

A new cow-shed has been built on the top of the hill, so that the cows are now kept entirely away from the Sanatorium—a great advantage. The old cow-shed situated behind the stable was then converted into a house for the dynamo and accumulators, which it was found necessary to remove to a more central position than they formerly occupied at the bottom of the gully.

The increased number of lights required by the new shelters rendered more power necessary, and a  $9\frac{1}{2}$ -horse-power oil-engine of English make was accordingly obtained. This also drives a circular saw, enabling a large quantity of fire-wood to be cut up, which has considerably lessened our use of coal. The old engine is still used for pumping the water from the dam to the reservoir on the top of the hill.

Improvements have been made in connection with the septic tank which treats the sewage from the main building by the addition of a secondary concrete tank divided into two loculi, the effluent being distributed over coke by means of three perforated iron pipes. These improvements were necessary owing to the offensive smell which was perceptible at times.

An office for the Resident Medical Officer has been added to the administrative building.

The following table shows the number of cases admitted and discharged during the year :—

Number of new patients admitted from the 1st April, 1904, to the 31st March, 1905 .. .. .							92
Number of old patients remaining under treatment from last year .. .. .							31
Total number of cases treated during year .. .. .							123
Total days of treatment, new cases only .. .. .							10,539
Average duration of treatment, new cases (days) .. .. .							114 $\frac{1}{2}$
Discharged apparently cured or greatly improved .. .. .							42
Discharged not improved .. .. .							16
Discharged worse .. .. .							7
Died .. .. .							5
Remaining under treatment on the 31st March, 1905 .. .. .							53
Longest period of treatment (months) .. .. .							17
Shortest period of treatment (days) .. .. .							6

In the above table I have included the apparently cured with the greatly improved, since I believe it is impossible to assert that any patient has been cured until at least one year has elapsed without the disease recurring, the patient meanwhile following his usual employment. I regard the high percentage of "cures" as given by certain other institutions as entirely misleading, unless the above time-limit is understood.

I am sorry to have to again complain of the number of unsuitable cases sent in for treatment during the past year, not less than sixteen patients being in such a condition when admitted that there was no possibility of improvement. Some of these patients came from distant parts of the South Island, and the long fatiguing journey naturally hastened the end. The responsibility for this appears not infrequently to rest with the patient's own medical man, who should strenuously dissuade those in the far-advanced stage of consumption from coming here, since nothing but disappointment can ensue to all concerned.

As some misapprehension appears to exist in the minds not only of the public, but even of some members of our profession, as to which cases are likely to benefit here, it may be stated that no patient who shows a strongly marked tendency to pulmonary hæmorrhage, or who has widespread disease in both lungs, or advanced tuberculous disease of the larynx, should ever be sent here; nor should a cure be looked for in cases where the disease has existed for two or more years. It would be well if patients were admitted on the understanding that for the first month they were, so to speak, on probation, and that if no improvement took place during that period they would be required to leave. An English writer on sanatoria has said, "The sanatorium should not be expected to receive hopeless cases; these, if not treated at home, should enter a different class of institution—the home or refuge for incurables—but in the meantime, institutions for their reception are as necessary as sanatoria, both for the sake of the public and for that of the patient." When one looks back on the number of patients who have had to be discharged as incurable during the past twelve months, each of whom if still alive is a possible focus for the spread of the disease, the truth of the above statement is self-evident.

It is probable that the number of patients reported as improved would have been larger but for the very unfavourable weather during last spring and early summer. Heavy rains and strong winds, both of which are harmful to consumptives, prevailed during this period. The treatment is mainly by fresh air, rest, and graduated exercise and feeding. Practically the whole of the patients' time is spent in the open air or in shelters which are so constructed as to afford the maximum of fresh air combined with protection from rain and wind. Rest is prescribed during the first days after admission, and in all cases where fever or dyspepsia are present. All patients lie down for an hour before and after dinner and the evening meal.

Exercise is in most cases limited to walking, the distance varying with the patients' strength from a few yards to four miles or so daily, the regulation pace being about two miles an hour. In going uphill patients are enjoined to stop and rest if they feel themselves getting out of breath. Respiratory exercises, which chiefly consist of methodical deep inspirations with simple arm-exercises calculated to expand the chest, are employed in cases where the disease is quiescent. I am inclined to think from observation, however, that no good but rather harm results from these exercises where the disease still active.

The only outdoor game permitted is croquet, and cards are only allowed as a solace during wet weather.