CONCLUSIONS.

1. In June last Auckland was visited by an outbreak of typhoid traceable to the eating of oysters.
2. It is improbable that the oysters were infected at any of the beds or during transport. The conditions of the beds above Mangere Bridge, in the Manukau Harbour, though probably not responsible for the outbreak, deserves consideration.
3. The infection was probably received after the delivery in Auckland. This may have occurred in one of three ways:—
(*a.*) If the contaminated oysters were being sold by many of the large dealers—
(1.) They may have been "smuggled" from the closed beds in the Waitemata Harbour along the city frontage, or deposited for concealment near sewer outlet;
(2.) Infected bottles may have been sold by a hawker to these dealers.
(*b.*) The insanitary surroundings of one dealer's (W.'s) place of business might be the origin of the outbreak. I am inclined to think this the most probable theory, as the small retail shops might have been supplied from here, and the larger part of the cases are certainly traceable to W.'s.
4. Special regulations would be desirable for businesses which include the opening and storage of oysters.

1st September, 1901. R. H. MAKGILL.

As will be seen from the above extract from Dr. Makgill's report, many of the sale shops were in a most insanitary condition; but those situate in Queen Street were no worse than many of the other shops with cellars in that street. To require screw-down traps in order that the sewage may not enter the cellar discloses a state of affairs which could only be found in our fair city of the North.

STAFF.

During the past year Port Health Officers have been appointed at the following ports—Whangarei, Westport, Timaru, Oamaru, Wanganui, and Picton—in addition to those already holding such offices: Dr. Frengley, M.D., has been appointed a District Health Officer, and he has proceeded to Auckland to relieve Dr. Makgill during his visit to Sydney. Dr. Valintine has been gazetted Assistant Chief Health Officer. I would be absolutely wanting in a sense of justice if I did not record the very valuable work which this gentleman has done. Much of the smoothness with which the Department has run is due to his tact and knowledge of human nature. He has conducted difficult negotiations with great skill, and has been in the fullest sense of the word my right-hand man. The control of the Otago District has not, perhaps, given such opportunities for public display of ability as some of the others, but Dr. Ogston has consistently done excellent work. Dr. Roberts (Nelson) and Dr. Anderson (Blenheim) have kept a watchful eye upon their several districts. Owing to the occurrence of plague in Lyttelton, Dr. Symes has had cast upon his shoulders an enormous amount of work and responsibility, and he has never spared himself throughout it all. Dr. Finch, as Dr. De Lisle's deputy, has done good work in the Hawke's Bay District. In the strictly departmental part of the work Mr. Horneman has been of great service. I have no need to speak of the excellent work done by Mr. Gilruth, Mr. Aston, and, later on, by Dr. Maclaurin—it speaks for itself.

In closing this discursive summary of the work done by the Department during the last year, I have to ask for your indulgence on the score that we have been so busy working that little time has been left us in which to tell of it. The difficulty which the various District Health Officers speak of in keeping in touch with the many local authorities under their charge is intensified manifold in the case of the Chief Health Officer. With many points of attack from the outside world, the great extent of country to be traversed, the necessity for personal acquaintance with the members of the governing bodies all over the colony, has entailed an amount of travelling and public speaking which would do credit either to an aspirant for political place or the ambassador of a sewing-machine company. Some part of the immunity which the colony has had from plague may not unfairly be ascribed to these peregrinations. The *entente cordiale* which exists between the Department and the local authorities was one of the greatest objects I had in view, and the labour has been fully justified. While there lies to our hands "so much to do," it affords no outrage to our modesty to suggest to you that good seed has been sown—seed which, in the fullness of time, will bring forth good fruit.

I have, &c.,
J. MALCOLM MASON, M.D.,
Chief Health Officer.

APPENDIX A.

DR. MAKGILL'S REPORT ON A CASE OF BUBONIC PLAGUE OCCURRING IN AUCKLAND IN APRIL, 1902.

ON Saturday, 19th April, Dr. Sharman reported to me that he had been called in to see a case which he suspected might be bubonic plague.

I visited the patient with him, and found the conditions as follows:—

Patient, T. V., a wharf-labourer, aged thirty-seven: Had been well till day before (Friday, 18th), when in the forenoon, during working unloading the s.s. "Te Anau," he was seized with severe pain in back and groin and vomiting. He found a lump in the left groin, and returned home to bed.

On examination this bubo was tender, and consisted of deep-seated glands in the femoral line, hard, clearly defined, and slightly mobile. No abrasions on leg to account for the condition, except a spot of discolouration which might have been a flea-bite on the outer side of foot, and another on the leg. Temperature 103·4°, tongue furred, pulse 98, respiration 20, face and eyes suffused. No other glands enlarged.

Inquiry showed that he had been working on the following boats during the month: 7th April, "Mararoa," from Sydney; 9th April, "Hauroto," Sydney *viâ* Pacific islands; 10th,