

1916.

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.

REPORT.

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

Department of Public Health, Hospitals, and Charitable Aid,
Wellington, 22nd June, 1916.

SIR,—

I have the honour to lay before you the report of the Department for the year ending 31st March, 1916. It is hardly necessary to say that the past year has been the most eventful one in the annals of the Department.

MILITARY HOSPITALS.

Early in the year, on the request of the Minister of Defence, the officers of the Department undertook new duties and responsibilities in connection with the sanitation of the Trentham and Featherston Military Camps, and the hospital accommodation of the sick from those camps as well as that of the sick and wounded from the seat of war. These additional duties took up a deal of the time of the officers of the various branches, which, as the staff had been seriously depleted by so many of its members being absent on active service, taxed the resources of the Department to the utmost. Happily, however, the Department rose to the occasion, and I cannot speak too highly of the manner in which the officers of all branches embarked on their new duties and the cheerfulness with which they worked after office hours to maintain the credit of their Department. There is no need to recapitulate the stress that arose at Trentham Camp in the early days of June last and the circumstances that led to my being appointed Director of Military Hospitals. That matter was dealt with by the Royal Commission which the Government saw fit to set up to report on the question. To the military capacity referred to a great deal of time had to be given until the arrival of General Henderson in September relieved me of a considerable portion of those duties.

INFECTIOUS DISEASES.

Unfortunately, the military duties referred to were not the sole causes of additional and unusual stress on the Department during the year. Hardly had the epidemic at Trentham been successfully coped with than an outbreak of cerebro-spinal meningitis occurred at that camp; this was speedily followed by an epidemic of infantile paralysis, the first case being notified on the 28th January, and has continued up to date. A special report on these outbreaks has been made by Dr. Sydney Smith, and will be issued as an appendix to this report.

Unfortunately, there have also been epidemics of enteric fever at Auckland and in the far North. Scarlet fever in epidemic form has been reported at Auckland and Christchurch, and at the time I write an epidemic of diphtheria is raging in Napier and Hastings.

MILITARY CONVALESCENT HOSPITALS.

Under your auspices hospitals for our sick and wounded have been erected at Rotorua, and more recently at Hanmer. Very excellent results have been reported from the former place, which amply justify your decision to take over the thermal springs and sanatoria for the benefit of our sick and wounded.

Features of the new hospitals referred to are the facilities for treating the patients in the open air, and the octagon-shaped wards which have been erected for the more effectual carrying-out of this principle have given the greatest satisfaction to the medical officers at Trentham and Featherston Camps, where, owing to the generosity of certain residents of the Wairarapa, I was first able to experiment in this direction. It was on the experience derived from the "Wairarapa Ward" at Trentham that I felt justified in recommending that wards on similar lines should be erected at Rotorua and Hanmer.

PUBLIC HOSPITALS.

During the year the public hospitals at Blenheim and New Plymouth have been completed. These institutions have been constructed on the lines of those of our newer hospitals, which have gained warm encomiums from hospital authorities from other lands.

By the acquirement by the Government of the Townley Memorial Hospital at Gisborne that somewhat isolated district is provided with an excellent little maternity hospital, which will be administered on the lines of the St. Helens hospitals.

VENEREAL DISEASES.

May I be permitted to record my congratulations at your determination to introduce at an early date the legislation that is urgently needed to limit the spread of venereal diseases in these Islands. Though the prevalence of these diseases in this country is much exaggerated, there is no doubt that the time is most opportune for putting into force many, if not all, of the recommendations of the Royal Commission which has just issued a most valuable report in this respect.

CANCER.

Of the two primary causes of death in this country cancer now leads the list with a record of 900 deaths, as against 693 deaths from tubercular diseases. As regards the former, you will welcome the assistance of the British Medical Association, whose members have signified their willingness to accede to your request and to operate with the medical officers of this Department in any manner that may be considered necessary and in the drawing-up of literature that may be distributed amongst the public with regard to this most terrible disease.

TUBERCULOSIS.

As regards tubercular diseases, the Hospital Boards of the Dominion have responded favourably to the circular which was issued by your instructions, and it is hoped thereby that the campaign initiated against these diseases in 1912 will not be allowed to languish.

