their retention. In the Oamaru district there were two separate institutions whose management had been as good and economical, if not more so, than that of the Board itself. At a Conference held recently in Oamaru of members of the Board and the Trustees of the separate institutions it was resolved to urge that separate institutions should be continued only as in the past. This had reference more particularly to hospitals, but in his opinion it would apply with still greater force to the distribution of charitable aid. A Board which only sat occasionally could not find the time to go thoroughly into many of the matters that might come before it, nor would they know the circumstances of each case as would smaller committees or bodies existing in different localities.

Mr. CHAPMAN (Waikato) said some of the speakers appeared to be under the impression that there was an intention to absolutely abolish separate institutions. He understood that the intention was simply to place them under the control of the Boards.

The CHAIRMAN said there was no intention to abolish those separate institutions that could maintain themselves with the help of the Government subsidy of 24s. Nor was it the intention to abolish those institutions which came upon the rates, but it was considered they might very properly be taken over by the Boards.

Mr. MANHIRE (Christchurch) moved the following amendment: "That this Conference affirms the principle that the Boards which have charge of charitable aid should have control of the expenditure." This was the substance of a resolution which had been arrived at by a Conference held in Christchurch some four or five years ago, the Conference being practically unanimous on that point. He could not agree with Mr. Cooper's remarks in reference to the Samaritan Home in Christchurch. He had resided close to that institution for a number of years, and he considered it a blot on the district. It was simply a refuge for a lot of loafers. If men broke the law there was the gaol for them to go to; and as for the old women, most of them preferred the gaol. The treatment of maternity cases at the Home had been referred to. All he could say was that there was many a poor ratepayer whose wife did not fare nearly as well in her time of trouble as did the women who were received into this home and who were kept there for six months.

Mr. DARTON (Gisborne) thought members were wandering away from the question of control. The question they had to consider now was whether hospital Trustees should be compelled to meet together and vote away large sums of money which the Charitable Aid Board had to provide.

Rev. Mr. KEMPTHORNE (Nelson) asked if the St. Andrew's Orphanage, which was a separate institution but which did not draw anything from the rates, would be affected by the present proposal.

The CHAIRMAN said that institution, being one which was maintained by contributions with the Government subsidy of 24s., came under the Second Schedule of the Bill and would therefore probably continue as at present.

Mr. TAPPER (Otago) considered the control of these institutions was better under separate committees than under a larger general body. He doubted if men elected to committees from a larger general body could devote the same amount of time and labour to conducting the affairs of the different institutions as could separate boards or committees appointed for that purpose. He felt sure the Otago Benevolent Institution could be worked as well and economically as at present under general control.

Mr. LYLE (Wallace) said the institution he represented was at one time working with the general Southland body, but there was always friction between the two bodies. Since they had been given separate control there had certainly been better and more economic administration.

Mr. RAYNER (Charleston) was strongly in favour of the administration of these institutions under the old Act. In a mining district such as his district there were numerous accidents, and as they were in an isolated position it cost about twelve guineas to get a doctor down there. The Charleston institution at the present time was doing a most useful and necessary work.

Mr. MILLIGAN (Oamaru) moved to add to Mr. Webb's motion the following words: "In cases in which the majority of the contributing authorities desire it." He thought if the contributing bodies expressed a desire for the continuance of these separate institutions, power should be given to keep them in operation. When really good work was being done, as in the case referred to by Mr. Fraser, he thought it would be a great mistake to step in and interfere.

Mr. J. P. LUKE (Wellington) hoped the Conference would not agree to the continuance of these separate institutions. He believed it was the general opinion in Wellington that the sooner they abolished the present system of dual control as between the Wellington Hospital Board and the Wellington Hospital Trustees the better. The Board had to hand over to the Trustees about £7,000 every year, and yet they had only one representative on the latter body. That was not right. He admitted that the Trustees were for the most part able and experienced men, but he would point out that there was already provision in the Local Authorities Act which gave to City Councils and other local authorities power to have associated with them in their work any person or persons they might desire to co-operate with. He felt sure the Chairman of the Benevolent Institution (the Rev. Mr. Evans) would agree that the sooner that body was abolished as a separate institution the better. It was quite possible that some of these separate institutions were being administered with advantage in the country districts, but so far as the cities were concerned they should be abolished.

Mr. KIRK (Wellington) said that for nearly twenty years he had been a member of a District Hospital Board or a Hospital Trustee, and from his long experience he could say that what Mr. Luke had stated was correct. Though the District Board collected something like £20,000 a year, the bulk of that money was expended by the Wellington Hospital Trustees, and well spent, no doubt. The District Boards had practically no control. All they had to do was to pass estimates. The District Board had no representative or direct control in the management of the Wellington Hospital. He maintained that the District Board ought to control all the main hospitals, and he had proposed a remit to that effect, and in order that the District Board might have the advantage of outside aid he proposed that in regard to special institutions in any district they should have power to appoint