In view, however, of the considerable time lag between onset and notification of cases, this proved a gross underestimate, and it was necessary later to transfer by ambulance in relays some 31 cases to the North Canterbury Hospital Board's isolation hospital at Burwood (Christchurch). The transfers were made as follows :—

	Cases.
5th November	10
6th November	4
7th November	4
13th November	5
19th November	7
24th November	1

In view of the length of the journey (120 miles) and the difficult nature of a considerable portion of the road, the selection of cases for transfer was a matter of some difficulty. Only very early cases or those in which convalescence was reasonably well established were considered suitable. The staffing and equipping of these two hospitals to deal with the influx imposed no light burden on the hospital authorities. In view of the shortage of trained nursing and other staff for even normal requirements, appeals for outside help had to be launched. These were extremely well responded to. Those who volunteered for service at Kaikoura were boarded out at two of the local hotels.

Consideration was given to opening an emergency hospital in one or other of the available buildings in Kaikoura. This scheme was abandoned on the score of the general unsuitability of any of the buildings for the purpose intended.

Inspection of Premises

In addition to the Sanitary Inspector serving the township, a further Inspector was detailed to assist in the general supervision of the district.

Advice was given to all households in which cases occurred as to post-disinfection and the measures of personal and general hygiene to be observed.

A close watch was kept on all food premises. Particular attention was paid to nightsoil disposal and to the cleansing of pans.

The nightsoil contractors, who obviously ran more than average risk of infection, were advised as to the precautions they should take. It is a matter of interest that no case occurred in either family.

House-to-house Survey

From the preliminary reports coming to hand and from the results of a small pilot survey it became obvious that there was a close association between the consumption of raw milk from the town supply and the incidence of cases. It was therefore decided to conduct a house-to-house survey taking in, as far as possible, all houses within the area served by the high-pressure water-supply. This area includes the whole of the Township of Kaikoura and a few outlying farms. The opportunity was taken of distributing to householders a cyclostyled sheet giving information on the cause of the disease, its method of spread, and advice on matters of isolation, personal hygiene, protection of food, methods of dealing with excreta, and the suppression of fly-breeding. Relevant pamphets issued by the Department were distributed at the same time. An interrogation form was designed to give as complete a sickness record as possible of all residents and visitors to Kaikoura during the time that the district was exposed to risk. This was considered to be from not earlier than the 1st of September. Information as to the