

£1 for £1. In other words, after deducting the voluntary contributions and the subsidy thereon, and patients' payments, the Government paid half the net estimated deficit in the amount required for the administration of hospitals and charitable institutions and the provisions of out-door relief, the remaining half being raised by rates.

The Acts of 1885-86 were tentative measures, and those introducing them acknowledged this freely, anticipating that experience would in a few years lead to rearrangement. The Government wished for a solution to the then pressing financial difficulty in connection with the hospitals by an apportionment of the expenses of management fair to all parts of the colony, and in this the Acts were a success.

However, the idea of supporting hospitals by voluntary contributions failed absolutely. The year previous to the Act (1884) the amount of voluntary contributions for New Zealand hospitals was about one-fourth the amount contributed from public funds; in 1903-4 it was one-fourteenth.

Another section of the Acts (1885-86) which gave rise to unfavourable comment was the possibilities of mismanagement in uncontrolled boards. Having fulfilled the main purpose of providing financial support, it was urged by many that further steps be taken to provide more efficient management, and thus supply a desideratum of national importance.

In 1886 the Hospital and Charitable Institutions Amendment Act was passed, giving power to two or more hospitals to join into a "united district" and control their own affairs.

Dr. MacGregor was appointed in 1886, and his reports from then onwards cry to high heaven against the iniquities and extravagances permitted by the Act of 1885 and its 1886 amendments. He advocated the closing of hospitals and the reduction in status to cottage hospitals of others. He inveighs against the multiplicity of local bodies that rendered decentralized control an impossibility and administration a farce, but in vain.

At last an improvement was to be effected in the contribution of the Hospital Boards. The Hon. George Fowlds presented the Hospital and Charitable Institutions Bill on 6th November, 1906, and, although many clauses were deleted, it had the effect of giving something like a continuous policy, so necessary for success, yet so impossible under the system of annual elections. This Amendment was passed the same year, giving the Board control of all trust properties, and extending the term of office for members to three years, when all must retire, but were eligible for re-election. It had been hoped by some promoters of the Bill that only a certain proportion of members should retire annually in rotation, but in this point they were unsuccessful. The first Board took office under these conditions in April, 1907.

Dr. MacGregor died, and the mantle fell upon Dr. Valintine, who presided at the 1908 conference and whose telling advocacy for reduced districts and base hospitals cannot be bettered to-day.

It was not until twenty-four years after the first Hospital and Charitable Institutions Act that an amendment whereby the controlling Boards were made elective was passed. The first election under this Act was held in Auckland on 16th March, 1910. By this system, which is operating successfully at the present time, each borough or district elects a member, representation being given on a population basis. Several amendments based on the result of experience have been passed in later years, and the present law relating to the subject is embodied in the Hospitals and Charitable Institutions Act, 1926, as amended in 1928, 1929, 1932, and 1936.

The above survey has been obtained from articles by Dr. Campbell Begg, and others, publications, Government Gazettes, early newspapers, and information supplied by Hospital Boards.

REPORT FOR THE YEAR.

HOSPITAL BUILDING ACTIVITIES.

The Division has been much occupied with building proposals for the various Hospital Boards.

Southland Hospital Board.

Kew Hospital.—Plans and specifications have been approved for the erection of a workshops block. The reconditioning of the present tuberculosis block is at present under consideration.

Riverton Hospital.—Proposals for a new laundry, boiler-house, and morgue, and alterations to provide accommodation for nurses, are being considered.

Gore Hospital.—Sketch plans for a children's ward have been prepared.

Vincent Hospital Board.

Building operations for extensions at Clyde Hospital and the new hospital at Cromwell have been commenced.

South Otago Hospital Board.

Balclutha Hospital.—Plans and specifications for additional nursing and domestic accommodation have been completed.

Otago Hospital Board.

Dunedin Hospital.—Additional land has been acquired to be utilized for future extensions. Final plans and specifications are under consideration for additions to Nurses' Home.