tative of the medical staff. He believed the medical staff of hospitals were just as proud of the institutions and were as keen for the welfare of the hospitals as any member of the Hospital Board was. Looked at from a common-sense point of view, the position was this: Here were men—members of the staff—who had been trained nearly all their lives to hospital-work. They were experts in the work, and they must certainly know more about the work than laymen who had not got the same training. The management of a large hospital required an enormous amount of experience. He did not ask that the medical men should have anything approaching a preponderating weight. All he asked was that they should have one representative to put clearly before the Board the voice of the staff when any difficulties did arise. He could appeal to his colleagues on the Hospital Board as to whether his presence on the Board had been the slightest drawback; and he thought he could claim that on several occasions he had helped them when difficulties arose. They had a large body of medical men who gave a large amount of valuable service to the hospitals gratuitously, and at very great loss to themselves—because the senior men derived very little advantage from hospital practice. He could not see that one medical man on a Board could be in the slightest degree objectionable. So far as he could gather, the Trustees as a rule had no objection to the proposal. He had not yet heard one solid argument against the proposal. If there was an argument against it he would like to hear it.

Mr. HORRELL (Christchurch) said he had always thought that the chairman of the hospital staff should have a seat on the Board.

Mr. J. P. LUKE (Wellington) said it seemed to him that the proper method to adopt was to appoint a good man as medical superintendent, and he could advise the Board, and the Board could act accordingly. He hoped the Conference would not adopt the resolution.

Mr. DARTON (Gisborne) said this question only affected the cities, but he took it an opinion was desired from the smaller Boards as well. He thought members of the Conference would agree with him that doctors as a class were just about as hard a class of men to get on with in the management of hospital matters as any other class. From what he could gather, that had been the experience of many places. As to the present proposal, he thought they might just as well ask the teachers to assist in the business of the Education Boards. The Education Boards had their Inspectors of Schools to advise them; Hospital Boards had their medical superintendent or house surgeon to advise them, and if the Boards were in doubt they could apply to the Inspector-General. He was not in favour of the resolution.

Mr. R. C. KIRK (Wellington) said the Wellington Hospital was perhaps the only large hospital in the Dominion that had escaped trouble or scandals during the past twenty-three years, and he thought the reason was this: that they had an exceedingly good doctor to advise the Trustees—an able man and a man of great tact. No important meeting of the Board was held unless they had Dr. Ewart present to give them advice; and they had taken his advice on innumerable occasions. If they looked at an allied system of administration they would find that the Boards of our university colleges were composed of laymen or men who paid some attention to education. The Chairman of the Professorial Board was glad to advise the members of the Board concerning expert matters that had to be dealt with. He thought the analogy was a proper one, and he saw no reason why in the case of the four large hospitals the honorary staff should not elect their chairman to attend the meetings of the Board and advise the Trustees.

The Hon. Mr. C. M. LUKE (Wellington) said he was thoroughly in accord with Dr. Batchelor's resolution, but he thought the representation of the medical staff should be limited to one.

Mr. TAPPER (Dunedin) said he would support the resolution. Dr. Batchelor's services had been most valuable to the Dunedin Board.

Mr. BAGNALL (Auckland) said, as representing one of the larger hospitals he would like to say a word—not in opposition to Dr. Batchelor's resolution, because it seemed to him that on the whole it was not unreasonable; but he did not think it would do away with the difficulties which had existed in connection with our hospital management. Difficulties had arisen before, and he thought they would arise again. He thought it was a good thing to have a man competent to give advice within reach of the Board. He was sure that men of the stamp of Dr. Roberton, of Auckland, would be of great advantage to a hospital. It was rather anomalous to appoint a doctor in the way it was proposed to do. It would sometimes be of advantage if the chairman or some other member of the honorary staff were present at meetings of the Board to advise and assist the Board. He was not prepared to vote against the motion, but at the same time he was not enamoured of it as being the right thing to do—although it might work out thoroughly well, notwithstanding that it was an anomaly.

Mr. CARSON (Wanganui) said that if there was any danger of the Board being dominated by the medical profession he would vote dead against the motion, but he could not conceive what harm or disadvantage there would be to have a medical gentleman at the Board table who could be asked for advice on questions he would be specially capable to give advice upon. Surely, it was not thought that one medical gentleman would browbeat the other members of the Board. It had been pointed out that the method was not quite regular, but they were altering all the old methods, and were doing what was best in the public interest.

Mr. MAXTON (Wairarapa) said that if a member of the honorary staff wanted to be a member of the Board he had a perfect right to present himself for election like other members of the Board. Although he would vote against the resolution, he would like to see an expert present at every meeting of the Board to give advice if necessary.

Mr. PAYLING (Christchurch) thought that if the Board required advice they could get it from the house surgeon or medical officer. He would oppose the motion, although he believed it had been moved with the best intentions. He failed to see what good object would be secured by passing the resolution.