Salvation Army Maternity Home, Christchurch.

Visited 8th April. There were 22 girls in, and 10 babies.

The place was, as usual, beautifully clean, but the dormitories overcrowded. The girls all looked well, and the babies well cared for and healthy.

Salvation Army Maternity Home, Dunedin.

Visited 3rd April, 1914. The new Home, now in occupation about eight months, is a great improvement on the old one. The Home stands in a large garden, and in a fine sunny position.

There were 14 girls and 9 babies, and 2 older children; 2 girls in the maternity ward, with their babies. There is a tendency to put too many beds in the dormitories.

St. Mary's, Otahuhu.

Visited 29th January, 1914. There were 34 girls in; 14 of these in the Maternity Hospital. There were 22 babies in the Hospital and 26 children in the Children's Hospital, where a Karitane Children's nurse is now in charge under the superintendence of the trained nurse.

Everything was in good order, and the children well and happy.

Linwood Refuge, Christchurch.

(See institutions under North Canterbury Hospital Board.)

Medical School Maternity Hospital.

(See institutions under Otago Hospital and Charitable Aid Board.)

Alexandra Home, Wellington.

Visited 21st July, 1914. There were 17 girls in, and 10 babies. This institution has been made much more use of by married women than hitherto. There were 50 confinements during last year, of whom 20 were married women. There were also 30 outdoor cases, this branch of the work being established of recent years.

The place was in good order, but more accommodation for the lying-in patients is needed.

H. MACLEAN, Assistant Inspector.

TE WAIKATO SANATORIUM.

Medical Superintendent: Alfred Bernstein, M.B., B.S., Lond.
Consulting Medical Officer: E. E. Roberts, M.B., M.S.
Matron: E. Nixon.

Localities, broadly, from which Patients came.

Auckland, 51; Bay of Islands, 4; Becks, 1; Bull's, 1; Cambridge, 3; Eltham, 1; Fiji, 1; Gisborne, 7; Great Barrier, 1; Greymouth, 1; Hamilton, 6; Hawera, 3; Hunterville, 1; Hokitika, 1; Kaiwaka, 1; Matamata, 3; Morrinsville, 4; Masterton, 1; Marton, 2; Niue, 1; Napier, 6; Pukekohe, 2; Palmerston North, 6; Paeroa, 1; Rangiora, 1; Rotorua, 2; Timaru, 1; Thames, 3; Taumarunui, 1; Wanganui, 9; Waipiro Bay, 4; Wellington, 8; Woodville, 1; Whangarei, 2: total, 141.

In addition to the data supplied in the tables of the appendices the Medical Superintendent reports:—

The site for the Sanatorium is eminently suited for the treatment of consumption. The buildings are all excellent, but badly in need of repair, and much painting is required, though some has been done in the last three months.

It is to be regretted that many cases are sent here at an advanced stage when there is no hope of arrest. These patients require more the comforts that can be obtained in a good town hospital if they are destitute, and if not they should be treated at home, for sooner or later they desire to go back to their friends, often when they reach such a stage that it is dangerous to let them travel. It is remarkable how fear of infection exists among the public, even so far as to be afraid of an institution in their neighbourhood. If the patient is too poor to have a separate room in his house, then it is quite cheap to provide him with a little wooden shelter in his garden or yard. He can easily be instructed in the disposal of his sputum by a district nurse, and the risk of infection to his family and the public is nil, and it seems cruel to deprive the poor dying consumptive of his relatives' company in his last days. Again, patients are often persuaded while in the early stages not to go to a sanatorium. It seems also that some are kept back till there is a positive report of tubercle bacilli in the sputum, and a false position of security is given to the patient if his sputum gives a negative report, and much valuable time is lost. I would strongly suggest that even *suspected* cases be sent to the sanatorium, where they can be under observation till a definite diagnosis is made; and it would be greatly to the advantage of the country if pleurisy were generally regarded as tuberculosis, as it nearly always is, and these cases do remarkably well with sanatorium treatment. Many early cases also refuse to come to a sanatorium for fear of mixing with other cases. Patients cannot be sent to the sanatorium too early. I have also been struck with the indiscriminate use of tuberculin in the Dominion. There is no doubt that this is a dangerous remedy in the hands of those who have not had special training.