NATIVE HEALTH SERVICE.

Less prominent, yet still a question of great importance as regards the public health of this country, is the health of the Native race, and your determination to place this matter on a more satisfactory basis should gain the hearty support of all concerned.

NURSES REGISTRATION AND MIDWIVES ACTS.

I would particularly draw your attention to the report by the Assistant Inspector, Miss Maclean, on the Nurses Registration and Midwives Acts, and on other matters relating to the nursing profession, of which by no means the least interesting is the portion devoted to the work of our nurses in Egypt and in other portions of the Empire.

ROTORUA SANATORIUM.

The Rotorua Sanatorium has ever been regarded by the Public Health Department as one which should be under its control, and the recent decision of the Ministers concerned to vest this Department with its control was hailed with the greatest satisfaction by those who, though recognizing its potentialities, were nevertheless convinced that it was scarcely likely to develop and take its proper place among the institutions of the Dominion while under the control of a non-medical Department. It is to be hoped that this statement will not be misunderstood. Every credit should be given, and is certainly due, to those who were responsible for the initiation and development of the Rotorua Sanatorium; but it must be admitted that owing to its association with a Department very rightly ambitious to make the most of the scenic attractions with which the Dominion is so richly endowed, but which even yet require vast sums for their development, the sanatorium and its immediate necessities were somewhat put on one side for the sake of those developments which, to the casual observer, afforded better evidence of money well spent than could be gathered from even a close scrutiny of the investments in equipping a thermal resort in competition with the most celebrated spas of Europe and the Americas. Nor was the Minister of Public Health slow to make full use of the institution when handed over to his control. Plans were immediately prepared for increasing the accommodation of the sanatorium proper by adding to and making full use of the verandas. The kitchen and dining-room were enlarged, and a recreation-room for the patients also added. Here, under Dr. Herbert's care, is now a daily average of sixty-three military and some civil patients. For female patients special arrangements have been made in a boardinghouse adjoining the sanatorium, and these arrangements will stand until the end of the war.

On a beautiful site on Pukeroa Hill, commanding a fine view of the historic lake and surrounding country, stands the King George V Hospital, which has been erected on lines similar to the hospitals at Trentham, Featherston, and Hanmer. To this institution are sent the more convalescent of our sick and wounded. The Native as well as the European has tried to make the surroundings for our Empire defenders as congenial as possible, and billiard, recreation, and work rooms have been erected from subscriptions received from members of both races. It is hoped that the addition of workrooms may induce some of the more industriously inclined patients to acquire the rudiments of crafts and arts under the guidance of teachers from our technical schools, whose directors have generously placed their services at the disposal of the soldiers. It is indeed a somewhat non-exacting system under which the soldiers are housed, but nevertheless there is comparatively little tendency on the part of the soldier patients to abuse the privileges afforded them, and much are to be regretted the exaggerated reports that have appeared in the public Press as to the loose conduct of the men. Hard indeed would it be to the men if in their convalescence they had to submit to the exacting discipline that a certain section of the public appear to desire. The main thing is to get the men well, and so long as they conduct themselves as is to be expected of men of their stamp, who is to grudge the freedom allowed them?

That they are benefiting by the rest and general medical regime there is no shadow of a doubt; indeed, many of Dr. Herbert's results border on the miraculous. The decision of the Minister of Public Health to acquire these thermal resorts for our sick and wounded has been more than justified, and the expenditure may be regarded as a bagatelle to the results achieved under the care of Dr. Herbert and his devoted staff. Nor will the building be wasted, for we trust that in happier and more peaceful times these new structures at Rotorua and Hanmer will be used for "topping off" many a patient who might otherwise remain a very long time on his bed in a distant general hospital. Nevertheless it is with a feeling akin to relief that we turn our backs on Rotorua. Though the results of the treatment surpass belief, it is sad to see so many young lives crippled physically and mentally, and to hear from the nurses that robust as some of their patients may appear it often happens that in the dark watches of the night they cry out in their agony on account of dreams associated with their awful experiences of the past on that far-away and blood-stained peninsula.

