

desirable that the State assist suitable men to become trained in these specialities, but under the present system there is no guarantee that Hospital Boards would appoint them after they are trained.

Other advantages of a unified service would be that personnel could be transferred temporarily to replace men who are away through sickness, holiday, or study leave.

(6) AMALGAMATION OF HOSPITAL DISTRICTS

The Local Government Commission sat at Whangarei on 22nd and 23rd October, 1947, after visiting the six northern hospital districts. Its final scheme, issued on the 12th December, provided for the amalgamation of these districts. Legislation has been recommended so that effect may be given to one of the Commission's recommendations that local committees of management be established in each of the districts to be superseded.

(7) HOSPITAL BOARD BUILDING PROGRAMME

The 1947 annual report stated that the average Ministerial consents to capital expenditure on building programmes over the ten years ended 31st March, 1947, was £642,103 per year. The expenditure in 1947-48 was £482,670.

For the current year the Hospital Boards have asked for approval to the expenditure of £3,287,984 for building programmes, including loans. Of this total, approximately £750,000 is for the completion of works in hand, £850,000 is for proposals approved in principle, and the remainder is for projects still under review. With a number of major buildings about to be commenced, examples being the new Cashmere Hospital, the Chest Hospital, Auckland, and the new Waikari Hospital, Dunedin, the anticipated demand for next year is likely to exceed considerably that for the current year.

Present and future demands thus far exceed the previous average annual expenditure. The many difficulties being experienced in the building industry will inevitably limit the amount of construction, and therefore great importance must be given to the relative priorities of the projects under consideration. Many projects must be deferred.

(8) THE FUTURE

The stabilized hospital rate, which applies to all Boards with the exception of Patea, whose rate is still below 0.5d. in the pound of rateable capital value, has resulted in a radically altered outlook on the part of many Hospital Boards. There is now a demand for buildings, equipment, and, in some cases, staff increases which would have been considerably more modest if the ratepayers had continued to find a proportion of all increases in expenditure.

While limitations are imposed by the Hospitals and Charitable Institutions Act, 1926, for certain purposes, it is apparent that there must be wider financial control, such as, for instance, by the operation of notices under the regulations, fixing the maximum amount for various classes of expenditure. To assist in this direction a substantial addition to the staff of officers experienced in hospital matters is necessary. Having regard to the difficulties of the existing system, it may be that the question of a national hospital service is one that should be considered.