, 1910, formed an important feature of this year's work. The position was explained by circulars, and each Board was waited on, and the matter gone into fully. They readily accepted their new responsibilities, and, with the exception of the Coromandel and Waihi Boards, all determined to take advantage of section 94 of the Public Health Act, and subscribe to the salary of an Inspector under that Act. This procedure has the advantage of keeping the Health Department more directly in touch with the work done in connection with infectious disease, and, further, puts the Inspector in a more satisfactory position, enabling him to take advantage of the powers conferred on Inspectors under the Act. The work has, in consequence, proceeded as before without any hitch, and with this advantage: that it is now all done by a few specially trained men. A further advantage of the system is that it still enables local authorities to obtain the services of these men for their special sanitary work, for which they pay to the Hospital Boards a special subsidy. This privilege has been very largely taken advantage of, more especially in the Waikato Hospital District, where the larger part of the salary is made up of such contributions.

For the Auckland Hospital District two new Inspectors were appointed, while arrangements were made with the City Council whereby their sanitary staff continued to carry out the work in connection with infectious disease, the Hospital Board paying the Council a subsidy to that end.

In the Waikato Hospital District the Board agreed to accept the services of the departmental officer, Inspector Bennett, and the Thames Hospital Board adopted a similar course with Inspector Franklin of this Department.

An Inspector was appointed for the Bay of Plenty District, the Board asking the Health Department to make the appointment on their behalf.

The Marsden-Kaipara and the Bay of Islands Boards decided to share the services of an Inspector, and again asked the Department to make the appointment.

There were thus altogether four new appointments to be made, and for these a number of applicants, sixteen in all, were examined. The following appointments were made and gazetted under the Act by approval of the Governor in Council: Auckland Hospital District, W. Galloway, N. F. Furness; Bay of Plenty Hospital District, J. Landells; Marsden, Kaipara, and Bay of Islands Hospital Districts, H. O. Ryland.

The Waihi Hospital Board appointed the Waihi Borough Inspector to act for them, while the Coromandel Board appointed Mr. Gardiner to act at Coromandel, and Mr. Lee at Whitianga.

The Waikato Board also appointed special disinfecting officers to act in the outlying districts of Kawhia and Ohura. These appointments will save much expenditure on travelling-expenses.

The working-out of the scheme entailed a large amount of correspondence and many interviews and visits. The result seems to promise well, as we have now properly trained Inspectors in every district, and Inspector Grieve is enabled to devote himself more exclusively to the work under the Food and Drugs Act and other Acts administered by the Department.

Inspector Sargeant, lately departmental Inspector at Wanganui, has been appointed to represent the Department in Rotorua and the Hot Lakes district. He acts as Borough Inspector for the Tourist Division of the Agricultural Department, and supervises the sanitary condition of the Natives in Rotorua and East and West Taupo Counties. This officer does not act for the Hospital Board, but remains wholly in Departmental employment. Acting in conjunction with the Native nurses, he has already effected many improvements in the condition of the Native settlements.

Inspection of Factories.—Several cases, where in connection with factories sufficient sanitary accommodation for employees is not provided, being brought to my notice, it was ultimately arranged between the Labour and this Department that with certain modifications one w.c. to every twenty-five persons employed should be the number regarded as "sufficient" privy-accommodation in places where persons of either sex are employed. It was further agreed to recommend that in any amendment of the Factories Act or its regulations this definition may be embodied.

The assent of the Department of Labour upon your recommendation, obtained after representation made by the Inspector of Factories, Auckland, and myself, to transfer the sanitary inspection of factories to officers of this Department, will prevent some overlapping of duties in this respect, and conduce to the well-being of the employees.

The following tables show a summary of the work done by the Inspectors.

Sanitary Inspections.—Returns for Year ending 31st December, 1911.
By Inspector Griever.

Town or District.	Food-sellers' Premises.										Factories.						General.						Nuisances.				Trains Inspected
	Butchers.	Milk-shops.	Dairies.	Fishmongers.	Fruiters.	Food Auction Rooms.	Restaurants.	Ice-cream Hawkers.	Stores.	Bakery-houses.	Laundries.	Clothing.	Sawmills.	Dwellings.	Schools.	Hotels.	Boarding-houses.	Offensive Trades.	Septic Tanks.	Yards.	Overcrowding.	Keeping of Animals.	Offensive Accumulations.	Cellars.			
Auckland City	19	4	1	7	5	27	10	4	10	5	3	8	108	3	53	8	2	2	20	3	19	15	12	17			
Mount Albert	2	2	1	2	1	1	1	1	1	1	1	1	23	3	1	1	1	1	3	3	6	12	12	17			
Remuera	6	1	1	3	3	1	7	1	2	3	1	1	29	1	1	16	2	1	10	1	4	8	12	22			
Dargaville	2	2	1	2	2	1	1	1	1	1	1	1	8	2	1	2	1	2	2	1	3	3	2	2			
Huntly	2	1	1	1	1	1	1	1	1	1	1	1	6	1	1	3	1	1	2	1	3	6	2	2			
Otahuhu	1	1	1	1	1	1	1	1	1	1	1	1	31	1	1	3	1	1	1	1	3	3	2	2			
Onehunga	1	2	1	1	2	3	3	1	5	2	1	1	20	1	1	1	1	1	2	1	2	3	2	2			
Parnell	3	2	1	1	3	1	2	1	3	2	1	1	31	1	1	1	1	1	2	1	2	3	3	4			
Newmarket	2	1	1	2	3	1	2	1	5	2	1	1	5	1	4	1	1	1	2	1	2	3	3	1			
Mount Eden	1	1	1	1	1	1	1	1	1	1	1	1	31	1	1	1	1	1	1	1	3	3	3	1			
Epsom	1	1	3	1	1	1	1	1	1	1	1	1	10	1	1	1	1	1	1	1	3	3	3	3			
One-tree Hill	1	1	1	1	1	1	1	1	1	1	1	1	3	1	1	1	1	1	1	1	16	6	1	4			
Mount Roskill	1	1	1	1	1	1	1	1	1	1	1	1	2	1	1	1	1	1	1	1	2	1	1	2			
Mount Wellington	1	1	1	1	1	1	1	1	1	1	1	1	10	1	1	1	1	1	1	1	3	2	1	3			
Eden Terrace	1	1	1	1	1	1	1	1	1	1	1	1	6	1	1	1	1	1	1	1	2	2	1	3			
Grey Lynn	1	1	1	1	1	1	1	1	1	1	1	1	10	1	1	1	1	1	1	1	2	2	2	4			
Helensville	1	1	1	1	1	1	1	1	1	1	1	1	6	1	1	1	1	1	1	1	2	2	2	2			
Devonport	1	1	1	1	1	1	1	1	1	1	1	1	10	1	1	1	1	1	1	1	2	2	2	2			
Mercer	1	1	1	1	1	1	1	1	1	1	1	1	5	1	1	1	1	1	1	1	1	1	1	3			
West Tamaki	1	1	1	1	1	1	1	1	1	1	1	1	110 tents	1	1	1	1	1	1	1	2	3	3	4			
Avondale	1	1	1	1	1	1	1	1	1	1	1	1	6	1	1	1	1	1	1	1	2	3	3	4			
Arch Hill	1	1	1	1	1	1	1	1	1	1	1	1	6	1	1	1	1	1	1	1	2	3	3	4			
Ellerslie	1	1	1	1	1	1	1	1	1	1	1	1	7	1	1	1	1	1	1	1	2	3	3	2			
New Lynn	1	1	1	1	1	1	1	1	1	1	1	1	3	1	1	1	1	1	1	1	1	2	2	2			
Warkworth	2	1	1	1	1	1	1	1	1	1	1	1	3	1	1	1	1	1	1	1	1	2	2	3			
Point Chevalier	1	1	1	1	1	1	1	1	1	1	1	1	3	1	1	1	1	1	1	1	1	2	2	3			
Port Albert	1	1	1	1	1	1	1	1	1	1	1	1	10	1	1	1	1	1	1	1	1	2	2	3			
Te Kopuru	1	1	1	1	1	1	1	1	1	1	1	1	2	1	1	1	1	1	1	1	1	2	2	3			
Kiripaka	1	1	1	1	1	1	1	1	1	1	1	1	4	1	1	1	1	1	1	1	1	2	2	1			
Bombay	1	1	1	1	1	1	1	1	1	1	1	1	2	1	1	1	1	1	1	1	1	2	2	1			
Takapuna	1	1	1	1	1	1	1	1	1	1	1	1	2	1	1	1	1	1	1	1	1	2	2	1			
Ruawai	1	1	1	1	1	1	1	1	1	1	1	1	2	1	1	1	1	1	1	1	1	2	2	1			
Raupo	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	2	2	1			
Pukekohe	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	2	2	1			
Tuakau	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	2	2	4			
Whangarei	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	2	2	1			
Russell	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	2	2	1			
Henderson	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	2	2	1			
Kamo	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	2	2	1			
Whitianga	1	1	1	1	1	1	1	1	1	1	1	1	6	1	1	1	1	1	1	1	1	2	2	1			
Coromandel	1	1	1	1	1	1	1	1	1	1	1	1	8	1	1	1	1	1	1	1	1	2	2	1			
Rangiriri	1	1	1	1	1	1	1	1	1	1	1	1	19	1	1	1	1	1	1	1	1	2	2	1			

Sanitary Inspections.—Returns for Year ending 31st December, 1911—continued.
By Inspector Ryland.

Town or District.	Food-sellers' Premises.				Factories.			General.					Nuisances.				Drains tested.							
	Butchers.	Dairies.	Fishmongers.	Fruiters.	Restaurants.	Bakehouses.	Laundries.	Cordials.	Butter.	Dwellings.	Schools.	Hotels.	Boarding-houses.	Septic Tanks.	Government Buildings.	Keeping of Animals.	Offensive Accumulations.	Stables.	Inspected.	Abated.	Length in Feet.	Old Work.	Sound.	Defective.
Whangarei Borough	14	..	11	12	13	15	1	2	2	242	3	14	..	2	2	2	7	4	1	1	600	150	..	450
Whangarei County*	8	..	..	..	..	6	..	1	1	119	2	5	..	..	..	..	..	..	..	..	..	..	..	..
Dargaville Borough	9	2	3	5	11	10	..	..	..	105	2	10	..	..	..	..	13	1	6	..	..	..	..	..
Hobson County	11	..	..	..	..	8	..	..	..	72	3	3	..	..	..	..	..	2	..	..	..	..	..	..
Bay of Islands County	7	..	5	..	2	7	..	2	..	116	7	15	..	3	4	..	7	..	2	..	..	..	..	..
Hekia County	2	..	..	..	..	1	..	..	..	43	3	4	..	1	..	..	..	..	..	..	..	..	..	..
Mangonui County	..	..	..	..	..	..	..	..	..	60	3	3	..	..	..	..	..	..	..	..	..	..	..	..
Otamatea County	..	..	..	..	..	..	..	..	..	16	1	3	..	..	..	..	..	..	..	..	..	..	..	..
Total number inspected	51	2	19	17	26	47	1	5	3	773	24	57	..	8	8	6	27	7	9	9	600	150	..	450
Number requiring requisitions under Public Health Act or local by-laws	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..

* Hikurangi is included in Whangarei County return.

By Inspector Sargeant.

Town or District.	Food-sellers' Premises.										Factories.				General.										Nuisances.				Plumbing-inspections.				Drains tested.																					
	Butchers.	Milk-shops.	Fishmongers.	Fruiters.	Food Auction-rooms.	Restaurants.	Ice-cream Hawkers.	Grocers.	Confectioners.	Bakehouses.	Laundries.	Cordials.	Small Goods.	Dwellings.	Schools.	Hospitals.	Boarding-houses.	Offensive Trades.	Septic Tanks.	Business Premises.	Overcrowding.	Keeping of Animals.	Offensive Accumulations.	Rubbish.	Inspected.	Abated.	Sound.	Defective.	New Work.	Old Work.	Sound.	Defective.	New Work.	Old Work.	Sound.	Defective.																		
Rotorua Town	6	2	1	13	4	3	1	5	1	7	1	3	57	1	1	5	10	2	2	94	..	24	10	7	40	26	1	1	2	..	1	13	2	7																				
Ohineamutu	1	..	..	1	..	..	2	..	..	5	..	..	95	..	..	1	1	..	4	..	2	1	1	39	41	23	..	..	..	..	..	..	..	..	..	..								
Tarewa	..	..	..	..	..	..	..	..	..	1	..	..	30	..	..	..	..	..	..	..	..	..	..	18	18	..	..	..	..	..	..	..	..	..	..	..	..	..			
Whakawharewa	..	..	..	..	..	..	..	..	..	2	..	..	60	1	..	..	..	1	..	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..			
Rotorua County	2	..	..	..	..	..	3	..	..	1	..	..	16	1	2	..	..	..	..	..	..	..	..	3	13	13	..	..	..	..	..	..	..	..	..	..	..	..	..		
Manakau	..	..	..	..	..	..	..	..	..	..	..	..	21	3	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
Putaruru	1	..	..	..	..	..	..	..	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	2	..	..	..	..	..	..	..	..	..	..	..	..	..		
Atiamuri-Waiotapu	..	..	..	..	..	..	..	..	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	3	1	..	..	..	..	..	..	..	..	..	..	..	..	..		
East Taupo County	2	1	69	1	2	10	1	3	..	20	1													
Mokai-Ongaroto	1	45	5	25	5											
Tokaanu-Waihi	1	2	5								
Taupo-Wairakei	2	1						
Total number inspected	13	2	1	14	4	3	1	14	1	11	1	4	393	5	25	16	4	4	100	12	31	32	100	175	94				
Number requiring requisitions under Public Health Act or local by-laws	3	1	..	8	1	1	..	7	..	1	26	1	..	5	2	1	23	22	4	2	5

Sanitary Inspections.—Returns for Year ending 31st December, 1911—continued.

By Inspector Landells.

Town of District.	Food-sellers' Premises.						Factories.			General.			Nuisances.				
	Butchers.	Dairies.	Fish-mongers.	Fruiters.	Food Auction-rooms.	Restaurants.	Bake-houses.	Laundries.	Dwellings.	Hotels.	Boarding-houses.	Over-crowding.	Keeping of Animals.	Offensive Accumulations.	Inspected.	Abated.	
Whakatane	5	..	..	..	..	..	4	..	85	4	..	..	..	1	12	5
Paengaroa	2	..	..	..	..	..	1	..	1	2	..	..	..	..	..	..
Te Puke	2	..	..	..	..	..	1	..	1	1	..	..	..	..	..	..
Tauranga	1	1	1	3	..	..	1	1	35	8	..	..	..	1	1	1
Kaikati	1	..	..	..	..	..	1	..	1	1	..	..	..	..	..	..
Matata	..	..	..	..	..	..	..	..	6	2	..	..	..	..	..	..
Opoiki	3	3	..	..	..	..	..	..	12	3	..	..	1	2	2	2
Te Kaha (Natives)	..	..	..	..	..	..	..	..	60	1	..	..	..	..	..	..
Taneatua	..	..	..	..	..	..	3	..	..	4	1	..	..	..	..	..
Waimana	..	..	..	..	..	..	..	..	25	1	..	..	..	..	..	..
Te Teko (Natives)	..	..	..	2	..	..	2	..	25	1	..	..	..	..	..	..
Rotorua (1st to 5th October)	3	..	..	..	..	..	..	..	30	4	..	..	..	..	..	..
Total number inspected	17	4	1	5	1	4	13	1	279	26	12	1	1	4	16	8	
Number requiring requisitions under Public Health Act or local by-laws	..	..	..	..	..	..	..	..	..	..	..	..	..	..	8	8

By Inspector Bennett.

	Food-sellers' Premises.										Factories.					General.					Nuisances.					Plumbing-inspections.					Drains tested.									
	Butchers.	Milk-shops.	Dairies.	Fishmongers.	Fruiters.	Food Auction-rooms.	Restaurants.	Ice cream Hawkers.	Dairy-produce Cart.	Bakehouses.	Laundries.	Aerated Waters.	Bacon.	Sand-soap.	Dwellings.	Schools.	Hotels.	Boarding-houses.	Offensive Trades.	Septic Tanks.	Nightsoil-deposits.	Over-crowding.	Keeping of Animals.	Offensive Accumulations.	Nightsoil-depot.	Inspected.	Abated.	New Work.	Sound.	Defective.	New Work.	Length in Feet.	Old Work.	Length in Feet.	Sound.	Defective.				
January	19	34	..	12	18	9	17	1	..	3	4	1	2	83	2	13	39	..	10	2	2	19	6	..	24	6	9	3	..	4	2	122	40	1	..					
February	26	21	3	10	15	4	4	3	..	4	5	1	1	83	3	20	38	1	7	3	..	..	..	..	9	9	8	..	..	20	231	1	..	..	..		
March	22	21	4	12	16	3	6	..	..	4	6	1	..	61	5	13	29	2	3	1	..	..	..	8	8	..	..	..	208	..	..	..	..	..	..
April	20	25	..	7	14	..	7	..	..	2	5	1	..	81	3	15	29	2	3	1	..	..	..	3	..	..	..	..	..	..	..	..	..	..	..	..
May	23	26	1	13	33	..	15	..	..	4	5	1	..	83	3	12	36	2	10	2	..	..	..	17	..	..	..	..	..	..	..	..	..	..	..	..	..
June	30	28	2	12	23	..	14	..	..	3	6	1	..	67	3	14	37	2	10	2	..	..	..	14	..	..	..	..	..	..	12	55	1	..	..	..	..
July	29	24	1	13	26	..	14	..	..	6	1	6	..	89	3	13	31	1	8	3	..	..	..	18	..	..	..	..	..	..	500	..	..	..	..	..	..
August	32	25	1	16	23	4	17	..	..	7	6	1	..	39	4	15	39	1	10	3	..	..	..	27	..	..	..	..	..	762	..	..	..	..	..	..	..
September	21	31	..	18	22	5	28	..	..	6	6	1	..	76	1	15	38	1	7	3	1	..	..	6	..	..	..	..	..	40	60	..	..	..	..	..	..
October	29	37	..	18	24	6	27	..	..	5	6	1	3	91	3	16	34	1	10	3	1	..	..	9	..	..	..	..	..	280	..	..	..	..	..	..	..
November	28	29	..	15	23	5	15	..	..	5	6	1	9	72	4	28	30	..	9	3	..	..	..	1	..	..	..	..	..	485	50	..	..	..	..	..	..
December	34	26	..	15	32	6	20	..	..	6	1	8	1	61	3	17	25	..	3	..	..	..	..	9	..	..	..	..	..	840	..	..	..	..	..	..	..
Total number inspected	313	327	12	161	169	43	202	4	1	266	42	41	11	886	36	190	405	11	94	26	4	46	136	1	172	122	48	4	26	10	3,269	436	4	2		
Number requiring requisitions under Public Health Act or local by-laws	1	5	3	1	3	1	..	1	1	10	5	1	7	80	1	14

Hamilton, 3; Te Awamutu, 1; Raglan County, 1; Ngaruawahia, 2; Taumarunui, 1; total, 8.

Dr. Finch (Canterbury) reports :—

Under the provisions of section 83 of the Hospital and Charitable Institutions Act, 1909, local bodies were able to delegate certain of their power under the Public Health Act to the Hospital and Charitable Aid Board. The principle adopted was that any local body which had not sufficient means to pay or sufficient work to employ a full-time qualified Inspector should be asked to delegate their powers to the Hospital Board, the boroughs being asked to make a special contribution towards the Inspector's salary, and the country districts being given the services of the Inspector without any additional contribution. As there are some 100 local bodies in the district, a considerable amount of time was involved in communicating with these local bodies and in interviewing as many as possible of the Borough Councils and the County Councils.

The results obtained were highly satisfactory, as most of the local bodies which I was anxious should delegate their powers consented to do so. Owing to the exceptionally large number of cases of infectious diseases that occurred throughout the district as soon as the Hospital Boards took control, the Inspectors at first had very little time to devote to carrying out routine inspections. Latterly, however, there has been more time to spare for this purpose.

The local bodies which have delegated their powers appreciate the fact that the carrying-out of inspections by a properly qualified Inspector who is independent of any local influence is a great improvement on the old method of an untrained person living in the district carrying out the duties in most cases for some such paltry sum as £5 or £10 a year.

A house-to-house inspection is being made in the more thickly populated parts of the district, and a higher standard of sanitation is being obtained where these inspections have been carried out.

I have no doubt that as time goes on those local bodies which did not see their way to delegate their powers to the Hospital Boards will be glad to do so.

The following table gives a summary of the work done by the Inspectors.

Dr. Champtaloup (Otago) reports :—

In May of this year it was deemed advisable to make a thorough sanitary inspection of Dunedin City by special house-to-house visits, in view of the prevalence of plague in Auckland.

The City Council, Hospital Board, Drainage Board, and Harbour Board were approached, and each readily gave £40 towards the cost of appointing additional Inspectors. These temporary Inspectors were appointed, and these working with the Hospital Board's Inspectors, all under the supervision of Inspector Cameron of the Health Department, successfully carried out the scheme.

The inspection resulted in a considerable clean-up in Dunedin, and improvement in sanitary matters generally, though much remains still to be done. A number of houses unfit for occupation were noted, and these are in course of inspection for condemnation by Dr. Finch, District Health Officer.

No attempt was made to exterminate rats, for with the funds available this was not practicable, nor would a spasmodic effort be of any avail if the experience of other towns be considered. It was felt that more permanent good would follow the general sanitary improvement and the destruction of rat-warrens.

All diseased or dead rats found were examined at the laboratory, but none found showed any lesion of plague.

Following are particulars of the inspections made : Number of streets dealt with, 394 ; number of premises in streets, 10,601 ; number with dry privies, 4,892 ; number with other drainage defects, 5,316 ; number with general sanitary defects, 1,576 ; number without proper refuse-tins, 7,575. These totals were in addition to the large number of defects such as the destruction of rats, removal of refuse, &c., already dealt with on the premises by the Inspectors.

Out of the above total of 10,601 premises inspected, 345 buildings required extensive structural improvement and renovation ; and 33 buildings were noted for careful reinspection with a view to having them condemned for entire demolition.

An inspection was made in all the suburban boroughs at the same time, though not to such a full extent as in the city.

Ruinous Buildings.

In addition to the foregoing particulars of the comparatively large number of buildings to be pulled down or extensively repaired in Dunedin City, the following notices to pull down or extensively repair buildings have been issued for other districts : Extensive repairs—Maori Hill, 1 ; Mornington, 2 ; Port Chalmers, 3. To be pulled down—Port Chalmers, 5 ; Lawrence, 1 ; Milton, 1.

Sanitary Inspection in Otago Hospital District.

	Food-sellers' Premises.				Factories.	General.								Nuisances.				Plumbing-inspections.				Drain-testing.				
	Butchers.	Fruiters.	Grocers.	Various.		Bakehouses.	Dwellings.	Schools.	Hotels.	Boardinghouses.	Offensive Trades.	Septic Tanks.	Various.	Keeping of Animals.	Offensive Accumulations.	Various.	Inspected.	Abated.	New Work.	Old Work.	New Work.	Old Work.	Length in Feet.	Sound.	Defective.	
Total number inspected ..	24	6	1	4	27	447	10	9	4	1	6	46	26	25	19	80	34	46	17	53	104	14	5	10	30	89
Number in which defects existed	10	..	..	..	9	151	1	3	3	1	1	29	9	13	9	5	4	..	16	..	93	..	5	10	..	93
Number requiring requisitions under Public Health Act or local by-laws	4	..	..	..	1	83	..	2	..	1	..	15	7	6	3	6	3	..	..	..	60	..	..	..	..	79

WATER-SUPPLIES AND SEWAGE SYSTEMS.

Dr. Makgill (Auckland) reports:—

Town.	Water-supply.	Sewage-disposal System.
Auckland	Public supply from Waitakerei Ranges. Gravitation	Public water-carriage discharging into harbour—incomplete. Partly sealed pan system carried out by City. Disposal—City farm.
Avondale	City supply	No public service; pans in use.
Arch Hill	"	Nightsoil-removal contract with individual at price arranged with local authority. Slopwater removed by water-carriage to Arch Hill Gully. Drainage Board's main sewer laid; not connected.
Birkenhead	Water being laid on <i>ex</i> Lake Takapuna	No public service; pans, septic tanks, &c.
Devonport	Public <i>ex</i> Lake Takapuna; pumped to reservoir	Public water-carriage, discharging into sea.
Eden Terrace	City supply	Public water-carriage, discharging Arch Hill Gully; connections to Drainage Board's main sewer not yet made. Nightsoil-removal by private contract at Arch Hill.
Ellerslie	Public <i>ex</i> Manukau Trust	Compulsory nightsoil service by contract; septic tanks, &c.
Epsom	Partly <i>ex</i> Manukau Trust	Partial nightsoil service by private contract.
Grey Lynn	City of Auckland	Water-carriage slopwater only discharging to tidal creek. Public compulsory nightsoil-removal contract paid out of rates.
Helensville	Water being laid <i>ex</i> high-level creek	Sewers being laid into tidal river. No nightsoil-removal.
Mount Albert	Public water - supply, Asylum ground	Part connected to Drainage Board's sewer to Arch Hill Gully. Septic tanks, &c.
Mount Eden	City supply	Septic tanks; otherwise compulsory nightsoil service by private contract; price fixed by Council.
Mount Roskill	Partly <i>ex</i> Manukau Trust	No removal; pans, &c.
Mount Wellington	Manukau Trust, tanks, &c.	"
New Lynn	Partly city supply, tanks, &c.	"
Newmarket	City supply	Drainage Board sewer-connections.
Northcote	<i>Ex</i> Lake Takapuna	Partial drainage into harbour; slopwater only. Nightsoil removal compulsory. Public service.
Onehunga	Public service pumped to reservoir from spring in borough	Sewerage being installed. Compulsory nightsoil contract at present.
One-tree Hill	Manukau Trust	Sewers being laid in part. Drainage Board. Nightsoil-removal by private contract.
Otahuhu	Public supply pumped to reservoir from well	Drainage being installed. Nightsoil-removal by private contract compulsory. Price fixed by Board.
Parnell	City supply	Sewered; discharging into harbour.
Papakura	Tanks	No public service.
Panmure	"	"
Pukekohe	Public supply pumped to reservoir from spring	"
Point Chevalier	Public, <i>ex</i> Mount Albert supply	"
Remuera	Manukau Trust	Partly sewered. Drainage Board. Nightsoil-removal by private contract compulsory.
Takapuna	Partly <i>ex</i> Lake Takapuna	No public service.
Tamaki West	Negotiating for water	Negotiating for drainage. Part contract.
Warkworth	Tanks, &c.	No public service; pans, &c.
Waiuku	"	"
Kohukohu	"	No public service.
Mangonui	"	"
Rawene	"	"
Kawakawa	"	"
Russell	"	"
Aratapu	"	"
Dargaville	Negotiating for public water-supply	Public nightsoil-removal contract. Proposing borough service.
Hikurangi	Tanks, &c.	Pans, &c. No public service.
Whangarei	Own supply	Sewered. Water-carriage discharging into harbour.
Cambridge	Public, <i>ex</i> spring - pumped to reservoir	Partly sewered to septic tanks into river. Nightsoil contract.
Hamilton	Public, <i>ex</i> river	Partly sewered to septic tanks into river. Public nightsoil contract compulsory in unsewered areas.
Huntly	Tanks, &c.	Nightsoil-removal by contract; compulsory.
Frankton	"	Public nightsoil-removal service; compulsory.
Ngaruawahia	"	No public service.
Rotorua	Public supply gravitating from spring	Partially sewered to septic tank and filter-beds to lake. Compulsory nightsoil service by borough in other parts.
Taumarunui	Public water - supply being provided	No public service.
Te Kuiti	Ditto	Compulsory nightsoil-removal by contract.
Morrinsville	Tanks, &c.	Partially sewered for slopwater. Compulsory public nightsoil service by contract.
Paeoa	"	Nightsoil contract.
Te Aroha	Public supply by gravitation from stream	Almost completely sewered; discharging into river.
Thames	Ditto	Septic tanks and slopwater removed in water-table streams. Nightsoil contract; compulsory.
Waihi	"	Compulsory nightsoil-removal by borough. Slopwater removed in water-table streams.
Opotiki	No public supply	Nightsoil-removal contract.
Tauranga	Public supply from stream by gravitation	Partially sewered. Nightsoil-removal by contract.
Whakatane	No public supply	No public service.
Coromandel	"	Nightsoil-removal by private contract.

Dr. Chesson (Wellington) reports:—

Town.	Water-supply.	Sewage-disposal System.
Gisborne	Public supply from creek at Waingake	Pan privies. Water-carriage system under construction.
Napier	Artesian wells. Water pumped to reservoirs	Water-carriage. Outfalls into Tutaekuri River, inner harbour, and into sea.
Napier South	Private supplies from artesian wells and tanks	Private disposal; pan privies and septic tanks. Water-carriage scheme under consideration.
Taradale	Ditto	Private disposal. System of nightsoil-removal about to be carried out.
Hastings	Private artesian wells, but public water-supply system from artesian wells almost completed	Nightsoil-removal by contract. Water-carriage system under construction.
New Plymouth	Public supply, Waiwakaiho River	Water-carriage. Septic-tank effluent into river about 20 chains from sea. In suburbs nightsoil-removal by contract.
Inglewood	Public supply, Ngatoro River ..	Water-carriage, septic tanks.
Waitara	Public supply, Waiongona River	Pans (contractor). Water-carriage contemplated.
Ashhurst	Private tanks and wells	Nightsoil-removal by contract and privately.
Rongotea	Tanks and wells	Nightsoil-removal by contract.
Halcombe	"	Pans; private removal.
Foxton	Tanks	Nightsoil-removal by contract.
Masterton	High-pressure supply from Waingawa River	Water-carriage. Septic-tank effluent disposal by percolation. Part pan system.
Pahiatua	Public supply from springs; one reservoir	Water-carriage. Septic tank effluent into Mangatamoka River.
Eketahuna	Tanks	Pan system; removal by contract.
Carterton	Public supply from Waingawa River	Water-carriage. Septic-tank effluent into Maungaterere River.
Greytown	Wells and tanks	Pan privies.
Featherston	Public supply from creek; high pressure	Pan privies; public disposal.
Martinborough	Public supply from Ruakakapātuna River	Pan privies.
Opunake	Private tanks and wells	Pan-removal by contract.
Hawera	Public supply from Kapuni River	Water-carriage. Sewer discharges into sea.
Stratford	Public supply from Patea River..	Water-carriage and pan system. Septic-tank effluent discharges into Patea River.
Eltham	Public supply from Waingongoro River	Water-carriage. Septic-tank effluent discharges into Patea River.
Mania	Private supply, tanks and wells ..	Pan system; private disposal:
Normanby	"	"
Kaponga	"	Pan system; private disposal. High-pressure water-supply and water-carriage system of sewage-disposal under construction.
Wanganui	Public supply from Okehu	Water-carriage and pans. Discharged into river.
Wanganui East	Tanks	Pans.
Gonville	Wanganui Borough supply	Water-carriage. Discharged into river.
Castlecliff	Tanks	Pans.
Palmerston North	High-pressure public supply from Tiritea Stream	Water-carriage. Septic-tank effluent into Manawatu River.
Feilding	Public supply from Oroua River; mechanical filters	Water-carriage. Septic-tank filtrate into Oroua River.
Bull's	Tanks and wells	Pan privies; a very few cesspits.
Hunterville	Public supply and tanks	Water carriage. Septic tank with filter-beds. Effluent discharges into Porawa Creek.
Mangaweka	Public supply being installed	Water-carriage being installed. Septic-tank effluent to discharge into Rangitikei River.
Marton	"	Water-carriage being installed.
Ohakune	Public supply contemplated. At present tanks	Pans. Water-carriage contemplated.
Patea	Tanks	Nightsoil-removal by contract.
Taihape	Public supply almost complete ..	Water-carriage being installed. Septic-tank effluent will discharge directly and safely into Hautapu River.
Turakina	Tanks	Pans; private disposal.
Waverley	"	"
Wellington	High-pressure public supply from Wainuiomata and Karori reservoirs	Water-carriage; sea outfall.
Petone	Public supply, Korokoro	Nightsoil-removal by contract.
Lower Hutt	Public supply, Normandale reservoir	Water-carriage. Septic tank. Part nightsoil-removal by contract.
Upper Hutt	Tanks and wells	Nightsoil-removal privately.
Eastbourne	Tanks	Nightsoil-removal by contract.
Miramar	"	"
Onslow	Part public supply from Wainuiomata and part tanks	Water-carriage; sea outfall.
Johnsonville	Tanks. High-pressure supply being installed	Nightsoil-removal by contract. Water-carriage being installed.
Karori	Tanks	Nightsoil-removal by contract.
Levin	High-pressure supply	"
Blenheim	Private artesian wells	Nightsoil-removal privately. Water-carriage scheme contemplated.
Picton	Public supply (reservoir)	Part water-carriage to septic tank. Other parts nightsoil-removal privately.
Havelock	"	Ditto.

Dr. Finch (Canterbury) reports :—

The following table gives the main particulars on these matters in the chief towns. The term "satisfactory" is intended to mean that the water-supply or sewerage system is up to the general standard in the Dominion, and not that the ideal state of perfection has been attained.

The water-supplies are generally fairly safe from human pollution, but are not so safe from animal pollution or from general dirt pollution, and some would be greatly improved by filtration.

Sewage-disposal.

Town.	System.	Method of Disposal.	Place of Discharge or Disposal.	Remarks.
Rangiora ..	Pan	Public ..	On farm outside borough	There are no facilities for getting rid of house drainage except by cess-pits or drainage by stormwater-channels.
Kaiapoi ..	"	" ..	Sandhills outside borough	House drainage disposed of on sections.
Christchurch	Water-carriage ..	" ..	Pumped to open septic tanks and distributed over drainage-farm. Effluent discharges into estuary.	Very good effluent obtained. There are 12,344 houses. 11,391 houses connected to sewer, 10,491 of which have w.c.s. Of the other 1,853 houses, 560 have sealed-pan system, 1,293 open pan. Water-carriage system should be completed during next two years.
"	Pan	" ..	Sandhills at Chaney's, 6 miles from Christchurch	
Woolston ..	"	" ..	Sandhill's at Chaney's, 6 miles from Christchurch	Satisfactory.
Spreydon ..	"	" ..	Ditto	"
Sumner ..	Water-carriage ..	" ..	Septic tanks to sea ..	The system was badly designed, as it can only serve a portion of Sumner. When extensions are required pumping will be necessary, and some sewers may have to be abandoned.
"	Pan	" ..	Private farm ..	Satisfactory.
New Brighton	"	Public and private	"	"
Akaroa ..	Water-carriage ..	Public ..	By septic tanks into sea	"
Lyttelton ..	"	" ..	To harbour outside moles. Small portion inside moles	"
Ashburton	Pan	" ..	Farm outside borough	Satisfactory. Now that a high-pressure water-supply is available the water-carriage system should be installed. I have recommended the Borough Council to take this into consideration.
Geraldine ..	"	" ..	Farm	Satisfactory. This town is favourably situated for water-carriage system.
Temuka ..	Water-carriage system for household drainage. W.c. not allowed except discharges pass through septic tanks	" ..	Temuka river-bed ..	Satisfactory. When the water-supply is available these sewers could be used for carriage of nightsoil. Further treatment of effluent might be required.
"	Pan	" ..	"	Satisfactory.
Timaru ..	Water-carriage ..	" ..	Northern portion through septic tank to sea. Southern portion direct to sea	Satisfactory. 1,700 premises out of about 3,000 are now connected to sewers. Sewerage scheme will be completed in extended area of borough, and all houses connected within two or three years.
"	Pan	" ..	Sea	Satisfactory.
Waimate ..	"	" ..	Farm	Satisfactory. Partial drainage system in the course of construction.
Oamaru ..	Water-carriage ..	" ..	Direct to sea ..	About 200 water-closets connected to these old sewers. The sewerage system is only partial, and is unsatisfactory. A complete sewerage scheme has been drawn up for the whole of the borough, but no steps have been taken to obtain the consent of the rate-payers for the raising of money.
"	Pan	" ..	"	Fairly satisfactory.
Hampden ..	"	Private ..	Buried on own sections	Sufficient. Household drainage disposed of on sections.
Naseby ..	"	Public. Partially by contractor	Sludge-channel ..	A proper nightsoil service should be undertaken by the Borough Council.
Cromwell ..	"	Public ..	Borough reserve ..	Satisfactory.

Sewage-disposal—continued.

Town.	System.	Method of Disposal.	Place of Discharge or Disposal.	Remarks.
Alexandra ..	Pan	Public ..	Borough reserve ..	Satisfactory. A sewerage system should be installed in the central portion of the town.
Gore ..	Water-carriage ..	" ..	Direct into Mataura River	Sewers have been gradually extended. Very few water-closets are connected with the sewers. More use should be made of the sewers in this connection.
" ..	Pan	" ..	Land 1½ miles from town	Satisfactory.
Mataura ..	Sealed pans ..	" ..	Council's own farm 2 miles from town	"
Invercargill	Pan	" ..	Land 1½ miles from town. New site to be obtained	It is satisfactory to be able to record that the fifth largest town in the Dominion, which has been able to build a Town Hall and institute a tramway service, has at last decided to go in for a water-carriage system.
Bluff ..	Sealed pan ..	" ..	Farm 3 miles from town	Satisfactory. Septic-tank treatment was tried, but abandoned as unsatisfactory.
Riverton ..	Pan	" ..	Land ¾ mile from town	Satisfactory.
Otautau ..	Sealed pan ..	" ..	Council's land ¾ mile from town	"
Queenstown	Pan	" ..	Reserve 1½ miles from town	"
Arrowtown	"	" ..	Land 1 mile distant ..	"
Reefton ..	Water-carriage ..	" ..	Discharges into sludge-creek	"
" ..	Pan	Private ..	Own sections ..	"
Brunner ..	"	" ..	" ..	Fairly satisfactory.
Greymouth	Water-carriage ..	Public ..	Grey River ..	This sewage system has not been designed on modern lines, and is hopelessly defective.
" ..	Pan	" ..	Paddock near abattoirs	Paddock unsuitable. The nightsoil is frequently left uncovered, thus causing a nuisance. New method of disposal under consideration.
Hokitika ..	"	Private ..	On own sections ..	Some household sewage goes into stormwater drains. Plans of drainage system are in the course of preparation, but no poll of rate-payers has been taken. Unsatisfactory.
Kumara ..	"	" ..	" ..	Fairly satisfactory.
Ross ..	"	" ..	" ..	"

Water-supply of Towns.

Town.	Source.	Supply.	Remarks.
Rangiora ..	Subsoil; water, 10 ft. to 12 ft.	Private	Liable to pollution through lack of drainage system. Public water-supply from Ashley River often discussed; no progress made.
Kaipoi ..	Artesian	"	Generally satisfactory. Public supply to be pumped into tank suggested.
Christchurch ..	"	Public. Pumped into closed reservoir. Private supply from artesian wells	Satisfactory. 9,521 houses are now connected to the water-supply.
Woolston ..	"	Private	Satisfactory. Extension from Christchurch mains suggested as a public supply.
Spreydon ..	"	"	Satisfactory.
Sumner ..	"	Public; pumped into reservoir ..	"
New Brighton	"	Private	"
Akaroa ..	Mountain stream ..	Public; gravitation to reservoir ..	"
Lyttelton ..	Artesian	Public; pumped into reservoir ..	Satisfactory; details could be improved.
Ashburton ..	Well sank to river-bed, shingle	"	Satisfactory.
Geraldine ..	Waihi River	Public; pumped into reservoir by rams	Race between source and rams might be improved, as it is liable to animal and vegetable pollution
Temuka ..	Subsoil; water about 14 ft.	Private	Satisfactory as a private supply. Loan authorized and contract let for public supply by gravitation from Waihi River about five miles distant.
Timaru ..	Pareroa River ..	Public; through open race of about 11 miles to reservoir	Walls of old reservoir being raised and new reservoir constructed. No adequate provision for filtering water. Supply dirty in wet weather or when race is being cleaned. Increased storage should improve matters to some extent.

Water-supply of Towns—continued.

Town.	Source.	Supply.	Remarks
Waimate ..	Upland surface, Kelsey's Creek	Public ; by pipes to reservoir ..	Satisfactory from health point of view. Badly constructed in first instance from engineering point of view.
Oamaru ..	Waitaki River ..	Public ; by 30 miles open race to reservoir	Satisfactory.
Hampden ..	Well from subsoil water and storage of rain-water	Private	"
Naseby ..	Open race	Public ; gravitation to reservoir	"
Cromwell ..	"	"	"
Alexandra ..	"	"	"
Gore ..	Well in deep gravel-bed	Public ; pumped to reservoir ..	"
Mataura ..	Shallow wells and rain-water storage	Private	Satisfactory. Loan approved and contract let for installation of gravitation supply from Pluera Creek.
Invercargill ..	Deep well	Public ; pumped into water-tower	Satisfactory in quality, deficient in quantity. Other sources of supply under consideration, either by sinking another well or installing new gravitation supply from the Hokonui Mountains.
Bluff ..	Up and service, from Bluff Harbour Board reservoir	Public ; also private rain-water storage	Deficient in quantity ; extension of supply difficult.
Winton ..	Rain - water ; shallow wells	Private	Sufficient.
Queenstown ..	Mountain stream ..	Public ; gravitation to reservoir	Satisfactory.
Arrowtown ..	"	"	"
Riverton ..	Rain-water and shallow wells	Private	Sufficient.
Otautau ..	Ditto	"	Satisfactory for private supply. Gravitation supply could be easily obtained, and is under consideration.
Reefton ..	Water-race	Public ; gravitation to reservoir	Satisfactory.
Brunner ..	Rain-water	Private	Fairly satisfactory.
Greymouth ..	Grey River	Public ; pumped into reservoir ..	Liable to possible pollution by drainage from towns up the river. No adequate provision for filtering : water-supply almost always discoloured.
Hokitika ..	Lake Kanieri	Public ; gravitation to reservoir	Satisfactory.
Ross ..	Water-race	"	"
Kumara ..	Rain-water	Private	Fairly satisfactory.

Dr. Champtaloup reports :—

Town.	Water-supply.	Sewage-disposal Systems.
Palmerston ..	Public supply from Blue Mountains to two reservoirs holding 130,000 gallons	Surface drainage by means of natural watercourse. Nightsoil-removal: sealed-pan system; monthly removal service. Nightsoil taken to depot and ploughed into ground.
Waikouaiti ..	Private supply from tanks. Public scheme under consideration; estimated cost, £9,000	Pan system. Nightsoil removed by private individuals and buried in sandhills.
Port Chalmers ..	Public supply from hills behind town to reservoir and reticulated through about eight miles of mains	About half of the borough is sewered. These sewers discharge on to harbour foreshore. The remainder is sealed-pan system. Nightsoil is removed to Corporation sanitary farm at Sawyer's Bay, and utilized on land. Refuse-removal, collection by Corporation twice-weekly.
West Harbour ..	Private supply from tanks. A small part of the borough is supplied from old brewery reservoir at Burke's. A supply has been arranged for from Dunedin City reservoirs at 6d. per 1,000 gallons, and the reticulation (to cost £4,950) will be commenced early next year.	
Dunedin City ..	Public supply from Silverstream and Ross's Creek. Improvements have been made in the reservoirs, and doubtful sources of supply are being gradually eliminated. A much-needed and oft-recommended reform is the rigid exclusion of picnic parties from the vicinity of the reservoirs. In response to recommendations a notice has been placed at one of the principal reservoirs prohibiting picnic parties at hours when they are not at all likely to be there	Partly water-carriage by means of Dunedin and District Drainage Board sewers which discharge into deep water at Lawyer's Head. Outlying parts of the city are still being served by the pan system. Monthly nightsoil removed by private contractors to depot near railway engine-sheds, where it is dumped into sewers. Refuse-removal: daily removal in business parts of the city; residential area, twice weekly. It seems remarkable that Dunedin and suburbs have put up with a monthly removal service, which would not be tolerated in many smaller towns with less congestion of population. Dunedin City now proposes to do the work itself, and have a fortnightly removal, but it should be a weekly one to bring Dunedin into line with similar towns.

Town.	Water-supply.	Sewage-disposal Systems.
Roslyn ..	Public supply by arrangement with Dunedin City Corporation	Part of this borough is in the Dunedin Drainage Board area, and is sewerred. The pan system (four-weekly removal) is in operation in the Kaikorai Valley portion of district. Nightsoil removed to depot outside borough and ploughed into land. Refuse-removal: weekly removal by Council's contractor.
Maori Hill ..	Ditto	The greater portion of the borough is in Dunedin drainage area, and is sewerred. The remainder is under the pan system. Nightsoil is removed four-weekly by Council's contractor to depot, and utilized on land. Refuse removal: weekly removal by contract.
Mornington ..	.. .. .	Only a very small part of this borough is outside the Dunedin Drainage Board area, and the sewerage is practically completed in district under the Drainage Board's jurisdiction. Nightsoil-removal by the pan system is also carried out monthly by contractor. Refuse removal: weekly by contract.
St. Kilda ..	Public supply by arrangement with Dunedin City Corporation at 6d. per 1,000 gallons	The Drainage Board have reticulated a portion of this borough. The nightsoil is removed monthly by contractor and is buried in depot in sandhills at Tomahawk. Refuse removal: collected by Council's men and carted to depot.
Green Island ..	Public supply by arrangement with Dunedin City Corporation at 6d. per 1,000 gallons. Cost of reticulation, £8,250	Pan system; private disposal by householders, generally by garden burial. Refuse-removal: private removal.
Mosgiel ..	Public supply from Silverstream to reservoir	Partly water-carriage. Septic-tank treatment, and remainder pan system. Nightsoil taken to depot and utilized on land. Refuse-removal: by private contractor. House drains now being connected to sewers are being laid, jointed, and ventilated under strict local supervision, and new sewers are put down in most approved style. The septic tank, which was very unsatisfactory for some five or six years, has now been reconstructed, and is giving highly satisfactory results.
Milton ..	Private supply by tanks and a few shallow wells	Monthly removal by contractor to depot near Fairfax, where nightsoil is ploughed into ground.
Kaitangata ..	Private supply from tanks	Private removal by householders, who bury nightsoil in gardens. Refuse-removal: none.
Balclutha ..	Private supply from tanks. A public supply for the borough has now been arranged for from well sunk near bank of the Molyneux River, and the work has now been commenced. Estimated cost, £7,500	Fortnightly removal by contractor to depot outside borough.
Tapanui ..	Public supply from Blue Mountains to small reservoir	Pan system; private removal. Refuse-removal: private removal.
Lawrence ..	Public supply taken from the head of Gabriel's Gully	Pan system; removal by contractor to depot. Refuse-removal: weekly by contract.
Roxburgh ..	Public supply from a source about 2 miles from the borough	Pan system; private removal by householders. Garden burial. Refuse-removal: private removal to dumping-ground provided by Corporation.

OFFENSIVE TRADES.

Dr. Makgill (Auckland) reports :—

The approval of the Department was sought in support of that of the local authority for the establishment of a bacon-factory at Otahuhu. The matter was one carried over from the previous year, there being considerable objection to the site originally proposed. The application was eventually approved, but upon a site agreed upon other than that originally intended to be used, and consent being subject to the requirements of the Department of Agriculture (Meat-inspection Division), to whom I made suggestions for the avoidance of unwholesome conditions.

An application of a like nature on behalf of another firm was approved after somewhat lengthy treaty regarding site, plans, and disposal of drainage.

Certain offensive trades established in the Mount Wellington district continued to give much trouble on account of indifferent construction and careless management. The by-laws referred to in last year's report as being then compiled were completed early in the year, and, being adopted and put into operation by the local authority, have been instrumental in effecting much improvement.

Later on it was found that further and serious difficulties had arisen by reason of the pollution of the foreshore of the Upper Manukau Harbour by the discharge of offensive matters by these establishments. I had to deal with the matter by formal orders upon the parties concerned, made under the special powers authorized by the Governor to be exercised under section 18 of the Act.

Improvements required have necessarily taken time to complete, but the several firms are carrying out works designed to prevent the nuisance which had arisen.

Dr. Finch (Canterbury) reports :—

Two permits were issued, one for a sausage-casing works at Islington, the other for boiling-down works near Oamaru. There is a necessity for improvements in the purity of the effluent in the case of offensive trades that drain into the Avon and Heathcote Rivers, and steps are being taken to improve matters in this respect.

INSANITARY BUILDINGS.

Dr. Makgill (Auckland) reports :—

The annual record of buildings, premises, &c., ordered to be demolished, repaired, or otherwise made sanitary, has been increased considerably owing to the special powers under section 18 of the Public Health Act being brought into operation, and owing to the other drastic measures being taken following upon the outbreak of plague. In all during the year there were issued—105 condemnation certificates, 109 repair and cleansing certificates, 1 order to cease keeping animals on premises, 40 certificates in respect to buildings and premises in pursuance of the special powers for the more effectually checking infectious diseases.

In some cases where orders to pull down were issued I was afterwards satisfied with proposals made to reinstate buildings, and I ultimately consented to such reinstatement in lieu of destruction, fresh certificates thereupon being issued. In other cases where in my opinion the proposals would not suffice to render the buildings sanitary the requests were refused. A great number of repairs and renewals to buildings and premises were effected upon the verbal or written requisition of Dr. Monk or myself and the Inspectors without the need to issue the more formal and legal notices above detailed.

Removal of Buildings—that is, from Locality to Locality.

The Department was consulted upon several occasions when it was proposed to remove buildings or building material from one locality to another.

Houses built on Refuse-tips.

I was called to inspect some new cottages in a city suburban locality which had been erected on a recently used refuse-tip. The cottages were well built and of a very fair class, but the foundation was such as to render it necessary for me to issue an order declaring these buildings insanitary, and requiring the owner to go to considerable expense in clearing the rubbish away and taking other measures. On inquiry I learnt that the building by-laws give the Building Inspector no power to refuse a building permit where the foundations are on damp or foul earth. This is most unsatisfactory, especially in view of the extensive reclamations now going on, in which more or less decomposable material is present in the deposit. I have communicated with the city authorities, with a view to the framing of the necessary by-laws to deal with cases of this nature.

Dr. Chesson (Wellington) reports :—

	<i>Buildings pulled down.</i>							
Wellington	31
Onslow Borough	2
Ashhurst	1
Wanganui	8
Napier	10
New Plymouth	1
Marlborough District	5

<i>Condemnation Certificates issued.</i>	
Wellington City	39
Onslow Borough	3
Nelson City	2
Woodville Borough	2
Gisborne Borough	7
Picton Borough.. .. .	6
Hastings Borough	1
Waipukurau Borough	1
Blenheim Borough	5
Stratford Borough	1
Hawera Borough	1
Picton Road Board	1
Hutt County	1
	—
	70

Structural Alteration recommended in lieu of Condemnation.

Wellington City	58
Westport Borough	1
Onslow Borough	2
Foxton Borough	4
Picton Borough.. .. .	1
Hastings Borough	4
Stratford Borough	1
Petone Borough	2
New Plymouth Borough	1
	—
	74

Dr. Finch (Canterbury) reports:—

On the initiative of the late Mayor of Christchurch, Mr. T. E. Taylor, a large number of special inspections were made in connection with alleged insanitary buildings.

Under section 90 of the Public Health Act, 1908, 65 certificates were issued under subsection (1), under which the Christchurch City Council gave notice to the owner requiring him to pull down a building or portion of a building. In the majority of these cases these buildings were pulled down, but in a few cases the owners were allowed to make repairs.

Under subsection (3), 33 certificates were issued specifying the repairs that were necessary to put the building in proper repair.

I received great assistance from the Building Inspector of the City Council, but it is in many cases very difficult to draw a hard-and-fast line between the building that should be pulled down and the building in which repairs should be specified. In many cases it is difficult to assert that the repairs that are specified will meet all requirements, as the framework may prove worse than was anticipated when the repairs were carried out. In the case of a building ordered to be pulled down, the City Council now notifies the owner on the notice that he is at liberty to submit a specification of repairs before a certain date, but that the repairs, if approved by the City Council and myself, will be carried out at his own risk in respect to making a building permanently habitable.

Unfortunately, the pulling-down of old buildings does not solve some of the problems of the housing question. It is very difficult for a certain class of person who cannot afford to pay the same rent as a married man in full employment to obtain any suitable accommodation; they are practically driven to going to these old dilapidated buildings. Such persons are single persons of either sex, or widows with a small family, &c. The speculative builder is not likely to cater for this class of person, and it certainly seems desirable that the local body or another Department of the Government should take into consideration the matter of providing suitable accommodation for such persons.

BY-LAWS.

Dr. Makgill (Auckland) reports:—

The following local authorities have agreed to a limitation of area in conformity with the powers provided under section 2 of the Amendment Act of 1910:—

	Acre.
One-tree Hill	One-fifth.
Epsom	One-fifth.
Tamaki West	One-quarter.
Remuera	One-sixth.
Mount Roskill	One-fifth in closer settled area.
Frankton	One-ninth.
Waitemata	One-quarter.
Onehunga	One-fifth.

In the case of One-tree Hill, Epsom, and Mount Roskill the area was originally one-quarter acre, but after the decision of the Supreme Court in 1910 these by-laws were found *ultra vires*. These Boards, in drawing up new by-laws in accordance with recent legislation, fixed on the lesser area in view of the spread of population in their districts. As these districts have a very porous

subsoil greatly facilitating the disposal of sewage, these by-laws were approved, although I should have preferred that the original limitation was retained.

Waitemata County Council very wisely adopted the one-quarter acre limitation at Takapuna in spite of many efforts of land-speculators to reduce the area.

By-laws have been prepared or approved for,—

Hokianga	Drainage, nuisance, &c.
Remuera	Building areas, plumbing and drainage.
Tamaki West	Building areas.
Epsom	Building areas—approved on being amended.
Waitemata (Takapuna district)	Building and sanitation.
Mount Wellington	Offensive trades.
Te Kuiti	Regulating the sanitary service.
Thames County	Sanitary.
Taumarunui	Drainage.
Tauranga	General sanitary.
Ngaruawahia	Control of Native camps.
One-tree Hill	Building areas.
Avondale	General sanitary.
Frankton	Building areas.
Opotiki	General sanitary.

The need for general model sanitary by-laws for small local authorities has been felt in the past. An effort is now being made to draft such a set, and they will shortly be completed.

Dr. Chesson (Wellington) reports :—

By-laws relating to sanitation, &c., were dealt with or recommended as follows :—

Woodville Borough	Drainage.
Napier, South Town	Overcrowding of buildings on sections.
Gisborne	Stables.
New Plymouth	Stables.