A visit to these hospitals and a talk with the medical officers and nurses—aye, and with the patients themselves—will soon satisfy those interested that, though the discipline of this institution may seem somewhat lax to those accustomed to the discipline of ordinary hospitals, the medical authorities are nevertheless acting on sound grounds in their endeavour to remove from the minds of their men anything calculated even in the smallest degree to bring back the awful experiences and horrors of the past.

PUBLIC HEALTH GENERALLY.

Births.

The number of births registered during 1915 was 27,850, or 25·33 in every 1,000 persons living. The number is 488 less than for the year 1914, and the rate less than for the year 1914 by 0·66 per thousand. This reduction in the birth-rate, small as it may be, must be regarded as serious, especially in these momentous times. The number of male children born during 1915 was 14,415, and of female children 13,435.

Deaths.

Despite an unusual number of epidemics the general health of the Dominion has been good, the death-rate being 9·06 per 1,000 in 1915, as against 9·31 in 1914. The infantile mortality rate for New Zealand was 50·05 deaths per 1,000 births, the lowest hitherto recorded. The following table shows the rate of infantile mortality in New Zealand and four chief centres each year from 1905–1915:—

Rates of Infantile Mortality in New Zealand and Four Chief Centres (Deaths under 1 Year of Age per 1,000 Births) each Year 1905–1915.

| Year. | New Zealand. | Auckland and Suburban Boroughs. | Wellington and Suburban Boroughs. | Christchurch and Suburban Boroughs. | Dunedin and Suburban Boroughs. |
|------------|--------------|---------------------------------|-----------------------------------|-------------------------------------|--------------------------------|
| 1905 | 67·52 | 91·52 | 96·21 | 88·99 | 67·13 |
| 1906 | 62·10 | 85·80 | 71·88 | 74·37 | 72·60 |
| 1907 | 88·79 | 97·19 | 117·80 | 126·16 | 95·36 |
| 1908 | 67·89 | 81·87 | 81·67 | 67·82 | 74·54 |
| 1909 | 61·60 | 61·85 | 84·21 | 62·78 | 48·52 |
| 1910 | 67·73 | 79·02 | 84·59 | 69·40 | 79·08 |
| 1911 | 56·31 | 63·02 | 73·36 | 62·90 | 43·42 |
| 1912 | 51·22 | 56·95 | 61·32 | 60·03 | 38·11 |
| 1913 | 59·17 | 80·81 | 60·23 | 63·49 | 73·42 |
| 1914 | 51·38 | 57·62 | 82·57 | 68·15 | 54·28 |
| 1915 | 50·05 | 71·67 | 57·17 | 54·24 | 72·26 |

The following table shows the causes of deaths of children under one year of age during the past five years:—

Deaths of Children under One Year—Causes—1911-15.

| Causes. | Number of Deaths from each Cause. | | | | | Percentage of Total. | | | | |
|--------------------------------|-----------------------------------|-------|-------|-------|-------|----------------------|--------|--------|--------|--------|
| | 1911. | 1912. | 1913. | 1914. | 1915. | 1911. | 1912. | 1913. | 1914. | 1915. |
| Whooping-cough | 12 | 6 | 87 | 53 | 50 | 0·81 | 0·43 | 5·26 | 3·64 | 3·58 |
| Convulsions | 89 | 51 | 71 | 51 | 55 | 6·00 | 3·62 | 4·29 | 3·50 | 3·95 |
| Bronchitis and pneumonia | 161 | 126 | 157 | 115 | 127 | 10·85 | 8·94 | 9·50 | 7·90 | 9·11 |
| Diarrhoea and enteritis | 244 | 178 | 214 | 163 | 115 | 16·44 | 12·63 | 12·95 | 11·19 | 8·25 |
| Malformations | 51 | 117 | 89 | 98 | 132 | 3·43 | 8·30 | 5·38 | 6·73 | 9·47 |
| Premature birth | 337 | 398 | 418 | 420 | 397 | 22·71 | 28·25 | 25·29 | 28·85 | 28·48 |
| Congenital debility | 283 | 254 | 296 | 246 | 211 | 17·72 | 18·03 | 17·91 | 16·90 | 15·14 |
| Other causes | 327 | 279 | 321 | 310 | 307 | 22·04 | 19·80 | 19·42 | 21·29 | 22·02 |
| Totals | 1,484 | 1,409 | 1,653 | 1,456 | 1,394 | 100·00 | 100·00 | 100·00 | 100·00 | 100·00 |

