

While it is desirable in every suspected case to endeavour to demonstrate bacteriologically the true nature of the disease, it is well to bear in mind that bacteriology has also a limitation. We have had cases where the clinical symptoms were suggestive of plague. Smears have been made and no bacilli found; cultures have been made, and they were not absolutely diagnostic. A guinea-pig inoculated with the first culture survived the operation, while a sub-culture killed it in the usual time. The practical rule to follow, therefore, is to err on the side of safety, and at least isolate all cases presenting symptoms which point to plague.

The case S., from Lyttelton, was unfortunately taken to the general Hospital instead of to the small-pox reserve hospital. There he was examined by the medical staff, who decided that the symptoms presented were compatible with plague and nothing else. Meanwhile I was on my way to Christchurch. From a clinical point of view there was no doubt as to the nature of the disease. The man was at once removed from the general Hospital to the small-pox reserve building with all due precautions. When I say that Christchurch was unprepared for such a case I am only stating the truth. Like other large centres, Christchurch paid little or no attention to our warnings given before. Verily mine was a voice crying in the wilderness. The presence of the enemy within our gates seems the only argument which can convince the people, and in this sense Case I may be truly looked upon as a blessing in disguise. The fact that plague was actually present quickened the efforts of the authorities, and, as I will point out later on, within a very short space of time suitable premises for all such cases was agreed upon, and the larger question of the housing of all infectious diseases has practically been settled for a long time. Dr. Symes, strange to say, experienced considerable difficulty in procuring trained nurses for this case in Christchurch. This is in marked contrast to what took place in Auckland or Wellington. In these places the difficulty lay not in finding suitable nurses, but in selecting from a vast number of well-trained volunteers. In consequence of this difficulty he allowed the sister of the patient, who had previously been in attendance, to continue as one of the nurses. Although this lady showed great bravery and capacity, I considered it better to relieve her of the nursing, and another nurse was engaged. Later on, I am sorry to say, she caught cold, and suffered from a slight attack of pneumonia. She is now, I am happy to say, quite well. Dr. Stewart was placed in charge of the patient, and continued until Dr. Fenwick relieved him.

Several suspicious cases have been placed in the observation tents at Bottle Lake, and as soon as the true nature of their ailment has been ascertained they have been sent out, or if too ill to be removed have been treated until well.

In consequence of instructions to District Health Officers to, if possible, inquire into all cases of sudden death in their districts, a great number of *post-mortem* examinations have been made. On the 26th May Dr. Makgill made an examination of a man who had been attended by a duly qualified medical practitioner, and who had certified the man to have died of choleraic dysentery. As a matter of fact, the man died of plague. Though late in the day, in consequence of the medical attendant's mistake in diagnosis, all precautionary measures possible were taken, and I am glad to say no further cases arose out of this one. This illustrates another of the difficulties which any Health Department must occasionally have to face. As time goes on, however, there will be less and less possibility of such a mistake taking place. The detailed accounts of all these cases are contained in the District Health Officers' reports.

Stated briefly, there have been three cases of plague the diagnosis of which has been confirmed bacteriologically, in addition to several cases of what may be termed "pestis minor" among children. While there is therefore no need for alarm on the part of the public, we cannot hope to be able to snap up and confine these cases to themselves unless all local authorities make strenuous efforts to so clean up their various towns that rats cannot live. Not once, but many times have I pointed out that now is the time to wage warfare against our rodents—that is, while to all intents our rats are unaffected with plague. If we wait until disease occurs again amongst them, all our efforts to clean up will only tend to drive into hitherto clean areas messengers of death whose potency for evil cannot be easily estimated.

It would be an interesting, if not a useful, task for some one with a philosophical turn of mind to try and demonstrate the reason why, while the individual constituents of a local authority are generally very amenable to argument, in their composite capacity reasonableness is not infrequently not their strongest claim to the admiration of the outside world. It may happen—it has happened—that every member of a Council has expressed his approval of a scheme, and then, somehow or other, as soon as he donned his robes, so to speak, his previous convictions seemed to melt away, and his voice sang a song which to all intents and purposes was not on the programme. I am bound to mention this, because last year most of the towns in constant communication with the outside world agreed that our suggestion in reference to providing for any case that might occur was good and ought to be carried out at once. As a matter of fact, only two out of all these cities saw fit to go further than consider our proposals. Now that plague has appeared, things, I am glad to say, are somewhat altered. At a meeting convened at my request by His Worship the Mayor of Auckland in April last the representatives of all the local authorities in the Auckland hospital and charitable-aid areas passed the following resolutions: (1.) "That this meeting affirms the absolute necessity of at once proceeding with the erection of a hospital for the reception of infectious diseases." (2.) "That the Chief Health Officer be asked to exercise the powers vested in him by sections 37 and 38 of 'The Public Health Act, 1900,' and proclaim the Auckland Hospital and Charitable Aid District an area for the purpose of erecting a hospital for infectious diseases." They further agreed to ask me to fix upon a site. The cost of erection will be defrayed in the usual way. The site selected is at Point Chevalier—it is the best; in fact, the only one—its distance from the centre of town being about half an hour's drive, and the neck of land can be completely cut off. Plague, small-pox, and all infectious diseases can be treated here. I undertook to remove the Plague Hospital from the Domain as soon as the other was