PART VI.—PRIVATE HOSPITALS AND MATERNAL WELFARE.

I have the honour to submit my report for the year 1937.

PRIVATE MEDICAL AND SURGICAL HOSPITALS.

The number of private medical and surgical hospitals has increased from 95 in 1936 to 104 in 1937 and the number of beds from 1,375 to 1,556. This increase is mainly due to the licensing of more hospitals restricted to medical and convalescent patients and not having facilities or being licensed for surgical treatment. This class of hospital is an essential part of any national organization for the care of the sick and injured. In all cases these convalescent hospitals are converted residences, usually fairly large houses, which under present conditions the owners find unduly costly for private purposes, and consequently can be bought or leased on favourable terms.

Of the 104 medical and surgical hospitals, 4 only provide from fifty to a little over one hundred beds. All of these are the property of and are conducted by religious bodies.

Of the remaining 100 hospitals, 14 provide twenty to thirty-three beds each, 42 ten to nineteen beds each, and the remaining 43 under ten beds.

The larger hospitals compare favourably with the average public hospital in their building, equipment, and special departments, such as X-ray and pathological.

The smaller hospitals have no special departments, though a considerable number of them are now equipped with X-ray plants.

The main difficulty in keeping these private hospitals up to a requisite standard has been in having the nursing staff kept up to a standard necessary to provide sufficient nursing and attention to the patients, together with reasonable hours of work and days off for the staff. The conditions with regard to hours are being improved, and when more nurses are available it should be possible to bring the hours down to an average of forty-eight per week.

Most of the licensees have endeavoured to provide for this, though, owing to comparative shortage of trained nurses, there has been difficulty up to the present in obtaining the extra staff and difficulty also in providing living-quarters for the extra staff required. In those cases where there is continued failure to obtain or retain the necessary staff, it has been necessary to reduce the number of licensed beds and bring them down to a number in accordance with the nursing staff kept.

The situation is a somewhat difficult one, as in some of the larger towns the demand on the beds in the medical and surgical hospitals is as great in proportion to their beds as it is in the public hospitals.

I am pleased to be able to state that more medical practitioners are now recognizing the fact that, if they require private hospitals in which to treat their patients, they must be prepared to meet some of the capital cost themselves, since it is quite beyond the resources of most nurses to do so.

Mixed Hospitals.

There are now sixty-seven of these, providing 127 beds for medical or surgical cases. Nearly all are restricted to non-septic surgical cases. Owing to this fact and to the awareness of the licensees of the dangers if such cases are admitted, these hospitals are no longer a menace to maternity patients.

Inspection of Private Hospitals.

Routine and special inspections of all the above-mentioned hospitals have been made by the Medical Officers of Health and Nurse Inspectors during the past year. The only difficulties in keeping these hospitals up to the standard have been in obtaining nursing staff and preventing overcrowding.

MATERNITY HOSPITALS AND SERVICES.

The hospital maternity services provided in New Zealand by public and private enterprise in the year 1937 consisted of 5 State (St. Helens) hospitals (100 beds), 85 public hospitals (507 beds), 197 private hospitals (1,020 beds)—in all 1,627 maternity beds, or approximately one bed to every 1,000 of the population.

A calculation of the proportion of beds available to the number of European confinements—namely, 26,497, plus the number of Maori live births, 3,971 (still-births among the Maoris are not registered)—gives a total number of confinements for both races as over 30,000. If all these were delivered in hospitals it would give an occupied bed-rate of approximately 94 per cent. of the available beds. The actual number of patients who made use of these beds was 23,033 for delivery and 966 admitted during pregnancy for ante-natal care. This shows that the available beds are actually occupied to 71 per cent. of their estimated full capacity, allowing twenty patients per annum to each bed, each patient being fourteen days in the hospital.

Graph No. 1 shows that since 1927 the proportion of patients choosing to be delivered in hospital has increased from 58·59 per cent. to 86·38 per cent.