Hospital Boards.

Each hospital district is controlled by a Board of not more than twenty or less than eight members representing the contributory local authority districts within the hospital district—*i.e.*, the Boroughs, Town Boards, and counties, or a combination thereof. The representation of the various contributory districts is determined by the Governor-General by Order in Council having regard to the relative populations and also to the relative values of rateable property in those districts.

Functions, Powers, and Duties of Hospital Boards.

Subject to inspection and a modicum of Government control, the Hospital Board is responsible for the provision of the public hospital, outdoor medical and nursing service, and for the administration of charitable relief. Subject to the approval of the Minister, the Board may establish any one of the following institutions:—

(*a*) A hospital or other institution for the reception or relief of persons requiring medical or surgical treatment, or suffering from any disease, whether infectious or not;
(*b*) A charitable institution for the reception or relief of children, or of aged infirm, incurable, or destitute persons;
(*c*) A maternity home;
(*d*) A convalescent home;
(*e*) A sanatorium for the reception or relief of persons suffering from consumption or other disease;
(*f*) An institution for the reception of habitual inebriates;
(*g*) A reformatory institution for the reception of women or girls;
(*h*) An institution established for any other purpose which the Governor-General by Order in Council declares to be a public charitable purpose within the provisions of this Act;
(*i*) An institution established for any two or more of the above-mentioned purposes. (Section 75.)

No single Hospital Board has in fact established all the institutions mentioned in the above list. Some of the smaller districts have limited their hospital activities to small general and maternity hospitals, combining with other Boards for the purpose of making provision for sanatorium treatment or contracting with other Boards for sanatorium and other institutional care, including that of old people. It is also customary for the majority of Boards to arrange with Boards of the larger centres for treatment of patients requiring specialist services or special treatment facilities, such as radium and deep X-ray therapy.

The functions of Hospital Boards do not include the establishment or control of mental hospitals, which are administered by the Government Mental Hospitals Department.

It is the duty of every Hospital Board to appoint such number of medical practitioners, dentists, nurses, dental nurses, midwives, and other officers as the Director-General deems necessary whether in an institution or elsewhere (section 37). Apart from what the Director-General may require, the Board has, of course, the ordinary power to make any such appointments (section 36).

It is also the duty of every Hospital Board to provide and maintain such hospitals and to make such other provisions as the Director-General considers necessary for the care and treatment of patients, including infectious disease cases (section 77 of 1926 Act and section 12 of 1932 Amendment). Every Hospital Board is also responsible for the administration of charitable aid within its district, whether indoor or outdoor relief (section 29), and is empowered to provide grants of money, food, medicines, disinfectants, surgical requisites, medical, surgical, or nursing attendance and other requisites to indigent, sick, or infirm persons in the district. A Hospital Board is also empowered to make grants or subsidies to medical or nursing associations, benevolent institutions, or private philanthropic associations as the Minister approves (section 85).

A Hospital Board may exercise any of its principal powers of granting relief to the sick or the indigent directly, or it may contract for the granting of such relief by the Crown in any sanatorium or any other institution, or by any other Hospital Board authority or person (section 91).

Special provision is made enabling Hospital Boards to combine by agreement to establish and maintain any institution which a single Board may lawfully establish (section 81; see also section 7, 1932 Amendment). This provision has been availed of in the case of a tuberculosis sanatorium in Central Otago, eight Hospital Boards being joined in its administration. This provision has also been availed of with regard to the provision of old people's home accommodation.

For the internal regulation of its institutions the Hospital Board is empowered to make by-laws, which are, however, not effective unless and until approved by the Minister. Any such by-laws may at any time be disallowed by the Governor-General (section 79). In the matter of by-laws prescribing scales of fees there is an extended power in the Minister's hands to require the making of such by-laws (section 80).

Finance.

The principal sources of revenue of Hospital Boards are recoveries from those assisted—*i.e.*, patients fees, &c.—which constitute about one-fifth of the total receipts, contributions by local authorities approximating two-fifths, and subsidies from the Government approximating two-fifths. Voluntary contributions, rents, interest, and dividends form only a small percentage.

In the month of April of each financial year (which commences on the 1st April) Hospital Boards are required to submit, for the approval of the Minister, estimates of their expenditure both for capital and maintenance purposes, and therefrom deduct the estimated receipts of the Board from all sources,