countries and in America voluntary effort plays a very large part in the campaign against tuberculosis. A novel but very successful means of raising funds is by the so-called charity stamp or Christmas seal. This is a special stamp issued at Christmas-time which is placed on letters and parcels in addition to the ordinary postage. In 1925 approximately one million pounds was raised by this means in the United States of America. It is suggested that funds derived in this way should be apportioned *pro rata* amongst the various care committees.

Research.

As shown in Section I, little accurate information is available as regards the incidence of the disease in Maoris, and not much appears to be done to combat the disease among this section of the community. The Committee would recommend that more definite information be obtained in regard to the extent of tuberculosis amongst Maoris, and that more active measures be taken for the control of the disease in Maori districts. A new health district at East Cape, with headquarters at Gisborne, has been opened, and this will enable more active measures to be taken in relation to the eighteen thousand Maori residents in this district; but further effort is desirable.

Comparatively little pathological research has been done in this country. This is to be regretted, for New Zealand, forming a distinct and separate community, richly endowed, relative to the size of the population, with hospitals, laboratories, and pathologists, offers great opportunities for research work that would be valuable not only to her own people, but to the world. The attempts that have been made so far have come to little or nothing for lack of co-operation and of co-ordinated effort. It is the view of the Committee that this difficulty can be met by the appointment of a Director for Tuberculosis. It is the Committee's opinion, further, that the Health Department might reasonably call upon the pathologists attached to the large hospitals to furnish statistics—*e.g.*, of the number of cases examined *post mortem* that show lesions indicating latent tuberculosis. These pathological statistics, if collected and published in the New Zealand Year-book along with statistics relative to various diseases, would be of great value to all persons interested in the problems associated with pulmonary tuberculosis.

SECTION VII.

Question 8.—Whether there exists at the present time sufficient co-ordination of all the agencies dealing with pulmonary tuberculosis; if not, what measures are suggested.

The answer to the first part of this question is in the negative. Commendable progress in co-ordination has been made in the South, where several Hospital Boards have combined to build and maintain the Waipiata Sanatorium. This is a good beginning, and the question has arisen whether the lead given by the associated Boards should not be followed in other parts of the country. It has been suggested that a pooling scheme to embrace all the Hospital Boards in each Island should be adopted. In the South Island, where the sanatoria are more conveniently placed and where the onus of supporting them already rests upon Hospital Boards, this is perhaps practicable. But in the North Island the sanatoria are Government institutions. The Palmerston North and Waikato Hospital Boards express themselves as content with the present arrangement, whereby they pay the cost of patients' maintenance to the Government, and as unwilling to shoulder the burden of controlling these institutions. While the Auckland Board can hardly be expected to join in taking over institutions so far removed from its own district, the Chairman of the Auckland Hospital Board has stated that he favours a pooling scheme for the North Island, with a central sanatorium, say, at Waimarino; but any scheme that involves the scrapping of two such admirable institutions as Pukeora and Otaki is not to be entertained. A pooling scheme for the North Island is a policy for the future. When the need for another sanatorium arises, it should be located in Auckland Province, and supported by an association of the Hospital Boards of Southern Auckland, Bay of Plenty, Auckland, and Northern Auckland. The control of the present sanatoria might then pass from Government to a committee selected from the Hospital Boards of East Coast, Hawke's Bay, Wellington Province, and Taranaki. Reference to Map I will make this delineation clear. The populations above and below the dividing line are almost the same. Both sanatoria are well below the line.

In the South Island the beginning made by the associated Boards is deserving of the highest commendation. The committee of the association is doing excellent work. The cost of administration compares most favourably with that of other institutions, and shows that this system under capable management is practical and efficient. The personal interest of the committee in the welfare of patients was striking. The arrangement whereby the tuberculosis officer pays periodic visits to hospitals and is available to medical practitioners in the district for consultation and advice is especially praiseworthy. It is difficult to understand why the Otago Hospital Board should stand out from this pooling scheme. Were it to combine with the associated Boards the association would have at command three institutions, all of which could be utilized, and a satisfactory grading of patients for each arranged according to the severity of disease, and the services of two tuberculosis officers would be available. This would be greatly to the advantage of all the Boards concerned. A glance at Map II will make clear the anomaly that at present obtains.

A glaring example of the result of lack of co-ordination between these Boards may be given. An advanced case of pulmonary tuberculosis at Kaitangata unable to gain admission to Waipiata Sanatorium was refused accommodation by the Otago Hospital Board and was ultimately transferred to Otaki.