

TE WAIKATO SANATORIUM.

SIR,—

Te Waikato Sanatorium, Cambridge, 20th May, 1921.

I have the honour to submit a report of the work of Te Waikato Sanatorium, Cambridge, for the year ended the 31st March, 1921 :—

During the year fifty-four patients were discharged and three died. Of those discharged forty-three were relieved and eleven unrelieved. The average daily number of patients increased during the year from twenty-eight to thirty-six.

The long dry summer has been favourable to the patients, and most of them have made marked improvement. On the other hand, we have had a certain number of advanced cases sent in, who are in marked contrast to the others.

The patients have taken over all the work in the flower-gardens under my direction, in addition to doing much useful work in the kitchen-gardens. They have raised all plants from seed, planted them out, and attended to the flower-beds, with very satisfactory results. They have also taken over about $\frac{1}{4}$ acre in the Russell kitchen-garden, where they have planted many bulbs kindly given us by Sir R. Heaton Rhodes and other friends, and they hope to be able to make a beginning in selling cut flowers and seedlings next spring.

The work of the farm has been progressing steadily, thanks to the energy of our one farm hand. Some 20 acres of land has been put down in permanent grass, and 6 or 8 acres of the swamp has been brought in and is now feeding a number of cattle on permanent grass; more of the swamp is to be ploughed shortly. The drainage of the swamp is going on steadily, and promises to add very largely to the productivity of the only piece of level ground on the farm. Two small paddocks in which the grass had run out have been ploughed and put down in oats. We hope to be able to cut some of our own oaten chaff next season. A second hand could be profitably employed on the farm. However, I fear the farm will show very little profit this year owing to the phenomenal fall in the price of all farm-produce.

My visits to Thames, Hamilton, and Auckland as tuberculosis officer have been discontinued, with your approval, as they showed little result for the time and money expended. I do not think that much result can be expected unless a whole-time officer is appointed.

The nursing, clerical, and grounds staff have performed their duties cheerfully and efficiently, but we have had much difficulty in securing domestics and have had many changes. At present we have an efficient cook and an efficient laundress, who seem inclined to stop with us. On more than one occasion the Matron has had to act as cook for weeks at a time.

The grounds about the institution are in very good order, with the exception of the paths, the repairs to which are not completed.

G. M. SCOTT,

Medical Superintendent and Tuberculosis Officer.

APPENDIX.—IMPRESSIONS OF SANATORIUM TREATMENT.

It is now three and a half years since I first came to Te Waikato Sanatorium, and in submitting the annual report herewith I should like to put before you a few of the impressions at which I have arrived as the result of my experience.

In the first place, the present sanatorium system only touches the fringe of the matter. Patients get a few months of treatment and derive benefit or not, as the case may be. If improved—I would never say that a case is “cured”—the patient returns to his old work and, in many cases, breaks down again; while the more advanced cases, being unable to earn a living-wage, fall into lower and lower circumstances, and even the best of these cases may be infectious to others.

In my opinion, the effort and the large sums expended on sanatorium treatment result only in temporary improvement to a large number of cases, and in more or less permanent improvement in a small minority, while the spread of infection among the public is hardly checked at all.

If an effort is to be made to stamp out tuberculosis two points must be aimed at—firstly, to get the patients to come for treatment in an early stage; and, secondly, to make provision for them until they die, or have sufficiently recovered to be able to earn full wages in the open market.

(1.) There are two chief reasons why patients do not come for treatment sufficiently early: one is the difficulty of early diagnosis, and the other, and more important one, the question of how the wife and family are to be supported while the breadwinner is undergoing treatment. Early diagnosis can be more generally achieved by the appointment of whole-time tuberculosis officers assisted by tuberculosis nurses. The officer should be stationed and have his consulting-rooms in a convenient centre, and should make periodical visits to other parts of the province. In more populated centres a whole-time nurse should visit patients in their homes, and also look out for suspicious symptoms among “contacts” and others and bring them to see the tuberculosis officer. In the smaller centres the district nurses and nurses for Maoris should be instructed to assist the tuberculosis officer. The question as to how the family is to be supported during his absence from work is a most important one to the breadwinner. Something equivalent to the military pension should be given to the inmates of a sanatorium as a right. At present the wife and family often depend on what the wife herself can earn, supplemented by a dole from the Charitable-aid Board. In marked contrast is the treatment of military patients. The moment a military patient enters a sanatorium he receives £15 *per mensem* if single and £21 if a married man with one child—and this in addition to free board, lodging, and treatment, and clothing for himself. When the two cases are contrasted it is easy to see why the