(*e.*) Orthopædic Departments.

These departments, on account of the special equipment and trained staff they require, will be difficult to establish save in our largest hospitals. They are, in comparison with other special professional departments in a hospital, expensive, and also require a constant supply of cases to enable them to keep in efficient running-order. Under these circumstances it is difficult at present to see how they can be established save at the four centres. This will take time, and to enable an efficient orthopædic service to be placed at the disposal of the smaller Hospital Boards it is hoped that King George V Military Hospital, Rotorua, at which hospital efficient special departments exist, will be made available for this purpose as its military activities diminish. At the present time upwards of seventy crippled children, suffering chiefly from the effects of infantile paralysis, are receiving treatment at Rotorua, with excellent results. Allusion, however, is made to this work elsewhere.

SECTION 4.—SUPPLIES AND CONSTRUCTION.

(4.) Necessity for developing better stores systems, more economical purchasing of supplies, and in general for procuring hospital economies.

More systematized attention will in future be necessary in connection with the stores systems of many of our hospitals. At present the following are some of the main defects:—

(*a.*) The stores are not centralized enough, and different sections are accommodated in widely separated portions of the building.

(*b.*) Issue stores are not separated sufficiently from bulk stores.

(*c.*) Trained house stewards are not at present available in sufficient numbers for the work in hand.

(*d.*) Insufficient use is being made of buying in bulk.

(*e.*) Too much buying from local retailers is indulged in.

(*f.*) So far as medical stores are concerned, not enough use is made by some hospitals of their opportunities of buying from Defence Medical Stores.

No hospital in New Zealand makes systematic use of what are known as comparative returns, whereby information concerning the quantities and costs of the main articles consumed or used in a hospital are regularly supplied to all the staff responsible for their consumption or use in such a way that every one responsible is made to realize his or her position so far as either extravagance or economy is concerned. In many hospitals co-operation between the purchasing and the consuming departments is not nearly close enough, and without very close and real co-operative activities on the part of these departments real and permanent economies will be difficult to obtain.

From what I have seen I am satisfied that the appointment of an Inspecting House Steward recently made should be productive of much good and of permanent economies in the stores systems of our hospitals.

(5.) Need for employment of "dietitians."

That there is room in many New Zealand hospitals for the employment of what the American authorities term a "dietitian" there can be no doubt. The introduction of exact knowledge and scientific methods into many of our hospital kitchens will certainly minimize waste, increase variety of diet, and conduce to economy. In this connection it is to be hoped that the School of Domestic Science in Dunedin will be able to afford facilities not only for training dietitians, but, by arranging courses of lecture demonstrations for Matrons of hospitals and others interested in the work, cause as wide an appreciation as possible of the importance of the reforms which can be effected.

(6.) Necessity in hospital-planning for having always available first-class engineering advice.

The predicaments in which certain hospitals have found themselves during the past year emphasizes the necessity for closer co-operation in the future between architect and engineer when hospitals are to be built or added to. The appointment of a Consulting Engineer to the Department has proved itself, especially during the past year, to have been one of the utmost value, and his work will have the effect of preventing in the future the errors of the past from which, unfortunately, many hospitals are suffering at present.

SECTION 5.—CRIPPLED CHILDREN.

Treatment of Crippled Children.

During the past year the Department, with the co-operation of the Defence Department, made a start with the treatment of crippled children, for whom in the past it has not been possible to do much effective work. The children have been admitted to the Military Hospitals at Rotorua and Trentham, where at present 120 are receiving treatment, and where, in addition to orthopædic treatment, they are also provided with educational facilities in special schools, which have been commenced by the Education Department at both places.

The children affected have been got in touch with by means principally of the various School Medical Officers. Many of the children had had no effective treatment for years, others none at all, and a great number were suffering not only from physical defects but from lack of education. At present it is impossible for the vast majority of hospitals in New Zealand to undertake this treatment effectively, for two chief reasons:—

(*a.*) Lack of the necessary special departments and trained personnel for these departments—the departments in question being (1) physio-therapeutic, (2) plaster, (3) special splint and apparatus making:

(*b.*) Inability to provide the necessary number of beds to deal with cases which from the nature of their treatment require to be in hospital for very lengthy periods of time.