

DIVISION OF HOSPITALS

HOSPITAL BEDS

At 31st March, 1944, there were 16,613 hospital beds, public and private, in the Dominion, which gave 10.2 beds per thousand of population based on the estimated mean population under the old census. At 31st March, 1945, there were 16,976 beds, which gives 10 per thousand of population based on preliminary 1945 census figures.

Many Hospital Boards have a considerable deficiency in the number of beds required to treat the public adequately. The North Canterbury, Otago, and Southland Hospital Boards, for example, have in hand plans for the addition of over one thousand beds in new buildings. The Auckland Hospital Board has opened between three hundred and four hundred beds at Cornwall Hospital, and will shortly open three hundred beds at Middlemore.

A feature of the year has been the closing of a number of private maternity hospitals because of shortage of domestic and nursing staff, and because, as elderly licensees give up the private maternity hospitals that they have conducted for many years, younger nurses are unwilling to undertake the burden of taking over or establishing maternity hospitals. Hospital Boards have, in many cases, had to purchase or lease the private maternity hospitals until such time as permanent maternity accommodation can be built.

A serious shortage of domestic staff has been almost universal. Some hospitals have had little difficulty in maintaining an adequate nursing staff, while others, especially those in country districts or the infirmary type of hospital, have been unable to maintain adequate nursing staffs. This has resulted, in some cases, in the closure of sections of the hospital or in the refusal to admit non-urgent patients, and, in a few cases, in inadequate care being given to patients.

ARCHITECTURAL

Many overseas authorities have expressed the opinion that hospital architecture is one of the most specialized types of architecture. The following quotation is from a recent American publication :—

We have repeatedly pointed out that the designing of a hospital is unlike any other design problem, and that successful experience in planning factories or schools does not ensure success in planning a hospital. A hospital is the most complicated type of building that is planned with any frequency.

The Department has had great difficulty in attempting to exercise adequate supervision of the plans of Hospital Boards, as it has had only one Architect for some years. It appears desirable that the architectural staff should be considerably strengthened in order that the Department should itself undertake the provision of sketch plans for all hospital building. This would enable a greater measure of standardization than is possible at present.

ANÆSTHETIC DEATHS

It is usual to review the deaths that have occurred under anæsthesia each five years. The following table is therefore appended :—

Return of Deaths under Anaesthetics, 1941–45

Total deaths under anæsthetic for year ending—						
31st December, 1941	..	..	..	..	..	28
31st December, 1942	..	..	..	..	..	23
31st December, 1943	..	..	..	..	..	25
31st December, 1944	..	..	..	..	..	35
31st December, 1945	..	..	..	..	..	31
Total deaths for five years						142