The following table shows the number of deaths from the most prevalent infectious diseases during the past five years:—

| Cause. | Number of Deaths. | | | | | Proportion per 10,000 of Mean Population. | | | | |
|-----------------------------------|-------------------|-------|-------|-------|-------|---|-------|-------|-------|-------|
| | 1911. | 1912. | 1913. | 1914. | 1915. | 1911. | 1912. | 1913. | 1914. | 1915. |
| Typhoid fever | 67 | 46 | 60 | 48 | 52 | 0·66 | 0·44 | 0·56 | 0·44 | 0·47 |
| Measles | 41 | 15 | 26 | 33 | 64 | 0·41 | 0·14 | 0·24 | 0·30 | 0·58 |
| Scarlet fever | 9 | 7 | 11 | 22 | 44 | 0·09 | 0·07 | 0·10 | 0·20 | 0·40 |
| Whooping-cough | 17 | 10 | 128 | 74 | 80 | 0·17 | 0·10 | 1·20 | 0·68 | 0·73 |
| Diphtheria | 62 | 46 | 61 | 78 | 99 | 0·61 | 0·44 | 0·57 | 0·72 | 0·90 |
| Influenza | 63 | 65 | 56 | 63 | 110 | 0·62 | 0·63 | 0·52 | 0·58 | 1·00 |
| Pulmonary tuberculosis | 584 | 567 | 656 | 576 | 562 | 5·75 | 5·46 | 6·14 | 5·28 | 5·11 |
| Other forms of tuberculosis | 154 | 149 | 156 | 152 | 131 | 1·52 | 1·43 | 1·46 | 1·39 | 1·19 |

INFECTIOUS DISEASE.

The following table shows the number of cases of infectious disease notified throughout the Dominion during the year 1915:—

| Disease. | Number of Cases. | | | Rate of Incidence per 10,000 of the Population. | | |
|---------------------------------|------------------|-------|-------|---|-------|-------|
| | 1915. | 1914. | 1913. | 1915. | 1914. | 1913. |
| Scarlet fever | 2,312 | 1,506 | 1,614 | 21·03 | 13·81 | 15·10 |
| Diphtheria | 1,420 | 1,095 | 747 | 12·92 | 10·04 | 6·99 |
| Enteric | 825 | 859 | 863 | 7·50 | 7·88 | 8·08 |
| Tuberculosis | 1,019 | 957 | 1,018 | 9·27 | 8·78 | 9·53 |
| Blood-poisoning | 140 | 162 | 118 | 1·27 | 1·49 | 1·10 |
| Chicken-pox | 401 | 1,123 | 1,137 | 3·65 | 10·30 | 10·64 |
| Smallpox | 1 | 63 | 470 | .. | 0·58 | 4·40 |
| Polio-myelitis | 10 | 268 | .. | 0·09 | 2·46 | .. |
| Cerebro-spinal meningitis | 85 | .. | .. | 0·77 | .. | .. |
| Hydatids | 18 | .. | .. | 0·16 | .. | .. |
| Totals | 6,231 | 6,033 | 5,967 | 56·67 | 55·33 | 55·84 |

DANGEROUS INFECTIOUS DISEASES.

Smallpox.—One case was notified to the District Health Officer, Auckland, during the year, but it was open to doubt whether it was a true case. All precautions were, however, taken, and all contacts vaccinated. All former contacts were followed up, but no traces of illness could be found before or after contact with the patient.

Plague.—It is again satisfactory to report absence of plague in man or rodent. 16,189 rats were purchased from various sources by the District Health Officer, Auckland, and were examined for symptoms of plague infection.

