

District Health Nursing should really have been first. It is the premier Public Health Service. District Nursing opened the door to all the other branches of Public Health work. Then comes Infant Welfare Nursing, which should have come before School Nursing. Infant Welfare Nursing is done in New Zealand by the Plunket nurses. Other branches which we have in New Zealand are Tuberculosis and to some little extent Venereal Disease. The latter we cannot say has been properly developed in New Zealand.

To review a little of the history of Public Health Nursing in New Zealand, I might just say that up to the time of the war, the fringe of the work had scarcely been touched. We certainly had a few district nurses. The first district work was done by Miss Maude in Christchurch. Next we had, I think, the country scheme, which was run only by the Maori Health nurses in the first instance. Before the war we had only two or three and that service has been largely developed since. As to school nurses, before the war we had none. These services have all been largely developed since the war, we have now 32 school nurses. Of Maori Health nurses, we have 17 or 18. Tuberculosis nurses, we only have three. Because tuberculosis work has not been as well developed as it deserves to be in New Zealand, the Public Health Nursing Committee which arranged the table, has devoted its first attention to the matter of tuberculosis nursing, and we have had prepared a few papers on this branch which I propose should now be read to you. After the papers have been read, the discussion will open, and I hope that you will make it quite a round table; that no one will hesitate to get up and comment on the papers, or offer some little outline or voice some comments of their own regarding any phase of Public Health Nursing."

The first paper has been written by Miss Timlin, of Dunedin, and Miss Holford has kindly consented to read it.

DUNEDIN HOSPITAL—THE TUBERCULOSIS PATIENT AND CONTACT, AS SEEN IN THE TUBERCULOSIS DISPENSARY.

The Tuberculosis Dispensary is established for:—

1 (a) The examination and diagnosis of cases sent by the Medical Practitioner.

(b) The arranging of appropriate treatment for those found to be tuberculous, to be sent to the sanatorium, hospital, or the patient's own home.

2. The examination of "contacts," the arranging of treatment for those found to be tuberculous, and the supervision for preventive purposes of those not already affected.

3. The scope of the Dispensary exceeds that of the ordinary Outpatient Department, as it is a clearing house for tuberculosis, and through the "contacts" a place for searching out early cases.

4. The Dispensary fails in a greater or less degree if it does not co-operate with the medical profession, Public Health Department, School Medical Service, Plunket Society and all social workers.

Tuberculosis is a disease of all ages. It occurs at every period of life from infancy to old age.

The tuberculosis patient visiting the Dispensary differs considerably in age, stage of disease, and temperament, each patient requiring treatment from his own individual standpoint.

When a patient visits the Dispensary for the first time, a full history of the case is taken, including temperature, pulse, and weight. The patient is then examined by the Tuberculosis Medical Director, and on leaving the Dispensary is given a sputum outfit, and instructions how this is to be used. The specimen should be brought to the Dispensary the following morning for bacteriological examination.