

During the past year Palmerston North Hospital Board has made special provision for diphtheria cases by erecting near the scarlet-fever ward a small two-bed ward with dining-room attached. This, in addition to the commodious scarlet-fever block, should prove sufficient for all ordinary emergencies, and will prove infinitely more efficient than the alternative proposal to subdivide the latter building so as to enable them to take both diseases in the same block.

At Greytown the Board adopted the simpler system outlined above, and is now erecting a four-bed infectious block on a site which I visited and approved. This should prove sufficient for this district for some years to come.

The Hokitika Board applied for plans of an infectious-disease ward, but its resources were so limited that I advised the tent or cottage system as sufficient for the needs of that town.

Nelson, I regret to report, remains *in statu quo ante*, and we have again had some slight difficulty in persuading the Board that it is its duty to accommodate certain cases of infectious disease. As all the legal steps have been taken to apportion the cost—as reported last year—it is time that pressure was brought to bear on the Board to carry out the terms of the Act.

SANATORIA FOR CONSUMPTIVES.

While there has been but one new sanatorium (that at Nelson) opened during the year, there has been a considerable amount of work done at this office towards increasing the accommodation for consumptives.

For Wellington a suitable site for a sanatorium has been chosen at the back of the General Hospital; the plans prepared by Messrs. Crichton and McKay have been inspected and approved by Drs. Newman and Ewart and myself, and the work is now nearing completion. Accommodation for fourteen patients will thus be available.

At Otaki, owing to the gratifying result of the appeal for funds, it was found possible to increase the original plans for a sanatorium for sixteen patients to one containing thirty beds. The result of this was that the site originally chosen was found to be too cramped, and after a consultation with the architect, Mr. Clere, it was decided to recommend the Hospital Board to purchase some land to the north of the original site, where a very suitable position was found. To this the Board readily assented, and although it has entailed a good deal of delay from legal difficulties, and extra expense in removing the building already erected, I am sure the result will justify the action. The new site is on a sunny slope well sheltered from the prevailing wind, with a dry sandy soil and a pleasant outlook. The Government, at the instigation of the Board, has set aside a special grant of £1,000 to enable the alteration to be made without increasing the burden on the Hospital funds. The plans have been inspected and approved by Drs. Newman and Clay and myself, and the work is now rapidly proceeding.

Special mention should be made of the untiring energy of Dr. Newman and Mr. J. P. Luke, Chairman of the Board, who have successfully piloted the scheme through many obstacles, with the result that between Otaki and Wellington annexes we shall shortly have sufficient accommodation to deal with all those cases of consumption in the neighbourhood more urgently in need of relief.

At Nelson the Hospital annexe has been completed, and was opened on the 21st October. I inspected it in December, and was pleased with the result. The administrative block is convenient and by no means unsightly, and the shelters are, I consider, a distinct advance on those in use at Cambridge, in that they afford a much greater wall-area which can be opened.

I am more than ever convinced that simplicity is the greatest desideratum in these shelters: a roof sufficient to keep off the rain and protect the patient from the burning sun, a floor well off the ground to avoid dampness, and enough wall to shelter the patient from wind and driving rain are the essentials. For the roof, the use of asbestos slates at Nelson is proving satisfactory, the appearance being pleasing, while they afford excellent shelter from the hot sun. As they are not unreasonably costly, I think their use can be generally recommended for shelters.

A simple inexpensive wall is the most difficult point to decide, and it is not always easy to get the architect to alter preconceived notions and adopt a method which admits of the wall being as far as possible only existent on the windward side of the building. Personally, I believe canvas walls which could be rolled up when not required would prove ample, but I have not succeeded in getting any one to agree to so primitive a style. At Nelson the upper half of the wall to the full length of both the long sides of the shelters can be opened, as it consists of a series of sashes covered with painted canvas which can be lowered into the lower solid half. There is also a gauze-covered space between the top of the wall and the eaves. This is an improvement on the Cambridge and New Plymouth shelters; but it would be desirable to have the lower half of the wall also removable at will, so that the patient can in suitable weather have only the roof over his head. At the Wellington Hospital annexe the system adopted is the use of a series of French doors, the upper and lower halves of which open separately, thus allowing of the wall from eaves to floor to be open; but of course there still remains the solid part of the wall, against which the outfolded door rests. The plan devised by Mr. Clere, and in course of adoption at the Otaki annexe, seems to me to afford the nearest approach to my ideal of, when weather permits, a wall-less shelter. Here the wall is in a series of panels sufficiently small to be readily handled, the top and lower sections of which are separate, the former hinged at the upper margin and pulling up and out to the wide eaves by means of a pulley, while the lower segment (also hinged) folds down and out to form a sort of verandah floor. In this way the wall can be made practically non-existent, or if the weather be unpleasant the lower half can be fastened up as a dado, while in case of driving rain the whole wall to windward can be made weather-tight and the leeward side opened. It remains to be seen how this innovation will stand the test of practical use, but so far I can see no reason to doubt its success.