

Diphtheria.—An epidemic occurred at Charleston, beginning in November. Twenty-four cases in all were notified, 3 of which proved fatal.

Scarlet Fever.—A marked outbreak occurred at Westport early in the year. In all, 37 cases were notified from this town.

PART 3.—ACCOMMODATION FOR INFECTIOUS DISEASES.

Dealing with the question of provision for infectious diseases in their several districts, the following extracts from the reports of the District Health Officers are of interest :—

AUCKLAND DISTRICT.

Accommodation for Infectious Diseases.

During the year the buildings erected some years ago for the treatment of infectious diseases have been removed from the Auckland Domain. In spite of the completion of the new infectious-diseases hospital in 1907 and the erection of the observation cottage, these buildings, which were originally erected for temporary use, had to be retained during the typhoid epidemic of 1907–8. One of these buildings has been re-erected on the Hospital reserve at Point Chevalier, where it is available in the event of an outbreak of smallpox, completing the scheme laid down six years ago.

The North Auckland Hospital Board.—Representations having been made as to there being no provision for the isolation of infectious cases at Whangarei, where occasionally persons visiting the town suffering from infectious disease had been dependent on the chance of securing accommodation in boardinghouses, the North Auckland Hospital Board has erected an infectious-diseases hospital at a cost of £950.

Tauranga.—During the epidemic of typhoid early in 1908, a temporary fever hospital was established in Tauranga, at which 7 cases were treated. Three visits were made, in order to arrange a satisfactory solution for the payment of these, the hospital not having been established in accordance with the routine laid down in the Public Health Act. At a special meeting of delegates from the Tauranga Borough Council and County Council, the Opotiki Town Board and County Council, the Whakatane County Council, and the Bay of Plenty Hospital and Charitable Aid Board, at which Lieut.-Colonel Roberts, S.M., presided, at the request of the Hon. the Minister of Public Health, it was eventually agreed that the Hospital and Charitable Aid Board pay 75 per cent. of the amended claims, in all amounting to £300, and the Tauranga Borough Council 25 per cent. Tauranga Borough and County have since been gazetted as a district for the erection of an infectious-diseases hospital. A recommendation was made to the Charitable Aid Board by the local authorities interested to use a property belonging to the Board as an isolation hospital. This, however, has not met with their approval.

Accommodation for Consumptives.

As showing justification for the plea by our Department to have an annexe for consumptives established in the Auckland Hospital and Charitable Aid Board District for cases which are either waiting or are unsuitable for admission to the Te Waikato Sanatorium, it is worthy of note that 43 such cases have been admitted since the erection of the annexe at the rear of the Costley Home. Of these, 15 died, 24 were discharged (4 of these being admitted to the sanatorium), and 4 remained at the Home at the end of the departmental year.

An annexe has been erected at the Thames Hospital.

At Whangarei 1 case was treated during the year, in a tent erected in the Hospital grounds.

WELLINGTON DISTRICT.

Hospitals for Infectious Diseases.

The provision of the much-needed adequate accommodation for the scarlet-fever cases of Wellington has been advanced another stage by the preparation of plans. The Hospital Trustees questioning first if the hospital was to be permanent or temporary, and deciding the former, it was inevitably resolved that the buildings be in brick rather than the more temporary wood. The plans as approved show,—

(1.) An administrative block, with rooms for matron and eight nurses, general kitchen, and, a special feature, suitable discharge-rooms.

(2.) Four scarlet-fever wards, containing each eight beds and four one-bed wards and accessories, all in the same block. Consideration of the cost of foundations, and the obstruction to sunlight by the surrounding hills, together with advantages to be gained by their use, caused a decision in favour of these four large wards being of the circular type. These wards are also so placed as to secure classification of the cases into the "acute" and "convalescing."

(3.) An observation cottage of three rooms and accessories.

(4.) A disinfectant and destructor block, containing also the infectious-diseases ambulance-shed.

The total cost is set down at £17,000. A larger scheme to make provision for measles and diphtheria cases on the same site had to be abandoned, mainly from financial considerations.