

(3.) *The Hospitals and Charitable Institutions Act, 1909, Part III, under the heading "Private Hospitals," and the Hospitals and Charitable Institutions Amendment Act, 1923, which came into force on the 1st April, 1924.*

(4.) *Regulations made under the Private Hospitals Act, 1906, published in New Zealand Gazette, 1907, p. 1660.*—These regulations, although made under an Act now repealed, are still in force, as the regulations applicable to Part III of the Hospitals and Charitable Institutions Act, 1909. Such of them as are material for the purposes of this branch of the inquiry are as follows:—

PRIVATE HOSPITALS.

7. (1.) In every private hospital there shall be kept, in the prescribed form, a Register of Patients, in which shall from time to time be entered—

(a.) The name, age, and usual place of abode of every patient admitted, and the date of admission:

(b.) The nature of the ailment or disease, and the nature of any operation which has been performed:

(c.) The name of the medical practitioner (if any) in attendance:

(d.) The date when the patient left the hospital, or, in the event of death, the date thereof:

(e.) Such other particulars as may be prescribed.

(2.) The manager shall enter such particulars in the register at least once in every week in the manner and form prescribed, and no one shall be allowed to inspect such register but the person or persons authorized so to do under the Hospitals and Charitable Institutions Act, 1885.

(3.) Every person required by regulations to make any such entry who knowingly suppresses any material fact, or enters any particulars that are untrue, is liable to a fine not exceeding £100.

8. Every private hospital, and every part thereof, together with the Register of Patients hereinbefore mentioned, shall at all times be open to inspection in the same manner and by the same persons as in the case of institutions under the Hospitals and Charitable Institutions Act, 1885. Such persons shall have the power to make inquiries, visit, and thoroughly inspect any house suspected or reported to take in cases for gain.

9. (1.) A private hospital shall not during the currency of its license be used for any other purpose than that for which it is licensed.

(2.) No part of a licensed hospital in which patients are suffering from an infectious disease shall be used for the reception of patients during or immediately after confinement.

(3.) Whenever a case of puerperal fever or other form of septic disease occurs or is admitted to a hospital, no lying-in patient shall be admitted until the medical officer certifies that in his opinion there is no risk of further infection.

(4.) Complete disinfection of every room which has been occupied by any case of infectious disease shall be performed immediately the patient leaves the room.

(5.) It shall be unlawful for a nurse attending on such a case to attend any other case without undergoing complete disinfection, *and without the written authority of a medical practitioner that he (or she) is satisfied with the precautions taken to prevent the further spread of infection.*

In addition to the foregoing statutory requirements a leaflet, H. 628, undated, unsigned, and not disclosing by what or whose authority it is issued, has been circulated by the Department as "Information for the Guidance of Persons conducting or contemplating the Establishment of a Private Hospital, with Extracts from the Hospitals and Charitable Institutions Act, 1909." This leaflet is practically in accord with the regulations referred to in the preceding paragraph, with one notable exception—viz., that the words italicized in Regulation 9 (5) are omitted. The precautions enjoined upon the medical practitioners and the nurses in charge of cases consist in the main of those prescribed by the statutes and the regulations above referred to, "District Health Officer" being substituted for "Medical Officer."

(5.) *The Midwives Act, 1908, and the Regulations made thereunder.*

NOTIFICATION.

The Commission is of opinion that the statutory requirement of notification "*forthwith*," which is obviously designed for the purpose of securing immediate isolation, disinfection, and such other safeguards as may in the circumstances of each case be deemed necessary, and which therefore is of the highest importance, was not appreciated as it should have been by the medical practitioners concerned in certain of these cases. It may here be noted that the obligation to notify in each of these cases was upon the medical practitioner and not upon the Matron or manager of the hospital.

Mrs. Morison's case was not notified at any time, but it is proper to add that the medical practitioner did not view this as, and still declines to admit this was, a case of notifiable puerperal fever.