

recently a number of patients had been sent out quite recovered. There were fallacies into which we may fall if we start to deduce averages from the small number of cases which have been treated in New Zealand. He knew men who had been steadily at work for years who were considered likely to die when they entered the sanatorium. As good a work was being accomplished in the sanatoria of New Zealand as in any of the older countries. He believed in working colonies being established for those patients who find a difficulty in getting employed after leaving the institutions. At the camp at Karere the men were provided with tents and bedding, and a nurse was in charge. They provided food for themselves out of the wages paid them for tree-planting, the camp being worked in conjunction with the Lands Department, while the State benefited by the planting of the trees.

Dr. Mason, in concluding, invited questions, and in replying laid stress on the fact that the ex-patients of a properly conducted sanatorium were no source of danger whatever. It was the ignorant consumptive who was the source of danger. In dealing with fruit-culture, Dr. Mason said the spraying of the trees would not affect the ex-patient. It would be excellent from the patient's point of view; but it was no good, for the people would not buy the fruit. There was absolutely no danger, for the patients were well trained; but the people would not believe that. He suggested that the ex-patients should be put to growing vegetables for the general hospital. There were also bee-keeping and poultry. There were some of the bravest men in the ex-consumptive camps. The local patients could with advantage be set to work about the grounds of the annexe. He did not agree with the compulsory isolation of cases. Consumption could not be treated as leprosy, as it was too vast. It was desirable, of course, but totally impossible. With regard to spitting, most municipalities passed by-laws to this effect, but people did not trouble enough about it.

In regard to altitude, they had to bear in mind that consumption made itself known in a very great number of ways, and different treatment was needed for various patients. There had been a great improvement in regard to boardinghouses lately.

On the motion of the Chairman, seconded by Mr. Grace, Dr. Mason was accorded a very hearty vote of thanks for meeting the Board. Dr. Mason's whole-hearted work in the great cause was most heartily eulogised.

The following resolution, proposed by Mr. Sheat and seconded by Mr. Field, was carried unanimously: "That it be a strong recommendation to the Minister for Public Health that the Government be asked to provide central institutions in which patients who have been discharged from consumptive sanatoria might be provided with employment, and that the Board expresses its willingness to pay such sum as may be necessary to reimburse the Government any loss that may be incurred in maintaining patients sent by them to such institutions."

TE WAIKATO SANATORIUM.

Te Waikato still continues its beneficent work. Those who complain about the expenditure should visit the place, inquire into its working, and hear what the patients say. I should be sorry to see its sphere of usefulness curtailed.

KARERE.

The expenditure at Karere has been most successful. The only fault is that the encampment is too small. The work of cutting tea-tree scrub is hardly suitable for "cured" consumptives, but the tree-planting is about as good as one could get.

Some misconception has arisen with regard to the financial aspect of this experiment. It would seem that some critics were under the impression that because it had been stated that one man had made 8s. a day, 8s. per day was the standard wage. That is not so. The patients are paid at the same rate per 1,000 trees planted as the ordinary planter is paid. If he plant 500 trees he gets 4s., and so on *pro rata*. There is no question of the State giving a full day's pay to a man who has only earned half. The man gets what he earns. Out of his earnings he pays for his food and his share of running the camp. The Department provides the tents and all necessary buildings; also a sister and a nurse, to supervise the work from a remedial point of view.

Only those in intimate contact with the lives of the men and the women who pass through our sanatoria know what a "hopeless dawn" the day they leave the institution "cured" seems. Though well, they are debarred by reasons of prudence from engaging in indoor work, and their physical condition does not permit of their competing in the open mart of unskilled labour. What are they to do? Friends tire of keeping them; the lodginghouse-keeper is sorry, but his other clients complain, and so they must seek shelter where their neighbours are less exigent. This shelter he finds only amongst the poorest. Ill fed, poorly clothed, dispirited at his non-finding of work, he soon falls back, his cough returns, and—to put it briefly—all the money, care, and skill that has been expended upon him is, from a public health point of view, wasted. It would have been cheaper—nay, in some senses it would have been kinder—to have shut the door upon him when he first knocked.

"Karere" is truly the "forerunner" and the "bringer of hope." The experiment has shown that it pays to look after our sick. Several who have been "hardened off" at Karere have gone back to their ordinary work quite recovered.

Where all have done such good work it is unfair to differentiate, but I am certain that both the Medical Superintendent and the Matron will agree that to Sister Urquhart's care, skill, and devotion the success of our first experiment is due.