55. KAITANGATA COTTAGE HOSPITAL.

This little Hospital was erected by the Otago Hospital Board, and opened early this year. It is intended primarily for accident cases which may occur in the large coal-mining district, or for urgent cases which could not be immediately forwarded to the base Hospital at Dunedin.

There is a ward for six beds, and a little operating-room.

A nurse, Miss Thomson, was appointed Matron, with the understanding that she should do any nursing-work necessary in the district when there were no patients in the Hospital requiring her care.

OTAKI SANATORIUM.

Governing body: The District of Wellington Hospital Board. Usual date of meeting: Third Wednesday in each month.

Secretary: George S. Willis.

Stipendiary medical staff: William Henry Joseph Huthwaite, M.R.C.S. Eng., L.R.C.P. Lond. (non-resident).

Nursing staff: Matron, Miss Edith M. Sealy (part services), and 1 registered nurse and 3 pro-

Domestic staff: 1 cook, 1 housemaid, 1 laundress, 1 porter, 1 gardener, 1 engineer and stoker, 1 labourer.

Number of beds available for males, 11; for females, 19: total, 30.

Average number of patients per diem, 25.

Average number of patients to each of nursing staff, 5.

In-patients: Number of patients on 31st March, 1908, 24; admitted during year, 51; discharged during year, 47; died during year, 3; in hospital on 31st March, 1909, 25. Sex-Male, 38; female, 37: total, 75. Collective days' stay, 9,125; individual average days' stay, 121; average daily cost per head, 4s. $8\frac{1}{2}$ d.; average daily payment per head, $7\frac{3}{4}$ d.; average daily cost per head after deducting in-patients' payments, 4s. $0\frac{3}{4}$ d.; weekly fee charged for maintenance, 10s. (average charge only).

Percentage of cost of administration on maintenance-expenditure, 3.5.

Localities, broadly, from which patients came: Wellington City Council, 50; Horowhenua County Council, 6; Hutt County Council, 3; Makara County Council, 1; Lower Hutt Borough Council, 2; Petone Borough Council, 1; Palmerston North, 3; Wairarapa, 3; Christchurch, 2; Hawke's Bay, 2; Taranaki, 1; West Coast, South Island, 1: total, 75.

Nationalities of patients New-Zealanders, 61; English, 6; Insh, 2; Scotch, 4; Australian, 2.

Visited 5th October, 1908.

Though this institution can accommodate nineteen men and eleven women, there were only twelve men and nine women under treatment. I was rather at a loss to account for the nine beds being vacant, but the Matron assures me that the men find the life there too dull; the women are more content.

There had been until quite recently some difficulty in getting the patients to do work about the Possibly a more constant medical supervision is required to keep the patients up to the out-of-door exercise and work. They do not realise that the exercise entailed by work is a most important factor in the open-air treatment, and in connection therewith I cannot do better than quote the following extract from Sir Kingston Fowler's address to the British Medical Association at Stafford in July last: "As regards the opsonic index in pulmonary tuberculosis, the question has lately been put to the test at the Frimley Sanatorium of the Brompton Hospital, where during the last three years a system of graduated labour, devised and introduced by Dr. M. S. Paterson, the Medical Superintendent, has been in operation. For a complete description of the method reference may be made to Dr. Paterson's paper read before the Medical Society of London. The results have been successful beyond any which I have hitherto observed, and are due to the extreme care and judgment which has been exercised in suiting the amount and kind of work to the physical capacity of each individual patient. After this system had been in operation for two years and a half, during which period clinical observations, and especially the effect upon the temperature, were the sole guides employed in deciding upon the amount and kind of labour to be performed by each patient, the results were tested by the observation of the opsonic index by Dr. Inman, the bacteriologist to the Brompton Hospital. In carrying out this test, the most extreme precautions were taken to eliminate all sources of error depending upon what may be termed "unconscious bias." The examinations showed that 95 per cent. of the patients working in the various grades of labour—ranging from walking, carrying baskets loaded with varying weights of earth, and digging, to working as navvies upon the construction of a reservoir—were found to have opsonic indices above the normal at some time during the day. When this system of graduated labour was introduced as an adjunct to sanatorium treatment, it was not realised that the patients, in addition to the benefits to be expected from the increased functional activity of all the organs and tissues of the body which such labour induces, were at the same time being treated with doses of tuberculin of their own manufacture. Yet, if we accept the theory of auto-infection, no other explanation appears to me so completely in accord with the observed facts; we were in the position of M. Jourdain, who discovered that for ten years he had been writing prose without knowing it. During the month in which these tests were carried out Dr. Inman was only able to discover two cases in which the amount of work done had exceeded the limits of prudence; in both the slight fever, headache, and loss of appetite induced were accompanied by a negative phase in the opsonic index, which lasted quite a short time, and did no appreciable harm. These facts appear to indicate very