

*Otaki Sanatorium, Otaki. (Medical Superintendent, Dr. R. S. R. Francis.)*

“Statistics: The number of patients in the Sanatorium at the beginning of the year was fifty-one. At the end of the year it was also fifty-one. During the year there were eighty-seven admissions. Eighty-one patients were discharged and there were two deaths. One death occurred in a patient who unfortunately developed an acute broncho pneumonia whilst arrangements were being made for her transfer back to her hospital, as her case was too advanced for further treatment. The other death occurred in a case who was really not fit for sanatorium treatment—too ill in fact to have attempted the journey here—and who could not possibly be returned.

“Of the eighty-one patients discharged, forty were discharged as recovered, thirty-four as relieved, and seven as unrelieved.

“Treatment: This is carried out on the usual lines. Solganol B is being used somewhat more freely. The doses of this drug are being much reduced, as small a dose as 0.0001 gram being given. There is no doubt that we have tended to give too large doses in the past. The smaller doses seem to me to be really more beneficial in the long-run, especially when there is any degree of activity present. Acriflavine has been used as an injection where secondary infection is present and also as an adjunct to the Solganol B injections. In this connection I may mention that I have written to Messrs. Schering suggesting the manufacture of a compound of Solganol with an acridine radicle, but it is too early for a reply as to its feasibility or possible utility.

“Weekly lectures are given the patients on how to look after themselves, both in and out of the Sanatorium, so that they will benefit to the fullest from the treatment they have received.

“Recreation: Pictures are shown once weekly, furnishing a pleasant break for the patients. Our thanks are due to Mr. Richards and his assistant, of the local picture-theatre, for their kind services in this direction. It is hoped in time to have a small “talkie” installed when the necessary funds are available from the Brown McWilliam Recreation Fund.

“Concerts have been given by various concert parties from Wellington, &c., to all of whom we are grateful.

“A putting-course has been set out on the lawn and this affords patients a pleasant but not too strenuous pastime. Croquet was commenced during the late summer, but has now been stopped pending attention to the lawn.

“Staff: There were considerable alterations in the staff during the year. Dr. Irwin returned to the School Medical Service in December when I took over the Sanatorium. She did excellent work whilst here and was much liked by the patients and staff. We wish her all success in her new position. Miss Pownall retired from the matronship, a position she had held for seven years. She was replaced by Miss Aiken of Pukeora.

“Farm and Kitchen-garden: The dairy herd has furnished a more than ample supply of milk and cream for the institution. In addition, we have kept the Otaki Hospital supplied, and have been able to dispose of cream to the factory in sufficient quantities to bring in a good return.

“The kitchen-garden has supplied not only this Sanatorium with a plentiful and varied supply of excellent vegetables, but also the sister institution at Pukeora, St. Helens Hospital at Wellington, and the Otaki Hospital.

“Ornamental Grounds: The ornamental grounds at the Sanatorium itself are now in quite good order. I have tried to get patients interested in gardening and have given them a little light gardening, such as planting out seedlings. As time goes on I hope to get them more interested in what is a pleasant home hobby suitable for tuberculosis patients.”

*Pukeora Sanatorium, Waipukurau. (Medical Superintendent, Dr. G. Maclean.)*

“The total number of patients treated during the period of this report (212) is the lowest on record for this institution. The number has steadily diminished during the last two years, and last year's total of 264 would have been much lower had it not been necessary to find accommodation here for “advanced” cases from Napier and Waipawa Hospitals, consequent upon the earthquake and the destruction of the former hospital. The decline goes on steadily, as indicated by the daily return of occupied beds, shown, for instance, six months ago at ninety-two, and ending in March at seventy-six. By the return of many chronic advanced cases to hospital annexes the cot-case percentage has been reduced by half during the last six months. To keep these hopeless cases sent to us by the Boards makes the Sanatorium too much like an infirmary. It is, of course, reasonable use of a Sanatorium to send advanced cases for a short period of educative treatment; but in none of these cases do we find, on inquiry in history-taking, that this aspect of the case has ever been put to the patient. I can remember only one doctor sending a case with such an understanding during eight years.

“Results of Treatment: A total of 212 patients have been treated during the year, 159 male civilians, 33 ex-service, and 10 women. Patients discharged numbered 126 as follows: Disease arrested, 52; much improved, 24; improved, 36; unimproved, 14.

There were eight deaths—five male civilian, two ex-service, and one woman patient. All excepting the two ex-service patients were advanced cases from the Napier Hospital transferred after the earthquake.