receiving bedding or clothing, that such bedding, &c., has not been exposed to infection, or has been properly disinfected."

I regard this suggestion as a valuable one, and an extension, as it were, of section 35, subsection (11), of "The Public Health Act, 1900."

### Infectious-diseases Hospitals and Ambulances.

At *Masterton* an up-to-date infectious-diseases hospital, containing six beds, has been built on a site convenient to the General Hospital. This building will fill a want that the district has felt for many years.

At *Pahiatua* also has been erected a modern infectious-diseases hospital, and it should go far towards ensuring the isolation and checking the spread of scarlet fever or diphtheria should any epidemic of either disease occur. This hospital contains four beds.

At *Wellington*, as before mentioned, the accommodation for infectious diseases is far from satisfactory. Owing to the number of infectious cases notified and requiring hospital treatment, the wards have been taxed to overflowing throughout a greater portion of the year, and in a number of instances patients have been unable to gain prompt admission.

Two cases of measles—one from a crowded boardinghouse, the other a traveller just arrived in Wellington—required isolation. The Hospital Trustees agreed to their treatment in a suitable private house.

Fortunately, since the end of the period under review, Cabinet has authorsied the acquiring of about 5 acres of the Mount View Mental Hospital grounds for the purpose of erecting a new infectious-diseases hospital. The Trustees are to be congratulated on securing such an eminently suitable site, which is, though really isolated, in close proximity to the Hospital. Before long Wellington should be the proud possessor of a thoroughly modern infectious-diseases-hospital equipment.

At *Wanganui* I represented the need for an ambulance for the conveyance of cases of infectious disease to the available hospital, and addressed the Borough Council thereon, advising that the local authorities of the Wanganui Hospital area contribute, in shares to be agreed upon by them, to the cost of such ambulance. The matter was very quickly brought to a satisfactory conclusion by, especially, the efforts of the Mayor of Wanganui and the Chairman of the Waitotara County Council. Plans were prepared, a tender accepted, and an ambulance is being built. The cost is to be divided as follows: Wanganui Borough Council, four-tenths; Wanganui County Council, two-tenths; Gonville Town Board, one-tenth; Waitotara County Council, two-tenths; East Wanganui Borough Council, one-tenth.

I was unable to gain my point that the maintenance, control, and housing of the vehicle should be placed in the hands of the Wanganui Hospital Board. The Chairman of that body vehemently opposed such, to me, reasonable and facilitative idea.

At *New Plymouth* similar initial steps, though unanimously accorded by the local medical practitioners, met with the doom of rejection. The Hospital Board and Borough Council arrived —though on what grounds they do not state—at the emphatic conclusion that there was no need for such an ambulance. Suggestions were made to the New Plymouth Hospital Board with a view to the existing infectious-diseases wards being used to better advantage. These were availed of.

I have specially reported to you upon the provision and maintenance of infectious-diseases ambulances, and suggested necessary amendments to the Act.

### Sanatoria for Consumptives.

During the year twenty-three persons suffering from phthisis in this district applied for admission to Te Waikato and Otaki Sanatoria.

The scheme for an annexe at Palmerston North has now taken definite shape. A site in proximity to the general hospital is under consideration. It is the intention of the Board to provide for four to eight patients, the amount of available funds being the determining factor.

### Quarantine Regulations.

It is pleasing to be able to record that no cases of infectious diseases have arrived from oversea, with the exception of a few persons suffering from tuberculosis and of twelve persons suffering from, or contacts with, measles, who arrived by the s.s. "Corinthic" on the 1st February, 1908.

In regard to the former, they either entered into suitable bonds and were allowed to land in the Dominion in consequence, or else were returned by the shipping companies to the port of their embarkation. The measles patients and contacts were removed to Somes Island, and quarantined there during the period of infection.

Consultations were held with Dr. Pollen, Port Health Officer, on eight occasions.

The most interesting of these concerned a case of well-marked tuberculated leprosy. I took several photographs of the patient, the best of which are here inserted. The patient was a Greek —a native of one of the Ionian Islands, an A.B. on the s.s. "Manaton" from South America, which put in to Wellington for coal and provisions. He was twenty-seven years old, and in good working-health. It was difficult to obtain any history of the case, mainly for two reasons—the inability of the patient to speak English, and the manifest indifference of the patient and his compatriots amongst the crew to his condition. They told me there were many others like him amongst the islands he came from—in fact, no more notice was apparetnly taken of him than would be paid to a case of syphilis amongst other members of the sailing or general community. And perhaps this is but logical, for assuredly the ravages of widely distributed syphilis should receive much more attention from Europeans than infrequent and easily controllable leprosy.