Dr. Finch (Canterbury) reports :—

By-laws were prepared and adopted by Waimate Borough on drainage and plumbing :—

Spreydon Borough	General sanitary by-law.
Waimairi County	General sanitary by-law and building by-law.

By-laws were also prepared for the Boroughs of Alexandra and Ashburton, which are under consideration.

LEGAL PROCEEDINGS BY THE DEPARTMENT, OR IN CONJUNCTION WITH OTHERS, IN SANITARY MATTERS.

Dr. Makgill (Auckland) reports :—

Defendant.	Offence.	Under what Act or By-laws.	Date of Hearing.	Name of Magistrate.	Result of Proceedings.	
					Fines.	Costs.
K., Onehunga	Insanitary building	Municipal Corporations Act	3/4/11	Mr. Cutten ..	£ s. d.	£ s. d.
P., Te Kuiti	Insanitary premises	Local by-laws	10/8/11	Mr. Loughnan	1 0 0	1 8 0†
K. L., Te Kuiti	"	"	10/8/11	"	3 0 0	1 8 0†
K. L., Te Kuiti	"	"	14/8/11	"	0 1 0	0 17 0
H. H., Te Kuiti	Failing to connect to sewer	"	4/11/11	"	0 1 0	0 7 0‡

* Order given to pull down.

† Plead guilty.

‡ No penalty asked for.

Dr. Chesson (Wellington) reports :—

Defendant.	Offence.	Under what Act or By-laws.	Date of Hearing.	Name of Magistrate.	Result of Proceedings.	
					Fines.	Costs.
G. W., Nelson	Dirty premises	Factories Act	29/9/11	Mr. Wilson ..	£ s. d.	£ s. d.
C. H. and S.	"	"	29/9/11	"	1 0 0	4 4 0
H. T., Waipiro Bay	Refusing to bury body	Public Health Act, 1908	4/9/11	Mr. Barton	1 0 0	1 19 6
H. W., Waipiro Bay	Obstructing burial of body	Ditto	4/9/11	"	1 0 0	0 12 0
J. G. B., Stratford	Leaving carcasses in creek	Police Offences Act	11/11/11	Mr. Kenrick	25 0 0	1 4 9
C. E. M., Stratford	"	Ditto	11/11/11	"	12 0 0	1 4 9

* Dismissed on technical grounds.

Dr. De Lisle (Napier) reports:—

Defendant.	Offence.	Under what Act or By-laws.	Date of Hearing.	Name of Magistrate.	Result of Proceedings.	
					Fines.	Costs.
J. S., Napier	Having premises in a dirty condition	Napier Borough by-laws	16/10/11	Mr. McCarthy	£ 5 0 0	£ 1 14 0*

* Proceedings taken by Borough Council at request of Department.

QUARANTINE OF OVERSEA SHIPPING.

Dr. Makgill (Auckland) reports:—

The presence of plague in Auckland in the months of March, April, May, June, and July necessitated the indorsement of the fact upon the "bills of health" of outgoing vessels.

I communicated with Head Office *re* advisability of the Department issuing bill-of-health forms in amended and more suitable form, and it has been agreed to do so.

Medical inspection of incoming vessels from Australian ports at the wharf instead of in the stream was tried in the case of the s.s. "Zealandia," 29th September, as an experiment, with a view to ascertaining the possibility of meeting the wishes of the Australian Commonwealth authorities in this matter. The experiment was found to be without objection. Subsequently, by notice in the *Gazette*, 12th October, the Governor revoked certain Proclamations which had declared the Australian Commonwealth with Tasmania to be infected, thus permitting all vessels from those places to come to the wharf for inspection instead of having to anchor at the quarantine-ground. The shipping companies and the authorities interested were advised accordingly.

Arrangements have been made with the Harbour Board to accommodate a fumigating plant for disinfecting holds, &c., to be supplied by the Department. The need for such a machine was greatly felt during the plague outbreak, and it is to be hoped that the whole question of disinfection in connection with the port will shortly be placed on a modern footing. At present bales of rags, flock, &c., cannot be dealt with in a satisfactory manner. One or two such bales were sent on arrival to a local steam-laundry, and there subjected to a high temperature, thus rendering them sterile. The presence of a steam disinfector for port work would be of great benefit to importers, and it might be made available also for the treatment of goods from infected houses in the city.

Dr. Chesson (Wellington) reports that the quarantine-station at Somes Island has not been used during the year.

Dr. Finch (Canterbury) reports:—

The s.s. "Knight of the Garter," which was quarantined for smallpox, was allowed to proceed to Auckland to complete her quarantine.

At the Bluff some cases of beri-beri occurred among the crew on a ship from Christmas Island. The ship went on to Dunedin, where the cases were taken to the Hospital and successfully treated.

Dr. Champtaloup (Otago) reports:—

There has been no outstanding feature in relation to quarantine, and the quarantine-station at Port Chalmers has not been utilized. Most of the vessels making this port from overseas do not carry passengers, and only once during the year did one of the immigrant steamers discharge her passengers here.

Number of Vessels inspected by Port Health Officers during Year ended 31st December, 1911.

Port.	Public Health Officer.	Vessels inspected.
Hokianga	Dr. McFarlane	1
Helensville	" Meinhold	3
Dargaville	" Horton	13
Whangarei	" Good	..
Auckland	" Sharman	244
Onehunga	" Scott	..
Thames	" Walsh	1
Whitianga	" Gordon	..
New Plymouth	" McClelland	3
Gisborne	" Williams	8
Napier	" Moore	2
Wanganui	" Wilson	15
Wellington	" Pollen	129
Picton	" Redman	3
Nelson	" Bett	1
Westport	" Hallwright	7
Greymouth	" Morice	2
Lyttelton	" Upham	41
Timaru	" Thomas	6
Oamaru	" Douglas	2
Port Chalmers	" Hodges	26
Dunedin	" Ogston	7
Bluff	" Torrance	62

DISINFECTION OF OVERSEA GOODS.

Dr. Makgill (Auckland) reports :—

Forty-two parcels of clothing (oversea) were fumigated, for which fees amounting to £6 5s. 6d. were received.

Dr. Chesson (Wellington) reports :—

Seventy-eight packages of goods, chiefly second-hand clothing, were dealt with at the Department's fumigator.

Dr. Champtaloup (Otago) reports :—

Five bales of mill waste were examined, and admitted only after disinfection; while some 109 bales were admitted after examination without such precaution being considered necessary.

IMMIGRATION RESTRICTION ACTS.

Dr. Makgill (Auckland) reports :—

January 16 : R., phthisical case. Detained in hospital till returned home by shipping company.

March 14, at Auckland : B. J., restricted immigrant (venereal). Allowed to land, he reporting for six months as out-patient at hospital.

April 13, at Auckland : One passenger, s.s. "Indrabarah" (phthisis). Southern ports advised of presence on board.

June 15, at Kaipara : Epileptic, ex "Valador." Dealt with as undesirable immigrant.

July 4, at Auckland : W. B., phthisical immigrant, ex "Nairnshire"—urgent case. Removed to hospital, where he died a week after admission.

Dr. Chesson (Wellington) reports :—

The following is a summary of cases dealt with under this Act :—

Mentally afflicted	..	..	..	..	4	Three prevented from landing; 1 sent to Porirua Mental Hospital.
Chronic phthisis	..	..	..	..	1	Prevented from landing.
Spinal trouble	..	..	..	..	1	
Infirm	..	..	..	..	1	
Heart-disease	..	..	..	..	1	
Total	..	..	..	..	8	

Dr. Finch (Canterbury) reports :—

At Lyttelton 5 persons were allowed to land under the bond required by the Act, and 5 seamen were reported to the Customs to prevent them being landed.

Dr. Champtaloup (Otago) reports :—

There have been 2 prohibited immigrants. None have been landed under bond.

VACCINATION.

The vaccination law has practically become a dead letter in the Dominion.

The number of vaccinations for the year ended 31st December, 1911, was,—

Children under one year of age	..	..	..	..	..	..	..	..	..	..	415
Children over one year of age	..	..	..	..	..	..	..	..	..	..	627
Adults	..	..	..	..	..	..	..	..	..	..	36

1,078

The exemption certificates issued numbered 6,754.

The births in the Dominion for the year 1911 were 26,354, from which it will be seen that only 1.6 per cent. of the parents had their children vaccinated.

The number of vaccinated children under one year of age has apparently never been more than 25 per cent., to which it rose in 1903 from 12 per cent. in the previous year, dropping again in 1904 to 10 per cent. The high proportion in 1903 was due no doubt to the slight outbreak of smallpox about that time.

Table showing the Number of Persons who were Successfully Vaccinated in each Quarter of the Year 1911.

Health District.	March Quarter.		June Quarter.		September Quarter.		December Quarter.		Total for Year.				
									Children.		Adults.	Total Vaccinations.	Exemptions granted.
	Under 1 Year.	Over 1 Year.	Under 1 Year.	Over 1 Year.	Under 1 Year.	Over 1 Year.	Under 1 Year.	Over 1 Year.	Under 1 Year.	Over 1 Year.			
Auckland ..	5	1	18	132	16	167	..	68	39	368	33	440	2,098
Wellington ..	20	3	19	80	7	1	12	10	58	94	1	153	2,469
Canterbury ..	19	3	16	2	11	5	51	13	97	23	1	121	1,562
Otago ..	85	34	51	51	52	27	33	30	221	142	1	364	625
Totals ..	129	41	104	265	86	200	96	121	415	627	36	1,078	6,754

SPECIAL INSPECTIONS BY DISTRICT HEALTH OFFICERS.

Dr. Chesson (Wellington) reports:—

Waiapu, Tokomaru, Waipiro, and neighbouring settlements and Pas: *Re* outbreak of typhoid amongst Natives (2 visits) and general sanitary matters.

Eketahuna: *Re* series of typhoid cases and general sanitary condition (2 visits).

Otaki: *Re* case of typhoid.

Petone: *Re* general sanitary matters (several visits).

S.s. "Marama": *Re* prohibited immigrant.

Gisborne: *Re* general sanitary matters (2 visits).

Cook County and Waikohu: *Re* outbreak of typhoid fever amongst Natives.

Blenheim: *Re* proposed water and sewerage schemes, general sanitation, and insanitary buildings (2 visits).

Picton: *Re* general sanitary matters and insanitary buildings (3 visits).

Hawera, Stratford, Eltham, and Normanby: *Re* general sanitation.

New Plymouth: *Re* suspected consumptive patient, disposal of refuse, and general sanitation (2 visits).

Waitara: *Re* general sanitation.

Mangaweka: *Re* proposed water-supply and sewerage scheme, and general sanitation (2 visits).

Rangataua: *Re* drainage.

Lower Hutt: *Re* houses erected and occupied without proper privy-accommodation, and general sanitary matters.

Taranaki and Egmont Counties: *Re* outbreak of typhoid amongst Natives; inspection of pas, &c.

Turakina: *Re* unrecognized outbreak of scarlet fever.

Feilding: Nightsoil service in unsewered part of town.

Pahiatua: *Re* drainage of stock-yards, &c.

Waipukurau: *Re* investigation of complaint as to conduct of nightsoil service.

Napier South: Overcrowding of building-sites and general sanitation.

Havelock: *Re* defective sceptic-tank installation.

Hastings: *Re* insanitary dwellings, boiling-down works, &c.

Eastbourne: *Re* milk-supply.

Hutt County, Foxton, Onslow: *Re* insanitary dwellings.

Woodville: *Re* new by-laws.

Westport: *Re* proposed sewerage scheme and general sanitation.

Murchison: *Re* medical subsidy.

Tahuna: Surface drainage.

Nelson: *Re* new drainage at Mental Hospital, insanitary buildings, &c.

Wellington City: Frequent inspection of insanitary buildings, and other special sanitary matters.

Factories: Numerous inspections were made at the request of the Department of Labour as to suitability of premises used, or proposed to be used, as factories.

Dr. Finch (Canterbury) reports:—

The following special inspections were made by the District Health Officer and other officers:—

Christchurch City and suburbs: Inspections *re* rat regulations.

Woolston: Offensive trades, polluting Heathcote River.

Lyttelton: Inspections *re* rat regulations.

Sockburn: Site for offensive trade.

Ashburton County Hospital: Drainage.

Ashburton District High School: Drainage.

Ashburton: *Re* rat regulations.

Timaru: Report on sceptic tank.

Timaru: Drainage connections.

Dunedin: Kaikorai drainage and offensive trades.

Southland: Lorne Farm drainage.

Otautau: Inspection *re* sealed-pan service.

Hokitika: Special inspection of town *re* sewerage of same.

Otira: Installed sceptic tank and drainage, including plumbing work at cottage hospital.

Mataura: Source of water-supply.

SPECIAL REPORTS BY DISTRICT HEALTH OFFICERS.

Dr. Chesson (Wellington) reports:—

To Chief Health Officer *re* typhoid and sanitary condition of Maoris in Waiapu.

Gisborne: Sanitation of stables.

Blenheim: Sewerage scheme and water-supply.

Pahiatua: Drainage of stock-yards.

Napier South: *Re* by-laws to prevent overcrowding of sites.

Westport: *Re* proposed sewerage scheme.

Dr. Finch (Canterbury) reports:—

Christchurch City Council: Insanitary buildings.

Chief Health Officer.

Re lepers on Quail Island.

Suspected case of leprosy at Greymouth.

Quarantine buildings, Bluff.

MEDICAL EXAMINATIONS.

Dr. Makgill (Auckland) reports :—

The following physical examinations were made :—

Applicants for sanatorium	42
On behalf of other Government Departments—	
Police Department	9
Post and Telegraph Department	1
Advances to Settlers Department	1
Valuation Department	1
Public Works Department	2

MIDWIVES ACT, 1908.

Section 11 of the Act provides that a District Health Officer may temporarily suspend any midwife from practice if such suspension appears necessary in order to prevent the spread of puerperal fevers.

Dr. Makgill (Auckland) reports :—

Five registered midwives have been suspended on account of the occurrence of puerperal septicæmia in patients attended by them ; 1 was reported to the Inspector-General of Hospitals, and 2 unregistered women have been warned not to attend any cases for the usual period of suspension.

Dr. Chesson (Wellington) reports :—

Two registered midwives were temporarily suspended, on account of puerperal septicæmia in patients attended by them.

Hawera and Stratford : One registered midwife was temporarily suspended, and 1 unregistered midwife was warned not to attend any case for the usual period of suspension.

Two unregistered women were cautioned in the Wanganui Hospital District.

Dr. Finch (Canterbury) reports :—

All cases of puerperal septicæmia have been visited and inquired into, but it has not been found necessary to suspend any midwife. Inquiries have also been made in cases where it has been alleged that an unlicensed midwife has been attending cases without a doctor or receiving cases into her house contrary to the provisions of the Hospitals Act.

SALE OF FOOD AND DRUGS ACT, 1908.

Dr. Makgill (Auckland) reports :—

Mr. A. J. Parker, F.C.S., was appointed an analyst as from 1st November, 1911. This appointment has enabled us to undertake a large amount of work under the Food and Drugs Act which was formerly impossible, more especially in regard to the inspection of milk-supplies. During the current year we may now hope to get this important branch of our work fully organized. We cannot, however, have the full benefit of the Act until the new regulations as to standards are adopted. A great deal of work has already been done in this matter, and during the year standards for butter and cheese were gazetted, and special regulations for the cleanliness of the conditions under which foodstuffs are prepared were drafted.

Drugs.—A conference was held at Wellington with the representatives of the Pharmacy Board as to the standard of purity for drugs, and some important points agreed upon ; but other matters as to the labelling of certain drugs still remain undecided. We have been in constant communication with Dr. Ashburton Thompson, of the Sydney Commission under the Sale of Food and Drugs Acts for the Commonwealth, and it has been decided to work as far as possible on parallel. We are now awaiting the publication of the newest regulations for New South Wales.

Margarine.—An inquiry was made as to the making, importation, and use of margarine. No evidence was found that margarine was made in the district. The margarine imported appeared to be made use of only in the process of baking, and the quantity is not very considerable.

Dried Milk.—The subject of a standard for dried milk has led to considerable correspondence.

Egg-powder.—Various manufacturers of egg-powder have been notified as to the proper labelling of this substance. So far the labels have been of a nature calculated to give the public a false impression as to the qualities of this powder.

Cocoa.—A sample of cocoa was examined with reference to its suitability for the New Zealand market, and was reported upon adversely.

Water-examinations.—1st February : Report on proposed water-supply, Taumarunui ; favourable. 6th March : Report on proposed water-supply, Otorohanga ; favourable. 26th May : Water from artesian bore at Frankton ; water contained considerable quantity of organic matter ; further sample advised.

Dr. Finch (Canterbury) reports :—

The taking of samples under the Sale of Food and Drugs Act has been chiefly confined to milk samples.

Samples of butter were taken in Christchurch and tested as to the amount of moisture, and none were found to be under the standard.

Warnings were issued to certain manufacturers of baking-powder the labels of which appeared to imply that eggs were employed in the manufacture.

Dr. Champtaloup (Otago) reports :—

Several attempts have been made to obtain the services of a competent analyst under the Act for this district, but without avail. Till such is obtained very little can be done in a routine way, though much requires to be done.

Samples taken for Examination for the Period from 1st January to 31st December, 1911.

AUCKLAND DISTRICT.

Seller's Name and Address.	Sample purchased.	Where.	Date and Time.	Remarks.
C. M. M., Takapuna ..	Milk	On delivery at J Dairy, Devonport	26/6/11	Up to standard.
B. B., Auckland ..	"	Ditto	26/6/11	"
"	Egg-powder ..	Auckland ..	24/8/11	Analysed with reference to legality of label.
N., Auckland ..	"	"	24/8/11	Ditto.
T., Auckland ..	"	"	24/8/11	"
W. S., Auckland ..	Egg-yolk ..	"	24/8/11	"
C. G. L., Auckland ..	Ice-cream powder ..	"	1/11/11	Forwarded to analyst.
D. S. L., Arch Hill ..	Milk	Arch Hill ..	14/11/11	Analysis proved up to standard.
T. C., Mount Albert ..	"	Mount Albert ..	14/11/11	"
H. H. H., Mount Eden ..	"	Mount Eden ..	14/11/11	"
I. W., Auckland ..	"	Auckland ..	19/12/11	"
H. R., Auckland ..	"	"	19/12/11	"
A. and E., Auckland ..	"	"	19/12/11	"
H., Newmarket ..	Butter	Newmarket ..	20/12/11	"
H. M. S., Auckland ..	"	Auckland ..	20/12/11	"
C., Auckland ..	"	"	20/12/11	"
R., Auckland ..	"	"	20/12/11	"
H. Bros., Auckland ..	"	"	20/12/11	"
A. D., Te Kuiti ..	Milk	Te Kuiti ..	23/10/11	"
S. W., Te Kuiti ..	"	"	23/10/11	"
C., Rotorua ..	Jelly crystals ..	Rotorua ..	29/12/11	"
K., Herekino ..	Wine	Herekino ..	17/11/11	"
L., Herekino ..	"	"	17/11/11	"
V., Herekino ..	"	"	17/11/11	"

WELLINGTON - HAWKE'S BAY DISTRICT.

Where purchased.	Sample taken.		Results of Weighing or Analysis.			
	Number.	Nature.	Complying.	Non-complying and Warning given.	Non-complying and Prosecution advised.	Rendered defective in Transit.
Wellington (in and around) ..	65	Milk	53	7	5	..
"	54	Bread	29	9	16	..
Napier	10	"	5	1	4	..
Nelson	8	"	4	2	2	..
Wellington (in and around) ..	17	Butter	17	..	..	..
Nelson	4	Beer	4	..	..	..
Wellington	2	Baking-powder ..	1	1	..	..
"	3	Egg-powder ..	..	3	..	..
"	1	Margarine ..	1	..	..	..
"	1	Tomatoes ..	..	..	1	..
"	2	Sugar of milk ..	2	..	..	..
Napier	8	Bread	4	4	..	..
"	9	Milk	6	1	1	1
Hastings	4	"	2	2	..	..
Napier	7	Pepper	5	2	..	..
Wairoa	5	"	2	3	..	..
"	1	Mustard ..	1	..	..	..
Hastings	1	"	1	..	..	..
"	3	Baking-powder ..	1	1	1	..
Napier	1	"	1	..	..	..
"	2	Butter	2	..	..	..
"	1	Coffee	1	..	..	..
Hastings	1	" .. ..	..	1	..	..
"	1	Cocoa	1	..	..	..
Napier	1	Port wine ..	..	1	..	..
"	8	Milk	6	1	1	..
Marlborough district ..	5	Bread	4	1	..	..
"	1	Mustard ..	1	..	..	..
"	3	Pepper	2	..	1	..
"	1	Baking-powder ..	1	..	..	..
"	1	Cream of tartar ..	1	..	..	..
"	1	Cocoa	1	..	..	..
"	2	Butter	2	..	..	..
Featherston	5	Milk	3	2	..	..
Aramoho	4	"	3	..	1	..
Palmerston North and district ..	8	"	6	..	2	..
"	2	Pepper	2	..	..	..
"	1	Egg-powder ..	1	..	..	..
"	1	Vinegar	1	..	..	..
Hawera and Stratford district ..	3	Milk	2	..	1	..
"	21	Bread	17	4	..	..

CANTERBURY-WESTLAND-SOUTHLAND DISTRICT.

Where purchased.	Samples taken.		Results of Weighing or Analysis.			
	Number.	Nature.	Complying.	Non-complying.	Defective in Transit.	Remarks.
Christchurch and district ..	49	Milk	24	14	..	11 doubtful.
Waimate	8	"	6	2	..	..
Timaru	11	"	7	4	..	..
Ashburton	5	"	4	..	..	1 doubtful.
"	6	Bread	5	1	..	..
Invercargill	4	Milk	4	..	..	..
Greymouth	15	"	6	1	8	..
Dunedin (in and around) ..	9	Bread	5	4	..	..
Port Chalmers	2	" .. ..	..	2	..	..
Palmerston South	1	" .. ..	..	1	..	..

Food Inspections for Period from 1st January to 31st December, 1911, inclusive.

Food or Drugs inspected.	Where.	Date and Time.	Action taken—if "marked," "sealed," or "destroyed." Remarks.
<i>Auckland District.</i>			
25 cases egg-pulp	Queen Street Wharf, Auckland	13/1/11	Destroyed with owner's consent.
15 cases egg-pulp	Warehouse	13/1/11	Ordered to be destroyed when question of duty settled.
20 sides bacon	Auction-room	27/1/11	Destroyed with owner's consent.
13 cases oysters (52 dozen tins)	L.D.N., Auckland ..	4/3/11	Condemned for destruction.
120 lb. beef and mutton ..	Hamilton	11/3/11	All sound.
Hop-beer	Waihi	7/4/11	..
15 turkeys	Queen Street	15/5/11	Destroyed.
1 sack pipis	Frankton	1/6/11	Seized and destroyed.
6 sacks periwinkles	"	1/6/11	No action.
3 gallons milk	Te Kuiti	11/8/11	Destroyed with owner's consent.
4 bales mill waste (under Public Health Act)	S. and C.	24/8/11	Passed as fit to land.
1 ham	Hamilton	23/9/11	Seized and destroyed.
Fruit	Rotorua	12/10/11	Destroyed.
Bread	"	12/10/11	Dealer cautioned.
Fruit	"	12/10/11	Destroyed.
"	"	12/10/11	"
Bread	"	12/10/11	Dealer cautioned.
"	"	14/10/11	"
Bread and fruit	Ohinemutu	17/10/11	Fruit destroyed.
Bread	Mamaku	3/11/11	Explained Act to dealer.
Fruit (apples)	Putaruru	8/11/11	Fruit destroyed.
21 tins shrimps	P. and Co.	16/11/11	Condemned for destruction.
Bread	"	20/11/11	Explained Act to dealer.
"	Tokaanu	24/11/11	"
Milk	Ohinemutu	30/11/11	Cautioned seller as to method of delivery.
Bread	Rotorua	22/12/11	Explained Act to dealer.
80 cases bananas	T. and G.	23/12/11	Destroyed by owners on request. (N.B.—Other owners destroyed large quantities of same shipment.)
Fruit (cherries, strawberries, and bananas)	Rotorua	23/12/11	Unsound. Fruit destroyed.
Fruit (cherries)	"	23/12/11	"
" (apricots)	"	23/12/11	"
Fruit and vegetables	"	29/12/11	"
Bread	"	29/12/11	Dealer cautioned.
300 cases bananas	G. F.	30/12/11	Destroyed.
105 bunches bananas	"	"	"
37 tins meat	K. and Co.	"	"
2,248 lb. beef, pork, mutton (21 inspections)	Hamilton	1/1/11 to 31/12/11	All sound.
<i>Wellington - Hawke's Bay District.</i>			
3 sacks of oysters	Napier	11/3/11	Kerosened and destroyed.
1 cask corned beef; sawn joints of beef and mutton, and quantity of sheep's tongues	Wellington	7/4/11	Destroyed, and vendor prosecuted.
73 dozen bundles of cod	"	7/4/11	Destroyed at vendor's request.
Quantity of oysters	Nelson	4/9/11	Destroyed, and vendor prosecuted under Factories Act for dirty premises. Case dismissed on technical grounds.

Food Inspections for Period from 1st January to 31st December, 1911, inclusive—continued.

Food or Drugs inspected.	Where.	Date and Time.	Action taken—if "marked," "sealed," or "destroyed." Remarks.
<i>Wellington - Hawke's Bay District—continued.</i>			
13 rolled hams	Wellington	1/11/11	Destroyed.
Oysters	Feilding	17/3/11	"
"	"	23/3/11	"
"	"	8/4/11	"
Fish	"	20/10/11	"
"	Palmerston North	1/6/11	Sound.
Tomatoes	Wanganui	4/1/11	50 per cent. unfit; destroyed.
Bread	"	7/2/11	2 crates, insufficient covering; cautioned.
"	Waverley	10/2/11	Short weight; cautioned.
Sultanas (2 boxes)	Wanganui	4/3/11	Removed from bakehouse and destroyed.
Fruit (2 cases)	"	18/3/11	Removed from shop and destroyed.
Bread, loaves of	Kakaramea	27/3/11	Short weight; cautioned.
Bread	Patea	28/3/11	Unprotected from dust on top of cart; cautioned.
Potatoes (8 sacks)	Wanganui	13/4/11	Grub-infected; stopped sale.
Eggs (24 dozen)	"	5/4/11	Ordered to be removed and destroyed.
Milk (fresh)	"	8/4/11	Pasteurized milk; no action.
Fruit—30 lb. pears	"	8/4/11	Unsound; ordered to be destroyed.
Fruit (specked)	"	8/4/11	Exposed for sale; removed and destroyed.
Potatoes (2 sacks)	"	11/4/11	Grub-infected and destroyed.
Bread (2 loaves)	"	22/4/11	Exposed to dust; cautioned.
Jam	"	6/5/11	Illegally labelled; cautioned.
Baking-powder	"	6/5/11	Forwarded sample for analysis.
Bread (30 loaves)	"	6/5/11	Insufficiently protected from dust.
Bread	"	23/5/11	Weighed and found correct.
Milk	"	1/6/11	Uncovered jug; cautioned 3 purchasers.
"	"	"	Uncovered jug; cautioned purchaser.
Fruit (oranges)	"	18/9/11	Unsound exposed in shop; removed and destroyed.
168 lb. apples	Wellington	1/1/11	Destroyed.
3 cases pineapples	"	1/1/11	"
24 pairs rabbits	"	1/1/11	"
1 roll bacon (20½ lb.)	"	1/1/11	Kerosened and destroyed.
12 sides bacon	"	1/1/11	No action taken.
1 case peaches (40 lb.)	"	1/1/11	Destroyed.
2 sacks schnapper and cod	"	31/1/11	"
Flour	Waipiro Bay	25/9/11	No action taken.
Bread	"	25/9/11	Prohibited sale for human consumption.
Bananas (25 lb.)	Napier	1/1/11	Destroyed.
Veal (80 lb.)	"	1/1/11	"
Fish (8 tins)	"	1/1/11	"
Figs (3 drums and 5 boxes)	"	1/1/11	"
Muscatsels (11 boxes)	"	1/1/11	"
2 dozen bundles of fish	Masterton	1/1/11	"
6 sacks of potatoes	"	1/1/11	"
1 case bananas	"	31/12/11	"
Tinned goods	Featherston	22/3/11	10 tins salmon blown.
1 ham	Greytown	6/6/11	One ham destroyed; unfit for human consumption.
Bacon	"	4/10/11	27 lb. destroyed.
Contents of bakehouse	"	28/12/11	1 box of figs destroyed.
Vegetables and fruit	Carterton	Various	Destroyed with owner's consent.
"	Featherston	"	"
"	Greytown	"	"
"	Martinborough	"	"
<i>Canterbury-Southland District.</i>			
Fish	Invercargill	Jan. 4	None.
13 hams	"	" 11	"
10 rolls bacon	"	" 11	"
Tinned fruit	"	" 23	"
Old cheese	"	" 23	"
3 sacks cabbages	"	Feb. 1	"
6 hams	"	" 1	"
4 boxes fish	"	" 6	"
Oysters (3 sacks)	Oamaru	" 14	Destroyed.
14 rolls bacon	Invercargill	" 17	None.
8 hams	"	" 17	"
11 rolls bacon	"	Mar. 13	"
5 hams	"	" 13	"

Legal Proceedings for Period from 1st January, 1911, to 31st December, 1911.

Defendant.	Offence.	Date of Hearing.	Name of Magistrate.	Result of Proceedings		Remarks.
				Fines.	Costs.	
Dr. Makgill (Auckland) reports:—						
J., Rotorua	Light-weight bread	8/3/11	Mr. Dyer ..	£ 5 0 0	s. d. 3 13 0	The Magistrate remarked, as this was first case before him, a light fine would be imposed. (Where the circumstances scarcely justified prosecution several food-suppliers were warned as the result of the examination of commodities.)
H., Mount Roskill ..	Adulterated milk..	20/9/11	Mr. Cutten ..	5 0 0	0 19 6	
D., Auckland	" ..	27/9/11	" ..	5 0 0	0 17 0	
Dr. Chesson (Wellington) reports:						
J. W., Hastings ..	Selling short-weight bread	10/3/11	Mr. McCarthy	2 0 0	1 3 6	Application for re-hearing dismissed.
R. W., Hastings ..	Ditto	10/3/11	" ..	2 0 0	1 3 6	
J. A. B., Napier ..	"	13/3/11	" ..	5 0 0	1 3 6	
W. R., Napier	"	13/3/11	" ..	5 0 0	1 1 6	
A. E. T., Napier ..	"	13/3/11	" ..	5 0 0	1 1 6	
M. Bros., Napier ..	"	13/3/11	" ..	5 0 0	1 1 6	
W. T., Napier	"	13/3/11	" ..	5 0 0	1 1 6	
A. W. B., Petone ..	"	13/3/11	" ..	0 10 0	1 1 6	
C. B., Petone	"	27/3/11	Dr. McArthur	2 0 0	0 7 0	
McV. and Co., Petone ..	"	27/3/11	" ..	2 0 0	0 7 0	
G. M. W., Petone ..	"	27/3/11	" ..	2 0 0	0 7 0	
Mrs. L. O., Petone ..	"	27/3/11	" ..	2 0 0	0 7 0	
B. and Co., Pakipaki ..	"	27/3/11	" ..	1 0 0	0 7 0	
H. Bros., Ormondville ..	"	21/5/11	Mr. McCarthy	2 0 0	1 9 0	
G. H. W., Waipukurau ..	"	7/7/11	" ..	5 0 0	0 9 0	
E. B., Waipawa	"	15/7/11	" ..	5 0 0	2 1 10	
B. and H., Dannevirke ..	"	15/7/11	" ..	5 0 0	2 1 10	
G. B., Dannevirke ..	"	16/8/11	" ..	0 10 0	0 7 0	
H. and A., Woodville ..	"	16/8/11	" ..	0 10 0	0 16 0	
J. A., Nelson	"	24/8/11	" ..	0 5 0	0 7 0	
H. E. N., Nelson	"	4/9/11	Mr. W. Wilson	0 1 0	2 3 0	
T. H. V., Palmerston N.	"	4/9/11	" ..	0 10 0	2 3 0	
C. Bros.	Selling adulterated milk	23/8/11	Mr. Thompson	1 0 0	0 19 6	
C. N., Otaki	Ditto	23/8/11	" ..	1 0 0	0 19 6	
J. M. L., Apaiti	"	1/9/11	" ..	2 0 0	2 1 0	
M. P., Wellington South ..	"	21/9/11	Mr. Crook ..	4 0 0	0 19 6	
J. K., Wellington	"	20/10/11	Mr. Riddell..	2 0 0	0 19 6	
J. B. C., Wellington ..	"	20/10/11	" ..	2 0 0	0 19 6	
J. T., Hawera	"	25/10/11	" ..	2 0 0	0 19 6	
W. W. C., Wellington ..	"	6/11/11	Mr. Kenrick	5 0 0	0 17 6	
J. B. C., Napier	"	13/11/11	Mr. Riddell..	2 0 0	0 19 6	
J. B. C., Napier ..	Selling milk containing preservative	26/5/11	" ..	1 5 0	0 17 6	
Dr. De Lisle (Napier) reports:—						
J. B. A., Napier ..	Selling light-weight bread	30/5/11	Mr. McCarthy	..	1 12 4	And publication of offence in two Napier papers.
R. B., Napier	Ditto	30/5/12	" ..	10 0 0	1 12 4	
A. E. T., Napier ..	"	30/5/12	" ..	10 0 0	1 12 4	
E. J. E., Napier ..	Selling adulterated milk	4/12/11	" ..	2 0 0	0 17 0	
Dr. Finch (Canterbury) reports:—						
W. M. M., Christchurch	Selling adulterated milk	18/7/11	Mr. Bishop ..	2 5 0	2 5 6	Case dismissed.
F. K., Christchurch ..	Ditto	18/7/11	" ..	5 5 0	2 5 6	
W. H. W., Christchurch ..	"	31/10/11	Mr. Fraser ..	2 0 0	1 8 6	
W. C. J., Christchurch ..	"	31/10/11	" ..	2 0 0	1 8 6	
J. F., Christchurch ..	"	28/11/11	Mr. Bishop ..	3 0 0	0 19 6	
H. M., Greymouth	"	12/6/11	Mr. Croke ..	5 0 0	0 17 6	
W. S., Waimate	"	19/12/11	Mr. Hutchinson	..	..
M. P., Waimate	"	19/12/11	Ditto .. ..	..	..
C. M., Timaru	"	21/12/11	Mr. Day ..	1 0 0	0 17 6	
H. W. and G. P., Timaru	"	21/12/11	" ..	1 0 0	0 17 6	
E. H. P., Timaru	"	21/12/11	" ..	2 0 0	0 17 6	Defence: Milk obtained from supplier and sold without extracting from or adding to milk.
W. F. G., Ashburton ..	Selling adulterated bread	12/12/11	" ..	5 0 0	0 17 6	
Dr. Champaloup (Otago) reports:—						
J. S., Dunedin	Selling light-weight bread	22/12/11	Mr. Bartholomew	2 0 0	0 7 0	Undefended.

PART III.

LABORATORY WORK—ANALYTICAL AND BACTERIOLOGICAL.

The Dominion Analyst (Dr. J. S. Maclaurin) reports :—

I have the honour to forward herewith returns of analyses made in the Dominion Laboratory, Wellington, for the Department of Public Health during the year ending 31st March, 1912. These returns show a total of 475 analyses of a varied character. A return showing the analyses made for the Police Department, some of which may be of interest to you, is also supplied.

Summary of Analyses made in the Dominion Laboratory, Wellington.

Nature.	Object of Analysis.	No.
<i>For the Health Department.</i>		
Baking-powder	Purity	12
Beer	Arsenic	5
Bread	Moisture	9
Butter	Purity	24
Cheese	Ptomaines	2
Cocoa	Purity	3
Coffee	"	4
Coffee and chicory	"	2
Eggo	"	1
Egg-powder	"	8
Egg-yolk	"	1
Glycerine	Arsenic	1
Ice-cream powder	Nature	1
Margarine	Purity	6
Medicine	General analysis	6
Milks	Standard and preservatives	326
Mustard	Purity	3
Pepper	"	25
Preservative	Nature	1
Vinegar	Purity	2
Waters	General analysis	29
Wine	"	4
		475
<i>For Police Department.</i>		
Fluid	Poison	3
Medicine	General analysis	2
Powder, &c.	Nature	1
Stomach-contents, &c.	Poison	2
Whiskies	General analysis	16
		24

Dr. Makgill (Auckland) reports :—

Owing to the difficulty of keeping the necessary cultures and media in satisfactory condition, it was decided to make arrangements with Dr. Frost, honorary pathologist to the Hospital, as to the examination of certain specimens. Accordingly all blood samples for the Widal reaction and all swabs for diphtheria are now submitted to her for examination on behalf of the Department.

The following is a summary of pathological specimens submitted to the Auckland office for examination :—

118 sputums	For examination for tubercle bacilli.
40 swabs	" diphtheria.
22 blood	" typhoid.
3 urine	" general.
7 smears	" gonococcus.
2 slides	" "
1 vaginal discharge	" "
1 mass from lung	" tubercle bacilli.
1 bile	" general.
1 curetting	" carcinoma.
4,181 rats	" pestis (of which 14 were plague-infected).

A number of specimens were received and forwarded to the Bacteriologist, Wellington, for report. Seven samples of antiseptics were tested as to their powers as insecticides.

Experiments were conducted as to a suitable candle for the formaldehyde-vapour fumigating-apparatus adopted by the Department.

Mr. Hurley, Bacteriologist, Wellington, reports :—

For the year ending the 31st March, 1912, the increase in the number of specimens, which was 32 per cent. over that of the previous year, has heavily taxed our small staff, and consequently certain classes of examination were delayed, and some kinds of minor work had to be declined.

The amount of calf-lymph required during the year by the Health Department was double that of the previous year, and amounted in value to £1,500. There has been an increase also in the amount

distributed of the various sera and vaccines imported by the Health Department and stocked at the vaccine station.

I have pleasure once more in acknowledging the assistance of Mr. P. L. Hickey, and in stating that he has carried out efficiently the examinations of a more detailed character that he was entrusted with during the past year.

Attached is a classified report of the examinations made during the year.

Table showing Results of Examination of Pathological Specimens from 1st April, 1911, to 31st March, 1912.

Material.	Object of Examination.	Result.		Total.
		Positive.	Negative.	
Sputum	Tubercle bacillus	103	291	394
	Other conditions	101	23	124
	Bacterioscopic examinations	...	..	21
	<i>Total for previous year ...</i>	...	...	539
				520
Purulent discharges	Microscopical—			
	For gonococcus	12	21	33
	" tubercle bacillus	2	17	19
	" other pathogenic organisms	40	13	53
	Bacterioscopic examinations...	47	12	59
				164
	<i>Total for previous year ...</i>	...	...	170
Pleuritic fluid	Microscopical—			
	For tubercle bacillus ... ..	...	11	11
	" other conditions	5	2	7
	Bacterioscopic examinations...	7	7	14
				32
	<i>Total for previous year ...</i>	...	...	23
Cerebro-spinal fluid	Microscopical	9	5	14
	Bacterioscopic	4	10	14
				28
	<i>Total for previous year ...</i>	...	...	23
Other discharges	Microscopical	6	21	27
	Bacterioscopic	6	3	9
				36
	<i>Total for previous year ...</i>	...	...	22
Fæces	Chemical	6	5	11
	Microscopical	11	12	23
	Bacterioscopic	2	8	10
				44
	<i>Total for previous year ...</i>	...	...	13
Urine	Chemical ... ..	...	...	151
	Microscopical ... ..	...	...	143
	Bacterioscopic ... ..	...	...	99
	Pancreatic reaction of lamidge	2	6	8
				411
	<i>Total for previous year ...</i>	...	...	300
Vomit ... ..	...	4	2	6
	<i>Total for previous year ...</i>	...	...	8
Blood	Widals	61	153	214
	Differential counts ... ..	...	...	28
	Other conditions—			
	Microscopical	8	9	17
	Bacterioscopic	11	3	14
	Wassermann reaction	10	6	16
	Opsonic indices ... ..	...	...	13
				309
	<i>Total for previous year ...</i>	...	...	188

Table showing Results of Examination of Pathological Specimens—continued.

Material.	Object of Examination.	Result.		Total.
		Positive.	Negative.	
Swabs	For diphtheria	78	122	200
	" other conditions	48	22	70
	<i>Total for previous year ...</i>	...	...	270 146
Parasites	For hydatids—			
	Sputa	9	26	35
	Other specimens	3	6	9
	For other parasites	7	7	14
	<i>Total for previous year ...</i>	...	...	58 24
Animals examined	Guinea-pigs	8	19	27
	Rats ... ..	...	39	39
	Mice ... ..	...	...	17
	Fowls ... ..	...	...	3
	Rabbits ... ..	...	...	4
	<i>Total for previous year ...</i>	...	...	90 31
Foodstuffs	Milk ... ..	...	...	3
	Cream ... ..	...	...	1
	Fat ... ..	...	...	1
	Ginger-beer ... ..	...	...	3
	Honey ... ..	...	...	4
	Cheese ... ..	...	...	1
	Fish ... ..	...	...	6
	<i>Total for previous year ...</i>	...	...	19 6
Water ... ..	...	...	...	27
	<i>Total for previous year ...</i>	...	...	28
Other examinations—	Identification of stains	3	2	5
	Clothing ... ..	...	...	3
	Disinfectants ... ..	...	...	1
	Skin ... ..	...	...	5
	Patent medicines ... ..	...	...	1
	Dressings ... ..	...	...	5
	Unclassified ... ..	...	...	20
	<i>Total for previous year ...</i>	...	...	47
Vaccines (autogenous) ... ..	...	...	...	25
	<i>Total for previous year ...</i>	...	...	14
Examinations of calf-lymph ... ..	...	...	...	92
	<i>Total for previous year ...</i>	...	...	36
Solid tissues requiring section ... ..	...	...	...	196
	<i>Total for previous year ...</i>	...	...	179
	Total number of specimens received	...	...	2,349
	<i>Total number of specimens received during previous year</i>	...	...	1,773

Return of Vaccines and Sera purchased and sold at the Vaccine Station for the Year ending 31st December, 1911.

	Purchased.		Sold.	
	Flasks.	Value.	Flasks.	Value.
	Number.	£ s. d.	Number.	£ s. d.
Acne Vaccine (mixed)	180	15 0 0	133	13 6 0
Acne Bacillus Vaccine	84	7 0 0	65	6 10 0
Coley's Fluid	8	2 0 0	7	2 2 0
Coli Bacillus Vaccine	78	6 10 0	71	7 2 0
Combined Vaccines for colds	6	1 4 0	8	2 1 6
Catarrhalis Micrococcus Vaccine	3	.. .. .	5	0 10 6
Diphth. Anti Sera, 4,000 units	337	64 12 0	274	54 16 0
" 2,000 units	924	84 14 0	859	85 18 0
Friedlander Bacillus Vaccine	12	2 14 0	20	4 3 0
Gonococcus Vaccine	210	23 9 0	198	28 10 0
Influenza Bacillus Vaccine	15	5 7 0	13	4 10 0
Meningococcus Anti Serum	22	4 15 0	17	5 5 0
Plague (Haffkine's Prophylactic)	44	10 2 0	30	11 5 0
Pituitary Extract (Valporole)	84	9 17 0	82	9 12 6
Pneumococcus Vaccine	267	13 13 0	224	14 0 0
Staphylococcus Vaccine (mixed)	60	2 8 8	60	4 0 0
" (Aureus)	26	5 12 0	13	3 5 0
Staphylococcus Anti Serum (Polyvalent)	157	10 8 0	176	13 4 0
Streptococcus Vaccine (Polyvalent)	85	18 8 0	160	40 0 0
Streptococcus Anti Sera (Polyvalent), 10 c.c.	57	12 6 0	30	7 10 0
" (Puerperal Fever), 25 c.c.	14	3 0 0	6	1 10 0
" (Pyogenes), 25 c.c.	10	2 3 4	..	..
" (Rheumatic Fever), 25 c.c. .. .. .	..	.. .. .	..	..
" (Erysipelas)	240	9 0 0	118	6 9 0
New Tuberculin, T.R. (Koch)	574	21 10 0	377	18 17 0
" " (Azoules)	4	1 10 0	3	1 4 0
" " (Koch), (Lucius and Bruning)	144	2 8 0	47	1 3 6
Tuberculin for Von Piquet's reaction	6	0 4 0	..	..
" (Old), Human (Koch), 0.0005 mgm. .. .. .	..	.. .. .	6	0 6 0
" " Bovine (Koch), 0.0005 mgm. .. .. .	..	.. .. .	..	..
Tubercle Emulsion (Lucius and Bruning) .. .. .	..	.. .. .	2	0 2 0
Tubercle Vaccine, 0.0005 mgm.	12	0 8 0	..	..
" 0.0001 mgm.	24	0 16 0	12	0 12 0
Normal Horse Serum .. .. .	..	.. .. .	..	..
Tubercle, Moist, for opsonic estimation	11	0 7 0	3	0 3 0
Staphylococcus Albus Vaccine, 100 mills. (Wimpole) .. .. .	..	.. .. .	..	..
Tubercle for conjunctival test	51	8 12 0	48	8 0 0
Typhoid Bacillus Vaccine	166	24 18 0	14	2 2 0
Tetanus Anti Serum .. .. .	..	.. .. .	..	..
	3,912	374 16 0	3,079	357 19 0
Total for previous year	2,758	298 16 0	1,897	231 17 5

Dr. Champtaloup (Otago) reports:—

Bacteriological and Public Health Laboratory, Dunedin, Year ending 31st December, 1911.

Sputum.

General bacteriological examinations	27
Examination for tubercle bacillus (ordinary method)—	
Positive	92
Negative	217
Total	309.
Examination in doubtful cases by antiformin method—	
Positive	1
Negative	17
Total	18

Examination for hydatid hooklets—

Positive	2
Negative.. .. .	4
Total	6

Examinations of Tissues for Tubercle Bacillus.

Positive	1
Negative	5
Total	6

Examinations of Swabs for Diphtheria.

Positive	123
Negative	254
Suspicious	10
Total	387

The laboratory routine is to examine swabs direct, and, if diphtheria bacilli are found, to report immediately, confirming by cultures.

In all cases cultures are examined at the end of twelve hours, and reported again at the end of twenty-four hours where the previous finding was negative. In a few cases it is found that the second examination of cultures after twenty-four hours reveals the presence of a few previously undetected diphtheria bacilli.

The direct examination of swabs is useful in detecting Vincent's angina, a condition clinically resembling diphtheria, and which would be missed if the ordinary cultural methods were relied on.

Two of the negative swabs received were diagnosed as from this disease.

Widal Reaction for Typhoid.

Positive	23
Negative	67
Doubtful	5
Total	95

In doubtful cases the medical practitioner was consulted, and further specimens obtained.

Agglutination Reaction for Para-typhoid Fever.

Negative	6
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Urine: Bacteriological Examinations.

	Positive.	Negative.	Total.
For tubercle	3	6	9
„ typhoid .. .. .	..	2	2
„ streptococci	1	..	1
„ staphylococcus albus	4	..	4
„ staphylococcus aureus	1	..	1
„ B. coli communis	16	..	16
„ B. lactis aerogenes	6	..	6
„ B. proteus	2	..	2
„ pneumococcus	2	..	2
Total	41		

The cases of tubercle were verified by the usual laboratory procedure.

Body Fluids.—Bacteriological and Cytological Examinations.

Arthritic fluid	5
Pleural fluid	8
Ascitic fluid	1
Pericardial fluid	1
Cerebro-spinal fluid	5
Total	20

In 11 of these, where the cytological findings suggested tubercle, inoculation was necessary, 7 being thus confirmed. In only 2 of the 11 were tubercle bacilli found by direct examination.

Of the cerebro-spinal cases, 2 were tubercle, 1 pneumococcal, 1 Weichselbaum's meningococcus, and 1 from a fatal case of poliomyelitis, resembling Landry's paralysis in type. Several cases of poliomyelitis occurred in the district at this time, but a laboratory investigation was only obtainable in one.

Blood Cultures.

Cases in which bacteria were isolated from blood	4
„ blood sterile	13
Total	17

For obvious reasons this method of examination has largely been confined to hospital practice, but of late practitioners are availing themselves more widely of the opportunity for early diagnosis in private practice.

Bacteriological Examination of Pus from Various Sources.—Bacteria isolated.

Pneumo-cocci.	Strepto-cocci.	Staphylo-coccus Aureus.	Staphylo-coccus Albus.	B. Coli Comm.	Acne Bacillus.	Influenza Bacillus.	Tubercle Bacillus.	Sterile Pus.	Specimens containing two or more of preceding Bacteria.	Total Specimens.
2	4	9	3	8	2	1	1	5	11	46

Wasserman Reaction for Syphilis.

Positive reaction	..	..	..	..	..	..	..	..	..	17
Negative reaction	..	..	..	..	..	..	..	..	..	21
Total	..	..	..	..	..	..	..	..	..	38

In all cases the original method of Wasserman was used, with the modification of alcoholic extract of normal heart muscle.

The number of positive results is large in comparison with the negative, seeing that this disease in its primary and secondary forms is somewhat uncommon in the South Island; but the results are explained by the fact that the reaction has only been available to practitioners since the laboratory was opened in 1910, and a number of old-standing cases have been brought to light. It is not expected that in future years the number of examinations required will approach this total.

Examinations of Smears for Spirochaeta Pallida.

Positive	..	..	..	..	..	..	..	..	..	1
Negative	..	..	..	..	..	..	..	..	..	3
Total	..	..	..	..	..	..	..	..	..	4

Bacteriological Examination of Material from Female Genital Tract.

Total	19
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Examinations of Smears, Pus, &c., for Gonococci.

Positive	13
Negative	24
Total	37

Opsonic Index to Tubercle.

Total cases	4
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This valuable aid to diagnosis has not been in requisition, nor can we encourage it in a general laboratory with a limited staff.

Bacteriological Examination in Morbid Condition of Eye and Lids.

Gonococcus.	Pneumococcus.	Pneumo-bacillus.	Xerosis Bacillus.	Staphylococcus Albus.	Staphylococcus Aureus.	Tubercle Bacillus.	Koch Weeks Bacillus.	Total.
2	1	1	3	2	4	1	1	15

The Morax-Axenfeld bacillus was not met with in any cases.

Miscellaneous Examinations.

	Positive.	Negative.	Total.
Catgut sutures for sterility..	..	..	9
Milk for tubercle ..	.. 1	..	1
Nasal discharges ..	..	..	3
Calf lymph for sterility	.. 1	1	2
Blood for malaria..	..	.. 2	2
Fæces for amoeba ..	.. 1	..	1
Smears for leprosy	..	.. 2	2
Total	..	..	20

Summary of Tissues in which Tubercle Bacilli were demonstrated.

Milk	..	..	..	..	..	..	..	..	..	1
Lungs	..	..	..	..	..	..	..	..	..	92
Eye	..	..	..	..	..	..	..	..	..	1
Pus, &c.	..	..	..	..	..	..	..	..	..	2
Genito-urinary	..	..	..	..	..	..	..	..	..	3
Body fluids	..	..	..	..	..	..	..	..	..	7
Total	..	..	..	..	..	..	..	..	..	106

Water Analyses.

Chemical examination	..	..	..	..	..	..	..	..	..	8 samples.
Bacteriological examination	..	..	..	..	..	..	..	..	..	10 "

This branch of the laboratory work might well be extended, and it is hoped that by the appointment of an analytical chemist to the laboratory staff, not only water-supplies, but foods and drugs, will receive considerable and timely supervision in this part of the Dominion.

Autogenous Bacterial Vaccines.

Staphylococcus Aureus.	Staphylococcus Albus.	B. Coli Communis Group.	Streptococcal Group.	B. Typhoid.	Pneumococcus.	Micrococcus Catarrhalis.	B. Dysentery (Shiga).	Acne Bacillus.	B. Friedlander.	Weichselbaum's Meningococcus.	Total.
22	9	15	9	2	6	5	1	1	3	1	74

In addition to the autogenous vaccines (vaccines made from patients' own bacterium) supplies of the more common stock vaccines have been prepared for hospital and general use. Typhoid vaccine for prophylactic injection against typhoid has been supplied free to several hospitals and institutions for the use of nurses and attendants.

Sera, Antitoxins, &c.

During the year the following sera have been prepared in the laboratory for purposes of investigation :—

Hæmolytic sera for medico-legal and other purposes	..	..	..	..	..	..	..	..	..	..	To sheep's corpuscles.
											„ cat's
											„ ox's
											„ dog's
											„ horse's
Agglutinative sera	..	..	..	..	..	..	..	..	..	..	To bacillus typhosus.
											„ paratyphosus A.
											„ B.
											„ B. enteritidis of Gaertner.

And others are in course of preparation.

The hospital stock of antitoxins, sera, &c., is now kept in and controlled from the laboratory. It is hoped that thereby a more efficient and economical use is made of them.

Tuberculin.

During the year the Palmerston Sanatorium, the Hospital, and local practitioners were supplied with freshly diluted tuberculins as required, and it has been found that the better results obtained have warranted the extra tax on the time of the laboratory staff.

The following quantities have been supplied :—

Tuberculin T.R. (mixed human and bovine strains)	..	..	227 doses.
Bacillary emulsion	..	..	30 "
Old tuberculin (bovine) for treatment	..	..	82 "
Old tuberculin (human) for diagnosis..	..	..	31 "
Tuberculin (pure) for Von Pirquet skin-reaction (human and bovine)			28 tubes each.

Salvarsan "606."

This drug has been used with success in a number of cases, and is prepared for the practitioner immediately before use. The subcutaneous method has been abandoned for the intravenous route, and in all cases the water used (300 c.c.) is freshly distilled just before use.

In all, 13 doses have been prepared for injection in the laboratory.

Therapeutic Inoculation Out-patient Department in connection with Laboratory.

Attendances for antityphoid inoculation	..	..	..	15
Attendances for bacterial vaccines	..	..	..	224
Attendances for tuberculin treatment or diagnosis	..	..	..	64
Total attendances	..	..	..	303

This department, instituted late in 1910, had to be abandoned after August, 1911, owing to illness on the staff. The various branches of the laboratory work had grown so much that our accommodation and time was overtaxed, but it is hoped that this department may in the near future be again available to the public.

APPENDIX II.—HOSPITALS AND CHARITABLE AID.

PART I.—REPORTS ON INDIVIDUAL INSTITUTIONS.

HOSPITAL AND CHARITABLE INSTITUTIONS UNDER THE CONTROL OF DISTRICT BOARDS.

BAY OF ISLANDS HOSPITAL AND CHARITABLE AID BOARD.

Meets quarterly.

Chairman : William Stewart.

Secretary : H. C. Blundell (part time) and one assistant (whole time).

