

sheet-anchor that the patient has to rely upon is the telephone and the ability of those who are in charge of the home—the matron and the nurses—to obtain the doctor's services at once." "It is not fair that a patient should take any risks that can be avoided by good organization," and "this danger would be completely eliminated" under the scheme proposed—viz., "that the Hospital Boards should take over the entire responsibility of the care of the sick" by establishing private paying-wards attached to public hospitals.

Your Commission considers that, with the increasing necessity for institutional treatment, and the advantages of efficient hospital organization, those who can pay for hospital services should be placed in a position where by doing so they can avail themselves of the facilities afforded in our public institutions.

In order to meet the objection made by some people on the score of differential treatment, Dr. Guthrie advocated that private wards should be kept quite separate from the general hospital, though possibly under the same roof, but should be under the one control of the Board, the medical superintendent, and the matron. To the assertion that the doctors would give more attention to the paying patients than those in the general hospital, Dr. Guthrie answers that the same position exists to-day, when doctors are attending patients both in private hospitals and the general hospital, and "no such charge has been brought against them of devoting their item to the patients in the private institutions to the detriment of those in the public institutions."

Dr. W. E. Herbert, of Wellington, in his evidence said: "I believe that this principle should have been in vogue long ere this in New Zealand in connection with our public fever hospitals, and would recommend the consideration from the Commission, in the future construction of such hospitals, extensive provision being made for private rooms. In no class of disease would there be more scope for a trial of the system. To-day, if a member of a well-to-do family at home takes an infectious disease, he must in most cases either stay at home and run the risk of infecting the rest of the household, or be admitted to the public ward. A similar patient, becoming affected whilst away from home at an hotel or boardinghouse, must be admitted to a public ward, unless he takes the illegal risk of returning to his own home. With good management such a hospital, in my opinion, would hardly fail to pay its way—the risk of the infection to the public would be diminished, whilst the benefit to the individual patient must be apparent. I am strongly of the opinion that the same arguments are applicable to the establishment of private wards at our up-to-date public hospitals."

Other witnesses expressed the opinion that the establishment of private wards, attended by private practitioners, would have the effect of adding to the efficiency of the work in the general hospitals. It was pointed out that by concentrating the practice of the consulting staff at the hospitals it would give them more time to devote to the patients in the general wards, and opportunities for comparison and criticism of methods would help to raise the general standard of efficiency.

In most of the larger hospitals preference is very properly given to the patients who are unable to go into private nursing-homes; but there arises the injustice that ratepayers who contribute to the cost of the hospitals are unable to make any use of the superior facilities which these afford, even though they are prepared to pay the full cost, not only of maintenance and nursing, but also of their treatment. Your Commission considers that the provision of private wards would remedy this grievance, and at the same time afford a source of some profit, which should be devoted to the improvement of the general hospital.

The necessity for private maternity wards being connected with public hospitals under the Boards also impressed your Commission, and it is felt that this want should receive immediate attention.

Your Commission concurs in the opinions expressed in the evidence quoted, and recommends the establishment of paying or private wards in connection with public hospitals wherever the conditions are favourable; that such wards be under the control of the Medical Superintendent, but patients to choose their own medical attendant, and to make their own arrangements as to his fees.