In reply to the Chairman, Dr. Champtaloup stated that the suggestion was that the Government should subsidize the forthcoming exhibition to the extent of £50, this amount to ensure the purchase of all the exhibits. The Chairman stated that he would recommend that this be done.

The Chairman further stated that certain of the Hospital Boards were making representations to the Government in the direction of obtaining larger subsidies. He felt sure, from a conversation he had had with the Minister of the Department, that the Government was quite willing to give some substantial assistance to the campaign, but as to what form that assistance would take he was not yet prepared to say. He pointed out that the only check the Department had on local expenditure was by putting some of the expenditure on the rates. Some Hospital Boards considered every penny of expenditure, but there were others who did not; and, although there was no desire on the part of the Department to be mean in this respect, that side of the question had to be considered. The suggestion that the Department should find all this money, and the Hospital Boards administer it, could not be entertained.

Anti-tubercular Societies.

Dr. Hardwick-Smith suggested that something might be done in the way of anti-tuberculosis societies, to be comprised of educated women, who might visit people in their homes for the purpose of endeavouring to educate them how to live under the best possible sanitary conditions. On the suggestion of Dr. Frengley it was agreed that these societies might be called "health" and not "tuberculosis" societies.

After some discussion on the matter it was agreed that the calling-in of outside aid would tend to intrude too much on the privacy of the people; that it would be better to endeavour to obtain the assistance of some existing organization rather than create any new philanthropic body; and that the Salvation Army (which got at the very class of people it was desired to reach) was the best organization for the purpose.

Dr. Hardwick-Smith asked whether it was proposed to give a course of lectures in this connection, and it was agreed that this would be advisable.

It was generally agreed that friendly societies would be an excellent medium for disseminating literature.

Professional and Technical.

The Chairman thought it was necessary to have a general discussion as to the correlation between the various officers. A great deal of the success of the campaign hinged on the part the medical practitioner would take. He remarked to Dr. McLean that it was unfortunate that a representative of the British Medical Association was not present at the previous day's sitting, when the question of compulsory notification was brought up. He outlined the proposals which were the outcome of this discussion. Dr. McLean agreed that the medical profession would not be seriously affected thereby. (At a later stage of the proceedings Dr. McLean also expressed the opinion that the point brought up in connection with compulsory notification—that the medical practitioner should intimate on the notification form whether he desired the Inspector to visit—was an important one, and that such a system would tend largely not only to save friction but to make the public feel more confidence. In this connection the Chairman stated that the onus of seeing that everything necessary was done was put on the medical practitioner, but the Department reserved to itself the right of stepping in if it considered it necessary.)

The District Health Officer and the Medical Superintendent.

Continuing, the Chairman thought an expression of opinion should be given as to whether it was necessary to do anything to bring the Medical Superintendent of the sanatorium and the District Health Officer into better touch with regard to the patients.

Dr. Champtaloup advocated that the Medical Superintendent should be given the control of tuberculosis in the hospital district in which the sanatorium was situated; he should see the notifications, instruct the Inspector or the district nurse as to procedure, and generally control all that branch of infectious disease.

The Chairman objected that this would involve dual control; it would mean that the District Health Officer, who would be controlling ordinary infectious diseases, would be subject to control by the Medical Superintendent with regard to tuberculosis. An Inspector might consequently get orders from the tuberculosis officer to inspect certain premises, and might at the same time get instructions in another direction from the District Health Officer. He pointed out that it was not likely that there would be more than four dispensaries for some time, and he thought an endeavour should be made to put the suggestions of the Conference into operation so far as possible without dislocating the present machinery. At the present time all notifications under the Act went to the District Health Officer and the Board. He considered that all notifications of consumption should be sent on to the Medical Superintendent of the sanatorium; then the Medical Superintendent could get into touch with the District Health Officer, and by means of the Inspector obtain information as to the environment of the patient, and, generally, those details that he considered necessary.

Both Dr. Lyth and Dr. Blackmore stated that this was practically the scheme in existence in their district. Dr. Blackmore added that he thought it would be rather difficult to make any distinction with regard to the duties of the two officers in question—the Medical Superintendent and the District Health Officer. In his opinion these two officers should work together for the common good. This was done in his district, and the system worked well.