offensive trades and to factories and workshops. The report will also contain tabular statements of the sickness and mortality within the district, classified according to the diseases, ages, and localities.

With an officer able to perform all these varied duties located in each district, it may fairly be expected that ere long many, if not all, of the conditions which militate against the health and well being of the community will be removed. That there is a vast amount of work to be done ere this desirable condition of affairs will be attained is clearly demonstrated by the reports of the various Inspectors.

Precautions against Plague.

Much of our time and energy has of necessity been devoted to the forming of an efficient first line of defence against the introduction of bubonic plague. This disease, which at various times of the world's history has claimed its victims in such wholesale numbers as to occasionally strike terror to the hearts of the inhabitants of these countries in which it made its appearance, is essentially a disease of warm climates. It is a well-known fact that it has long been epidemic in certain parts of the Eastern world, such as the province of Yun-nan, certain parts of Siberia, Mongolia, and the southern parts of China and Central India. There is now absolutely no doubt but that the specific cause of this disease is an organism discovered by Kitasato in 1894, during the Hongkong epidemic. This organism always occurs in great profusion in the swellings (buboes), which are one of the most constant symptoms of plague.

Roughly speaking, there are three well-defined types of this disease—the bubonic, the pneumonic, and the septicæmic. The bubonic variety of the disease, although possibly the more common, and undoubtedly a very fatal form of plague, is not, from a general health point of view, nearly as dangerous as the pneumonic form. There are not many cases on record where plague has been transmitted from a human being suffering from the bubonic form of the disease—that is, before the swelling has burst—to another; but there is undoubted testimony to the fact that the germs can be sown broadcast by means of the sputa of a person suffering from the pneumonic form. Whatever may have been the case in the year 1665, in London, when so many people died of plague, this reassuring fact may be frankly accepted: that comparatively few human beings have contracted the disease from their fellows unless the type has been pneumonic. If this be borne in mind it will tend to allay unnecessary alarm; at the same time it will help to indicate the nature of the precautions which ought to be adopted, in order—firstly, to prevent, and, secondly, to combat, the incursions of this disease.

To a careless reasoner, it might seem that a good argument against the quarantine of "contacts" is here furnished, but that is not so. The separation and observation of those persons ho have been in attendance or in contact with a victim of this fell disease is as much, nay, far more in the interests of such people themselves as in that of the rest of the community.

Special regulations have been drawn up for the direction of all who have to deal with cases of dangerous infectious diseases such as bubonic plague:—

Isolation of Persons.

9. (1.) As soon as it is known that a person is suffering from a dangerous infectious disease, the local authority shall take immediate steps so to isolate that person that he cannot endanger the safety and health of the rest of the community.

(2.) Where a hospital exists in the neighbourhood for the reception of such cases, the patient shall be conveyed there as soon as practicable in a properly constructed and suitably furnished ambulance.

(3.) Where it is impossible to remove the patient to a suitable hospital, precautions shall be taken to the satisfaction of the District Health Officer to prevent any communication between the patient and any other person except those in actual attendance on him.

(4.) All persons who have come in contact with the patient shall be removed to a suitable building, where they shall remain under observation for such period and subject to such restrictions as the District Health Officer directs.

(5.) It shall be the duty of the local authority to see that every person being a patient suffering from a dangerous infectious disease, or a person who has come in contact with such patient, is immediately provided with proper and skilled medical aid.

Disinfection of Buildings and Things.

10. (1.) The room in which the patient lived shall be disinfected in the following manner:—
- (*a.*) All soiled carpets, rugs, bed-linen, and other soiled materials shall be burned.
- (*b.*) The wall-papers (if any) shall be removed and burned.
- (*c.*) The walls shall be sprayed and the floors well washed with a 1–5,000 corrosive-sublimate solution.
- (*d.*) The room shall then be closed up and well fumigated with sulphur-dioxide, produced as prescribed in the Second Schedule hereto.
- (*e.*) After fumigation for twenty-four hours all windows and doors shall be opened to allow the fresh air to freely circulate.

(2.) The room must not be reoccupied for ten days after being vacated by the patient unless with the consent, in writing, of the District Health Officer.

11. All outbuildings connected with the house in which the patient lived shall be whitewashed with chloride of lime of the strength of half a pound to a gallon of water.

12. All drains, gullies, sinks, &c., shall be flushed with a 1-1,000 corrosive-sublimate solution, followed by a sufficient quantity of hot water in which soap and ordinary washing-soda have been dissolved.

Disposal of the Dead.

13. In all cases where a person has died of a dangerous infectious disease the following provisions shall apply:—
- (1.) The body shall not be unnecessarily touched.
- (2.) The body shall be wrapped in four layers of sheeting soaked in a 1–200 solution of corrosive sublimate.
- (3.) Where it is possible the body shall be cremated, but where not possible it shall be placed in a coffin together with quicklime in the proportion of 1 lb. for every 14 lb. of body weight.
- (4.) The coffin shall be watertight, and shall be wrapped in a sheet soaked in a 1–500 solution of corrosive sublimate, and placed in a wooden shell or covering, which shall be burned immediately after the burial.
- (5.) No person other than the medical attendant and the nurses shall be allowed to touch the body.