and the Pleasant Valley Sanatorium are both controlled by the Otago tuberculosis officer, and admissions to, and interchange of patients between, the institutions take place at his discretion.

The sanatorium of the associated Hospital Boards of South Canterbury, Ashburton, Waitaki, South Otago, Southland, Wallace and Fiord, Vincent and Maniototo is at Waipiata, in Central Otago. The sanatorium is situated on the hills some four miles from the Waipiata Railway-station on the Otago Central Railway. It comprises a central main building of brick, with wooden shelters at either end, and accommodates eighty-four patients. Additional wooden shelters to accommodate forty-two patients are in process of construction. The central single-story building faces north. It is of excellent design, with wide verandas, and houses both male and female patients. A large nurses' home of brick and a residence for the Medical Superintendent complete the buildings. The grounds are extensive, and are in process of being laid out and planted. Attached to the sanatorium is a farm of 1,345 acres (895 of which are unimproved) which supplies milk, meat, and vegetables to the institution.

In the North Canterbury Hospital District (1) the *Cashmere Sanatorium* is situated on the steep slopes of the Cashmere Hills, facing north. It overlooks the Coronation Hospital. A well-designed central block, built in brick, contains administrative offices, dining-rooms, rest-rooms, and observation-rooms. The shelters are wooden cubicles, single or semi-detached. These are of modern design, and are arranged in four rows, one below the other. Each row is provided with its own lavatory arrangements. A nurses' home is placed higher up, overlooking the main building. The sanatorium has 105 beds, all for females. All beds were occupied on the date of inspection. Patients admitted to this institution are nearly all early cases, but a few moderately advanced cases that have improved so much in the Coronation Hospital that their transference to the sanatorium is thought desirable are included. The Coronation Hospital and the Cashmere Sanatorium are controlled by the Director of Tuberculosis for the North Canterbury Hospital District.

(2) The *Upper Sanatorium* is situated near the summit of the hills. Originally a military sanatorium, it is now used for returned-soldier and civilian patients. It is built entirely of wood, and comprises a central group of buildings containing administration offices, recreation, work, and dining rooms. Patients are accommodated in wooden shelters arranged in rows below the main buildings. The shelters are old-fashioned in design, and are in a poor state of repair. They are not suitable for the treatment of advanced cases. The sanatorium has 104 beds, all for male patients. Patients in all stages of disease are admitted, as it is the only accommodation available for males in the North Canterbury Hospital Board District, and there were twenty-four chronic advanced cases present. A Medical Superintendent and an Assistant Medical Officer reside in the institution. This sanatorium has no connection with Cashmere Sanatorium and Coronation Hospital. It is administered and controlled by its own Medical Superintendent, who is an independent officer.

In the North Island there are two sanatoria, both under the control of the Health Department.

Otaki Sanatorium.—This sanatorium is pleasantly situated among the sandhills on the outskirts of Otaki. It is about forty miles by rail from Wellington. The buildings are of wood. The administrative offices, dining-rooms, and kitchen are placed centrally, with wards on either side, in which cot cases are nursed. These wards are built on open-air shelter lines, and are fronted by a large veranda. The ambulatory cases are accommodated in single and two-bed shelters on either side of this central building. There is accommodation for sixty patients, all female, and they were mostly of the moderately advanced type. There is a nurses' home, and the Medical Superintendent has a house in the sanatorium grounds. There is a farm of 82 acres (thirty-five acres of which are unimproved) attached, which supplies milk, eggs, meat, and vegetables to the institution.

Pukeora Sanatorium.—This sanatorium is situated about four miles from Waipukurau, near the top of a hill overlooking the Takapau Plains and the Tukituki River basin. The buildings are of wood. Administrative buildings occupy a central position, and attached are dining-rooms, rest-rooms, recreation-rooms, kitchen, and a ward for the reception of new cases and for the treatment of cot cases. The majority of the patients are in two-bed shelters, which are arranged on the slopes of the hill immediately below the administrative block. The nurses' home and the Medical Superintendent's residence are separate buildings near by. There are in addition workrooms and storerooms. The X-ray department and the laboratory are in the central block. There is accommodation for 174 patients, all male. There were ninety-two patients in the institution on the date of inspection. The patients are, for the most part, early and moderately severe cases. The Superintendent and the Assistant Medical Officer reside at the sanatorium. The institution has its own electric laundry and hot-water services. Attached to the sanatorium is a farm of 326 acres, employing seven men, which supplies from an average herd of thirty-five to forty cows 55 to 60 gallons of milk and 15 pints of cream daily for consumption at the sanatorium. An average of one thousand head of poultry furnish fourteen to fifteen hundred dozen eggs and two hundred head for dietary purposes per month. Forty-five sheep are slaughtered for mutton each month. There is an orchard of 626 assorted fruit-trees, and sufficient potatoes are grown to satisfy a monthly demand exceeding 3 tons. A variety of vegetables cover an area of several acres.

(*g*) Research.

A special investigation has been made by School Medical Officers on school-children in selected areas. Physical examination by a specialist in tuberculosis, supplemented by X-ray examination and Moro's inunction test, has given definite information as to the frequency of tuberculous infection in supposedly non-tuberculous children. The children showing evidence of infection are being kept under regular medical supervision. It is intended to carry out this research extensively, and thus institute a means of prophylaxis whereby the incidence of the disease may be reduced.

Milk-infection.—In several of the bacteriological laboratories in the country testing for milk-infection has been carried out extensively, and with satisfactory results. In the Christchurch laboratory, in four hundred consecutive examinations no tubercle bacilli were found. Repeated tests throughout the Dominion have shown that tuberculous infection of milk is exceedingly rare, and cannot be regarded as a factor causative of pulmonary tuberculosis in New Zealand.