Resident medical staff: Dr. Falconer and two assistants.

Nursing staff: Matron, Miss Fraser; 12 registered nurses and 50 probationers.

Domestic staff: 3 cooks, 4 wardsmaids, 4 housemaids, 4 laundresses, 6 porters, 1 gardener.

Number of beds available for males, 80; for females, 68; also 16 children's and 8 isolation: total, 172.

Number of patients under treatment during the year: In-patients—male 956, female 688—total 1,644; out-patients, 2,167 (number of attendances, 4,967).

In-patients: Average days' stay, 27; average daily cost per head, 5s. 5d. (cost after deducting patients' payments, 4s. 4¾d.).

Percentage of cost of administration on maintenance expenditure, 33·5.

Localities from which patients came: Dunedin and suburbs, 1,034; Balclutha District, 10; Catlin's District, 23; Clinton District, 18; Green Island District, 45; Henley District, 20; Middlemarch District, 26; Milton District, 24; Mosgiel District, 47; Palmerston District, 67; Port Chalmers District, 44; Kaitangata District, 14; Tapanui District, 4; shipping, 21: other hospital districts—Auckland, 1; Ashburton, 2; Arrowtown, 2; Buller, 2; Cromwell, 3; Grey, 3; Hawke's Bay, 1; Maniototo, 8; Nelson, 3; Oamaru, 15; Southland, 35; South Canterbury, 7; North Canterbury, 5; Taranaki, 4; Westland, 2; Vincent, 15.

Nationality of patients: New Zealand, 855; England, 201; Scotland, 190; Ireland, 121; Australia, 87; Tasmania, 23; China, 16; Norway, 6; Shetland Islands, 4; Germany, 6; Syria, 3; Finland, 3; United States, 3; South Africa, 2; Denmark, 2; Jersey, 2; Sweden, 2; Newfoundland, 2; Italy, 1; Poland, 1; Solomon Islands, 1; Hong Kong, 1; West Indies, 1; Canada, 1; born at sea, 4.

Religion of patients: Presbyterian, 559; Church of England, 457; Roman Catholic, 232; Wesleyan, 83; Methodist, 32; Baptist, 50; Church of Christ, 31; Congregationalist, 20; Salvation Army, 16; Plymouth Brethren, 15; Mission, 13; Confucian, 10; Greek, 4; Lutheran, 4; Jewish, 4; Apostolic, 1; Christadelphian, 1; no religion, 6.

RECEIPTS and EXPENDITURE for the Year ended 31st March, 1908.

Receipts.	£	s.	d.
Balance from last year ...	402	5	3
From Government	4,953	13	6
Local bodies	4,000	0	0
Subscriptions and donations ...	1,217	19	6
Patients' payments	2,175	14	3
Other sources (principal items—Students' fees, £191 2s.; savings-bank interest, £39 18s.; medicine, £24 10s. 4d.) ...	298	18	1
Total ...	£13,048	10	7

Expenditure.	£	s.	d.
Rations	3,020	17	3
Wines, spirits, ale, and porter ...	83	19	3
Surgery and dispensary ...	1,639	16	11
Fuel and light	1,083	2	2
Bedding and clothing	155	6	5
Furniture and earthenware ...	501	1	10
Salaries and wages	3,760	5	5
Water-supply	205	1	6
Funerals	20	0	0
Repairs	484	8	2
Additions to buildings	313	1	6
Printing, advertising, postage, and stationery	149	2	11
Insurance	78	11	11
Honorary medical staff ...	191	2	0
Incidentals	288	13	11
Bank charges	0	10	0
Total	£11,975	1	2

Visited 22nd and 27th January, 1908.—When I visited the Hospital on the 22nd January I found eleven cases of scarlet fever therein. With the assistance of Dr. Ogston, of the Health Department, and Mr. Stevenson, the Chairman of the Hospital Board, these cases were promptly removed to Pelichet Bay, where they were accommodated in tents kindly lent by Colonel Smythe, of the Defence Department. The promptness of the Hospital Board in dealing with these cases is much to be commended, especially the energy displayed in the matter by the Chairman. Fortunately no other cases developed. There were 104 cases in hospital, quite 18 being chronic cases, some of which might be treated in the hospital wards of the Caversham institution. One patient had been in hospital since October, 1905. There were also two cases of advanced consumption, which after much discussion the Benevolent Trustees agreed to admit into a special ward at the Caversham Home. I was glad to come to a definite agreement with the Trustees with regard to the admission of chronic and incurable cases to the institution at Caversham. But at the same time it seems absurd that there should have been any difficulty. There are four excellent fifteen-bed wards at the latter institution, which could accommodate almost all the indigent, incurable, and chronic cases of the district at far less cost to the ratepayers than if they were treated in the wards of a hospital staffed for acute cases. No better example of the absurdity of the present law can be furnished than by Dunedin, where there are four distinct authorities controlling hospital and charitable-aid affairs.

The Hospital itself was in fair order, but I think it is a great pity that there are not better facilities provided for patients being treated in the open air on verandahs or balconies. For the most part the existing balconies are practically used as smoking-rooms; they are badly ventilated, and consequently become exceedingly stuffy and unfit for the well, let alone the sick. As regards this, I was surprised to find no better arrangements in the new wards. I pointed this out to the Chairman and some of the Trustees, who promised to have these defects altered. Under existing conditions accident cases, fractures, &c., rarely get a chance of a change out-of-doors until they leave the institution.