Further discussion on compulsory notification was deferred for the time being.

(At this stage of the proceedings the Hon. Mr. Rhodes withdrew from the Conference, and

Dr. Valintine took the chair.)

It was suggested that there should be some means of enabling the medical practitioner to indicate whether or not he would like his patient visited by the district nurse, if such nurse were available. Dr. Hardwick-Smith thought such visits important from an educational point of view.

Moved and seconded, That where possible the medical practitioner shall have the right to enlist the services of a district or dispensary nurse where such officer is appointed in the hospital district concerned. Carried.

The question of dealing with the examination of contacts was introduced, and the Conference decided that full discussion of the matter had better be deferred until a practising member of the profession was present. It was, however, resolved, That it be a recommendation to those controlling dispensaries to enlist the sympathies of medical practitioners in the direction of the examination of contacts.

Dr. Hardwick-Smith stated that his Hospital Board wished to know if the Conference would draw up a special form of notification with regard to cases of tuberculosis which would do for

the whole Dominion.

Resolved, That it be a recommendation of this Conference to Hospital Boards that they adopt a uniform form of inquiry, relating more particularly to the family history of patients and their sanitary environments.

Dr. Finch asked whether the Act could be amended to compel a patient or the person in

charge of a patient to notify change of address.

Dr. Champtaloup stated that it was the opinion of the Otago Branch of the B.M.A. that, rather than lay stress on compulsory notification, some control should be given with regard to removal of patients from one house to another, also in the matter of deaths from consumption.

Moved by Dr. Champtaloup, That by regulation under or amendment to the Public Health Act the onus of notifying the Department of the removal of a consumptive patient from one house to another be placed on the householder, and that, pending such amendment or regulation, the District Health Officers take such steps as they may consider necessary to bring about this notifi-

cation in a voluntary manner. Seconded by Dr. Finch and carried.

The difficulty experienced by Medical Superintendents of sanatoria as regards late cases being sent to them for treatment was next discussed. The Chairman said that those responsible were much handicapped by the fact that they did not get the early cases. The Conference decided that it would not be wise to have an expression of opinion on this point, but that in the general résumé of the report of the Conference the matter would be stressed.

Dr. Lyth was of opinion that some form of classification of cases might be adopted and distributed among the profession. He was also of opinion that notification should be compulsory in the case of consumptives in hotels. With this Dr. Lewis concurred, and also considered that some steps should be taken as regards consumptives when travelling. Dr. Champtaloup thought the Railway Department should provide a special carriage in which such patients could travel without paying exorbitant charges or being labelled in any way

Dr. Blackmore was of opinion that education would have to be relied on, and that restrictive measures should follow such education rather than precede it; further, that restrictive measures should not be pushed too far, as the public would be against it. To this the Conference

unanimously agreed.

The Conference was agreed that tuberculosis was not a highly infectious disease.

(b.) Compulsory Detention of Refractory Patients.

The Chairman thought that there was no doubt that an amendment to the law was necessary in this respect. Machinery was provided in the Act, but it was not sufficient. From what Dr. Hardwick-Smith told him, some patients under treatment in institutions occasionally broke bounds, visited public places, &c., returning to the institution at will. The only punishment for this was to discharge the offender, and thus accentuate the danger.

It was considered by the Conference that a separate institution must be provided for this class of patient, and that such patients would have to be committed thereto by a Magistrate's

order.

Dr. Blackmore thought it would be necessary to define what was exactly meant by this class

of patient. A man might be objectionable, but might be carrying out the regulations, &c.

Moved, That the Public Health Act be amended to provide for the compulsory detention of a patient who refuses to conform to the health rules of an institution of which he is an inmate, such detention to be made on the order of a Magistrate on the representation of the Medical Superintendent concerned. Carried.

Recommended, That the special attention of the practising medical profession be called to this matter, in the hope that every assistance will be given to the Department in bringing about the

compulsory detention of patients.

The Chairman took it that a ward for refractory cases should be provided in connection with all our sanatoria.

(c.) Prohibition of Spitting.

The Conference was of opinion that prohibition of spitting should be enforced, and that from an educative point of view reasons for such prohibition should be given in the placards placed in public places.