

harmless "carrier" becomes potent for evil. This is demonstrated by the figures for this disease in a country like New Zealand, heretofore unafflicted by this insidious infection. The disease in question may be generally regarded as due to aggregation of population (see histories of epidemics of cerebro-spinal meningitis in prisons, asylums, &c.). Wherever civilians have become affected it has in almost every case been traced to contact with military patients. Every care has been taken by the Department to deal with civilian cases and thus prevent its spread amongst the general population.

#### *Extension of Notifiable Infectious Diseases.*

The diseases trachoma and bilharziosis have been made notifiable because of the closer relationship of New Zealand through her troops with eastern parts, especially Egypt, where diseases of the conjunctiva of the eye and hæmaturia are endemic.

#### *Hospital Accommodation for Infectious Diseases.*

This is a matter which does not always receive the attention that it should by Hospital Boards. In his annual report for the Auckland Health District the District Health Officer (Dr. Hughes) says: "For the city I regard the accommodation available for cases of infectious disease as insufficient. At the Auckland Hospital there are a total of ninety beds for cases of infectious disease other than tuberculosis, and of these thirty-four are for diphtheria cases and forty-four for scarlet fever. There are also twelve observation beds. At times several phthisis cases are accommodated on verandas of the main General Hospital building; but there is no proper accommodation available. Such cases as are put up at the Hospital are awaiting vacancies at Cambridge or elsewhere. As regards the accommodation for the infectious diseases other than phthisis, the population of Auckland requires at least 120 to 150 beds at the present time. The fact that the infectious-disease wards are in the same grounds and adjacent to the main buildings is in itself, I consider, unsatisfactory. Overcrowding occurs practically on each occasion when an epidemic occurs, and at times it has been necessary for the Hospital Board to obtain further accommodation by renting a large house. I feel that the time has arrived when provision should be made for sufficient accommodation to deal with the present requirements, and am of opinion that such accommodation should be built on a suitable site entirely outside the present hospital grounds. Up to the present time the Hospital has not even had a steam sterilizer available for disinfecting infected clothing, &c., although one has been recently installed, but is not yet available for use. During the year there was much overcrowding of the infectious-disease wards, and at one time there were as many as seventy-one diphtheria patients in the institution. Additions to the block were carried out, two sun-rooms and an operating-theatre being added to the infectious-disease ward—each sun-room to accommodate ten to twelve patients. The cost was between £500 and £600. At Point Chevalier the isolation hospital will accommodate about forty patients—twenty males and twenty females. This building I do not consider a satisfactory one for nursing such cases, owing to its construction and poor sanitary arrangements."

In contradistinction to this it is satisfactory to read the remarks of the District Health Officer, Christchurch (Dr. Chesson), regarding the provision made by the North Canterbury Board. He says: "The alterations to the Infectious-diseases Hospital at Burwood referred to in my last year's report were completed early in the year, giving absolutely ideal accommodation for as least 110 cases. 150 cases can be accommodated without undue cramping. The site has been regraded, top-dressed with soil, and planted, converting what had been once a sandy waste into a well-laid-out garden, and providing clean playing-grounds for convalescent children. Diphtheria and other infectious diseases are amply provided for in the isolation block of the Christchurch Hospital."

At Wellington a new scarlet-fever block to contain fifty-eight beds, with administrative and nurses block, is being erected. The existing scarlet-fever block, consisting of thirty-eight beds, with administrative and nurses block, is to be used for diphtheria after alterations. In Dunedin the extreme cost of construction has delayed the erection of much better and more modern facilities than at present exist. Generally speaking, the smaller Boards have all made adequate provision for the accommodation of infectious cases, or are taking steps to do so.

#### *Accommodation for Phthisical Patients.*

There are four consumptive sanatoria in the Dominion—two in the North and two in the South Island. The Department has recently taken over from the Wellington Hospital Board the Sanatorium at Otaki, and thus the two sanatoria in the North Island are Government institutions, Te Waikato Sanatorium being used for male patients and Otaki for female patients. The separation of the sexes has made the administration an easier matter, and removed many causes of petty troubles and friction. The accommodation at Te Waikato Sanatorium now affords room for a total of ninety-three patients. The Sanatorium has been practically reserved for soldiers, most of the civilian patients (including all women) having been removed to Otaki. There has not been any congestion at the Otaki Sanatorium of thirty-four beds.

The only sanatorium for consumptives in the Canterbury District is on Cashmere Hills, under the North Canterbury Hospital Board. The present accommodation at the Sanatorium proper is for seventy-two patients. In this is included the shelters put up by the Grey Hospital Board (four), Wairau Board (two), and Westland Board (three); leaving sixty-three beds for North Canterbury.

Owing to the termination of the agreement between the South Canterbury Board and the Ashburton Board with the Palmerston South Sanatorium, these Boards at present have no arrangements for sanatorium treatment. A movement has been on foot to get all the Boards in the South Island north of the Waitaki River to combine with the North Canterbury Board for the erection of further accommodation at Cashmere Hills. The Boards invited to participate were Ashburton, South Canterbury, Westland, Grey, Inangahua, Buller, Nelson, Picton, and Wairau.