Mr. BAGNALL (Auckland) moved, and Mr. KNIGHT (Auckland) seconded, "That in the case of applicants for the old-age pension who are unable to produce documentary evidence as to age the Magistrate be given power to satisfy himself as to age by such means as he shall think fit."

Motion agreed to.

Application of Funds.

Remit from the Wellington Hospital Trustees: "Clause 19, subclause (*a*): That the following words be added, 'either by proceedings under the Public Works Act or other methods.'"

Mr. KIRK (Wellington) said it was sometimes necessary for a Board to acquire land as a site for an institution under the Public Works Act, and he moved that this recommendation be agreed to.

Mr. RUTHERFORD (Palmerston North) asked that the words "or any addition to any site" be included in the clause.

Mr. KIRK, having agreed to amend his motion in that direction, the motion was agreed to.

Election of Chairman.

Remit from Wellington Hospital Trustees: "Clause 14: Chairman to be elected on the second Wednesday in May. Subclause (2) to be altered to read 'If unable within one month to appoint a Chairman, the Governor to appoint one.'"

Agreed to.

Vacancies on Board.

Remit from the Wellington Hospital Trustees: "Clause 15: Vacancies on Board or Committee to be filled by Board itself as at present."

Agreed to.

Honorary Staff.

Dr. BATCHELOR (Dunedin) moved, "In any base hospital where there is an honorary medical staff of not less than six members, they shall annually elect one of their number to represent them on the Hospital Board, and he shall be an *ex officio* member thereof." The motion, he said, was a very vital one in the interests of our large hospitals, and he was sure its importance was not appreciated at its true worth. He thought he had had a unique experience which no other member of the Conference had had. He had been a member of a Hospital Board partly as a member of the medical profession, sometimes as a Trustee, and sometimes as a Trustee and on the staff of the hospital. From holding those positions he was able to look at this question from both aspects—from aspects which no one else present was able to command. He did not think that any one in the room had spent so much time in hospitals as he had done, nor had any one present been more keenly interested in the welfare of our hospitals than he had been. It was for those reasons that he proposed to ask the Conference to allow him to try and bring home to them the change suggested in his motion, which if carried out would, he thought, have a most excellent effect in regard to our hospitals. Of course, the resolution concerned only the larger hospitals. If they looked at a hospital generally, what was it for? Its object was to provide the best medical and surgical attendance possible for the patients. There were two great factors in connection with the hospital—(1) the medical staff, and (2) the Board of Trustees. If a hospital was to be run successfully and do its best work, those two bodies must be on the most friendly terms and must work harmoniously. Had that been so in the case of the large hospitals in New Zealand? The medical staffs and the Trustees had been on occasion after occasion at daggers drawn. Possibly the only exception in the case of the larger hospitals had been the case of Wellington Hospital. That had been the experience in New Zealand, and that had also been very generally the experience they had had all over the world. In conservative old England the hospitals in the old days were managed very much as they had been in this radical country. The medical profession—who must necessarily know more about medical matters and hospital management than laymen—had been excluded altogether from having any voice in the management of the hospitals. That must result seriously to the detriment of the hospitals. During the last twenty-five or thirty years in the case of all the large hospitals in Great Britain a representative of the medical staff had invariably held a position on the Board of Management. That system had been found to work most excellently. The only trouble that had arisen for some years at Home occurred in 1900—in the case of the Bloomsbury Square Hospital. The experts resigned as a body because they considered that they had not sufficient voice in the management of the institution. A Royal Commission was appointed to inquire into the trouble and report. The result was that matters were put on a satisfactory basis. Hospital-management dealt with matters which were highly technical, and it was almost impossible for a layman, however cultivated, to grasp all the points. They must have expert advice to guide them. At the time of the inquiry by the Royal Commission in England the matter was thoroughly discussed. He held in his hand a paper on hospital-management. All the authorities of the large hospitals at Home were asked their views on hospital-management, and they gave them, and those views were contained in the article. The replies were to the effect that the services of the representatives of the medical staff were most valuable. That had been the experience at Home. He was convinced that the presence of one or more members of the medical staff on the Hospital Boards of the larger hospitals in the Dominion would be most valuable. The trouble was this: that recommendations came from the medical staff to the Board, and those recommendations were not appreciated at their true value. The medical men were not present at the meetings of the Board to explain matters. If there was a representative of the medical staff at the meetings he would make matters clear to the other members of the Board. In that way irritation would often be avoided, and difficulties would be cleared away at once. Speaking from his knowledge as a Trustee and as a member of the medical staff, he was sure that in nine cases out of ten in which such difficulties arose there had really been very little difference, and such difference could usually be removed by an explanation by a represen-