The Committee is of opinion that Cashmere and Waipiata sanatoria are not being used to the best advantage. They would recommend that the routine use of tuberculin be discouraged, and that Waipiata Sanatorium be opened to all types of pulmonary tuberculosis that appear to offer a reasonable chance of benefiting by sanatorium treatment.

It is the usual sanatorium practice to retain likely patients until they can be discharged cured, or, as it is phrased "disease arrested." This limits the usefulness of the sanatorium to the greater number of tuberculous patients in the country. It has been stated that the value of sanatorium treatment is largely educative. In private practice difficulty is often met, when beginning to treat a case of pulmonary tuberculosis, in impressing upon the patient the importance of all the little details of treatment, and in inducing him to inure himself to the open-air life that is necessary. It is felt that if at the beginning of treatment the patient could enter a sanatorium for two or three months, learn to live the life and become inured to the open-air conditions, and then return to continue treatment at home, the proper conduction of home treatment would be greatly facilitated. Desire for co-ordination in treatment between sanatorium and practitioner in this way has been expressed to us by all the representatives of the British Medical Association interviewed, from Dunedin to Auckland. The Committee are of opinion that this might well be regarded as a useful function of the sanatoria in this country, and that it would help to lighten the tax upon the accommodation of these institutions.

Again, sometimes in the home treatment of a chronic case an acute exacerbation occurs. A relatively short stay in a sanatorium is all that is necessary to bring the patient back to a condition that will allow the resumption of home treatment. Our sanatoria might well be used to assist home treatment in this way.

As regards the other institutions, the special chronic hospitals—Wakari Hospital, Coronation Hospital, the Ewart Hospital, and the Costley Home—are certainly used to the best advantage. The Coronation Hospital may, without prejudice, be selected for special praise. It is admirably constructed and furnished, and the administration leaves nothing to be desired.

The annexes to hospitals visited are also discharging their function satisfactorily. The Sunshine Ward, Waikato, and the annexe at Palmerston North are specially to be commended.

The Committee is of opinion that the general hospitals in the large cities are not being used to the best advantage of tuberculous patients, because no suitable accommodation is specially reserved for them. Indeed, there is a disinclination to admit this class of patients. This failure in function reacts directly upon those seeking admission to the hospital, and indirectly, through the medical profession (as is shown in Section V), upon all people in the country who suffer or who may suffer from pulmonary tuberculosis.

SECTION V.

Question 5.—What additional institutions, if any, are required, or what extensions, if any, are necessary to existing institutions.

It has been shown that, as far as is known, New Zealand has the lowest death-rate from pulmonary tuberculosis in the world, and that the present provision for the tuberculous is more generous than that in other countries. It is clear then that no extensive addition to existing institutions is necessary; but nevertheless the Committee is impressed by the evidence given that many chronic open-cases are living in their own homes, and by the observation that the provision made for these cases in institutions is not always suitable. It does not follow that in the lists of "beds available" included in Section III, the bed is always a suitable bed for the patient who is obliged to occupy it. In Waimate the shelters are quite unsuited for the nursing of chronic cases, and in the Upper Sanatorium, Cashmere, this is even more emphatically impressed upon the visitor. The chronic advanced case should not be far removed from easy reach by his relatives, and he requires all the comfort and the nursing facilities that are available in our general hospitals for seriously ill or dying patients. In certain districts where well-organized tuberculosis dispensaries exist endeavour is directed towards seeking out these cases. As tuberculosis dispensaries come into being in other districts more and more of these cases will come to light, and difficulty will be found in providing suitable accommodation for them. And yet it is most important that, wherever possible, the bedridden, open*, chronic case, particularly the indigent patient, should be segregated, for it is these cases that disseminate the disease. The demand everywhere throughout the country is for more accommodation for chronic cases. At Wakari twelve additional beds are asked for. This demand could be met by handing over the beds now reserved for convalescent scarlet-fever cases. In Christchurch a new chronic hospital of forty beds is an urgent necessity. In Wellington the demand is for double the accommodation, and the Committee is of opinion that there are good reasons for meeting this demand. In Auckland sixteen additional beds are required at the Costley Home, and the evidence satisfies the Committee that this is a reasonable demand. The annexes attached to the provincial hospitals have not much to come and go upon, but there is no immediate necessity for enlargement, and the Hospital Boards are prepared to build when the pressure becomes too great. Except in Dunedin, there is a disinclination on the part of Hospital Boards to admit cases of pulmonary tuberculosis to the general hospitals. In Christchurch, by regulation of the Board, tuberculous cases are not admitted except in cases of dire emergency. The Hospital Boards might reasonably modify their policy. Infectivity of pulmonary tuberculosis is of a low order, and there is no reason why cases should not be admitted to balconies or side rooms, or to annexes in the hospital grounds. In the view of the Committee there is an important reason why cases in all stages of advancement should be admitted, preferably to specially arranged annexes. It

* An open case is one that is discharging tubercle bacilli.