Public Health Inspector : A. E. Skynner (conjointly with Marsden-Kaipara Hospital Board).

District Nurses : Mabel Hamilton and Eleanor E. Chappell.

Institutions under the Board's control : Mangonui Hospital (general and maternity cases), Rawene Hospital (general and maternity cases).

Mangonui Hospital.

Chairman of Hospital Committee : William Stewart.

Usual date of meeting of Hospital Committee : First Saturday in the month.

Medical staff, stipendiary : W. D. Perry, M.R.C.S., L.R.C.P. (non-resident).

Matron : Edith M. Clark.

Localities, broadly, from which patients came : Mangonui County.

During the last year the work in this Hospital has greatly increased. A number of typhoid cases from the Maori pas in the district were sent here, and some midwifery cases are being received.

The Matron (Miss Clark) has completed her course of midwifery training in the St. Helens Hospital, Christchurch, and has returned to the charge of the Hospital.

The women of the district are taking advantage of the help available, and are booking beds in advance for their confinements. It has been proposed to build a special maternity ward, but so far the requirements have been met by the ordinary women's ward, which is seldom required for general cases.

Rawene Hospital.

Chairman of Hospital Committee : William Stewart.

Usual date of meeting of Hospital Committee : First Saturday in month.

Medical staff, stipendiary : Alexander A. Macfarlane, M.B., Ch.B. (non-resident).

Matron : Helen B. Lones.

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

In this Hospital also the work has greatly increased. There have been several maternity cases, and it is proposed to build additional accommodation for this work.

For many months there was no doctor in charge of the Hospital, thus throwing much responsibility on the Acting-Matron.

Dr. Macfarlane has now been appointed.

Mrs. Lones, the Matron, has completed her course of midwifery training at St. Helens Hospital, Auckland, and is now prepared to take the maternity cases.

Kawakawa.

A small maternity hospital is being erected at Kawakawa, which should be a great benefit to the district.

In the meantime the Board is subsidising a trained and registered midwife to work in the district.

MARSDEN-KAIPARA HOSPITAL AND CHARITABLE AID BOARD.

Usual date of meeting : Second Saturday in each month.

Chairman : R. Y. Kernohan.

Secretary : C. McKinnon.

Public Health Inspector : A. E. Skynner.

District Nurse : J. L. Ariell.

Institutions under the Board's control : Whangarei Hospital, Whangarei Cottage Home, Northern Wairoa Hospital.

Whangarei Hospital.

Chairman of Hospital Committee : R. Y. Kernohan.

Usual date of meeting of Hospital Committee : Second Saturday in month.

Medical staff, honorary : T. Copeland Savage, M.B., B.S., F.R.C.S.; T. Hope Lewis, M.R.C.S.

Medical staff, stipendiary : J. L. Fraser-Hurst, B.A., M.D. (resident at Hospital).

Matron : D. Giffney.

Localities, broadly, from which patients came : Whangarei County, 115; Whangarei Borough, 33; Bay of Islands, 24; Hobson County, 4; Auckland, 2; Waikato, 2; Christchurch, 1.

Visited on 12th February, 1912.

There were 14 patients in—1 woman and 10 men—and 3 in isolation ward.

The men's ward has been enlarged, and there are now 12 beds and a cot. 22 patients have recently been in hospital. Dr. Fraser-Hurst has asked for an increase of staff, and another probationer is coming. The staff consisted of Matron, two trained nurses, and two probationers.

Most of the cases in the male ward were fractures. There was one case of appendicitis, and one of appendicular abscess, which had been operated upon in the side ward.

The majority of the cases are surgical.

The wards and annexes are all in good order, but some of the outside parts are not very well kept.

The infectious-disease building is very neglected, and should be kept in better order.

The nurses' home will require an additional room or two. At present the Matron uses the nurses' sitting-room as a bedroom, and there is no place for the junior nurses.

The Board intends, after selling some property in the town, to build a house for the Medical Officer on the land which was recently purchased on the farther side of the Old People's Home.

So far the doctor has not been given permission to take private practice, but it is understood from the Secretary that after a time it is intended to allow this.

There is now a better system of collecting fees, the Matron giving the accounts and receiving payment, if possible, before the patient leaves Hospital.

Northern Wairoa Hospital.

Chairman of Hospital Committee : T. Bassett.

Usual date of meeting of Hospital Committee : Second Monday in month.

Medical staff, honorary : Dr. W. H. Horton, M.B.

Medical staff, stipendiary : J. R. Closs, M.B., B.S. (resident at Hospital).

Matron : M. G. Atkinson.

Localities, broadly, from which patients came : Hobson County, 81 ; Dargaville Borough, 18 ; Otamatea County, 4 ; shipping, 3.

Visited, December, 1911.

There were eight patients in Hospital.

The wards did not look tidy nor did the grounds.

The Medical Superintendent has resigned.

Whangarei Cottage Home.

Chairman of Institutional Committee : R. Y. Kernohan.

Usual date of meeting : Second Saturday in month.

Medical staff, stipendiary : J. L. Frazer-Hurst, B.A., M.D. (resident), part time.

Master : James Harker.

Matron : Mrs. Harker.

Localities from which inmates came : Whangarei, 23 ; Hobson, 6 ; Bay of Islands, 10 ; Otamatea, 4.

Visited, February, 28th, 1912.

The alterations and additions to this Home have been completed.

There were 21 inmates, 3 being women.

The Home is now very comfortable, and is kept in excellent order by Mr. and Mrs. Harker, of whose care of the old people the doctor speaks very highly.

AUCKLAND HOSPITAL AND CHARITABLE AID BOARD.

Usual date of meeting : Fortnightly on Tuesdays.

Chairman : Peter Mitchell Mackay.

Secretary : H. N. Garland and one assistant.

Public Health Inspectors : C. T. Haynes, N. F. Furness, and W. Galloway.

Charitable Aid Inspector : A. Herbert Jones.

Dental surgeon : A. H. Gleeson.

Dental lady assistant : Norma Harris.

Institutions under the Board's control : Auckland Hospital, Auckland Dental Hospital, Alexandra Home, Costley Home.

Auckland Hospital.

Chairman of Hospital Committee : P. M. Mackay.

Usual date of meeting of Hospital Committee : Alternate Thursdays.

Medical staff, honorary : Helen Constance Frost, M.B., B.S. (Univ. N.Z.) ; Alfred Clark, F.R.C.S., L.R.C.P., Edin. ; Joseph C. Pabst, M.B., B.S. (Univ. Melb.), M.D. (Melb.) ; J. Hardie Neil, M.B., Ch.B. (N.Z.), M.R.C.S. (Eng.), L.R.C.P. (Lon.) ; Bernard J. Dudley, M.R.C.S. (Eng.), L.R.C.P. (Lon.) ; Geoffrey Bruton Sweet, M.B., M.S. (Melb.) ; Ernest Robertson, M.D., M.R.C.S. (Eng.) ; Herbert Mayer Goldstein, M.B., B.S. (Lon.) ; G. Gore Gillon, M.D. (Univ. Glas.), F.R.C.S. (Edin.) ; Tracy R. Inglis, B.M. (Univ. Melb.) ; Ernest H. Williams, M.B., Ch.B. (Univ. N.Z.) ; Sidney Arthur Stride, L.A.S. (Lon.) ; Claude E. A. Goldicutt, M.D. (Edin.), D.P.H. (Camb.), Ch.B. (Edin.) ; T. Copeland Savage, L.R.C.P. (Lon.), M.R.C.S. (Eng.), M.B., M.S. (Lon.).

Medical staff, stipendiary : C. E. Maguire, M.D. ; R. J. English, M.B., Ch.B. ; P. A. Ardagh, M.B., Ch.B. ; W. Abbott, M.B., Ch.B., (junior doctors), (residents).

Matron, M. H. Griffiths.

Localities, broadly, from which patients came : Waitemata County, 215 ; Auckland City, 1,380 ; Mount Eden, 160 ; Grey Lynn, Ponsonby, 372 ; Parnell, 180 ; Mount Albert, 151 ; other contributory districts, 684 ; non-contributory districts, 159 ; admissions from vessels in harbour, 175.

Visited in October, December, and February.

The wards and ward furniture were in good order, having been renovated recently.

It was pointed out that safer provision was needed for the lotion-bottles and better provision for the cupboard receptacle for scraps, rubbish, and soiled dressings.

The typhoid ward has been provided with additional verandah-accommodation and new sanitary fittings; but the Board recognizes that a new ward is needed for typhoid patients, and plans are being prepared.

The additions to the Nurses' Home are nearly completed. These additions will not cost much less than £15,000.

The Board has practically decided to dispense with the Hospital Committee, the latter to be a committee of the whole Board. The wisdom of this course is doubtful.

The honorary staff, which takes a most prominent part in the management of the Hospital, seems to be working well with the Board and the Medical Superintendent. The members of the staff have revised the theoretical and practical course of teaching considered necessary for the nurses, and lectures on different subjects have been undertaken by various doctors.

The resident staff is to undertake the clinical teaching in the wards.

In Dr. Maguire the Board appears to have a competent and painstaking officer, but an amendment to the by-laws is necessary defining his duties "as the officer primarily responsible for the efficient management of the institution."

It was evident that neither the Medical Superintendent nor the Secretary was working amicably with the Matron. Without doubt the Board will take action thereon.

The staffing of the Hospital has recently been reorganized, and the salaries of the sisters raised.

The wards have been separated into junior and senior wards. The salaries vary from £80 to £100 per annum.

A Night Superintendent, to rank with the Assistant Matron, has been appointed at a salary of £100 per annum.

In the secretarial department, Captain Thomas has replaced Mr. Fenton, resigned. Further inquiries are being made as to the circumstances that led to the resignation of this officer.

Some members of the Board are very anxious to push on with the extension of the administrative block, but the erection of the new typhoid ward should be of first importance.

Alexandra Convalescent Home.

Chairman of Institutional Committee: P. M. Mackay.

Usual date of meeting: Alternate Thursdays.

Medical staff, honorary: D. N. W. Murray, B.M. (Edin.), B.S. (Edin.).

Master: E. J. Thomas, of Auckland Hospital.

Matron: Miss M. H. Griffiths, of Auckland Hospital.

Localities from which inmates came: From Auckland Hospital and district for convalescence.

Visited on the 7th February.

The place was in excellent order. There were 8 patients.

Costley Home.

Chairman of Institutional Committee: John Jenkin.

Usual date of meeting: Fortnightly, on Tuesdays.

Medical staff, stipendiary: A. N. McKelvey (resident), (whole time).

Master: Dr. McKelvey.

Matron: Jane Forbes.

Localities from which inmates came: Auckland Hospital District.

Visited on 6th February.

There were 185 male and 52 female inmates.

A good many additions have been made to this Home. Rooms for six married couples, with a common sitting-room, a bathroom, and a lavatory have been built. The furniture is not yet in, but the place should soon be ready.

A building for the female staff has also been erected containing seven rooms and a sitting-room. The Matron's rooms will still be in the main building, and will be renovated and refurnished.

In the consumptive shelters were 4 women and 7 men.

The male chronic wards are better kept than formerly, and the old men are well cared for. These wards and the kitchen and dining-hall have been painted.

The whole place shows great improvement under the charge of Dr. McKelvey. Nurse Forbes is still Matron of the female department, and is doing good work.

The grounds are gradually being put in order.

WAIKATO HOSPITAL AND CHARITABLE AID BOARD.

Usual date of meeting: Every fourth Thursday.

Chairman: John P. Bailey.

Secretary: W. I. Conradi.

Public Health Inspectors: Bennett, Franklin.

District Nurse: E. M. Smith.

Institutions under the Board's control: Waikato Hospital, Tamarunui Hospital, Old Men's Home, Hamilton.

Waikato Hospital.

Chairman of Hospital Committee : John P. Bailey.

Usual date of meeting of Hospital Committee : Every fourth Thursday.

Medical staff, stipendiary : H. Douglas, M.B., C.M. ; J. M. Hyde, M.B., C.H.B. (residents).

Matron : E. M. Rothwell.

Localities, broadly, from which patients came : Waipa, 140 ; Waikato, 183 ; Raglan, 40 ; Waitomo 71 ; Piako, 60 ; Matamata, 19 ; Hamilton, 175 ; Rotorua Town, 30 ; Rotorua, 21 ; Kawhia, 27 ; Cambridge, 33 ; Frankton, 53 ; Taupo West, 37 ; Huntly, 67 ; Te Aroha, 42 ; Morrinsville, 37 ; Taumarunui, 30 ; and others, 162.

Visited on 16th February, 1912.

There were 90 patients in—24 women and children.

The wards were all in good order. There is a good staff of nurses, and everything is working well.

The domestic staff is not so satisfactory.

Additions were being made to the Nurses' Home—ten bedrooms, a sisters' sitting-room, and bathroom and lavatory.

It will not be long before the Board will be called upon to erect a new ward, as the demands on this Hospital have increased very much of late. A consumptive annexe of six beds is to be erected forthwith.

The Board has very wisely decided to make fresh arrangements with regard to the water-supply of the institution.

Old Men's Home, Hamilton.

Chairman of Institutional Committee : John P. Bailey.

Usual date of meeting : Same as Waikato Board.

Medical staff, stipendiary : H. Douglas, M.B., C.M., Hospital Surgeon Superintendent (when required).

Master : L. Holmes.

Matron : Bessie Holmes.

Localities from which inmates came : Waikato Hospital District.

Visited on 16th February.

The Home was in better order than I have previously seen it. The old men all seemed well and contented. When ill they are removed to the Hospital for treatment.

Taumarunui Hospital.

Chairman of Hospital Committee : John P. Bailey.

Usual date of meeting of Hospital Committee : Same as Waikato.

Medical staff, stipendiary : Ernest H. Howard, M.B., Ch.B., M.R.C.S., L.R.C.P. (non-resident).

Matron : G. L. Robinson.

Localities, broadly, from which patients came : Taumarunui, 30 ; Ohura, 6 ; Wanganui River districts, 2 ; Kaitieke, 19.

Visited on 16th February, 1912, in the evening.

There were no patients. Sister Stevenson, who was in charge, was away at Te Kuiti for the day, and Nurse McAllum (a probationer) was acting in her absence. She and the sister manage all the inside work. It is not often that there are no patients ; there are frequently six or seven.

Dr. Douglas does not consider the probationers from the base hospital lose anything by being sent on duty here. As a rule, they stay only two months, and get useful experience in emergency work, and in management, cooking, &c.

The place was in good order.

THAMES HOSPITAL AND CHARITABLE AID BOARD.

Usual date of meeting : First Wednesday in month.

Chairman : Thomas Kilgour.

Secretary : J. E. Banks.

Public Health Inspector : B. A. Franklin.

Institutions under the Board's control : Thames Hospital, Old People's Home, Thames.

Thames Hospital.

Chairman of Hospital Committee : Thomas Kilgour.

Usual date of meeting : First Wednesday in month.

Medical staff, stipendiary : D. B. Walshe, M.B., B.Ch. (resident).

Matron : M. Wilson.

Localities from which patients came : Thames Hospital District, 589 ; Coromandel, 1 ; North Auckland, 2 ; Waihi, 4 ; Sydney, 1 ; Auckland, 14 ; Palmerston, 1 ; Waikato, 17 ; Dunedin, 1 ; Gisborne, 1 ; Napier, 1.

Visited on 14th February, 1912.

There were 19 male patients and 16 women in, and 2 cases in the consumptive shelters.

Among the patients were 6 enteric-fever cases, 4 being Maoris.

There was a case of septic poisoning in a man from the Piako Swamp, on the Hamilton Plains. It is anticipated that there will be a good many enteric patients from there, as there is no good water-supply, the water from the swamps being very bad.

An old man from the Tarua Home was accommodated in the D.T. ward ; he was too troublesome for the general ward.

No decision has yet been come to by the Board with regard to the additions and alterations. Dr. Walshe does not consider any further accommodation for general cases is necessary at the present time or for some years, but is very anxious for some provision for infectious cases and for the old people whom it is necessary to bring in from the Home, and who are not fit for the medical ward. About four beds for men and two for women would be sufficient.

The wards and outbuildings were all in excellent order.

District Home, Thames.

Chairman of Institutional Committee: Thomas Kilgour.

Usual date of meeting: First Wednesday every month.

Medical staff, stipendiary: D. B. Walshe, M.B., Ch. (Melb.), (non-resident), part time.

Master: R. Hay-Chapman.

Matron: Mrs. R. Hay-Chapman.

Localities from which inmates came: Thames and Ohinemuri, 43; Coromandel, 1; Waihi, 1;

Waikato, 1.

Visited on 14th February, 1912.

There were 25 inmates—only one a woman.

The old people looked very well, and seemed contented.

Only one man was in bed, but he was not always confined there.

The Homes are not very well kept. The floors are very dirty, and the walls, especially of the sanitary offices, badly need scrubbing and a fresh coat of paint.

The old men scrub the floors with deck-scrubbers, and they do not effect much improvement.

The old beds are still in use, and many of them are not fit for such.

Only fairly able-bodied men work in the garden, from which the Hospital is now supplied with vegetables. A strong porter, should, I think, be employed to do the necessary cleaning.

There are at present no very dirty cases.

The new septic tank for the Women's Home, in which the Master and the Matron reside, does not seem satisfactory. There was a very offensive odour from it. I informed Inspector Franklin of this, who will look into the matter.

COROMANDEL HOSPITAL AND CHARITABLE AID BOARD.

Usual date of meeting: Third Monday in each month.

Chairman: Samuel James.

Secretary: Richard Simmonds (part time).

Public Health Inspectors: William Lee, Mercury Bay district; James R. Gardiner, Coromandel district.

Charitable Aid Inspector: Philip J. Brown.

Coromandel Hospital.

Chairman of Hospital Committee: Samuel James.

Usual date of meeting of Hospital Committee: Third Monday in each month.

Medical staff, honorary: J. J. Eade, M.B., B.S.

Medical staff, stipendiary: John Craig, L.R.C.S., L.R.C.P. (non-resident).

Matron: Annie Sellars.

Localities, broadly, from which patients came: Coromandel, 81.

Visited on the 8th February.

There were 6 patients—2 men, 2 women, and 2 children. No serious cases.

Three rooms have been added for the staff at the back of the Hospital, and two small rooms in front are now used as a waiting-room and a consulting-room for the doctor respectively. A skylight has been put in the theatre, and a new high-pressure dressing-sterilizer provided.

Although my visit was at 6.15 a.m., the place was in very good order.

The Chairman informed me that the Matron (Miss Sellars) is giving great satisfaction to the Board and the doctor.

There are a staff nurse and two probationers.

There is one case in the isolation cottage.

It is proposed to build a house for the doctor, who is at present living some distance away, and whose house is not connected with the telephone. There is plenty of room for a house on the property.

A good deal of out-patient work is done—103 patients so far for the year—and the Matron occasionally goes out with the doctor to a private case.

WAIHI HOSPITAL AND CHARITABLE AID BOARD.

Usual date of meeting: Last Friday in each month.

Chairman: Dawson Donaldson.

Secretary: F. Bishop.

Public Health Inspector: T. H. Erwin.

Institutions under the Board's control: Waihi Hospital.

Waihi Hospital.

Chairman of Hospital Committee : Dawson Donaldson.

Usual date of meeting of Hospital Committee : Last Friday in each month.

Medical staff, stipendiary : C. H. Robertson, F.R.C.S. (Eng.), M.B. (Lon.), (non-resident); G. Craig, M.B., M.S. (Edin.), (non-resident).

Matron : Janet McGregor.

Localities, broadly, from which patients came : Waihi, 448 ; Thames, 201 ; Waikato, 18 ; Bay of Plenty, 28 ; Auckland, 5 ; Wanganui, 1 ; Christchurch, 1 ; Nelson, 1.

Visited on 15th February.

There were 13 cases in the female wards—7 in the surgical. In the men's surgical ward there were 12 cases, and an amputation case in the side ward. In the medical ward there were 3 cases only—one a convalescent enteric.

A great defect in the new ward is that the cupboards for patients' clothes are built in the walls of the ward, and open into the ward.

The sanitary tower to this ward is very good, and well arranged.

The operating-theatre has proved very satisfactory.

The wards were in good order.

There were 10 cases (8 children and 2 adults) in the fever ward.

There is a fine vegetable-garden, giving a very ample supply to the Hospital. The gardener is paid £2 per week.

The Matron does the dispensing. She finds that being obliged to get all the household supplies locally adds greatly to the expense.

Dr. Robertson has taken over the charge of the Hospital again. Everything has gone very well during his absence. Dr. Borrie has been especially good in instructing the nurses.

BAY OF PLENTY HOSPITAL AND CHARITABLE AID BOARD.

Usual date of meeting : None. Generally once a quarter, with committee meetings between.

Chairman : A. Peebles.

Secretary : H. O. Caraway (part time).

Public Health Inspector : John Landells.

There are no institutions under this Board's control.

WAIAPU HOSPITAL AND CHARITABLE AID BOARD.

Usual date of meeting : Fourth Monday in each month.

Chairman : Arnold B. Williams.

Secretary : A. L. Temple.

Public Health Inspector : W. J. P. Terry.

District Nurse : — Parker.

Institutions under the Board's control : Waiapu Hospital, Te Puia Springs ; Te Araroa Nursing Home, Te Araroa.

Waiapu Hospital, Te Puia.

Chairman of Hospital Committee : A. B. Williams.

Usual date of meeting of Hospital Committee : Fourth Monday in each month.

Medical staff, stipendiary : Cyril Stephen Davis, M.D., D.P.H., M.R.C.S. (Eng.), L.R.C.P. (Lon.).

Matron : E. M. Shillington.

Localities, broadly, from which patients came : Waiapu County.

The work of this Hospital was largely increased by an outbreak of typhoid in the district.

Many patients were treated in an isolation camp at Tuparoa, but it was also necessary to erect a tent in the Hospital grounds to accommodate more.

The nurse appointed for district work under the Board has now commenced her work in the district.

Miss Shillington has been granted three months' leave of absence.

The maternity annexe has not yet been erected.

Te Araroa.

There has been erected here a small cottage house for the Maori settlers. It is to be used principally as a residence for a nurse, who will work among the Natives in the surrounding district, and with a room for emergency cases.

A nurse has not yet been permanently appointed, but an officer of the Department has been sent there to inaugurate the work.

COOK HOSPITAL AND CHARITABLE AID BOARD.

Usual date of meeting : Third Friday in every month.

Chairman : Hon. Capt. Tucker, M.L.C.

Secretary : H. M. Porter (part time).

Public Health Inspector : F. O. York.

Native Nurse : Jean Cormack.

Institutions under the Board's control : Gisborne Public Hospital, Old People's Home.

Gisborne Hospital.

Chairman of Hospital Committee : Hon. Capt. Tucker, M.L.C.

Usual date of meeting of Hospital Committee : Third Friday in each month.

Medical staff, stipendiary : J. E. K. Brown, M.B., Ch.B. (resident) ; W. Carlile Wilson, M.A., M.B., B.Ch., F.R.C.S. (non-resident).

Matron : E. F. Godfray.

Localities, broadly, from which patients came : Gisborne Borough, Cook County, and Waikohu County.

Visited 11th November, 1911.

There were 42 patients in hospital, 7 being typhoid cases.

Considering the age of this Hospital, the wards were in fair order.

The accommodation of the institution is at times taxed to the utmost, and all concerned must be glad that a tender has been accepted for a new building. £45,000 seems a great deal for a district of this size to spend on a new Hospital, but it must be remembered that this sum also includes a nursing home, an infectious-diseases ward, and, in fact, all the buildings necessary to a hospital.

If adequate hospital accommodation were now available there would undoubtedly be a great increase in the demands for admission.

On looking over the books, I ascertained that no less than 75 cases of typhoid had been admitted to the Hospital in eleven months, and of this number 22 were Maori patients. Feeling sure that there must be a number of unnotified cases in the Maori kaingas, I instructed Miss Bagley (Superintendent of Maori nurses) to visit the suspected localities, with the result that 2 cases were discovered and removed to the hospital or accommodated in an improvised hospital at

To further the efforts of the Department in this direction, the Board appointed Inspector York (late Inspector for the Wellington Hospital Board) Sanitary Inspector for the district. The efforts of the above officers are already having a good effect.

Old Men's Home, Gisborne.

Chairman of Institutional Committee : Hon. Capt. Tucker, M.L.C.

Usual date of meeting : Third Friday in each month.

Medical staff, stipendiary : The Hospital House Surgeon.

Master : R. C. Vigis.

Localities from which inmates came : Cook and Waikohu Counties, 12 ; Gisborne Borough, 14.

Visited, 11th November, 1911.

There were 16 patients in hospital, 2 being females.

The whole place looked very clean and tidy, and the inmates expressed themselves as being very comfortable.

Since my last visit a new addition has been made, which can accommodate 4 females.

Wairoa Hospital.

Chairman of Hospital Committee : John Hunter Brown.

Usual date of meeting of Hospital Committee : Saturday following second Friday in month.

Medical staff, stipendiary : John Miller, L.R.C.S., L.R.C.P., L.F.P.S. (Glas.) (non-resident).

Matron : Alice J. Bull.

Localities, broadly, from which patients came : Wairoa County and Borough, 148 ; Cook County, 1 ; Tauranga, 1 ; Wellington, 1 ; Hastings, 2.

HAWKE'S BAY HOSPITAL AND CHARITABLE AID BOARD.

Usual date of meeting : Second Monday in each month.

Chairman : W. Shrimpton.

Secretary : James Scheele and two assistants.

Public Health Inspector : F. B. Gardiner.

Institutions under the Board's control : Napier Hospital—General Hospital, Hospital for Chronic Diseases, Hospital for Infectious Diseases ; Old People's Home, Park Island ; Home for Aged and Infirm ; Wairoa Hospital—General hospital.

Napier Hospital.

Chairman of Hospital Committee : W. Shrimpton.

Usual date of meeting of Hospital Committee : Second Monday in each month.

Medical staff, honorary : H. F. Bernau, M.R.C.S., L.R.C.P. ; J. J. Edgar, M.B., C.M., L.R.C.P., L.R.C.S. ; J. P. D. Leahy, M.A., M.B., M.S. ; H. M. Wilson, B.A., M.B., Ch.B. (Camb.).

Medical staff, stipendiary : Thomas Gilray, M.B., Ch.B. (N.Z.), F.R.C.S. (Edin.) ; H. O. Callaghan, M.B., Ch.B. (N.Z.) (residents).

Matron : Rose Macdonald.

Localities, broadly, from which patients came : Napier Borough, 334 ; Hastings, 143 ; Hawke's Bay County, 184 ; Park Island, 42 ; Taradale, 26 ; Wairoa, 21 ; other districts, 32.

Visited in July and November, 1911.

There were 62 patients in the Hospital.

In November an inquiry was made with reference to certain grievances on the part of members of the nursing staff. This inquiry resulted in complete exoneration of the Matron. It is to be regretted

that Miss Berry has since resigned, as during the term of her office she had always shown herself to be an efficient and conscientious officer. Miss Macdonald was appointed Matron in place of Miss Berry.

During the year Dr. Wilson, who had done such good service, resigned. His place was filled by Dr. Aickin, who has since resigned, and Dr. Gilray, late assistant at the Wellington Hospital, appointed in his place.

Old People's Home, Park Island.

Chairman of Institutional Committee: W. Shrimpton.

Usual date of meeting: Third Tuesday in each alternate month.

Medical staff, stipendiary: Thomas Gilray, M.B., Ch.B. (N.Z.), F.R.C.S. (Edin.), part time.

Master: W. H. Hichens.

Matron: Mrs. A. Hichens.

Localities from which inmates came: Napier, 39; Hastings, 9; Hawke's Bay County, 44; Waipawa, 20; Waipukurau, 9; Dannevirke, 22; Woodville, 4; Weber, 1; Patangata, 2; Wairoa, 9; Pahiatua, 1.

Visited in July and November.

This institution is now satisfactorily managed by the new Master and Matron, Mr. and Mrs. Hichens.

WAIPAWA HOSPITAL AND CHARITABLE AID BOARD.

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

Chairman: A. E. Jull.

Secretary: G. B. Ashley and one assistant.

Public Health Inspector: F. Gardiner (in conjunction with Hawke's Bay Hospital and Charitable Aid Board).

Institutions under the Board's control: Waipukurau Hospital, Dannevirke Hospital.

Waipawa Hospital, Waipukurau.

Chairman of Hospital Committee: A. E. Jull.

Usual date of meeting of Hospital Committee: Second Thursday in month.

Medical staff, stipendiary: S. C. Godfray, M.B. (Edin.), (non-resident).

Matron: M. E. Carston.

Localities, broadly, from which patients came: Dannevirke County, 56; Dannevirke Borough, 13; Waipawa County, 53; Waipawa Borough, 20; Waipukurau County, 14; Waipukurau Town, 39; Patangata County, 26; Hawke's Bay, 26; Woodville, 13; Lindsay, 16; no address, 22.

Visited on 21st May.

There were 17 patients in—11 male and 6 female.

The women's and children's wards, recently added, are a very great improvement to this Hospital, but the number of beds is in excess of what is required for this district, and are seldom all occupied.

The administration block, if not to be rebuilt during the next few years, badly needs renovation, the linoleum on the main hall is quite worn out. The tiles of the operating-theatre floor have worn very badly. The walls have been re-cemented and painted, and look very well.

The Hospital generally was in good order.

The old women's ward, a part of which is used for an ironing-room, could be converted with small expense into a maternity ward for two or three beds.

Dannevirke Hospital.

Chairman of Hospital Committee: G. J. E. Bickford.

Medical staff, stipendiary: Thomas Macallan, M.B., C.M. (Aberd.); W. H. Dawson, M.B., C.M., D.P.H., F.R.C.S. (Edin.).

Matron: Georgina Hopper.

Localities, broadly, from which patients came: Dannevirke Borough, 127; Dannevirke County, 95; Woodville County, 6; Weber County, 218; Akitio County, 12; Palmerston North, 2; Wellington, 4; Dunedin, 1; Patangata County, 1; Napier, 3; Christchurch, 1; Gisborne, 1; Auckland, 1; Tau-marunui, 1.

Visited on 9th December, 1911.

There were 24 cases in, 7 of these in the women's ward.

The new operating-theatre had been finished since my last visit, and is very satisfactory. The new sanitary annexes for the male ward are also a very great improvement.

The Hospital was in excellent order. The Matron finds that it is an easily worked hospital, everything being very conveniently planned.

TARANAKI HOSPITAL AND CHARITABLE AID BOARD.

Usual date of meeting: Third Wednesday in month.

Chairman: F. C. J. Bellringer.

Secretary: C. M. Lepper, and one assistant.

Public Health Inspector: A. H. Kendall.

District Nurse—Uruti: J. Kennedy.

Institutions under the Board's control: New Plymouth Hospital, Old People's Home.

New Plymouth Hospital.

Chairman of Hospital Committee: F. C. J. Bellringer.

Usual date of meeting of Hospital Committee: Third Wednesday in month.

Medical staff, stipendiary: E. A. Walker, M.D.; D. S. Wylie, F.R.C.S.; H. B. Leatham, M.R.C.S.; G. Home, M.D., (non-residents).

Matron: Elizabeth Browne.

Localities, broadly, from which patients came: Taranaki County, 155; Egmont County, 26; Clifton County, 49; New Plymouth, 99; Inglewood, 19; Waitara, 36; St. Aubyn Town Board, 4; Fitzroy Board, 21; Awakino, 16; Stratford, 3; Palmerston, 2; Auckland, 3; Hawera, 11.

I visited the Hospital on the 29th December.

There were 36 patients—18 men, 13 women, and 4 children.

Several changes have been made since my last visit, the wards and sanitary annexes having been renovated and painted. The nurses' dining-room was being turned into a ward for children, and another room near the kitchen used as a dining-room.

There was one patient in a consumptive shelter; none in the fever ward.

The wards were, as usual, in very good order.

The Hospital is now supplied with milk from cows belonging to the institution.

The site of the Old People's Home was being levelled in preparation for the new Hospital building

Old People's Home, New Plymouth.

Chairman of Institutional Committee: F. C. J. Bellringer.

Usual date of meeting: Third Wednesday in month.

Medical staff, stipendiary: G. Home (non-resident), part time.

Matron: Annie Bayly.

Visited on 29th December.

The new site to which the Home has been moved seems very suitable for the purpose.

The old people seem content, and do not seem to mind very much that they are further away from town. Several of the old men died during the winter, and the Matron had been up night and day when they were sick. The inmates speak highly of Mrs. Bayly's kindness and attention, and she appears to manage them well.

The place was in excellent order. A great difficulty so far from town is the domestic staff.

Cows are kept for the milk-supply of the institution, and sufficient vegetables are also grown for the needs of the Home.

STRATFORD HOSPITAL AND CHARITABLE AID BOARD.

Usual date of meeting: First Wednesday in every month.

Chairman: Edward Marfell.

Secretary: I. Harry Penn, part time.

Public Health Inspector: A. Gray.

Institution under the Board's control: Stratford Hospital.

Stratford Hospital.

Chairman of Hospital Committee: Edward Marfell.

Usual date of meeting of Hospital Committee: First Tuesday in every month.

Medical staff, stipendiary: David Stephen, M.B., B.Ch. (non-resident).

Matron: Meta O'Brien.

Localities, broadly, from which patients came: Stratford Borough, 55; Stratford County, 36; Whangamomona County, 63; elsewhere, 8.

I visited the Stratford Hospital on the 28th December, 1911.

There were 9 patients in—2 men, 3 women, and four children.

Miss O'Brien was absent on her holiday. Nurse McLean, from Dunedin, was in charge.

I saw Dr. Stevens, who said that the work of late had been very light.

The wards were in good order.

A large quantity of vegetables are grown by the gardener.

HAWERA HOSPITAL AND CHARITABLE AID BOARD.

Usual date of meeting: Third Monday in each month.

Chairman: R. H. Nolan.

Secretary: C. E. Parrington, part time.

Public Health Inspector: A. Gray.

Native Nurse: C. Beetham, Okaiawa.

Institution under the Board's control: Hawera Hospital.

Hawera Hospital.

Chairman of Hospital Committee: R. H. Nolan.

Usual date of meeting of Hospital Committee: Third Monday in each month.

Medical staff, stipendiary: W. M. Thomson, M.A., M.B., B.Ch. (non-resident).

Matron: G. Clapcott.

Localities, broadly, from which patients came: Hawera, 158; Manaia, 32; Kaponga, 24; Eltham, 41.

Visited in January and on the 6th April, 1912.

There were some 12 patients in hospital. As the Chairman truly remarked, whenever I visit this Hospital I am struck by the number of empty beds.

The wards were in fair order. The verandah recently provided for female patients is of great benefit.

Part of this building has fallen into disrepair, and the Board therefore contemplates the erection of a new hospital. I explained to the Chairman (who takes a great interest in this institution) that it would be better to acquire additional land in the neighbourhood of the institution than embark on a new building. An additional piece of land adjoining the Hospital was accordingly acquired. By this means the Board will ultimately be able to erect a new institution without being cramped for room. But the time for a new hospital is not yet.

PATEA HOSPITAL AND CHARITABLE AID BOARD.

Usual date of meeting: Second Tuesday in month.

Chairman: H. O. Clarke.

Secretary: E. C. Horner, part time.

Public Health Inspector: F. C. Wilson.

Institution under the Board's control: Patea Hospital.

Patea Hospital.

Chairman of Hospital Committee: H. O. Clarke.

Usual date of meeting of Hospital Committee: Second Tuesday in each month.

Medical staff, honorary: A. G. Harvey, M.D.

Medical staff, stipendiary: W. T. Simmons, M.B. (non-resident).

Matron: Miss L. Scolon.

Localities, broadly, from which patients came: Waitotara to Hawera County, 78; Waitotara to Hawera Borough, 50.

Visited, February, 1912.

There were only 5 patients in hospital—3 in the female ward and 2 in the male ward.

The place was in excellent order—very different from the condition found when I last inspected this pleasantly situated little Hospital.

WANGANUI HOSPITAL AND CHARITABLE AID BOARD.

Usual date of meeting: Third Wednesday in month.

Chairman: William Ritchie.

Secretary: A. C. Ritchie.

Public Health Inspector: Thomas Pargeter.

Institutions under the Board's control: Wanganui Hospital, Taihape Hospital, Jubilee Home, Aramoho.

Wanganui Hospital.

Chairman of Hospital Committee: William Ritchie.

Usual date of Committee meeting: Third Wednesday in month.

Medical staff, honorary: C. B. Innes, M.B., Consulting Physician; H. R. Hatherley, M.R.C.S., Consulting Surgeon; J. Maunderson, M.D., C.M.; J. Harper Reid, M.B., Ch.B.; A. H. Wall, M.R.C.S., M.B.; A. J. Crawford, M.D., F.R.C.S., Visiting Surgeons.

Medical staff, stipendiary: J. Reid, M.A., M.B., Ch.B. (resident).

Matron: C. McKenny.

Localities from which patients came: Wanganui Borough, 472; Taihape Borough, 18; Marton Borough, 51; Wanganui East Borough, 21; Wanganui County, 62; Waitotara County, 55; Rangitikei County, 53; Waimarino County, 19; Bull's, 11; Gonville, 21; Hunterville, 2; Castlecliff, 25; Mangaweka, 11; Palmerston North, 5; Ohakune, 9; Patea, 3; Napier, 2.

Visited, 9th April, 1912.

There were some 66 patients in Hospital—rather less than usual. There was the usual proportion of chronic patients, who, pending the erection of a chronic ward, can hardly be treated elsewhere.

The wards, &c., were in excellent order.

The new open-air ward was in course of construction, and should be available for patients in a few weeks.

Having heard vague rumours as to delay on the part of the honorary staff in attending to patients, I was particularly careful to make inquiries in that direction. One patient, admitted for peritonitis, and on whom the honorary surgeon had decided an operation was necessary, had been in the hospital two days, and no operation had so far been performed. On asking the Medical Superintendent why he did not operate on cases such as this, where an operation, in his opinion, was necessary, he replied that he could not do so without the leave of the honorary surgeon, to whom the case was assigned. The absurdity of this system struck me so forcibly that I minuted the patient's card to that effect, and subsequently discussed the matter with three members of the honorary staff and the Medical Superintendent.

I was also surprised to hear that some of the honorary surgeons would not even allow the Medical Superintendent to set fractures. The whole position seems absurd.

No notes are taken of the cases. I pointed this out to the honorary staff.

I think it is high time that an Assistant House Surgeon was appointed here, especially as the Medical Superintendent told me that operations were often delayed because he was reluctant to call in the services of the honorary staff to give an anæsthetic.

I asked Dr. Wall to try and shake the honorary staff together, but I fear it will be difficult to get out of some the work that a hospital of this size has a right to.

Taihape Hospital.

No special Committee; directly administered by Board.

Medical staff, honorary: E. C. Barnett, M.R.C.S., L.R.C.P.; T. B. Whitton, M.D., L.R.C.S.; R. B. Turnbull, M.B., Ch.B., D.P.H.; A. D. Nelson, M.B., Ch.B.; H. E. Owen, L.R.C.P.

Medical staff, stipendiary: R. J. Boyd, M.D., M.S. (resident).
Matron: E. Southall.

Localities from which patients came: Taihape and Waimarino.

Visited on 10th July, 1911, and 16th February, 1912.

The Hospital was opened on the 29th May, and from the nature of the cases admitted and the work done, it is evident that the original intention to use this institution as a cottage hospital for emergency cases is not being adhered to.

There had been 82 patients admitted from the opening until the last visit, and of these, 61 operations had been entered in the operation-book. About a third of these operations were major ones; the remainder were minor operations, or dressings under anæsthetics.

The Hospital has frequently been overfull, and no attempt has been made to send patients on to Wanganui.

Dr. Boyd is in charge, and a Matron and a sister were appointed from the Wanganui Hospital. There are two probationers, but these are not sent on for training to the base Hospital.

The prices paid for goods are high, no tenders having been called.

The place was in good order. It is conveniently planned, but the work of laying the floors of the operating-room and sanitary annexes has not been well done, and there are already large cracks. It will probably be necessary to have a new floor for the theatre.

Electric light is to be installed. At present lamps are used.

Jubilee Home.

Chairman of Institutional Board: William Ritchie.

Usual date of meeting: Third Wednesday in month.

Medical staff, stipendiary: James Reid, M.A., M.B., Ch.B.; Medical Superintendent of the Wanganui Hospital.

Master: Samuel J. Allen.

Matron: Mrs. Allen.

Localities from which inmates came: Wanganui Borough, 29; Marton Borough, 1; Wanganui County, 5; Bull's, 1; Rangitikei County, 10; Hunterville, 2; Patea, 5; Taihape, 1; Waitotata County, 2.

Visited, 8th April.

The place was in excellent order.

PALMERSTON NORTH HOSPITAL AND CHARITABLE AID BOARD.

Usual date of meeting: Second Thursday in each month.

Chairman: James Glenny Wilson.

Secretary: William Stubbs.

Public Health Inspector: Morgan O'Brien.

Relieving Officer: Frederick Aishe.

District Nurse: Annie Louergan, controlled by St. John Nursing Division, subsidized by Board.

Institution under Board's control: Palmerston North Hospital.

26 acres of land have been obtained for a site for an Old People's Home, which it is hoped the coming year will see established.

Palmerston North Hospital.

Chairman of Hospital Committee: James Glenny Wilson.

Usual date of meeting of Hospital Committee: When necessary.

Medical staff, stipendiary: A. A. Martin, M.D., Ch.B., F.R.C.S. (Eng.); P. T. Putnam, M.D., Ch.B.; Surgeons; C. W. Peach, M.D., M.S., Anæsthetist, (non-residents).

Matron: Mary McLagan.

Localities, broadly, from which patients came: Palmerston, 694; Wellington, 38; Wanganui, 16; Waipawa, 9; Waikato, 5; Auckland, 4; Hawera, 1; Nelson, 1; Napier, 7; Wairarapa, 4; Wairau 1; Thames, 1.

Visited, February, 1912.

There were 38 patients in.

As usual, the Hospital was in excellent order.

There is a proposal to erect a children's ward, but I hope the Board will complete and furnish the new but hitherto unoccupied ward before embarking on further expenditure.

The Board is providing additional accommodation for female cases of consumption.

The Board has at last decided to erect an Old Peoples' Home. An excellent site has been chosen, and when the Home is open it will be possible to accommodate chronic and incurable patients there who now occupy beds at the Hospital.

WELLINGTON HOSPITAL AND CHARITABLE AID BOARD.

Usual date of meeting: Third Tuesday in every month.

Chairman: Rev. W. A. Evans.

Secretary: J. Coyle, and three assistants (one part time).

Public Health Inspectors : B. S. Reed and J. T. Hopkins.

Inspector of Charitable Aid : Miss A. Kirk.

Institutions under the Board's control : Wellington Hospital, which includes Victoria Home for Chronic Invalids, Children's Hospital, Infectious-diseases Hospital, Seddon Annexes for Consumptives, Nurses' Home ; Ohiro Home—Benevolent Institution ; Otaki Hospital ; Otaki Sanatorium.

Wellington Hospital.

Chairman of Hospital Committee : R. Clement Kirk.

Usual date of meeting of Hospital Committee : Second Thursday in each month.

Medical staff, honorary : Surgeons—F. C. Faulke, L.R.C.P., F.R.C.S. ; W. E. Herbert, Ch.B., M.D., F.R.C.S. (Edin.) ; M. Holmes, M.D., F.R.C.S. (Edin.) ; D. J. McGavin, F.R.C.S. (Eng.), M.D., L.R.C.P. (Lon.) : physicians—W. K. Fyffe, M.B., B.S. (Camb.), M.R.C.P., L.S.A. (Lon.) ; E. W. Giesen, M.R.C.S. (Eng.), L.R.C.P. (Lon.), M.B., C.B. ; C. D. Henry, B.S. M.B. (Camb.) ; P. McEvedy, M.B., B.S., M.R.C.S., L.R., C.P. (Eng.) ; St. J. A. Tolhurst, M.D., B.S., M.R.C.S., L.R.C.P. (Lon.) : ophthalmic surgeons—G. W. Harty, M.B., B.S., F.R.C.S. (Edin.) ; C. F. G. Webster, M.R.C.S. (Eng.), M.B. (Camb.) : dentist—H. Didsbury : masseur—Royd Garlick ; masseuse—E. Everitt.

Medical staff, Children's Hospital : Surgeons—C. M. Begg, M.D., B.S., F.R.C.S., L.R.P.S. ; H. J. McLean, M.B., F.R.C.S. (Edin.) : physicians—Agnes Bennet, M.B., M.D., M.S. (Edin.) ; Daisy E. Platts-Mills, M.B., Ch.B.

Medical staff, stipendiary : H. Hardwick-Smith, M.B., B.S., B.A. (Cantab.), F.R.C.S. (Eng.) ; R. Woodhouse, M.B., Ch.B. ; H. Robertson, M.B., Ch.B. ; T. C. Fraser, M.B., Ch.B. (residents).

Matron : F. K. Payne.

Localities, broadly, from which patients came : Wellington City, 1,958 ; Wellington suburbs, 403 ; Petone, 175 ; Lower Hutt, 111 ; ships in port, 86 ; sundry small places, 59 ; Upper Hutt, 52 ; not stated, 45 ; Porirua, 14 ; Wairarapa, 19 ; Levin, 12 ; Masterton, 9 ; Westport, 9 ; Dunedin, 8 ; Paekakariki, 8 ; Auckland, 6 ; Hawke's Bay, 6 ; Blenheim, 4 ; Foxton, 4 ; Pahautanui, 4 ; Hastings, 4 ; Palmerston North, 3 ; Taranaki, 3 ; Nelson, 3 ; Marlborough, 3.

The Wellington Hospital has been visited on several occasions during the year.

A considerable amount of work has been done since the last report in adding to the efficiency of the Hospital. A children's department has been built, and was opened on the 13th March, but is not yet occupied. It is badly needed, as the children are scattered through the wards of the main hospital, and a number are at the Victoria chronic wards. As the beds are urgently required for adult patients, it is important to put the children in the wards intended for them as soon as possible.

Improvements in the sanitary annexes of the main wards have been made, these being practically rebuilt.

Some additions to the trained nursing staff have been made in connection with the Victoria and Seddon wards in appointing charge nurses to work under the sister in charge.

Fever Hospital, Wellington.

Visited on the 2nd April, 1912.

There were 28 patients in hospital.

Since the opening, fourteen months ago, there have been 225 cases, no deaths, and only one case of infection of a nurse.

The Keen's cement walls of the male admission-room are very badly cracked, and should be repaired.

An airing-room for blankets, &c., is badly needed.

The staff of nurses at this institution, with the nursing of the patients, ambulance duty, and so much cleaning of glass, paint-work, &c., where no maidservants are admitted, is scarcely adequate.

Ohiro Home.

Chairman of Institutional Committee : J. W. McEwan.

Usual date of meeting : Tuesday in each week.

Medical staff, stipendiary : H. Hardwick-Smith (the Medical Superintendent of the Wellington Hospital).

Master : A. H. Truebridge.

Matron : Mrs. A. Truebridge.

Localities from which inmates came : Wellington Hospital District.

Visited on the 9th April, 1912.

There were 112 inmates—31 women and 81 men.

Among the women was a young woman sent in by the Charitable Aid Office for observation. Her condition appeared to be mental.

There were two men in bed in the sick ward, one of whom, over 90 years of age, was dying, and I consider required more experienced nursing attention than is provided in that institution.

The institution was generally in good order, though the Matron, Mrs. Truebridge, was ill, and off duty.

Otaki Hospital.

Chairman of Hospital Committee : William Tompsitt.

Usual date of meeting of Hospital Committee : First Saturday in each month.

Medical staff, honorary : H. C. Faulke, F.R.C.S., L.R.C.P. (Edin.).

Medical staff, stipendiary : W. H. J. Huthwaite, M.R.C.S., L.R.C.P. (Lon.) (non-resident).

Matron : E. M. Sealy.

Localities, broadly, from which patients came : Shannon, 11 ; Levin, 21 ; Ohau, 6 ; Manakau, 15 ; Otaki 54 ; Te Horo, 4 ; Waikanae, 20 ; Paraparaumu, 3 ; Wellington Hospital, 1.

Visited on the 22nd May.

There were only 8 patients in, 3 of whom were women.

The Hospital was in excellent order.

Otaki Sanatorium.

Chairman of Hospital Committee : William Tomsitt.

Usual date of meeting of Hospital Committee : First Saturday in month.

Medical staff, stipendiary : W. H. J. Huthwaite, M.R.C.S., L.R.C.P. (Lon.) (non-resident).

Matron : E. M. Sealy.

Localities, broadly, from which patients came : Eketahuna, 1 ; Wanganui, 1 ; Horowhenua, 1 ; Eltham, 1 ; Wairarapa, 5 ; Palmerston North, 1 ; Napier, 1 ; New Plymouth, 1 ; Wairoa, 1 ; Wellington district, 39.

Visited on the 22nd May.

There were 22 patients in, 9 of whom were women. Two cases were confined to bed. One patient had been there for eighteen months.

The shelters are improved by a cement path in front, which renders it easier to keep them clean. Everything was in good order.

WAIRARAPA HOSPITAL AND CHARITABLE AID BOARD.

Usual date of meeting : First Wednesday each alternate month.

Chairman : E. G. Eton.

Secretary : N. D. Bunting.

Public Health Inspectors : James Cairns and Charles W. Miller.

District Nurses (2) : will be appointed during the current month (May).

Institutions under the Board's control : Masterton Hospital ; South Wairarapa Hospital, Greytown ; Pahiatua Hospital, Pahiatua ; Renall-Solway Old Peoples' Home.

The Martinborough Ambulance Society and the Masterton division, St. John Ambulance Society, provide for the transport of the sick, and render first aid to the injured.

Masterton Hospital.

Chairman of Hospital Committee : J. B. Keith.

Usual date of meeting of Hospital Committee : Third Tuesday in each month.

Medical staff, honorary : P. R. Cook, M.B., Ch.B. ; J. A. Cowie, M.B., &c., M.S., B.Sc. ; N. H. Prior, M.B., Ch.B.

Medical staff, stipendiary : Archer Hosking, M.B., M.S. (non-resident).

Matron : Maude G. Hayward.

Localities, broadly, from which patients came : Masterton Borough, 108 ; Masterton County, 70 ; Carterton Borough, 6 ; Wairarapa South County, 21 ; Eketahuna County, 14 ; Mauriceville Borough, 4 ; Wellington, 6 ; Napier, 3 ; Featherston County, 3 ; Castle Point County, 2 ; Featherston, 2 ; Martinborough, 2 ; Greytown, 1 ; Dannevirke, 1 ; New Plymouth, 1 ; Raurimu, 1 ; Wanganui, 1 ; Invercargill, 1 ; Christchurch, 1 ; unknown, 7.

Visited on the 8th March, 1912.

There were only 17 patients in hospital, 2 of whom had been in the institution for over two years. As soon as the Buchanan Home for Incurables is ready these patients will be sent there.

The wards were in excellent order. An X-ray room is shortly to be added to the north of the main corridor.

At the time of my visit the Matron, Miss Hayward, was ill in bed.

The Wairarapa Board has adopted the suggestions of the Department with regard to the staffing of the outlying institutions at Greytown and Pahiatua.

It has been found necessary to increase the accommodation for nurses, and extensions to the present Nurses' Home or a separate building for their accommodation will shortly be put in hand.

Pahiatua Hospital.

Chairman of Hospital Committee : J. D. Wilson.

Usual date of meeting of Hospital Committee : Second Thursday in each month.

Medical staff, honorary : P. H. Mules, M.B., F.R.C.S. (Edin.) ; J. P. S. Jamieson, M.B., Ch.B. ; W. A. Dunn, M.R.C.S., L.R.C.P.

Medical staff, stipendiary : H. T. Dawson, M.B., M.S. (Aberd.) (non-resident).

Matron : E. M. Davis.

Localities, broadly, from which patients came : Eketahuna, 15 ; Mangatainoka, 6 ; Pahiatua, 39 ; Woodville, 11 ; Ballance, 3 ; Kaitawa, 13 ; Pongaroa, 7 ; Makuri, 8 ; Konini, &c., 6 ; Dannevirke, 4 ; Hukanui, 8 ; Marima, 4 ; Coonor, 1 ; Martinborough, 1 ; Nikau, 1 ; Palmerston North, 1 ; Makomako, 2 ; Mangahao, 2 ; Kumeroa, 2.

In company with the Matron of the Masterton Hospital, I visited Pahiatua on the 8th December, 1911, to meet the local Committee and the doctor, and explain more fully the proposed plan of staffing the Wairarapa institutions.

This Committee appeared to be more aware of the advantages of the scheme to their hospital than the Greytown one, and were quite willing to accept more central control. They passed a resolution to recommend the adoption of the scheme as outlined to the main Board.

There were only 4 patients in the hospital—3 male and 1 female. One man, who had been in for many months with a serious accident to the spine, is a case requiring a great deal of nursing. He has to be fed and attended to in every way, and occupies a great many hours of the nurses' time; otherwise the staff is at present too large. There are, besides the Matron, a sister and two probationers. At times, when there are cases in the fever wards and bad cases in the general wards, this staff needs aid, which could be supplied from Masterton.

The man's time is well occupied in keeping the large grounds in order, milking, &c.
The place is in very good order throughout.

South Wairarapa Hospital, Greytown.

Chairman of Hospital Committee: Hugh Morrison.

Usual date of meeting of Hospital Committee: Second Wednesday in each month.

Medical staff, honorary: Archer Hosking, M.B., M.S.; D. G. Johnston, M.B., M.S.; A. Gunn M.D.; H. Webb, M.B., M.S.; A. E. A. Palmer, M.B., M.S.

Medical staff, stipendiary: William Bey, M.B., M.S. (non-resident).

Matron: Mary Bagley.

Localities, broadly, from which patients came: Carterton, 17; Greytown, 18; Featherston, 15; Martinborough, 23; Gladstone, 3; Morrison's Bush, 4; Tarata, 1; Tenui, 1; Cross Creek, 1; Palmerston, 1; Wellington, 1.

Visited on the 8th March, 1912.

There were 6 patients in hospital—all males.

The wards were in excellent order.

Miss Bagley has just succeeded Miss Derry as Matron, Miss Derry, after years of good service, having had to retire on account of ill health.

The Buchanan wards for incurable cases are nearly completed. So far as could be seen, the work has been well carried out. These wards should be sufficient for the needs of the Wairarapa for some time to come.

Renall-Solway Home.

Chairman of Institutional Committee: J. B. Keith.

Usual date of meeting: Third Tuesday in month.

Matron: Annie Johns.

Localities from which inmates came: Masterton Borough, 4; Masterton County, 3; Wairarapa South County, 5; Eketahuna County, 2; Westport, 1; Featherston, 1.

