appointment of an Inspecting Accountant and an Inspecting House Steward, and material good in the shape of increased efficiency and economy will certainly result from their work.

It is satisfactory to note, at all events, that for the first time in the history of the Department a halt is apparently being made in the cost of our hospitals; and though this expenditure must necessarily increase owing to the necessity of providing hospital accommodation adequate for the increasing population of the Dominion, yet it is hoped to a great extent to offset this by the more expert performance of the economical administration of the institutions.

SECTION 3.—MATERNAL MORTALITY.

Early in June your attention was directed to some figures in *Maternal Mortality*, published by the Children's Bureau, United States Department of Labour, 1917, which placed New Zealand second on the list of the eleven countries as regards this mortality. This naturally led you to direct inquiry as to (1) whether the figures were correct; (2) were they a fair comparison, and what was the cause; (3) what appropriate methods were recommended as a remedy for this state of things.

Attached is a copy of the interim report in answer to your questions. Since then, however, the matter has been very carefully considered by the Board of Health, and many medical men questioned by the Board, and a special committee set up to consider the matter.

Among the medical men examined was Dr. H. Jellett, now of Christchurch, but till comparatively recently Master of the Rotunda Hospital, Dublin, one of the largest maternity hospitals in the United Kingdom. The evidence of this well-known authority was much appreciated by the members of the Board of Health, and his recommendations will undoubtedly be given the consideration due to Dr. Jellett's experience and authority. It is expected that the special committee will shortly issue its report.

SECTION 4.—HOSPITALS.

Hospitals.

The report of the Director of the Division of Hospitals will be read with interest. Dr. Wylie has taken up his new duties with the enthusiasm based on the considerable experience he has obtained in the administration of military as well as civil hospitals. He comes on the hospital field, as it were, at a critical time. There was a danger that the benefits of experiences of hospital management gained during the war might to some extent be lost to the Department unless it could attract to its ranks an officer who obtained a reputation for hospital management during the war, and one possessing the imagination necessary for the improvement of hospital matters in a comparatively young country with limitations as regards finance and control.

We have a good hospital system, but, as Dr. Wylie says, there should be better co-ordination of hospitals, so that more efficient medical and surgical treatment may be given the patient. Hospitals should therefore be grouped for that purpose, and better arrangements made for the transfer of patients from one hospital to another according to the treatment needed, despite the fact that the hospitals concerned may be in different hospital districts. There is no doubt that the special departments must be developed to their fullest extent, and certainly in the base hospitals of the larger centres, and that to ensure these special departments being developed to their fullest efficiency special subsidies should be given. These base hospitals should be available for patients from other hospital districts—at any rate, until such time as these special departments can be instituted in other hospitals. This, of course, is impossible just now, and it is feared the development of our hospitals must be necessarily somewhat slow for the next few years.

Dr. Wylie very rightly stresses the necessity for evolving better record and stores systems. The necessity especially for the latter has been obvious to the departmental officers concerned for some time, but the staff necessary for this development could not be obtained. It is fortunate, however, that as regards our stores system the matter was deferred, as the Department has been able to secure the services of officers who gained special experience in these matters during the war.

The need for the employment of dietitians in our larger hospitals is quite apparent to those who have had the advantage of visiting those hospitals in the United Kingdom, Canada, and the United States of America where such officers have been appointed. Increased cleanliness in the preparation of food, as well as a better use of foodstuffs, and the resulting economy, should, as is usually the case, follow the appointment of these officers, for whom I hope a better title than "dietitian" may yet be devised.

Of special interest are Dr. Wylie's remarks on the treatment of crippled children in our military hospitals. Altogether there are 130 children receiving treatment at the present time, and eighty have actually received treatment and been discharged. As Dr. Wylie points out, operative treatment of children will be of little avail unless backed up by the subsequent close supervision and treatment by a skilled staff. This should be possible in the largest centres, at any rate.

Hospitals Commission.

The findings of the Hospitals Commission—primarily set up to consider the question of subsidies to Hospital Boards—are, on the whole, gratifying to the Department. The Commission certainly covered a very wide field of hospital questions during its twenty-seven days of sitting. That the members should recommend a sliding scale of subsidy as against a flat rate was only to be anticipated of persons who had seriously studied the subject. We have every hope that as a result of this Commission the staff of the Department will be strengthened, and the necessary legislation brought about to deal with the many recommendations of this important Commission.