Leprosy.—The conditions with regard to this disease remain the same, there being still two active cases at the quarantine station, one of whom, owing to blindness, is unable to look after himself, and has been receiving attention from the Maori, who had recovered from the disease. Further swabs have been taken from the Maori, but all with negative results.

SALE OF FOOD AND DRUGS ACT.

During the year complaints having been made regarding the sale of light-weight butter and bread, a surprise sampling was, by your instructions, undertaken throughout the Dominion. The result showed that the great majority of the samples weighed complied with the requirements of the Act. A number of prosecutions were initiated and convictions obtained.

Owing to a statement that the drought made the attainment of our standard for butter-fat practically unobtainable an inquiry was made, and it was shown from the factory returns in the Auckland Province that the tendency was for an increased percentage of butter-fat, and that only rarely did the dry weather produce decrease, and then not below the standard.

Labelling has also received a good deal of attention, but the majority of firms now place their proposed labels before the Department previous to their being put in the printer's hands. This procedure will greatly tend to uniformity and correctness in labelling.

Under the Amendment Act of 1915 regulations for the branding of imported eggs have been prepared, and were gazetted on the 2nd March last.

In accordance with the expression of opinion by the representatives of the Beekeepers' Association of the Dominion, a regulation was prepared to lower the standard of the water-content of honey.

The possibility of the deterioration of infants' food through keeping was attended to, with the result that a large quantity of old stock was taken out of sale in different parts of the Dominion.

As in the past, the greatest amount of samples taken have been in connection with the supply of milk for direct human consumption.

THE MEDICAL PRACTITIONERS ACT, 1914.

Two meetings of the Medical Board constituted under the above Act were held during the year, and granted registration to twenty-three applicants. Amongst various matters dealt with, steps were taken to purge the Medical Register of nearly four hundred names of men who were either dead or had ceased to practise.

The Board also considered many matters relating to ethics and other subjects relative to the medical profession. The members are unanimous in their opinions that it would be well to extend the scope of the Board's authority with equal advantage to the public and profession.

PLUMBERS REGISTRATION ACT, 1912.

Ten meetings of the Plumbers' Board of New Zealand were held during the year.

The Board held examinations under the Act in March and December, 1915. At these examinations thirty-one candidates passed or completed same, and were admitted to registration.

Fourteen persons were admitted to registration during the year under the other provisions of the Act.

To date the names of 1,187 persons have been entered in the register.

HOSPITALS AND CHARITABLE AID.

I am unable to comment upon the above until full and correct returns from the Boards are received. Although I am pleased to say that nearly all the returns are now to hand from the various Boards (at least three months earlier than they have formerly been received), yet there are numerous corrections and queries which have to be undertaken before a complete compilation can be presented. You have been asked to provide on the permanent appropriations a sum of £235,000 for subsidies, the amount paid in connection with which last year was £228,756. Since the amount was placed on the estimates, the estimates and apportionments of the Boards' expenditure have been received, and show that the amount provided should cover the needs.

The new regulations governing the accounts of Hospital Boards came into force on the 1st April last. Under your direction an explanatory pamphlet regarding these regulations has been circulated to the various Boards, and should do much to remove the misapprehension that the new regulations are going to entail either extra or unnecessary work upon Board Secretaries. The requirements of the Department in this respect are only what would be considered reasonable, necessary, and natural by any business man or accountant, and should result in the yearly transactions of Boards being recorded and summarized in a clear and businesslike manner.

CONCLUSION.