Visited in July, 1911.

There were 8 inmates and another expected.

This little Home is very comfortable, and the old men well looked after by the Matron.

PICTON HOSPITAL AND CHARITABLE AID BOARD.

Usual date of meeting: First Wednesday in every month.

Chairman: Seymour Fell.

Secretary: J. Blizzard.

Public Health Inspector: James Johnson.

District Nurse: Mary Natalie Drysdale.

Institution under the Board's control: Picton Hospital.

Picton Hospital.

Chairman of Hospital Committee: Seymour Fell.

Usual date of meeting of Hospital Committee: First Wednesday in every month.

Medical staff, stipendiary: William Edward Redman, M.R.C.S. (Eng.); Ada Paterson, M.B., Ch.B., (non-residents).

Matron: Hilda Burton.

Localities, broadly, from which patients came: Wellington, 5; Blenheim, 4; D'Urville Island, 4; Temuka, 1; Dunedin, 1; Picton, Pelorus, Queen Charlotte Sound, and districts, 187.

Visited on the 15th December, 1911.

There were only 3 patients in—no women, and no one in the consumptive shelters. An accident case was expected from the Sounds.

Miss Scott had resigned, and Miss Burton was in charge. There is no other registered nurse now on the staff, but one in her third year is coming up for examination in June.

The Hospital was in very good order. The wider verandah space lately added is a great improvement. The new fever ward is practically completed, but not yet furnished, and, unfortunately, the cement near the floor has broken away owing to the shrinkage of the flooring-boards, and will need to be done again.

WAIRAU HOSPITAL AND CHARITABLE AID BOARD.

Usual date of meeting: Second Thursday in each month.

Chairman: J. J. Corry.

Secretary: A. J. MacLaine (part time).

Inspector of Infectious Diseases: James Johnston.

District Nurse at Seddon: E. Craig.

Institutions under the Board's control: Wairau Hospital; Havelock Cottage Hospital.

Wairau Hospital, Blenheim.

Chairman of Hospital Committee : J. J. Corry.

Usual date of meeting of Hospital Committee : Second Tuesday in each month.

Medical staff, stipendiary : James Freeborn Bennett, M.B., Ch.B. ; David Mathewson Nairn, L.R.C.P. (non-residents).

Matron : W. S. Fulton.

Localities, broadly, from which patients came : Wellington, 2 ; Christchurch, 2 ; Auckland, 1 ; Masterton, 1 ; Picton, 22 ; Wairau Hospital District, 218.

Visited, 2nd April, 1912.

There were 15 patients in hospital—9 men and 6 women.

The wards, considering their nature, were in good order, but the sanitary annexes were in the usual insanitary condition.

In the isolation ward the plaster needs repairing, especially in the smaller rooms. The whole annexe needs renovation.

A new bath is needed in the Nurses' Home.

I commented last year on the need for a drying-room, but one has not yet been provided.

In last year's report I stated that it was highly desirable that careful notes should be taken of patients' condition, &c., from the time of their admission to their discharge, and I was surprised to find that the hint had not been taken. It is true that the Matron keeps notes of a description, but not sufficient as records of disease and treatment, which, apart from their own professional interest, would be most useful in case of complaints by patients as to their treatment, dietary, &c.

The operation-book and other records had not been filled in to date.

Havelock Hospital.

Chairman of Hospital Committee : Rev. E. H. Pain.

Usual date of meeting of Hospital Committee : First Friday in each month.

Medical staff, stipendiary : R. B. Williams, L.R.C.P. (Lon.) (non-resident).

Matron : Olive Peake.

Localities, broadly, from which patients came : Sounds County, 10 ; Peloner Road District, 14 ; Havelock, 7 ; Wellington, 1.

NELSON HOSPITAL AND CHARITABLE AID BOARD.

Usual date of meeting : First Wednesday in each month.

Chairman : Henry Baigent.

Secretary : S. Blomfield.

Relieving Officer : W. L. Heyward.

Institutions under the Board's control : Nelson Hospital, Alexandra Home (for destitute old people).

Nelson Hospital.

Chairman of Hospital Committee : Henry Baigent.

Usual date of meeting of Hospital Committee : First Wednesday in each month.

Medical staff, stipendiary : H. E. A. Washbourn, M.D. (resident).

Matron : E. L. Gosling.

Localities, broadly, from which patients came : Waimea, 128 ; Nelson, 212 ; Richmond, 6 ; Takaka, 10 ; Collingwood, 20 ; Motueka, 12 ; Murchison, 15 ; outside districts, 40.

Visited, 1st and 2nd August, 1911.

There were 50 patients in the Hospital.

Since my last visit the male ward has been provided with a new sanitary block, but the old closets and bathrooms had not been removed, nor had a new sanitary block been provided for the female ward, which is very badly needed, and which has been recommended in previous reports.

The Hospital did not strike me as looking so tidy as on my previous visits.

I met the Board and represented the above matters to them, and also suggested that, as the Hospital buildings were old and not worth spending much on in renovation, it would be as well to approach a firm of architects experienced in hospital architecture, who might prepare plans of a new hospital, which could be gradually erected as the Board's finances would allow.

Alexandra Home, Nelson.

Chairman of Institutional Committee : Henry Baigent.

Usual date of meeting : First Wednesday in each month.

Master : Frank Liley.

Matron : Mrs. Frank Liley.

Localities from which inmates came : Nelson Provincial District, 44 ; Invercargill, 1.

Visited, 2nd August.

There were 30 inmates.

The place was in good order.

BULLER HOSPITAL AND CHARITABLE AID BOARD.

Usual date of meeting: Second Monday in every alternate month.

Chairman: James H. Greenwood.

Secretary: Robert F. Mullan (part time).

Institutions under the Board's control: Old People's Home, Westport; Buller Hospital, Westport.

Buller Hospital, Westport.

Chairman of Hospital Committee: James H. Greenwood.

Usual date of meeting of Hospital Committee: Second Tuesday in every alternate month.

Medical staff, honorary: E. D. Dunn, L.R.C.P., L.F.P. & S., L.S.A.

Medical staff, stipendiary: Guy Hallwright, M.R.C.S., L.R.C.P. (non-resident).

Matron: E. Dunsford.

Localities, broadly, from which patients came: Westport Borough, 137; Buller County, 113.

Visited, 7th August.

There were 22 patients—17 males and 5 females.

Though the buildings are comparatively new, the plaster in the wards is much cracked, and the wards and corridors badly need repainting.

The Board has very properly decided to erect a Nurses' Home, the quarters for the staff being much overcrowded, and plans have been approved by the Department. The erection of a new ward is also contemplated.

With the above exception, the hospital was in good order.

D. Hallwright gives a great deal of time to this institution.

I had an opportunity of meeting the Buller Board and discussing various matters with regard to the working of the Hospitals Act.

Old People's Home, Westport.

Chairman of Institutional Committee: J. H. Greenwood.

Usual date of meeting: Second Tuesday in every alternate month.

Medical staff, stipendiary: Guy Hallwright, M.R.C.S., M.R.C.P. (non-resident), part time.

Master: John Stewart.

Matron: Mrs. J. Stewart.

Localities from which inmates came: Westport, Buller County.

Denniston Hospital.

Chairman of Hospital Committee: James Fisher.

Usual date of meeting of Hospital Committee: First Monday in the month.

Medical staff, stipendiary: Thomas Gordon Short, M.B., Ch.B. (non-resident).

Matron: Mrs. L. E. Smith.

Localities, broadly, from which patients came: Denniston and district.

Visited, 7th August.

There were 5 patients—one a female recovering from puerperal sepsis.

This little institution is fulfilling a useful purpose, the acute cases or those requiring major surgical operations being sent to the Westport Hospital.

The Hospital was in good order, but the woodwork is very bad, the timber having shrunk very much.

Thirty-eight patients had been admitted since the opening of the institution in November.

I met the Chairman of the Hospital Committee, Mr. Fisher, and explained to him that it would be a great advantage to the Denniston people if a maternity ward were erected in connection with the Hospital, there being no qualified midwife on the hill.

INANGAHUA HOSPITAL AND CHARITABLE AID BOARD.

Usual date of meeting: Fourth Thursday in each month.

Chairman: Edward John Scantlebury.

Secretary: Charles Nevin (part time).

Institutions under the Board's control: Reefton Hospital.

Reefton Hospital.

Chairman of Hospital Committee: Edward J. Scantlebury.

Usual date of meeting of Hospital Committee: Fourth Thursday in each month.

Medical staff, stipendiary: W. A. Conlon, M.A., Ch.B., B.M. (non-resident).

Matron: J. Barry.

Localities, broadly, from which patients came: Inangahua, 147; Grey, 3.

Visited, 8th August, 1911.

There were 22 patients, 5 being women.

With the exception of a male patient with a sinus, who had been in the Hospital five months, there were no true hospital cases in the building, the other 21 patients being aged persons.

Apparently the great falling-off in proper hospital patients is due to the fact that a large private hospital has been opened in Reefton.

The new buildings—kitchen, surgery, and Nurses' Home—were in good order, and the other buildings in as good order as might be expected.

I represented to Dr. Conlon that the practice of making some of the patients admitted to this Hospital pay additional fees for surgical assistance was a most reprehensible one, and one that would not be tolerated by the Department. He gave me his assurance that he would discontinue this practice, and I communicated this assurance to the Board.

GREY HOSPITAL AND CHARITABLE AID BOARD.

Usual date of meeting : Second Wednesday in month.
 Chairman : Michael Hannan.
 Secretary : Michael Phillips (part time).
 Public Health Inspector : Joseph Fletcher.
 Institution under the Board's control : Grey River Hospital.

Grey River Hospital, Greymouth.

Chairman of Hospital and Charitable Aid Board : Michael Hannan.
 Usual date of meeting of Hospital and Charitable Aid Board : Second Wednesday in month.
 Medical staff, honorary : James W. McBrearty, F.R.C.S., L.R.C.S. (Edin.); James McBrearty, L.F.P. & S., L.M.; William McKay, M.D., F.R.C.S. (Eng.).
 Medical staff, stipendiary : Charles G. Morice, M.D., F.R.C.S. (Eng.) (non-resident).
 Matron : Susan Kitto.
 Localities, broadly, from which patients came : Grey County, 225 ; Greymouth, 140 ; Brunner Borough, 21 ; other districts and shipping, 19.
 Visited, 9th August, 1911.
 There were 33 patients in the Hospital, and 36 in that part of this institution devoted to the accommodation of the aged.
 The wards were in good order, and everything seemed to be working well under Dr. Morice and Miss Kitto, the newly appointed Matron.
 I attended a meeting of the Grey Hospital Board.

WESTLAND HOSPITAL AND CHARITABLE AID BOARD.

Usual date of meeting : Second Wednesday in each month.
 Chairman : Thomas J. McGuigon.
 Secretary : John Peake.
 Institutions under the Board's control : Westland Hospital, Kumara Hospital, Totara Hospital, Otira Cottage Hospital.

Westland Hospital, Hokitika.

Chairman of Hospital Committee : Thomas J. McGuigon.
 Usual date of meeting of Hospital Committee : Second Wednesday in month.
 Medical staff, stipendiary : Ebenezer Teichelmann, F.R.C.S. (Eng.) (non-resident).
 Matron : M. R. Little.
 Localities, broadly, from which patients came : Westland County, 118 ; Hokitika Borough, 48 ; Kumara Borough, 4 ; Ross Borough, 1.
 Visited, 10th August, 1911.
 There were 20 hospital patients proper—13 men and 7 women.
 The male ward was closed for repairs.
 Here, as in other West Coast hospitals, there was ample evidence of bad workmanship. The walls of the ward, though barely three years old, were discoloured, and the woodwork flimsy.
 The new operating-theatre—the need for which was made such a point of by the old trustees—though available for use for the past six months, has not yet been used. The workmanship here was again bad and the plumbing primitive, though supposed to have been supervised by the Public Works Department.
 There were 16 males and 1 female in the Old People's Home.
 The cost of supplies to the institution are low as compared to other institutions in the Dominion.

Kumara Hospital.

Chairman of the Hospital Committee : John Palmer.
 Usual date of meeting of Hospital Committee : Last Friday in month.
 Medical staff, stipendiary : George Phillips, M.R.C.S. (Eng.), L.R.C.P. (Lon.) (non-resident).
 Matron : Ida Kilgour.
 Localities, broadly, from which patients came : Westland County, 58 ; Kumara Borough, 57 ; Hokitika Borough, 4 ; Ross Borough, 1.
 Visited, 10th August, 1911.
 There were 22 inmates in this institution, 6 being hospital patients proper—4 men and 2 women.
 The new female ward recently erected has been very badly finished, the plaster being cracked in all directions.
 The lower part of the institution, devoted to the accommodation of the old people, is in a dilapidated condition. The floors in one of the male wards and in the kitchen have very considerably sunk.
 I recommended to the members of the Board who accompanied me on my visit that the three West Coast Boards should combine in the erection of an Old People's Home. I hope some good may result from this oft-repeated recommendation.
 I attended a hastily convened meeting of the Westland Board, and discussed various matters relative to the administration of hospitals under its control.

Totara Hospital, Ross.

Chairman of Hospital Committee : Thomas Wanless Bruce.
 Usual date of meeting of Hospital Committee : Last Thursday in month.
 Medical staff, stipendiary : T. W. J. Johnson, M.B., Ch.B. (resident).
 Matron : Ada C. Phillips.
 Localities, broadly, from which patients came : Ross Borough, 12 ; Westland County, 17.
 The new ward for male patients was completed during the year.

Otira Cottage Hospital.

Chairman of Hospital Committee : T. Greatbach.
 Usual date of meeting of Hospital Committee : Second Wednesday in month.
 Medical staff, stipendiary : W. Cairns, M.S. (non-resident).
 Matron : Louise Ziegler.
 Locality, broadly, from which patients came : Westland County, 30.
 Visited, 11th August, 1911.
 Had 2 male patients in
 The Hospital was in good order, and has proved useful for cases of accidents from the Otira Tunnel.

NORTH CANTERBURY HOSPITAL AND CHARITABLE AID BOARD.

Usual date of meeting : Fourth Wednesday in each month.
 Chairman : Frederick Horrell.
 Secretary : Thomas C. Norris, and four assistants.
 Public Health Inspectors : A. W. Nicol, George Baker, J. Menzies.
 Charitable Aid Inspector : William S. Goring.

Institutions under the Board's control : Christchurch Hospital ; Consumptive Sanatorium, for the treatment of curable cases of consumption ; Akaroa Cottage Hospital ; Infectious diseases Hospital, Bottle Lake, principally for scarlet-fever cases ; Lyttelton casualty ward, for the treatment of cases of accident and requiring attention before being transferred to Christchurch Hospital ; Taurangi Old Men's Home, Ashburton, for destitute old men or chronic invalids ; Female Refuge, Linwood, for single women who are pregnant (first cases) ; Queen's Jubilee Memorial Home, Woolston, for destitute aged or invalid women ; Orphanage, Waltham, for destitute children who are orphaned ; Armagh Street Depot, a casual shelter for homeless men ; Samaritan Home, Addington, a temporary home for vagrant women.

Christchurch Hospital.

Chairman of Hospital Committee : W. W. Tanner.
 Usual date of meeting of Hospital Board : Fortnightly, Thursday.
 Medical staff, honorary : H. T. D. Acland, F.R.C.S. (Eng.), L.R.C.P. (Lon.) ; J. A. T. Bell, M.D. (Edin.) ; J. F. Duncan, M.B., Ch.B. ; H. McL. Inglis, M.B., Ch.M. ; M. Louissou, M.B. ; G. Russell, M.B. ; J. Stevenson, M.B. ; A. G. Talbot, M.B., Ch.M. ; F. G. Westerra, M.B., C.M.
 Medical staff, stipendiary : Thomas T. Thompson, M.B., Ch.B. (N.Z.) ; W. S. Robertson, M.B., Ch.B. (N.Z.), (residents) ; F. L. Scott, M.D., Ch.B., L.R.C.P. & S. (Eng.) (non-resident).
 Matron : Mabel Thurston.
 Localities, broadly, from which patients came : Akaroa County, 7 ; Akaroa Borough, 1 ; Amuri County, 13 ; Ashley Road, 9 ; Kowai Road Board, 14 ; Cust, 7 ; Eyreton, 6 ; Oxford, 9 ; Rangiora, 10 ; Amberley Town Board, 3 ; West Eyreton Road Board, 4 ; Cheviot County, 26 ; Ellesmere, 37 ; Halswell, 18 ; Heathcote, 50 ; Kaikoura, 11 ; Malvern, 55 ; Mount Herbert, 5 ; Papanui, 39 ; Selwyn, 21 ; Springs, 20 ; Tawera, 13 ; Waimairi, 194 ; Waipara, 15 ; Wairewa, 21 ; Christchurch City, 1,193 ; Kaiapoi Borough, 19 ; Lyttelton, 90 ; New Brighton, 32 ; Rangiora, 29 ; Spreydon, 50 ; Sumner, 9 ; Woolston, 61 ; other districts, 69 ; shipping, 7 ; no address, 12.

Visited on many occasions during the year.

The accommodation, especially for male patients, has been severely taxed, and it will be necessary to proceed with the proposed additions and alterations in the near future. A great deal has been done by the Board recently in the erection and opening of the children's ward and ward for gynaecological patients.

The Nurses' Home is now completed, and will give sufficient accommodation for the anticipated nursing requirements of the hospital for years to come.

The building of the administration block is now under consideration, and various plans have been proposed.

The necessity of an infectious-diseases hospital for Christchurch in a more accessible place than at Bottle Lake must also be considered.

North Canterbury Sanatorium.

Chairman of Hospital Committee : W. W. Tanner.
 Usual date of meeting of Hospital Committee : Fortnightly, Thursday.
 Medical staff, stipendiary : G. J. Blackmore, M.D., C.M., D.P.H. (resident).
 Matron : Kate Benjamin.
 Localities, broadly, from which patients came : Akaroa County, 1 ; Amuri County, 1 ; Christchurch City, 44 ; Ellesmere County, 1 ; Eyreton Road District, 1 ; Halswell County, 2 ; Heathcote County, 2 ; Kaiapoi Borough, 2 ; Lyttelton Borough, 5 ; New Brighton Borough, 5 ; Rangiora Borough, 1 ; Rangiora Road District, 3 ; Wairewa County, 1 ; Woolston Borough, 1 ; Spreydon Borough, 3 ; Waimairi County, 4 ; unknown, 2.

Visited on the 16th March, 1912.

There were 23 men and 11 women in. 2 women were in bed, and 1 man; but the majority of the male patients were out for their morning exercise.

The women were preparing the vegetables for dinner.

The shelters were all beautifully clean. The patients do all the work of keeping them in order, and do not find it too much even to scrub the floors.

The dining-hall of this institution is a model one. The front and sides almost entirely open, and seldom, except in extremely bad weather, require to be partly closed.

The Board has in contemplation the erection of a ward for chronic and incurable cases of consumption. Such a ward is badly needed, and I hope that it will be placed sufficiently near to the present sanatorium to allow both institutions to be under one administration.

Akaroa Hospital.

Chairman of Hospital Committee: W. W. Tanner.

Usual date of meeting of Hospital Committee: Fortnightly (Thursday).

Medical staff, stipendiary: P. G. McReddie, M.B., M.S. (non-resident).

Matron: I. Ivey.

Localities, broadly, from which patients came: Akaroa County, 21; Christchurch City, 2; Akaroa Borough, 3; Ellesmere County, 1; other Hospital and Charitable Aid Districts, 2.

Visited on the 8th October, 1911.

Five patients in, one a case of severe coach accident, a special nurse from Christchurch Hospital nursing her.

Mrs. Penrose was away on leave; Miss Ivey was in charge. Mrs. Penrose has since resigned after many years of service.

Miss Davies, Matron of Oira Cottage Hospital, has been appointed Matron.

Kaikoura Hospital.

This Hospital has been built during the year, and will shortly be opened. It should be of great value to the residents of this part of the North Canterbury District.

Maternity work may well be undertaken in addition to the ordinary cases. Sister Ivey has been appointed Matron.

Christchurch Infectious-diseases Hospital, Bottle Lake.

Chairman of Hospital Committee: T. D. Boag.

Usual date of meeting of Hospital Committee: Second Tuesday in each month.

Medical staff, stipendiary: J. F. Duncan, M.B., Ch.B. (non-resident).

Matron: K. Bowie.

Localities, broadly, from which patients came: Christchurch City, 136; Eyreton Road District, 1; Halswell County, 6; Heathcote County, 8; Kaiapoi Borough, 1; Lyttelton Borough, 6; Malvern County, 2; New Brighton Borough, 2; Paparua County, 3; Rangiora Borough, 1; Rangiora Road District, 1; Spreydon Borough, 8; Springs County, 1; Sumner Borough, 13; Selwyn County, 2; Waimairi County, 47; Woolston Borough, 31.

Visited on several occasions.

Accommodation here was heavily taxed from May to December. A small building which had been erected for possible cases of dangerous infectious diseases was moved to a site nearer to the main building and added to, so as to provide better accommodation for the nurses and patients. This was made use of for scarlet-fever cases.

The building erected for a doctor's house was also moved nearer the main building, for accommodation of nurses. A new building was erected for a play-room for children in bad weather.

This Hospital is now staffed from the Christchurch Hospital, the late Matron, Mrs. Seymour, having resigned, after several years of excellent work, which at times was very arduous.

This Hospital is difficult of access, and, although it is quite suitable for the treatment of the ordinary mild case, the accommodation is not suitable for the treatment of many severe and acute cases.

The matter of providing a suitable fever hospital is being considered by the Board, but it seems inadvisable to incur much expenditure on the erection of buildings on this site if a more suitable site can be obtained.

Lyttelton Casualty Ward.

Chairman of Hospital Committee: W. W. Tanner.

Usual date of meeting of Hospital Committee: Fortnightly, Thursday.

Medical staff, stipendiary: J. A. Newell, M.B., Ch.B. (non-resident).

Matron: Mrs. D. Johnston.

Localities, broadly, from which patients came: Akaroa County, 1; Christchurch City, 3; Heathcote County, 2; Lyttelton Borough, 5; Paparua County, 1; Wellington, 1; shipping, 7.

Samaritan Home, Christchurch.

Chairman of Institutional Committee: F. Horrell.

Usual date of meeting: Fortnightly.

Medical staff, stipendiary: J. F. Duncan, M.B., Ch.B. (non-resident), part time.

Master: Maurice Roche.

Matron: Minnie Roche.

Localities from which inmates came: Amuri County, 1; Christchurch City, 1; Ellesmere County, 1; Kaiapoi Borough, 1; Lyttelton Borough, 1; Oxford Road District, 1; Springs County, 2; Waimairi County, 2; Waipara County, 2; Woolston Borough, 2; other Hospital and Charitable Aid Districts, 4.

Armagh Street Depot, Christchurch.

Chairman of Institutional Committee : F. Horrell.

Usual date of meeting : Fortnightly.

Medical staff, stipendiary : J. F. Duncan, M.B., Ch.B. (non-resident), part time.

Caretaker : W. Reeves.

Matron : M. Reeves.

Localities from which inmates came : Christchurch City, 16 ; Ellesmere County, 1 ; Halswell County, 1 ; Kaikoura County, 2 ; Lyttelton Borough, 6 ; Eyreton Road Board, 1 ; Oxford Road Board, 1 ; Ashburton, 6 ; South Canterbury, 1 ; casuals (undecided), 6.

Waltham Orphanage.

Chairman of Institutional Committee : H. B. Sorensen.

Usual date of meeting : Second Tuesday in each month.

Medical staff, stipendiary : J. F. Duncan, M.B., Ch.B., F.R.C.S. (Edin.) (non-resident), part time.

Matron : Miss Jean Donaldson.

Localities from which inmates came : North Canterbury Hospital District.

Visited on the 18th March, 1912.

The Matron (Miss Donaldson) was away on leave.

There were 16 children in—one an infant of eighteen months. There were 9 boys.

Some additions have been made—the dining-room enlarged, and additional dormitory and staff accommodation to admit of taking 22 children.

All the children with the exception of one little girl were away at school.

Tuarangi Home, Ashburton.

Chairman of Institutional Committee : H. B. Sorensen.

Usual date of meeting : Second Tuesday in each month.

Medical staff, honorary : G. Lyon, M.B., M.S. (Aberd.) (non-resident), part time.

Master : F. H. Knight.

Matron : E. Knight.

Localities from which inmates came : Christchurch, 72 ; Akaroa, 1 ; Amberley, 1 ; Amuri, 1 ; Ellesmere, 2 ; Eyreton, 1 ; Cheviot, 1 ; Kaiapoi, 1 ; Lyttelton, 7 ; Malvern, 1 ; New Brighton, 1 ; Rangiora, 3 ; Sumner, 1 ; Woolston, 2 ; Waimairi, 3 ; Halswell, 1 ; Kaikoura, 3 ; Ashburton, 16.

This institution has improved under the direct supervision of the Board and the Matron of the Christchurch Hospital.

The chronic patients are well cared for by the nursing staff.

Memorial Home, Woolston.

Chairman of Institutional Committee : H. B. Sorensen.

Usual date of meeting : Second Tuesday in each month.

Medical staff, stipendiary : J. F. Duncan, M.B., Ch.B., F.R.C.S. (Edin.) (non-resident), part time.

Matron : Margaret Higgins.

Localities from which inmates came : Akaroa, 1 ; Ashburton, 1 ; Cheviot, 1 ; Christchurch, 68 ; Kaikoura, 1 ; Kaiapoi, 1 ; Lyttelton, 2 ; New Brighton, 1 ; Malvern, 1 ; Kowai, 1 ; Rangiora, 2 ; Spreydon, 1 ; Waimairi, 1 ; Waipara, 1.

Visited in July, 1912.

There were 61 inmates.

In the chronic wards there were 18 patients.

Miss Higgins is still doing excellent work in charge of this institution.

Female Refuge, Linwood.

Chairman of the Institutional Committee : H. B. Sorensen.

Usual date of meeting : Second Tuesday in each month.

Medical staff, stipendiary : J. F. Duncan, M.B., Ch.B., F.R.C.S. (Edin.) (non-resident), part time.

Matron : Miss A. M. Chapman.

Localities from which inmates came : Christchurch City, 28 ; Ellesmere County, 2 ; Mount Herbert County, 1 ; New Brighton Borough, 1 ; Rangiora Borough, 1 ; Sumner Borough, 1 ; Springs County, 1 ; Waimairi County, 2.

Vide report under "Maternity Homes," page 26.

ASHBURTON HOSPITAL AND CHARITABLE AID BOARD.

Usual date of meeting : First Monday in each month.

Chairman : Henry Davis.

Secretary : Arthur Clarke.

Public Health Inspector : M. Kershaw.

Institution under the Board's control : Ashburton Hospital.

Ashburton Hospital.

Chairman of Hospital Board : Henry Davis.

Usual date of meeting of Hospital Board : First Monday in each month.

Medical staff, stipendiary : Hugh Hunter, M.B., B.Ch., Surgeon Superintendent ; George Lyon, M.B., C.M. (Aberd.), Assistant Surgeon, (non-residents).

Matron : S. E. Morley.

Localities, broadly, from which patients came : Ashburton, 86 ; Hampstead, 9 ; Allenton, 4 ; Tinwald, 13 ; Wakanui, 5 ; Winston, 8 ; Hinds, 9 ; Methven, 21 ; North Canterbury, 4 ; Wanganui, 1 ;

Mount Somers, 10; Mayfield, 17; Rakaia, 6; Longbeach, 8; Elgin, 2; Dromore, 14; Invercargill, 1; Rangiora, 1; Chertsey, 3; Timaru, 1; swaggers, 3.

Visited, February.

There were 14 patients in hospital.

The Board has recently accepted a tender of £5,012 for renovation of the existing wards and extension of the Hospital.

The Ashburton Hospital furnishes one of those instances of institutions erected without thought for the future, and it was extremely difficult to arrive at a satisfactory scheme of extension. However, I think that the erection of the new buildings on the lines of the plans of the Board's architects (Messrs. Collins and Harman) will to a great extent remove some of the objectionable features of the old hospital.

SOUTH CANTERBURY HOSPITAL AND CHARITABLE AID BOARD.

Usual date of meeting: Third Tuesday in the month.

Chairman: F. R. Gillingham.

Secretary: H. S. Russell, and one assistant.

Public Health Inspector: H. Paul.

Institutions under the Board's control: Timaru Hospital, Talbot Infectious-diseases Hospital, Waimate, Hospital, Old Men's Home, Timaru.

Timaru Hospital.

Chairman of Board: F. R. Gillingham.

Usual date of meeting of Board: Third Tuesday.

Medical staff, honorary: W. C. Burns, M.D., B.S. (Glasg.); W. H. Unwin, M.D., F.R.C.S. (Eng.); J. R. Loughnan, M.B., Ch.B. (Melb.); W. E. Gibson, M.B., Ch.B.

Medical staff, stipendiary: George H. Ussher, M.D., F.R.C.S. (Eng.) (resident at Hospital).

Matron: Miss Jean Todd.

Localities, broadly, from which patients came: Geraldine Borough, 17; Geraldine County, 25; Waimate Borough, 8; Waimate County, 43; Timaru Borough, 319; Temuka Borough, 37; Levels County, 115; Mackenzie County, 33; casuals, 21.

Visited on the 16th September, 1911.

There were 27 patients in, 13 being women. As there were only 2 children, and the staff was rather short-handed, the children's ward was closed.

There were 4 women and 2 men with tubercular disease. There was also 1 case of measles, which was being nursed in a side ward by the nurses in the ward.

The Hospital was in good order. A new sterilizer had been provided for the theatre and a boiler for sterilizing water.

Maternity cases are now being taken in a side ward. One had recently been in.

The Hospital requires painting inside and out.

Timaru Old People's Home.

Chairman of Board: F. R. Gillingham.

Usual date of meeting: Third Tuesday.

Medical staff, stipendiary: George H. Ussher, M.D., F.R.C.S. (Eng.) (non-resident), part time.

Master: James Young.

Matron: Grace Young.

Visited, 9th February, 1912.

Accommodation, about 60 beds—33 males and 2 females in.

Place as clean as can be expected considering the state of the buildings.

Garden in very good order.

Construction of new Home is being delayed through lack of bricks.

Talbot Infectious-diseases Hospital.

Chairman of Institutional Committee: F. R. Gillingham.

Usual date of meeting of Hospital Board: Third Tuesday.

Medical staff, stipendiary: George H. Ussher, M.D., F.R.C.S. (Eng.) (non-resident).

Localities, broadly, from which patients came: Timaru Borough, 30; Waimate County, 1; Levels County, 11; Pleasant Point (Tawa district), 5; Geraldine County, 2; Geraldine Borough, 1; Mackenzie County, 1.

I visited the Fever Hospital on the 6th September, 1911, with Dr. Ussher.

There were 10 patients in—one a nurse.

There were 2 nurses in charge from the Hospital.

Some improvement had been made in the accommodation for nurses, a bathroom and lavatory having been added for their use. A small pantry is also to be fixed up. It is difficult to work this place from the main hospital, as it is so far away.

When the Old People's Home is erected, the foundations of which are laid in close proximity, it would be an excellent plan to put a trained nurse in charge of the two, with a man to act as wardman and gardener, and such other staff as necessary. She could then take charge of the Fever Hospital when empty, and supervise the work of the nurses from the Hospital when there are patients in.

Waimate Hospital.

Chairman of Hospital Committee: Alfred Garland.

Usual date of meeting of Hospital Committee: Last Wednesday, monthly.

Medical staff, stipendiary: H. C. Barclay, M.D., F.R.C.S. (non-resident).

Matron: M. Mander.

Localities, broadly, from which patients came: Waimate County, 107; Waimate Borough, 57. Visited, 5th February, 1912.

Nine patients.

A new lavatory, which is much needed, is being built for the men's ward.

In the operating-theatre, a gas radiator has been installed for heating, and there is provision outside for sterilizing water, which is laid on to the theatre.

Good use is made of the grounds, as vegetables, milk, and butter are all provided on the premises. Hospital in good order.

WAITAKI HOSPITAL AND CHARITABLE AID BOARD.

Usual date of meeting: First Tuesday in each month.

Chairman: Andrew Fraser.

Secretary: Walter Gibb.

Public Health Inspector: R. J. McKenzie.

Institution under the Board's control: North Otago Benevolent Home.

North Otago Benevolent Institution, Oamaru.

Chairman of Board: Mr. Andrew Fraser.

Usual date of meeting: First Tuesday in each month.

Medical staff, stipendiary: K. McAdam, M.B., C.B. (N.Z.), M.R.C.S. (Lon.) (non-resident), part time.

Matron: Margaret Dormer.

Localities from which inmates came: Waitaki County, 43; Oamaru, 13; Hampden, 3; South Canterbury, 3; Otago, 2.

Visited, 7th February.

Accommodation for 35 males and 15 females, also for 9 sick males and 9 sick females. Number of inmates, 32—25 males, 7 females, including 1 sick male and 1 sick female.

Everything in excellent order.

A lavatory is to be provided for sick males.

A new morgue has been built.

OTAGO HOSPITAL AND CHARITABLE AID BOARD.

Usual date of meeting: Alternate Thursdays, at 8 p.m.

Chairman: James Hamlin Walker.

Secretary: John Jacobs, and five assistants.

Public Health Inspectors: James Craighead and William Armour.

Other Inspectors: M. Fraer, Inspector and Collector; F. Darroch, Inspector.

Institutions under the Board's control: Dunedin Hospital; Otago Benevolent Institution; Maternity Home, Forth Street; Infectious-diseases Hospital; Pleasant Valley Sanatorium, Palmerston South; Tuapeka Hospital, Lawrence; Kaitangata Cottage Hospital; Port Chalmers Cottage Hospital.

Dunedin Hospital.

Chairman of Hospital Committee: J. H. Walker.

Usual date of meeting of Hospital Committee: Monday evening, alternate.

Medical staff, honorary: D. Colquhoun, M.D., F.R.C.P. (Lon.); M. Macdonald, B.Sc. (N.Z.), M.B., C.M. (Edin.); F. Fitchett, M.D., M.S. (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. (I.); F. R. Riley, F.R.C.S. (Eng.); J. O. Closs, M.D., C.M. (Edin.); W. S. Roberts, M.R.C.S. (Eng.); W. Newlands, M.A., M.B., Ch.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.R.S. (Eng.), D.P.H. (Cantab.); S. A. Moore, M.D., C.M. (Edin.); William Butement, M.B., M.R.C.S. (Eng.), L.R.C.P. (Lon.); Charles North, M.B., Ch.B., M.R.C.S., L.R.C.B.; Winifred I. Bathgate, M.B., Ch.B., B.Sc.; Edwin D. Booth, masseur.

Medical staff, stipendiary: Radiologist, P. C. Cameron, M.D. (Edin.) (non-resident); T. Julian, M.B., Ch.B.; D. Whyte, M.B., Ch.B.; P. P. J. Stewart, M.B., Ch.B., (residents); A. R. Falconer, B.A., B.Sc., M.B., Ch.B. (N.Z.), D.P.H. (Lon.) (non-resident).

Matron: K. M. Mackenzie.

Localities, broadly, from which patients came: Dunedin and suburbs, 1,527; Balclutha, 15; Kaitangata, 36; Lawrence, 26; Palmerston South, 66; Green Island, 36; Milton, 27; Roxburgh, 10; Mosgiel, 72; Port Chalmers, 40; Catlin's, 56; Henley, 20; Middlemarch, 32; Clinton, 10; Seacliff, 11; Tapanui, 2; shipping, 46; Maniototo, 5; Vincent, 22; Waitaki, 19; Southland, 34; South Canterbury, 6; Westland, 1; Buller, 1; Ashburton, 1; North Canterbury, 4; North Island, 5.

Visited on several occasions during the year.

On the 11th March, 1912, I went round the wards with the new Lady Superintendent (Miss Mackenzie), who appears to have a good grasp of the various duties she has to undertake, and if strong enough to carry out her ideas should prove a capable Matron.

The temporary accommodation for advanced cases of consumption—which is provided by building the corridor to connect with the proposed ward for women, and adding to it a wide, partially enclosed verandah divided off into wards for male and female patients, and a ward kitchen where all requisites for these patients can be kept apart—is now nearly ready for occupation.

A great improvement to the old wards are the balconies now being erected, where patients can be treated in the open air, and beds wheeled out from the wards. These additions will remedy a great defect in the Dunedin Hospital.

The wards were full but not crowded, and were in very good order.

The domestic arrangements had been reorganized. The main kitchen is managed by a male cook, and the cooking for the nursing staff is now carried on in the home kitchen, and is much more satisfactory.

The common dining-hall for the domestic staff is also now in use, the laboratory having been adapted for the purpose.

The building of the gynæcological ward is to be proceeded with shortly, and it will also be necessary to add to the accommodation for nurses. The ground-space being so limited, it will be difficult to evolve an entirely satisfactory plan for additions to the Home.

Dunedin Medical School.

Chairman of Hospital Committee: J. J. Clark.

Usual date of meeting of Hospital Committee: Monday evening (alternate).

Medical staff, honorary: F. R. Riley, F.R.C.S. (Eng.).

Medical staff, stipendiary: R. Ritchie, M.B., M.R.C.S. (Eng.) (non-resident).

Matron: Ruth M. Every.

Localities, broadly, from which patients came: Otago, 153; Central Otago, 8; Northern Otago, 3; Southland, 9; Canterbury, 3.

For report, see "Maternity Hospitals," page 26.

Otago Benevolent Institution.

Chairman of Institutional Committee: W. T. Talboys.

Usual date of meeting: Monday evening (alternate).

Medical staff, stipendiary: A. R. Falconer, B.A., B.Sc., M.B., Ch.B. (N.Z.), D.P.H. (Lon.), and Dunedin Hospital Staff (non-resident), part time.

Master: George Sinclair.

Matron: Lucy M. Mee.

Localities from which inmates came: Dunedin, 274; Lawrence, 10; Invercargill, 6; Taieri, 4; Otago Central, 6; Brighton, 4; Milton, 4; Ophir, 1; Clyde, 4; Naseby, 3; Cromwell, 4; Roxburgh, 3; Port Chalmers, 3; Clinton, 2; Waitahuna, 1; Balclutha, 1.

Visited on the 13th March, 1912.

There were 113 male and 60 female inmates.

The Home is now under the charge of Mr. Sinclair, Mr. Mee, after twenty-six years of service, being incapacitated. Mrs. Mee acts as Matron and housekeeper, and keeps the books.

The women's portion of the institution was in excellent order, but not so the men's. The Board will no doubt act on some recommendations sent after inspection, and remedy this state. [These have since been acted upon.]

The chronic wards, under a nurse from Dunedin Hospital and six probationers, are well kept, and the old people well looked after.

Port Chalmers Cottage Hospital.

Chairman of Hospital Committee: J. H. Walker.

Usual date of meeting of Hospital Committee: Once a fortnight.

Medical staff, honorary: W. H. Borrie, M.B., M.S.; Hodges, M.B., M.S.

Matron: Amelia Veitch.

Localities, broadly, from which patients came: England, 3; Italy, 1; Port Chalmers, 7.

Visited, 29th February, 1912.

No inmates.

There has been no case in this Hospital for two months.

The Hospital is well and cleanly kept. It is seldom that this Hospital is made use of, as on one occasion it was found advisable to send a bad accident—a case in which both legs were crushed—to Dunedin for operation.

Kaitangata Hospital.

Chairman of Hospital Committee: Robert Hitchison.

Usual date of meeting of Hospital Committee: *Pro re nata*.

Medical staff, honorary: James Fitzgerald, B.A., M.B., M.S., F.R.C.S. (Eng.).

Matron: Fanny Mary Clements.

Localities, broadly, from which patients came: Kaitangata, Inch-Clutha, Stirling, Owaka, Wangaloa.

Visited, 5th March, 1912.

The only inmate was a boy who was suffering from diphtheria, who was in the isolation block. A nurse from Dunedin Hospital had been sent to look after him.

This Hospital has proved useful for cases of accident from the Kaitangata Coal-mine.

The Matron is also usefully employed in carrying on district nursing under Dr. Fitzgerald's direction, when required.

The Hospital was in excellent order.

Tuapeka Hospital, Lawrence.

Chairman of Hospital Committee: W. E. S. Knight.

Usual date of meeting of Hospital Committee: Second Friday, alternate month.

Medical staff, stipendiary: William Sutherland, M.R.C.S., L.R.C.P., M.B., B.S. (resident).

Matron: Johanna Drew.

Locality, broadly, from which patients came: Tuapeka County.

Visited, 6th March, 1912.

Staff: Matron, wardman, and cook; the Matron having charge of the female patients, and the wardman of the male.

There were 2 inmates—1 male who stated he was suffering from indigestion and complications, and 1 female who was in six weeks suffering from abscess.

Although the fees are 5s. per day, the highest fee collected was 3s. per day. Presumably some of the patients could have paid the full fee.

The only windows that open in the female ward are two small ones at one end, and these only open at the bottom. There is a general untidiness inside and out. The sanitary arrangements and fittings require bringing up to date.

If this Hospital is to be continued to be used for hospital patients, the Board should take into consideration the matter of effecting radical improvements in the building, drainage, and the nursing administration.

Palmerston South Sanatorium.

Chairman of Hospital Committee: S. S. Myers.

Usual date of meeting of Hospital Committee: Monday evening, alternate.

Medical staff, honorary: D. Colquhoun, M.D., F.R.C.P., Hon. Physician; S. T. Champtaloup, M.B., Ch.B., B.Sc., Hon. Bacteriologist; H. P. Pickerill, M.B., Ch.B., M.D.S. (Birm.), L.D.S. (Eng.), Hon. Stomatologist.

Medical staff, stipendiary: C. L. Will, M.B., Ch.B. (resident); A. R. Falconer, M.B., Ch.B., D.P.H., B.Sc., visiting Medical Superintendent.

Sister in charge: H. B. Brown.

Localities, broadly, from which patients came: Dunedin and suburbs, 38; Mosgiel, 10; Green Island, 1; Port Chalmers, 4; Catlins, 1; Milton, 2; Palmerston South, 1; Waikouaiti, 2; Kaitangata, 3; Waipori, 1; Roxburgh, 1; Vincent, 1; South Canterbury, 5; Waitaki, 3; Southland, 6; Ashburton, 2.

Visited, 17th June, 1911; also 10th March, 1912.

Dr. Falconer in charge for week-end; Dr. Will away.

Inmates: 18 males, 16 females.

New shelters for females nearly complete. There will then be 24 beds for females and 2 single shelters at present used for nurses, and 20 beds for males.

Miss Girdler has left, and Sister Brown is in charge. There are also 1 certificated nurse and 4 probationers from the Dunedin Hospital, who stop about three months.

Domestic staff: Two maids at £1 per week; caretaker and cook (married couple), £100 per annum and found; laundress and porter.

A ward for more advanced cases of consumption is much needed in this district, and should, in my opinion, be erected in the immediate vicinity of this institution.

Dunedin Infectious-diseases Hospital.

Chairman of Hospital Committee: J. H. Walker.

Usual date of meeting of Hospital Committee: Monday evening, alternate.

Medical staff, stipendiary: A. R. Falconer, B.A., B.Sc., M.B., Ch.B. (N.Z.), D.P.H. (Lon.) (non-resident).

Sister in charge: Janet A. Moore.

Localities, broadly, from which patients came: Dunedin and suburbs.

Visited, 2nd March, 1912.

Four of the patients were nurses.

I recommended Dr. Falconer to ask for the interior to be thoroughly cleansed and have the walls repaired and painted with kalsomine.

Additional accommodation is required for scarlet-fever cases.

VINCENT HOSPITAL AND CHARITABLE AID BOARD.

No fixed date for meetings.

Chairman: William Laidlaw.

Secretary: J. Duthie, part time.

Institutions under the Board's control: Dunstan Hospital, Cromwell Hospital, and Ophir College Hospital.

Dunstan Hospital, Clyde.

Chairman of Hospital Committee: John Smart.

Usual date of meeting of Hospital Committee: Second Monday of calendar month.

Medical staff, honorary: George Alexander Morris, Cromwell; H. Barr, M.B., Alexandra South.

Medical staff, stipendiary: John Galbraith Hyde, M.B., L.R.C.P.S. (Edin.) (resident).

Matron: May Robertson Logan.

Localities, broadly, from which patients came: Alexandra South, 11; Vincent County, 35; Hindon, 1.

Inspected, 27th November, 1911.

Beds for 4 females and 6 males. There were 2 female and 2 male patients in the Hospital. One of the males was an old Chinaman suffering from locomotor ataxia, and the other an appendicitis case who had been successfully operated on.

There were also 2 old men in the old wooden part of the building. One of these was insane, and arrangements were being made to send him to Seacliff. The other was suffering from senile decay.

I met the Chairman and some members of the Committee at the Hospital, and discussed the proposed new building. I told them that any addition to this Hospital should be suitable for the accommodation and isolation of infectious cases, and that it could be used for treatment of consumptives when not otherwise required.

A building similar to that put up in Naseby could probably be erected at Dunstan for £500.

This building could be erected on the north side of the Hospital—say, about 30 yards away from the main building.

If further additional accommodation is required for the nurses, it would be better to provide this by additions to the present building rather than to put all the additional accommodation in the infectious-diseases block.

The Hospital was in good order.
The grounds were not well kept.

Cromwell Hospital.

Chairman of Hospital Committee : James Ritchie, jun.
Usual date of meeting of Hospital Committee : Second Tuesday in each month.

Medical staff, honorary : John G. Hyde, M.B., L.R.C.R.S.
Medical staff, stipendiary : G. A. Morris, M.B., C.M. (non-resident).
Matron : Annie Elliott.

Localities, broadly, from which patients came : Cromwell, Tarras, Ness, Bannockburn, Pembroke, Queenstown, Luggate, Bendigo, Waitiri, Mount Pisa, Lowburn, Morven Hills.

Inspected, 27th November, 1911.

I met some members of the Committee, and discussed with them the proposed new building for maternity cases. It had been contemplated putting it in a paddock 200 yards away from the Hospital, but the members agreed with me that it would be better to put it close to the present buildings, and connect by a short corridor.

When this building is being erected the opportunity will be taken to install water-closets in the old building.

It is also proposed to alter a small store-room so as to make it suitable for operations. It is difficult to make any small alteration in the Hospital that will really improve matters.

There were 2 female and 3 male patients.

The Hospital was in good order, and the grounds and gardens well kept. All the milk and butter required is obtained from cows kept on the Hospital grounds.

MANIOTOTO HOSPITAL AND CHARITABLE AID BOARD.

Usual date of meeting : First Wednesday in month.

Chairman : C. J. Inder.

Secretary : H. Wilson, part time.

Public Health Inspector : R. McKenzie.

Institutions under the Board's control : Maniototo Hospital, Naseby ; St. Bathans Cottage Hospital.

Maniototo District Hospital, Naseby.

Chairman of Hospital Committee : Frederick W. Inder.

Usual date of meeting of Hospital Committee : Last Tuesday in each month.

Medical staff, stipendiary : C. O. Lillie, M.B., M.R.C.S. (non-resident).

Matron : Jessie B. Diack.

Localities, broadly, from which patients came : Maniototo County, 45 ; Naseby Borough, 35 ; outside, 3.

On the 29th November, 1911, visited this Hospital with the Chairman of the Board and members of the Committee.

There were 9 beds for males and 6 for females and 3 beds for maternity cases. There were 5 male patients and 1 female.

Improvements have been effected by clearing away the old buildings to the west of the main building and preparing the site for the new infectious-disease annexe.

A contract has been let for the erection of this building in wood, with plastered walls, for £535.

The Hospital was in good order.

SOUTHLAND HOSPITAL AND CHARITABLE AID BOARD.

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

Chairman : A. F. Hawke.

Secretary : T. Ryde and two assistants.

Health Inspector : Ralph Bleakley.

District Nurse : Alice Searrell.

Institutions under the Board's control : Southland Hospital, Invercargill, general hospital ; Seddon Memorial Hospital, Gore, general hospital ; Wakatipu District Hospital, Frankton, general hospital ; Arrow District Hospital, Arrowtown, general hospital ; Kew Fever Hospital, Kew, infectious diseases ; Lorne Farm Home, Makarewa, benevolent home for children and aged people.

Southland Hospital.

Chairman of Hospital Committee : A. F. Hawke.

Usual date of meeting of Hospital Committee : Thursday before second Friday in month.

Medical staff, honorary : A. F. Ritchie Crawford, M.B., Ch.B. ; W. Ewart, M.B., Ch.B., F.R.C.S. ; R. H. Hogg, M.B., Ch.B., M.R.C.S., L.R.C.P. ; J. Hunter, M.D., C.M., L.M.K.Q.C.P. ; J. B. Sale, M.B., Ch.B. ; C. B. Snow, M.B., Ch.B. ; J. Young, M.B., C.M. ; W. Stewart, M.B., C.B. ; J. Collins, M.B., Ch.B., M.R.C.S., L.R.C.P. ; J. Garfield Crawford, M.B., Ch.B., F.R.C.S., L.R.C.P. ; J. G. Macdonald, M.B., ophthalmic surgeon ; J. A. Pottinger, M.B., F.R.C.S. ; Agnes A. Baird, M.B., B.S.

Medical staff, stipendiary : William J. Barclay, M.D., F.R.C.S., D.P.H. (resident).

Matron : J. Ewart.

Localities, broadly, from which patients came : Southland County, 327 ; Invercargill Borough, 243 ; Bluff, Stewart Island, and shipping, 76 ; Wallace County, 17 ; Lake County, 6 ; Clutha County, 3 ; Christchurch, 3 ; Gore, 1 ; Tuapeka County, 1.

Visited on the 10th March, 1912.

There were only 40 cases in—10 in the male ward downstairs, 7 upstairs in the convalescent ward; 3 in the children's ward; 11 in the women's ward, 5 in the convalescent ward; and 4 in the consumptive shelters.

The theatre was prepared for operation. The small theatre for septic cases seems a very unnecessary provision, as the amount of surgical work is not very great. A great number of the surgical cases go to the two private hospitals in Invercargill.

The sanitary annexes are still very primitive, and an attempt should be made to introduce a proper system.

The Hospital was in very good order.

The Nurses' Home is most comfortable.

Gore Hospital.

Chairman of Hospital Board: A. F. Hawke.

Usual date of meeting of Hospital Committee: Thursday before second Friday in month.

Medical staff, stipendiary: Joseph Ernest Rogers, M.D., M.S. (non-resident).

Matron: Miss Madeline Smail.

Localities, broadly, from which patients came: Gore Borough, 34; Mataura, 17; Wyndham, 15; Waikaia, 16; Southland County, 68; Tuapeka County, 2; Clutha County, 1; Lake County, 1; Invercargill, 1; Mosgiel, 1; Cromwell, 1.

Visited, 7th March, 1912.

There were 12 patients—8 male and 4 female.

New laundry and drying-room have been erected.

Hospital and Hospital grounds in excellent order. Boiler-house leaks badly in wet weather—to be remedied.

The Matron says it is difficult to keep the wards warm in cold weather, and it has been suggested that hot-water radiators could be installed and heated from the present boiler-house with some slight alterations.

It is proposed to erect a new operating-theatre. The present theatre is certainly small, but Dr. Rogers states that though this is rather inconvenient he can manage fairly well.

If there is to be any further expenditure on this Hospital, it would be better spent in providing an isolation ward for infectious diseases, which, although not sounding so attractive as an operating-theatre or a children's ward in the public estimation, is more urgently required than either.

Lorne Farm.

Chairman of Board: A. F. Hawke.

Usual date of meeting: Thursday before second Friday in month.

Medical staff, stipendiary: William J. Barclay, M.D., F.R.C.S., D.P.H. (Medical Superintendent, Invercargill Hospital).

Master: Charles H. Cole.

Matron: Mrs. C. H. Cole.

Localities, broadly, from which inmates came: Southland County, 49; Wallace County, 9; Lake County, 5; Invercargill, 66; Gore, 10; Stewart Island, 5; Wyndham, 2; Bluff, 1; Tuapeka County, 1; Canterbury, 2; Dunedin, 1.

Visited on 9th March, 1912.

There were 96 inmates—30 men, 10 women, 19 girls, and 37 boys.

New quarters have been built for the Master and the Matron, the staff using the old rooms.

The old laundry is to be adapted for a dormitory for the big boys who are now in the men's wing.

W.c. patents have been put in two of the bathrooms inside for the convenience of feeble or sick inmates. This is not entirely satisfactory, but these conveniences will not be in very frequent use.

The night nursery would be improved by the removal of some wooden partitions, which are not of any use.

Being late in the evening, the children were all in—the smallest ones in bed. They all looked well, and the Matron (Mrs. Cole) reported that there had been very little sickness among them.

The whole place was in excellent order.

Arrow District Hospital.

Chairman of Hospital Board: A. F. Hawke.

Usual date of meeting of Hospital Committee: Thursday before second Friday in each month.

Medical staff, stipendiary: John Bell Thomson.

Matron: C. Ferguson.

Localities, broadly, from which patients came: Arrowtown, 18; Arrow Junction, 5; Pembroke, 5; Gibbston, 11; Cardrona, 5; Invercargill, 1; Crown Terrace, 3; Wanaka, 1; Lake Hayes, 4; Queens-town, 1; Skippers, 1; Waitiri, 2; Tarras, 1; Bracken's Gully, 1; Glenorchy, 1; Thurby Downs, 1; Wharehuanui, 1.

Inspected, 24th November, 1911.

There are 6 beds for males and 5 for females; isolation block, 2 wards, with 3 beds in each.

There were 3 female patients, suffering from acute rheumatism, debility, and gastritis respectively.

There was 1 male patient who had been sent up from Invercargill Hospital two years previously suffering from tuberculosis of the hip and knee joints. Dr. Thomson was away and Nurse Ferguson had only been in charge for one week.

If it is intended to keep this Hospital open it should be brought up to date by expenditure of money on additions and improvements of the water-supply and drainage.

A new laundry is required, the water should be extended to the isolation block. The isolation block at present has no sanitary fittings and no water-supply. I understand it is used for typhoid cases.

Wakatipu Hospital, Queenstown.

Chairman of Hospital Board : A. F. Hawke.

Usual date of meeting of Hospital Committee : Thursday before second Friday in month.

Medical staff, stipendiary : Alexander Stewart, M.B., M.S.

Matron : Ethel Clare.

Localities, broadly, from which patients came : Queenstown and Frankton, 36 ; Lake County, 35 ; Dunedin, 1.

Inspected, 24th November, 1911.

There are 9 beds for males and 6 for females ; in isolation block there are also 3 beds for males and 2 for females. More could be accommodated if required.

