

sanatoria, or those cases which are in so early a stage that they only require an open-air life, be selected by the Chief Health Officer, or some one specially chosen by him, to report on the case.

These selected cases, then, it is understood, are all capable of doing at least a light day's work, and, as all the operations in connection with tree-planting are light, the majority should be able to make a reasonable living, since Mr. Kensington informs me the Forestry Department would pay according to work done. Wages up to between £2 and £2 10s. a week would then be within reach of the most fit patients, while the weakest should be able to earn £1 to £1 10s.

The supervising and direction of the work will be done by officers of the Forestry Department, and no expense in this direction falls on the Health Department. The tools, cartage of young trees, &c., also will be seen to by the Forestry Department. The sole question for the Health Department is the domestic economy of the camp, and in this connection the patients themselves should be able to do the greater part of the work. If the Department provides a good bush cook, no further domestic staff should be required, for minor duties, such as scullery-work, bedmaking, room-cleaning, and so forth, can be done by the patients, each taking his turn at it in rotation.

*General and Medical Supervision.*—This is a more difficult question, as it entails considerable expense; yet it is evident that there must be some responsible head to organize things, and see that each inmate does his domestic duties properly, and so forth. Medical supervision is also essential, as we know from experience how even the most hopeful cases are liable to relapses, hæmorrhages, &c. In some cases the amount of work done must be curtailed, while others would require to be encouraged. This could only be done by a trained medical man. In the case of sudden death (which we must be prepared to expect), it would be regarded by the general public with horror if no medical attendant were available. A trained nurse would not count the same in the public eye; and it would be a very trying position for any woman to be alone in such solitary places as those in which the camps must necessarily be.

We must, then, I think, reckon with medical supervision as an essential—either constantly, or, say, twice a week, and in the latter case medical aid must be within reasonable distance in case of sudden illness arising. Dr. Roberts, writing on the subject, recognises the question of public sentiment, but thinks that otherwise a resident medical man would only be an unnecessary expense. This is certainly the case, if we can so arrange it that medical aid is within easy reach. However, we must also consider the question of general management, and it may prove that the salary of a medical man who would supervise the general internal economy, and take an active interest in the tree-planting work—to the extent of himself assisting the patients to earn their bread—would be a wise outlay. In the absence of such a manager one of the patients might be found suitable for the post of supervisor, and might be granted a small salary by the Department for his services. But some such responsible head there must be.

## 2. *Cost of Buildings, &c.*

This is, of course, dependent on the site to some extent, as the questions of obtaining labour and the cartage of timber, &c., vary at different places. Timber is, however, comparatively cheap in all the districts which we have to consider. At the Rotorua end it can be obtained from the Mamaku mills, brought by rail, and then carted. At the Taupo end it is even cheaper, as there are mills at Oruanui, only seven miles from Taupo, cartage being only 2s. 6d. a hundred. I attach a list of prices at these mills, which shows that timber costs but one-half what it does in Wellington. Labour, however, is high in all these places, and it is not likely that we shall be lucky enough to have a few carpenter patients ready to take up this work.

The shelters must be as simple as possible, and we are only limited in this direction by remembering the sharp frosts up in those regions. Mr. Matthews informed me that he had spent several nights in a tent on the Kaingaroa Plains, and even as early as March found the cold very severe at night. A slight modification of the huts provided for the prisoners would suit our purpose. These are of wood, and are floored and lined, and have a roof of single lengths of curved galvanised iron. Our shelters would require to be more open, and for this purpose a wide eave to the roof is necessary. I have gone into the matter with Mr. Campbell, Government Architect, who very kindly criticized and amended my proposed plans. He recommends iron and felt for roofing in preference to malthoid or ~~rub~~beroid, which I had intended to use. This material he considers more expensive and less durable. The roof should be match-lined on the lower surface of the rafters, but no ceiling is required. This is done in the prison huts. For the openings in the walls, Mr. Campbell approves of my design of canvas-covered frames, hinged at the top. This would be much cheaper than glazed windows. I think, however, one small glazed window should be provided on one side.

As the patients will be at the camp for possibly a year or more at a time, it is desirable that each should have a shelter to himself. This can be done economically by building them in groups of two, separated by a partition reaching up to the angle of the roof. This gives three open sides for ventilation. The size should be 8 ft. by 10 ft. Such double huts can be built, Mr. Campbell estimates, for, at the very outside, £35 each—that is, £17 10s. a bed—and possibly it could be done for very much less. They would be warm, weathertight, and permanent, and if the necessity for shifting camp arose, they could easily be pulled down and re-erected.

A *Central Building* would be required to act as dining-room, kitchen, and store. I do not think we can do better than follow on the lines of the building at the "Plunket" colony, Cambridge Sanatorium. The living and dining room for the patients would need to be about 18 ft. by 14 ft. for twelve patients, and on the south side could be attached a kitchen (12 ft. by 12 ft.), a scullery, a linen cupboard, and a store-room. The cost of such a building, very plainly put