I cannot conclude this report without thanking those who so very cheerfully and so very ably assisted me during those stressful times. Conscious of so much help direct and indirect it is indeed hard to know where to begin. That my thanks are due to Dr. Frengley and the officers, medical and clerical, of the Department goes without saying. Of the many officers of the Defence Department who worked as one man I am specially indebted to Major Francis. To Captain Harrison in the early stages of the Trentham crisis and to Lieut.-Colonel Andrew in the latter I cannot sufficiently express my thanks. Of these, the former, as might be expected by those who know him, exercised the greatest care and gallantry during the "Marquette" disaster. The latter has more than justified the confidence imposed in him by making Trentham a model camp. Of my many colleagues in the Civil Service who were ever ready to help I am specially grateful to Mr. Hiley and his assistant (Mr. Hornibrook), and to Mr. Furkert, of the Public Works Department. Nor will be forgotten the assistance I received from the settlers of Waikanae, Levin, and Masterton in the eventful days in July. The committees of the Wellington and Wairarapa Racing Clubs are deserving of our gratitude for so readily placing their buildings at our disposal, which probably was the means of saving many soldiers' lives, and special thanks are due to Messrs. A. and G. Pearce, of Levin and Co., for so readily placing their wool-store at Kaiwarra at the disposal of the Department, and to Mr. Charles Izard for allowing his beautiful house and grounds at the Upper Hutt to be used for an infectious-diseases hospital. The readiness with which the members of the Wellington Golf Club handed over their club-house for hospital

purposes should not be forgotten; nor the work of those very excellent ladies—Mrs. Marchbanks, Mrs. A. Pearce, Miss Pearce, Mrs. Rolleston, Mrs. Duthie, Miss Ewen, and others—who undertook the nursing of the patients. I am glad to acknowledge the work done by the motor service started by Miss Shirtcliffe and Mr. Crawford, who were never deterred by weather or bad roads from carrying out their self-imposed task.

In a report like this it is impossible to do justice to the kindness and consideration with which I was met at all times and hours during those strenuous days in June and July last, and which more than compensated me for the hindrance and annoyance to which I was subjected by the captious and sordid few.

I have, &c.,

T. H. A. VALINTINE,

Inspector-General of Hospitals and Chief Health Officer.

THE NURSES REGISTRATION ACT, 1908; THE MIDWIVES ACT, 1908; AND PART III OF THE HOSPITALS AND CHARITABLE INSTITUTIONS ACT, 1908.

Miss Maclean (Assistant Inspector and Deputy Registrar of Midwives and Nurses) reports as follows:—

THE NURSES REGISTRATION ACT.

I have the honour to report as follows:—

During the year two examinations were held by the State: 158 candidates sat for examination; 145 were successful in passing, and their names were placed on the register. Forty-six nurses were registered from overseas.

Since the first contingent of fifty nurses left in April, 1915, for active service with the Expeditionary Force, two more contingents of 100 each have been despatched at the request of the War Office for service in Egypt or elsewhere required. Besides these, the two hospital ships have been staffed; other nurses have been sent away on transport duty; the various military hospitals of the Dominion have been staffed; and there are now 320 nurses belonging to the New Zealand Army Nursing Service.

The great majority of the nurses sent for service under the War Office have been attached to Imperial hospitals, only about ninety being required for the New Zealand hospitals in Egypt.

The nurses did excellent work in Egypt, and the authorities recognized that the training carried out under the system of State registration was the means of qualifying very efficient nurses. In the Imperial hospitals many of the New Zealand sisters were put in positions of responsibility in charge of surgical and medical divisions, working under specialists of world-wide celebrity.

The question of sending sisters in transports with the troops was at first decided in the negative, but experience proved that while in some cases they were not required, owing to the good health of the men, in others they were very badly needed. It was therefore decided that they should go on all troopships. Sisters have also been sent back from Egypt in charge of invalided men and invalided sisters.

Besides the nurses enrolled by the Government, a large number have gone to England, paying their own expenses, in order to offer their services. These nurses have all been accepted by the War Office, the Red Cross, or the French military authorities, and have done very excellent work, some being specially mentioned in despatches. A number have also been accepted on the staff of the Walton-on-Thames Hospital for New-Zealanders, whose first Matron, Miss Tombe, was a New Zealand nurse.

Four New Zealand nurses have been awarded the Royal Red Cross—Miss Nurse, Miss Cameron, and Miss Tombe, first class; Miss Vida McLean, second class.

During the year one sister has died of enteric while on active service, while ten lost their lives in the torpedoing of the transport "Marquette."

Difficulties arising regarding the management of some of the training-schools point to the need of more powers of control by the Registrar of Nurses. This has involved amendments being made to the regulations under the Nurses Registration Act.