There were 5 males in on November 24th. One of these is an old man aged 75 suffering from hemiplegia, he has been in for two years and a half ; another is a man aged 67, who has been in for four months, he was suffering from paralysis of the deltoid, and improvement is improbable. Both these men should be sent to the Old Men's Home. The other 3 patients were suffering from varicose ulcers, acute bronchitis, and acute rheumatism respectively.

The new system for heating the wards by hot water has recently been installed, and is satisfactory.

A new oil-engine for pumping water from the lake has just been put in, and is working satisfactorily.

I understand that the Board contemplates installing water-closets shortly ; there should be no difficulty in disposing of the drainage on the shingly soil.

As milk costs 6d. a quart, the question of keeping cows on the Hospital premises was considered, but was abandoned, owing to there being practically no feed during most of the year.

The Hospital was in good order.

Kew Infectious-diseases Hospital, Kew.

Chairman of Institutional Committee : A. F. Hawke.

Usual date of meeting of Hospital Committee : Thursday before second Friday in month.

Medical staff, stipendiary : William J. Barclay, M.D., F.R.C.S., D.P.H. (non-resident).

Matron : Mrs. M. Cowan.

Localities, broadly, from which patients came : Invercargill, 6 ; Bluff Borough, 1 ; Southland County, 9.

WALLACE AND FIORD HOSPITAL AND CHARITABLE AID BOARD.

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

Chairman : John McNaughton.

Secretary : George O. Cassels, part time.

Institution under the Board's control : Wallace and Fiord Hospital.

Wallace and Fiord Hospital.

Chairman of Hospital Committee : John McNaughton.

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

Medical staff, stipendiary : N. G. Trotter, M.D., M.S. (Edin.) (non-resident).

Matron : Charlotte M. Bird.

Localities, broadly, from which patients came : Wallace County, 206 ; Southland County, 6 ; Otago, 1 ; Wakatipu or Lake County, 1.

Visited on the 9th March, 1912.

There were 8 women and 1 child in. Three of the women were in the nurses' dining-room while the building was going on, and the nurses were using the convalescent room off the kitchen. There were 7 men inside, and 1 old Chinaman, who really should be in an old people's home, was in the old isolation cottage. All the other cases were true hospital cases.

The new theatre is a great improvement, but, unfortunately, is spoiled by the large boiler being inside, the idea being to use it for heating purposes. A new glass operating-table has been provided and other aseptic furniture. The old theatre is now fitted up as the sterilizing-room.

There were no cases in the isolation hospital.

The addition to the men's ward is nearly completed, and, when finished, the whole will be a fine ward, and should provide sufficient accommodation for some time to come.

More room is needed for the nurses. The possibility of converting the old isolation building for this purpose is worth consideration. Two or three rooms added to it would make quite a nice little Nurses' Home, as the cottage itself is in good repair, and would only need slight alteration and thorough renovation.

SEPARATE INSTITUTIONS.

Oamaru Hospital.

Chairman of Hospital Trustees : John Mainland for 1911-12 ; W. C. McDouall for 1912-13.

Usual date of meeting of Hospital Trustees : Third Tuesday in each month.

Medical staff, honorary : A. Douglas, M.B. ; James Whitton, M.D. ; R. G. S. Orbell, M.D.

Medical staff, stipendiary : K. McAdam, M.B., Ch.B. (N.Z.), M.R.C.S. (Lon.) (non-resident).

Matron : A. G. Keddie.

Localities, broadly, from which patients came : Waitaki County, 100 ; Oamaru Borough, 106 ; Hampden Borough, 2 ; Otago, 3.

Visited, 6th February, 1912.

Fourteen patients, comprising 8 males and 6 females.

A female patient aged 50, suffering from rheumatic arthritis, has been in for a year. This is not a suitable case for a hospital.

Alterations and additions have been carried out in the infectious-diseases annexe which make it much more suitable for accommodation of patients and for the nurse.

The matter of providing accommodation for incurable consumptives is under consideration, and I have recommended the erection of two shelters for males and two for females. There is one case of tuberculosis being treated in a sun-room.

The fees payable—£1 per week—are too low; I think more fees could be collected from patients, and have suggested to the trustees that they make use of Inspector McKenzie for this purpose.

Lighting in operating-theatre by gas could be improved by having inverted burners.

A new hospital register is required and suitable diet-sheets.

The walls look bright and clean, having been recently painted.

The septic tank should be removed, as the drainage is now connected with the town drainage.

New beds have been obtained for some of the wards.

The gardens are somewhat neglected, owing to the frequent changes of gardeners.

Mercury Bay Hospital.

Chairman of Hospital Committee: D. A. McLean.

Usual date of Committee meeting: Second Saturday in each month.

Medical staff, stipendiary: J. I. Eade, M.B., B.S. (resident).

Matron: J. M. Hay.

Localities from which patients came: Whitianga, 39; Tairua, 33; Kuaotunu, 16, Gumtown, 19; Auckland, 2.

Visited on the 9th February, 1912, and found all in good order.

There were 9 patients in—6 men, 2 women, and a baby. One woman was a maternity case (confined at the Hospital), and with a tumour, which the doctor proposes to remove later.

The chief part of the work of this Hospital is surgical, and a good many major operations are done. There had been 7 appendicitis cases during the year—4 urgent and 3 chronic; 3 herniæ; 2 Alexander; 1 extra-uterine; one large ovarian cyst; 1 ventro-fixation; 1 goitre. All had recovered.

The additions to the Hospital have not been proceeded with—the Board has not collected sufficient money; and I was informed by the Secretary that, in view of the sawmills closing in a few years, the Board now does not consider it necessary to provide more accommodation.

The addition of a bathroom for a female ward and the staff is, I think, very necessary, and could be made at small expense.

Jubilee Institute for the Blind.

Chairman of Institutional Committee: John Reid.

Usual date of meeting: Second and fourth Wednesday in each month.

Medical staff, honorary: A. E. Marsack, L.R.C.S., L.R.C.P. (Edin.); A. C. Purchas, M.R.C.S. (Eng.).

Principal: Charles H. Frayling.

Matron: Kate S. Minchin.

Localities from which inmates came: Various parts of the Dominion.

Visited on the 13th October, and went through the institution with Mr. Frayling. The Matron was out.

There were 74 inmates.

I saw the children at their different classes and afterwards during recreation-time: they were singing part-songs for Mr. Reid, the Secretary, who teaches them singing. They looked well and seemed bright and happy, especially the girls. Their dormitories are beautifully airy and well kept; also the class-rooms and recreation-rooms.

I saw the older girls and the men at their various trades of basket-making, chair-mending, mat-making, netting, and so on.

A contract had been accepted by the Auckland Hospital for 25 lounge, which were being made in excellent style.

I visited the separate cottage for the older men. It was in fair order, but so much cannot be expected here, the one man being responsible for cooking and general care of the place.

Wellington Convalescent Home.

Chairwoman of Institutional Committee: Octavia Newman.

Usual date of meeting: First Wednesday of every month.

Matron: A. Oakley.

Localities from which inmates came: Wellington and district.

Institute for the Relief of the Aged Needy.

Chairman of Institutional Committee: William Allan.

Usual date of meeting: Second Thursday in month.

Medical staff, honorary: Dr. F. T. Bowerbank, Dr. A. T. Perkins.

Master: Peter Mackenzie.

Matron: Euphemia Mackay.

Localities from which inmates came: Wellington and neighbourhood.

Visited on the 1st May.

There were 43 inmates, 20 of these being women. Two inmates were away for treatment at the General Hospital.

As usual, this institution was in very good order, and the old people contented and well cared for.

SUNDRY CHARITABLE INSTITUTIONS.

Mount Magdala.

Visited on the 15th March.

There were 160 women in of varying ages, and in the separate house 76 children.

The women were engaged in laundry-work, sewing, mending, and two or three in lace-work.

The place was very clean, and the large and airy dormitories with comfortable beds had just been scrubbed out.

The waifs and strays of society who take refuge here are well and kindly looked after by the sisters.

The children are educated by a trained teacher. They vary in age from about three to fourteen, the older girls doing the work of the place. They looked well and happy. They have plenty of room for play, and have many toys.

St. Saviour's Home, Burwood.

Visited on the 15th March.

This institution, formerly known as St. Mary's Home for Neglected or Unmanageable Girls, is now used for children only, these being either orphans or neglected.

There were 42 children in the Home; 25 of these go to the public school. There were 13 boys, all under seven. The rest were girls from two years to eleven.

Sister Rose, formerly in charge of the Girl's Home, is still here.

Many of the children are sent here by Nurse Maude, of the Christchurch District Nursing branch, who also lives here.

The place was in very good order, and the smaller children under school-age whom I saw looked healthy and well cared for.

Levin Memorial Home for Children, Wellington.

Visited on the 1st May.

The children, 26 in number, were home from school and busy at their various tasks, working in the garden and household duties. They looked well and happy. 1 child was under medical treatment.

The fire-escape at this Home is shut off from ready access by a bolted door from the balcony. The Committee has been advised to give directions to keep this door open.

Some renovation in the sanitary annexes is badly needed.

St. Mary's Homes, Karori.

Visited on the 10th April.

There were 22 girls in the Home for the older girls. Three of these are defective in intellect, and quite unfit to take care of themselves.

The girls were engaged in laundry-work. The washhouse needs reconstruction; it is by no means a suitable building, or fit for so many young girls to work in. This is recognized by the Committee, and probably will be improved.

Miss Parlane, in charge of the Home, does excellent work among the girls.

In the Children's Home there were 13 children, the oldest being eight. The children attend the public school. Two older girls do the work of the Home, being prepared for service by the Matron.

The children were engaged in gardening. A good supply of vegetables is grown at each place entirely by the girls.

The Homes were both in excellent order.

Nazareth Home, Christchurch.

Visited on the 5th March.

There were 102 children in, 30 old men in the main building, and 23 old men in the main house.

The spacious building was well kept, though rather cold and bare, but the inmates are comfortable and well cared for.

The children are quite apart from the old people. They seem happy and healthy; have large airy dormitories and playrooms, and a good playground outside. The older ones are taught on the State school lines by a sister specially trained for the work.

Karitane Hospital for Babies, Dunedin.

Visited on 10th March.

There were only 8 babies in.

Miss Nelson, who was appointed six months ago, had resigned the matronship, and a nurse from Melbourne was taking temporary charge for four months.

The place has been greatly improved during the last year.

*Salvation Army Homes.**Pauline Home for Women, Wellington.*

Visited on the 15th May.

There were 36 women in, most of them engaged in laundry-work.

The place was in its usual good order.

Children's Home, Wellington.

There were 54 children in this Home, most of them of school-age.

A Board-school teacher instructs them in a schoolroom on the premises.

Some of the children are here only for a short time while their mothers are in the hospital.

The majority looked very well and happy. One older girl was in bed with dropsy, and another little one is under treatment for hip-disease.

The dormitories and the whole place are kept in excellent order.

PART II.—STATISTICAL.

TABLE I.—SHOWING RECEIPTS OF HOSPITAL AND CHARITABLE AID BOARDS AND SEPARATE INSTITUTIONS FOR THE YEAR ENDED 31ST MARCH, 1912.

Governing Bodies.	Contributed by Government.				Contributed by Local Authorities: Ordinary Levies.	Voluntary Contributions.					Rents, Interests, and Dividends.	Recoveries from those assisted (other than those mentioned in Columns (4) and (17).)				Payments on Account of Patients, &c., made by other Hospital and Charitable Aid Boards or Local Bodies.	Receipts from other Sources.	Total.	Governing Bodies.	
	Balance from last Year.	Ordinary Subsidies.	Special Grants.	Payments on Account of Patients, &c.		Total.	Subscriptions and Donations.	Hospital Saturday and Sunday Collections.	Net Proceeds of Band Collections, Entertainments, &c.	Bequests.		Total.	Hospital Patients.	District Nursing Fees.	Charitable Aid Recipients.					Total.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)		
HOSPITAL AND CHARITABLE AID BOARDS.																				
Bay of Islands	£ 1,415 0 9	£ 2,106 1 2	.. .. .	£ 21 0 0	£ 2,106 1 2	£ 848 19 0	£ 712 4 1	£ 106 8 0	£ 26 1 2	£ 325 2 8	£ 29 5 0	£ 293 16 7	£	£ 2 12 6	£ 296 9 1	£	£ 34 12 3	£ 5,442 11 4	HOSPITAL AND CHARITABLE AID BOARDS.
Marsden, Kaipara	2,207 19 8	1,896 1 3	.. .. .	.. .. .	1,917 1 3	2,667 16 2	155 4 6	37 9 0	.. .. .	325 2 8	19 16 0	593 19 3	.. .. .	337 19 0	931 18 3	162 8 4	351 2 3	8,583 4 7	Marsden, Kaipara.
Auckland .. .. .	.. .. .	16,585 1 0	.. .. .	.. .. .	16,585 1 0	16,933 0 9	679 0 1	.. .. .	740 5 2	1,419 5 3	1,977 3 3	3,780 7 6	.. .. .	2,872 10 6	6,652 18 0	131 0 0	20,397 14 1	64,096 2 4	Auckland.
Waikato	920 9 1	4,201 10 4	.. .. .	.. .. .	4,201 10 4	5,432 18 6	156 6 0	.. .. .	47 0 0	220 14 11	233 2 6	1,718 3 6	.. .. .	222 18 3	1,941 1 9	.. .. .	60 0 0	13,009 17 1	Waikato.
Thames	1,815 11 1	887 6 0	.. .. .	.. .. .	887 6 0	1,951 6 11	77 13 0	.. .. .	.. .. .	77 13 0	93 18 8	1,307 10 9	.. .. .	374 18 5	1,682 9 2	1 16 0	9 2 6	6,838 11 0	Thames.
Waihi	605 9 1	2,555 4 9	.. .. .	.. .. .	2,555 4 9	1,500 0 0	61 8 0	54 13 3	.. .. .	236 2 0	.. .. .	1,151 5 0	.. .. .	.. .. .	1,151 5 0	29 4 0	.. .. .	6,086 7 4	Waihi.
Coromandel	110 7 6	975 12 6	.. .. .	.. .. .	975 12 6	400 0 0	279 15 0	.. .. .	.. .. .	321 5 4	1 1 0	266 11 11	.. .. .	.. .. .	266 11 11	.. .. .	0 19 0	2,075 17 3	Coromandel.
Bay of Plenty	682 5 0	2 8 5	.. .. .	.. .. .	2 8 5	241 3 2	58 17 9	.. .. .	.. .. .	58 17 9	31 14 7	.. .. .	.. .. .	2 3 4	2 3 4	.. .. .	.. .. .	1,018 12 3	Bay of Plenty.
Cook	574 0 2	1,091 7 10	.. .. .	.. .. .	1,091 7 10	4,352 19 0	237 19 10*	.. .. .	.. .. .	237 19 10	34 5 2	757 16 2	.. .. .	180 8 7	938 4 9	.. .. .	22 10 0	7,251 6 9	Cook.
Waipapu .. .. .	.. .. .	1,067 8 5	.. .. .	.. .. .	1,067 8 5	950 0 0	141 0 6	.. .. .	.. .. .	141 0 6	.. .. .	180 0 3	33 15 0	.. .. .	213 15 3	.. .. .	11 10 8	19,967 0 0	Waipapu.
Hawke's Bay	1,643 15 6	8,130 18 2	.. .. .	.. .. .	8,130 18 2	5,557 16 6	221 9 5	651 3 9	131 5 6	1,014 18 8	69 6 6	1,810 19 10	.. .. .	542 4 10	2,353 4 8	852 16 2	344 3 10	19,967 0 0	Hawke's Bay.
Waipawa	931 10 2	2,828 15 0	.. .. .	.. .. .	2,828 15 0	3,155 1 7	103 18 10	33 14 1	90 19 3	228 12 2	.. .. .	977 14 2	.. .. .	.. .. .	977 14 2	.. .. .	46 2 3	8,167 15 4	Waipawa.
Taranaki	1,093 11 3	1,696 2 1	.. .. .	.. .. .	1,696 2 1	1,881 7 0	408 17 9	.. .. .	20 0 0	479 17 9	51 0 0	1,816 10 10	.. .. .	454 4 11	2,270 15 9	213 0 2	97 13 0	7,765 5 0	Taranaki.
Stratford	280 14 11	1,647 18 8	.. .. .	.. .. .	1,647 18 8	1,205 12 5	10 3 0	34 2 8	31 18 0	76 3 8	.. .. .	509 13 5	.. .. .	0 16 1	510 9 6	4 0 0	16 19 7	3,741 18 9	Stratford.
Hawera	1,235 2 1	989 2 8	989 2 8	1,160 3 11	24 2 5	1 0 0	592 18 10	592 18 10	592 18 10	53 3 5	2 0 0	4,057 13 4	Hawera.
Patea .. .. .	.. .. .	492 9 8	.. .. .	.. .. .	492 9 8	536 18 4	9 10 10	.. .. .	1 5 0	337 17 3	348 13 1	306 18 6	.. .. .	.. .. .	306 18 6	.. .. .	4 8 4	1,689 15 5	Patea.
Wanganui	7,742 14 7	3,308 16 3	.. .. .	.. .. .	3,308 16 3	3,139 13 0	189 10 5	.. .. .	.. .. .	189 10 5	1,247 7 7	1,294 18 10	.. .. .	322 2 4	1,617 1 2	.. .. .	35 0 0	17,280 3 0	Wanganui.
Palmerston North	959 4 11	2,914 12 11	.. .. .	2 19 0	2,914 12 11	2,867 4 0	75 15 0	.. .. .	4 4 0	128 4 9	208 3 9	1,400 18 11	.. .. .	38 7 6	1,439 6 5	.. .. .	58 17 5	8,459 16 5	Palmerston North.
Wellington	18,411 14 8	19,617 14 4	.. .. .	179 6 3	19,797 0 7	16,743 15 9	930 14 7	696 19 8	123 18 3	1,751 12 6	3,594 5 3	4,629 10 10	.. .. .	1,865 17 11	6,495 8 9	103 18 8	275 1 1	67,172 17 3	Wellington.
Wairarapa	2,645 2 5	3,925 17 10	.. .. .	3 10 0	3,927 7 10	3,225 7 0	3,181 15 11	.. .. .	567 15 5	3,749 11 4	13 14 3	1,251 12 9	.. .. .	142 18 0	1,394 10 9	.. .. .	72 2 6	15,166 11 1	Wairarapa.
Wairau	713 7 10	1,577 17 6	.. .. .	.. .. .	1,577 17 6	1,733 11 10	70 15 0	64 17 5	26 3 0	161 15 5	.. .. .	616 17 7	35 17 0	192 3 5	844 18 0	34 1 0	46 5 1	5,111 16 8	Wairau.
Picton	987 8 7	944 0 11	.. .. .	.. .. .	944 0 11	607 19 9	23 14 0	40 12 8	2 12 6	66 19 2	3 0 0	259 1 4	.. .. .	.. .. .	282 6 4	5 0 0	22 6 0	2,919 0 9	Picton.
Nelson	1,628 18 11	3,661 4 10	.. .. .	.. .. .	3,661 4 10	2,893 0 0	9 17 4	.. .. .	427 6 8	437 4 0	176 5 0	1,033 16 2	.. .. .	710 7 1	1,744 3 3	.. .. .	38 14 1	10,579 10 1	Nelson.
Westland	66 4 10	4,116 18 8	.. .. .	.. .. .	4,116 18 8	2,064 16 8	1,514 17 11	.. .. .	.. .. .	1,514 17 11	13 13 0	1,612 0 5	.. .. .	41 14 2	1,653 14 7	18 1 9	41 19 11	9,490 7 4	Westland.
Buller	1,675 10 4	3,298 8 0	.. .. .	.. .. .	3,298 8 0	1,736 14 1	737 11 1	198 14 1	.. .. .	936 5 2	66 0 0	1,038 17 0	.. .. .	463 13 10	1,502 10 10	.. .. .	37 19 0	9,253 7 5	Buller.
Inangahua	182 13 7	1,480 15 4	181 11 8	.. .. .	1,662 7 0	1,020 0 0	239 3 9	.. .. .	.. .. .	239 3 9	.. .. .	537 17 1	.. .. .	.. .. .	537 17 1	.. .. .	42 10 6	3,684 11 11	Inangahua.
Grey .. .. .	.. .. .	2,930 17 0	.. .. .	.. .. .	2,930 17 0	2,638 16 7	109 10 0	.. .. .	120 11 7	330 10 7	100 0 0	1,070 17 1	.. .. .	.. .. .	1,070 17 1	.. .. .	51 2 6	7,022 3 9	Grey.
North Canterbury	10,534 11 9	26,622 13 9	.. .. .	238 2 6	26,860 16 3	28,799 16 0	751 19 10	.. .. .	2,517 17 11	3,269 17 9	533 13 6	2,859 1 4	.. .. .	1,833 3 10	4,692 5 2	105 12 9	1,904 14 4	76,701 7 6	North Canterbury.
Ashburton	1,330 16 3	1,205 8 3	.. .. .	.. .. .	1,205 8 3	1,379 6 11	8 19 6	.. .. .	.. .. .	8 19 6	57 10 0	473 7 0	.. .. .	.. .. .	473 7 0	.. .. .	113 17 5	4,569 5 4	Ashburton.
South Canterbury	682 13 6	5,266 10 4	750 0 0	.. .. .	6,016 10 4	4,642 13 4	30 2 0	.. .. .	32 10 3	62 12 3	143 7 0	820 11 7	.. .. .	.. .. .	820 11 7	.. .. .	.. .. .	13,003 11 4	South Canterbury.
Waitaki	350 10 10	902 15 1	.. .. .	.. .. .	902 15 1	822 4 0	59 18 9	.. .. .	.. .. .	59 18 9	8 11 6	.. .. .	.. .. .	.. .. .	.. .. .	.. .. .	.. .. .	2,755 3 8	Waitaki.
Otago .. .. .	.. .. .	26,067 12 11	.. .. .	149 1 2	26,216 14 1	18,290 15 3	6,138 1 11	300 0 0	185 13 3	6,623 15 2	648 13 6	3,921 10 2	9 1 6	1,933 9 5	5,864 1 1	682 7 11	3,024 11 8	61,350 18 8	Otago.
Vincent	270 19 4	1,239 1 5	.. .. .	.. .. .	1,239 1 5	779 0 2	313 3 9	.. .. .	.. .. .	313 3 9	.. .. .	366 14 7	.. .. .	.. .. .	366 14 7	.. .. .	79 0 6	3,047 19 9	Vincent.
Maniototo	49 6 6	1,237 5 3	.. .. .	.. .. .	1,237 5 3	833 2 1	251 3 6	.. .. .	.. .. .	251 3 6	.. .. .	357 19 3	.. .. .	.. .. .	357 19 3	.. .. .	6 9 0	2,735 5 7	Maniototo.
Southland	1,315 7 8	6,893 18 10	.. .. .	8 8 0	6,902 6 10	4,968 8 5	394 17 0	300 0 0	.. .. .	794 17 0	100 0 0	2,111 5 10	.. .. .	804 8 5	2,915 14 3	25 11 5	868 19 7	18,027 12 2	Southland.
Wallace and Fiord	1,314 12 10	1,807 11 9	.. .. .	.. .. .	1,807 11 9	1,241 14 8	177 5 8*	.. .. .	.. .. .	177 5 8	25 0 0	434 14 0	.. .. .	1 18 8	436 12 8	.. .. .	32 12 9	5,035 10 4	Wallace and Fiord.
Totals	64,377 15 7	166,173 9 1	931 11 8	602 6 11	167,707 7 8	149,203 2 9	18,546 16 11	2,412 6 7	1,866 17 5	4,244 19 6	27,071 0 5	9,299 13 9	42,155 18 3	101 18 6	14,484 4 3	56,742 1 0	2,592 3 1	28,549 8 4	505,542 12 7	Totals.
SEPARATE INSTITUTIONS.																				
<i>Hospitals—</i>																				
Mercury Bay	293 4 5	365 14 3	100 0 0	.. .. .	465 14 3	.. .. .	321 5 10	106 13 1	49 6 0	477 4 11	17 8 0	244 19 6	.. .. .	.. .. .	244 19 6	.. .. .	4 18 6	1,503 9 7	Mercury Bay.
Oamaru	1,393 0 10	301 12 1	.. .. .	6 0 0	307 12 1	.. .. .	224 18 4	.. .. .	15 13 4	240 11 8	1,048 17 8	383 10 2	.. .. .	.. .. .	383 10 2	314 18 2	30 6 10	3,718 17 5	Oamaru.
Totals	1,686 5 3	667 6 4	100 0 0	6 0 0	773 6 4	.. .. .	546 4 2	106 13 1	64 19 4	717 16 7	1,066 5 8	628 9 8	.. .. .	.. .. .	628 9 8	314 18 2	35 5 4	5,222 7 0	Totals.
<i>Charitable Institutions—</i>																				
Jubilee Institute for the Blind	923 8 6	1,709 0 11	.. .. .	876 8 3	2,585 9 2	.. .. .	1,394 4 8	.. .. .	.. .. .	1,000 0 0	2,394 4 8	848 19 7	.. .. .	230 0 10	230 0 10	246 16 0	16 5 6	7,245 4 3	Jubilee Institute for the Blind.
Wellington Society for the Relief of the Aged Needy	5,492 5 0	229 19 10	.. .. .	.. .. .	229 19 10	.. .. .	245 11 8	.. .. .	.. .. .	12 10 9	258 2 5	237 16 8	.. .. .	699 7 1	699 7 1	.. .. .	0 4 11	6,917 15 11	Wellington Society for the Relief of the Aged Needy.
Wellington Ladies' Christian Association	2,417 10 7	305 2 9	.. .. .	.. .. .	305 2 9	.. .. .	275 8 9	.. .. .	.. .. .	275 8 9	114 8 10	.. .. .	.. .. .	339 5 2	339 5 2	.. .. .	185 15 2	3,637 11 3	Wellington Ladies' Christian Association.
Wellington Convalescent Home	42 2 2	127 0 0	.. .. .	.. .. .	127 0 0	.. .. .	118 10 5	.. .. .	.. .. .	118 10 5	61 4 8	.. .. .	.. .. .	63 4 6	63 4 6	20 0 0	.. .. .	432 1 9	Wellington Convalescent Home.
St. Andrew's Orphanage, Nelson	639 3 0	117 12 11	.. .. .	.. .. .	117 12 11	.. .. .	111 8 7	.. .. .	5 0 0	116 8 7	9 16 0	.. .. .	.. .. .	512 10 8	512 10 8	494 19 3			

TABLE II.—SHOWING THE EXPENDITURE OF HOSPITAL AND CHARITABLE AID BOARDS AND SEPARATE INSTITUTIONS FOR THE YEAR ENDING 31ST MARCH, 1912.

Governing Bodies.	Hospital Maintenance.	Charitable Aid.			Public Health.	Subsidies to Medical Association.	District Nursing.	Administration.	Capital.	Amounts paid to other Hospital and Charitable Aid Boards.	Rents; Rates, and Interest.	Other Expenses.	Total.	Percentage of Ad- ministration on Total Ex- penditure shown in Columns 1, 4, 5, 6, and 7.	Governing Bodies.
		Indoor Relief.	Outdoor Relief.	Total.											
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)		
HOSPITAL AND CHARITABLE AID BOARDS.															
Bay of Islands	£ s. d. 1,298 8 5	£ s. d. 79 14 4	£ s. d. 258 19 5	£ s. d. 338 13 9	£ s. d. 96 12 0	£ s. d. 226 0 0	£ s. d. 117 0 0	£ s. d. 243 7 0	£ s. d. 159 0 0	£ s. d. 328 7 3	£ s. d. ..	£ s. d. ..	£ s. d. 2,807 8 5	11.2	Bay of Islands.
Marsden, Kaipara .. .	3,781 0 10	961 8 3	674 2 3	1,635 10 6	72 18 6	..	36 8 0	461 16 11	2,873 18 9	47 1 6	45 14 6	32 2 9	8,986 12 3	8.3	Marsden, Kaipara.
Auckland	24,210 10 7	10,124 2 10	6,443 5 4	16,567 8 2	491 18 11	..	..	1,517 14 8	17,454 19 2	16 10 0	2,127 2 1	731 10 3	63,117 13 10	3.7	Auckland.
Waikato	8,168 15 6	903 0 5	323 6 5	1,226 6 10	2 19 2	..	273 16 9	544 2 4	1,228 0 0	6 10 0	404 0 10	627 10 6	12,482 1 11	5.6	Waikato.
Thames	2,654 18 2	1,325 13 1	680 9 7	2,006 2 8	0 11 6	..	..	443 10 10	356 15 0	18 12 0	2 6 10	..	5,482 17 0	10.5	Thames.
Waihi	4,324 9 2	..	282 13 1	282 13 1	20 1 0	..	..	268 0 9	896 15 10	..	..	25 0 0	5,816 19 10	5.8	Waihi.
Coromandel	1,494 8 11	..	286 14 5	286 14 5	..	..	..	99 2 4	114 13 5	..	..	0 1 6	1,995 0 7	5.6	Coromandel.
Bay of Plenty .. .. .	..	96 0 0	57 11 2	153 11 2	201 4 11	64 0 0	..	156 2 9	..	49 1 0	4 9 5	..	628 9 3	37.3	Bay of Plenty.
Cook	4,679 8 8	949 11 6	217 15 4	1,167 6 10	37 16 1	18 15 0	..	404 3 3	4,583 3 6	..	193 18 6	37 12 7	11,127 15 10	6.9	Cook.
Waiapu	1,071 13 4	..	..	..	745 9 2	..	83 6 8	79 2 7	13 15 11	..	9 11 1	15 17 0	2,018 15 9	4.2	Waiapu.
Hawke's Bay	9,302 1 10	2,438 10 1	830 9 9	3,268 19 10	167 11 11	..	..	762 9 2	439 12 3	8 8 0	54 0 4	30 6 6	14,033 9 10	5.9	Hawke's Bay.
Waipawa	4,624 17 6	1,097 15 7	345 19 6	1,443 15 1	9 11 8	..	..	254 6 4	550 14 6	..	27 3 8	26 19 8	6,937 8 5	4.2	Waipawa.
Taranaki	4,897 1 8	1,463 17 8	252 9 9	1,716 7 5	168 19 1	..	148 5 0	714 11 7	1,699 15 1	35 13 5	175 0 7	20 0 0	9,575 13 10	10.3	Taranaki.
Stratford	1,565 2 8	129 16 5	156 12 6	296 8 11	40 15 10	..	..	186 3 0	529 5 6	..	109 10 4	300 0 0	3,017 6 3	9.8	Stratford.
Hawera	2,593 16 7	381 0 8	302 19 10	684 0 6	84 16 8	..	..	269 15 8	201 15 6	..	59 15 7	3 19 9	3,898 7 3	8.0	Hawera.
Patea	1,241 10 8	..	57 17 3	57 17 3	..	..	..	98 13 4	..	..	96 19 5	100 0 0	1,595 0 8	7.6	Patea.
Wanganui	6,918 9 11	1,225 0 1	395 9 7	1,620 9 8	129 11 10	..	..	611 15 7	6,179 5 7	13 14 0	19 17 0	111 7 3	15,604 10 10	7.1	Wanganui.
Palmerston North .. .	4,267 4 3	235 13 2	826 15 11	1,062 9 1	189 5 2	..	25 0 0	385 12 6	487 4 6	..	1 0 0	17 18 8	6,435 14 2	6.9	Palmerston North.
Wellington	26,931 16 8	7,727 8 4	2,170 3 11	9,897 12 3	355 9 4	..	..	2,412 10 9	14,553 11 4	..	721 18 1	2,202 12 7	57,075 11 0	6.5	Wellington.
Wairarapa	4,637 5 7	607 17 9	1,036 7 1	1,644 4 10	347 10 2	39 9 1	..	512 16 9	4,561 19 2	80 16 2	..	2 13 6	11,826 15 3	8.1	Wairarapa.
Wairau	2,788 19 2	713 9 1	359 11 9	1,073 0 10	19 0 0	..	200 16 5	114 12 2	24 2 3	28 1 6	..	..	4,249 9 1	2.8	Wairau.
Picton	1,491 3 6	123 10 5	..	123 10 5	..	..	46 10 0	139 16 0	683 14 3	..	..	..	2,484 14 2	8.4	Picton.
Nelson	4,326 3 8	1,104 5 1	1,848 1 7	2,952 6 8	..	..	..	451 5 4	202 4 0	..	..	1 8 1	7,333 7 9	6.2	Nelson.
Westland	6,706 4 1	601 11 2	791 14 3	1,393 5 5	27 16 0	415 19 1	..	904 2 0	1,395 17 7	..	55 15 0	170 18 3	11,069 17 5	10.6	Westland.
Buller	3,521 2 4	599 10 5	408 6 2	1,007 16 7	..	655 7 9	..	222 1 9	2,102 13 8	8 15 0	19 7 2	55 19 3	7,593 3 6	4.3	Buller.
Inangahua	2,566 19 10	67 7 0	416 16 3	484 3 3	43 8 1	..	..	221 18 2	301 1 0	16 5 0	..	..	3,633 15 4	7.1	Inangahua.
Grey	5,206 0 9	266 14 2	814 15 9	1,081 9 11	274 14 8	..	..	281 9 3	..	..	..	2 8 0	6,846 2 7	4.9	Grey.
North Canterbury .. .	24,310 11 3	10,006 15 7	4,607 19 10	14,614 15 5	656 6 10	..	..	1,892 15 9	23,301 6 9	15 11 2	375 1 8	338 9 7	65,504 18 5	4.8	North Canterbury.
Ashburton	1,943 5 0	156 8 4	344 8 3	500 16 7	100 0 0	..	..	329 15 3	130 19 9	..	18 0 0	2 4 7	3,025 1 2	12.9	Ashburton.
South Canterbury .. .	6,501 6 4	1,113 18 1	1,917 7 5	3,031 5 6	252 15 5	..	..	534 16 0	2,613 16 4	24 19 11	16 6 3	172 9 2	13,147 14 11	5.5	South Canterbury.
Waitaki .. .. .	..	936 19 7	644 0 10	1,581 0 5	52 5 2	..	..	183 3 7	73 4 0	377 3 11	..	3 7 0	2,270 4 1	11.2	Waitaki.
Otago	21,976 17 2	9,127 10 11	4,106 9 7	13,234 0 6	497 15 1	..	..	2,787 16 3	6,568 2 7	127 5 6	260 6 6	2,600 1 4	48,052 4 11	7.8	Otago.
Vincent	1,573 10 8	..	487 7 6	487 7 6	37 7 6	187 10 0	..	211 1 9	25 9 0	132 16 6	3 3 0	..	2,676 5 11	9.2	Vincent.
Maniototo	1,053 18 7	..	173 6 9	173 6 9	20 0 0	362 10 0	..	166 12 3	466 8 7	50 4 5	..	31 10 0	2,324 10 7	10.4	Maniototo.
Southland	8,724 13 0	2,696 19 5	861 1 3	3,558 0 8	273 3 8	..	116 4 4	732 4 9	1,808 9 3	306 7 3	114 15 1	95 8 10	15,729 6 10	5.8	Southland.
Wallace and Fiord .. .	1,964 7 10	112 10 7	253 6 5	365 17 0	50 0 0	6 5 0	..	213 9 10	1,510 4 6	..	1 11 8	4 16 2	4,116 12 0	8.9	Wallace and Fiord.
Totals	213,318 4 1	57,374 0 0	33,634 15 8	91,008 15 8	5,467 15 4	1,975 15 11	1,053 5 7	19,812 18 2	98,091 18 6	1,692 3 6	4,917 11 4	7,782 12 9	44,512 0 10	6.3	Totals.
SEPARATE INSTITUTIONS.															
<i>Hospitals—</i>															
Mercury Bay	1,275 1 3	..	..	..	..	..	..	53 15 6	..	..	..	..	1,328 16 9	..	Mercury Bay.
Oamaru	1,602 12 1	..	..	..	..	..	..	113 9 1	312 19 8	..	..	0 7 11	2,029 8 9	..	Oamaru.
Totals	2,877 13 4	..	..	..	..	..	..	167 4 7	312 19 8	..	..	0 7 11	3,358 5 6	..	Totals.
<i>Charitable Institutions—</i>															
Jubilee Institute for the Blind .. .	..	*2,872 5 11	..	2,872 5 11	..	..	..	362 16 3	1,840 10 7	..	..	692 16 3	5,768 9 0	..	Jubilee Institute for the Blind.
Wellington Society for the Relief of the Aged Needy .. .	..	1,037 8 11	..	1,037 8 11	..	..	..	96 7 4	94 10 0	..	..	0 10 6	1,228 16 9	..	Wellington Society for the Relief of the Aged Needy.
Wellington Ladies' Christian Association .. .	..	990 17 11	301 3 2	1,292 1 1	..	..	..	38 11 8	..	..	..	..	1,330 12 9	..	Wellington Ladies' Christian Association.
Wellington Convalescent Home .. .	..	382 16 4	..	382 16 4	..	..	..	6 6 0	..	..	..	..	389 2 4	..	Wellington Convalescent Home.
St. Andrew's Orphanage, Nelson .. .	..	1,148 8 10	..	1,148 8 10	..	..	..	32 1 4	574 12 0	..	..	54 6 10	1,809 9 0	..	St. Andrew's Orphanage, Nelson.
Reefton Ladies' Benevolent Society .. .	..	..	235 10 10	235 10 10	..	..	..	42 19 2	..	..	..	1 16 0	250 6 0	..	Reefton Ladies' Benevolent Society.
Hawke's Bay Children's Home .. .	..	845 1 4	..	845 1 4	..	..	..	33 4 11	229 4 6	..	..	161 1 7	1,268 12 4	..	Hawke's Bay Children's Home.
Totals .. .. .	..	7,276 19 3	536 14 0	7,813 13 3	..	..	..	612 6 8	2,738 17 1	..	..	910 11 2	12,075 8 2	..	Totals.
GOVERNMENT INSTITUTIONS.															
<i>Maternity Homes—</i>															
St. Helens Hospital, Auckland .. .	1,276 16 0	..	..	..	..	..	..	75 0 0	167 0 0	..	..	..	1,518 16 0	..	St. Helens Hospital, Auckland.
St. Helens Hospital, Wellington .. .	1,341 0 7	..	..	..	..	..	..	75 0 0	10,968 0 0	..	..	251 0 0	12,635 0 7	..	St. Helens Hospital, Wellington.
St. Helens Hospital, Christchurch .. .	1,281 0 5	..	..	..	..	..	..	75 0 0	565 0 0	..	..	..	1,921 0 5	..	St. Helens Hospital, Christchurch.
St. Helens Hospital, Dunedin .. .	1,267 8 11	..	..	..	..	..	..	75 0 0	2 0 0	..	..	..	1,344 8 11	..	St. Helens Hospital, Dunedin.
Consumptive Sanatorium, Cambridge .. .	4,433 15 10	..	..	..	..	..	..	236 19 0	..	..	..	..	4,670 14 10	..	Consumptive Sanatorium, Cambridge.
Totals	9,600 1 9	..	..	..	..	..	..	536 19 0	11,702 0 0	..	..	251 0 0	22,090 0 9	..	Totals.
Grand Totals	225,795 19 2	64,650 19 3	34,171 9 8	98,822 8 11	5,467 15 4	1,975 15 11	1,053 5 7	21,129 8 5	112,845 15 3	1,692 3 6	4,917 11 4	8,944 11 10	482,644 15 3	..	Grand Totals.

* Includes wages and expenses of journeymen, £512.

TABLE IIA.—SHOWING DETAILS OF CAPITAL EXPENDITURE OF HOSPITAL AND CHARITABLE AID BOARDS FOR THE YEAR ENDED 31ST MARCH, 1912.

Board, and Details of Capital Expenditure.	Amount.	Total.
<i>Bay of Islands,—</i>		
Bay of Islands, Hospital site	£ s. d. 150 0 0	£ s. d.
Bay of Islands, Hospital Road	9 0 0	
		159 0 0
<i>Marsden, Kaipara,—</i>		
Purchase of land	1,350 0 0	
Drainage and water-supply, Northern Wairoa	183 4 0	
Drainage, Whangarei Hospital	138 17 0	
Additions and equipment, Whangarei Hospital	1,156 5 9	
Additions, Cottage Home	45 12 0	
		2,873 18 9
<i>Auckland,—</i>		
Hospital buildings and equipment	3,404 1 1	
Nurses' Home—enlargement	11,022 9 9	
Costley Home—new buildings	2,425 17 4	
„ furnishing new buildings	303 16 3	
„ laundry plant	298 14 9	
		17,454 19 2
<i>Waikato,—</i>		
Taumarunui Hospital	25 0 0	
Additions to Nurses' Home	700 0 0	
Office—fire renewal	213 0 0	
Hospital equipment	190 0 0	
Water (boring)	100 0 0	
		1,228 0 0
<i>Thames,—</i>		
District Home—seawall	216 0 0	
Purchase of land at Tararu, adjoining District Home property	125 0 0	
Architect's fee	15 15 0	
		356 15 0
<i>Waihi,—</i>		
Extensions and alterations .. .. .	..	896 15 10
<i>Coromandel,—</i>		
Three bedrooms for staff, and equipping same	112 3 5	
Purchase of land	2 10 0	
		114 13 5
<i>Bay of Plenty,—</i>		
Nil.		
<i>Cook,—</i>		
Purchase of land—new site	1,411 15 4	
Ambulance	145 12 0	
Architect's fees	1,224 8 2	
Roading	61 13 0	
Children's Ward, drying-room, new hospital	1,739 15 0	
		4,583 3 6
<i>Waipapu,—</i>		
Buildings, Waipapu	3 5 11	
Survey, Te Araroa Home	10 10 0	
		13 15 11
<i>Hawke's Bay,—</i>		
Napier Hospital—equipment	221 1 3	
„ buildings	18 7 8	
„ tennis-court	62 0 3	
„ telephone	4 5 0	
Wairoa Hospital—equipment	19 16 9	
„ buildings	23 6 0	
„ concrete tank	35 12 6	
Old People's Home, Park Island—equipment	43 12 10	
„ „ water service	11 10 0	
		439 12 3
<i>Waipawa,—</i>		
Additions to Nurses' Home, Waipukurau Hospital	146 14 3	
Erection of new washhouse, laundry, &c., Waipukurau Hospital	177 17 5	
Alterations to medical and surgical ward, Waipukurau Hospital	81 10 0	
Additions to women's ward, Dannevirke Hospital	144 12 10	
		550 14 6

TABLE IIA.—SHOWING DETAILS OF CAPITAL EXPENDITURE OF HOSPITAL AND CHARITABLE AID BOARDS FOR THE YEAR ENDED 31ST MARCH, 1912—*continued.*

Board, and Details of Capital Expenditure.	Amount.	Total.
<i>Taranaki</i> ,—	£ s. d.	£ s. d.
Land, Tamar Street, hospital	75 0 0	
Removing Old People's Home	991 12 10	
Road making and metalling, Old People's Home	83 1 3	
Architect's and surveyor's commission	100 1 0	
Earthwork, new hospital site	450 0 0	
		1,699 15 1
<i>Stratford</i> ,—		
Purchase of land and costs	172 7 0	
Erection of infectious ward	300 0 0	
Additions to main hospital	42 7 0	
Equipment	14 11 6	
		529 5 6
<i>Hawera</i> ,—		
New verandah and refractory ward .. .. .	..	201 15 6
<i>Patea</i> ,—		
Nil.		
<i>Wanganui</i> ,—		
Wanganui Hospital—additions and equipment	4,420 13 4	
Taihape Hospital—additions and equipment	1,578 18 6	
Jubilee Home—additions and artesian well	166 10 10	
Public Health—equipment	12 2 11	
		6,179 5 7
<i>Palmerston North</i> ,—		
Expenditure on site for Old People's Home	223 0 0	
Removing and fitting up old laundry for Board-room	168 2 0	
Electric fire-alarm	26 10 0	
Horse, trap, and harness	69 12 6	
		487 4 6
<i>Wellington</i> ,—		
Children's Hospital	12,147 10 3	
Infectious-diseases Hospital	304 18 5	
General Hospital	1,529 6 3	
Otaki Hospital and Sanatorium—engine and shed	396 11 7	
land	126 0 0	
Ohio Home—water-tanks, &c.	49 4 10	
		14,553 11 4
<i>Wairarapa</i> ,—		
Erection of Buchanan Home	3,300 3 9	
Additions to, furnishing, and lighting South Wairarapa Hospital	669 8 10	
Equipment, South Wairarapa Hospital	151 5 6	
Fencing and fire-prevention, Pahiatua Hospital	121 19 9	
Glassing in end of two verandahs, Masterton Hospital	35 10 0	
Equipment, Masterton Hospital	11 12 3	
Martinborough—ambulance brougham	186 11 0	
shed	66 6 6	
sundries	19 1 7	
		4,561 19 2
<i>Wairau</i> ,—		
Buildings, Havelock Hospital	8 17 6	
Equipment, Havelock Hospital	5 14 9	
Wairau Hospital	9 10 0	
		24 2 3
<i>Picton</i> ,—		
New infectious-diseases ward .. .. .	..	683 14 3
<i>Nelson</i> ,—		
Equipment of operating-theatre	51 9 9	
Additions to building	150 14 3	
		202 4 0
<i>Westland</i> ,—		
Totara Hospital—building	434 16 0	
Otira Hospital—building	741 19 11	
Westland Hospital—ambulance brougham	219 1 8	
		1,395 17 7
<i>Buller</i> ,—		
Building and equipment, Denniston Hospital	235 16 2	
New hospital building account	1,800 0 0	
Plans new hospital ward	66 17 6	
		2,102 13 8

TABLE IIA.—SHOWING DETAILS OF CAPITAL EXPENDITURE OF HOSPITAL AND CHARITABLE AID BOARDS FOR THE YEAR ENDED 31ST MARCH, 1912—*continued*.

Board, and Details of Capital Expenditure.	Amount.	Total.
<i>Inangahua</i> ,—	£ s. d.	£ s. d.
Building for ambulance and old-age pensioner	28 11 0	
Ambulance	272 10 0	
		301 1 0
<i>Grey</i> ,—		
Nil.		
<i>North Canterbury</i> ,—		
Christchurch Hospital—new wards, completion and equipment ..	6,668 9 10	
„ heating, fire-alarms, generator, &c. ..	800 10 4	
„ Nurses' Home, completion and equipment ..	6,650 9 8	
„ administration block, water-tower, &c. ..	139 19 10	
Office building and equipment	3,410 12 3	
Sanatorium—land, and excavating terraces	631 13 2	
Bottle Lake Hospital—playroom, fencing, and tree-planting ..	457 9 2	
Kaikoura Hospital—part payment	1,105 15 3	
Female Refuge—extension and equipment	2,655 9 4	
Orphanage—extension	628 1 2	
Public Health—motor-cycles, &c.	152 16 9	
		23,301 6 9
<i>Ashburton</i> ,—		
Destructors, hot- and cold-water service, additions, building, doors, &c., furniture, sterilizer, cupboards, &c. ..	..	130 19 9
<i>South Canterbury</i> ,—		
Old Men's Home	2,201 10 0	
Timaru Hospital	325 5 8	
Waimate Hospital	87 0 8	
		2,613 16 4
<i>Waitaki</i> ,—		
Equipment, Old People's Home .. .. .	..	73 4 0
<i>Otago</i> ,—		
Tuapeka Hospital—alterations and additions	217 3 4	
Palmerston Sanatorium—additional shelters, electric light plant, and sundries	1,358 12 0	
Kaitangata Hospital—additions	224 17 8	
Port Chalmers Hospital—additions, and architect's fees ..	80 1 0	
Benevolent Institution—drainage and asphaltting	224 16 6	
Dunedin Hospital—new pavilion and furnishings	1,261 5 6	
„ washhouse and stores	351 9 6	
„ cool-storage room and machinery	432 19 6	
„ cover-way, Nurses' Home, and alterations to kitchen	403 14 6	
New office for Board, and furnishings	2,013 3 1	
		6,568 2 7
<i>Vincent</i> ,—		
Preparing plans, maternity ward, Cromwell .. .. .	..	25 9 0
<i>Maniototo</i> ,—		
Infectious-diseases ward .. .. .	..	466 8 7
<i>Southland</i> ,—		
Southland Hospital—buildings and porter's lodge	260 14 6	
„ equipment, operating-theatre	207 11 4	
„ other expenditure	33 0 0	
Gore Hospital—boiler-house and laundry	336 11 0	
„ other expenditure	58 19 3	
Wakatipu Hospital—water-services	204 1 0	
„ additions to doctor's residence	26 10 0	
Lorne Farm—drainage and septic tank	325 0 0	
„ new laundry, &c.	356 2 2	
		1,808 9 3
<i>Wallace and Fiord</i> ,—		
Hospital—operating-room	757 14 0	
„ extension to male ward	678 12 0	
„ laundry and store-room	60 5 0	
„ equipment	13 13 6	
		1,510 4 6

TABLE III.—SHOWING HOSPITAL STATISTICS FOR YEAR ENDING 31ST MARCH, 1912.

Hospitals controlled by Boards.	Staff.										Number of Beds.					Number of Patients under Treatment during Year.			Deaths.	Individual Average Days' Stay.	Average Cost of Maintenance and Administration per Occupied Bed after deducting Patients' Payments.	Weekly Maintenance Charge.	Out-patients.								
	Medical.		Nursing.		Domestic.		Average Number of Staff per Diem receiving Board.					Total.	Average Number of Occupied Beds per Diem.	Average Number of Occupied Beds per Diem to each of Nursing Staff.	Male.	Female.	Total.	Number of Patients.					Number of Attendances.								
	Honorary.	Resident.	Non-resident.	Trained Nurses.	Probationers.	Cooks, Wardmaids, Housemaids, and Launderesses.	Wardmen, Porters, and Gardeners.	For Males.	For Females.	Children's Cots.	Isolation.													Total.	For Males.	Female.	Total.	Average Cost of Maintenance and Administration per Occupied Bed after deducting Patients' Payments.	Weekly Maintenance Charge.	Number of Patients.	Number of Attendances.
<i>Class I—Over 100 occupied beds daily—</i>																															
Wellington	19 (c)4	..	..	26	59	39	21	131	118	112	75	43	348	258	3-0	1,842	1,421	3,263	246	29	77-4	£ 1 10 0	8,455	17,760					
Auckland	14 5	..	..	37	67	29	31	143	157	90	20	34	301	255	2-5	2,082	1,394	3,476	294	27	84-3	£ 1 15 0	453	3,986					
Christchurch	9 (c)2	..	..	15	71	36	29	159	80	87	32	12	211	160	2-1	1,249	930	2,179	188	27	105-7	£ 2 2 0	2,546	9,265					
Dunedin	20 (c)4	..	..	17	50	22	15	102	78	68	16	18	180	146	2-2	1,210	921	2,131	150	25	100-8	£ 1 15 0	2,150	7,817					
<i>Class II—40 to 99 occupied beds daily—</i>																															
Waikato	..	2	..	7	22	12	7	49	65	30	12	13	120	80	2-8	770	457	1,227	55	24	80-5	£ 1 1 0	..	..					
Wanganui	6 1	..	..	7	20	10	4	40	42	23	7	12	84	78	2-9	510	330	840	53	34	65-9	£ 1 1 0	185	840					
Napier	4 2	..	..	8	25	17	6	52	54	34	22	14	124	73	2-2	478	304	782	82	34	94-0	£ 1 8 0	366	1,235					
Southland	13 (c)1	..	..	4	21	10	3	34	37	18	8	4	67	52	2-1	436	241	677	65	28	86-2	£ 1 15 0	772	1,270					
Palmerston North	..	..	3	9	11	7	4	30	26	22	5	17	70	48	2-4	443	338	781	47	22	86-2	£ 1 4/6 to £ 1/15	..	..					
Nelson	..	1	..	4	12	8	2	25	34	20	2	20	76	46	2-9	268	175	443	45	38	75-3	£ 1 15 0	294	1,190							
Timaru	4 1	..	..	4	17	10	4	35	43	34	8	6	91	44	2-1	404	214	618	33	26	93-8	£ 1 15 0	253	2,663					
Gisborne	..	1	..	5	15	6	3	30	35	17	8	8	68	44	2-2	371	223	594	38	27	77-4	£ 1 8 0	32	149							
Thames	..	1	..	6	7	4	2	19	40	18	..	6	64	44	3-4	396	236	632	44	26	35-6	£ 1 1 0	428	2,724							
Waikato	..	..	2	4	10	6	2	21	34	19	..	6	59	42	3-0	369	334	703	27	22	81-0	£ 1 1 0	..	..					
<i>Class III—30 to 39 occupied beds daily—</i>																															
New Plymouth	..	..	4	7	14	6	4	28	28	19	6	23	76	36	1-7	244	200	444	51	30	95-7	£ 2 2 0	..	..					
<i>Class IV—20 to 29 occupied beds daily—</i>																															
Dannevirke	..	..	2	3	5	6	3	17	22	14	4	..	40	25	3-1	168	102	270	18	34	85-4	£ 1 1 0	..	120					
Westport	1 3	..	..	2	8	4	1	15	20	8	1	2	31	21	2-1	181	69	250	21	30	104-3	£ 1 5 0	20	..					
Masterton	..	..	1	6	6	5	1	17	23	19	2	16	60	20	1-7	156	106	262	20	28	91-8	£ 1/1 to £ 3/3	..	..					
<i>Class V—10 to 19 occupied beds daily—</i>																															
Waipawa	..	..	1	5	1	6	2	14	30	20	2	..	52	19-0	3-2	207	114	321	10	22	93-0	£ 1 1 0	..	54					
Wallace and Fiord	..	..	1	3	5	4	4	12	18	12	..	14	44	17-4	2-2	116	98	214	10	30	95-4	£ 1 0 0	..	..					
Wairau	..	..	2	3	5	4	3	17	22	8	2	10	42	17-0	1-7	173	73	246	17	25	122-3	£ 2 2 0	..	71					
Hawera	..	..	1	3	5	4	2	14	19	12	2	6	39	16-7	2-1	160	95	255	17	24	134-5	£ 2 2 0	..	6					
Ashburton	..	..	2	2	4	4	2	10	18	7	4	10	39	16-0	2-7	164	64	226	21	26	102-9	£ 1 0 0	..	..					
Whangarei	..	..	2	3	3	4	2	9	15	7	2	6	30	14-3	2-4	130	51	181	9	29	121-6	£ 1 8 0	..	25					
Gore	..	..	1	2	3	3	1	9	9	8	2	..	19	12-0	2-4	109	48	157	14	28	81-1	£ 1 15 0	..	..					
Stratford	..	..	1	2	3	3	2	8	9	5	2	..	16	10-6	2-1	115	47	162	11	24	115-2	£ 2 2 0	..	..					
Picton	..	..	2	1	4	2	1	7	11	11	1	..	25	10-3	2-1	117	85	202	6	18	133-2	£ 1 0 0	..	..					
<i>Class VI—Under 10 occupied beds daily—</i>																															
Waimate	..	..	1	1	4	2	1	9	13	12	2	12	39	9-3	1-9	114	50	164	10	21	151-1	£ 1 5 0	23	165					
Otaki	..	..	1	(b)4	..	(b)3	6	6	10	6	2	..	18	8-9	2-2	90	45	135	9	24	127-0	£ 1 10 0	..	..					

