

is desirable should survive will be in the hands of Boards of Trustees as separate institutions." (*Hansard*, Vol. lii., p. 32.) Unfortunately Sir Julius Vogel's hopes have not been realised. At the time of the passing of the Act voluntary contributions amounted to a quarter of the total amount contributed to the hospital expenditure, but they have gradually fallen off, and contributions amount at the present time to only one-thirteenth of the total cost. There are therefore forty-one separate institutions—viz., twenty-seven hospitals and fourteen charitable institutions—for whom the Board of the district have to find funds, though they have no say in the management, which, I think, you will agree with me is an entirely wrong principle, and tends to extravagance, as is always the case where people have the spending of other people's money. It may be argued that the abolition of separate institutions might have the effect of lessening voluntary contributions. It will be seen from the hospital reports that hospitals under Boards are supported nearly as generously by the public as separate institutions; and, besides, if there is any loss in actual money, such should be made good by better administration—an administration that is under the control of representatives of those who find the money. In the event, however, of the Board which has to find the money protesting against the expenditure of a separate institution, the dispute between the Trustees and the Board can be referred to a Commission, whose decision is final. As a matter of fact, such Commissions generally end in the Board having to make up the deficit asked for, or, at any rate, without its being reduced to any considerable extent. Constant deadlocks are therefore recurring, and it is to be hoped that if separate institutions are to be retained, they will be made to rely on their own income and the Government subsidy of 24s. in the pound on contributions, and that no grants from the rates will be entertained.

Lastly, I come to the most debatable and most important of the measures set forth in the Bill—central control. Now, I know that the majority of those present strenuously oppose any suggestions to this effect. The opposition to central control is too deeply ingrained into the people of our race, and I trust I am Briton enough to appreciate this opposition; but, nevertheless, I am strongly of opinion that, both as regards hospitals and charitable aid, especially the latter, there are good arguments to support such a step, apart from the fact that the Government finds, through the subsidies, half the expenditure of hospitals and charitable aid. Let us take the hospitals first: Many of the remits strongly object to clauses 23 and 24, whereby plans of proposed hospital-extensions and appointments of house surgeon and matron have first to be submitted to the Minister for approval. Now, I feel confident that if any delegate present could but accompany me on my tours of inspection I should soon be able to convince him that there is need for Boards or Trustees to submit plans, and in connection therewith I cannot do better than quote the 1904 report of my predecessor: "Ratepayers would be astonished if they realised the amount simply thrown away in defective material and workmanship, as well as faults of construction that necessitate alteration when the building is supposed to be complete, in order to comply with the laws of sanitation." Again, we find hospitals on unsuitable sites, on too small areas of ground, with wards in the wrong position as regards sun and light. Just a caution at the right time would have made all the difference, and saved much money. I freely admit that at the present time—almost without exception—Boards are submitting to the Department plans of new buildings, &c.; but, nevertheless, the power of departmental approval should be granted by law. As regards appointments, the same may be said, though here again I frankly own that as regards the hospital surgeons very few Boards can be reproached. The appointments may have been excellent; but I put it to those present that a man may be a very excellent surgeon, but may have practically no tact or administrative ability; and, although the former is most essential, the importance of the latter must not be ignored, as some Boards know to their cost. Nor can they rely solely on testimonials. Such being the case, they have to fall back on personal knowledge, which is always dangerous, or the teachers of the applicant's medical school. To whom are the teachers most likely to be most explicit—to the members of the Board, of whom they have no knowledge, or a member of their own profession occupying a recognised responsible position? I quite admit the possibilities of nepotism, but even Boards and Trustees would not be quite free of that. However, personally it is a responsibility I could very well do without; but, with the exception of patients, there is no single individual in the Dominion more concerned in the appointment than the man who holds my position. If there is a skilful, straightforward, tactful, conscientious medical superintendent in charge of a hospital, there will be no trouble there; and I am more likely to get such men than you are, because the information I receive will be more reliable.

While I am on this subject I would like to refer briefly to the honorary staff of your hospitals. Speaking generally, I am not in favour of honorary staffs except in our larger centres, but in the latter places they are essential, for the public and profession alike, and, considering how freely they give their services to the public, I think that the members should be put on a sounder footing and their interests better secured. A Board could do this in two ways—(1) by preventing hospital-abuse, and (2) by re-electing those surgeons and physicians who have best studied the interests of the institution. At present some Boards do neither. Now, it is very hard to say where hospital-abuse begins and where it ends, but care should be taken that hospital-beds are not taken up by those who can afford to pay for treatment in a private hospital, to the exclusion of their poorer but equally ill neighbours. It is not fair that those who can well afford to pay should avail themselves of the gratuitous services of the honorary staff. A lot of people say that a member of an honorary staff gets recompensed in other ways—and that is more or less true; but the chief gainers are the public (poor and rich alike) who have in their midst a number of physicians and surgeons specially skilled in their art—an art in which of all others experience and constant practice are everything. It would indeed be a bad day for New Zealand if the best men did not seek election on the honorary staffs of our hospitals. They should not, therefore, be discouraged when, conscious of having done their duty faithfully and well, they fail to be re-elected, as happened the other day to a member of the profession who had done more disinterested and devoted work in the interests