Of the other forms of blood-poisoning little can be gathered from the number notified, since each practitioner has his own interpretation of the term. Some notify every case of septic trouble, and some only special manifestations, such as puerperal fever.

Plague.

Two cases have occurred in the district, both proving fatal. The one living in Grey Lynn was a wharf-lumper, who doubtless contracted the disease while working on a steamer from Sydney. The other case was a young man residing and working in the city. No connection could be traced between his work, which was sorting kauri-gum, and exposure to infection from Australian shipping or imports. At the same time it cannot be said there is as yet any evidence of the existence of any focus of infection in Auckland, the disease not having, so far, manifested itself among the rats here, these being the usual advance agents of the outbreak. The first case was detected early, and removed to the Isolation Hospital, and the body disposed of by cremation. The second was only detected by *post-mortem* bacteriological investigation after the body had been disposed of in the ordinary way.

Dysentery

has this year made its appearance in Auckland, apparently of a specific type. Among the heaviest sufferers were the members of the Ninth Contingent in camp at Te Papa. The disease was not universally distributed, but followed certain areas, especially those with imperfect drainage. Onehunga suffered most severely, whether because of the presence there of the Te Papa camp or not it is hard to say. The lower slopes of Mount Eden and Eden Terrace also suffered. Devonport apparently escaped.

In view of this disease occurring, and of the heavy diarrhœal mortality, I think useful information would result were acute diarrhœa made a notifiable disease.

Several practitioners have commented on the severity of the epidemic of *chicken-pox* which passed over Auckland during the past six months. In two cases—both adults—I was called in, as the practitioner felt some doubt existed as to the diagnosis between small-pox and the milder disease. The severe epidemic present in London was, of course, a reason for taking precautionary measures; and this was done, the patients being isolated and their rooms and effects disinfected pending complete diagnosis. A few days' observation in the Hospital served to settle the question; but in each it was a most unusually severe form of chicken-pox, with violent constitutional disturbance, the most striking feature being the occurrence in adult life.

PROVISION FOR INFECTIOUS DISEASE.

Most of the local bodies, with the exception of the country Road Boards, have been induced to institute some means of disinfecting premises in which infectious disease has arisen. The process is not very efficient perhaps, but it is better than nothing; hitherto, unless the medical attendant chanced to give directions to the householder, no steps were taken. The pamphlets issued by the Head Office on enteric and scarlet fever have proved most useful in giving directions as to the precautions necessary. A further small pamphlet on disinfection in general, and the materials most suitable, would be of great value; as also one on precautions in cases of tubercular disease.

Infectious-disease Hospitals.

The lack of special provision for isolating infectious disease has for long been in this district a source of danger. The Auckland District Hospital has had two wards devoted to the treatment of typhoid fever, but these and a small isolation building, capable of holding four patients, is the sum total of the provision made. At all times it was inadequate, and in times of epidemics, such as this year occurred, the congested condition of the wards was a serious danger. Thus cases of scarlet fever and diphtheria had to be huddled together in the building in numbers far beyond the limits of safety, even had they been all of one nature. The result was that scarlet-fever cases developed diphtheria, and *vice versâ;* and the nursing staff also suffered. The building itself is insufficiently isolated, and the friends of patients and the general public could at any time mingle with the convalescents round the doors of the building. During the last few weeks, on representation being made by Dr. Mason, the Board have had it fenced off. No adequate means of disinfecting clothing, &c., exists; and though I recommended the City Council ten months ago to provide a steam disinfecting-apparatus, no steps have been taken. Infectious cases are conveyed to the Hospital in the general ambulance or in public vehicles, and though I arranged that an old ambulance be set aside for this special purpose it is not used, except where I specially direct that it be done. That up till now this utter lack of precaution against the spread of such diseases should have been permitted is one of the striking instances of the necessity for control by the State of sanitary matters, and serves as an example how useless it is to expect the local bodies, as at present constituted, to be the guardians of public health.

Special provision in the shape of a temporary hospital for plague cases and a building for contacts was made in 1900 at the instance of the General Health Commissioner owing to the outbreak of plague in Auckland. The burning-down of the latter building, and the emergency which resulted in the Hospital Board being granted permission to use the Plague Hospital for general infectious diseases (that being the only place available to relieve the overcrowding of the Board's own building), brought matters to a much-needed crisis. A section of the public objected, with some justification, to the re-erection of this hospital building on a recreation reserve, while the Hospital Board showed a tendency to annex the Plague Hospital permanently, and to take advantage of the fact that they are not called upon by the Public Health Act to provide for infectious disease, refusing to make even temporary provision for possible plague patients. The occurrence at this juncture of the first case of plague showed the urgent need for reorganizing the whole system, so