TABLE IV.—SHOWING HOSPITAL EXPENDITURE FOR THE YEAR ENDED 31ST MARCH, 1912.

Hospitals controlled by Boards.	Average Number of Occupied Beds per Diem	Average Number of the Staff receiving Board.	Individual Average Days' stay.	Provisions.		Surgery and Dispensary.		Domestic and Establishment.		Salaries and Wages.		Total Maintenance.		Administration.		Maintenance and Administration.		Capital Expenditure.	Miscellaneous Expenditure.	Total.
				Total Cost.	Cost per Occupied Bed.	Total Cost.	Cost per Occupied Bed.	Total Cost.	Cost per Occupied Bed.	Total Cost.	Cost per Occupied Bed.	Total Cost.	Cost per Occupied Bed.	Total Cost.	Cost per Occupied Bed.	Total Cost.	Cost per Occupied Bed.			
Class I—Over 100 occupied beds daily—																				
Wellington	258	131	29	£ 5,418 6 5	21-0	£ 2,063 16 3	8-0	£ 6,220 19 0	24-1	£ 9,114 5 0	35-3	£ 22,817 6 8	88-4	£ 1,195 2 5	4-6	£ 24,012 9 1	93-0	£ 13,981 14 11	£ 2,819 2 4	£ 40,813 6 4
Auckland	255	143	27	5,823 3 4	22-9	2,395 3 2	9-4	7,840 16 7	30-7	8,151 7 6	32-0	24,210 10 7	94-9	1,071 2 5	4-2	25,281 13 0	99-1	14,406 10 10	170 6 0	39,858 9 10
Christchurch	160	159	27	4,181 8 4	26-1	1,824 11 3	11-4	5,390 4 10	33-8	7,059 17 6	44-1	18,456 1 11	115-4	880 7 5	5-5	19,336 9 4	120-9	14,259 9 8	..	33,595 19 0
Dunedin	146	102	25	3,276 16 9	22-4	1,792 16 0	12-3	5,070 2 6	34-7	6,333 12 9	43-4	16,473 8 0	112-8	1,195 8 0	8-2	17,668 16 0	121-0	2,449 9 0	262 10 11	20,380 15 11
Class II—40 to 99 occupied beds daily—																				
Waikato	80	49	24	2,188 17 8	27-4	726 15 7	9-1	1,810 0 10	22-6	2,834 19 7	35-4	7,560 13 8	94-5	504 2 4	6-3	8,064 16 0	100-8	1,203 0 0	903 18 10	10,171 14 10
Wanganui	78	40	34	1,558 11 5	20-0	724 3 7	9-3	1,655 18 1	21-2	1,929 15 4	24-7	5,868 8 5	75-2	454 9 0	5-8	6,322 17 5	81-0	4,421 13 4	3 10 0	10,748 0 9
Napier	73	52	34	2,128 6 7	29-2	1,173 9 8	16-1	2,202 7 3	30-2	2,711 10 1	37-1	8,215 13 7	112-6	323 13 0	4-4	8,539 6 7	117-0	305 14 2	1 7 4	8,846 8 1
Southland	52	34	28	1,290 12 6	24-8	488 16 7	9-4	1,468 7 3	28-2	2,068 0 4	39-8	5,315 16 8	102-2	239 19 4	4-6	5,555 16 0	106-8	501 5 10	39 8 2	6,096 10 0
Palmerston North	48	30	32	919 9 6	19-2	467 10 2	9-7	1,350 7 2	28-1	1,529 17 5	31-9	4,267 4 3	88-9	312 12 6	6-5	4,579 16 9	95-4	264 4 6	18 18 8	4,862 19 11
Nelson	46	25	38	1,028 4 11	22-3	344 8 1	7-5	1,185 19 1	25-8	1,767 11 7	38-4	4,326 3 8	94-0	172 1 4	3-8	4,498 5 0	97-8	202 4 0	1 8 1	4,701 17 1
Timaru	44	35	26	1,011 16 8	23-0	535 10 6	12-2	1,295 1 5	29-4	1,692 12 4	38-5	4,535 0 11	103-1	190 0 0	4-3	4,725 0 11	107-4	325 5 8	..	5,050 6 7
Gisborne	44	30	27	1,029 4 0	23-3	436 9 2	9-9	1,213 16 1	27-6	1,999 19 5	45-5	4,679 8 8	106-3	356 3 3	8-1	5,035 11 11	114-4	4,437 11 6	67 10 9	9,540 14 2
Thames	44	19	26	538 13 1	12-2	228 4 5	5-2	599 8 1	13-6	1,288 12 7	29-3	2,654 18 2	60-3	218 18 11	5-0	2,873 17 1	65-3	..	..	2,873 17 1
Waihi	42	21	22	977 6 2	23-3	516 4 9	12-3	1,168 6 9	27-8	1,662 11 6	39-6	4,324 9 2	103-0	231 0 9	5-5	4,555 9 11	108-5	896 15 10	25 0 0	5,477 5 9
Class III—30 to 39 occupied beds daily—																				
New Plymouth	36	28	30	1,087 7 0	30-2	634 16 7	17-6	1,510 7 6	41-9	1,664 10 7	46-2	4,897 1 8	136-0	366 9 11	10-2	5,263 11 7	146-2	582 3 0	80 4 2	5,925 18 9
Class IV—20 to 29 occupied beds daily—																				
Dannevirke	25	17	34	628 13 11	25-1	211 9 11	8-5	569 1 3	22-8	1,011 5 7	40-4	2,420 10 8	96-8	88 11 6	3-5	2,509 2 2	100-3	144 12 10	23 10 0	2,677 5 0
Westport	21	15	30	580 13 10	27-7	273 0 5	13-0	656 9 3	31-2	1,369 5 3	65-2	2,879 8 9	137-1	100 0 0	4-7	2,979 8 9	141-8	..	..	2,979 8 9
Masterton	20	17	28	598 19 4	29-6	315 16 6	15-6	517 1 5	25-6	1,099 19 11	54-5	2,531 17 2	125-3	92 2 5	4-5	2,623 19 7	129-8	47 2 3	..	2,671 1 10
Class V—10 to 19 occupied beds daily—																				
Waipawa	19	14	22	440 13 8	23-2	138 4 4	7-3	522 19 8	27-5	1,102 9 2	58-0	2,204 6 10	116-0	165 9 10	8-7	2,369 16 8	124-7	406 1 8	30 18 4	2,806 16 8
Wallace and Fiord	17-4	12	30	486 0 11	27-9	175 0 0	10-1	364 13 5	20-9	938 13 6	53-9	1,964 7 10	112-8	131 6 10	7-5	2,095 14 8	120-4	1,510 4 6	6 7 10	3,612 7 0
Wairau	17	25	54	543 9 5	32-0	226 6 2	13-3	740 13 11	43-6	1,035 19 8	60-9	2,546 9 2	149-8	59 16 8	3-5	2,606 5 10	153-5	9 10 0	0 16 9	2,616 12 7
Hawera	16-7	14	24	497 10 9	29-8	267 16 4	16-0	772 11 6	46-3	1,056 8 0	63-3	2,593 16 7	155-3	244 15 8	14-7	2,838 12 3	170-0	201 15 6	3 19 9	3,044 7 6
Ashburton	16	10	26	417 12 7	26-1	159 15 9	10-0	559 7 11	35-0	806 8 9	50-4	1,943 5 0	121-5	176 11 3	11-0	2,119 16 3	132-5	130 19 9	20 4 7	2,271 0 7
Whangarei	14-3	9	29	348 15 6	24-4	180 17 1	12-6	404 3 6	28-2	1,053 15 8	73-6	1,987 11 9	138-9	151 13 1	10-6	2,139 4 10	149-5	1,970 2 9	28 16 1	4,138 3 8
Gore	12	9	28	227 18 1	19-0	113 9 11	9-4	323 9 6	27-0	743 11 4	62-0	1,408 8 10	117-4	75 9 10	6-3	1,483 18 8	123-7	395 10 3	..	1,879 8 11
Stratford	10-6	8	24	290 5 7	27-4	100 6 0	9-4	367 15 7	34-7	806 15 6	76-1	1,565 2 8	147-6	166 3 0	15-7	1,731 5 8	163-3	529 5 6	409 10 4	2,670 1 6
Pi-ton	10-3	7	18	239 15 2	23-3	129 1 8	12-5	556 16 8	54-0	565 10 0	54-9	1,491 3 6	144-7	134 16 0	13-1	1,624 19 6	157-8	683 14 3	..	2,309 13 9
Class VI—Under 10 occupied beds daily—																				
Waimate	9-3	9	21	376 16 1	40-5	160 13 9	17-2	398 2 2	42-8	594 19 6	63-9	1,530 1 6	164-5	41 4 5	4-4	1,571 5 11	168-9	87 0 8	16 0 3	1,674 6 10
Otaki	8-9	6	24	268 14 8	30-2	20 13 6	2-4	282 11 0	31-7	700 10 11	78-7	1,272 10 1	143-0	81 2 0	9-1	1,353 12 1	152-1	205 6 3	15 6 0	1,574 4 4
North Wairoa	8-9	8	30	329 16 4	37-1	121 7 6	13-6	627 19 9	70-6	714 5 6	80-2	1,793 9 1	201-5	127 12 6	14-3	1,921 1 7	215-8	183 4 0	19 13 7	2,123 19 2
South Wairarapa	8-1	8	34	202 18 1	25-0	75 7 1	9-3	246 8 1	30-4	619 12 10	76-5	1,144 6 1	141-3	78 17 7	9-7	1,223 3 8	151-0	151 5 6	2 4 10	1,376 14 0
Taihape*	7-7	7	25	232 10 1	35-0*	154 8 7	23-0*	200 8 3	30-0*	462 14 7	69-0*	1,050 1 6	157-0*	77 10 2	12-0*	1,127 11 8	169-0*	1,578 18 6	..	2,706 10 2
Patea	7-7	8	22	244 11 9	31-8	111 14 5	14-5	314 6 4	40-9	570 8 2	74-1	1,241 10 8	161-2	93 13 4	12-2	1,335 4 0	173-4	..	96 19 5	1,432 3 5
Wairoa	7-1	7	17	249 8 1	35-1	84 2 9	11-8	260 6 1	36-7	492 11 4	69-4	1,086 8 3	153-0	112 3 1	15-8	1,198 11 4	168-8	78 15 3	..	1,277 6 7
Pahiatua	6-8	7	19	186 15 11	27-5	38 15 9	5-7	182 3 11	26-8	553 6 9	81-4	961 2 4	141-3	82 7 0	12-1	1,043 9 4	153-4	121 19 9	..	1,165 9 1
Wakatipu	6-6	4	34	151 12 5	23-0	34 14 10	5-3	208 13 7	31-6	411 7 6	62-3	806 8 4	122-2	56 7 0	8-5	862 15 4	130-7	230 11 0	..	1,093 6 4
Naseby	6-3	6	28	165 13 4	26-3	38 9 1	6-1	173 12 5	27-5	676 3 9	107-3	1,053 18 7	167-2	39 19 9	6-4	1,093 18 4	173-6	466 8 7	..	1,560 6 11
Coromandel	5-8	6	26	257 3 5	44-3	235 5 7	40-6	242 13 8	41-9	759 6 3	130-9	1,494 8 11	257-7	89 2 4	15-3	1,583 11 3	273-2	114 13 5	0 1 6	1,698 6 2
Arrowtown	5-6	4	34	170 4 7	30-4	61 13 1	11-0	151 2 8	27-0	457 19 8	81-8	841 0 0	150-2	58 11 6	10-4	899 11 6	160-6	..	2 8 0	901 19 6
Dunstan	5-5	4	43	158 1 7	28-7	41 11 0	7-5	218 6 3	39-7	462 18 2	84-2	880 17 0	160-1	73 13 9	13-4	954 10 9	173-5	..	..	954 10 9
Waipatu	4-3	5	34	176 16 3	41-1	26 12 0	6-2	308 12 11	71-8	559 12 2	130-1	1,071 13 4	249-2	79 2 7	18-4	1,150 15 11	267-6	13 15 11	25 8 1	1,189 19 11
Tuapeka	4-1	4	15	142 18 0	34-9	13 18 10	3-4	328 16 6	80-2	316 10 0	77-2	802 3 4	195-7	90 7 0	22-0	892 10 4	217-7	217 3 4	13 2 4	1,122 16 0
Rawene	3-3	5	18	100 9 2	30-5	23 0 11	7-0	169 7 10	51-3	408 7 7	123-8	701 5 6	212-5	60 16 9	18-4	762 2 3	230-9	..	..	762 2 3
Mangonui	3-3	5	17	103 14 0	31-4	29 4 2	8-8	87 15 4	26-6	376 9 5	114-1	597 2 11	180-9	52 2 9	15-8	649 5 8	196-7	..	..	649 5 8
Akaroa	3	2	38	73 16 4	24-6	17 4 2	5-7	100 16 1	33-6	262 7 8	87-5	454 4 3	151-4	21 13 3	7-2	475 17 6	158-6	..	..	475 17 6
Taumarunui	2-6	3	17	143 2 3	55-0	11 12 11	4-5	123 15 10	47-6	329 10 10	126-7	608 1 10	233-9	33 17 9	13-0	641 19 7	246-9	25 0 0	..	666 19 7
Denniston	2-6	2	22	156 8 1	60-1	36 19 7	14-2	34 4 6	13-2	414 1 5	159-3	641 13 7	246-8	61 0 0	23-5	702 13 7	270-3	235 16 2	..	938 9 9
Cromwell	2-2	4	13	50 5 0	22-8	18 19 0	8-6	204 1 11	92-8	419 7 9	190-7	692 13 8	314-9	53 1 6	24-1	745 15 2	339-0	25 9 0	3 3 0	774 7 2
Havelock	1-1	2	12	38 17 6	35-3	9 6 4	8-5	37 15 1	34-4	156 11 1	142-4	242 10 0	220-5	17 5 6	15-7	259 15 6	236-2	14 12 3	..	274 7 9
Otira	0-8	2	10	72 18 3	..	208 4 3	..	238 9 11	..	577 6 0	..	1,096 18 5	..	79 2 0	..	1,176 0 5	..	741 19 11	..	1,918 0 4
Kaitangata	0-5	1	8	52 15 1	..	10 14 3	..	36 3 6	..	87 12 9	..	187 5 7	..	47 16 3	..	235 1 10	..	224 17 8	..	459 19 6
Port Chalmers	0-14	1	5	27 15 9	..															

TABLE IVA.—SHOWING DETAILS OF ITEM "PROVISIONS" IN TABLE IV.

Hospitals controlled by Boards.	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.
Wellington	258	994	8 5	367	18 7	750	12 9	1,229	4 7	145	10 6	332	15 8	526	18 10	1,070	17 1	5,418	6 5
Auckland	255	988	3 4	578	4 10	678	3 9	1,064	5 10	393	0 11	484	8 6	424	8 8	1,212	7 4	5,823	3 4
Christchurch	160	902	2 3	301	5 2	494	18 5	705	3 0	294	16 1	347	18 6	435	3 7 ⁽¹⁾	700	1 4	4,181	8 4
Dunedin	146	740	19 2	217	14 8	285	14 4	534	13 3	263	17 9	271	18 2	211	6 3	541	1 1	3,276	16 9
Waikato	80	553	19 3 ⁽²⁾	59	5 3	495	6 5	335	5 9	65	15 0 ⁽³⁾	162	18 1	75	10 0 ⁽⁴⁾	650	9 2	2,188	17 8
Wanganui	78	298	7 8	86	0 10	240	11 10	252	3 3	152	1 1	160	4 8	160	4 8	282	10 5	1,558	11 5
Napier	73	359	8 6	135	17 10	268	0 0	498	19 8	164	9 0	149	9 8	194	11 11	357	10 0	2,128	6 7
Southland	52	300	3 6	81	8 7	184	6 4	205	8 7	69	10 10	111	8 11	159	12 4 ⁽⁵⁾	178	13 5	1,290	12 6
Palmerston North	48	255	2 1	69	10 9	114	7 1	197	5 6 ⁽⁶⁾	12	10 4	79	9 11	58	2 1 ⁽⁷⁾	133	2 8	919	9 6
Nelson	46	206	17 11	17	2 4	135	17 1	288	2 8	30	7 5	83	5 6	72	0 0	194	12 0	1,028	4 11
Timaru	44	171	8 10	60	3 2	130	14 9	235	2 0	36	12 0	94	16 6	124	13 3	158	6 2	1,011	16 8
Gisborne	44	202	4 0	36	18 3	187	17 11	162	17 0	15	1 0	142	13 2	18	5 2	263	7 6	1,092	4 0
Thames	44	74	6 10	36	17 10	72	5 0	121	10 6	22	10 0	52	19 2	52	0 5	105	12 6	538	13 1
Waikato	42	173	7 7	74	18 6	102	15 1	252	12 5	23	10 10	73	18 6	56	16 5	220	7 8	977	6 2
Waikato	36	238	2 3	44	3 3	138	18 9	207	13 3 ⁽⁸⁾	63	4 3	73	14 8	102	12 8 ⁽⁹⁾	218	17 11	1,087	7 0
New Plymouth	25	163	2 10	42	8 9 ⁽¹⁰⁾	79	16 2	50	0 0 ⁽¹¹⁾	16	0 0 ⁽¹²⁾	60	8 11	84	7 6 ⁽¹³⁾	132	9 9	628	13 11
Dannevirke	21	134	10 1	5	10 10	63	17 3	126	10 3	13	16 4 ⁽¹⁴⁾	56	18 1	13	18 7	165	12 5	580	13 10
Westport	20	125	6 6	15	13 6	66	12 9	96	8 0	12	6 4	70	19 9	63	7 7	148	4 11	598	19 4
Masterton	19	98	13 2	16	5 6 ⁽¹⁵⁾	64	11 8	29	9 3 ⁽¹⁶⁾	18	5 0 ⁽¹⁷⁾	49	9 2	35	1 4 ⁽¹⁸⁾	128	18 7	440	13 8
Waipawa	17.4	130	1 11	20	12 0 ⁽¹⁹⁾	46	2 3	83	14 10	14	12 6	53	0 2	43	17 3 ⁽²⁰⁾	94	0 2	486	0 11
Wallace and Ford	17.0	105	17 6	31	4 11 ⁽²⁰⁾	62	12 0	93	18 3	18	5 0 ⁽¹⁷⁾	49	9 2	33	3 10 ⁽²³⁾	154	11 10	543	9 5
Wairau	16.7	105	19 2	14	4 5	73	1 0	14	7 8 ⁽²²⁾	14	7 8 ⁽²²⁾	47	13 5	33	3 10 ⁽²³⁾	185	16 3	497	10 9
Asburton	16.0	91	14 8	26	19 0 ⁽²⁴⁾	42	1 11	76	3 6	14	4 6 ⁽²⁵⁾	26	16 2	54	7 8 ⁽²⁶⁾	85	5 2	417	12 7
Whangarei	14.3	81	15 9	15	17 0	42	10 6	68	9 11	8	8 6	31	2 3	25	1 2	75	10 5	348	15 6
Gore	12.0	43	5 0	10	1 11 ⁽²⁷⁾	30	15 6	30	15 11	2	10 0 ⁽²⁹⁾	31	19 5	22	12 1 ⁽³⁰⁾	57	6 11	227	18 1
Stratford	10.6	44	8 9	8	9 6 ⁽³¹⁾	52	13 3	39	6 11	5	16 3 ⁽³²⁾	32	12 4	31	3 7 ⁽³³⁾	75	15 0	290	5 7
Picton	10.3	36	7 1	1	17 0	31	14 0	50	0 1	14	0 0 ⁽³⁷⁾	20	6 2	5	0 0	94	10 10	239	15 2
Waimate	9.3	84	6 3	21	5 2 ⁽³⁴⁾	26	18 4 ⁽³⁵⁾	63	0 0 ⁽³⁶⁾	10	0 0 ⁽⁴⁰⁾	34	15 1	39	19 8 ⁽⁴¹⁾	59	15 4	376	16 1
Otaki	8.9	55	2 1	7	1 3	27	13 0	46	13 5 ⁽³⁸⁾	10	0 0 ⁽⁴⁰⁾	22	9 11	30	13 6	100	19 11	268	14 8
North Wairoa	8.9	75	10 9	8	0 0	35	14 6	44	6 0	2	19 6	31	12 2	30	13 6	59	19 5	329	16 4
South Wairoa	8.1	44	19 0	4	0 0	30	18 10	36	9 8	10	16 0	16	10 11	21	19 9	44	11 6	202	18 1
Taihape	7.7	47	9 8	4	18 5	35	7 10	36	6 4	3	17 9	23	16 4	22	12 11	65	19 5	232	10 1
Patea	7.1	39	16 11	1	8 4	28	11 6	21	14 3	7	18 4	20	6 4	17	10 1	98	13 2	244	11 9
Wairoa	7.1	59	11 4	6	0 6 ⁽⁴²⁾	24	10 10	39	13 10	12	0 4 ⁽⁴³⁾	18	6 3	14	10 1	42	10 9	186	15 11
Pahiatua	6.8	36	16 9	9	6 5	23	16 0	33	14 6 ⁽⁴⁵⁾	7	15 2 ⁽⁴⁶⁾	20	4 1	17	9 8	59	7 10	249	8 1
Wakatipu	6.6	40	11 9	5	9 9	17	3 9	36	2 6	3	1 5	14	6 7	0	11 6	37	6 7	151	12 5
Naseby	6.3	36	16 4	0	8 0	23	7 11	26	19 10	3	1 5	18	11 5	9	5 0	47	3 5	165	13 4
Coromandel	5.8	51	14 0	1	12 8	34	3 0	49	12 2	8	15 0	20	1 4	7	13 11	38	10 5	257	3 7
Arrowtown	5.6	59	19 8	0	10 0	19	18 0	19	4 0	6	18 6	17	10 1	13	12 9 ⁽⁴⁸⁾	42	13 4	158	1 7
Dunstan	5.5	31	14 4	0	12 0 ⁽⁴⁹⁾	12	10 0	35	7 9	7	7 9 ⁽⁴⁷⁾	14	15 8	7	10 3 ⁽⁵³⁾	61	4 0	176	16 3
Waiapu	4.3	18	12 8	6	0 9	13	11 5	59	2 4 ⁽⁵¹⁾	10	14 0 ⁽⁵²⁾	6	0 5	6	5 11	22	2 4	142	18 0
Tuapeka	4.1	53	16 3	0	5 0	9	4 2	20	2 8	3	13 6	11	18 2	4	17 3	48	16 3	100	9 2
Rawene	3.3	20	19 6	1	12 0	13	3 7	3	13 6	1	8 0	9	2 6	6	17 3	38	13 5	103	14 0
Mangonui	3.3	20	14 3	1	12 0	13	3 7	14	17 2	1	13 0	7	5 4	4	16 3	12	16 10	73	16 4
Akaroa	2.6	26	4 10	1	4 6	8	4 7	11	11 0	3	0 0	8	17 6	5	9 0	52	0 9	143	2 3
Taurarua	2.6	29	9 1	4	10 0	16	8	22	16 11	7	11 0	10	16 0	6	5 9	55	19 3	156	8 1
Dennistown	2.6	35	3 9	4	10 0	15	11 2	25	17 11	7	11 0	10	16 0	5	9 0	55	19 3	156	8 1

For references see next page.

TABLE IV.—SHOWING DETAILS OF ITEM "PROVISIONS" IN TABLE IV—continued.

Hospitals controlled by Boards.	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.
Cromwell	2.2	14 8 3	1 4 6	5 2 11	6 12 9	2 1 4	7 11 2	2 9 0	24 12 1	50 5 0
Havelock	1.1	7 2 4	1 3 6	7 3 2	7 2 0	3 18 6	5 2 7	0 4 6	13 16 1	38 17 6
Otira	0.8	11 6 0	..	3 14 0	6 0 3	3 15 9	2 13 0	0 9 11	28 1 7	72 18 3
Kaitianga	0.5	16 2 2	..	2 17 4	4 1 6	1 3 8	3 5 9	2 11 9	17 18 2	52 15 1
Port Chalmers	0.14	2 11 7	..	4 7 11	6 13 6	1 19 1	4 0 4	3 3 9	10 12 2	27 15 9
Lytelton Casualty Ward	0.21	8 11 2	..	..	..	..	..	3 4 11	6 10 11	35 7 10
<i>Hospitals which are also Old Men's Homes—</i>										
Grey River	57	450 14 7	434 18 8 ⁽⁵⁴⁾	88 2 11 ⁽⁵⁵⁾	123 9 8 ⁽⁵⁵⁾	23 14 3 ⁽⁵⁵⁾	107 8 3	86 13 0	286 8 8	1,366 3 2
Westland	38	169 17 11	13 17 6	55 6 0	186 12 7	4 5 0	54 10 1	86 15 6 ⁽⁵⁶⁾	183 9 7	743 17 5
Reefton	28	205 16 9	1 8 6	93 4 0	151 18 11	9 16 8	72 4 8	12 19 8	205 0 10	743 14 0
Kumara	21	102 1 5	12 13 8	22 8 9	43 12 7	5 5 0	63 10 4	45 8 4 ⁽⁵³⁾	141 18 6	620 11 10
Ross	8.5	57 17 10	3 6 10	..	..	..	23 10 1	13 19 9	39 10 6	209 11 4
<i>SPECIAL HOSPITALS.</i>										
<i>Infectious-diseases Hospitals—</i>										
Christchurch	26	78 6 10	11 4 9	52 9 1	66 13 3	28 6 6	52 13 4	21 3 7	70 16 8	381 14 0
Dunedin	8.7	23 11 5	5 4 7	19 8 2	27 12 1	7 17 11	15 10 11	10 3 7	29 15 8	139 4 4
Timaru	5.5	24 5 4	3 13 9	19 0 2	25 13 4	2 10 6	10 12 4	6 12 11	27 8 0	119 16 4
Invercargill	1.5	21 6 5	1 8 2	11 10 0	11 19 10	0 1 6	6 2 10	6 3 1 ⁽⁵⁸⁾	24 2 0	82 14 3
<i>Consumptive Sanatoria—</i>										
Christchurch	31	346 13 9	38 9 1	98 6 9	358 7 2	185 11 2	64 6 4	209 2 11 ⁽⁵⁹⁾	197 16 5	1,498 12 9
Otaki	20	204 8 11	31 11 0 ⁽⁶⁰⁾	103 19 7	201 17 6 ⁽⁶¹⁾	60 0 0 ⁽⁶²⁾	57 17 10	144 18 6 ⁽⁶³⁾	159 8 4	964 1 8
Palmerston South	16	315 13 2	25 6 6	88 8 2	232 1 4	36 3 7	75 4 8	20 8 4	151 7 6	944 13 3
<i>Maternity Home—</i>										
Dunedin Medical School	8.2	38 13 3	11 12 5	35 11 5	22 7 9	5 18 3	23 8 4	20 6 6	53 5 9	211 3 8
<i>SEPARATE INSTITUTIONS.</i>										
Oamaru	14.7	121 12 0	21 8 5 ⁽⁶⁴⁾	39 5 4	45 1 7 ⁽⁶⁵⁾	8 2 0 ⁽⁶⁶⁾	30 11 1	35 8 2 ⁽⁶⁷⁾	57 4 2	358 12 9
Mercury Bay	5.7	50 15 2	2 5 6	38 7 4	19 16 0	3 18 0	17 3 10	6 15 11	83 6 7	222 8 4

£ s. d. Includes (24) £ 6 10 0 worth produced on premises. (25) " 14 4 6 " (26) " 44 10 8 " (27) " 1 10 0 " (28) " 20 0 0 " (29) " 2 10 0 " (30) " 7 0 0 " (31) " 2 0 0 " (32) " 5 0 0 " (33) " 10 0 0 " (34) " 15 0 0 " (35) " 7 10 0 " (36) " 63 0 0 " (37) " 14 0 0 " (38) " 40 0 0 " (39) " 43 0 0 " (40) " 10 0 0 " (41) " 35 0 0 " (42) " 5 0 0 " (43) " 12 0 0 " (44) " 18 0 0 " (45) " 30 0 0 "

£ s. d. Includes (46) £ 5 0 0 worth produced on premises. (47) " 5 0 0 " (48) " 10 0 0 " (49) " 0 12 0 " (50) " 4 4 6 " (51) " 59 2 4 " (52) " 16 14 0 " (53) " 2 0 0 " (54) " expenditure on butter, milk, and eggs. (55) " Included in expenditure on fish, poultry, &c. (56) " Includes 30 0 0 worth produced on premises. (57) " 10 0 0 " (58) " 5 0 0 " (59) " 140 0 0 " (60) " 5 0 0 " (61) " 187 14 0 " (62) " 60 0 0 " (63) " 125 0 0 " (64) " 5 0 0 " (65) " 40 0 0 " (66) " 8 0 0 " (67) " 10 0 0 "

TABLE IVB.—SHOWING DETAILS OF ITEM "SURGERY AND DISPENSARY" IN TABLE IV.

Hospitals controlled by Boards.	Average Number of Occupied Beds per Diem.	Aerated Waters and Ice.			Drugs, Chemicals, and Disinfectants.			Dressings, Bandages, &c.			Wines, Spirits, and Malt Liquors.			Surgical Instruments and Apparatus.			Total.		
		£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.
Wellington	258				1,306	8	3	165	3	3	99	0	3	493	4	6	2,063	16	3
Auckland	255	58	4	9	1,017	11	5	854	19	7	83	14	10	380	12	7	2,395	3	2
Christchurch	160	90	8	5	921	13	6	209	7	1	143	3	11	459	18	4	1,824	11	3
Dunedin	146	109	14	4	926	12	7	302	7	0	53	5	8	400	16	5	1,792	16	0
Waikato	80				516	5	4*		†		7	11	6	202	18	9	726	15	7
Wanganui	78	33	15	6	373	6	4	219	5	5	77	5	0	20	11	4	724	3	7
Napier	73	85	7	2	463	6	11	210	12	2	167	9	8	246	13	9	1,173	9	8
Southland	52	5	14	2	231	5	9	110	13	6	3	11	0	137	12	2	488	16	7
Palmerston North	48	9	18	0	207	12	8	132	7	10	48	17	6	68	14	2	467	10	2
Nelson	46																344	8	1
Timaru	44	12	11	6	318	7	4	85	17	10	28	5	11	90	7	11	535	10	6
Gisborne	44	16	13	6	256	8	3	49	3	3	21	0	0	93	4	2	436	9	2
Thames	44				99	11	2	38	10	5				90	2	10	228	4	5
Waihi	42	5	11	11	198	17	3	173	6	9	22	7	4	116	1	6	516	4	9
New Plymouth	36	1	11	0	369	17	1	170	8	8	3	6	0	89	13	10	634	16	7
Dannevirke	25				123	6	0	46	7	11	8	4	6	33	11	6	211	9	11
Westport	21				148	16	9	38	9	2	6	15	5	78	19	1	273	0	5
Masterton	20	4	6	6	103	5	10	128	6	5	12	12	10	67	4	11	315	16	6
Waipawa	19	0	18	0	64	9	3	36	1	7	12	6	6	24	9	0	138	4	4
Wallace and Fiord	17.4	0	3	0	88	10	4	36	5	7	5	0	0	45	1	1	175	0	0
Wairau	17.0	12	18	9	104	5	11	97	15	9	2	11	6	8	14	3	226	6	2
Hawera	16.7				175	15	2				17	7	6	74	3	8	267	6	4
Ashburton	16.0	1	0	0	102	0	3	37	3	7	0	15	0	18	16	11	159	15	9
Whangarei	14.3				94	5	3	40	14	1	13	17	6	32	0	3	180	17	1
Gore	12.0	1	13	0	81	6	11	7	16	11				22	13	1	113	9	11
Stratford	10.6				43	15	4	34	0	4	2	8	0	20	2	4	100	6	0
Picton	10.3				60	13	4	53	0	9				15	7	7	129	1	8
Waimate	9.3	0	11	0	69	14	10	3	10	0	4	19	6	81	8	5	160	3	9
Otaki	8.9	0	9	6	16	6	11	3	6	7				0	10	6	20	13	6
North Wairoa	8.9				46	1	7	20	3	10	7	4	8	47	17	5	121	7	6
South Wairarapa	8.1	1	10	0	30	5	5	22	0	8				21	11	0	75	7	1
Taihape	7.7	1	19	2	82	3	4	49	2	5	10	18	6	10	5	2	154	8	7
Patea	7.7				111	14	5§										111	14	5
Wairoa	7.1				61	7	0	13	5	9	2	16	0	6	14	0	84	2	9
Pahiatua	6.8				21	12	10	6	10	2	1	0	0	9	12	9	38	15	9
Wakatipu	6.6				26	12	4	1	7	3	2	16	0	3	19	3	34	14	10
Naseby	6.3	0	9	0	18	2	3	6	1	3	1	3	0	12	13	7	38	9	1
Coromandel	5.8				143	13	0	31	3	11	15	0	0	45	8	8	235	5	7
Arrowtown	5.6	3	0	4	39	10	11	7	9	8	0	10	0	11	2	2	61	13	1
Dunstan	5.5	0	17	0	32	14	10	2	19	3				4	19	11	41	11	0
Waiapu	4.3				16	17	0				9	15	0				26	12	0
Tuapeka	4.1	0	17	6	7	1	0	2	4	4	3	16	0				13	18	10
Rawene	3.3				8	12	3	10	15	1	1	9	6	2	4	1	23	0	11
Mangonui	3.3				2	15	7	20	4	7				6	4	0	29	4	2
Akaroa	3.0	1	6	0	10	17	0	0	13	3				4	7	11	17	4	2
Taumarunui	2.6				11	12	11										11	12	11
Denniston	2.6				17	15	5				5	11	0	13	13	2	36	19	7
Cromwell	2.2				10	1	2	4	11	9	2	16	0	1	10	1	18	19	0
Havelock	1.1				4	1	0	2	12	4	0	10	0	2	3	0	9	6	4
Otira	0.8				68	15	11	32	14	10				106	13	6	208	4	3
Kaitangata	0.5				6	2	0	2	17	6				1	14	9	10	14	3
Port Chalmers	0.14				0	18	11	6	10	3				3	3	0	10	12	2
Lyttelton Casualty Ward	0.21				1	16	11	0	7	9				0	1	0	2	5	8
<i>Hospitals which are also Old Men's Homes—</i>																			
Grey River	57.0	10	16	0	117	6	9	35	1	2	49	16	6	199	12	6	412	12	11
Westland	38.0	1	17	6	135	2	3	97	3	11	45	3	6	41	3	9	320	10	11
Reefton	28.0	7	16	0	74	11	0	36	13	2	31	15	0	132	11	3	283	6	5
Kumara	21.0	1	7	0	44	9	7	22	16	6	10	5	4	13	17	2	92	15	7
Ross	8.5	2	1	9	3	14	0	3	15	6	28	19	8	8	18	11	47	9	10
SPECIAL HOSPITALS.																			
<i>Infectious Diseases Hospitals—</i>																			
Christchurch	26.0	0	3	10	22	10	7	7	18	4	2	7	6	4	16	8	37	16	11
Dunedin	8.7	1	14	5	27	6	0	6	7	4	1	1	7	8	12	2	45	1	6
Timaru	5.5	0	18	0	6	13	7										7	11	7
Invercargill	1.5	2	0	6	1	4	6										3	5	0
<i>Consumptive Sanatoria—</i>																			
Christchurch	31.0	3	13	8	57	19	5	13	6	0				13	5	1	88	4	2
Otaki	20.0	0	15	6	60	15	0	3	12	3				7	15	5	72	18	2
Palmerston South	16.0	3	11	6	74	13	7	12	11	3	5	11	8	6	14	10	103	2	10
<i>Maternity Home—</i>																			
Dunedin Medical School	8.2				22	7	10	1	1	3				3	1	11	26	11	0
SEPARATE INSTITUTIONS.																			
Oamaru	14.7	1	6	9	63	6	3	11	7	3	3	6	0	15	12	3	94	18	6
Mercury Bay	5.7				134	6	3	26	18	6	7	10	0	55	7	10	224	2	7

* Includes expenditure on dressings, &c.

† Included in drugs, &c.

‡ No details supplied.

§ Includes expenditure on dressings, &c.

TABLE IVc.—SHOWING DETAILS OF ITEM "DOMESTIC AND ESTABLISHMENT" IN TABLE IV.

Hospitals controlled by Boards.	Average Number of Occupied Beds per Diem.	Renewal and Repair of Furniture.		Renewal and Repair of Bedding, Linen, and Drapery.		Renewal and Repair of Hardware, &c.		Laundry.		Cleaning and Chandlery.	
		£	s. d.	£	s. d.	£	s. d.	£	s. d.	£	s. d.
Wellington	258	478	7 1	574	18 2	221	17 5				
Auckland	255	337	16 7	866	8 10	437	2 9	926	13 0	131	17 10
Christchurch	160	386	12 4	369	1 1	651	8 4			148	9 8
Dunedin	146	326	11 6	481	4 5	184	10 8	143	11 3	237	15 10
Waikato	80	100	1 6	378	3 1	30	0 0	21	0 0	294	17 11
Wanganui	78	107	2 9	183	8 9	88	14 2			83	8 8
Napier	73	21	11 5	240	3 6	100	3 0			176	11 11
Southland	52	74	2 4	240	10 10	267	5 7			54	9 7
Palmerston North	48	104	7 5	115	2 3	22	5 7			62	17 7
Nelson	46	55	13 6	180	3 9	67	9 11	8	8 9	46	17 0
Timaru	44	75	15 6	150	7 1	57	10 8			98	4 11
Gisborne	44	81	1 0	114	0 3	20	0 9			54	4 9
Thames	44	53	17 7	105	14 5	47	2 4			83	17 11
Waihi	42	58	13 6	144	2 4	37	15 7			48	2 1
New Plymouth	36	38	7 10	81	13 10	49	15 6			197	1 9
Dannevirke	25	30	12 2	9	15 0	6	4 2			32	0 1
Westport	21	56	11 2	37	2 3	2	1 11			9	19 11
Masterton	20	14	16 0	40	8 10	19	0 7			40	8 1
Waipawa	19-0	35	8 10	58	14 5	20	0 3			5	14 10
Wallace and Fiord	17-4	2	16 7	82	12 4	11	9 5			20	17 1
Wairau	17-0	127	0 4	82	7 5	29	0 0			38	9 5
Hawera	16-7	95	16 2	94	14 9	3	5 6				
Ashburton	16-0	41	2 9	102	18 5	13	15 0			15	13 2
Whangarei	14-3	40	13 3	91	8 3	15	4 8			11	6 11
Gore	12-0	18	7 3	14	0 11	50	19 10			19	6 5
Stratford	10-6	7	9 3	9	16 4	28	1 0	4	17 0	26	10 11
Picton	10-3	8	10 0	40	18 5	21	10 0			6	3 1
Waimate	9-3	6	4 0	61	2 10	37	16 1			38	11 6
Otaki	8-9	5	1 0	27	0 8	10	7 5			2	14 4
North Wairoa	8-9	32	8 8	75	10 8	24	11 6			19	3 9
South Wairarapa	8-1	8	7 6	10	7 1	14	6 8	23	17 6	11	3 2
Taihape	7-7	0	6 7	5	0 9	7	16 5	11	10 5	18	17 0
Patea	7-7	3	2 9	11	0 10	20	1 5				
Wairoa	7-1	8	7 6	34	7 0	8	16 0			12	12 6
Pahiatua	6-8	20	5 3	19	0 0	19	6 7	22	7 0	6	10 2
Wakatipu	6-6			15	3 6	98	6 7			1	15 4
Naseby	6-3	2	10 4	9	4 7	5	2 10			12	5 4
Coromandel	5-8	16	10 5	28	19 1	14	18 5	33	7 6	16	17 0
Arrowtown	5-6			12	8 2	37	17 9			3	6 7
Dunstan	5-5	8	8 11	15	5 2	4	4 9			19	18 7
Waipapua	4-3	(1) 33	11 4	(2)		(2)				14	18 8
Tuapeka	4-1	13	4 6	3	4 5	4	6 7	1	18 2	2	1 3
Rawene	3-3	10	12 0	5	7 8	12	14 8			7	9 0
Mangonui	3-3	10	16 10	0	17 9	3	9 11			2	12 4
Akaroa	3-0			1	1 3	1	7 10			2	13 11
Taumarunui	2-6	55	2 10	6	7 5	3	0 0			10	9 6
Denniston	2-6	1	17 9	7	4 4					2	11 0
Cromwell	2-2	11	4 6	10	16 1	1	19 8			8	0 0
Havelock	1-1	4	1 2	4	15 9	0	19 7			2	4 10
Otira	0-8	13	17 6	96	6 0	51	3 5	10	0 10	9	9 8
Kaitangata	0-5	2	2 0	0	10 6	0	12 3	2	5 8	3	1 3
Port Chalmers	0-14	4	9 6	4	12 6	4	7 0	0	6 7	2	0 8
Lyttelton Casualty Ward	0-21	0	19 0	4	11 3	1	6 9			3	4 4
<i>Hospitals which are also Old Men's Homes—</i>											
Grey River	57-0	18	17 0	171	13 5	78	18 3			71	17 5
Westland	38-0	5	7 9	87	3 9	28	4 11	18	16 9	16	13 7
Reefton	28-0	54	15 4	121	4 11	20	9 7			30	9 8
Kumara	21-0	16	3 0	62	12 4	18	12 3	14	8 9	14	13 8
Ross	8-5	34	11 0	16	19 11	7	13 3	13	15 9	3	13 2
SPECIAL HOSPITALS.											
<i>Infectious-diseases Hospitals—</i>											
Christchurch	26-0	26	10 4	75	19 11	33	17 11			20	2 8
Dunedin	8-7	3	3 0	16	19 2	5	8 5	0	16 3	5	4 6
Timaru	5-5	1	0 6	1	3 0	17	12 7			12	2 11
Invercargill	1-5			3	0 11	6	1 0			7	6 8
<i>Consumptive Sanatoria—</i>											
Christchurch	31-0	29	3 1	18	4 10	49	17 11			50	0 3
Otaki	20-0	12	11 11	39	6 10	41	9 8			4	1 2
Palmerston South	16-0	94	13 6	123	4 4	47	2 0	43	9 10	27	11 1
<i>Maternity Home—</i>											
Dunedin Medical School	8-2	30	15 7	40	13 6	6	2 8			59	14 1
SPECIAL INSTITUTIONS.											
Oamaru	14-7	54	1 2	46	3 2	17	6 7			29	10 1
Mercury Bay	5-7	17	9 4	42	1 7	9	4 9			11	0 9

(1) Includes expenditure on bedding, &c., and hardware.

(2) Included in expenditure under "Renewal and Repair of Furniture."

TABLE IVc.—SHOWING DETAILS OF ITEM "DOMESTIC AND ESTABLISHMENT" IN TABLE IV—continued.

Hospitals controlled by Boards.	Water.	Fuel and Light.				
		Coal.	Wood.	Gas.	Electric Light.	Oil, Candles, &c.
	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
Wellington	279 15 9	1,241 14 5	.. .. .	691 15 5	199 19 2	.. .. .
Auckland	465 7 6	1,131 6 2	16 0 9	847 0 4	94 8 2	31 19 11
Christchurch .. .. .	.. .. .	1,285 10 3	6 6 6	33 17 8	7 16 8	11 1 7
Dunedin	214 5 0	1,435 3 3	35 0 0	481 5 0	183 16 3	11 9 7
Waikato	87 4 8	309 13 2	.. .. .	268 9 5	.. .. .	.. .. .
Wanganui	198 0 4	188 10 1	29 8 0	213 19 10	151 19 0	3 16 6
Napier	81 10 8	382 5 3	.. .. .	383 3 4	40 14 4	8 4 2
Southland	47 15 9	288 15 11	12 10 6	242 4 0	.. .. .	7 14 8
Palmerston North	23 11 1	188 18 6	86 11 11	189 18 10	.. .. .	8 5 0
Nelson	17 0 0	80 10 0	35 1 0	267 3 8	.. .. .	.. .. .
Timaru	28 9 0	348 14 6	.. .. .	112 1 10	4 19 1	5 9 5
Gisborne	12 0 0	55 14 11	121 17 6	256 12 10	.. .. .	10 4 0
Thames .. .. .	.. .. .	(¹)88 18 6	(²)	108 5 10	.. .. .	1 0 0
Waihi	12 13 3	243 3 5	.. .. .	257 2 1	.. .. .	5 0 0
New Plymouth	24 0 0	118 17 0	24 10 0	162 4 4	158 11 1	39 10 0
Dannevirke .. .. .	.. .. .	81 17 8	70 7 6	125 15 1	.. .. .	9 6 9
Westport	20 0 0	69 10 1	.. .. .	107 19 3	.. .. .	.. .. .
Masterton	19 12 8	110 0 3	0 17 0	140 18 10	.. .. .	10 9 2
Waipawa	18 11 6	75 7 8	48 13 11	68 6 9	.. .. .	5 6 6
Wallace and Fiord .. .. .	.. .. .	90 16 2	10 16 0	.. .. .	.. .. .	19 8 0
Wairau	0 4 6	84 9 0	26 5 6	70 4 6	.. .. .	10 18 0
Hawera	33 2 6	92 1 5	10 16 0	208 11 8	6 2 9	.. .. .
Ashburton	20 13 1	78 16 0	30 11 6	67 1 0	.. .. .	4 7 0
Whangarei .. .. .	.. .. .	37 6 0	7 10 0	56 18 4	.. .. .	5 11 3
Gore .. .. .	.. .. .	71 11 5	2 5 0	.. .. .	47 8 10	11 10 3
Stratford	6 0 0	81 18 6	12 3 0	.. .. .	22 10 1	9 14 6
Picton	3 10 0	35 19 0	2 0 0	59 16 3	.. .. .	5 15 8
Waimate	20 0 0	71 13 0	.. .. .	64 17 8	.. .. .	1 2 3
Otaki .. .. .	.. .. .	47 12 5	.. .. .	.. .. .	1 3 0	.. .. .
North Wairoa	15 5 2	54 4 6	9 7 0	48 3 0	.. .. .	7 0 3
South Wairarapa	22 15 0	16 14 0	23 16 9	4 12 3	33 12 3	0 3 6
Taihape .. .. .	.. .. .	58 4 1	4 11 0	.. .. .	.. .. .	14 17 4
Patea .. .. .	.. .. .	(¹)65 19 9	(²)	.. .. .	27 5 1	(³)
Wairoa	8 0 0	(³)	(³)	(³)	(³)	(³)
Pahiatua	10 0 0	21 17 4	.. .. .	(⁴)30 11 3	(⁵)	.. .. .
Wakatipu	14 16 1	48 10 6	.. .. .	.. .. .	.. .. .	4 4 0
Naseby	8 0 0	71 4 8	.. .. .	.. .. .	.. .. .	17 15 11
Coromandel .. .. .	.. .. .	59 13 9	.. .. .	.. .. .	.. .. .	22 0 0
Arrowtown	1 10 0	63 1 3	.. .. .	.. .. .	.. .. .	10 2 7
Dunstan	24 8 0	28 7 11	.. .. .	.. .. .	.. .. .	9 4 5
Waipapu .. .. .	.. .. .	86 0 0	42 2 6	27 3 10	.. .. .	3 4 4
Tuapeka	10 0 0	37 14 4	3 3 3	.. .. .	.. .. .	14 8 7
Rawene .. .. .	.. .. .	.. .. .	11 8 11	.. .. .	.. .. .	11 12 11
Mangonui .. .. .	.. .. .	.. .. .	.. .. .	.. .. .	.. .. .	4 14 0
Akaroa	1 0 0	22 11 0	.. .. .	.. .. .	.. .. .	1 7 0
Taumarunui .. .. .	.. .. .	20 8 10	.. .. .	11 13 4	.. .. .	.. .. .
Denniston .. .. .	.. .. .	12 5 11	.. .. .	.. .. .	.. .. .	.. .. .
Cromwell	4 13 0	13 15 0	.. .. .	.. .. .	.. .. .	2 14 0
Havelock	2 0 0	.. .. .	9 7 0	.. .. .	.. .. .	2 19 1
Otira	3 18 8	(¹)31 2 6	(²)	.. .. .	.. .. .	6 9 6
Kaitangata .. .. .	.. .. .	6 15 0	2 1 6	.. .. .	.. .. .	4 14 6
Port Chalmers .. .. .	.. .. .	8 6 0	3 5 0	4 4 7	.. .. .	.. .. .
Lyttelton Casualty Ward .. .. .	.. .. .	17 11 6	0 15 0	3 14 0	.. .. .	1 2 0
<i>Hospitals which are also Old Men's Homes—</i>						
Grey River	71 18 0	128 6 10	.. .. .	269 0 3	.. .. .	4 11 10
Westland	208 13 0	(¹)196 11 3	(²)	113 11 2	.. .. .	.. .. .
Reefton .. .. .	.. .. .	83 6 9	28 10 0	.. .. .	90 2 11	1 10 7
Kumara	1 5 0	(¹)160 9 0	(²)	.. .. .	.. .. .	17 8 4
Ross	2 0 0	(¹)57 0 10	(²)	.. .. .	.. .. .	7 8 8
SPECIAL HOSPITALS.						
<i>Infectious-diseases Hospitals—</i>						
Christchurch .. .. .	.. .. .	66 7 10	.. .. .	.. .. .	.. .. .	13 8 7
Dunedin	10 2 0	28 13 6	3 0 0	.. .. .	13 9 7	.. .. .
Timaru	5 12 6	43 11 0	.. .. .	.. .. .	.. .. .	0 9 0
Invercargill	0 9 6	22 9 8	.. .. .	.. .. .	.. .. .	4 4 1
<i>Consumptive Sanatoria—</i>						
Christchurch	42 6 0	148 3 9	.. .. .	212 15 3	.. .. .	0 15 7
Otaki .. .. .	.. .. .	181 10 9	.. .. .	.. .. .	21 14 4	.. .. .
Palmerston South	24 0 6	119 3 2	6 5 2	.. .. .	204 19 10	4 11 4
<i>Maternity Home—</i>						
Dunedin Medical School .. .. .	.. .. .	49 10 0	7 5 0	60 1 2	.. .. .	5 0 0
SPECIAL INSTITUTIONS.						
Oamaru	6 1 9	87 3 11	1 4 0	43 7 2	.. .. .	2 17 0
Mercury Bay .. .. .	.. .. .	4 16 0	7 15 6	.. .. .	.. .. .	11 10 1

(1) Includes expenditure under "Wood." (2) Included in expenditure under "Coal." (3) No details supplied. (4) Includes expenditure under "Electric Light." (5) Included in expenditure under "Gas"

TABLE IVc.—SHOWING DETAILS OF ITEM "DOMESTIC AND ESTABLISHMENT" IN TABLE IV—
continued.

Hospitals controlled by Boards.	Total Fuel and Light.		Uniforms.		Repairs to Buildings.		Grounds.		Printing and Stationery.	
	£	s. d.	£	s. d.	£	s. d.	£	s. d.	£	s. d.
Wellington	2,133	9 0	..	..	1,087	17 1	694	19 6	211	8 5
Auckland	2,120	15 4	186	17 10	1,024	2 11	616	14 4	148	17 10
Christchurch	1,344	12 8	116	11 2	1,019	3 0	504	4 6	172	5 0
Dunedin	2,146	14 1	..	..	674	15 5	219	15 11	134	11 7
Waikato	578	2 7	..	..	189	4 4	197	2 8	..	..
Wanganui	587	13 5	40	2 2	32	11 9	229	12 3	14	16 5
Napier	814	7 1	72	17 0	243	4 6	208	3 9	34	17 3
Southland	551	5 1	..	..	46	3 3	71	5 6	29	19 4
Palmerston North	473	14 3	16	11 8	168	11 6	169	11 11	21	2 6
Nelson	382	14 8	31	4 1	159	0 6	113	7 10	34	13 2
Timaru	471	4 10	19	12 2	141	11 6	135	3 9	43	17 9
Gisborne	444	9 3	84	0 0	148	7 8	140	15 0	11	14 6
Thames	198	4 4	..	..	15	17 7	53	1 1	3	0 0
Waihi	505	5 6	19	17 6	98	16 2	163	2 9	12	2 5
New Plymouth	503	12 5	46	10 11	503	1 5	17	12 6	6	8 0
Dannevirke	287	7 0	25	2 6	70	12 5	29	10 2	4	0 0
Westport	177	9 4	14	16 10	266	7 2	15	0 4	9	9 11
Masterton	262	5 3	32	19 0	31	19 6	12	12 0	6	12 9
Waipawa	197	14 10	8	19 1	27	15 4	94	14 5	..	..
Wallace and Fiord	121	0 2	..	..	24	4 9	75	4 0	4	19 2
Wairau	191	17 0	48	6 8	35	5 3	91	16 3	14	9 0
Hawera	317	11 10	26	2 9	45	2 9	67	19 1	19	13 6
Ashburton	180	15 6	3	2 3	50	6 5	69	16 11	8	3 9
Whangarei	107	5 7	3	12 8	28	17 3	23	4 1	3	10 0
Gore	132	15 6	..	..	14	17 1	42	7 11	3	2 11
Stratford	126	6 1	10	12 11	17	17 8	88	17 9	4	16 2
Picton	103	10 11	5	10 0	206	19 3	127	16 6	..	..
Waimate	137	12 11	15	0 0	37	5 8	2	0 6	4	8 2
Otaki	48	15 5	..	..	53	19 11	65	11 0	2	18 5
North Wairoa	118	14 9	..	..	237	13 6	39	15 0	3	8 7
South Wairarapa	78	18 9	..	..	23	2 0	16	1 4	5	0 9
Taihape	77	12 5	9	19 4	9	15 0	1	16 0	3	19 9
Patea	93	4 10	..	..	84	3 3	72	10 0	9	16 8
Wairoa	117	16 2	..	..	16	5 4	33	14 2	1	4 10
Pahiatua	52	8 7	2	3 8	3	18 6	(1)	..	0	8 9
Wakatipu	52	14 6	..	..	7	0 5	13	6 0	0	8 3
Naseby	89	0 7	..	..	6	9 6	25	7 1	1	7 0
Coromandel	81	13 9	10	0 0	..	..	2	6 0	5	0 0
Arrowtown	73	3 10	..	..	3	12 3	8	7 6	2	13 2
Dunstan	37	12 4	..	..	64	2 5	26	3 9	0	1 4
Waiau	158	10 8	6	0 0	..	..	57	1 4	..	..
Tuapeka	55	6 2	..	..	91	3 0	72	10 1	0	12 0
Rawene	23	1 10	0	12 0	43	19 7	13	7 4	2	19 0
Mangonui	4	14 0	4	15 0	7	8 5	7	6 0	3	8 0
Akaroa	23	18 0	..	..	49	6 5	0	16 0	3	8 0
Taumarunui	32	2 2	..	..	2	8 6	..	..	..	..
Denniston	12	5 11	0	17 0	1	18 3	..	..	..	..
Cromwell	16	9 0	..	..	41	18 10	79	1 5	..	..
Havelock	12	6 1	..	..	..	..	3	8 0	..	..
Otira	37	12 0	..	..	..	..	..	..	1	13 0
Kaitangata	13	11 0	..	..	..	..	10	18 10	0	13 0
Port Chalmers	15	15 7	..	..	1	11 0	15	1 0	0	12 2
Lyttelton Casualty Ward	23	2 6	..	..	9	3 5	..	..	1	14 1
<i>Hospitals which are also Old Men's Homes—</i>										
Grey River	401	18 11	..	..	480	3 8	191	13 3	106	12 6
Westland	310	2 5	..	..	162	16 11	43	2 10	3	11 9
Reefton	203	10 3	..	..	22	9 3	23	7 0	..	..
Kumara	177	17 4	18	0 0	54	8 10	1	14 2	..	..
Ross	64	9 6	..	..	61	9 7	2	11 6	0	17 6
SPECIAL HOSPITALS.										
<i>Infectious-diseases Hospitals—</i>										
Christchurch	79	16 5	..	..	72	6 2	..	..	5	14 2
Dunedin	45	3 1	3	6 0	22	13 6	3	17 9	1	1 0
Timaru	44	0 0	..	..	17	6 8	6	6 4	..	..
Invercargill	26	13 9	..	..	..	..	51	15 11	0	13 0
<i>Consumptive Sanatoria—</i>										
Christchurch	361	14 7	..	..	211	17 7	174	4 6	11	3 9
Otaki	203	5 1	..	..	215	12 3	182	7 6	5	17 1
Palmerston South	334	19 6	..	..	38	10 1	393	18 4	6	5 1
<i>Maternity Home—</i>										
Dunedin Medical School	121	16 2	..	..	37	12 5	9	2 0	3	16 0
SPECIAL INSTITUTIONS.										
Oamaru	134	12 1	13	13 1	74	0 4	66	15 1	10	9 9
Mercury Bay	24	1 7	..	..	18	7 1	..	..	..	..

