Taking the individual sanatoria, the following is the occupied-bed rate for the year ending 31st March, 1934 :—

	Per Cent.
Waipiata	94·2
Otaki	90·5
*Wakari	78·4
Cashmere	77·0
Pleasant Valley	68·0
Pukeora	50·7

* In obtaining this figure the twelve beds for infectious disease have been deleted, as no cases were admitted during the year.

It is pleasing to note that the low, occupied-bed rate at Pukeora Sanatorium is causing concern to the Waipawa Hospital Board, which is taking action to obtain the co-operation of the Hospital Boards in sending suitable cases for treatment.

Tuberculosis Dispensaries.

Practically all authorities agree that no campaign to combat tuberculosis which does not centre on a tuberculosis dispensary can hope to achieve a full measure of success. The dispensary is described as the "pivotal agency" of all anti-tuberculosis activities. For many years North Canterbury and Otago Hospital Boards have had tuberculosis dispensaries established, and practically ever since the agreement to establish a sanatoria at Waipiata was reached the Medical Superintendent at Waipiata has paid regular visits to various centres in the various Boards' districts. The Auckland and Wellington Hospital Boards in the North Island have now organized tuberculosis clinics in charge, however, of only a part-time specialist.

In order to obtain the best results it is essential that the dispensary specialist act in full co-operation with the medical authorities at the sanatoria. In regard to Otaki, this end has been gained by appointing the dispensary officer in Wellington as visiting consultant to the sanatorium. A similar move is contemplated in connection with Pukeora Sanatorium. At neither Auckland nor Wellington is the tuberculosis officer a full-time specialist, and undoubtedly a full development of the dispensary activities will require the whole-time services of the officer in charge. At no other of the North Island centres are tuberculosis clinics held, but it is to be hoped that the contemplated movement in that direction will be successful.

Dangerous Drugs.

Since the institution of the system requiring proper records of purchases and issues and administration to be kept, great improvement in the control of these items has resulted.

Deaths under Anæsthesia.

The statistics under this heading have not been grouped since 1929. Appended are the figures for the years 1930–1934.

Total anæsthetic deaths for years ending 31st December, 1930, 23 ; 1931, 17 ; 1932, 17 ; 1933, 11 ; 1934, 22 : total, 90.

Nature of Anæsthetic.

Anæsthetic.	1930.	1931.	1932.	1933.	1934.
Chloroform	..	2	2	1	2
Chloroform and ether	12	4	4	1	9
Ether	4	4	2	2	4
Ethyl-chloride and ether	3	2	..	4	2
Ethyl-chloride	..	..	1	..	..
Novocain	..	..	1	..	..
Spinocain and nitrous oxide	..	1	..	..	..
Avertin	..	..	..	..	1
Cocaine	1	..	..	..	..
Nitrous oxide and oxygen	2	2	1	1	4
Paraldehyde and saline	..	..	1	..	..

Note.—In some instances the nature of the anæsthetic used was not given.

Cocaine was used by mistake instead of neo-caine in the death recorded under that heading in 1930.

Paraldehyde and saline : Death in 1932 was caused through administering an overdose of paraldehyde.