Maori Nurses and Native-health Work

There has not been much development in this work during the year. A great amount of work has been done in the northern districts in epidemics of enteric among the Natives, especially by Miss Ferguson of the Bay of Islands district. More nurses are required for the work, there being now only nine nurses, with two giving part service.

District Nurses.

This branch of health-work has been rather at a standstill on account of the war. There are eighteen nurses now engaged.

Plunket Nurses.

This work remains as last year. New branches are not starting on account of difficulty in obtaining funds during the war. There are now twenty-eight nurses engaged.

THE MIDWIVES ACT.

During the year there have been two examinations of midwives. Sixty-seven candidates sat for examination, and sixty-one passed, and are now registered.

Eighteen midwives were registered from overseas.

The Midwives Act for Scotland lately passed gives a reciprocal registration to those midwives registered under New Zealand or similar Acts.

The value of the twelve-months course of training in midwifery and maternity nursing exacted by the New Zealand Act is shown by the success of the midwifery nurses in work dealing with the preservation of infant life. It has been found that for Plunket work, for instance, the midwifery nurses are frequently more adaptable than those general nurses who have not also a midwifery certificate. During the period of the war a great many nurses with midwifery certificates only have gained the Plunket certificates, and been appointed to this work.

STATE MATERNITY HOSPITALS.

At the St. Helens Hospitals, Auckland, Wellington, Christchurch, and Dunedin 798 cases were confined during the year. 772 children were born alive, and thirty-two still-births. There were two maternal deaths, and six deaths of infants.

There were also attended 563 outdoor cases. Two deaths of mothers and five deaths of infants.

Sixty-two pupils have been trained during the year, and forty-five are now in training.

There have been no changes in the St. Helens Hospitals. Dr. Agnes Bennett (Wellington), Dr. Tracy Inglis (Auckland), Dr. Irving (Christchurch), Dr. Emily Siedeberg (Dunedin), Miss Cameron (Christchurch), and Miss V. McLean (Wellington) have been away on active service, their places being temporarily filled.

Townley St. Helens Hospital, Gisborne.—During the year thirty-six cases were confined. Thirty-six children were born alive, and one still-birth. There were no deaths of mothers or infants.

This hospital, established by the Cook County Women's Guild five years ago, was, at the request of the Guild, taken over by the Government in November, 1915. Owing to a case of septicæmia it was closed for two months and thoroughly renovated. The small number of cases for the year is largely owing to this break and the uncertainty as to reopening.

Alterations and additions are badly needed, and it is hoped to carry out the most necessary ones during the year.

Miss Logan was reappointed Matron, and a trained midwife has been added to the staff. Dr. Williams, of Gisborne, was appointed Medical Officer.

The fees for patients were reduced in accordance with the Regulations for the State Maternity Hospitals, which will now govern the institution.

Five pupils have been trained during the year, and five are now in training.

PRIVATE HOSPITALS.

Little advance has been made during the past year in the establishment of private hospitals. Many qualified nurses being away on active service on account of the war, and many surgeons also being away, there has not been much prospect of success in the opening of new hospitals.

It has been necessary to give some concessions in order to meet with the difficulty in staffing some of the private hospitals already established. The most important addition has been the large well-equipped private hospital in Wellington erected by Dr. Herbert. In Christchurch a large addition to the Lewisham Hospital has been completed. In Dannevirke a much-needed private hospital has been opened by Dr. Dawson.

New regulations have been drafted for the management of private hospitals, but are not yet in force.

Owing to the large amount of work entailed by the exigencies of the war on the nurse-inspection staff of the Public Health Department, the inspection of private hospitals has not been carried out as thoroughly as usual.

MASSAGE.

The Bill for the Registration of Masseurs came up for its second reading during the last session, but was not proceeded with.

It is intended to bring it up again during the present session. The practice of massage has received a great stimulus in the great need for this treatment for the returned wounded soldiers, and it is most important to have some means of recognition of satisfactory training and experience such as has been established by the Dunedin School of Massage.

The outbreak of infantile paralysis has also stimulated the need of experienced operators in the restoring of the functions of the muscles affected by this disease.

