### Collection of Fees.

As one witness pertinently put it, "The question of the fees collected has been made the subject of comparison between one hospital and another, but it has to be borne in mind that different methods prevail." Unfortunately that is correct, and the departmental returns consequently are misleading. Your Commission is strongly of opinion that there should be absolute uniformity by Boards in compiling returns.

From the evidence, your Commission holds the opinion that there is considerable laxity by Boards in the collection of fees from patients. In some cases there is little or no method employed. Your Commission considers that many patients well able to pay all or some of the fees incurred have been allowed to escape their liability. Where negligence in the collection of fees is shown your Commission urges that the Minister should deduct a portion of the Government subsidy from the Board at fault, and continue to do so until the Board shows returns in the collection of fees in keeping with the conditions of the district.

### Hospital Returns.

Your Commission finds that there is considerable neglect on the part of some Boards in forwarding statistical returns to the Health Department. As a result the Inspector-General's report for the year ending March, 1920, was not published until April, 1921. The annual report, when compiled on a correct and uniform basis, will be most important for purposes of comparison, and to be of any use to Hospital Boards it should be issued within a few weeks of the end of the financial year. Your Commission urges that the delay on the part of Board officials be stopped, and, as a means to that end, would suggest that neglect to supply within a limited time be an offence within the Act.

## PRIVATE WARDS.

Para. 6. (*b*). *The establishment of paying or private wards in public hospitals.*

The establishment of paying or private words in public hospitals in a matter to which your Commission has given considerable attention. A good example of the system is to be found at the General Hospital at Toronto. Dr. F. R. Riley, of Dunedin, who has visited that hospital, stated in his evidence: "The private hospital is a well-built building of several stories erected on the hospital site, but separate from the main block. It has its own operating-theatre and separate nursing staff. Patients are accommodated in small wards containing a limited number of beds, which can be curtained off as desired to ensure privacy. The proximity to the main hospital block, with laboratories, X-ray and special departments, ensures that each patient shall have the benefit of the latest advances in diagnosis and treatment. The scale of fees for board and residence with the nursing attendance is in proportion to the accommodation required. The fees for professional attendances are a matter of arrangement between the patient and the attending physician and surgeon."

Dr. John Guthrie, of Christchurch, stated: "In America, in Canada, and to some extent in London and in Edinburgh, and I believe in some other parts of the United Kingdom, provision is made for paying-beds in connection with the public hospitals." Dr. Guthrie further pointed out that our hospitals are still regarded as charitable institutions, as shown by honorary staffs serving in the hospitals; and yet, on the other hand, well-to-do people in the hospitals obtain those services without payment, urging as their reason that the public institution is better served from a medical point of view than the private institution.

From the evidence, your Commission believes that it is correct that the public hospitals of to-day are better equipped and staffed than private hospitals. Dr. Guthrie also stated that private hospitals "were of such a small nature that proper and desirable plant was not obtainable, nor was a proper staff from a medical point of view obtainable." "A surgical crisis might arise at any time, and the only