

In Eketahuna a slight outbreak can probably be traced to the same cause.

In Wellington City there has been a decrease, but not so much as one could wish to see, as 55 cases were recorded. Here we cannot blame the undrained suburbs, for, as was the case last year, this disease showed itself all through the city, and has again baffled our efforts to trace the majority to any definite source.

With the exception of Pahiatua and Eketahuna, the country districts have been remarkably free from diphtheria.

QUARANTINE, AND DANGEROUS INFECTIOUS DISEASE.

We have fortunately not been called on to take any special precautions against oversea infection. One or two cases having symptoms suggestive of small-pox have been kept under special observation, but fortunately have proved in the end to be diseases of a milder nature. One of these was discovered on one of the Sydney boats by Dr. Pollen, Port Health Officer, and a consultation was held, but further investigation proved it to be a somewhat obscure skin-disease, and the ship was released.

Another case with very suspicious symptoms was reported from Shannon in a man who had recently come over from Australia. It was advisable in this case to keep the man isolated for some three weeks, and a hut was found on the outskirts of the township which was transformed into a primitive isolation hospital. The children in the vicinity were vaccinated, and all precautions taken, and in the end the bulk of the evidence was against the diagnosis of variola.

At Picton a child who showed suspicious symptoms was brought to the Hospital from the Pelorus district. Dr. Valintine and I visited the patient and proceeded to the district from which she came, where the other members of the family and the children of the district school were inspected. Evidence was there forthcoming of an epidemic of varicella, and in the end it was found that the patient was suffering from an exaggerated form of this disease. Several similar cases were reported in Wellington City—one at Newtown and two or three in a denominational school. All these were made the subject of special observation until the diagnosis of the complaint was assured.

GENERAL SANITARY MEASURES.

INFECTIOUS-DISEASES HOSPITALS.

Owing to the absence of any general epidemic of infectious disease this year, we have not had so much before us the perplexing question of the disposal of such cases as require removal from their houses.

For economic reasons it is of course impossible to provide permanent accommodation for any possible epidemic, yet it is necessary to have attached to each general hospital sufficient provision for such cases as are likely to arise annually, for there always are a certain number of patients suffering from scarlet fever, diphtheria, and so on, who must be removed to the hospital, perhaps from hotels and boardinghouses, or from cottages where home isolation cannot be observed. The difficulty in planning accommodation for these is to combine economy with efficiency. It is obviously undesirable to treat scarlet-fever and diphtheria cases in one ward, and as fate generally contrives to send a fair sprinkling of both these diseases concurrently, it becomes necessary to design the buildings in such a way as to allow of isolation of the two varieties one from the other. This of course entails a separate building for each, and, if the strict rules were to be observed, separate provision for the nursing staff, and for the preparation of food. To this must be added the further subdivision of the wards for the different sexes. But consideration for the long-suffering ratepayer demands some relaxation of such strict observances, theoretically correct as they no doubt are. Accordingly a design for a small two-ward hospital has been prepared, two beds being in each ward, with two administrative rooms—kitchen and nurses' sitting-room—in the centre. The latrines are placed back to back, and access is obtained to them from a verandah divided by a wooden partition. Where only one disease is present the wards can be apportioned one to each sex, but by locking and sealing certain doors a fair degree of isolation between the wards can be obtained, should it be necessary to deal simultaneously with diphtheria and scarlet fever. The separation of the sexes in such a case would be impossible, and the medical officer in charge can only hope that Providence will be considerate enough to send cases of the same sex in each disease, or of such an age that separation is not necessary.

Of course such a makeshift hospital is only suitable for very small populations, and would be of little use in widespread epidemic. Where the population warrants it a separate building for diphtheria should be provided, and as this disease fortunately does not often occur in the country in general epidemics, two or three beds should suffice for the smaller centres, and if due precautions be observed the nurse in charge can sleep and have her meals with the general nursing staff, thus obviating the expense of extra nurse's accommodation.

Very small hospitals in districts where infectious disease is less common, and where most of the cases can be isolated in their own homes, should content themselves with having at hand a good tent with a wooden floor in easily handled sections, or by securing the use at short notice of a cottage in a convenient position. In most small towns probably the use of such a cottage—tenanted, perhaps, by an elderly woman—could be secured for the payment of a small retaining-fee. So long as it was clean, fairly isolated, and no children lived there, it would serve the purpose quite efficiently. Even in large centres with a well-equipped infectious hospital it would be reasonable to ask the Hospital Board to earmark some extra accommodation of this sort, or have the means at hand of putting up a few floored tents in case of severe epidemics.