(1) Recoveries from grounds exceeded expenditure thereon by 7s. 8d., which amount is included in "Other Receipts" of the controlling Board.

TABLE IVc.—SHOWING DETAILS OF ITEM "DOMESTIC AND ESTABLISHMENT" IN TABLE IV—continued.

Hospitals controlled by Boards.	Insurance.	Annual Cleaning.	Burial Expenses.	Ambulance.	Sundries.	Total.
	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
Wellington	126 15 10		34 1 6	56 13 0	188 18 5	6,220 19 0
Auckland	67 2 8	8 5 0	53 5 6	253 2 9	179 14 1	7,840 16 7
Christchurch	90 17 10	9 15 4	69 11 6	14 9 7	403 16 8	5,390 4 10
Dunedin	41 10 11		14 0 0		193 13 10	5,070 2 6
Waikato	44 14 10		37 3 9		147 3 5	1,810 0 10
Wanganui	26 3 7		17 19 3		46 4 7	1,655 18 1
Napier	91 3 5	50 13 1			67 0 8	2,202 7 3
Southland	31 13 10				53 16 2	1,468 7 3
Palmerston North	102 4 8		12 4 0	40 3 6	17 19 3	1,350 7 2
Nelson	28 1 5				61 4 6	1,185 19 1
Timaru	39 8 8				33 15 7	1,295 1 5
Gisborne	51 7 9				51 15 2	1,213 16 1
Thames	29 8 8		3 6 0		5 18 2	599 8 1
Waihi	35 1 4	1 10 0	3 0 0		27 19 4	1,168 6 9
New Plymouth	30 14 10				11 8 6	1,510 7 6
Dannevirke	42 2 8		1 0 0	13 8 0	17 7 1	569 1 3
Westport	5 0 0		34 13 0		7 17 5	656 9 3
Masterton	25 7 6				10 19 3	517 1 5
Waipawa	47 10 3		6 0 11		1 15 0	522 19 8
Wallace and Fiord	16 5 6				5 4 5	364 13 5
Wairau	31 19 11		34 12 8		15 5 6	740 13 11
Hawera	29 19 7				39 3 1	772 11 6
Ashburton	12 18 4		11 5 0	1 4 6	27 12 10	559 7 11
Whangarei	21 14 4				57 6 6	404 3 6
Gore	7 8 2				20 3 6	323 9 6
Stratford	13 4 11		8 0 0		15 5 7	367 15 7
Picton	12 10 4				19 18 2	566 16 8
Waimate	12 16 0		2 19 6		22 5 0	398 2 2
Otaki	29 9 2			4 19 10	31 13 10	282 11 0
North Wairoa	13 5 0		11 2 6		37 0 8	627 19 9
South Wairarapa	8 16 3		3 0 0		20 12 1	246 8 1
Taihape	15 2 8		3 15 0		34 16 11	200 8 3
Patea	11 6 3				9 10 4	314 16 4
Wairoa	9 6 0				9 16 7	260 6 1
Pahiatua	16 6 8		6 10 0		2 18 9	182 3 11
Wakatipu					5 2 11	208 13 7
Naseby	6 14 8				7 10 6	173 12 5
Coromandel	7 5 6		11 5 0		14 11 0	242 13 8
Arrowtown					8 3 5	151 2 8
Dunstan	8 12 6		9 0 0		0 8 6	218 6 3
Waipatu	11 12 0				26 18 11	308 12 11
Tuapeka	5 17 3		3 10 0		65 3 1	328 16 6
Rawene	6 4 0				43 0 9	169 7 10
Mangonui	7 15 0				34 12 1	87 15 4
Akaroa	2 8 4		5 0 0		9 16 4	100 16 1
Taumarunui	8 3 4				6 2 1	123 15 10
Denniston	6 15 3				0 15 0	34 4 6
Cromwell	8 12 0				21 7 5	204 1 11
Havelock	4 2 8		3 17 0			37 15 1
Otira	7 8 10				7 0 0	238 9 11
Kaitangata	0 0 10				2 8 2	36 3 6
Port Chalmers	0 1 0				5 7 2	54 4 2
Lyttelton Casualty Ward	0 15 10				6 14 5	51 11 7
<i>Hospitals which are also Old Men's Homes—</i>						
Grey River	17 7 10				29 12 8	1,640 12 11
Westland	44 12 5		20 0 0		9 6 0	958 12 1
Reefton	14 2 7		59 5 0		27 7 0	577 0 7
Kumara	11 11 0		5 0 0			396 6 4
Ross	8 2 6		17 5 6		9 18 0	243 7 2
SPECIAL HOSPITALS.						
<i>Infectious-diseases Hospitals—</i>						
Christchurch	6 19 8			152 4 3	90 1 9	563 13 3
Dunedin	5 8 10			31 5 0	9 4 1	163 12 7
Timaru	4 6 8			47 13 6	13 2 0	170 6 8
Invercargill	5 1 10				9 14 0	110 16 7
<i>Consumptive Sanatoria—</i>						
Christchurch	32 10 5				63 8 1	1,044 11 0
Otaki	15 8 3				119 2 8	839 2 5
Palmerston South	1 19 1			0 15 0	181 15 6	1,318 3 10
<i>Maternity Home—</i>						
Dunedin Medical School	5 1 1				3 6 4	317 19 10
SPECIAL INSTITUTIONS.						
Oamaru	8 5 2		12 14 6		5 3 8	478 16 5
Mercury Bay	6 7 11					128 13 0

TABLE IV D.—SHOWING DETAILS OF "SALARIES AND WAGES" EXPENDITURE IN TABLE IV.

Hospitals controlled by Boards.	Average Number of Occupied Beds per Diem.	Medical.		Dispensers.		Nursing.		Engineers, Porters, &c.		Domestic Staff.		Totals.	
		£	s. d.	£	s. d.	£	s. d.	£	s. d.	£	s. d.	£	s. d.
Wellington	258	1,350	0 0	265	0 0	3,672	0 0	350	0 0	3,477	5 0	9,114	5 0
Auckland	255	973	16 4	139	7 2	3,844	5 5	1,546	17 11	1,647	0 8	8,151	7 6
Christchurch	160	834	4 3	173	19 11	2,314	4 5	1,628	5 2	2,109	3 9	7,059	17 6
Dunedin	146	1,336	12 1	164	11 3	2,452	18 7	1,280	8 10	1,099	2 0	6,333	12 9
Waikato	80	951	13 0	..	..	1,157	6 7	234	0 0	492	0 0	2,834	19 7
Wanganui	78	368	8 0	..	..	932	13 4	119	4 8	509	9 4	1,929	15 4
Napier	73	482	14 0	..	..	1,068	19 5	225	4 11	934	11 9	2,711	10 1
Southland	52	439	12 0	195	3 6	829	17 4	134	7 8	468	19 10	2,068	0 4
Palmerston North	48	280	5 0	..	..	879	5 6	56	5 0	314	1 11	1,529	17 5
Nelson	46	585	8 6	100	0 0	596	2 5	486	0 8	(1)	..	1,767	11 7
Timaru	44	317	13 2	..	..	646	12 2	202	11 8	525	15 4	1,692	12 4
Gisborne	44	585	1 6	..	..	985	9 9	134	0 0	295	8 2	1,999	19 5
Thames	44	505	18 0	..	..	566	2 3	73	0 0	143	12 4	1,288	12 7
Waihi	42	556	0 8	..	..	715	10 10	75	0 0	316	0 0	1,662	11 6
New Plymouth	36	467	1 0	96	0 0	754	1 8	153	4 0	194	3 11	1,664	10 7
Dannevirke	25	217	10 0	..	..	402	9 2	..	..	391	6 5	1,011	5 7
Westport	21	590	8 0	..	..	420	15 9	..	..	358	1 6	1,369	5 3
Masterton	20	225	0 0	..	..	544	0 2	..	..	330	19 9	1,099	19 11
Waipawa	19	250	0 0	..	..	455	15 10	125	12 2	271	1 2	1,102	9 2
Wallace and Fiord	17.4	363	0 0	..	..	398	11 6	15	0 0	162	2 0	938	13 6
Wairau	17.0	340	19 0	..	..	373	14 6	..	..	321	6 2	1,035	19 8
Hawera	16.7	297	5 8	..	..	446	3 4	..	..	312	19 0	1,056	8 0
Ashburton	16.0	257	18 4	..	..	282	4 1	89	6 1	177	0 3	806	8 9
Whangarei	14.3	503	6 0	..	..	386	14 11	55	19 9	107	15 0	1,053	15 8
Gore	12.0	271	2 0	..	..	286	0 5	65	1 0	121	7 11	743	11 4
Stratford	10.6	376	12 0	..	..	250	0 7	..	..	180	2 11	806	15 6
Picton	10.3	245	0 0	..	..	208	10 0	..	..	112	0 0	565	10 0
Waimate	9.3	207	7 0	..	..	202	0 2	94	3 4	91	9 0	594	19 6
Otaki	8.9	152	3 2	..	..	295	0 0	100	0 0	153	7 9	700	10 11
North Wairoa	8.9	300	0 0	..	..	247	11 10	65	13 4	101	0 4	714	5 6
South Wairarapa	8.1	111	11 0	..	..	309	8 10	120	0 0	78	13 0	619	12 10
Taihape	7.7	131	12 8	..	..	178	15 1	61	8 10	90	18 0	462	14 7
Patea	7.7	154	12 0	..	..	234	19 0	62	0 0	118	17 2	570	8 2
Wairoa	7.1	200	0 0	..	..	198	6 0	..	..	94	5 4	492	11 4
Pahiatua	6.8	144	12 6	..	..	251	18 6	74	0 0	82	15 9	553	6 9
Wakatipu	6.6	200	0 0	..	..	87	5 0	70	0 0	54	2 6	411	7 6
Naseby	6.3	344	2 0	..	..	170	6 6	77	11 3	84	4 0	676	3 9
Coromandel	5.8	389	13 4	..	..	252	12 11	78	0 0	39	0 0	759	6 3
Arrowtown	5.6	224	0 0	..	..	107	0 4	67	6 0	59	13 4	457	19 8
Dunstan	5.5	250	0 0	..	..	125	5 8	30	12 6	57	0 0	462	18 2
Waipatu	4.3	279	3 10	..	..	174	13 4	..	..	105	15 0	559	12 2
Tuapeka	4.1	200	0 0	..	..	45	0 0	10	16 8	60	13 4	316	10 0
Rawene	3.3	179	10 0	..	..	130	10 7	60	10 0	37	17 0	408	7 7
Mangonui	3.3	111	0 0	..	..	153	19 2	66	0 0	45	10 3	376	9 5
Akaroa	3.0	60	10 0	..	..	176	2 8	..	..	25	15 0	262	7 8
Taumarunui	2.6	100	0 0	..	..	110	0 0	78	0 0	41	10 10	329	10 10
Denniston	2.6	200	0 0	..	..	124	5 4	..	..	89	16 1	414	1 5
Cromwell	2.2	250	0 0	..	..	96	10 0	..	..	72	17 9	419	7 9
Havelock	1.1	60	0 0	..	..	70	4 0	..	..	26	7 1	156	11 1
Otira	0.8	433	6 8	..	..	75	3 8	..	..	68	15 8	577	6 0
Kaitangata	0.5	..	..	..	..	86	7 9	..	..	1	5 0	87	12 9
Port Chalmers	0.14	..	..	..	..	84	13 4	..	..	..	..	84	13 4
Lyttelton Casualty Ward	0.21	38	3 0	..	..	42	7 10	..	..	12	0 0	92	10 10
<i>Hospitals which are also Old Men's Homes—</i>													
Grey River	57	489	0 0	..	..	603	1 1	218	6 8	476	4 0	1,786	11 9
Westland	38	326	5 4	..	..	291	17 8	106	0 0	169	12 4	893	15 4
Reefton	28	316	10 6	..	..	299	19 10	108	0 0	238	8 6	962	18 10
Kumara	21	318	16 0	..	..	174	15 4	26	0 0	158	17 6	678	8 10
Ross	8.5	275	4 0	..	..	77	0 0	..	..	51	15 0	403	19 0
SPECIAL HOSPITALS.													
<i>Infectious-diseases Hospitals—</i>													
Christchurch	26	54	2 4	..	..	218	14 1	88	3 11	136	15 10	497	16 2
Dunedin	8.7	50	0 0	..	..	134	19 0	..	..	72	2 5	257	1 5
Timaru	5.5	..	..	..	..	58	10 0	..	..	79	19 4	138	9 4
Invercargill	1.5	40	0 0	..	..	51	3 4	..	..	65	0 0	156	3 4
<i>Consumptive Sanatoria—</i>													
Christchurch	31	435	14 0	..	..	259	16 6	104	0 8	306	9 9	1,106	0 11
Otaki	20	158	12 6	..	..	360	0 0	309	0 0	138	5 2	965	17 8
Palmerston South	16	172	19 4	..	..	232	19 11	72	2 8	97	5 3	575	7 2
<i>Maternity Home—</i>													
Dunedin Medical School	8.2	46	18 2	..	..	135	0 0	..	..	52	15 3	234	13 5
SPECIAL INSTITUTIONS.													
Oamaru	14.7	178	8 0	..	..	287	14 1	32	15 9	171	6 7	670	4 5
Mercury Bay	5.7	410	10 0	..	..	151	11 0	25	0 0	112	16 4	699	17 4

(1) Included under "Engineers, Porters, &c."

TABLE IV E.—SHOWING DETAILS OF ITEM "ADMINISTRATION" IN TABLE IV.

Hospitals controlled by Boards.		Average No. of Officers per Diem	Board's Travelling-expenses.	Salary of Secretary and Assistants.	Office Printing and Stationery.	Postage, Telegrams, and Telephone.	Office-rent.	Advertising.	Sundries.	Total.							
£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.						
Wellington	..	258	34	3	5	876	6	11	56	16	2	23	10	8	1,195	2	5
Auckland	..	255	4	14	6	559	16	8	129	2	10	112	4	0	1,071	2	5
Christchurch	..	160	132	4	1	541	9	9	63	2	10	29	8	10	880	7	5
Dunedin	..	146	..	..	..	335	7	8	37	10	7	27	7	2	1,195	8	0
Wakato	..	80	145	8	7	225	0	0	..	..	..	11	2	6	(2)504	2	4
Wanganui	..	78	45	3	7	267	9	5	21	15	10	16	7	3	454	9	0
Napier	..	73	2	13	6	162	11	10	46	0	9	41	0	10	323	13	0
Southland	..	52	39	10	0	119	9	4	(3)31	16	0	10	19	0	239	19	4
Palmerston North	..	48	48	14	5	157	0	0	23	7	1	..	..	..	312	12	6
Nelson	..	46	64	16	6	75	0	0	(3)9	6	10	..	..	..	172	1	4
Timaru	..	44	17	0	0	114	0	0	9	0	0	..	..	..	190	0	0
Gisborne	..	44	..	..	..	131	5	0	16	17	4	34	0	0	6	0	0
Thames	..	44	37	10	0	175	0	0	..	..	..	..	..	..	129	7	8
Waikato	..	42	..	..	..	156	0	0	2	18	11	..	..	..	0	10	0
New Plymouth	..	36	45	5	0	213	6	0	16	6	10	..	..	..	12	2	10
Dannevirke	..	25	..	..	..	62	0	0	17	6	8	21	0	0	40	15	0
Westport	..	21	8	0	0	50	0	0	7	3	3	..	..	..	8	19	6
Masterton	..	20	5	3	5	58	11	0	1	15	0	..	..	..	3	12	0
Waipawa	..	19	54	3	0	75	0	0	7	4	2	..	..	..	5	1	0
Wallace and Fiord	..	17.4	32	3	0	25	10	0	6	3	3	..	..	..	3	10	7
Wairau	..	17.0	..	..	..	75	0	0	8	1	3	6	10	0	15	8	6
Hawera	..	16.7	75	11	0	125	0	0	..	..	..	..	..	..	7	6	2
Ashburton	..	16.0	37	18	11	75	0	0	4	2	0	25	0	0	18	18	1
Whangarei	..	14.3	34	16	9	75	0	0	12	3	9	12	10	0	176	11	3
Gore	..	12.0	11	17	0	35	17	6	9	1	3	6	15	1	4	0	0
Stratford	..	10.6	39	2	6	90	0	0	(3)9	10	0	..	..	..	14	19	10
Pieton	..	10.3	10	1	10	51	6	8	6	0	6	10	5	0	15	1	8
Waimate	..	9.3	..	..	..	51	6	8	..	..	..	..	..	..	134	16	0
Otaki	..	8.9	3	17	0	54	0	0	..	..	..	..	..	..	48	0	6
North Wairoa	..	8.9	34	16	9	45	0	0	6	6	0	7	10	0	0	14	0
South Wairarapa	..	8.1	4	2	0	51	0	0	9	1	3	3	13	4	8	19	6
Tahape	..	7.7	7	10	2	46	0	0	0	13	9	8	7	0	5	10	10
Patea	..	7.7	..	..	..	70	0	0	3	10	0	8	6	0	5	8	0
Wairoa	..	7.1	0	17	10	76	4	2	1	11	6	10	4	4	8	18	10
Pahiatua	..	6.8	6	16	8	52	0	0	3	15	5	5	12	6	6	17	6
Wakatipu	..	6.6	9	18	0	29	18	6	(3)7	15	0	3	0	0	6	6	8
Naseby	..	6.3	..	..	..	25	0	0	..	..	..	..	..	..	6	0	0
Coromandel	..	5.8	15	6	0	52	10	0	0	9	6	4	1	6	10	9	6
Arrowtown	..	5.6	9	18	0	29	18	6	5	0	4	..	..	..	4	7	4
Dunstan	..	5.5	..	..	..	32	1	8	(3)7	15	0	..	..	..	7	0	0
Waipatu	..	4.3	..	..	..	58	6	8	3	0	6	11	14	0	19	1	8
Tuapeka	..	4.1	..	..	..	20	0	0	0	17	0	2	10	0	5	8	11
	66	3	0

(1) Includes "Office Printing and Stationery," expenditure on "Office Printing," &c. (2) The sum of £40 has been deducted from "Total Administration" for other office expenses. (3) Includes expenditure on "Advertising." (4) Included in

TABLE IV.—SHOWING DETAILS OF ITEM "ADMINISTRATION" IN TABLE IV—continued.

Hospitals controlled by Boards.	Average No. of Occupied Beds per Day	Board's Travelling-expenses.	Salary of Secretary and Assistants.	Office Printing and Stationery.	Postage, Telegrams, and Telephone.	Office-rent.	Advertising.	Sundries.	Total.
		£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
Rawene	3.3	28 2 6	18 15 0	3 16 0	2 10 0	.. .. .	5 11 10	2 1 5	60 16 9
Mangonui	3.3	24 2 3	16 1 5	3 5 2	2 2 0	.. .. .	4 16 0	1 15 2	52 2 9
Akaroa	3	3 5 2	13 6 5	1 11 2	0 14 6	.. .. .	0 3 1	2 12 11	21 13 3
Taumarunui	2.6	9 17 9	.. .. .	.. .. .	9 0 0	11 0 0	.. .. .	0 10 6	33 17 9
Dunedin	2.6	.. .. .	43 3 8	5 0 10	1 5 0	.. .. .	15 1 6	.. .. .	61 0 0
Gromwell	2.2	.. .. .	30 0 0	0 10 0	7 10 0	.. .. .	0 10 0	2 4 0	53 1 6
Havelock	1.1	.. .. .	12 0 0	.. .. .	2 11 6	.. .. .	5 5 6	.. .. .	17 5 6
Otira	0.8	37 5 0	26 10 0	8 6 6	1 15 0	.. .. .	.. .. .	43 4 10	79 2 0
Kaitangata	0.5	.. .. .	.. .. .	.. .. .	4 11 5	.. .. .	.. .. .	28 14 4	47 16 3
Port Chalmers	0.14	.. .. .	.. .. .	.. .. .	2 4 2	.. .. .	.. .. .	1 0 4	30 18 6
Lytelton Casualty Ward	0.21	1 5 5	5 4 5	0 16 8	0 5 7	.. .. .	0 1 0	.. .. .	8 13 5
<i>Hospitals which are also Old Men's Homes—</i>									
Grey River	57	(¹) 23 12 3	(¹) 101 2 0	(¹) 8 10 6	(¹) 8 18 4	(¹)	(¹) 15 0 7	(¹) 32 6 0	201 0 0
Westland	38	14 12 0	37 10 0	1 17 10	6 18 3	.. .. .	25 3 0	49 15 11	189 9 8
Reefton	28	17 18 0	25 0 0	3 17 9	5 10 0	2 10 0	19 19 0	.. .. .	135 17 0
Kumara	21	41 5 0	15 0 0	19 12 6	8 0 0	.. .. .	15 18 0	.. .. .	74 14 9
Ross	8.5	.. .. .	.. .. .	.. .. .	.. .. .	.. .. .	.. .. .	.. .. .	99 15 6
<i>SPECIAL HOSPITALS.</i>									
<i>Infectious-diseases Hospitals—</i>									
Christchurch	26	10 12 1	43 9 3	5 1 4	2 7 2	.. .. .	0 10 2	8 12 11	70 12 11
Dunedin	8.7	4 10 0	29 0 0	1 10 0	3 13 0	9 0 0	0 19 0	32 4 0	56 16 0
Timaru	5.5	5 18 0	17 17 6	4 10 0	2 10 0	.. .. .	0 10 0	1 0 0	48 0 0
Invercargill	1.5	.. .. .	.. .. .	.. .. .	1 12 0	.. .. .	.. .. .	3 12 0	33 9 6
<i>Consumptive Sanatoria—</i>									
Christchurch	31	27 9 9	112 10 9	13 2 4	6 2 3	.. .. .	1 6 4	22 8 3	182 19 8
Otaki	20	7 14 0	108 0 0	12 12 0	9 1 4	15 0 0	.. .. .	2 16 0	155 3 4
Palmerston South	16	66 3 0	.. .. .	.. .. .	15 11 11	.. .. .	10 4 6	217 9 2	309 8 7
<i>Maternity Home—</i>									
Dunedin Medical School	8.2	.. .. .	.. .. .	.. .. .	3 0 0	.. .. .	0 6 6	44 0 9	47 7 3
<i>SEPARATE INSTITUTIONS.</i>									
Oamaru	14.7	1 10 0	(²) 80 0 0	8 7 9	5 19 8	(³)	10 5 3	7 6 5	113 9 1
Mercury Bay	5.7	6 0 0	30 0 0	1 5 4	1 8 8	.. .. .	.. .. .	15 1 6	53 15 6

1) No details supplied (2) Includes expenditure on "Office-rent." (3) Included in expenditure on "Salaries" (office).

TABLE V.—STATISTICS OF GOVERNMENT HOSPITALS.

Government Institutions.	Staff.										Number of Beds.				Average Number of Occupied Beds per Diem.			Number of Patients under Treatment during Year.			Deaths.	Individual Average Days Stay.	Average Cost of Maintenance and Administration per Occupied Bed after deducting Patients' Payments.	Weekly Maintenance Charge.	Out-Patients.	
	Medical.		Nursing.		Domestic.		Wardmen, Porters, and Gardeners.	Total.	For Males.	For Females.	Children's Cots.	Isolation.	Total.	Average Number of Occupied Beds per Diem for each of the Nursing Staff.	Males.	Females.	Total.	Average Cost of Maintenance and Administration per Occupied Bed.	Number of Patients.	Number of Attendances.						
	Honorary.	Resident.	Non-resident.	Trained Nurses.		Probationers.																			Cooks, Wardmaids, Housemaids, and Landresses.	Total.
				Stipendiary.	Resident.	Non-resident.	Trained Nurses.	Probationers.	Cooks, Wardmaids, Housemaids, and Landresses.	Wardmen, Porters, and Gardeners.																
<i>Maternity Homes—</i>																										
St. Helens, Christchurch	8	11	3	..	18	10.4	0.7	..	271	0.7	..	271	..	271	14	48.4	..	96					
" Auckland	2	12	5	1	14	10.0	0.7	..	263	0.7	..	263	..	263	14	41.5	..	235					
" Dunedin	3	9	3	..	16	8.8	0.7	..	213	0.7	..	213	..	213	15	68.6	..	57					
" Wellington	3	9	3	..	14*	8.	0.7	..	186	0.7	..	186	..	186	16	103.5	..	82					
Totals	4	41	14	1	62	87.2	0.7	..	933	0.7	..	933	..	933	2	63.5	..	470					
<i>Consumptive Sanatorium—</i>																										
Cambridge	..	1	..	5	4	6	11	56	24	2.6	..	123	2.6	76	47	123	72	134.7				

* New hospital opened during the year contains thirty beds.

TABLE VI.—SHOWING EXPENDITURE OF HOSPITALS CONTROLLED BY GOVERNMENT.

Government Institutions.	Provisions.		Surgery and Dispensary.		Domestic and Establishment.		Salaries and Wages.		Total Maintenance.		Administration.		Maintenance and Administration.		Capital Expenditure.	Other Expenditure.	Total.
	Total Cost.	Cost per Occupied Bed.	Total Cost.	Cost per Occupied Bed.	Total Cost.	Cost per Occupied Bed.	Total Cost.	Cost per Occupied Bed.	Total Cost.	Cost per Occupied Bed.	Total Cost.	Cost per Occupied Bed.	Total Cost.	Cost per Occupied Bed.			
	£ 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.			
<i>Maternity Homes—</i>																	
St. Helens, Christchurch	418 14 0	46.3	328 17 8	31.6	358 17 8	31.6	497 8 5	44.9	1,231 0 5	123.1	75 0 0	7.2	1,356 0 5	130.3	565 0 0	..	1,921 0 5
" Auckland	427 2 0	42.7	251 18 1	23.2	251 18 1	23.2	536 4 2	53.6	1,276 16 0	127.7	75 0 0	7.5	1,351 16 0	135.2	167 0 0	..	1,518 16 0
" Dunedin	371 17 6	42.2	278 14 3	31.7	278 14 3	31.7	386 2 0	38.6	1,267 8 11	126.8	75 0 0	8.5	1,342 8 11	132.5	2 0 0	..	1,544 8 11
" Wellington	433 1 10	54.1	294 2 8	36.7	294 2 8	36.7	545 5 9	68.3	1,341 0 7	134.1	75 0 0	9.4	1,416 0 7	141.6	251 0 0	..	1,667 0 7
Totals and averages	1,650 15 4	44.6	1,133 12 8	30.6	1,133 12 8	30.6	2,135 0 4	57.7	5,166 5 11	516.7	300 0 8	..	5,466 5 11	..	11,702 0 0	251 0 0	17,419 5 11
<i>Sanatorium for Consumptives—</i>																	
Cambridge	1,493 4 8	63.2	1,238 5 5	52.8	1,238 5 5	52.8	1,540 14 3	64.2	4,433 15 10	443.4	236 19 0	9.9	4,670 14 10	194.6	..	..	4,670 14 10
Totals	3,144 0 0	..	2,401 18 1	..	2,401 18 1	..	3,675 14.7	..	9,600 1 9	..	536 19 0	..	10,137 0 9	..	11,702 0 0	251 0 0	22,090 0 9

TABLE VII.—PRICES PAID FOR SOME OF THE PRINCIPAL ARTICLES CONSUMED IN VARIOUS HOSPITALS DURING THE YEAR 1911-12.

Hospitals controlled by Boards.	Meat.			Fish. Per lb.	Fowls. —	Butter. Per lb.	Milk. Per Gallon.
	Fresh Beef Per lb.	Corned Beef. Per lb.	Mutton. Per lb.				
Wellington	5d.	3½d.	4d.	3d. and 6d.	2s. 9d. pair	10½d. and 12½d.	9d.
Auckland	3½d.	3½d.	3½d.	2½d. and 3½d.	9½d. per lb.	1s.	9½d.
Christchurch	4½d.	3½d.	2½d.	1½d.	4s. 9d. pair	11½d.	8d.
Dunedin	3½d.	5d.	3d.	7d.	3s. 9d. pair	1s. 1d. to 1s. 2d.	8d.
Waikato	4d.	4d.	4d.	3½d. to 7d.	4s. 10d. pair	1s.	9d.
Wanganui	3½d.	3½d.	3½d.	3d.	5s. pair	1s. 0½d.	9d.
Napier	2½d.	2d.	2½d.	1½d. to 3½d.	4s. 6d. pair	1s.	8d.
Southland	3½d.	3½d.	2½d. and 3½d.	3d. to 8d.	2s. 3d. pair	Current rates, less 15 per cent.	8½d.
Palmerston North	4½d.	4½d.	4½d.	3d.	4s. 6d. pair	1s. 0½d.	1s.
Nelson	3d.	3d.	3d.	1½d. to 6d.	3s. pair	10d. to 1s. 0½d.	1s.
Timaru	4d. to 4½d.	4½d.	3d.	20 per cent. off retail prices	5s. pair	1s. 0½d.	11d.
Gisborne	3d.	3d.	3d.	3s. 6d. bundle	3s. 4d. pair	1s. 2d.	10½d.
Waihi	5d.	4d.	2½d. to 4½d.	4d.	..	1s. 1d.	1s. 2d.
Thames	5d.	4d.	4d.	3d.	3s. 4d. pair	1s. 0½d.	9½d.
New Plymouth	3½d.	3½d.	3½d.	Market prices	2s. 3d. pair	11½d.	Own supply
Dannevirke	4½d.	4½d.	4½d.	..	Own supply	Market prices	Own supply
Westport	3½d.	3½d.	3½d.	..	7s. pair	1s.	1s. 8d.
Masterton	3½d.	3½d.	3½d.	..	..	10d. and 11d.	9d.
Waipawa	3½d.	2½d.	2½d.	..	..	1d. below market prices	Own supply
Wallace and Fiord	5d.	5d.	5½d.	1s. bundle	Own supply	1s.	10d.
Wairau	4d.	4d.	4d.	1s. bundle	4s. pair	8d. and 1s.	10d.
Hawera	3d. to 6d.	3d.	3d. to 4d.	..	..	1s.	10d.
Ashburton	5½d.	5½d.	..	Market prices	..	1s. 2d.	1s.
Whangarei	5d.	5d.	5d.	3d.	5s. pair	1s.	1s.
Gore	5d.	3½d.	3d., 4d., & 5d.	4d.	..	10d. and 1s. 3d.	10d. and 1s.
Stratford	4½d.	..	4½d.	..	..	1s. 0½d.	9½d.
Picton	5d.	5d.	4d.	..	..	1s. 2½d.	1s.
Waimate	5d.	5d.	5d.	4d.	3s. pair	10d.	..
Otaki	5d.	4½d.	5d.	3d. and 6d.	..	1s. 1d.	..
North Wairoa	4d.	4d.	4d.	4d.	4s. pair	1s.	1s. 3d.
South Wairarapa	4½d.	4½d.	4½d.	..	..	1s. 0½d.	9d.
Patea	4d.	..	4½d.	..	..	1s.	8d.
Wairoa	4½d.	4d.	4½d.	..	3s. pair	1s.	1s. 4d.
Pahiatua	4½d.	4½d.	4½d.	Retail prices	Retail prices	1s.	Own supply
Wakatipu	6d.	5d.	4½d. and 5d.	9d.	..	10d. and 1s. 2½d	2s.
Naseby	6d.	6d.	5d.	..	..	1s. 4d.	1s. 2d.
Coromandel	6d.	5d.	5½d.	..	5s. pair	1s. 3d.	1s. 2d.
Arrowtown	7d.	6d.	5d. and 6d.	..	..	1s. and 1s. 4d.	2s.
Dunstan	5½d.	5½d.	4½d.	..	..	11½d.	1s. 8d.
Waipapu	4½d.	3d.	3½d.	..	Own supply	1s. 1d.	Own supply
Tuapeka	6½d.	6d.	4d.	9d. and 10d.	..	8d. to 1s. 1d.	9d.
Rawene	4d.	4d.	5d.	1s. bundle	..	1s. 2d.	1s.
Mangonui	4d.	4d.	5d.	1s. bundle	..	1s. 1d. to 1s. 3d.	1s. 4d.
Akaroa	5d.	4d.	4½d.	..	..	1s. 1d.	1s.
Taumarunui	4½d.	4½d.	5d.	..	5s. pair	1s. 2d.	1s. 6d.
Denniston	5½d.	4½d.	5½d.	..	3s. 6d. pair	1s. 0½d.	1s. 8d.
Cromwell	5d. and 6d.	5d.	4d. and 5d.	7d.	..	1s. 4d.	..
Havelock	4½d.	4½d.	4½d.	..	..	1s.	1s.
Otira	5d.	5d.	5d.	..	..	1s. 2d.	2s.
Kaitangata	5d.	6d.	4d.	..	..	1s. to 1s. 2d.	8d.
Port Chalmers	4d.	5d.	3½d.	9d.	..	1s. 1d.	8d.
Grey River	4d.	3½d.	4½d.	..	4s. 9d. pair	1s.	1s.
Westland	3½d.	2½d.	3½d.	1s. 6d. dozen	4s. 6d. pair	11d.	9d.
Reefton	4½d.	4½d.	5d.	..	..	1s.	1s. 2d.
Kumara	3½d.	3½d.	3½d.	..	3s. pair	1s. 4d.	1s. 6d.
Ross	6d.	5d.	6d.	..	..	1s. 0½d.	1s. 1d.
SPECIAL HOSPITALS.							
<i>Infectious-diseases Hospitals—</i>							
Christchurch	4½d.	3½d.	2½d.	1½d. (ling)	4s. 9d. pair	11½d.	10d.
Dunedin	3d.	5d.	3d.	7d.	3s. 9d. pair	1s. 1d. to 1s. 2d.	8d.
Timaru	4d. to 4½d.	4½d.	3d.	20 per cent. off retail prices	5s. pair	1s. 0½d.	11d.
Invercargill	3½d.	3½d.	2½d. and 3½d.	3d.	..	Current rates, less 15 per cent.	10d. and 1s.
<i>Consumptive Sanatoria—</i>							
Christchurch	4½d.	3½d.	2½d.	1½d. (ling)	4s. 9d. pair	11½d.	10d.
Otaki	5d.	4½d.	5d.	3d. and 6d.	..	1s. 1d.	..
Palmerston South	6d.	6d.	3½d.	9d.	..	1s. 1d. to 1s. 2d.	9d.
<i>Maternity Home—</i>							
Dunedin Medical School	3½d.	5½d.	3½d.	8d.	..	1s. 1d. to 1s. 2d.	8d.
SEPARATE INSTITUTIONS.							
Oamaru	5d.	5d.	4½d.	3d.	..	1s. 1d.	1s.
Mercury Bay	4d.	4d.	4d.	1d.	4s. pair	1s. 2d.	2s.

TABLE VII.—PRICES PAID FOR SOME OF THE PRINCIPAL ARTICLES CONSUMED IN VARIOUS HOSPITALS DURING THE YEAR 1911-12—continued.

Hospitals controlled by Boards.	Eggs. Per Dozen.	Bread. Per 4 lb. Loaf.	Flour. Per 100lb.	Sugar. Per Cwt.	Oatmeal. Per 100lb.	Tea. Per lb.	Rice. Per Cwt.
Wellington	1s. 4d., 1s. 6d.	Made on pre- mises	8s. 6d.	17s. 9d.	12s.	11d.	14s.
Auckland	1s. 1½d.	4½d.	10s. 10d. to 11s. 3d.	16s. to 16s. 4½d.	13s. 9d.	11½d. to 1s. 1d.	16s. 4d.
Christchurch	1s. 1½d.	4½d.	9s.	16s. 3d.	12s. 9d.	1s. 3d.	14s.
Dunedin	10d. to 1s. 10d.	4½d.	9s.	19s. 3d.	13s. 2d.	10d.	15s. 6d.
Waikato	1s. 4d.	7½d.	10s. 6d.	£1 0s. 10d.	11s. 8d.	1s. 3d.	17s.
Wanganui	1s. 2d.	5½d.	10s.	18s. 6d.	12s.	1s.	18s. 8d.
Napier	1s. 6d.	4½d.	9s. 6d.	17s.	16s.	1s. 4d.	17s.
Southland	Current rates (less 15 p.c.)	4½d.	8s. 9d.	18s. 3d.	13s.	1s. 6d.	14s.
Palmerston North	1s. 0½d.	5½d.	11s. 6d.	19s.	14s.	1s. 4d.	18s.
Nelson	1s. 4d.	5½d.	9s.	14s.	12s. 6d.	1s. 4½d. to 1s. 6d.	16s. 4d.
Timaru	1s.	5½d.	9s.	19s. 6d.	15s.	1s. 2d.	16s. 4d.
Gisborne .. ..	..	6d.	10s. 9d.	19s. 6d.	14s. 7d.	1s. 3½d.	18s. 8d.
Waihi	1s.	6d.	11s. 6d.	16s.	15s.	1s. 4d.	16s.
Thames	1s.	5½d.	5s. 5d.	18s. 9d.	14s. 8½.	1s. 2d.	16s. 4d.
New Plymouth	1s. 2d.	5½d.	9s. 6d.	16s. 6d.	13s.	1s.	14s.
Dannevirke	Own supply	5½d.	10s. 6d.	£1	16s.	2s.	15s. 10d.
Westport	2s.	7d.	10s. 6d.	19s. 6d.	13s.	1s.	18s. 8d.
Masterton	11d.	4d.	12s. 6d.	£1 1s.	12s.	..	£1 3s. 4d
Waipawa	Own supply	6d. (less 2½ p.c.)	11s. 6d.	17s. 6d.	14s.	1s. 4½d.	9s. 6d.
Wallace and Fiord	Own supply	6½d.	5s. 9d.	18s. 8d.	12s.	1s. 6d.	14s.
Wairau	9d.	5d.	10s.	18s. 8d.	13s.	1s. 6d.	18s. 8d.
Hawera .. ..	..	5½d.	12s. 6d.	17s. 6d.	16s.	1s. 8d.	18s. 8d.
Ashburton	Own supply	4½d.	8s. 9d.	£1	14s.	1s. 2d.	..
Whangarei	9d.	5d.	8s.	15s. 9d.	13s.	1s. 3d.	13s.
Gore	11d.	6d. (less 2½ p.c.)	10s. 6d.	£1 1s. 6d.	13. 6d.	1s. 3d.	16s. 4d.
Stratford	1s. 6d.	6½d.	10s. 3d.	17s. 2d.	12s. 6d.	1s. 6d.	14s. 6d.
Pictou .. ..	..	5½d.	10s. 6d.	£1 1s. 6d.	15s.	1s. 6d.	..
Waimate .. ..	..	6½d.	9s. 6d.	16s. 6d.	12s.	1s. 2d.	16s. 4d.
Otaki	1s. 6d.	5d.	12s. 6d.	18s.	16s.	11d.	14s. 6d.
North Wairoa	11d.	7d.	9s. 6d.	15s. 9d.	12s. 8d.	1s. 2d.	15s.
South Wairarapa	1s.	6d. (less 5 p.c.)	13s.	19s.	12s.	1s. 10d.	£1 3s. 4d.
Patea	10d. to 1s. 6d.	6d.	11s.	9s. to 9s. 3d.	13s.	1s. 9d.	9s. 4d.
Wairoa	Own supply	6½d.	11s. 6d.	18s. 9d.	15s.	1s. 8d.	17s.
Pahiatua	Own supply	6d.	11s.	18s. 8d.	14s.	1s. 1d.	18s. 8d.
Wakatipu	1s. 1d.	6d.	9s. 6d.	£1 2s.	13s.	1s. 6d.	18s. 8d.
Naseby	11d.	7½d.	11s. 6d.	£1 0s. 6d.	16s.	1s. 6d.	18s.
Coromandel	1s. 3d.	7d.	12s.	18s. 6d.	13s. 6d.	1s. 6d.	14s. 6d.
Arrowtown	1s. to 1s. 2d.	8d.	10s. 6d.	£1 2s. 6d.	12s. 6d.	1s. 6d.	18s. 8d.
Dunstan	1s. 3d.	8d.	8s. 8d.	£1 8s. 4d.	11s. 8d.	1s. 9d.	15s. 9d.
Waiapu	Own supply	Past supply, 1s.	13s.	£1 1s. 6d.	£1	1s. 6d. to 1s. 9d.	£1 2s.
Tuapeka	1s.	6d.	11s. 6d.	£1 1s.	13s.	1s. to 1s. 6d.	16s.
Ravene	1s. to 1s. 6d.	9d.	14s.	16s. 8d.	16s. 8d.	1s. 6d. to 1s. 9d.	18s. 8d.
Mangonui	1s. to 1s. 6d.	10d.	14s.	17s. 6d.	16s.	1s. 6d., 1s. 8d.	18s.
Akaroa	1s.	7d.	11s. 6d.	19s.	14s.	1s. 3d.	16s. 6d.
Taumarunui	1s. 6d.	8d.	11s. 6d.	£1 2s.	..	1s. 6d.	..
Denniston	1s. 9d.	7d.	11s. 6d.	18s.	14s.	1s. 3d.	18s. 8d.
Cromwell .. ..	..	7d.	14s.	£1 5s.	17s.	1s. 8d.	£1 12s. 8d.
Havelock	1s.	6d.	12s.	17s. 6d.	13s. 6d.	2s.	18s. 8d.
Otira	2s. 6d.	7d.	12s.	£1 3s.	16s.	2s.	£1
Kaitangata	10d. to 1s. 6d.	6d.	11s. 6d.	£1	14s.	1s. 6d.	17s.
Port Chalmers	10d. to 1s. 10d.	6d.	10s.	£1	14s.	1s. 6d.	..
Grey River	9d.	5d.	5s.	19s.	6s.	2s.	6s.
Westland	1s. 6d.	5½d.	11s.	18s.	14s.	1s. 5½d.	14s.
Reefton	1s.	8d.	10s. 9d.	18s. 4d.	11s. 8d.	1s. 8d.	14s.
Kumara	2s.	7½d.	..	..	..	..	..
Ross	1s. 3d.	8d.	12s. 6d.	18s. 9d.	12s.	1s. 8d.	18s.
SPECIAL HOSPITALS.							
<i>Infectious - diseases Hospi- tals—</i>							
Christchurch	1s. 1½d.	5½d.	9s.	16s. 3d.	12s. 9d.	1s. 3d.	14s.
Dunedin	10d. to 1s. 10d.	5½d.	9s.	19s. 3d.	13s. 2d.	10d.	15s. 6d.
Timaru	1s.	5½d.	9s.	19s. 6d.	15s.	1s. 2d.	16s. 4d.
Invercargill	Current rates (less 15 p.c.)	5½d.	8s. 9d.	18s. 3d.	13s.	..	14s.
<i>Consumptive Sanatoria—</i>							
Christchurch	1s. 1½d.	4½d.	9s.	16s. 3d.	12s. 9d.	1s. 3d.	14s.
Otaki	1s. 6d.	5d.	12s. 6d.	18s.	16s.	11d.	14s. 6d.
Palmerston South	10d. to 1s. 6d.	6d.	11s.	£1	14s.	1s. 6d.	16s. 6d.
<i>Maternity Home—</i>							
Dunedin Medical School	10d. to 1s. 10d.	4½d.	9s.	19s. 3d.	13s. 2d.	10d.	15s. 6d.
SEPARATE INSTITUTIONS.							
Oamaru	1s.	5½d.	9s. 6d.	18s. 8d.	15s.	1s.	18s. 8d.
Mercury Bay	1s. 2d.	8d.	13s.	17s. 6d.	15s.	1s. 4d.	19s.

TABLE VII.—PRICES PAID FOR SOME OF THE PRINCIPAL ARTICLES CONSUMED IN VARIOUS HOSPITALS DURING THE YEAR 1911-12—*continued.*

Hospitals controlled by Boards.	Potatoes. Per Cwt.	Coal. Per Ton	Coke. Per Bag.	Kerosene. Per Case.	Gas. Per 1,000 ft. Less Discount.	Electric Current. Per Unit. Less Discount.
Wellington	5s. 6d.	£1 5s.	1s. 2½d.	5s. 11d.	5s. 5d.	3d.
Auckland	6s. 9d.	£1 1s. 6d. to £1 13s. 6d.	1s. 3d.	7s. 9d.	4s. 3d.	5½d.
Christchurch	Market prices	18s. 3d.	..	7s. 8d.	5s. 9d.	6d.
Dunedin	4s. 6d.	9s. 8d. to £1 7s.	..	8s. 6d.	6s. 4d.	1d., 2d., & 5d.
Waikato	7s. 11d.	£1 2s.	1s. 5d.	..	9s. 2d.	..
Wanganui	3s. 6d.	£1 9s.	1s. 6d.	9s.	7s.	..
Napier	5s. 6d.	£1 10s.	1s. 6d.	8s. 6d.	4s. 7d.	..
Southland	Current rates, less 15 per cent.	£1 to £1 5s.	..	6s. 9d.	5s. 10d.	..
Palmerston North	4s. 9d.	£1 13s.	2s. 6d.	..	6s. 9d.	..
Nelson	6s. 6d.	£1 11s. to £1 16s.	1s. 6d.	..	5s. 10d. to 6s. 8d.	..
Timaru	4s.	£1 7s. 6d. to £1 13s. 6d.	1s.	7s. 6d.	5s. 4d.	1s.
Gisborne	8s.	£2	2s. 6d.	9s. 6d.	6s. 8d.	..
Waihi	7s. 6d.	£1 10s.	..	8s.	7s.	..
Thames	6s. 3d.	£1 9s.	1s. 6d.	7s. 11d.	7s. 6d.	..
New Plymouth	Market prices	£1 15s.	1s. 9d.	8s.	6s. 8d.	2d. and 6d.
Dannevirke	Market prices	£2 3s. 6d.	1s.	10s. 6d.	7s. 6d.	..
Westport	7s.	18s. 6d.	..	9s.	4s. 2d.	..
Masterton	7s. 6d.	£1 19s.	1s.	9s. 6d.	6s. 8d.	..
Waipawa	Market prices	£1 14s. 6d. to £1 17s. 6d.	..	9s. 3d.	4s. 6d.	..
Wallace and Fiord	Own supply	16s. 6d.	..	8s. 3d.	..	..
Wairau	5s. to 9s.	£1 19s.	1s.	8s. 6d.	..	..
Hawera .. ..	..	..	..	7s.	6s. 9d.	..
Ashburton .. ..	..	£1 12s. 6d. to £2.	..	8s.	7s. 6d.	..
Whangarei	5s. 6d.	£1 3s. 6d.	1s. 3d.	4s.	9s. 2d.	..
Gore	4s. 6d.	£1 2s. to £1 5s.	..	9s.	..	9d.
Stratford	7s. 6d.	£1 11s. 6d.	1s.	9s.	..	9d.
Picton	6s.	£1 8s.	..	9s.	..	..
Waimate .. ..	..	£1 15s. to £1 18s.	..	7s. 9d.	10s.	..
Otaki .. ..	..	£1 2s.	..	5s. 11d.	..	..
North Wairoa	4s. 6d.	£1 12s.	..	6s. 6d.	..	..
South Wairarapa	8s.	£1 4s.	..	13s.	6s. 8d.	..
Patea	9s. 6d.	£1 15s. to £2 5s.	..	8s. 9d.	..	..
Wairoa	10s.	£2 5s.	..	9s. 3d.	..	..
Pahiatua	6s. 3d.	£1 3s.	2s. 4d.	9s. 6d.	7s. 6d.	..
Wakatipu	4s. 6d.	£1 1s. 6d.	..	10s. 6d.	..	..
Naseby	5s. 6d.	£1 11s. 6d.	..	11s.	..	..
Coromandel	9s.	£1 15s.	..	9s. 3d.	..	..
Arrowtown	4s.	£1 4s. to £1 15s.	..	11s.	..	..
Dunstan	8s.	17s. 9d. to £1 9s. 6d.	..	9s. 6d.	..	..
Waiapu	9s. 6d.	£4 6s.	..	10s. 6d.	..	..
Tuapeka	5s.	£1 3s. 6d.	..	9s.	..	..
Rawene	6s.	..	..	10s.	..	..
Mangonui	10s.	..	..	8s. 6d.	..	..
Akaroa .. ..	..	£2 1s.	..	9s.	..	..
Taumarunui	8s.	£1 5s.	..	..	..	..
Denniston	9s.	12s. 6d.	..	10s.	..	..
Cromwell .. ..	..	£1.	..	12s. 6d.	..	..
Havelock	7s.	..	..	9s.	..	..
Otira	12s.	£2 2s.	..	10s. 6d.	..	..
Kaitangata	4s. 6d.	9s.	..	9s.	..	..
Port Chalmers	4s. 6d.	..	..	..	6s. 8d.	..
Grey River	5s.	15s.	6d.	..	5s. 10d.	..
Westland	7s.	£1 3s. 6d.	1s.	8s. 9d.	10s.	..
Reefton	8s.	17s.	..	7s. 6d.	..	..
Kumara .. ..	..	..	..	..	..	..
Ross	10s.	£1 3s. 6d.	..	9s. 6d.	..	..
SPECIAL HOSPITALS.						
<i>Infectious-diseases Hospitals—</i>						
Christchurch	Market prices	£1 10s.	2s.	7s. 8d.	..	..
Dunedin	4s. 6d.	19s. to £1 10s.	..	8s. 6d.	..	5d.
Timaru	4s.	£1 7s. 6d. to £1 13s. 6d.	1s.	7s. 6d.	5s. 4d.	1s.
Invercargill	Current rates, less 15 per cent.	£1 4s. to £1 9s.	..	6s. 9d.	..	..
<i>Consumptive Sanatoria—</i>						
Christchurch	Market prices	£1 10s. 6d.	..	7s. 8d.	5s. 9d.	..
Otaki .. ..	..	£1 2s.	..	5s. 11d.	..	..
Palmerston South	4s. 6d.	£1 7s. to £2 7s. 6d.	..	..	..	..
<i>Maternity Homes—</i>						
Dunedin Medical School	4s. 6d.	11s. 6d. to £1 7s. 6d.	..	8s. 6d.	6s. 4d.	..
SEPARATE INSTITUTIONS.						
Oamaru	3s. 6d.	£1 8s. 6d.	..	9s. 6d.	7s. 6d.	..
Mercury Bay	7s. 6d.	£2 8s.	..	8s. 9d.	..	..

TABLE VII.—PRICES PAID FOR SOME OF THE PRINCIPAL ARTICLES CONSUMED IN VARIOUS HOSPITALS DURING THE YEAR 1911-12—continued.

