selves seem anxious and willing to submit to the examination considered necessary to obtain their certificates, and departmental officers have been instructed to give the plumbers' classes every possible assistance. It is to be hoped that during the ensuing year arrangements may be made whereby District Health Officers and inspectors will be able to give systematic courses of lectures on the theory of plumbing. Such classes have been arranged for at Wellington, Wanganui, New Plymouth, Stratford, and Masterton.

Infectious-diseases Hospitals.

Not the least of our difficulties, and the cause of much friction with local bodies, has been occasioned by that section in the Public Health Act which places the responsibility of erecting and equipping infectious-diseases hospitals on the shoulders of the local authorities, instead of on those of the Hospital Boards. At first sight, it certainly does seem ridiculous that the Hospital Boards should have been relieved of this responsibility, especially in the country districts; but at the same time it must be borne in mind that in the larger centres, particularly in the chief seaports, additional accommodation for infectious diseases should certainly be provided to that already existing at the general hospitals. In constant and direct communication with many parts of the world, it is only to be expected that from time to time cases of the rarer forms of infectious diseases will find their way to our ports. At the present time, however, we have practically no hospital accommodation for such cases, nor have we sufficient for cases of minor infectious diseases. Whether provided by the Government or by the Hospital Boards, extra accommodation is badly needed, and the lack of it will some day occasion confusion and that excessive expenditure always occasioned by measures taken in time of panic.

The fact is often overlooked that in the long-run ample accommodation for cases of infectious disease is the truest economy. The recent epidemic of scarlet fever has shown that in cases occurring in some of the smaller houses in Wellington, where the patient could not be properly isolated, it has often been found necessary to prohibit the healthy persons of the same household from attending to their ordinary duties. In addition to the medical expenses, the actual loss of wages, and therefore loss to the community, should be taken into consideration. Nor must the loss to the State occasioned by a meagre school attendance be entirely forgotten.

It has been admitted that the objection of the local authorities to erect infectious-diseases hospitals is a reasonable one, and that the responsibility of so doing should be undertaken by the Hospital Boards. But, at the same time, the burden would not fall so heavily on the former as would at first sight appear. However erected, the hospitals are paid for out of the ratepayers' pockets, and whether paid for by hospital or county rate matters little, provided that the infectious-diseases hospital when once erected and equipped is taken under the administrative control of a Hospital Board. In the smaller towns it would certainly seem unjust to insist that the expenditure occasioned by the erection, equipment, and staffing of infectious-diseases hospitals should be entirely borne by the local authorities, when there is a Hospital Board available whose special duty would seem to be to provide for the sick, irrespective of the actual disease from which they may happen to be suffering.

In spite of these drawbacks, infectious-diseases hospitals have been erected in this district at Wanganui, Patea, and Masterton, and other local bodies have signified their readiness—though, it must be confessed, reluctantly—to fall in with the wishes of the Department on the subject; but we trust that an amendment in the Act placing the responsibility on Hospital Boards will relieve us of much unpleasantness, to say nothing of ill-merited abuse.

Before leaving the subject of infectious-diseases hospitals it might be as well to refer to the question of hospital-sites. On this matter a section of the public are perfectly childish and hysterical. Though it is far from our wish to overlook the sentimental side of the question—for none of us would consider the erection of an infectious-diseases hospital next to our dwelling an unmixed blessing—yet it is perfectly ludicrous to watch the agitation that is got up and fomented by certain persons over a hospital-site. There is always a something at the back of these agitations which very often resolves itself into pounds, shillings, and pence. "A great menace to public health," might sometimes, if very freely translated, be rendered as "a great detriment to the price of a section." Careful inquiries have shown that scarlet fever shows no special tendency to infect the inmates of houses adjoining fever hospitals. Infection is not carried aerially. In our most crowded towns we could obtain hospital-sites a few chains from any dwelling or public thoroughfare, which (small-pox hospitals excepted) would occasion no risk of infection being carried to people in the vicinity. No matter where a hospital-site is chosen, it will not please every one, and some one will always agitate for its being put somewhere else, and some one must gain or lose by the transaction.

The Coming of the Troopships.

On the 1st August, 1902, the troopship "Britannic" arrived in Wellington with 1,018 officers and men of the Eighth and a few details of the Ninth and Tenth New Zealand Contingents. The Principal Medical Officer reported thirty-seven sick, of whom twenty-five were "down" with