(*d*) Tuberculosis Dispensaries.

In Christchurch there is a well-organized tuberculosis dispensary. The dispensary is visited twice weekly by the Medical Director and his assistant. The Director sees all new cases, the assistant sees old patients. In addition, the Medical Superintendent of the Upper Sanatorium makes use of the dispensary one morning a week for seeing patients. The nurse attends at the dispensary every week-day from 9 to 10 a.m. to receive inquiries. Medical practitioners send patients to the dispensary when they suspect tuberculosis and wish for advice regarding diagnosis and treatment. No patient is examined unless sent by a practitioner. When the disease is diagnosed as tuberculosis patients are given the chance of treatment in the Sanatorium or Coronation Hospital if they wish it. Nearly all patients are told that admission to these institutions is not compulsory, and that they are at liberty to receive treatment from their own physician if they wish. No patient is admitted except at his own written request. Each patient or inquirer is given a pamphlet dealing with the cause and prevention of tuberculosis, and a leaflet containing advice. Practitioners are written to in every case, and are informed of the diagnosis and of the treatment advised. All cases diagnosed as tuberculous are reported to the Health Department. There has always been close co-operation between the Health Department and the tuberculosis officer. As soon as possible after diagnosis the dispensary sister visits the patient's home if it is in Christchurch or in the suburbs. She obtains full particulars of the home and of the working-conditions of the patient, and reports to the dispensary. She gives general advice as to the life to be lived, the means of preventing infection, and the measures to be adopted to improve home conditions. She urges that persons, particularly children, who have come in contact with the patient be medically examined. On discharge from the Sanatorium or Coronation Hospital all patients receive personal advice as regards their future life, and are urged to report periodically at the dispensary for examination. If patients are willing to come, these examinations are continued for about five years. Many come for a longer period. The nurse continues to visit the homes while patients are in the Sanatorium, and also after their discharge. She is constantly in receipt of requests from patients or their friends to visit homes in order to give advice. Children who have been in the Children's Fresh-air Home are kept under supervision at and through the dispensary. When the nurse meets cases of distress she puts the people in touch with the Charitable Aid Committee of the Hospital Board when money is needed, and with the Sanatorium Ladies' Guild when clothing is needed. Assistance is given to the dispensary by the Social Welfare League, the Women's Christian Temperance Union, Home Economics Association, Rugby Union, and many others.

In Dunedin there is a tuberculosis dispensary run on similar lines to that in Christchurch, which discharges like functions. It is in charge of a tuberculosis officer, and a special nurse is attached. It differs from the dispensary in Christchurch in that it is attached to the out-patient department of the Dunedin Hospital. Though attached to the out-patient department it is not part of it, but has a separate entrance and waiting-room. This is an important feature, as patients in all social grades attend.

In Wellington the tuberculosis dispensary has not reached the same degree of development as in Christchurch and Dunedin. There is no special nurse attached, and the functions of the dispensary have not been so fully elaborated.

In Palmerston North a tuberculosis dispensary is being established in a building in the town apart from the hospital, but it is not yet in working-order.

In Auckland a tuberculosis dispensary in the sense understood in Christchurch and Dunedin does not exist, but tuberculous patients of the poorer classes may attend the Charitable Aid general dispensary. They are there seen by the tuberculosis officer under most unfavourable conditions, and there is no nurse attached.

(*e*) Chronic Hospitals.

In each of the four chief cities of the Dominion there is a chronic hospital reserved for the accommodation of advanced cases of pulmonary tuberculosis.

In Dunedin.—Wakari Hospital is situated at Half-way Bush on the slopes of the hills overlooking Dunedin. It is within easy reach of the city, and not far removed from the terminus of the Kaikorai cable-car. The main building, solidly constructed of brick, consists of four wards of six beds each, and twelve single rooms opening on to a wide veranda. The administrative offices, kitchen, and dining-room are included. In addition there is a series of two-bed wooden shelters adjacent to the main building. There is excellent staff accommodation. A separate block constructed on similar lines is at present used as an infectious-diseases hospital for convalescent cases. The hospital is under the control and direction of the tuberculosis officer, but there is no resident medical officer. This hospital accommodates forty patients, male and female, mostly of a chronic type, but some earlier cases are included. At present there are twenty-six male and fifteen female patients in the hospital.

In Christchurch.—Coronation Hospital is a two-storied brick building situated at the foot of the Cashmere Hills. It is well designed and self-contained, being fully equipped for the treatment of the patients it houses. The dining-rooms, with their services, are on the ground floor, with wards of six beds at either end. In front is a wide veranda, and an open-air corridor runs along the back. The whole of the upper story accommodates patients. In an adjacent building there is an X-ray plant and laboratory. This hospital has sixty-eight beds—fifty for females and eighteen for males. All beds were occupied on the date of inspection.

In Wellington.—The *Ewart Hospital* is a well-constructed single-story brick building, situated on the hills about half a mile behind the Wellington Hospital. It is divided into six-bed wards, with a wide veranda in front facing north. Near by is a smaller brick building for ambulatory cases. The nurses' home and kitchen are in a separate building immediately opposite the main building. This hospital accommodates forty-five patients (male and female). These patients are almost all in an advanced stage of the disease, and are considered unsuitable for sanatorium treatment.