It is hoped that a similar institution will become available in the Wellington District, although the necessity is not so immediately pressing as in the other centres, owing to the proximity of Trentham Military Hospital.

Cases of Pulmonary Tuberculosis.

The accommodation at the two military sanatoria (Pukeora and Cashmere) has proved sufficient for the purpose. Beds are now always available for cases as they arise, and none need to wait for vacancies.

Patients who have been discharged from sanatoria continue to be provided with accommodation suited to their condition, if such accommodation is not already available at their homes. Similar accommodation is provided for chronic cases for whom sanatorium treatment is not suitable. The accommodation so provided to date is as follows: Ninety-two tents, fifty shelters, thirty-seven alterations to verandas, &c.

All cases under treatment by the Defence Department are regularly examined by an expert in this disease, so that should any modification in treatment be required this can be carried out. After their discharge from medical treatment these cases are still followed up by the After-care Officer of Repatriation Department, who inspects the shelters &c., arranges for patients to be examined by Medical Officers if he thinks they require it, and in general is responsible for the welfare of these patients when not actually under medical treatment. A farm at Tauherenikau, conducted by the Repatriation Department, provides for the training of these patients in agricultural pursuits. Men employed at this farm are inspected every two months by a Medical Officer expert in pulmonary tuberculosis.

Jaw and Facial Cases.

The ward in the Dunedin Hospital utilized for these cases has been handed back to the Hospital Board, as the number of these cases requiring treatment has diminished. Lieut.-Colonel Pickerill continues to treat these cases, with excellent results.

Woodside Convalescent Home was provided by the Dunedin Centre of the Red Cross Society to accommodate these patients during their convalescence from and intervals between operations. As the accommodation of this home is not now fully occupied by these cases, other convalescent patients are also sent there.

Treatment of Civilian Patients in Military Hospitals.

As the whole accommodation in military hospitals and sanatoria is not now required for service patients, arrangements have been made with the Department of Health whereby civilian patients requiring special treatment may be received into military institutions on repayment. The advantages of this are twofold. In the first place, it is an economy to have all beds occupied, as the majority of the services in a hospital require to be maintained at almost the same strength whether the hospital is fully occupied or not. In the second place, civilian patients are given the advantages of the special equipment, appliances, accommodation, and other opportunities for treatment offered by these institutions.

At Trentham and Rotorua Military Hospitals these civilian patients are comprised chiefly of children suffering from deformities, the result of infantile paralysis, and also from congenital and other deformities. At these institutions there are at present ninety-eight such cases under treatment.

The total sum received by this Department for the treatment of civilian patients to date is £4,841.

On account of the isolation of Hanmer Springs, and the inability of the Tourist Department to secure a Medical Officer for that district, the inhabitants earnestly requested the Department to arrange that the Medical Officers at the Military Hospital should give necessary treatment to local residents on repayment. In addition to this, the Tourist Department allows a sum of £350 per annum towards the payment of the salary of a Medical Officer of the hospital for attendance on patients attending the sanatorium.

Personnel.

Every endeavour has been made to reduce the staffs of military medical institutions to the minimum consistent with efficiency. The following table shows the reductions which have been effected during the twelve months under review:—

	1st April, 1920.	31st March, 1921.
Medical Officers	49	25
Officers not medical	8	6
Trained nurses and masseuses	217	133
Non-commissioned officers and men	474	299
V.A.D.s and female domestic workers	127	143

It has been endeavoured, as far as possible, to replace medical orderlies by V.A.D.s and domestic workers. This is more economical, and, generally speaking, the work is performed more efficiently by female than by male staff.

The staffs at military headquarters and at the offices of the Assistant Director of Medical Services of districts on these dates were as follows:—

	1st April, 1920.	31st March, 1921.
Medical Officers (full time)	19	4
Medical Officers (part time)	..	6
Clerks	75	36
Typists	6	3