Act, 1900," to the Hospital Board, and to hand over the existing hospital at Bottle Lake to be administered by them. This was certainly a great advance, but not so great as was hoped at the time, as the Hospital Board had no legal power to spend any money on the buildings for administration, so that all expenses in the matter were guaranteed by the City Council. There was, therefore, a dual control of a somewhat indefinite character. The most economical plan would have been to have immediately erected an administrative block suitable for the requirements of the district. As the City Council, representing the other local bodies, had no authority from the local bodies to do this, another meeting of the representatives of the local bodies must have been held. The Hospital Board could not, of course, erect buildings on its own authority, as it had no power of raising the money. The accommodation at Bottle Lake consisted of seven tents—one used for cooking and store room, another for dining-room and dispensary, and another for nurses, leaving four tents, with the capacity of 1,400 cubic feet each, for the reception of patients. Each tent would take two adults, so any large increase in the number of tents for patients meant a corresponding increase in the administrative accommodation. Although the tents were of excellent design and exceedingly comfortable as tents, it was found that more accommodation could be provided for the same money by the erection of wooden buildings, and that such buildings would have a longer life than canvas.

I consider that it is most important that suitable provision should be made for the reception of cases of infectious disease in the different centres of population. As in most cases connected with sanitary administration, the difficulty raised is the money one. The cost of erecting the building and of administering it can be put down in plain figures in black and white, and published abroad in the newspapers. The loss of money to the community that occurs through sufficient hospital accommodation not being provided is one that cannot be calculated from exact data as the cost of building-materials and labour can; but I think that if a little consideration were given to the matter it must be perfectly obvious that the occurrence of infectious disease means loss of money to the community in many ways. In the first place, if it is granted that some precautions must be taken, and that an individual suffering from scarlet fever cannot be allowed to roam at large, that individual must cease being a wage-earner until he is free from infection supposing he or she is an adult. If, therefore, such a person can be saved from becoming infected by the isolation of other infected persons, there is so much money saved. Furthermore, if there are children in the house they have to cease attending school for a period of at least six weeks; in many cases schools have had to be closed during the last year, owing to the occurrence of scarlet fever, and there must have been a considerable amount of interference with the education throughout the district. In one case in a country district a schoolmaster's child caught scarlet fever, and there being nowhere to move the child to, and the schoolmaster being unable to obtain lodgings elsewhere, the school had to be closed. Isolation in a four-roomed house in which there are children is practically impossible. In a house where proper isolation is impossible some precautions must be taken to prevent the spread of infection occurring through other inmates of the house following their usual occupations. It is impossible to carry the precautions out to their logical conclusion, and prevent any member of the household having any communication with the outside world, as in the majority of cases such interference would mean starvation before the period of infection was over.

In the case of those occupations in which there was a special danger of the workers spreading the disease—such as any employment connected with the handling of clothing-material, or the preparation or handling of foods for sale, such as milk, butter, &c.—strict precautions have had to be enforced, and the employee has had to cease work in some cases. In the carrying-out of these precautions in the case of the factories making clothing, &c., I have received great assistance from the Factory Inspector, Mr. Lomas; and the factory employers have also cordially co-operated with the Health Department. In the case of dairies I have received great assistance from the Inspector of Dairies, Mr. Macpherson. He furnished me with a list of all the dairies in the neighbourhood of Christchurch, and by comparing the notifications received with this list it has been possible to take suitable precautions immediately, as the notification by the dairymen to the Stock Department of the occurrence of infectious disease was a very unreliable means of information, many of the dairymen being very remiss in this respect. In all such cases as the above it is safer, and causes less inconvenience to the wage-earners, if the patient can be at once removed to a hospital. Preference has been given to such cases as these, but the accommodation provided has not been nearly sufficient for even selected cases.

The sooner suitable provision is made in the other centres of population the better it will be for the district. What is required is an administrative block and sufficient ward accommodation to take a few cases of scarlet fever or diphtheria immediately they occur. In this way an epidemic may be nipped in the bud, but if in spite of all precautions an epidemic does occur additional accommodation can be put up at short notice. At present no attempt can be made to cope with an epidemic. If there was an attempt made it would have to be a costly one, as administrative buildings and wards of a temporary character would have to be put up at short notice; and such buildings are always unsatisfactory, both from a financial and a sanitary point of view. In the winter the tents would have been difficult to keep warm, and if acute cases were to be received, as the intention was, there would have been difficulties in the nurses attending to acute cases which were accommodated in separate wards. This accommodation was made use of in February to receive male convalescents who were sent on from the Christchurch Hospital.

Early in February plans were drawn up by Mr. Collins, of Messrs. Collins and Harman, of a building providing a kitchen (store and larder), dining-room for each sex, two wards accommodating six patients each, nurses' room, bath-rooms, wash-house, disinfecting-chamber, &c., and suitable provision made for hot- and cold-water supply and drainage. The erection of this building must not be looked upon as the final solution to the problem of providing sufficient accommodation for cases of infectious disease. When the building is completed and opened, the provision of kitchen,