has been pointed out in Section III that in New Zealand the possibilities for home treatment are great, and it is clear that if home treatment is extensively carried out the burden upon the ratepayer will be lightened. For properly conducted home treatment the opportunity for studying cases of the disease must be given to medical practitioners and medical students, and this cannot be done if tuberculous patients are denied admission to the general hospitals. With this object in view, the Committee recommends that at the general hospitals in the four chief centres some accommodation be specially set aside and reserved for patients suffering from pulmonary tuberculosis. In this way doctors and students will be given opportunities for the investigation and diagnosis of doubtful cases, and for the study of special methods of treatment.

As regards sanatoria, the only deficiency in accommodation that cannot be met by change of practice in the selection and treatment of patients is at Otaki. This is the only sanatorium for female cases in the North Island, and it serves a population of 946,540. It has been shown that as a direct result of pressure upon its accommodation this institution is not being used to the best advantage. Whether extensive addition should be made, or whether another sanatorium for females should be established further north, is a moot question, and the problem must be reserved for future solution. In the meantime Otaki Sanatorium is in urgent need of additional accommodation for twenty patients. The Committee strongly recommend that this addition be made at once.

SECTION VI.

Question 6.—Whether the action taken against pulmonary tuberculosis, other than the provision of institutional beds, is sufficient, considering—(*a*) The incidence of the disease; (*b*) the size and distribution of the population of the Dominion; (*c*) the financial condition of the country, and the public funds available for general health purposes.

Question 7.—What other means, if any, are considered necessary to combat the disease either as regards action by Hospital Boards, voluntary agencies, or the Department of Health.

For convenience these two questions in the order of reference are taken together. Having regard to the facts that, as far as is known, the incidence of the disease in this country is lower than it is elsewhere, that the population relative to the size of the country is small and widely distributed, and that the budget for health purposes is not great, it may be stated generally that the organization in this country for the campaign against tuberculosis compares favourably with that in other countries. It includes in some form almost all the measures tabulated in the subjoined ideal scheme.

A. Preventive Measures.

(Department of Health.)

1. To increase the powers of resistance in the individual:—
   - (*a*) General hygiene and sanitation.
   - (*b*) Care of children—
     - Medical inspection of schools.
     - Open-air schools.
     - Health camps.
     - Open-air homes.
     - Nutrition classes.
2. To prevent the spread of infection—
   - (*a*) Notification. Inspection and instruction to householder.
   - (*b*) Domiciliary supervision.
   - (*c*) Institutional treatment.
   - (*d*) Control of milk-supply.
3. Education of the public.

B. Measures for Eradication.

(Medical profession, Hospital Boards, and Voluntary Aid Associations.)

1. Medical profession.
2. Tuberculosis dispensaries.
3. Institutions.
4. Care and after-care.
5. Voluntary aid.

We shall consider this scheme in detail, and indicate where necessary what further means we think should be taken.

A. Preventive Measures.

1. (*a*) *General Hygiene and Sanitation.*

The Department of Health and the local authorities throughout the Dominion are fully alive to all the means available for sanitary reform and are active in making them effective. The Committee has no recommendation to make.

1. (*b*) *Care of Children.*

Sir George Newman, in evidence given before an Inter-departmental Committee on Tuberculosis in England in 1919, gave it as his opinion that to grapple successfully with the problem of tuberculosis it is necessary to begin with the child, which provides the primary occasion of infection and the ideal