

and children. Such objection is in some measure entitled to respect and every consideration, for their fears are due to the fact that we have failed in our duty, in that we have not represented the disease in its true colours and shown that with proper precautions a consumptive hospital need be no danger to any one. They know nothing of Brompton and Ventnor and other hospitals in the United Kingdom where consumption has been treated for the last fifty years without danger to people in the neighbourhood; they lose sight of the fact that consumptive patients are more dangerous in hotels or common lodginghouses, in public vehicles, or places of entertainment than in properly managed sanatoria. For such persons information is only required to dispel their fears. This information can be given by lectures, and departmental officers should lose no opportunity of giving them. At the same time, although in face of danger—apparent or real, a man is quite right to consider first his wife and children—such fear does not absolve him from his duty to the State. Nobody can overcome a foe by running away from him. This applies to individuals as it does to nations. If we want to fight consumption with any degree of success we must stand fast—not give an inch, lose no opportunity of giving the enemy a set-back, whether by the erection of a sanatorium or the disinfection of a room. Rather than try to avoid the disease by dodging its microbe we should rely on healthy living to render ourselves immune to its invasion.

There is another class of the community that objects to the annexe. For this class we have no sympathy, but unmitigated contempt. They profess fear of the disease and talk loudly of its dangers to woman and children, not forgetting the Native population or anything that may appeal to sentiment; they say the patients should be isolated in mountain fastnesses. A short talk to these individuals will generally get to the bed-rock of their objections. They are land speculators and fear that the consumptive hospital may bring down the price of their land. These persons can always be appeased by a good round sum for their sections. Hence the agitations, the indignation meetings, and the deputations to the Minister. There are rather too many of these people in the colony. They would turn the consumptive into a pariah, and make his hard lot even harder than it is at present.

There is yet another objector—the parochial objector—who is quite willing to see provision made for consumptives in another hospital district, but fails to see that such accommodation is required in his own; he is quite willing for his Hospital Board to combine with another specified Hospital Board, but will not agree to his Board combining with a Hospital Board that is much better situated geographically, on the ground of some petty grievance between the Boards, or on account of some little parochial jealousy.

Another objection that is often furnished to the annexe system is that of site. Apart from the danger of infection to the surrounding community there is a popular impression to the effect that a consumptive sanatorium should of necessity be erected a good distance above the sea-level. Altitude has very little to do with the success of the treatment—in fact, Dr. Knopf, of New York, who may fairly be considered one of the best known authorities on the sanatorium treatment, expressly lays down that as good results are obtained in flat country as at high elevations. The same authority lays stress on the fact that where possible it is better for patients to be cured in the climate in which they have subsequently to live.

This is another argument in favour of the annexe system.

Appended are four charts relative to the distribution of the disease in the colony. They require no special comment. The high death-rate of Otago may be due to the fact that certain parts of that province have for some time enjoyed a reputation for the successful treatment of consumption. The same may also be said of the Hawke's Bay and Auckland Provinces. The high death-rate of Westland may be due to the fact that a large proportion of the population are engaged in mining pursuits.

The same chart also shows the death-rate in our chief centres. Here Dunedin heads the list. The influence of density of population is shown as compared to the mortality of the country districts. It is curious that the death-rate in Dunedin and Christchurch exceeds that of Wellington, which is by far the most densely populated city in New Zealand—forty-eight persons to the acre.

Chart 2 shows that there is no relation between the death-rates from respiratory disease and that from consumption.

Chart 3 speaks for itself, and shows how far the mortality from tuberculosis exceeds those which may be termed the five next most dreaded diseases.

Chart 4 is interesting. Of 3,500 known cases of deaths among members of friendly societies during the ten years 1894–1903, no less than 549, or one death in every 6·4, is due to tuberculosis. This is particularly interesting when it is considered that members of friendly societies are generally understood to be specially selected lives, in that they are expected to undergo a medical examination before being admitted as members.

In connection with this chart it is to be regretted that the death returns are so loosely compiled. This is clearly shown in column 4. Terms such as “obesity,” “inflammation,” “confinement,” “fever,” “natural causes,” “abscess,” “inward trouble,” “complications,” “baby blight,” should not be given by the secretary of the lodge nor received at the office of the Registrar of Friendly Societies. It is also a pity that some advantage is not taken of the only form of registration of sickness in the colony. The sickness returns among some forty thousand members of the societies would be both instructive and interesting.

Chart 5 is compiled from a chart issued by Sir Henry Littlejohn with his report on consumption in Edinburgh. Although the comparison is very favourable as regards New Zealand it must be remembered that the population of our larger cities is not one-tenth that of Buenos Ayres, which, of foreign towns, comes lowest on the list. It is therefore not too much to reiterate what has been expressed in previous reports that, considering the natural advantages of the colony as regards climate, soil, and social conditions, the death-rate is far in excess of what it should be.