In order to give the many children affected the benefit of the treatment on the approved and tried methods of Dr. Robert Jones, Miss Bevilaqua, a nurse-masseuse, trained and experienced in those methods, was brought over from Australia to instruct throughout the Dominion specially chosen masseurs and masseuses and qualified nurses. By this means it is hoped to minimize the amount of deformity otherwise likely to be a result of the epidemic.

TE WAIKATO SANATORIUM.

The Medical Superintendent of the Te Waikato Sanatorium (Dr. Bernstein) reports as follows:—

The patients treated during the year numbered 203 (139 males and 64 females)—a record in the history of the institution. The average daily number of occupied beds was 53.4—also a

record. 144 (99 males and 45 females) patients were discharged. Of these, 56 males and 22 females (54·2 per cent.) were discharged fit for work; 29 males and 16 female patients (31·2 per cent.) were greatly improved; 6 males and 4 females (7 per cent.) were unrelieved; and 8 males and 3 females (7·6 per cent.) died.

I am glad to report that many more patients are coming in an early stage with hopes of permanent benefit. Still there are far too many patients who have delayed coming till it is too late.

There are very many advanced cases still here who should be treated in wards apart from the sanatorium patients proper. The long idle life that the advanced patient has to lead is not encouraging to the early case. The new wing is urgently needed. Many of the advanced cases who have not good homes should be accommodated in special wards in the hospitals of their districts, so that they may be near their friends in their last days.

It is still to be regretted that Auckland Province has not yet got an organized scheme or dispensary for getting hold of early cases and examining those who have been in contact with the disease, as is done in the other provinces of the Dominion. Such a dispensary would also be of great importance for the periodic examination of patients who have been discharged from a sanatorium. Attached to such a dispensary there should be a nurse and a voluntary ladies' committee for the visiting of sick consumptives in their homes to instruct them in hygiene, and to provide them with sufficient nourishment, &c., where required.

Much of the good done by a sanatorium is wasted through patients going back to the wrong kind of life. It is a mistaken idea that an outdoor life is essential, whereas in reality this is often too strenuous, and the patient would be better with light indoor work, such as clerking, especially in properly ventilated offices. Many of the more intelligent patients keep in touch with me through their doctors, and a careful watch is kept for relapses.

More patients are being sent for consultation, and I am especially pleased to report this growing tendency of the profession to make more use of the institution. It is only through such a steady co-operation that the best results can be looked for in quelling the disease.

Many returned soldiers have been treated, and in the majority of cases with excellent results. Many have been made fit for civil employment.

I am glad to report that *financially* the working has been more satisfactory than in any previous year, and this in spite of war prices. The statement of receipts and expenditure is sent separately, and it shows a steady improvement in every item, and should compare favourably with other institutions. The institution is now on a thoroughly good economic basis.

I regret to report that the special tuberculosis nurses who came from Home have left. They felt it their duty to go to the war, and they are now acting as Army Sisters on the French front. They had been of great assistance. The Matron, Miss Nixon, is also at the front in Greece. The institution has since been staffed with probationers, whom I find better in many ways than the hospital-trained nurse.

The farm has improved, some new land being opened, much top-dressing done, and the land kept well stocked. The cattle brought top prices in all the sales. We kill all our own mutton for the table; it is of excellent quality. Also much of our own pork and ham and bacon is provided by the farm.

The kitchen-gardens have produced a plentiful and varied supply of vegetables, and another garden has been opened.

A new strain of fowls has been introduced, and is giving excellent results, there being a production of about forty thousand eggs for the year. The caponizing of birds for the table has been a great success.

Thanks are due to the Cambridge National Reserve and others for concerts, and to the Y.M.C.A. and the local ministers for services during the year.

It is pleasing to report a growing interest in the institution by the people of the district, and that the fear of such an institution in the neighbourhood, that has always prevailed, is gradually growing less. General knowledge of the disease by the public must be a great factor in the prevention of the disease.

Finally, I have again great pleasure in acknowledging the assistance given by Dr. E. E. Roberts, who still retains his connection with the institution as Consulting Physician, which post he has filled since the opening of the sanatorium.

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