North of Ashburton no association of Hospital Boards has been established, but the Hospital Boards of the West Coast and Wairau have an arrangement with the North Canterbury Hospital Board whereby they pay the cost of maintenance of patients from their districts admitted to the Cashmere Sanatorium. It were better if all the Boards in the South Island north of Ashburton formed an association and set up a representative committee to control the sanatorium at Cashmere. An arrangement for the tuberculosis officer to pay periodic visits to various hospitals, as at Waipiata, is desirable, and would be of advantage to practitioners in outlying districts.

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A pooling scheme for the whole of the South Island does not commend itself to the Committee. The distances to be covered by members attending committee meetings are too great, and personal interest in the welfare of patients which was so strikingly in evidence in the case of the associated

Boards' committee is apt to be lost.

Lack of co-ordination is shown in the control of sanatoria, two being governed by the Health

Department and three by Hospital Boards.

As Health Department control of institutions is an anomaly, and is outside the spirit of the Hospitals and Charitable Institutions Act, the question whether Hospital Board control of institutions or Government control is preferable has been made the subject of inquiry by the Committee. The consensus of opinion expressed by members of Hospital Boards, by tuberculosis officers, and by representatives of the medical profession is in favour of Hospital Board control. The reasons assigned are that control by Hospital Boards is more efficient, that the cost of running the institutions is less and that the welfare of patients discharged from hospital (which is a more natural function of Hospital Boards than of the Government) is more satisfactorily carried out. It was repeatedly stated that there is "more heart" in Hospital Board control than in Government control. In the meantime, for reasons assigned already, universal Hospital Board control appears to be impracticable.

But where lack of co-ordination is most in evidence, and where it is most needed, is in the general organization of the campaign, and particularly in the control and direction of executive work. We have evidence and have ourselves observed that admirable work is being done, but that the effort expended is often wasted by lack of co-ordination. We have seen enthusiasm in one part of the country, and indifference in another; we have observed well-developed organization in one district, and almost complete lack of organization in another; we have noted that earnest attempt at research is being frustrated by indifference and carelessness; and we have been convinced that the value of

sanatoria is being impaired by the lack of a guiding and controlling hand.

The Committee have given much thought to the question of co-ordination, and would strongly recommend the Government to appoint a Director, who shall be head of a Division for Tuberculosis in the Health Department and be subordinate to the Director-General of Health. It is important that the work of this officer should not be purely administrative. If he is to serve the purpose the Committee have in view, he must have clinical attainments that will command the respect of institutional officers, and this can only be secured to him by placing him in charge of a sanatorium. recommended that the Director should have an office, with adequate clerical assistance, in the Health Department; that he be placed in charge of and reside at one of the Government sanatoria; that he be provided with an Assistant Superintendent, who will be responsible for the control of the sanatorium during his absence; that he be given the powers of an Inspector of Hospitals; that he should guide and exercise a controlling influence upon the work of all institutional officers; that he should stimulate and organize research work; that he should use the various institutions in the country for trying out different methods of treatment; that he should convene annual meetings of all tuberculosis officers, at which problems in tuberculosis and sanatorium management may be discussed; and that he should co-ordinate all efforts that are being made to fight the disease. The Committee are of opinion that the office should be filled by a New Zealand graduate of high attainment in general medicine, and that character and personality should be carefully weighed in making the selection. Before taking office he should be sent abroad to study the problems that are to engage his attention in this country.

SUMMARY OF RECOMMENDATIONS.

1. That a Division for Tuberculosis be established in the Health Department, and that a Director of this Division be appointed.

2. That Hospital Boards should be encouraged to establish tuberculosis dispensaries.

- 3. That the routine use of tuberculin in sanatoria be discouraged.
- 4. That the Medical Superintendents of sanatoria be urged to admit all cases that would be likely to benefit.
- 5. That the stay of minimal cases should not, as now, be unduly prolonged.

6. That the accommodation at Otaki Sanatorium be increased.

- 7. That extra accommodation be provided for chronic cases in the special hospitals at Dunedin, Wellington, Christchurch, and Auckland.
- F8. That sufficient accommodation for tuberculous cases be reserved at the general hospitals in Dunedin, Christchurch, Wellington, and Auckland for the benefit of patients, and to afford medical practitioners and medical students opportunities for studying the disease.

9. That the medical profession be encouraged to co-operate with local authorities, the Department of Health, and Voluntary Aid Associations in their efforts to control the disease

of Health, and Voluntary Aid Associations in their efforts to control the disease.

- 10. That the Otago Hospital Board be encouraged to join with the associated Boards to form one association.
- 11. That the Hospital Boards in the South Island north of Ashburton be encouraged to form an association, with a committee representative of each district.

12. That specially trained nurses be employed for inspection.

13. That the establishment of Voluntary Aid Committees be encouraged.