

on the west and north. It is conveniently suited for tree-planting, but is fit for little else, being very poor. It would form an excellent site for a consumptive camp, and has the advantage of being roaded all through. The area is about 25,000 acres. Work would there be found for a large number of men for many years to come. The other block of land at Taupo lies to the westward of the village, and is about 50,000 acres in extent. It has extremely beautiful views, and would serve our purpose admirably; but is more inaccessible, no formed roads leading to it, though it can easily be reached by means of the lake as it comes down to the shore for a frontage of six miles or more.

The chief consideration is the difference in cost between the Taupo and the Lake Rotokakahi schemes, the balance being considerably in favour of the latter, chiefly owing to the fact that a medical man would have to be obtained for Taupo, whereas at Rotokakahi one of the local practitioners at Rotorua could no doubt be engaged. The extra cost of cartage to Taupo probably would not make a very appreciable difference, while for building purposes timber is cheaper there than at Rotorua. When the system develops—as I believe it will—and a colony of forty or fifty men is established, a wider scope will be required than the available area at Rotorua affords. Taupo would certainly be the place for such a large colony, as there work for hundreds of men for many years could be found. With so large a camp also, the management would be a matter requiring a special appointment, and the cost of a medical manager would be quite justified. But for the present Rotokakahi offers ample scope for work.

The question, then, seems to resolve itself into whether, for a small camp of, say, twelve men, the balance in favour of climate and outlook at Taupo can be regarded as counterbalancing the certainty of an increase in cost of upkeep of £300 or £400 a year. If this increase is to imperil the carrying-out of the scheme, then I certainly do not think I need hesitate to recommend Lake Rotokakahi.

I would especially draw attention to the fact that the absence of such a camp blocks the way for the discharge of patients from the Sanatorium, thereby decreasing the usefulness of that institution. My estimate of the number of patients for the camp is based on data supplied by Miss Rochfort, who considers that about twelve men could go from the Sanatorium in a year. If we accept patients from other parts, and allow those who wish to remain for two or three years, our camp would soon grow into a regular colony, and in course of time we might be able to establish a tree-nursery of our own, and run the place on a paying basis. When trained to the work some of the stronger patients might take contracts for planting for private individuals, and thus increase the sphere of usefulness of the scheme, and make it a very profitable business to themselves.

I cannot but believe that the tree-planting offers great possibilities in the future for the employment of persons partially crippled by consumption.

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Year by year better and more adequate provision is being made for the poor sufferers from this fell disease consumption. Slowly—so very slowly, it sometimes seems to us who have been urging the necessity of providing shelters wherein the indigent consumptive can be housed—annexes and sanatoria are being erected. As was to be expected, writers have arisen who question the value of sanatoria in the treatment of tuberculosis. Doubtless the enthusiasm of the early advocates led them into some exaggeration, but there is no need for any regret on the part of those ratepayers who have moved in the matter of establishing institutions where persons suffering from consumption can be treated. Considered on its lowest aspect, I am certain that all the moneys expended will bring in a good return in increased safety to the healthy.

The value of a sanatorium or an annexe cannot be assessed by setting out the number of cures. From the nature of the disease it is impossible to hope that a great number of “cures” can be expected. Not until the patient is suffering from the disease in a well-marked form does he take alarm and seek advice. That many suffer from the disease and yet recover completely is admitted by nearly all who have carefully studied this disease.

It cannot be gainsaid that many who live to a good age and die of some other disease show *post-mortem* evidences of having suffered from tuberculosis.

Te Waikato, under the direction of Dr. Roberts and Miss Rochfort, continues its beneficial work. The good influences which emanate from this institution reach far and are of incalculable value; but until each Hospital Board has made adequate provision for its own sick it cannot exercise its full function. It is wasteful in every sense of the word to send a patient from Dunedin to the Waikato only to die. It is unfair to the sufferer. A death in such a community, or the presence of an obviously incurable case goes far to check the progress of the others.

A sanatorium is quite unlike a general hospital, where patients pass in and out every day or week. There, if they are to get well, they must stay for months and so they get to know each other in the most intimate sense of the word. There is the keenest competition at the weekly “weigh-in,” and they watch each other’s improvement or fall-back with the truest sympathy and interest. I am convinced of nothing more assuredly than this: The incurable should not be treated in the same institution as the curable.