Hospitals controlled by Boards.	Cotton Wool.		Lint.		Chloroform.		Clinical Thermometers.	Disinfectants.
	Ordinary. Per lb.	Incensured. Per lb.	Plain. Per lb.	Medicated. Per lb.	P. D. Per lb.	R. W. Per lb.			D. F. Per lb.
Wellington	1s. 2d.	9d.	1s. 3d.	..	..	1s. 9d. (?)	7s. doz.	Crude carbolic, 1s. 11d. per lb.; Lysol, 8s. 6d. per gal.
Auckland	1s. 4d.	1s. 7d.	1s. 5d.	..	..	4s. 9d.	1s. 3d.	Kerol, 5s. per gal.
Christchurch	1s. 1d.	..	1s. 4d.	..	..	..	1s. 3d.	Kresol, 3s. 6d. per gal.
Dunedin	1s. 1d.	1s. 2d.	1s. 5d.	1s. 2½d.	3s. 3d.	4s. 9d.	12s. 9d. doz.	Jeyes' fluid, 6s. 6d. per gal.; Pearson's, 1s. 8d. per lb.
Waikato	1s. 1d.	1s. 1d.	1s. 8d.	1s. 5½d.	..	..	3s. 6d.	Lysol, 10s. 9d. per gal.; Souldis, 8s. per gal.
Wanganui	1s. 1d.	1s. 1d.	1s. 9d.	..	..	4s. 8d.	1s. 6d.	Izal, 7s. 7d. per gal.; Lysol, 1s. 6d. per lb.; formalin, 14s. 2d. per gal.
Napier	..	..	1s. 6d.	..	..	..	15s. doz.	K. P. fluid, 4s. 6d. per gal.
Southland	1s. 2d.	..	1s. 11d.	..	4s. 3d.	..	14s. 6d. doz.	Jeyes' fluid, 6s. 7d. per gal.
Palmerston North	1s. 6d.	1s. 4d.	2s. 1d.	2s.	..	..	2s. 6d., 4s. 6d.	Zotal, 2s. 6d. per gal.; Lysol, 8s. 6d. per gal.
Nelson	1s.	10½d.	1s. 4½d.	..	..	5s. 6d.	9s. 6d. doz.	Jeyes' fluid, 6s. 6d. per gal.; Lysol, 13s. 6d. per gal.
Timaru	10½d.	..	1s. 6d.	1s. 6d.	..	2s. 0s. 10d. doz.	18s. to 21s. doz.	Kresol, 3s. per gal.
Gisborne	1s.	..	1s. 7d.	..	..	..	..	Disinfectal, 7s. 6d. per gal.
Waikato	1s.	..	1s. 8d.	..	4s.	..	2s.	Lysol, 9s. 8d. per gal.
Thames	1s. 1d.	..	1s. 7d.	..	4s.	..	2s. 3d.	Kresol, 4s. 6d. per gal.; Cresylene, 11s. per tin.
New Plymouth	9½d.	10d.	2s. 4d., 2s. 6d.	2s. 6d.	..	4s. 3d.	18s. doz.	Lysol, 10s. per gal.
Dannevirke	9d.	..	1s. 2d.	11d.	..	4s. 3d.	..	Jeyes' fluid, 5s. 3d. per gal.; Lysol, 9s. 4d. per gal.
Westport	1s. 1½d.	..	1s. 6d.	..	5s. 6d.	4s. 6d.	1s. 6d. each	Little's dip, 6s. per gal.; carbolic, 1s. 6d. per lb.; creoline, 2s. per lb.; Lysol, 2s. per lb.
Masterton	11d.	1s. 6d.	1s. 6d.	1s. 4d.	..	6s.	..	Lysol, 2s. per bottle; Jeyes' fluid, 7s. 6d. per gal.
Waipawa	1s. 1d.	2s.	2s. 3d.	..	..	6s. 6d.	20s. doz.	Cresol, 6s. per gal.
Wallace and Fiord	1s. 6d.	1s. 6d.	1s. 9d.	..	..	..	1s. 6d.	Jeyes' fluid, 5s. 6d. per gal.
Wairau	1s. 6d.	1s. 6d.	1s. 9d.	..	..	6s. 1½d.	24s.	K. P. fluid, 4s. 6d. per gal.; Jeyes' fluid, 7s. 6d. per gal.
Hawera	1s. 6d.	..	1s. 9d.	..	..	..	1s. 6d.	Jeyes' fluid, 6s. per gal.
Ashburton	1s. 3d.	..	1s. 10d.	..	..	..	7s. doz.	Lysol, 13s. per gal.
Whangarei	1s. 1d.	1s. 6d.	1s. 9d.	..	..	..	3s.	Jeyes' fluid, 7s. per gal.; Lysol, 16s. per gal.
Gore	1s.	..	1s. 11d.	..	..	..	3s. 6d.	K. P. fluid, 6s. per gal.
Stratford	1s. 1d.	..	1s. 9d.	..	..	..	3s. 6d.	Formalin, 11s. per gal.
Piton	1s. 8d.	..	1s. 9d.	..	..	..	18s. to 36s. doz.	K. P. fluid, 6s. per gal.; K. P. fluid, 4s. per gal.
Waimate	1s. 2d.	1s. 10d. to 2s.	1s. 10d. to 2s.	..	4s.	..	1s. 6d.	Formalin, 11s. per gal.
Otaki	..	9d.	1s. 3½d.	..	..	..	7s. doz.	Lysol, 10s. 6d. per gal.
North Waikato	1s. 9d.	2s. 6d.	1s. 3d.	..	..	..	3s.	Jeyes' fluid, 7s. per gal.; Lysol, 16s. per gal.
South Waikato	1s. 6d.	1s. 4d.	2s. 6d.	..	..	..	3s. 6d.	K. P. fluid, 4s. 9d. per gal.
Patea	..	1s. 9d.	2s. 6d.	..	..	..	3s. 6d.	Formalin, 11s. per gal.
Waikato	1s. 9d.	..	7d.	..	..	..	3s. 6d.	K. P. fluid, 6s. per gal.
Pahiatua	1s. 1d.	..	1s. 9d.	..	..	..	3s. 6d.	Jeyes' fluid, 6s. per gal.; Lysol, 1s. 6d. per quart.
Wakatipu	1s. 4½d.	..	2s. 4d.	..	4s. 9d.	6s. 10d.	18s. & 36s. doz.	Jeyes' fluid, 6s. per gal.; K. P. fluid, 4s. per gal.
Naseby	1s.	..	2s.	..	..	6s.	1s. 9d.	Formalin, 11s. per gal.
Coromandel	1s. 3d.	..	2s.	..	..	..	..	Lysol, 10s. 6d. per gal.
Arrowtown	1s. 4½d.	..	2s. 4d.	..	4s. 9d.	6s. 10d.	..	..
Dunstan	1s. 6d.	..	2s.	..	5s.	..	..	..
Waipua	1s. 3d.	..	2s.	..	..	..	..	..
Tuapeka	2s.	..	..	..	..	..	..	..
Rawene	1s. 6d.	..	..	..	2s. 9d.*	..	..	..

* Merck's.

TABLE VII.—PRICES PAID FOR SOME OF THE PRINCIPAL ARTICLES CONSUMED IN VARIOUS HOSPITALS DURING THE YEAR 1911-12—continued.

Hospitals controlled by Boards.	Cotton Wool.		Lint.		Chloroform.		Clinical Thermometers.	Disinfectants.
	Ordinary. Per lb.	Intesteaved. Per lb.	Plain. Per lb.	Medicated. Per lb.	P.D. Per lb.	B.W. Per lb.			D.F. Per lb.
Mangonui ..	1s. 3d.	..	2s.	..	2s. 9d.*	6s. 6d.	..	Lysol, 10s. 6d. per gal.
Akaroa ..	11½d.	..	2s. 3d.	..	..	8s. 6d.	3s. 6d.	Jeyes' fluid, 6s. 6d. per gal.; Pearson's, 1s. 8d. per lb.
Taumarunui ..	1s. 1d.	1s. 2d.	1s. 8d.	1s. 5½d.	..	8s. 6d.	6s. 6d.	Lysol, 8s. per gal.
Denniston ..	1s. 4d.	..	1s. 9d.	..	..	..	..	K.P. fluid, 5s. per gal.
Cromwell ..	..	..	..	..	..	..	..	Carbolic, 1s. 6d. per lb.; Lysol, 3s.; Little's dip, 6s. per gal.
Havelock ..	1s. 6d.	1s. 6d.	..	1s. 9d.	..	..	..	Jeyes' fluid, 5s. 9d. per gal.
Otira ..	..	1s. 6d.	2s.	..	3s. 6d.	..	3s.	Lysol, 9s. per gal.
Kaitangata ..	1s.	..	1s. 6d.	1s. 4d.	3s. 6d.	..	15s. 6d.	Creso, 3s. 6d. per gal.
Port Chalmers ..	11d.	..	1s. 5d.	1s. 3d.	3s. 3d.	..	12s. 9d. doz.	Jeyes' fluid, 8s. 3d. per gal.
Grey River ..	1s. 1d.	..	1s. 6d.	1s. 9d.	..	5s.	1s. 6d.	Jeyes' fluid, 5s. 9d. per gal.
Westland ..	..	1s. 6d.	2s.	..	..	..	8s.	Jeyes' fluid, 5s. 9d. per gal.
Reefton ..	..	1s. 3d.	1s. 9d.	..	3s.*	..	2s.	Lysol, 12s. 6s. per gal.
Kumara ..	..	..	..	..	..	..	..	..
Ross ..	..	1s. 6d.	2s.	..	..	..	3s.	Jeyes' fluid, 5s. 9d. per gal.
SPECIAL HOSPITALS.								
<i>Infectious diseases Hospitals—</i>								
Christchurch ..	11½d.	..	1s. 4d.	..	..	4s. 9d.	1s. 3d.	Kerol, 5s. per gal.
Dunedin ..	11d.	..	1s. 5d.	..	3s. 3d.	..	12s. 9d.	Kreso, 3s. 6d. per gal.; Lysol, 8s. 9d. per gal.
Timaru ..	Same as Timaru Hospital.	..	..	1s. 2½d.	..	..	..	K.P. fluid, 4s. 6d. per gal.
Invercargill ..	1s. 2d.	..	..	..	..	..	..	..
<i>Consumptive Sanatoria—</i>								
Christchurch ..	11½d.	..	1s. 4d.	..	..	4s. 9d.	1s. 3d.	Kerol, 5s. per gal.
Otaki ..	9d.	..	1s. 3½d.	..	..	..	7s. doz.	..
Palmerston South ..	11d.	..	1s. 5d.	1s. 2½d.	..	..	15. 6d.	Kreso, 3s. 6d. per gal.; Lysol, 8s. 9d. per gal.
<i>Maternity Homes—</i>								
Dunedin Medical School ..	11d.	..	1s. 5d.	1s. 2½d.	3s. 3d.	..	15s.	Lysol, 8s. 9d. per gal.; Kreso, 3s. 6d. per gal.
SEPARATE INSTITUTIONS.								
Oamaru ..	1s. 7d.	..	2s. 9d.	..	..	5s. 6d.	2s.	Carbolic, 1s.; Jeyes' fluid, 6s. per gal.
Mercury Bay ..	1s. 9d.	..	..	2s.	..	..	..	Lysol, 10s. 6d. per gal.; Jeyes' fluid, 7s. per gal.

* Merck's.

TABLE VIII.—SHOWING AVERAGE ANNUAL EXPENDITURE PER OCCUPIED BED ON PRINCIPAL ITEMS OF EXPENDITURE FOR THE THREE YEARS ENDED 31ST MARCH, 1912, IN HOSPITALS DIVIDED INTO CLASSES, AND THE AVERAGE EXPENDITURE FOR EACH CLASS.

Hospitals.	Average Number of Occupied Beds per Diem.	Average Annual Expenditure per Occupied Bed.				
		Provisions.	Surgery and Dispensary.	Domestic and Establishment.	Salaries and Wages.	Total Maintenance.
<i>Class I—Over 100 occupied beds daily—</i>						
		£	£	£	£	£
Auckland	248	20·6	8·0	26·2	27·7	82·5
Wellington	243	20·9	6·2	23·2	35·9	86·2
Dunedin	147	24·4	11·2	32·0	39·0	106·6
Christchurch.. .. .	136	2·59	11·1	33·6	44·0	114·5
Average for class.. ..	..	22·4	8·6	27·8	35·2	94·0
<i>Class II—40 to 99 occupied beds daily—</i>						
Napier	70	26·8	14·5	28·4	34·3	104·1
Waikato	69	28·0	9·8	20·7	37·3	95·8
Wanganui	69	21·0	11·4	24·0	26·7	83·1
Southland	50	23·6	8·6	27·7	37·6	97·5
Nelson	49	20·3	7·5	20·1	33·0	81·0
Timaru	45	21·5	10·1	26·1	35·2	92·8
Palmerston North	43	19·7	10·3	30·2	33·0	93·1
Thames	41	13·1	5·0	13·3	29·6	61·1
Gisborne	40	23·2	10·8	30·1	45·6	109·8
Average for class.. ..	..	22·5	10·1	24·5	34·4	91·5
<i>Class III—30 to 39 occupied beds daily—</i>						
Waihi	36	24·6	12·6	28·4	43·0	108·6
New Plymouth	35	27·8	16·1	34·2	49·7	127·8
Average for class.. ..	..	26·2	14·3	31·2	46·3	118·1
<i>Class IV—20 to 29 occupied beds daily—</i>						
Westport	24	27·9	13·3	21·1	47·8	110·2
Dannevirke	21	23·9	8·1	24·0	41·3	97·4
Masterton	20	29·1	15·2	31·1	50·2	125·6
Average for class.. ..	..	27·0	12·1	25·2	46·4	110·7
<i>Class V—10 to 19 occupied beds daily—</i>						
Waipawa	19	48·8	22·8	48·7	74·8	195·2
Wallace and Fiord	19	23·5	8·1	18·1	45·6	95·3
Wairau	18	32·5	13·8	39·4	56·3	142·1
Oamaru	16	22·1	9·8	29·9	44·2	106·1
Hawera	15	32·6	13·0	43·1	66·9	155·5
Ashburton	14	23·4	9·0	36·4	55·0	123·8
Gore	12	19·1	8·9	27·5	56·1	111·7
Whangarei	11	22·9	10·0	24·8	83·2	140·9
Waimate	11	31·5	11·7	46·6	56·7	146·6
Average for class.. ..	..	30·3	12·6	35·8	60·4	139·0

TABLE VIII.—SHOWING AVERAGE ANNUAL EXPENDITURE PER OCCUPIED BED, ETC.—*continued.*

Hospitals.	Average Number of Occupied Beds per Diem.	Average Annual Expenditure per Occupied Bed.				
		Provisions.	Surgery and Dispensary.	Domestic and Establishment.	Salaries and Wages.	Total Maintenance.
<i>Class VI—5 to 9 occupied beds daily—</i>						
Stratford	9.9	£ 26.6	£ 11.9	£ 35.9	£ 86.8	£ 161.2
Otaki	9.3	28.6	6.4	32.1	76.8	143.9
Picton	9.1	29.7	14.5	36.5	78.7	159.5
North Wairoa	8.9	36.7	19.6	40.6	83.5	180.5
Patea	7.9	35.0	22.7	42.6	67.8	168.1
Wairoa	6.7	29.7	9.7	35.3	76.7	151.5
Pahiatua	6.6	31.6	6.2	33.4	82.2	153.5
Naseby	6.1	29.3	10.3	30.2	99.4	169.1
Mercury Bay	5.9	42.5	23.2	22.7	115.4	203.8
Wakatipu	5.8	28.1	7.9	29.4	75.0	140.4
Dunstan	5.5	29.6	11.8	31.5	87.9	160.8
Tuapeka	5.4	30.7	3.0	56.2	62.7	152.6
Coromandel	5.2	46.9	46.2	45.7	136.1	274.9
Arrowtown	5.2	28.8	7.1	25.5	87.8	149.3
Average for class.. .. .	..	31.7	13.7	35.4	85.0	165.9
<i>Class VII—Under 5 occupied beds daily—</i>						
Mangonui	3.7	41.6	11.1	24.7	104.4	181.7
Taumarunui	3.2	42.0	7.8	42.2	100.4	192.4
Waiapu	3.1	49.3	8.8	110.0	253.9	422.1
Cromwell	3.0	28.8	13.5	74.8	148.1	265.2
Rawene	2.7	42.0	57.0	10.5	129.6	239.0
Akaroa	2.0	38.2	15.9	41.1	107.6	202.9
Havelock	1.3	28.5	6.5	28.1	102.4	165.6
Average for class.. .. .	..	39.7	10.6	56.0	138.8	245.2
<i>Hospitals which are also used as Old Men's Homes—</i>						
Grey River	57	21.5	6.0	25.8	27.9	81.2
Westland	37	19.1	6.7	23.6	25.1	74.5
Kumara	27	21.9	3.8	18.5	23.7	67.9
Reefton	25	24.9	7.1	18.3	33.9	84.2
Ross	10	23.7	7.5	21.5	40.4	93.2
Average for class.. .. .	..	21.7	6.0	22.4	28.3	78.4

TABLE IX.—CHARITABLE INSTITUTIONS: STATISTICAL.

Governing Hospital and Charitable Aid Boards.	Institutions.	Staff.						Total Number of Beds.	Average Number of In-mates per Diem.	Number of Inmates during Year.			Deaths.	Individual Average Days Stay.	Average Cost of Maintenance and Administration per Occupied Bed.	Weekly Maintenance Fee charged.		
		Medical. Non-resident.		Nursing.	Master.	Domestic.				Average Number of the Staff per Diem receiving Board.	Males.	Females.					Total.	
		Honorary.	Stipendiary.			Porters, Gardeners.	Cooks, Housemaids.											Matron.
Auckland	Costly Home	..	..	..	..	..	..	234	326	83	409	74	209	36	10/-15/8
Otago	Otago Benevolent Institution	(2)	..	..	..	..	..	207	230	100	330	22	230	22	10/10/
Wellington	Ohio Home	1(4)	..	..	..	..	..	114	223	54	277	11	151	15	10/10/
Southland	Lorne Farm	..	..	..	..	..	..	101	115	36	151	9	245	9	10/10/
North Canterbury	Taurangi Home, Ashburton	..	..	..	..	..	..	81	118	..	118	16	252	16	15/15/
Hawke's Bay	Old People's Home, Park Island	..	..	..	..	..	..	65	142	..	160	2	148	2	8/3
North Canterbury	Memorial Home, Woolston	..	..	..	..	..	..	60	5	78	83	15	262	15	15/15/
Nelson	Old People's Home, Nelson	..	..	..	..	..	..	37	49	6	55	8	244	8	10/10/
Taranaki	Old People's Home, New Plymouth	..	..	..	..	..	..	57	47	14	61	9	212	9	8/9
Waitaki	North Otago Benevolent Institution	..	..	..	..	..	..	32	55	9	64	8	185	8	8/6
South Canterbury	Old People's Home, Timaru	..	..	..	..	..	..	30	97	10	107	2	102	2	10/10/
Thames	District Home, Tairāpiti	..	..	..	..	..	..	28	40	7	47	3	221	3	10/10/
Wanganui	Jubilee Home, Aramoho	1(10)	..	..	..	..	..	38	28	6	56	3	178	3	10/10/
Marsden, Kaipara	Whangarei Cottage Home	..	..	..	..	..	..	26	40	3	43	14	218	14	10/10/
Buller	Old People's Home, Westport	..	..	..	..	..	..	20	34	2	36	3	209	3	15/15/
Waikato	Old Men's Home, Hamilton	1(9)	..	..	..	..	..	17.3	29	..	29	3	218	3	8/8
Cook	Old People's Home, Gisborne	(5)	..	..	..	..	..	16	24	2	26	2	223	2	12/12/
Waipara	Renall Solway Home, Masterton	..	..	..	..	..	..	8	16	..	16	1	182	1	14/14/
	Totals and averages	1	13	30	14	17	57	1,139	1,640	428	2,068	205	201	32.3	10/10/			
North Canterbury	Waltham Orphanage	..	..	..	..	..	..	14	9	9	18	..	284	..	12/6
	Samaritan Home	..	..	..	..	..	..	29	12	76	88	..	122	..	10/10/
	Linwood Refuge Home	..	..	..	..	..	..	8	..	37	37	..	79	..	15/15/
	Armagh Street Depot	..	..	..	..	..	..	5.2	41	..	41	..	46	..	10/10/
Auckland	Alexandra Convalescent Home, Auckland	..	..	..	..	..	..	11	..	14	111	..	36	..	15/15/
	Institute for the Relief of the Aged Needy, Wellington	2	..	..	..	..	..	37	25	22	47	2	292	2	8/3
Separate Institutions	Hawke's Bay Children's Home	..	..	..	..	..	..	44	12	37	49	..	344	..	2/6-10/
	Jubilee Institute for the Blind, Auckland	2	..	..	..	..	..	62	46	25	71	..	321	..	£25 p.a.
	Wellington Convalescent Home	..	..	..	..	..	..	6.6	(7)	(7)	152	..	16	..	15/15/

(1) Resident and also Master of Home. (2) Managed from Dunedin Hospital. (3) Registered nurse. (4) Managed from Wellington Hospital. (5) Managed from Gisborne Hospital. (6) Managed from Wanganui Hospital. (7) Not stated. (8) Also seven journeymen attending daily for work. (9) Managed from Waikato Hospital. (10) Includes sewing-teacher.

TABLE X.—SHOWING EXPENDITURE OF CHARITABLE INSTITUTIONS UNDER THE CONTROL OF HOSPITAL AND CHARITABLE AID BOARDS AND SEPARATE INSTITUTIONS FOR THE YEAR ENDED 31ST MARCH, 1912.

Governing Hospital and Charitable Aid Board.	Institutions.	Average Num. of Inmates per Month.	Average Num. of Staff per 100 Inmates.	Provisions.			Surgery and Dispensary.			Domestic and Establishment.			Salaries and Wages.		
				Total Cost.		Cost per Occupied Bed.	Total Cost.		Cost per Occupied Bed.	Total Cost.		Cost per Occupied Bed.	Total Cost.		Cost per Occupied Bed.
				£	s. d.	£	s. d.	£	s. d.	£	s. d.	£	s. d.	£	s. d.
Auckland ..	Old People's Homes—	234	27	3,248	9	13-9	351	17	1-5	2,771	18	11-8	1,653	8	7-1
..	Costley Home, Auckland	207	12	1,799	6	10-4	63	6	0-3	2,163	10	10-4	478	19	2-3
..	Otago Benevolent Institution, Dunedin	114	8	1,268	17	11-1	29	6	0-2	793	5	7-0	618	1	5-4
..	Ohio Home, Wellington	101	17	1,058	18	10-5	35	7	0-35	828	5	6-6	653	16	6-5
..	Lorne Farm, Invercargill	81	11	1,150	9	7	141	12	0-7	1,171	10	14-5	785	13	9-7
..	Tuarangi Home, Ashburton	65	10	821	1	12-6	43	7	1-7	545	11	8-4	533	16	8-2
..	Old People's Home, Park Island	60	11	744	11	12-5	110	4	1-8	937	6	15-6	747	16	12-4
..	Memorial Home, Woolston	37	5	561	10	15-1	2	15	0-1	312	9	8-4	227	10	6-1
..	Old People's Home, Nelson	35	5	495	7	8	23	3	6-6	633	1	18-1	312	5	8-9
..	Old People's Home, New Plymouth	32	4	357	6	10-2	9	17	0-3	172	15	5-4	187	18	5-9
..	North Otago Benevolent Institution, Oamaru	30	4	322	14	5	1	5	0	174	19	5-8	168	12	5-6
..	Old People's Home, Timaru	28	7	471	19	8	21	7	0	513	15	18-3	316	6	11-3
..	District Home, Taruru	28	4	346	0	12-3	13	2	0-8	347	10	13-4	243	0	8-7
..	Jubilee Home, Aramoho	26	4	302	16	11-6	13	2	0-5	271	14	10-4	300	14	11-6
..	Cottage Home, Whangarei	20	3	274	8	13-7	3	9	0-3	98	1	4-9	179	16	9-0
..	Old People's Home, Westport	17-3	3	349	9	8	..	..	..	142	12	8-2	169	0	9-8
..	Old Men's Home, Hamilton	16	3	260	17	4	..	..	..	174	10	10-9	140	0	8-8
..	Old People's Home, Gisborne	8	1	126	13	8	3	8	0-4	132	6	16-5	63	6	8-0
..	Renall-Solway Home, Masterton	..	..	..	..	..	..	..	..	..	..	..	..	..	..
..	Totals and averages	1,139	139	13,960	19	1	853	9	0-8	12,185	3	10-7	7,780	2	6-8
North Canterbury ..	Children's Home—	..	..	..	..	..	..	..	..	..	..	..	..	..	..
..	Waltham Orphanage	14	2	140	6	2	0	7	0-025	130	0	9-3	177	5	12-7
..	Reformatory Refuge—	..	..	..	..	..	..	..	..	..	..	..	..	..	..
..	Samaritan Home, Christchurch	29	3	328	15	2	5	19	0-2	119	16	4-1	233	17	8-1
..	Female Refuge—	..	..	..	..	..	..	..	..	..	..	..	..	..	..
..	Linwood Refuge Home	8	3	167	7	5	3	9	0-4	167	18	21-0	197	2	24-6
..	Casual Ward—	..	..	..	..	..	..	..	..	..	..	..	..	..	..
..	Armagh Street Depot, Christchurch	5-2	1	87	15	6	2	2	0-4	51	18	10-0	38	15	7-4
..	Convalescent Home—	..	..	..	..	..	..	..	..	..	..	..	..	..	..
..	Alexandra Convalescent Home, Auckland	11	4	201	5	7	..	..	..	232	7	21-2	137	13	12-5
..	Totals	67-2	13	925	9	10	11	18	0	702	1	..	784	13	..
..	Grand totals, Board institutions	1,206	..	..	..	..	..	..	..	..	..	..	..	..	..
..	Institute for the Relief of the Aged Needy, Wellington	37	5	503	1	9	1	10	0-05	281	3	7-6	251	14	6-8
..	Hawke's Bay Children's Home, Greenmeadows	44	4	376	18	4	4	15	0-1	220	11	5-0	242	16	5-5
..	Jubilee Institute for the Blind, Auckland	62	4	886	6	9	30	13	0-5	647	4	10-4	1,308	1	21-1
..	Convalescent Home, Wellington	6-6	2	210	15	7	..	..	..	34	14	5-3	137	5	20-8

TABLE X.—SHOWING EXPENDITURE OF CHARITABLE INSTITUTIONS, ETC.—continued.

Governing Hospital and Charitable Aid Board.	Institutions.	Total Maintenance.		Administration.		Maintenance and Administration.		Capital Expenditure.		Miscellaneous Expenditure.		Total.		
		Total Cost.	Cost per Occupied Bed.	Total Cost.	Cost per Occupied Bed.	Total Cost.	Cost per Occupied Bed.	£	s.	d.	£		s.	d.
	Old People's Homes—													
Auckland ..	Costley Home, Auckland ..	8,025	13	0	0.9	207	18	11	3,028	8	4	11,262		
Otago ..	Otago Benevolent Institution, Dunedin ..	4,505	3	0	1.2	258	6	2	224	16	6	5,055		
Wellington ..	Ohio Home, Wellington ..	2,709	11	1	1.6	181	3	0	49	4	10	2,960		
Southland ..	Lorne Farm, Invercargill ..	2,576	7	5	1.3	134	18	3	681	2	2	3,514		
North Canterbury ..	Tuarangi Home, Ashburton ..	3,249	5	4	1.9	154	19	9	55	2	10	3,404		
Hawke's Bay ..	Old People's Home, Park Island ..	1,943	17	7	2.9	181	0	10	2	184	18	2,180		
North Canterbury ..	Memorial Home, Woodston ..	2,539	18	8	2.0	121	3	11	2	661	2	2,661		
Nelson ..	Old People's Home, Nelson ..	1,104	5	1	1.9	72	9	6	1,117	12	1	1,176		
Taranaki ..	Old People's Home, New Plymouth ..	1,463	17	8	41.8	236	16	3	1,700	13	11	2,924		
Waikato ..	North Otago Benevolent Institution, Oamaru ..	727	18	1	2.7	74	0	0	73	4	0	875		
South Canterbury ..	Old People's Home, Timaru ..	667	10	10	2.2	53	0	1	2,201	10	0	2,922		
Thames ..	District Home, Taruru ..	1,323	8	1	3.4	96	7	5	216	0	0	1,635		
Wanganui ..	Jubilee Home, Aramoho ..	936	11	0	3.4	72	16	5	166	10	10	1,175		
North Auckland ..	Cottage Home, Whangarei ..	888	7	10	3.4	75	0	0	963	7	10	1,702		
Buller ..	Old People's Home, Westport ..	555	15	1	2.7	25	10	0	581	5	1	581		
Waikato ..	Old Men's Home, Hamilton ..	661	2	0	3.8	30	0	0	691	2	0	691		
Cook ..	Old People's Home, Gisborne ..	575	7	1	3.6	48	0	0	145	12	0	903		
Waiparapa ..	Renall-Solway Home, Masterton ..	325	15	1	4.7	17	12	6	343	7	7	343		
	Totals and averages ..	34,779	15	2	3.5	2,041	3	0	8,679	15	3	45,970		
North Canterbury ..	Children's Home—													
	Waltham Orphanage ..	447	19	9	3.0	21	7	4	628	1	2	1,097		
North Canterbury ..	Reformatory Refuge—													
	Samaritan Home, Christchurch ..	688	7	9	2.7	32	16	8	721	4	5	721		
North Canterbury ..	Female Refuge—													
	Linwood Refuge Home ..	535	16	9	6.9	25	11	0	2,655	9	4	3,216		
North Canterbury ..	Casual Ward—													
	Armagh Street Depot, Christchurch ..	180	12	0	3.7	8	12	1	189	4	1	189		
Auckland ..	Convalescent Home—													
	Alexandra Convalescent Home, Auckland ..	571	6	10	5.0	10	0	0	581	6	10	581		
	Totals ..	2,424	3	1	..	98	7	1	3,283	10	6	5,806		
	Grand totals, Board institutions ..													
	Institute for the Relief of the Aged Needy, Wellington ..	1,037	8	11	2.8	96	7	4	94	10	0	1,228		
	Hawke's Bay Children's Home, Greenmeadows ..	845	1	4	19.2	33	4	11	229	4	6	1,268		
	Jubilee Institute for the Blind, Auckland ..	2,872	5	11	4.3	362	16	3	1,840	10	7	5,768		
	Convalescent Home, Wellington ..	382	16	4	5.0	6	6	0	389	2	4	389		

TABLE XI—NUMBER OF OLD-AGE PENSIONERS MAINTAINED IN HOSPITALS AND CHARITABLE INSTITUTIONS ON THE 31ST MARCH, 1912, TOGETHER WITH THE AMOUNTS PAID TO SUCH INSTITUTIONS DURING THE YEAR.

Governing Body.	Location.	Institution.	Payments, Year 1911-12.	Number of Pensioners in Institution on 31st March, 1912.	Amount handed to Pensioners after Deduction of Maintenance.
Whangarei Hospital and Charitable Aid Board	Whangarei	Old Men's Cottage Home	£ 297 0 8	12	4s. per month.
Auckland	Auckland	Costley Home..	2,769 18 11	105	6s. 6d.
Thames	Thames	Old Men's Home	341 4 10	11	5s.
Waikato	Hamilton	"	227 3 4	5	4s.
Cook	Gisborne	"	200 8 10	8	1s. per week.
Hawke's Bay	Napier	Refuge, Parke Island	606 14 7	27	7s. 4d. per month
Taranaki	New Plymouth	Old People's Home	437 0 6	17	10s.
Wanganui	Wanganui	Jubilee Home	313 9 4	12	5s.
Wellington	Wellington	Ohio Home	576 5 9	21	2s. to 6s.
Society for the Relief of the Aged Needy, Wellington	"	Home for Aged Needy	773 13 4	32	7s. 7d.
Wellington Hospital and Charitable Aid Board	"	Home for Incurables	250 0 9	10	6s.
Wairarapa	Masterton	Renall-Solway Home	136 1 4	7	Nil.
Nelson	Nelson	Alexandra Home	713 12 5	28	2s. per week.
Wairau	Blenheim	Old Men's Home	203 6 1	7	8s. 8d. per month.
North Canterbury	Christchurch	Jubilee Home	837 9 8	34	1s. per week.
"	"	Samaritan Home	13 19 7	"	15s. 10d. per mon.
"	Ashburton	Tuarangi Home	832 10 1	27	1s. per week.
South Canterbury	Timaru	Old Men's Home	537 7 6	19	6s. 6d. per month.
Buller	Westport	Old People's Home	549 12 3	21	8s.
Inangahua	Reefton	"	980 10 4	8	10s.
Grey	Greymouth	"	859 3 10	32	10s.
Westland	Hokitika	"	522 18 1	22	10s.
"	Ross	"	165 8 0	6	13s. 4d.
"	Kumara	"	519 9 11	19	13s. 4d.
Waitaki	Oamaru	Victoria Home	577 7 2	24	6s.
Otago	Dunedin	Otago Benevolent Institution	1,767 16 10	66	2s. per week.
Southland	Invercargill	Lorne Farm	694 12 4	25	(4s. 6d. per mon. (8s. 6d. "
		HOSPITAL PATIENTS ONLY	16,004 6 3	605	
			1,494 2 3	57	
			£17,498 8 6	662	

NOTE.—The hospitals included in the above list serve the purpose of old people's homes in the districts named.

TABLE XII.—SHOWING ESTIMATED EXPENDITURE OF HOSPITAL AND CHARITABLE AID BOARDS FOR 1912-13, AND THE AMOUNT OF SUCH EXPENDITURE TO BE RAISED BY LEVIES ON CONTRIBUTORY LOCAL AUTHORITIES AND BY GOVERNMENT SUBSIDY.

Table with columns: Hospital and Charitable Aid Board, Population, Rateable Capital Value, Net Amount per Head, Estimated Expenditure, Estimated Receipts, Net Estimated Expenditure, Amount to be levied on Local Authorities, Amount to be claimed as Subsidy, Rate of Subsidy, Estimated Expenditure, Estimated Receipts, Net Estimated Expenditure, Amount to be levied on Local Authorities, Amount to be claimed as Subsidy at 20s. in the £.

* The rateable capital per head of population is £254. † The rate of levy per head of the population is 2s. 3d.

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

Boards.	Contributory Local Authorities.	Representation on Board.	Contribution for Year 1911-12.			Approximate Rate per Pound on Rateable Capital Value.	
		Members.	£	s.	d.	d.	
Bay of Islands ..	Mangonui County	2	361	8	6	} 1-4th	
	Whangaroa County	1	79	13	8		
	Bay of Islands County	3	421	18	7		
	Hokianga County	2	358	15	7		
Marsden-Kaipara	Whangarei County	} 5 for combined district	937	6	10	} 1-5th	
	Hikurangi Town District		33	7	4		
	Hobson County		3	598	8		4
	Otamatea County		2	480	11		0
	Whangarei Borough		2	435	3		1
	Dargaville Borough	1	182	19	7		
Auckland ..	Rodney County	} 1 for combined district	339	3	4	} 1-7th	
	Waitemata County		796	2	2		
	New Lynn Town Board		40	4	5		
	Helensville Town District		19	14	2		
	Birkenhead Borough		171	18	8		
	Northcote Borough		1	96	6		2
	Devonport Borough		539	5	7		
	Road Districts in Eden County		2	3,187	4		1
	Auckland City		4	6,679	0		0
	Parnell Borough		} 2 for combined district	460	14		8
	Newmarket Borough			252	0		11
	Onehunga Borough			385	10		1
	Mount Eden Borough			920	10		6
	Ellerslie Town District		} 1	108	8		1
Grey Lynn Borough	533	17		7			
Road Districts in Manukau County	1,956	16		0			
Papakura Town District	1						
Pukekohe Town District							
Waikato ..	Waikato County	} 3	746	6	4	} 1-8th	
	Huntly Town District		64	7	8		
	Hamilton Borough		1	349	7		8
	Waipa County		3 for combined district	847	16		5
	Frankton Town District		102	2	7		
	Cambridge Borough		109	10	6		
	Te Aroha Borough		1	41	14		1
	Morrinsville Town District		34	10	10		
	Piako County		1	408	0		10
	Raglan County		2	630	14		9
	Waitomo County		} 1 for combined district	417	5		4
	Ohura County			169	8		3
	Te Kuiti Borough			104	3		9
	Kawhia County		1	152	6		11
Awakino County	} 1*	171	2	2			
Taupo East County		223	4	8			
Taupo West County		104	6	6			
Matamata County	1	378	7	3			
Rotorua County		48	8	0			
Rotorua Town	1*	259	17	1			
Kaitiaki County	Unrepresented	136	18	5			
Thames ..	Thames County	3	663	15	2	} 1-half	
	Thames Borough	2	422	0	0		
	Ohinemuri County	4	1,121	10	2		
Waihi ..	Waihi Borough	11	1,500	0	0	1	
Coromandel ...	Coromandel County	8	350	0	0	4-9ths	
Bay of Plenty ..	Whakatane County	2	165	2	6	} 1-12th	
	Opotiki County	2	191	3	2		
	Opotiki Borough	1	45	0	7		
	Tauranga County	3	212	6	0		
	Tauranga Borough	1	33	9	5		
Cook ..	Cook County	5	5,322	19	0	} 1-4th	
	Gisborne Borough	4	2,390	19	0		
	Waikohu County	2	618	0	0		
Waiapu ..	Waiapu County	8	950	0	0	1-8th	
Hawke's Bay ..	Wairoa County	} 2 for combined district	1,182	18	6	} 1-9th	
	Wairoa Borough		104	13	10		
	Hawke's Bay County	} 5	2,810	11	0		
	Taradale Town District		60	13	4		
	Napier Borough		3	763	11		0
	Hastings Borough		2	635	8		10

* Appointed by the Governor.

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

Boards.	Contributory Local Authorities.	Representation on Board.	Contribution for Year 1911-12.	Approximate Rate per Pound on Rateable Capital Value.
		Members.	£ s. d.	d.
Waipawa	Waipawa County	2	645 1 7	1-4th
	Waipawa Borough	1 for combined district	60 7 6	
	Waipukurau Town District		55 10 10	
	Dannevirke County	3	590 6 9	
	Weber County		144 8 5	
	Patangata County	3	922 16 0	
	Waipukurau County		140 5 0	
	Woodville County	1	316 1 11	
	Woodville Borough		29 17 0	
Dannevirke Borough	2	197 4 8		
Taranaki	Clifton County	1	231 10 8	1-12th
	Taranaki County	4	650 11 6	
	St. Aubyn Town District	3 for combined district	31 6 8	
	New Plymouth Borough		365 7 9	
	Fitzroy Town District		40 12 8	
	Inglewood Borough	1	45 7 9	
	Waitara Borough		62 3 10	
	Egmont County	2	454 8 10	
Stratford	Stratford County	5	890 7 0	1-10th
	Stratford Borough	2	142 7 6	
	Whangamomona County	1	193 11 0	
Hawera	Hawera County	3	398 3 9	1-20th
	Hawera Borough	1	89 16 3	
	Waimate West County	1	247 10 5	
	Eltham County	2	309 9 2	
Eltham Borough	1	58 7 6		
Patea	Patea County	8	510 0 0	1-8th
	Waverley Town District		13 16 8	
	Patea Borough	1	13 1 8	
Wanganui	Wanganui County	2	483 13 8	1-8th
	Waimarino County	1 for combined district	231 10 10	
	Ohakune Town District		10 13 6	
	Waitotara County		1		433 16 0
	Gonville Town District	1 for combined district	71 15 5	
	Castlecliff Town District		20 9 11	
	Rangitikei County		1,209 18 2	
	Mangaweka Town District	5	12 11 4	
	Hunterville Town District		20 3 9	
	Marton Borough	1	38 8 1	
	Taihape Borough		50 2 0	
	Wanganui Borough	3	460 3 10	
Wanganui East Borough	81 17 6			
Palmerston North	Kiwitea County	2	413 12 11	1-16th
	Pohangina County	1	213 1 11	
	Oroua County	2	504 19 6	
	Feilding Borough	1	197 15 1	
	Manawatu County	3 for combined district	437 17 0	
	Foxton Borough		41 17 8	
	Kairanga County		2		544 4 4
	Palmerston North Borough	4	514 3 11	
Wellington	Horowhenua County	2	1,268 13 8	1-8th
	Levin Borough		119 3 4	
	Hutt County	1	784 19 0	
	Upper Hutt Town District		104 6 4	
	Petone Borough	1	618 12 0	
	Lower Hutt Borough		717 10 8	
	Eastbourne Borough	1 for combined district	83 19 0	
	Wellington City		8,943 16 0	
	Miramar Borough	14	405 2 4	
	Karori Borough		261 6 8	
	Makara County	1	371 2 4	
	Johnsonville Town District		111 14 0	
Onslow Borough	231 14 8			
Wairarapa	Pahiatua County	2	416 11 0	1-19th
	Pahiatua Borough	1 for combined dittrict	51 12 8	
	Eketahuna Borough		36 13 4	
	Akitio County	1	180 19 4	
	Eketahuna County	2 for combined district	170 12 0	
	Mauriceville County		106 10 0	
	Masterton County	4	812 5 8	
	Castlepoint County		144 1 0	
Masterton Borough	2	265 7 4		

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

Boards.	Contributory Local Authorities.	Representation on Board.		Contribution for Year 1911-12.			Approximate Rate per Pound on Rateable Capital Value.
		Members.		£	s.	d.	
Wairarapa— <i>contd.</i>	Wairarapa South County	2		365	0	8	1-19th
	Carterton Borough	1 for combined district		62	0	0	
	Greytown Borough			34	0	0	
	Featherston County	2		576	8	0	
	Martinborough Town District	1 for combined district		24	16	8	
Featherston Town District			21	2	4		
Wairau	Pelorus Road District	2	..	150	2	1	1-9th
	Havelock Town District .. ..		..	10	2	4
	Spring Creek Road District	1		132	18	4	
	Omaka Road District	2		254	5	6	
	Wairau Road District	2		362	1	1	
	Awatere Road District	3		518	10	2	
	Blenheim Borough	4		291	18	6	
Marlborough County Council .. ..	..		13	13	10	
Picton	Sounds County	3*		278	4	4	1-8th
	Picton Borough	3		119	4	10	
	Picton Road District	3		164	14	4	
Nelson	Waimea County	5 for combined district		897	0	0	1-9th
	Murchison County			101	0	0	
	Motueka Borough	1		75	0	0	
	Richmond Borough	4 for combined district		59	0	0	
	Nelson City			500	0	0	
	Collingwood County	1		93	0	0	
Takaka County	1		168	0	0		
Westland	Westland County	5		1,366	0	0	1-half
	Hokitika Borough	3		598	0	0	
	Kumara Borough	1 for combined district		80	0	0	
	Ross Borough			61	0	0	
Buller	Buller County	5		831	14	9	1-half
	Westport Borough	3		904	19	10	
Inangahua	Inangahua County	8		1,020	0	0	4-5ths
Grey	Grey County	5		1,221	6	10	1-3rd
	Greymouth Borough	6		1,486	8	0	
	Brunner Borough	1		54	19	9	
North Canterbury	Amuri County	1		1,183	5	9	1-5th
	Kaikoura County	1 for combined district		776	16	6	
	Cheviot County			758	4	9	
	Akaroa Borough	1		59	9	0	
	Akaroa County			1,289	11	9	
	Mount Herbert County	1		310	14	2	
	Wairewa County	1		653	3	3	
	Tawera County			270	16	6	
	Selwyn County	1		937	19	8	
	Malvern County	1		1,505	14	7	
	Ellesmere County			1,280	0	0	
	Springs County	1		592	10	0	
	Waimari County	2		2,116	13	7	
	Halswell County	2 for combined district		589	1	7	
	Spreydon Borough			334	8	2	
	Heathcote County	1 for combined district		634	18	7	
	Paparoa County			1,075	4	7	
	Christchurch City	7		8,301	16	2	
	Lyttelton Borough	1 for combined district		250	14	1	
	New Brighton Borough			158	6	9	
Woolston Borough	1 for combined district		322	1	10		
Sumner Borough			294	11	1		
Road Districts in Ashley County	1 for combined district		3,083	19	2		
Amberley Town District			26	18	2		
Kaipoi Borough	3		137	8	10		
Rangiora Borough			179	13	6		
Waipara County			2,053	13	10		
Ashburton	Ashburton County	6		1,261	1	10	1-20th
	Ashburton Borough	1		78	0	0	
	Hampstead Town District	1 for combined district		25	9	4	
	Tinwald Town District			14	14	10	
South Canterbury	Geraldine County	2		898	18	0	1-11th
	Temuka Borough	1 for combined district		64	1	0	
	Geraldine Borough			38	18	0	
	Mackenzie County	1		382	1	0	
	Levels County	2 for combined district		852	17	2	
	Pleasant Point Town District			15	11	0	

* Appointed by Governor.

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

Boards.	Contributory Local Authorities.	Representation on Board.	Contribution for Year 1911-12.	Approximate Rate per Pound on Rateable Capital Value.	
South Canterbury — <i>continued.</i>	Timaru Borough	Members. 2	£ 731 17 0	} 1-11th	
	Waimate County	2	1,429 10 0		
	Waimate Borough	1	86 7 0		
Waitaki ..	Waitaki County	} 6 for combined district {	684 18 0	} 1-30th	
	Hampden Borough		4 2 0		
	Oamaru Borough		133 4 0		
Otago ..	Waihemo County	} 1 for combined district {	533 17 6	} 1-4th	
	Waikouaiti County		694 2 0		
	Port Chalmers Borough		264 14 2		
	Palmerston South Borough		67 11 4		
	Waikouaiti Borough		73 17 5		
	Road Districts in Peninsula County		436 1 9		
	Bay Town District		201 8 2		
	St. Kilda Borough		483 1 0		
	Green Island Borough		182 16 4		
	Roslyn Borough		852 7 3		
	Mornington Borough		483 18 8		
	Maori Hill Borough		297 7 9		
	Dunedin City		7,479 5 3		
	West Harbour Borough		166 5 0		
	Taieri County		1,517 10 3		
	Mosgiel Borough		183 12 5		
	Bruce County		1,215 5 0		
	Milton Borough		150 11 6		
	Kaitangata Borough		92 7 11		
Tuapeka County	1,178 11 0				
Lawrence Borough	96 1 2				
Roxburgh Borough	281 10 4				
Tapanui Borough	27 4 6				
Clutha County	1,484 4 4				
Balclutha Borough	117 15 8				
Vincent ..	Vincent County	6	634 12 8	} 1-4th	
	Cromwell Borough	1	87 15 0		
	Alexandra Borough	1	104 15 0		
Maniototo ..	Maniototo County	7	710 12 2	} 1-4th	
	Naseby Borough	1	33 2 1		
Southland ..	Lake County	} 1 for combined district {	200 13 8	} 1-8th	
	Arrowtown Borough		8 12 8		
	Queenstown Borough		28 17 8		
	Southland County		3,905 2 0		
	Wyndham Town District		6		31 6 8
	Gore Borough		1		235 7 0
	Mataura Borough		1		81 1 0
	Invercargill Borough		3		1,160 13 0
	Invercargill South Borough		3		43 10 4
	Campbelltown Borough		1		126 15 0
Winton Borough	1	29 18 8			
Stewart Island County	1	22 1 4			
Wallace and Fiord	Wallace County	7	1,167 2 0	} 1-8th	
	Fiord County .. ..	..	..
	Riverton Borough	38 8 8		
	Otautau Town District	1 for combined district	36 4 0		

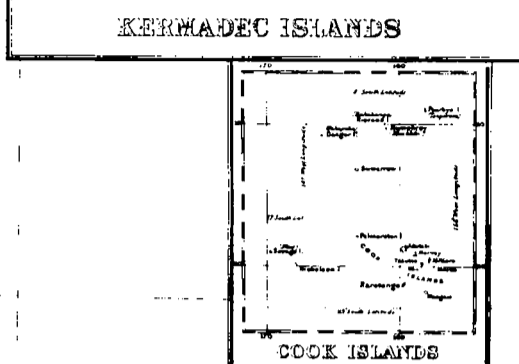
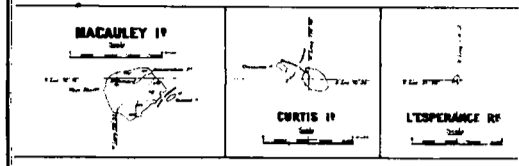
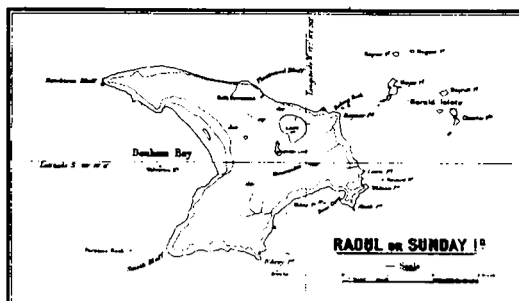
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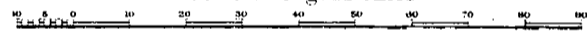
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| 1. Mangonui | 25. Rotorua | 49. Taranaki |
| 2. Whangaroa | 26. Whakatane | 50. Waikato West |
| 3. Hokianga | 27. Opoitiki | 51. Egmont |
| 4. Bay of Islands | 28. Waikato | 52. Oroua |
| 5. Whangarei | 29. Waikohu | 53. Pohangia |
| 6. Hobson | 30. Cook | 54. Dannevirke |
| 7. Otamatea | 31. Waioa | 55. Waipukurau |
| 8. Rodney | 32. East Taupo | 56. Patangata |
| 9. Waitemata | 33. Ohura | 57. Weber |
| 10. Eden | 34. Awakino | 58. Akitio |
| 11. Manukau | 35. Clifton | 59. Pahiatua |
| 12. Franklin | 36. Whangamomona | 60. Woodville |
| 13. Coromandel | 37. Kaitieke | 61. Karanga |
| 14. Thames | 38. Waimarino | 62. Manawatu |
| 15. Olaneriri | 39. Hawke's Bay | 63. Horowhenua |
| 16. Waikato | 40. Waipawa | 64. Eketahuna |
| 17. Raglan | 41. Kaitake | 65. Masterton |
| 18. Piako | 42. Rangitikei | 66. Castlepoint |
| 19. Tauranga | 43. Wanganui | 67. Masterton |
| 20. Matapua | 44. Waitotara | 68. Wairarapa South |
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| 22. Kawhia | 46. Hawera | 70. Makara |
| 23. Waikato | 47. Eltham | 71. Featherston |
| 24. West Taupo | 48. Stratford | |



NORTH ISLAND
(TE IKA-A-MAUI)
NEW ZEALAND

Scale of English Miles



- Reference
- Cities
 - Seaports
 - Towns
 - Railways
 - Roads
 - Boundaries of Land Districts

T A S M A N

S E A

REFERENCE.

- Boundaries of Hospital Districts shown thus, ———
- Hospitals shown thus, ●

MIDDLE ISLAND

INDEX TO SOUTH ISLAND COUNTIES.

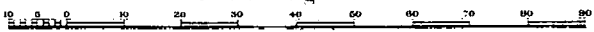
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|----------------|-------------------|--------------------|
| 1. Collingwood | 18. Tawera | 35. Levin |
| 2. Takaka | 19. Westland | 36. Mackenzie |
| 3. Bluff | 20. Selwyn | 37. Waimate |
| 4. Waima | 21. Malvern | 38. Wairaki |
| 5. Marlborough | 22. Eyre | 39. Vincent |
| 6. Sounds | 23. Rangiora | 40. Lake |
| 7. Awatere | 24. Waimairi | 41. Fildes |
| 8. Kaikoura | 25. Paparua | 42. Wallace |
| 9. Amuri | 26. Heathcote | 43. Southland |
| 10. Murchison | 27. Hasswell | 44. Taupese |
| 11. Inangahua | 28. Mount Herbert | 45. Maniototo |
| 12. Grey | 29. Akaroa | 46. Waimere |
| 13. Wairarapa | 30. Waipara | 47. Waiotapu |
| 14. Clarendon | 31. Springs | 48. Peninsula |
| 15. Kaitiaki | 32. Ellesmere | 49. Farewell Bend |
| 16. Ashburton | 33. Ashburton | 50. Bruce |
| 17. Otago | 34. Geraldine | 51. Clutha |
| | | 52. Stewart Island |



SOUTH ISLAND
(TE WAI-PONAMU)

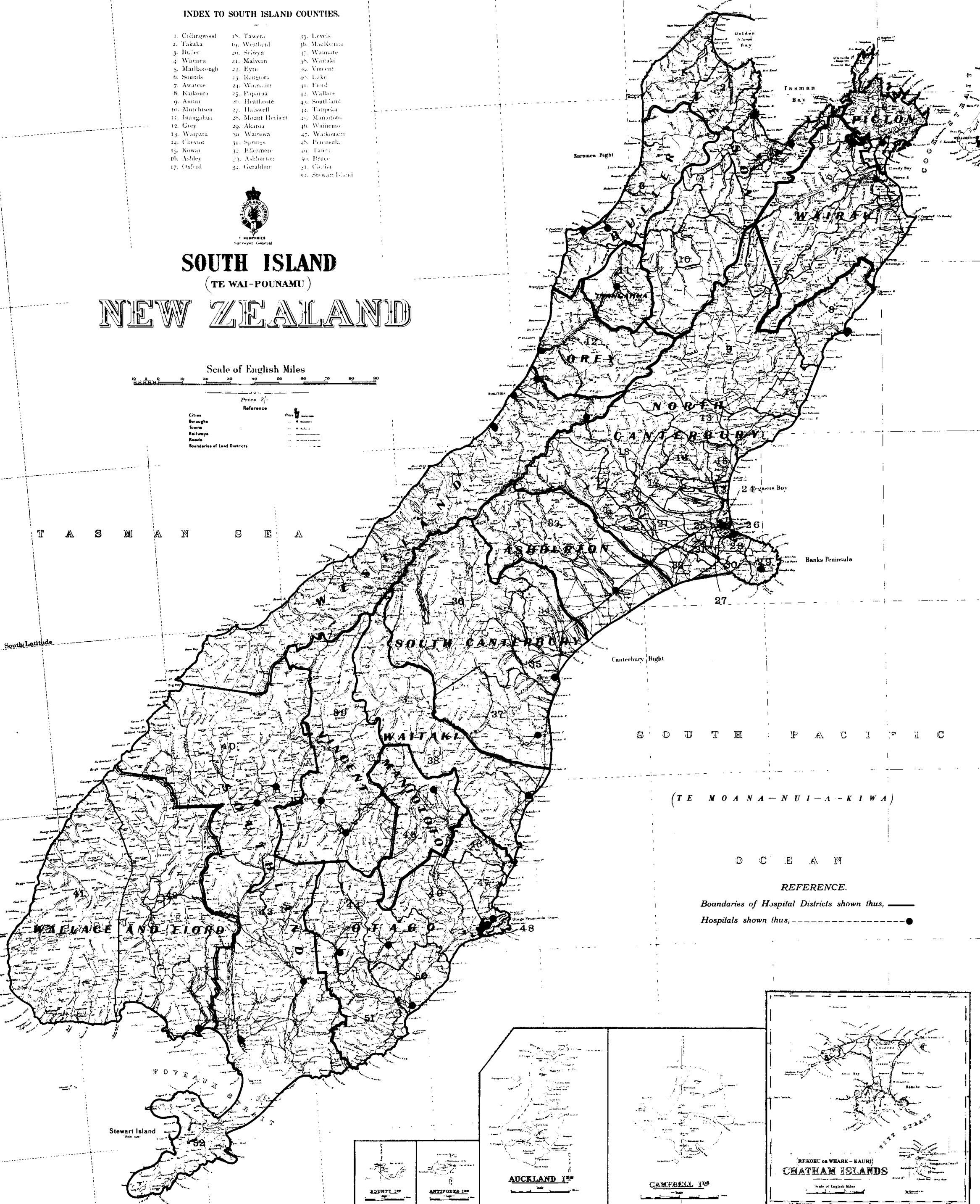
NEW ZEALAND

Scale of English Miles



Price 2/-
Reference

Cities	Reference	Scale
Boroughs	Reference	Scale
Towns	Reference	Scale
Railways	Reference	Scale
Roads	Reference	Scale
Boundaries of Land Districts	Reference	Scale



(TE MOANA-NUI-A-KIWA)

OCEAN

REFERENCE.

Boundaries of Hospital Districts shown thus, ———
Hospitals shown thus, ●

